



Policy Council Planning Committee Meeting Agenda

March 11, 2025

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5:30 p.m. – 6:30 p.m.

1. Welcome
2. Call to order
3. Roll call and establish quorum (half plus one)
4. Approval of Agenda
5. Approval of Minutes
6. Introduction of Guests
7. Public Forum
(The public wishing to address the PC Planning Committee may do so at this time; however, the Committee will take no action other than referring the item to staff for study and analysis.)
8. Presentation/Discussion Items
 - a. February Division/Program Monthly Report – Robert Espinosa, Program Design and Management Administrator – **Informational Item**
 - b. Kern and San Joaquin County Community Assessment Update 2024 – Rosa Guerrero, Administrative Analyst – **Informational Item**
9. Announcements
 - a. Next Meeting is on April 8, 2025, at 5:30 p.m.
10. Meeting Adjourned

Committee Chairperson – Christopher Cuzul

Gabriela Rangel, Maria Worthy, Michelle Jara-Rangel & Rene Mayhorn Williams

Head Start / State Child Development

Rosa Guerrero, Administrative Analyst 661.336.5236 Ext. 2526

**Community Action Partnership of Kern Head Start/State Child Development
Policy Council Planning Committee Meeting Minutes
February 11, 2025
Audio Only: (213) 204-2374 Phone Conference ID: 262 913 322 058**

1. Welcome

Gabriela Rangel welcomed members to the meeting.

2. Call to Order

a. Gabriela Rangel called the meeting to order at 5:30 pm.

3. Roll Call and establish Quorum (half plus one)

a. Quorum was established.

b. Members Present: Gabriela Rangel, Michelle Jara-Rangel, Maria Worthy, Rene & Mayhorn Williams

c. Members not present: Christopher Cuzul

4. Approval of Agenda

a. Motion to approve the agenda dated February 11, 2025, was made by Rene Mayhorn Williams; Michelle Jara-Rangel seconded. Motion carried unanimously.

5. Approval of Minutes

a. The minutes were reviewed and amended to note that Gabriela Rangel conducted the meeting dated January 14, 2025. Motion to approve the minutes dated January 14, 2024, was made by Rene Mayhorn Williams; Michelle Jara-Rangel, seconded. Motion carried.

6. Introduction of Guests

Guests in attendance tonight were Robert Espinosa, Program Design and Management Administrator, Carol Hendricks, Enrollment & Attendance Manager, Sylvia Ortega, Quality Assurance Administrator, Rosa Guerrero, Administrative Analyst and Leticia Villegas, Program Assistant, Translator.

7. Public Forum

(The public wishing to address the Policy Council Planning Committee may do so at this time; however, the Committee will take no action other than referring the item to staff for study and analysis.)

None

8. Presentation / Discussion Items

a. January Division/Program Monthly Report – Carol Hendricks, Enrollment and Attendance Manager – **Informational Item**

Carol presented the January PRE report. The reportable monthly enrollment for Early Head Start is at 753 of the funded enrollments, this puts the program at 100% of the target goal of 753. Head Start reported 936 enrollments, which puts the program at 100% of the target enrollment of 936. For diagnosed disabilities year-to-date for Early Head Start the program is at 29% of their annual progress; Head Start reported 10% of the annual progress. For the over income category in the 101% to 130% range, the program is at 2%, and for the over income range of 131% and above the program is at 9%. The Home Visiting Program reported 273 monthly enrollments with a total of 317 year-to-date.

The Central Kitchen prepared and provided a total of 60,243 meals. The Child and Adult Care Food Program (CACFP) delivered a total of 66,455 meals and 70% of those meals were served for the month of December. For Household Services, eligibility is based on applications completed, reviewed, and accepted; their monthly and year-to-date total is 116. This is based on the calendar year, not the program year.

For enrollment goal progress, Carol shared that the Enrollment & Attendance team held intake clinics at 1300 18th street at the Community Action Partnership of Kern office every Wednesday in January. Staffing has also increased, and the program has only twenty-one vacancies, with eleven of those being direct service positions.

The program goal and progress towards our program goal were also shared. Carol reviewed the program's workforce goal and shared the progress and success of our new hire mentorship cohorts. The new hire mentorship cohort kick-off meeting took place on January 31st and provided our new staff with a mentor to assist in their development and foster a culture of inclusivity and support.

For program highlights, intake clinics were conducted at the 1300 18th Street Community Action Partnership enrollment and attendance office. On January 9th, the Education team provided a CLASS 2.0 training to our Assistant Teachers and Classroom Aides with a total of 100 participants, where they introduced an updated tool.

Michelle Jara-Rangel inquired about the wellness spaces at the Early Stars sites. Carol explained that those spaces were created for staff to take their breaks, engage in quiet activities or have a moment to relax so they can provide better services for the children. Robert explained that those centers have to meet certain criteria, benchmarks and thresholds to be considered an Early Stars site and are rated every year in order to keep the award they receive as a result of meeting those benchmarks. Michelle also inquired about the ratings. Sylvia stated that those ratings are done by Kern Early Stars, a program managed by the Kern County Superintendent of Schools. Sylvia further explained that the centers awarded those spaces have been rated a five-star rating based on the teachers' level of education in each site. These awards come with monies that are utilized to enhance their program.

Michelle also inquired about the number of classrooms closed. Robert stated three classrooms are currently closed and will remain closed for the rest of the year since the program has reached full enrollment in Early Head Start and Head Start. Rene Mayhorn Williams asked whether any centers were closing. Robert replied, stating no centers are closing, only the relocation of the Willow center. The program is actively looking for another space in the Oildale area.

9. Announcements

During the announcements, Rosa thanked Gabriela for conducting the meeting. The next meeting is on March 11, 2025 at 5:30pm.

10. Adjournment

The meeting was adjourned at 5:51 p.m.

**Community Action Partnership of Kern
Monthly Report 2025**

Month	February-25	Program/Work Unit		Head Start & Early Head Start		
Division/Director	Head Start/State Child Development Division/ Yolanda Gonzales	Program Design and Management Administrator		Robert Espinosa		
Reporting Period	February 1, 2025 - February 28, 2025					
Program Description						
Head Start provides high-quality, early childhood education to children ages zero to five years old through part-day, full-day, and home-based options. The program has a holistic approach, not only addressing the needs of the child but teaching parents to become advocates and skilled providers for their children through its Parent Policy Council and Family Engagement programs. CAPK offers Head Start and Early Head Start services throughout Kern and San Joaquin counties.						
Early Head Start (ages 0-3) (FNPI 2a, 2b, 2c, 2c.1,2d, SRV 2b, 7a)		Month	Target	Annual Goal	Annual Progress	
Reportable/Funded Enrollment		740	753	753	98%	
Disabilities		233 (YTD)	10%	10%	32%	
Over Income 101%-130% (up to 35%)		24	n/a	n/a	3%	
Over Income 131% and up (up to 10%)		58	n/a	n/a	8%	
Head Start (ages 3-5) (FNPI 2a, 2b, 2c, 2c.1,2d,SRV 2b, 7a)		Month	Target	Annual Goal	Annual Progress	
Reportable/Funded Enrollment		936	936	936	100%	
Disabilities		96 (YTD)	10%	10%	10%	
Over Income 101%-130% (up to 35%)		23	n/a	n/a	2%	
Over Income 131% and up (up to 10%)		96	n/a	n/a	10%	
Home Visiting Program (SRV 2cc, 7a)		Monthly	Year-To- Date	Annual Goal (Contract Limit 310)	Annual Progress (Calendar)	Annual Progress (Program Year)
Enrollment		265	335	298	79%	112%
Central Kitchen		Total Meals Delivered		Breakfast	Lunch	Snack
Meals and Snacks		58,199		21,686	17,275	19,238
Child and Adult Care Food Program (CACFP) (Note: The data represents information from January 2025)		Total Meals Delivered		Meals Allocated (CACFP/HS)	# of Meals Served	% of Meals Served
Meals and Snacks (SRV 5ii)		72,330		48,203/24,127	54,132	75%
Household Services		Month	YTD			
Eligibility Determination (SRV 7b) (January 2025-December 2025)		104	220			
Total Community Services		104	220			
Explanation (Over/Under Goal Progress)						
For February 2025, we have met our goals with our full-enrollment initiative. This is the second consecutive month reaching the benchmark set by the Office of Head Start. Staffing continues to trend in a positive direction.						

**Community Action Partnership of Kern
Monthly Report 2025**

	Progress Towards Goal
Goal: Program Options	Objective A: Develop and implement program options that tailor to the community's unique needs and characteristics. Progress: As of February 28, 2025, there are six (6) Family Child Care partnerships under contract that are funded for 10 Head Start and 20 Early Head Start slots.
Program Description	
1. The Head Start and Early Head Start classrooms have begun focusing on cognitive school readiness objectives. We are utilizing the Bags Guide for Early Head Start and implementing the "Reduce, Reuse, Recycle" study for Head Start. 2. The Family Engagement team participated in the East Bakersfield Cultural Community Resource Fair to raise awareness about Head Start and support the growth of our enrollment waitlist. 3. The Head Start/State Child Development Division continues to prioritize staff wellness by distributing the monthly wellness challenges and sharing the wellness activities calendar. 4. On February 19, 2025, Dr. Kirk conducted a staff training session on the differences between discipline and punishment. 5. On February 20, 2025, Dr. Kirk held a parent training session at the Pete Parra Center, focusing on alternative methods to discipline children and their positive impact on behavior. Dr. Kirk also facilitated a question-and-answer session with parents. 6. On February 21, 2025, the Health Team led a CPR training session for staff members. 7. On February 28, 2025, a ReadyRosie Family Workshop was offered at the Vineland Center. The session, titled "Ready for Kindergarten," provided families with strategies for planning routines and habits, developing kindergarten readiness skills, enhancing fine and gross motor skills, fostering social-emotional development, and playing educational games to prepare children for kindergarten. 8. On February 28, 2025, a recruitment event took place at East Bakersfield High School.	



Community Assessment Kern County

2024 Update



TABLE OF CONTENTS

Executive Summary (CAPK 2024-25 Update)	5
Methods.....	7
Agency overview.....	8
Determinants of Need	12
Needs and Resources of Eligible Children and their Families.....	21
Head Start/Early Head Start Eligible Children and Families	31
CAPK Head Start and Early Head Start Enrolled Children.....	36
Childcare and Preschool.....	40
CAPK 2024-2025 Community Needs Survey	49
CAPK 2024-2025 Head Start Annual review and Update.....	52
Works Cited.....	56

TABLES

1. Kern County CAPK Head Start/Early Head Start Locations.....	10
2. Population Growth Comparison.....	13
3. Kern County Race and Ethnicity, ages 0-5 years.....	13
4. Kern Population Change by Race/Ethnicity, 2015-2019.....	14
5. Kern Substandard Housing.....	18
6. Educational Attainment by Race Ethnicity, 2019.....	21
7. HS/EHS Families Obtaining Diploma, GED, Professional Training or Job Skills....	22
8. Kern County Health Rankings, 2015-2019.....	24
9. Head Start/Early Head Start Medical Care Received.....	27
10. Kern County Children by Age, Race, and Ethnicity, 2019.....	33
11. Kern and California Children in Foster Care.....	34
12. Kern Children Disabilities, K-12.....	35
13. Enrollment 2018/2019.....	37
14. Enrollment by Zip Code.....	37
15. Enrollment by Race/Ethnicity.....	38
16. Childcare Slots by Type of Care.....	40
17. Kern County Childcare Providers by Type.....	41
18. Head Start/Early Head Start Waitlist.....	42
19. Childcare Supply in Kern County.....	42
20. Kern Children by Childcare Type.....	44
21. Kern Children Ages 0 to 5 by Type of Relative Caregiver.....	45
22. Kern Public School Transitional Kindergarten Enrollments.....	46
23. CAPK Community Needs Survey Completion by Group.....	47
24. Survey Results.....	48

FIGURES

1. Kern County Location.....	12
2. Kern Population Age Distribution.....	12
3. Kern County Workers by Industry.....	15
4. Unemployment Comparison, Not Seasonally Adjusted.....	15
5. Figure 5, Median Income Comparison.....	16
6. Income Growth Comparison.....	16
7. Public Bus Routes in Rural Kern County.....	19
8. Educational Attainment Comparison, 2019.....	20
9. Children with Health Insurance in the U.S., California and Kern County.....	26
10. Kern County Food Deserts.....	29
11. Family Household Types Comparison, Kern County and California.....	31
12. Kern County Median Income by Household Type.....	31
13. Kern County Poverty by Household Type.....	32

Executive Summary (2024 Review and Update)

Community Action Partnership of Kern (CAPK) has been serving low-income people and families since 1965. As the dedicated poverty fighting agency in Kern County, the Agency provides quality, life changing services through an array of programs designed to meet basic needs as well as empower people and families to improve their lives. CAPK's Head Start/Early Head Start (HS/EHS) program plays a crucial role in the fight against poverty by giving children and families the support they need for children to be successful academically and throughout their lives.

CAPK's HS/EHS mission is to "provide rich, high quality early learning experiences to a diverse population of children aged from birth to five. We will promote access to comprehensive services with a holistic focus on the family by encouraging family engagement, supporting school readiness, and instilling self-reliance in children and their families." CAPK's HS/EHS provides high quality early childhood education to children from pre-natal to five years-old through part-day, full-day, and home-based options.

For this assessment, CAPK HS/EHS used primary and secondary data sources to identify community needs of Kern County low-income children and families. Findings will assist CAPK to identify and respond to gaps in services and emerging needs in the community for low-income HS/EHS eligible children and families. The data and analysis are used to guide CAPK's strategic planning process to better serve HS/EHS children and families.

(To be updated with In accordance with the requirements of 45 CFR Part 1305 Section 1305.3(e), 1302.11(b), the CAPK Head Start and Early Head Start Programs 2021 Community Assessment Update was completed and approved by the Head Start Policy Council Planning Committee on August 22, 2023, and the CAPK PRE Committee on September 13, 2023.

(Update) When comparing the current findings to the previous assessment, there has been very little change in the determinants of needs affecting Head Start eligible children and families, except for homelessness. In Metro Bakersfield, the number of people who are homeless rose by 42% over the previous year, driven by a 108% jump in the number of unsheltered homeless people. Rural homelessness rose by 131%.

Another notable change is the increase in transitional kindergarten public school enrollments. There has been a 38% increase over the past several years.

KEY FINDINGS

The results of the needs analysis of Kern County confirm the continued need in the County for Head Start Services for low-income children and families. Head Start/Early Head Start is an important part of community efforts to break the cycle of poverty by providing low-income preschool children and their families a wholistic and culturally responsive approach to help them meet their emotional, social, health, nutritional and psychological needs.

2024 Update:

- **Kern County is a large and geographically diverse county with a high need for services in rural communities.** (No change from previous data)
- **Approximately 7.3% (66,329) of Kern's children are ages 0-5 years.** (Previously 8% or 68,000; slight decrease)
- **The 0-5 years population has decreased slightly overall in Kern County, California, and the United States between 2019-2022.** (Previously listed as 2019-2022, no major shift)
- **An estimated 80.3% of residents are native-born in the United States, while 19.7% are foreign-born.** (Previously 79.4% native-born; slight increase in native-born population)
- **Of Kern County residents, 13% have less than a high school education.** (No change from previous data)
- **Approximately 44.8% of residents that use a language other than English at home speak Spanish.** (Previously 44%; slight increase)
- **The unemployment rate has decreased in recent years but remains high at 8.4%, compared to the State of California.** (Previously listed at 6.7%; unemployment has risen)
- **Kern County median household income has risen to \$63,883 in 2022 but remains \$10,728 less than the United States and \$26,734 lower than the State of California.** (Previously \$58,824 in 2022; median income has increased)
- **In 2022, 19.3% of Kern residents lived in poverty.** (Previously 18.6% in 2022; poverty has increased slightly)
- **Single female-headed households with children under the age of 5 experienced poverty at five times the rate of married couples with children under 5.** (No change from previous data)
- **An estimated 16,893 of Kern children ages 0-5 years live in poverty.** (Previously 21,994 children; significant decrease)
- **An estimated 89% of children ages 0-5 who live in communities served by CAPK Head Start/Early Head Start living in poverty.** (No change from previous data)
- **At least 15.5% of working residents in Kern County are living in poverty (working poor).** (Previously 15.8%; slight decrease)
- **Most (93.4%) of Kern County residents have health insurance.** (Previously 98.7%; slight decrease in insured population)
- **Access to health care remains an issue throughout the County with a ratio of one primary**

care physician per 2,020 residents. (No change from previous data)

➤ **Kern County ranks 53rd of 58 California counties for worst health outcomes.** (No change from previous data)

➤ **The results from the CAPK 2023 Community Needs survey are consistent with the overall needs identified in the Head Start Community Assessment.** (No change from previous data)

METHODS

In 2021, the Community Action Partnership of Kern (CAPK) Head Start/State Child Development (HS/SCD) Division completed a comprehensive community assessment and report detailing the most current data and source material available. The Community Assessment provided a detailed understanding of the characteristics of Kern County's children and families, their childcare needs, and the conditions that impact their health, development, and economic stability.

This Community Assessment includes updated statistics and considerations of county and incorporated community population numbers, household characteristics and relationships, estimates of income eligible children, disability, educational attainment, health, child welfare, prenatal health, homeless children, and families, and Head Start and Early Head Start program information. Wherever possible data was sought for the 0-3 and 3-5 age groups, (areas that this age breakdown for data was not available, are noted throughout the report.

The primary data source (unless otherwise cited) for the 2022 Community Assessment Update is the U.S. Census Bureau American Community Survey (ACS), 2019 ACS 1-year Estimates and 2018-2022 ACS 5-year Estimates. Other sources of local, state, regional, and national data and intelligence are cited throughout the report and presented in the "Work Cited" page. The CAPK Head Start & Early Head Start Program 2022/2023 Information Reports (PIR) was used for data directly related to HS/EHS.

CAPK performs a comprehensive bi-annual community needs survey of clients, staff, and Agency partners. Along with the 2023 CAPK Community Needs Survey, CAPK held focus groups in select locations representing the diversity of Kern County to gain deeper understandings and insights of the survey results. Findings from the 2023 survey and focus groups are included in this current report.

AGENCY OVERVIEW

Established in 1965, CAPK is a private nonprofit 501(c)(3) corporation. In carrying out its mission *to provide and advocate for resources that will empower the members of the communities we serve to be self-sufficient*, CAPK develops and implements programs that meet specific needs of low-income individuals and families.

CAPK is one of the largest nonprofit agencies in Kern County and one of the oldest and largest Community Action Agencies in the United States. Originating as the Community Action Program Committee of Kern County in 1965, CAPK later became the Kern County Economic Opportunity Corporation, and in 2002 became the Community Action Partnership of Kern.

CAPK operates in seven divisions, which include Head Start/State Child Development (HS/SCD); Health and Nutrition Services; Administration; Finance; Human Resources; Operations; and Community Development. Head Start and Early Head Start (HS/EHS) programs are operated under the HS/SCD Division.

As Kern County's federally designated Community Action Agency in the fight against poverty, CAPK provides assistance to over 100,000 low-income individuals annually through 16 direct-service programs including but not limited to 2-1-1 Kern County; CalFresh Healthy Living Program; the East Kern Family Resource Center; Energy; CAPK Food Bank; Friendship House Community Center; Head Start/Early Head Start; Migrant Childcare Alternative Payment; Shafter Youth Center; CAPK Volunteer Income Tax Assistance (VITA); and Women, Infants and Children (WIC) Supplemental Nutrition.

CAPK has offices located in 27 cities/communities in Kern County and offers services at over 100 sites. The Agency also operates programs in other counties in the San Joaquin Valley including Migrant Childcare Alternative Payment (MCAP) Program, enrolling families through six Central Valley counties that include Kern, Madera, Merced, Tulare, Kings, and Fresno; WIC program services in San Bernardino County; and 2-1-1 Information and Referral Helpline in Kings, Tulare, Stanislaus, and San Diego Counties. In 2015 CAPK's EHS program expanded to San Joaquin County (Stockton, Lodi, Manteca, and Tracy). The information below further details CAPK's programs.

CAPK Service Delivery:

2-1-1Kern County: 24/7 information and referral service that provides residents with comprehensive information and linkage to community health and human services at no cost. In addition to live phone operators, 2-1-1 Kern has a database of over 1,500 social service agencies that is available to the public through the 2-1-1 Kern Online Resource Directory at www.capk.org > 2-1-1 Kern. Additionally, 2-1-1 Kern is the Homeless Coordinated Entry Services provider in partnership with the Kern County Homeless Collaborative.

CAPK Food Bank: Provides emergency food assistance to eligible food-insecure Kern County residents through a network of over 130 pantry and commodity distribution sites. Food Bank also operates a senior food program providing over 3,500 seniors with healthy and nutritious food each month. Community support as well as volunteer hours are essential to the operation of the Food Bank, which is the third largest food bank in California.

Energy Program: Assists income-eligible Kern County residents with utility bill payment, free weatherization, and energy education, at no cost to the participant. Weatherization services include weather stripping; repair or replacement of windows and doors; heating and cooling; and energy efficient appliances, stoves, and refrigerators.

East Kern Family Resource Center: Case management to east Kern County families identified by Child Protective Services as high-risk for child abuse and/or neglect. Other services and programs offered at the center include the Financial Empowerment for Families program and school readiness for prekindergarten-age children. An emergency supplies closet and referral services are also provided to individuals and families in the community who require assistance with basic and other needs.

Friendship House Community Center and Shafter Youth Center: Educational and recreational activities are provided to children ages 6-18 from low-income families at community centers in southeast Bakersfield and Shafter. Activities and programs for children, adults and families include youth after-school, summer and pre-employment programs, parenting classes, nutrition education, sports, mentoring, community gardens, and access to social services.

Head Start and Early Head Start: High quality early childhood education for children from pre-natal to age five through part-day, full-day, and home-based options. The program uses a wholistic approach by not only addressing the needs of the child, but by teaching parents to become advocates and self-reliant providers for their children through its Parent Policy Council and Family Engagement programs.

Migrant Childcare Alternative Payment (MCAP) Program: A voucher-based childcare program that allows migrant, agriculturally working families to choose the best childcare option for their situation. Parents can enroll one time and use the vouchers to access childcare as they travel throughout the state for employment.

Volunteer Income Tax Assistance (VITA): Free tax preparation and e-filing for low- and medium-income individuals and families. VITA also assists eligible clients to take advantage of the Earned Income Tax Credit (EITC), thereby increasing the amount of their tax return and boosting the local economy. All VITA services are provided through trained IRS-certified staff and community volunteers.

Women, Infants, and Children (WIC) Supplemental Nutrition Assistance: Provides free nutrition education, breast feeding support, and food vouchers for infants, children, and women who are pregnant, postpartum, or breast feeding and who are at nutritional risk. Foster parents, grandparents, and single parents can apply on behalf of their children.

CAPK's New Programs:

Homeless Services: in partnership with the County of Kern, CAPK operates a new 150 bed homeless Low Barrier Navigation Center on M Street in Bakersfield. This 24-hour shelter offers housing, meals and an array of mental health, medical care and economic assistance to unsheltered homeless people including those with partners and pets.

CalFresh Healthy Living: CAPK CalFresh Healthy Living improves the nutrition health of low-income Kern County residents by providing access to nutrition education, physical activity education, and training that will help build a healthy, knowledgeable community.

Community Schools Partnership Program: in partnership with Bakersfield City School District, CAPK provides direct wrap around case management to students and families. The program links families to community-based services addressing food insecurities, housing stability, or other related basic services.

Cal AIM: is a new initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery of system, programmatic, and payment system reforms.

Adult Re-Entry (ARG) Program: this program provides funding for community-based organizations to deliver reentry services for people formerly incarcerated in state prison.

CAPK's HS/EHS serves over 2,800 children and their families at 36 locations across Kern County. Children and families also have access to CAPK's network of comprehensive programs and services, all of which are in place to assist and empower families towards self-sufficiency.

External Services (transportation resources and culturally appropriate responsive supports)

CAPK has a large network of external resources to refer clients to, ranging from mental health to legal assistance. While Kern County does not have a free public transportation service, voucher assistance can be found for individuals and families in need. CAPK's 2-1-1 program helps residents find transportation options for medical appointments, employment, and other needs. Kern County's public transportation options are: Golden Empire Transit (GET), Kern Transit, Amtrak, and Greyhound. The Kern Regional Center provides transportation services for people with developmental disabilities. Appropriate external referrals are made to meet client diverse and cultural needs.

Kern County has an abundant list of providers of services for low-income families and children. CAPK 2-1-1 Information and Referral Helpline has a database of over 1,500 social services and other agencies that people can be linked to through calling 2-1-1 or on the CAPK 2-1-1 web page www.capk.org. Common resources for Kern families include Addiction Resource Center, Alliance Against Family Violence, Bakersfield Homeless Center, Clinica Sierra Vista, Department of Fair Housing and Employment, Delores Huerta Foundation, Ebony Counseling Center, Kern County Behavioral Health, Kern County Department Of Human Services, Employers Training Resources, Family Growth Counselling, Independent Living Center of Kern County, New Advances for People with Disabilities, Operation Fresh Start, Salvation Army, Social Security administration, Bakersfield American Indian Health Project, and many more.

CAPK Communications and Outreach (Communication Methods and Modalities)

CAPK utilizes its Interagency Referral Management (IRM) System to provide clients with internal referrals without the client having to visit a second program site to receive CAPK services. The Head Start department has received 29 referrals from January – October of 2024. That means 29 households have received CAPK services through another program and were referred to Head Start to fulfill their early childhood education need. de from the IRM, CAPK Head Start engages with current and future clients by attending and hosting community events, door-to-door canvassing, newsletters, and social media. From February – October 2024, the Head Start department has attended a total of 86 events. Flyers are distributed throughout different locations such as WIC sites, libraries, dental clinics, and medical centers in English and Spanish.

The Head Start department works closely with CAPK's Communications and Marketing Team to strategize communication methods to increase awareness and enrollment. The Communications and Marketing team assists Head Start in publishing targeted ads, commercials, and newsletters to build engagement within the community. In addition to these efforts, the Communications and Marketing Team has worked on rebuilding CAPK's Head Start landing page, making it electronically accessible for clients to learn more about Head Start and/or submit their applications electronically. These communication methods have improved Head Start's ability to reach out to the community and make their services, events, and enrollment easily accessible. Traditional communication methods are still made available for families who are not able to access the internet or electronic devices. This is to say that CAPK's Head Start Team provides all methods of communication to meet clients at their point of need.

Table 1, CAPK HeadStart and Early Head Start Kern County Locations

HS/EHS Site Name	Address
Administration Office	5005 Business Park North, Bakersfield 93309
Alberta Dillard	5704 Pioneer Dr Bakersfield, CA 93306-6546
Alicante	7998 Alicante Ave Lamont, CA 93241-1744
Angela Martinez	4032 Jewett Ave Bakersfield, CA, 93301
Bakersfield College	1801 Panorama Bakersfield CA 93305
Blanton	315 E. 18th Street, Bakersfield, CA 93301
Broadway	929 Broadway St., Wasco, CA 93280
California City	9124 Catalpa Ave California City, CA 93505-2781
Cleo Foran	1410 11th Street Bakersfield, CA 93304-1432
Delano	1835 Cecil Ave Delano, CA 93215-1519
East California	1900 E. California Ave Bakersfield CA 93307
Fairfax	1500 S. Fairfax Rd. Bakersfield, CA 93307
Garden Pathways	1130 17 th St. Bakersfield, CA 93301
Harvey L. Hall	315 Stine Rd Bakersfield, CA 93309-3268
Heritage Park	2320 Mt Vernon Ave Bakersfield, CA 93306-3300
Lamont	8201 Palm ave Lamont, CA 93241-2118

Martha J. Morgan	3811 River Blvd Bakersfield, CA 93305-1004
McFarland	410 E Perkins Ave McFarland, CA 93250-1230
Mojave	1940 Inyo St Mojave, CA 93501-1765
Oasis	814 North Norma, Ridgecrest, CA 93555
Pete H. Parra	1825 Feliz Dr., Bakersfield, CA 93307
Primeros Pasos	1111 Bush St Arvin, CA 93203-2056
Rosamond	2584 Felsite Rosamond, CA 93560-7688
San Diego	10300 1/2 San Diego St Lamont, CA 93241-1743
Seibert	2800 Agate St., Bakersfield, CA 93304-5306
Shafter EHS	459 E. Euclid Ave Shafter, CA 93263-2777
Shafter HS	452 W. Los Angeles Ave Shafter, CA 93263-2590
Sterling	3000 Sterling Road Bakersfield, CA 93306-4569
Sunrise Villa	1600 Poplar Ave Wasco, CA 93280-3405
Taft	819 6th Street Taft, CA 93268-2305
Taft College	29 Cougar Ct. Taft, CA 93268
Tehachapi	1120 S Curry St Tehachapi, CA 93561-2300
Vineland	14327 S Vineland Rd Bakersfield, CA 93307-9463
Virginia	3301 Virginia Ave Bakersfield, CA 93307-2931
Wesley	1314 Oswell St, Bakersfield CA 93306
Willow	401 Willow Dr Bakersfield, CA 93308-4761

Source: CAPK Operations

DETERMINANTS OF NEED

KERN COUNTY OVERVIEW

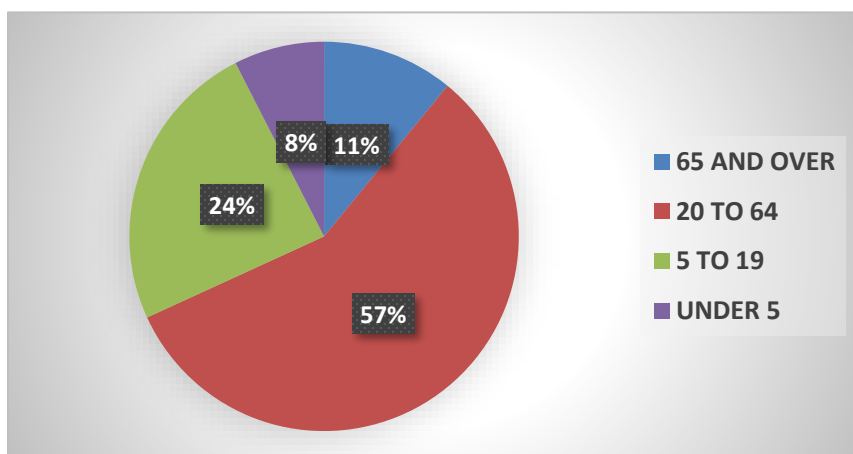
Kern County is in Central California, at the southern end of the San Joaquin Valley. At 8,172 square miles, Kern is California's third-largest county by land area. Terrain varies dramatically within the County, from the valley lowlands to the mountain peaks of the southern Sierra Nevada, to arid stretches of the Mojave Desert. Because of this geographic diversity, the county has a wide range of climates, determined largely by elevation and precipitation. Summer temperatures often reach over 100 degrees on the valley floor and in the Mojave Desert, and winter temperatures drop into the teens in the higher mountains.



POPULATION

There are 906,883 people living in Kern County with most residents living in Bakersfield, the County's major metropolitan area. A total of 10 other cities containing about 20% of the population and the remaining residents (38%) live in unincorporated mostly rural areas of the county. Approximately **68,078** of the County's residents are **under the age of 5** years; 220,293 are ages 5 to 19; 518,253 are ages 20 – 64; and 99,020 are ages 65 and over.

Figure 2, Kern Population Age Distribution



Source: US Census American Community Survey 2022, 5-Year Estimates

Of the estimated **68,078** children ages 0 to 5 in Kern County, approximately **60% are in the 0-2 years age group** (kids.data.org). Gender for children in the 0-5 age group is almost even with 49% female and 51% male.

POPULATION GROWTH

Kern County's overall population growth from 2012-2022 is similar to trends for the State and Nation. Noteworthy, the 0-5 population has decreased at the county, state, and nation level.

Table 2, Population Growth Comparison

Location	2012	2022	Growth
Kern	839,631	905,644	7.8%
California	37,659,181	39,455,353	4.7%
United States	309,138,711	329,725,481	6.6%
Children Ages 0-5			
Kern	71,484	68,078	-4.7%
California	2,527,752	2,350,335	-7.0%
United States	20,137,884	19,423,121	-3.5%

Source: US Census American Community Survey 2022, 5-Year Estimates

RACE/ETHNICITY

Kern County's racial and ethnic composition is diverse. After White, the largest Racial/Ethnic group is Hispanics/Latino (53.3%), compared to 39% of California's population and 18% of the United States. The smallest group are Native Hawaiian/Pacific Islander at .2% in Kern County and the United States and .4% in California.

Table 3, Kern County Race and Ethnicity

Race/Ethnicity	All Residents
White	62.3%
African American	5.4%
American Indian or Alaska Native	1%
Asian	4.8%
Native Hawaiian or Other, Pacific Islander	.1%
Hispanic or Latino	54.7%
Some Other Race	13.8%

Source: US Census American Community Survey Estimates 2022, 5-Year Estimates

Kern County has seen growth in most race/ethnicities with Native Hawaiians and other Pacific Islanders seeing the highest percent rate of growth, followed by Asians. The only decrease was in American Indian and Alaskan Native groups. Whites and Hispanics grew at almost the same rate, with Hispanics seeing slightly more growth.

Table 4, Kern Population Change by Race/Ethnicity, 2017-2021

Race/Ethnicity	Percent Change
White	-15.6%
Black or African American	-1%
American Indian and Alaska Native	-1.1%
Asian	-1.1%
Native Hawaiian and Other Pacific Islander	-.5%
Hispanic or Latino (of any race)	6.9%

Source: US Census American Community Survey 2022, 5-Year Estimates

NATIVITY AND FOREIGN BORN

Of Kern County's population, 79.4% (719,419) were born in the United States, and 19.7% (177,999) were foreign-born. Of the county's foreign-born population, 61.3% (109,135) are not U.S. citizens.

LANGUAGE (Update)

According to the most recent data from the U.S. Census Bureau's American Community Survey **(ACS) for 2019-2023**, approximately 45.2% of Kern County residents aged 5 and older speak a language other than English at home, showing a slight increase from 44.3% reported in the **2018-2022 ACS data** with most of these comprised of Spanish speakers (88.5%). The next most common language is Asian and Pacific islander languages at 2.9%. (U.S. Census, 2023).

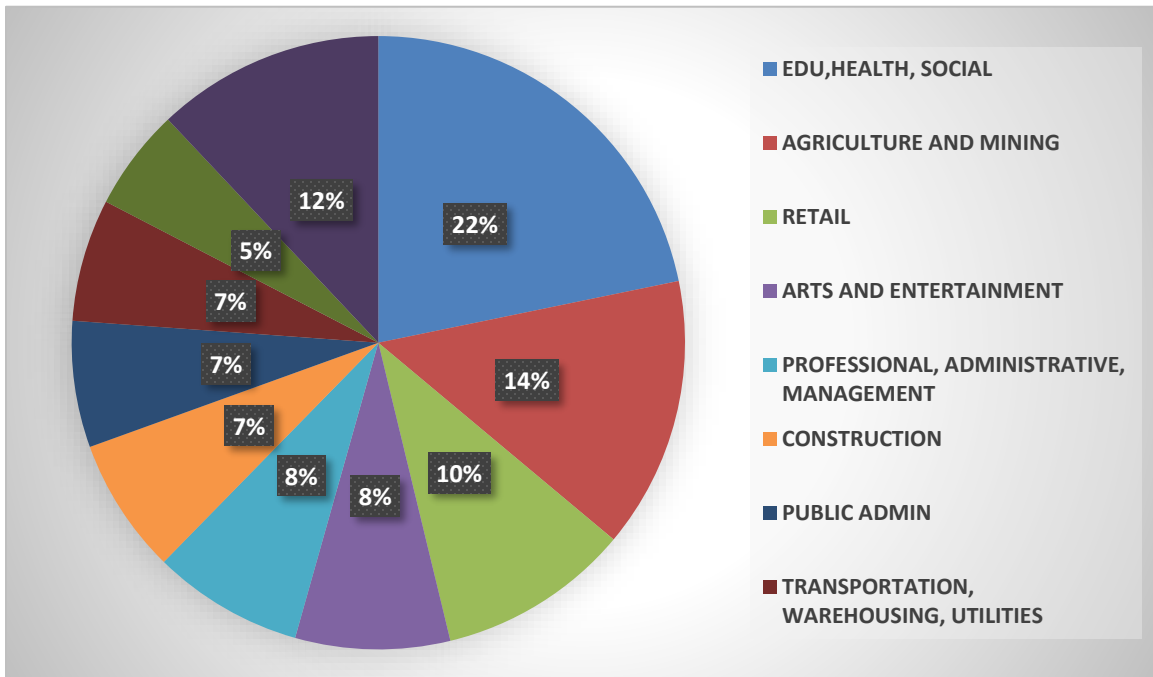
EMPLOYMENT

The petroleum and agriculture industries are the main drivers of Kern County's economy. According to the Kern Economic Development Corporation, Kern is the top agricultural producer and the second highest oil-producing county in the nation. The County also has two military bases on its eastern edge and has seen growth in the alternative energy, (wind and solar) and aerospace industries. Agriculture and oil are not consistent in employment and are affected by seasons, environmental, national, and global economic factors. For example, while most of the Country was recovering from the recession, decreases in oil production resulted in mass layoffs in Kern County and the recent California drought had dire consequences for seasonal farm workers.

There are 671,496 Kern County residents ages 16 and over. Of these, an estimated 58.1% that are in the labor force are employed. The largest employment sector in Kern is Education, Health, and Social Work which has large variances in types and pay rates of jobs. The second,

Agriculture and mining (which include the oil industry), can be unstable sources of employment due to strong seasonal cycles as well as other factors discussed previously.

Figure 3, Kern County Workers by Industry

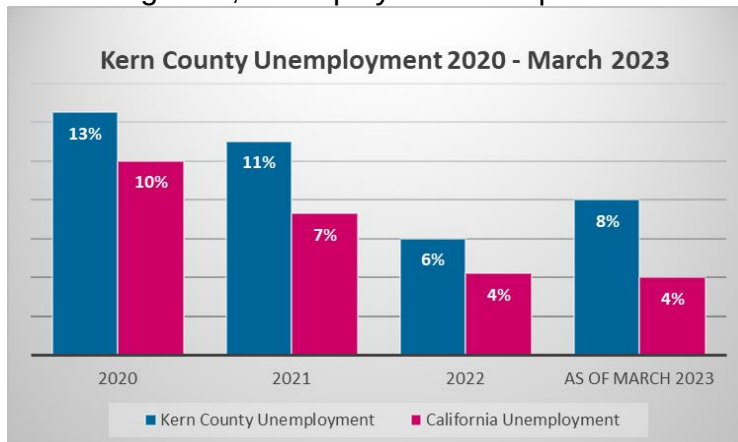


Source: US Census American Community Survey 2022, 5-Year Estimates

UNEMPLOYMENT

Kern County unemployment rates typically run in the double digits and about 2 to 3 times higher than the State and Nation. However, Kern saw historic lows in unemployment in 2018 and 2019. However, these gains disappeared during the pandemic when over 12% of Kern's working population became unemployed. Currently, for 2022-23, Kern County's unemployment rate has been between 6-8%, which is consistently higher than California's unemployment rate (Employment Development Department, 2023).

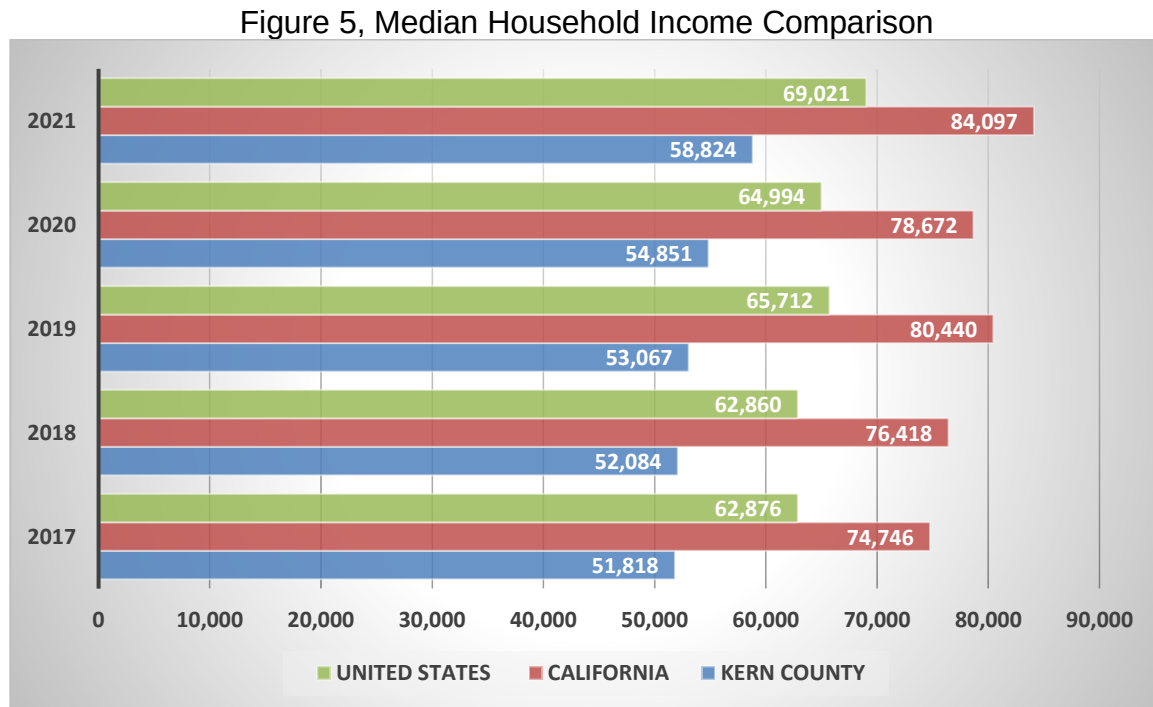
Figure 4, Unemployment Comparison



Source: California Department of Labor, 2023

INCOME

Kern County median household income, at \$58,824 in 2022, is **\$10,197 less than the United States and \$25,273 lower than the State of California.**



Source: US Census American Community Survey 2022, 5-Year Estimates

Overall, the state and nation have seen a steady increase over the last 5 years. Kern's median income has steadily grown over the last three years but falls significantly behind in comparison.

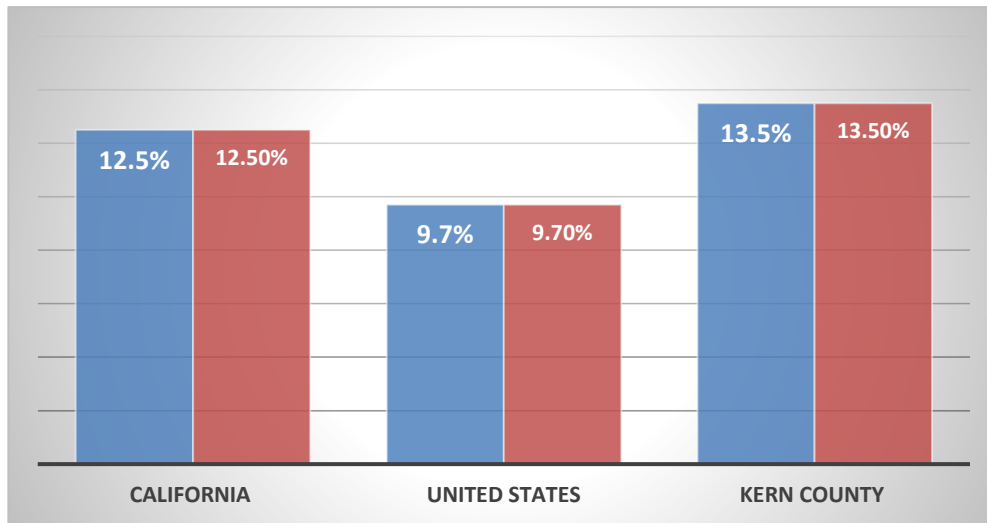
As of the latest data from the U.S. Census Bureau's American Community Survey (ACS) for 2018-2022, Kern County's median household income is **\$63,883**. Source: US Census Bureau **Median households' income (in 2023 dollars), 2019-2023**

This represents an increase from the 2022 ACS estimate of \$58,824, indicating economic growth in the region.

Despite this improvement, Kern County's median household income remains below both the national and state medians.

The poverty rate in Kern County is approximately **19.3%**, which is higher than both the state and national averages.

Figure 6, Income Growth Comparison



Source: US Census American Community Survey 2022, 5-Year Estimates

POVERTY

According to the US Census, 18.6% of Kern County residents live in poverty; Kern County has a higher poverty rate when compared to all 58 California Counties (The Public Policy Institute of California, 2021). Within Kern County, there are pockets of extreme poverty with some communities having more than 45% of residents living below the federal poverty level.

WORKING POOR

The face of poverty in the United States has changed greatly over the last decade. In a report presented at the National Community Action Partnership Mega Trends Learning Cluster, *Inequality in America*, former Secretary of Labor Robert Reich discusses trends of those living in poverty in the U.S. According to Reich, as the median family income continues to drop, an estimated 65% of U.S. families live paycheck to paycheck. He goes on to say that a significant number of people in poverty are working but are unable to earn enough to lift themselves out of poverty. Reich also claims that about 55% of all Americans aged 25 to 60 have experienced at least one year of poverty or near poverty (below 150% of the poverty line), and at least half of all U.S. children have relied on food stamps at least once in their lifetime.

This is also supported by the California Budget and Policy Center, *Five Facts Everyone Should Know About Poverty*, which states that most families that live in poverty are working and 67% of those families have one or more workers supporting them. The key reasons cited for working families remaining in poverty are a lack of good paying jobs and the low minimum wage. In Kern County, 15.8% of employed residents who are 16 years of age or over are living in poverty (U.S. Census, 2022).

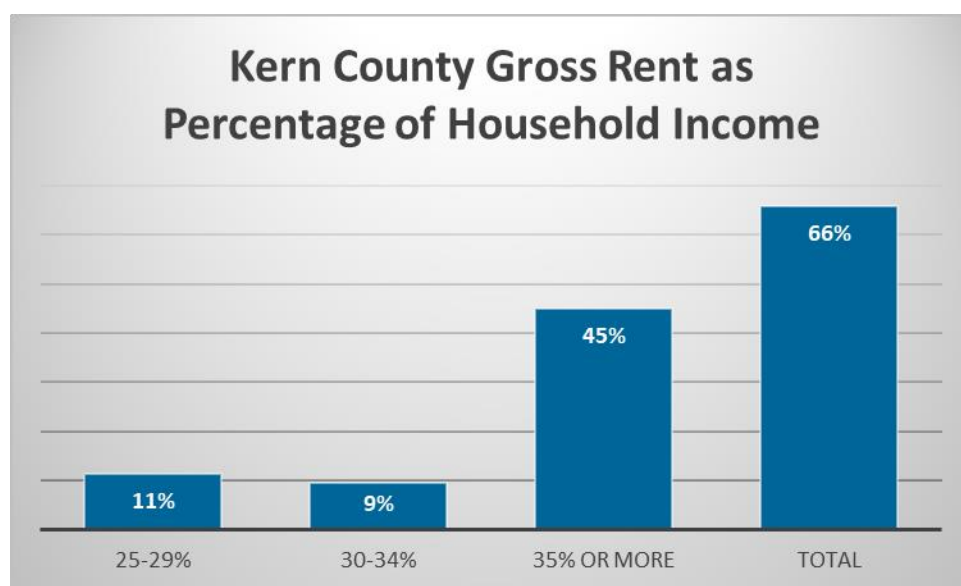
HOUSING

According to the US Census Estimates, there are 274,705 occupied housing units in Kern County.

The Kern County Council of Governments' (KCOG) Housing Element 2015-2023 reports that Bakersfield (Kern County's most populated city) is projected to only meet 42.7% of their Regional Housing Needs Allocation (RHNA) for very low and low-income households. Other factors affecting housing, are as follows:

- Jobs to housing ratio of 1 job very every .13 of housing.
- Most of the available housing is single family homes.
- Approximately 50% of households are at 50% of the median income—51% earn less than \$50,000 per year.
- Limited inventory of Section 8 housing for larger families.
- Subsidized multifamily units are at risk of becoming market rate units.

The U.S. Department of Housing and Urban Development states that families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation, and medical care. Based on the 2022 American Community Survey estimates, 26.2% of all Kern County homeowners with a mortgage paid 35% or more of their household income on housing. Renters paid an even higher percentage of their income on housing, with almost half of renters spending 45% or more of their household income on rent.



Source: US Census, 2022

HOUSING QUALITY

Substandard housing is common in much of the County. The KCOG Regional Housing Needs Allocation Plan 2013-2023, included an assessment of county housing quality which shows

that an estimated 54% of Kern County Housing is substandard, ranging from a low of 30% in Tehachapi to almost 96% of homes in California City.

Table 5, Kern Substandard Housing

City	Substandard Stock
Arvin	57.1%
Bakersfield	34.0%
California City	95.9%
Delano	42.0%
Maricopa	94.3%
McFarland	50.8%
Ridgecrest	39.6%
Shafter	44.2%
Taft	54.9%
Tehachapi	29.6%
Wasco	54.4%
Unincorporated	56.5%

Source: Kern Council of Governments, 2013-2023

TRANSPORTATION

Transportation poses challenges in Kern County, particularly for those in rural areas. Bakersfield is the hub of the county where people can access employment, doctors, social services, and other needed resources. In rural areas of Kern, many low-income people with limited incomes rely on public transportation to get to Bakersfield, which in most of these areas has one trip to Bakersfield in the morning and one return trip in the afternoon.

For those who own a vehicle, the higher gas prices in California, approximately \$1.89 per gallon over the national average, can be an additional burden for low-income families.

Figure 7, Public Bus Routes in Rural Kern County



Source: Kern Transit

MENTAL HEALTH

According to the California Health Interview Survey, over 16% of Kern County residents experienced serious psychological distress in 2020, which is slightly higher than for California as a whole. In 2023, Kern County continues to face significant mental health challenges. According to the 2023 Point-in-Time Count, 530 adults in the county reported serious mental illness. Obtaining mental health treatment can be difficult. According to the National Mental Health Services Survey, 2020, California has approximately 970 mental health treatment facilities with many of those private care facilities. In California, there are 59 psychiatric hospitals. In Bakersfield there are approximately ten mental health facilities with three of those accepting patients for in-hospital treatment. Bakersfield and the county lack mental health professionals especially those who serve low-income populations, and the San Joaquin Valley has one of the lowest ratios of behavioral health professionals to population in California.

SUBSTANCE USE DISORDER

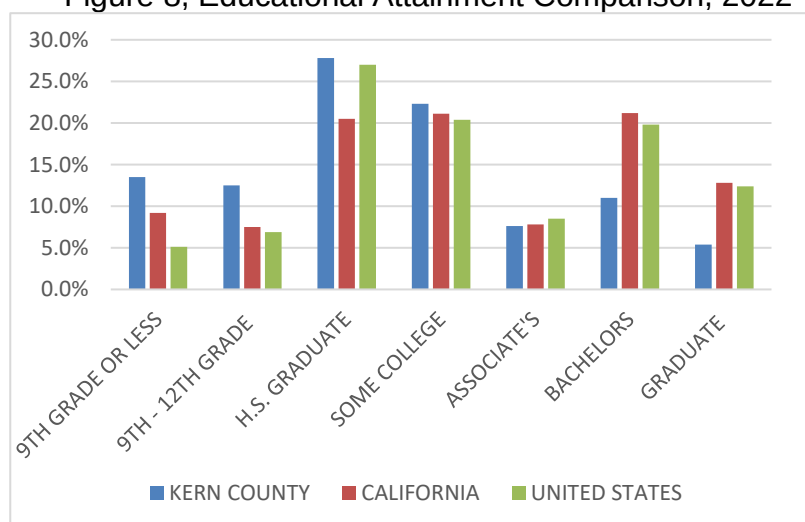
According to the California Health Care Foundation, substance use disorders are common; 8.8% of California meets the criteria for a substance use disorder. Many rural areas of the state lack access to treatment and experience significant wait times. According to the California Department of Health Care Services, seven (7) of the 50 physician appointments and four (4) out of the 50 urgent appointments did not meet timeliness standards as indicated in the 2022/2022 Kern County Mental Health Plan.

Needs and Resources of Eligible Children and Their Families

EDUCATIONAL ATTAINMENT

In 2022, 12.9% of people ages 25 and older in Kern County had less than a 9th grade education; 11.8% has between a 9th and 12th grade without a diploma; 27.5% were a high school graduate (or equivalent); 22.3% of residents had some college experience without a degree; 11.4% had a bachelor's degree and 5.7% had a Graduate or Professional degree. California has less residents over the age of 25 with a 9th grade education or less and with a 9th grade to 12th grade education without a diploma, at 8.9% and 7.2%, respectively. California has more than twice the percentage of residents with a bachelor's degree or Graduate degree at 21.6% and 13.1%, respectively. The nation fares better than the state in educational attainment for a high school graduate, though California's rates for a bachelor's degree is higher than both the county and the nation. The details of each percentage at educational level of attainments are depicted below. The most concerning for Kern County is the low attainment of college degrees—about half as many Kern residents have a bachelor's degree or higher than the state or nation. Today, college appears to be the new high school, with many entry level jobs requiring higher levels of education and skills than what can be acquired as a high school graduate.

Figure 8, Educational Attainment Comparison, 2022



Source: US Census American Community Survey 2021, 5-Year Estimates

The lack of higher educational attainment has far reached implications for Kern residents. According to a report by The PEW Charitable Trust, a four-year college degree encourages upward mobility from the lower rungs of society and prevents downward mobility from the middle and top. The report states that about 47% of people who are raised in the bottom quartile of the family income ladder who do not get a college degree stay at that level compared to 10% who have earned a college degree. Also, about 39% of those raised in the middle-income ladder who do not get a college degree move down, while 22% with a degree stay in the middle or advance.

According to the U.S. Census Community Data for Kern County, approximately 24,292 of people aged 25 years or older that have a high school diploma (includes GED) or less live in poverty compared to 3,217 with a bachelor's degree or higher.

Table 6 Educational Attainment by Race Ethnicity, 2021

Race/Ethnicity	Kern		CA		US	
	HS or Higher	BA or Higher	HS or Higher	BA or Higher	HS or Higher	BA or Higher
White	84.7%	22.2%	93.8%	44.6%	89.9%	33.5%
Black	84.6%	17.6%	90.7%	28%	86%	21.6%
American Indian or Alaska Native alone	74.5%	15.2%	70.5%	16.7%	80.3%	15%
Asian	88.1%	39.3%	88.6%	55.1%	87.1%	54.3%
Native Hawaiian and Other Pacific Islander alone	90.5%	19.6%	85.1%	19.9%	87%	17.8%
Some other race	62.4%	9.9%	64.0%	12.4%	62.7%	12%
Hispanic or Latino Origin	63.9%	10.4%	68.1%	15.9%	68.7%	16.4%

Source: US Census American Community Survey 2022, 5-Year Estimates

ADULT EDUCATION

In Kern County, 9.4% of residents over age 25 have between a 9th and 12th grade education without a diploma. Among families enrolling in Head Start/Early Head Start the figure is even higher with 44% (approximately 591) of parents not having a high school diploma. This number demonstrates a need for Adult Basic Education (ABE) or General Education Development (GED) preparation. ABE and GED preparation is available in most populated areas in Kern County. Job training is an unmet need as demonstrated in the table here.

Table 7, HS/EHS Families Obtaining Diploma, GED, Professional Training or Job Skills

Head Start			Early Head Start			Early Head Start Partnership		
In Job Training or School	Not in Job Training or School	Completing GED/Diploma, Job Training, Professional Certificate or License	In Job Training or School	Not in Job Training or School	Completing GED/Diploma, Job Training, Professional Certificate or License	In Job Training or School	Not in Job Training or School	Completing GED/Diploma, Job Training, Professional Certificate or License
833	266	117	54	103	54	47	16	47

Source: 2022/2023 PIR Data

Undergraduate education opportunities exist in Kern County with 4-year degrees offered on-campus and online in Bakersfield through several institutions and 2-year/vocational/associate degrees offered in Bakersfield via the Kern Community College District (KCCD) campuses and online learning as well as others. Locations in Ridgecrest, Lake Isabella, California City, and Tehachapi offer classes through KCCD as well. There does not seem to be a shortage of undergraduate education opportunities. Head Start families in Kern County can receive the educational services they need. It is noted that some families are already enrolled in adult education or job training upon their children's entry into the Head Start/Early Head Start programs.

Low cost or free GED preparation, ESL classes, and vocational training are often offered by the same institutions. A GED is also available online through the public schools. Some colleges also offer vocational training. Although multiple locations are available, gaps in the current training system were observed when compiling the information:

- Locations are concentrated in more populated areas and may be difficult for others to reach.
- Inconsistent options for vocational training among varying locations.
- Programs associated with the public-school system were not necessarily linked to the school district website and their websites were sometimes difficult to find.
- Schedules and offerings were not always listed on the websites.
- Programs have differing eligibility criteria.
- Some programs may charge fees.

Different directories list different programs and/or different services for the same location.

EMPLOYMENT AND JOB TRAINING

Employment and job training for Head Start/Early Head Start families is critical in ensuring the ability of families to become self-sufficient and capable of adequately providing for themselves and their children. According to the Kern County PIR, ***more than 1,236 parents of Head Start/Early Head Start children are employed or are active-duty military***. Head Start/Early Head Start parents can work and feel secure about the care of their children while they are working. The numbers from this report do not preclude the need for job training and education opportunities for the families served by Head Start and Early Head Start. Although many HS/EHS parents are employed, (over half), their low-income status indicates a high need for further job skills and/or education.

ENGLISH AS A SECOND LANGUAGE

There is a high need for English as a second language (ESL) education in Kern County with many foreign-born Kern residents indicating a low English-speaking ability. Among Head Start and Early Head Start families in Kern, approximately 29% residents stated that they primarily speak another language at home. ESL training opportunities are relatively abundant in Kern County with each city or census tract showing opportunities.

FINANCIAL LITERACY/ASSET BUILDING SERVICES

Financial empowerment helps families with low incomes build financial stability. Services focus on strengthening low-income people's financial position by providing access to proven routes out of poverty—education/ training, employment, entrepreneurship, safe/affordable credit, asset building, and home ownership. Financial empowerment is not a substitute for other poverty reduction programs, however, when integrated into existing programs, financial empowerment can significantly boost a family's ability to rise out of poverty. Approximately 4 of Head Start/Early Head Start families in the county had a need for services that would help them build assets or reduce debt, and 4 received these services.

In 2019, CAPK HS/EHS began staff training and implementation of the Your Money Your Goals (YMYG) Tool Kit. Created by the U.S. Consumer Financial Protection Bureau, the YMYG Toolkit is a collection of important financial empowerment information and tools that can be selected based on the needs and goals of families. The goal is to help someone get started on solving specific financial challenges and reaching their goals. And, when they want or need additional help, the aim is to help you refer them for financial counseling. Unlike a financial education curriculum that may have a specific set of goals and requires materials be presented in a set order, the YMYG toolkit is made up of modules that can be selected based on the family's specific needs.

HEALTH

Lower income and fewer bachelor's degrees are linked to worse health outcomes including increases in asthma, obesity, diabetes, stroke, cancer, low birth weight, poor mental health days, and heart attack ER visits (Kern County Community Health Needs Assessment, 2019). The health of Kern County residents falls far behind residents of other California counties.

According to the County Health Rankings and Roadmaps for 2023, Kern County ranked **53 out of 58** California counties in **'Health Outcomes'** and **56 out of 58 in 'Health Factors'**. According to this study, health factors that affect people living in Kern County include many of the socio-economic factors previously discussed, such as educational attainment, unemployment, and income inequality. When comparing scores over the past five years, scores have remained dangerously high.

Table 8, Kern County Health Rankings, 2019-2023

Outcomes	2019	2020	2022	2022	2023
Health Outcomes	52	52	53	53	53
Length of Life	46	46	48	49	49
Quality of Life	55	54	57	56	54
Health Factors	57	57	56	57	56
Health Behaviors	58	57	47	55	51
Clinical Care	52	54	52	51	52
Social & Economic Factors	53	54	55	57	56
Physical Environment	57	57	54	55	53

Source: County Health Rankings.org

Some of the most prevalent health conditions affecting Kern residents are asthma, obesity, and diabetes. Asthma is one of the most common chronic diseases among children in the U.S. and a leading cause of hospitalizations and absences from school. Although identifying the impact of independent risk factors for asthma is difficult, low-income and minority children are at disproportionately high risk for severe symptoms, missed school days, and emergency room visits due to asthma (U.S. Environmental Protection Agency, 2019).

More than 30% of U.S. children ages 2-19 are overweight/obese, according to a survey from the Centers for Disease Control and Prevention (Fryer, C. D., et al., 2018). Kern County's rates are often higher; kidsdata.org noted that 44.5% of 5th grade children were obese in 2019.

According to the Centers for Disease Control, among children and adolescents younger than 20, non-Hispanic whites had the highest rate of new cases of Type 1 diabetes compared to members of other U.S. racial and ethnic groups. Among children and adolescents aged 10-19 years, U.S. minority populations had higher rates of new cases of type 2 diabetes compared to non-Hispanic whites. The risk of developing type 2 diabetes increases with age. The number of children diagnosed with type 2 diabetes is growing due to more overweight youth. Still, it is less common in children and young adults than it is in older people.

Asthma: A key contributor to the high asthma rates is Kern's poor air quality (American Lung Association, 2019).

- Kern residents experiencing asthma – 17.7% (California Department of Public Health, 2020).
- **Kern children** suffering from Asthma – **7.6%** (Kidsdata.org, 2019).

Obesity

- Of Kern adults, 78% are overweight or obese.
- People of color have obesity rates higher than average at 25%.
- Children aged 11-14, nearly 44% are considered overweight or obese (Kidsdata.org, 2019)

Diabetes:

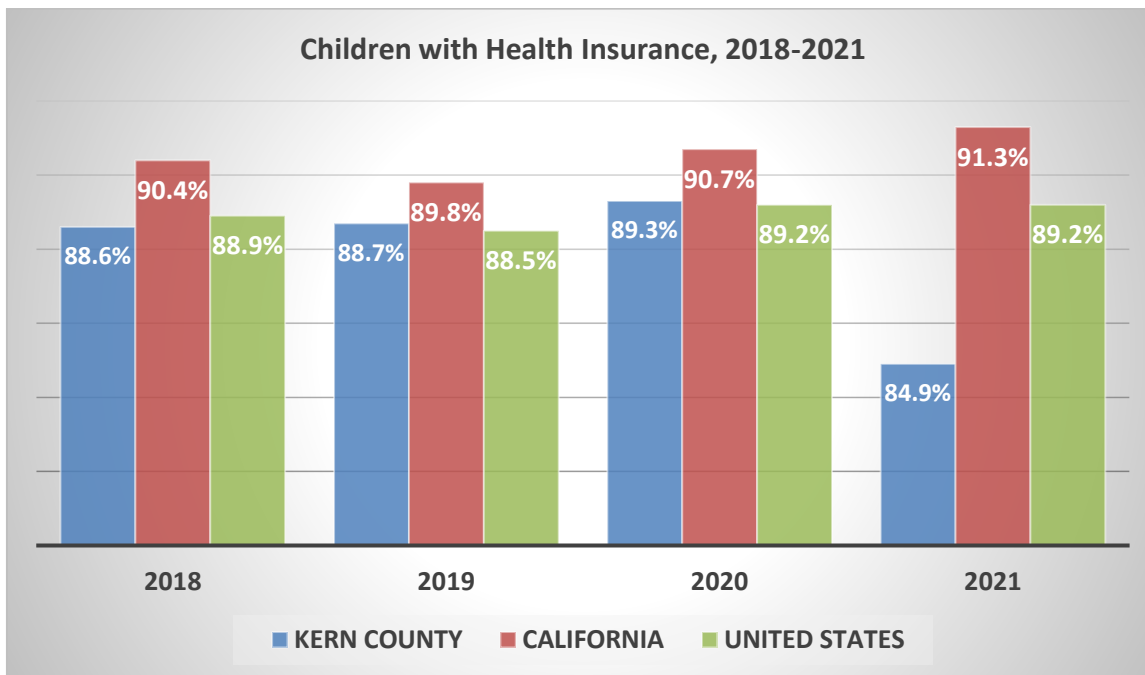
- In Kern County, 13% of adults have been diagnosed with diabetes, (County Health Rankings, 2021).
- Of the children discharged from hospitals in Kern County in 2020, 3.5% or 172 children were diagnosed with diabetes (Kidsdata.org, 2020).

HEALTH INSURANCE

The US census estimates the percentage of children with health insurance each year by county. Estimates are available for children younger than 19 and living at 138% of the federal poverty level or below. Coverage rates in Kern County have been rising and are now at 98.7%, which is above national and state estimates. Data from Kern County's Head Start/Early Head Start program information report (PIR) is similar. All (100%) of children in Head Start and Early Head Start had health insurance at the end of the reporting period.

Despite these successes, there are still groups of people without health insurance. The US Census estimates above indicate that 3.7% of children do not have health insurance and the California Department of Public Health, Maternal and Infant Health Assessment found that 4% of women were uninsured during pregnancy. The survey also reported that 14% were uninsured post-partum and 2% had no infant health insurance.

Figure 9, All Children with Health Insurance in the United States, California, and Kern County



Source: US Census American Community Survey 2018-2022, 5-Year Estimates

HEALTH CARE ACCESS

Although most of Kern Residents (and all HS/EHS children) are insured, having access to quality and timely care is an issue. In Kern County there are 2,020 people for each primary care physician (2,020:1) compared to a ratio of 1,230:1 for the State of California (County Health Rankings and Roadmaps, 2020). Where a family lives in the county also plays a crucial role in access. According to the 2019 Kern Community Health Needs Assessment, approximately 2 out of every 3 Kern residents (over 519,000) are living in a severely under-resourced area. Communities identified in this report as majorly under resourced include Oildale, East Bakersfield, Southeast Bakersfield, Arvin, Lamont, Greenfield, Wasco, McFarland, Delano, Shafter, Taft and Buttonwillow. Pregnant women are a priority in the health care system but continue to face access issues. The California Maternal and Infant Health Assessment reported several important findings:

- Almost 63% of pregnant women had a routine source of pre-pregnancy care;
- During the first trimester, 82% initiated care; and
- Nearly 12% reported either they or their infant needed care post-partum, but they could not afford it.

Although 100% of program participants at Kern County Head Start/Early Head Start had health insurance, keeping children up to date on screenings was challenging, as shown in Table 16. This may be partially related to the access issues previously discussed.

Table 9, HS/EHS Medical Care Received

Care Type	Received Care
Pre-and post-natal care for pregnant women	80%
Medical home	100%
Received all possible immunizations or exempt	100%
Up to date on EPSDT schedule	83.5%

Source: 2018/2019 Kern PIR

DENTAL CARE

Kern County faces a general scarcity of dentists. The Robert Wood Johnson Foundation reports there are 2,080 Kern residents for every one dentist (2,080:1). California shows a much higher rate of dental professionals per person, with a ratio of 1,200:1.

Data for Head Start/Early Head Start in Kern County show that while 99% of participants have a dental home, only 94% of Early Head Start and 87% of Head Start participants had completed a professional dental examination. A much lower percentage of HS/EHS children who were identified as needing dental treatment had received it (17%).

EXPECTANT MOTHERS

In addition to access to health care mentioned previously, pregnant women continue to face a variety of challenges. According to the California Department of Public Health, Maternal and Infant Health Assessment Survey, of the poorest 6,900 pregnant Kern County women, only 29% self-reported taking folic acid daily in the month prior to their pregnancy, and nearly 25% did not seek first term care. Also noteworthy is that 30.5% reported being food insecure, and almost 22% did not gain adequate weight. An additional 45% gained excessive weight.

Many poor women in Kern County experience a range of hardships during pregnancy. Some of these instances include experiencing two or more hardships during childhood, 30.3%; homelessness, 5.2%; moving locations due to problems paying rent or mortgage, 9.4%; woman or their partner losing job, 25.3%; woman or partner cut in pay or hours, 18%; becoming separated or divorced, 12%; and having no practical or emotional support during pregnancy, almost 5%. Out of this same group of women, 87% had Medi-Cal insurance pre-natal coverage with 4.4% being uninsured, and 8.4% having private insurance. In 12.4% of cases, either the mother or infant needed post-partum care but did not afford said care.

Other data for the county show 70.8% of pregnant women are unmarried, 26% did not complete high school or obtain a GED, and nearly 75% live in a high poverty neighborhood.

AIR QUALITY

According to the American Lung Association 2022 State of the Air Report, Bakersfield had the worst air quality in the United States for year-round particle pollution, as it has had for many years. Kern County also received failing grades for both short-term particle pollution and ozone pollution.

- Short-term particulate: Episodes of increased particulates caused by events such as wildfires.
- Year-round particulate: chronic exposure to particulates caused by things like soot, diesel exhaust, chemicals, metals, and aerosols.
- Ozone: mostly attributed to wood-burning and auto exhaust.

Kern County ranked as the worst county in the nation with the highest year-round particle pollution. These particulates are of special concern for Kern County residents because of the significant health risks. As noted in this report, Kern has a high poverty rate,

especially in our rural farming communities, which is linked to lower access to health care. Another factor to consider is that Kern's main industries (agriculture and oil) are major contributors to the poor air quality. Asthma rates for Kern County are ranked among the highest in the state as indicated by asthma hospitalizations. Children are more vulnerable to the effects on health from poor air quality due to more permeable skin and fragile systems. In addition to the health effects of the poor air quality in Kern already discussed, children are also at risk of increased cognitive defects and cancer.

FOOD INSECURITY

According to the United States Department of Agriculture, food insecurity occurs when there are reports of multiple indications of disrupted and reduced food intake. Although Kern County is one of the largest producers of agriculture in the world, it also hosts the city with the highest food insecurity rate in America. The Food Research and Action Center's (FRAC) identified Bakersfield as first among the 100 largest metropolitan cities in the U.S. for food insecurity.

CAPK's Food Bank is the largest emergency food distributor in Kern County. The Food Bank provides an emergency means of food for Kern County's low-income children, families, and other vulnerable people such as elderly, disabled, and the homeless. Over the last few years the Food Bank has seen dramatic increases in food needs going from 13 million lbs. of food distributed in 2015 to over 33 million lbs. in 2020.

According to the Feeding America, Map the Meal Gap 2021 statistics, **18.2% of children in Kern County are food insecure** compared to 13.5% of children in both California and the United States.

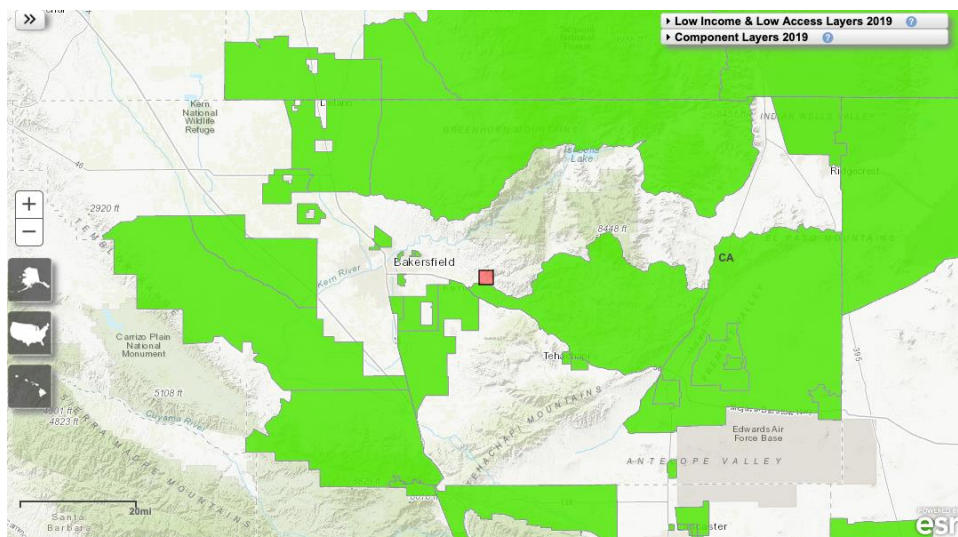
- California Department of Education: up to 140,000 Kern children receive free or reduced- price school lunch.
- California Department of Social Services: Approximately 83,589 children received CalFresh (SNAP) benefits.
- Over 25,692 children are served by WIC in Kern County

The CAPK Food Bank provides food distribution throughout the County. In 2022, the Food Bank served approximately 40,000 households per month, the majority of which include children. The CAPK Head Start Central Kitchen prepares approximately 72,000 meals and snacks each month for HS/EHS children and parent volunteers. Additionally, CAPK's Friendship House and Shafter Youth Center serve daily no- cost meals and snacks, to children and parents throughout the year. In 2022, the Community Action Partnership of Kern (CAPK) Food Bank distributed 19 million pounds of staple foods, fresh produce, breads, and meat to over 600,000 residents.

FOOD DESERTS

A **food desert** is an area that has limited access to affordable and nutritious food (Karpyn et al., 2019). They are most common in low-income and/or rural areas but can also appear in metropolitan areas. Racial and economic disparities in food access persist across the nation; approximately 1/3 of white residents experience limited access to food retail than their non-white counterparts. As seen in the map below, where the green areas represent low-income and low access areas, most of Kern County is considered food desert (United States Department of Agriculture, 2023).

Figure 10, Kern County Food Deserts



Source: United States Department of Agriculture 2023

The Kern County Food System Assessment reports 17 community gardens; Edible School Year program with cooking classes and a garden in Shafter, Bakersfield, and Arvin; Certified Farmer's Markets in Bakersfield, Delano, Lake Isabella, Lamont, Shafter, Tehachapi, Wasco, and Wofford Heights. Additionally, in response to the lack of fresh and healthy foods for many low-income people in Kern, the CAPK Food Bank began holding "Free Farmers Markets" — giving fresh locally sourced donated produce at no-cost to low-income people in Bakersfield. These occasional produce distributions have grown into regularly scheduled Free Farmers Markets held in Delano, Wasco, and low-income Bakersfield areas.

HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES

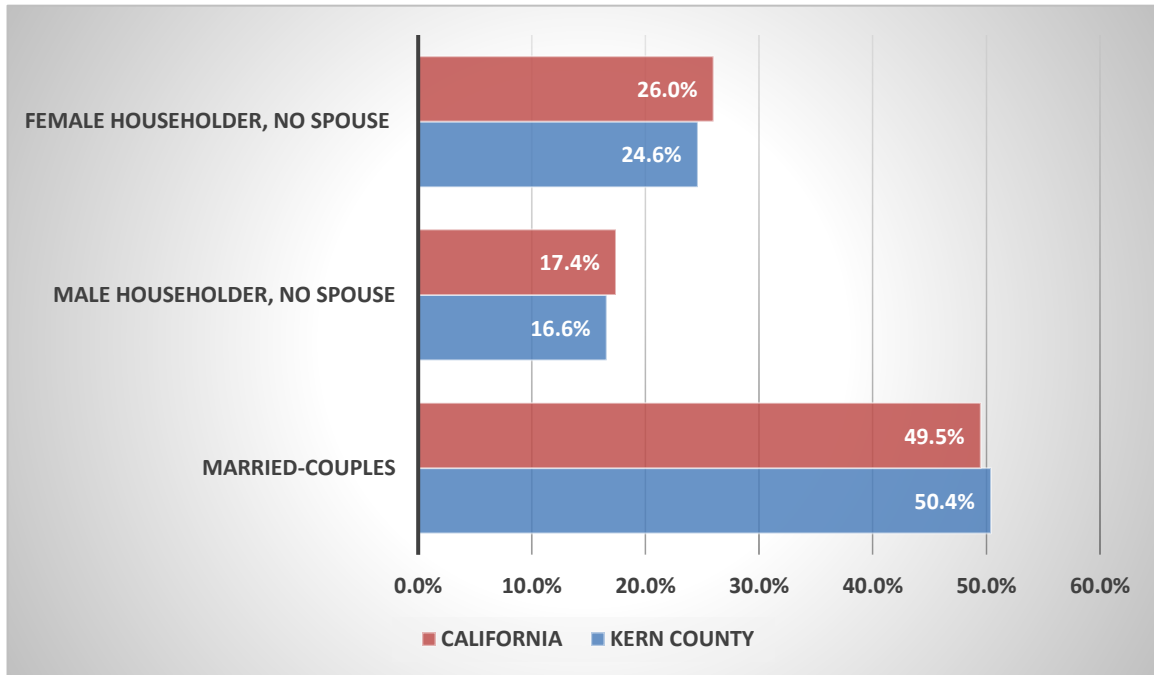
CAPK's Head Start/Early Head Start (HS/EHS) provides services and programs that positively impact low-income children ages 0-5 years and their families. Income limits for eligibility to enroll into HS/EHS programs are set by current federal poverty guidelines. Additionally, foster children, children experiencing homelessness, and children with disabilities, as well as those receiving TANF/CalWORKs assistance, are given priority.

Unless otherwise indicated in this section, the data source for the CAPK Head Start and Early Head Start programs are the 2022-23 CAPK Head Start Program and Early Head Start Program Information Reports (PIR).

HOUSHOLDS AND FAMILIES

In 2022, there were an estimated 274,705 households in Kern County, California (US Census) with married-couple families making up 50.8% (138,442) of these. Single male and single female households comprising 16.6% and 24.6%% of all Kern households. Householders living alone consist of 10.4% of the population. About 24.8% of married-couple families have children under the age of 18, while about 1.9% of male householders and 28% of female householders (no spouse) have children under the age of 18.

Figure 11, Family Household Types Comparison, Kern County and California

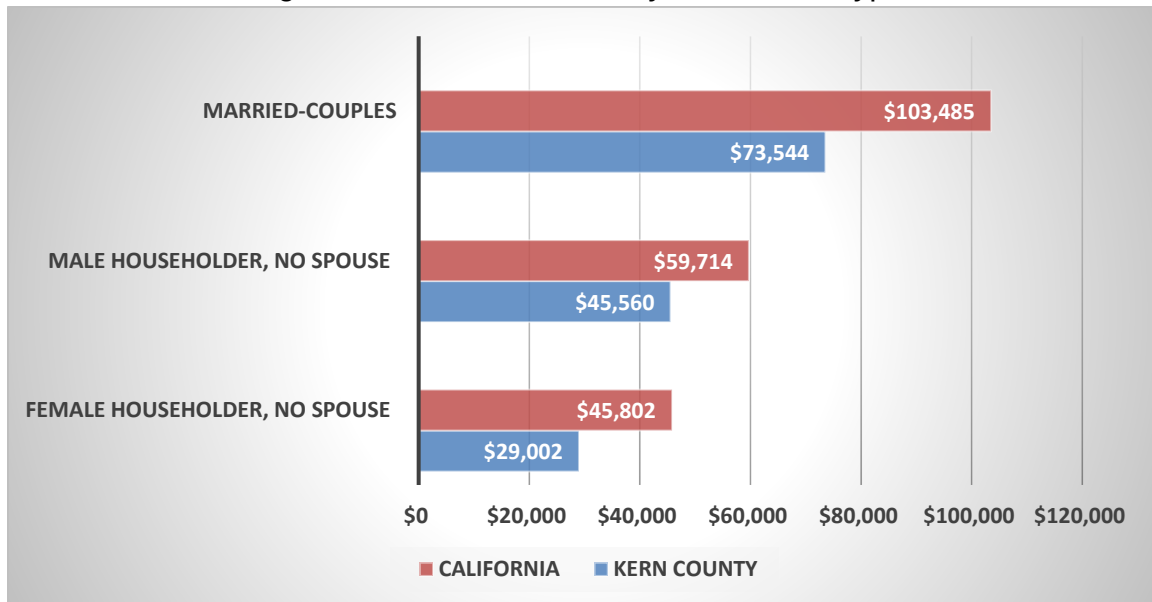


Source: US Census American Community Survey 2021, 5- Year Estimates

HOUSEHOLD INCOME

Kern County disparities in income are especially apparent when looking at family types. In Kern County, the median income for female householders - no spouse (\$29,002), was 64% of the male householder's median income (\$45,560) and 40% of the married-couple's median income (\$73,544). In each category, Kern County's median incomes are approximately \$15,000 to \$30,000 less than their respective counterparts for the state.

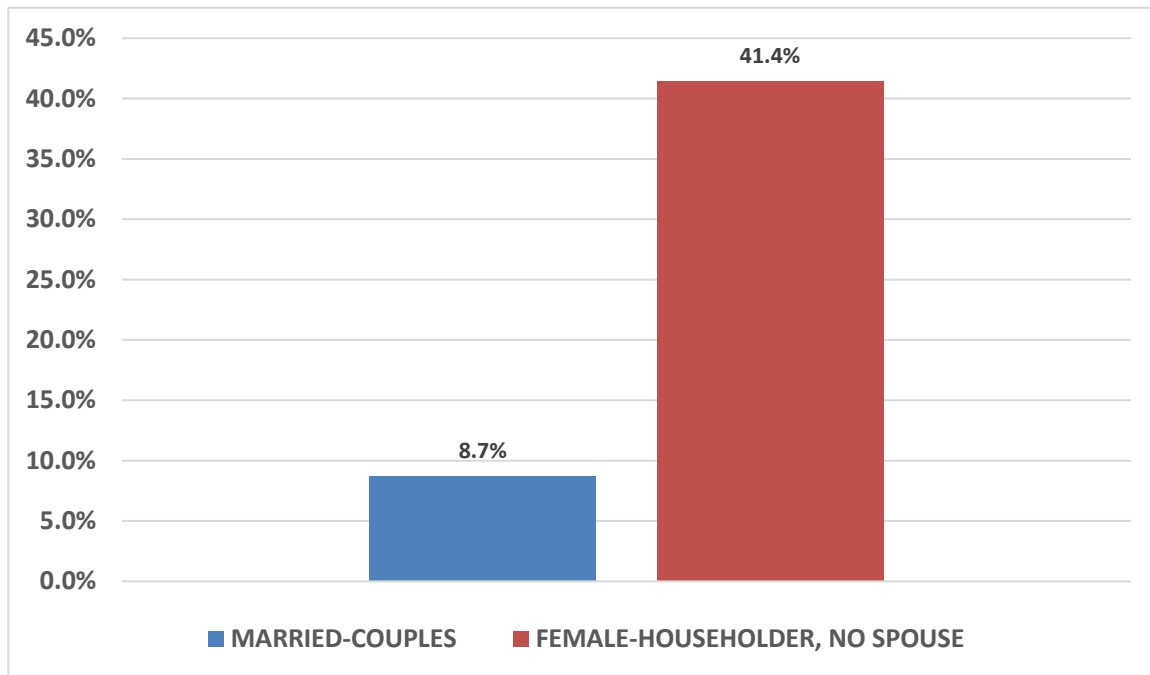
Figure 12, Median Income by Household Type



Source: US Census American Community Survey 2022, 5-Year Estimates

There are wide inequities in poverty among family types. Single female headed households with children under 5 experiencing poverty at five times the rate for married couples.

Figure 13, Kern County Poverty by Household Type with Children under 5 years



Source: US Census American Community Survey 2021, 5-Year Estimates

AGE-ELIGIBLE CHILDREN

According to American Community Survey 5-Year Estimates, there are 68,078 Kern County children that are 5 years of age and under. Approximately half (48%) are in the 0-2 age group and 52% are ages 3-5 years.

INCOME-ELIGIBLE CHILDREN

Of Kern County children ages 0-5 years, approximately 21,994 (31.3%) live in poverty and are Head Start income eligible. **An estimated 84% of impoverished Kern children ages 0-5 live in zip codes where HS/EHS centers are located.** Some of these communities have poverty rates for this age group as high as 58%.

HEAD START AGE CHILDREN – RACE AND ETHNICITY

The following data from the Kern County Network for Children, *2021 Report Card*, provides the most current information for racial characteristics for children broken out by age groups. Of Kern children ages 0-5, most (61.7%) are Hispanic.

Table 10, Kern Children by Age, Race, and Ethnicity

Age Group	African American	Caucasian	Latino	Asian/Pacific Islander	Native American	Multi-Race
Under 1	0.9%	4.4%	10.4%	0.5%	0.1%	0.6%
1 to 2	1.7%	8.8%	20.5%	1.0%	0.1%	1.1%
3 to 5	2.6%	13.2%	30.8%	1.5%	0.2%	1.5%
Total	5.2%	27%	61.7%	4%	0.5%	3.2%

Source: Kern County Network for Children, 2021 Report Card (Numbers may not match US Census data in Table 3, due to different data collection methods.)

Other notable facts as reported by the Kern County Network for Children include:

- A small percentage (5.4%) of Kern County children were born outside the United States.
- Students in Kern County public schools are linguistically diverse—22% of County enrollments were English Learners.
- In 2021, 42% of Kern County children ages 0-17 lived with one or more foreign-born parents.

KINSHIP CARE

Grandparents and other relatives traditionally hold a pivotal role in a child's upbringing. They shift roles between the occasional visitor with treats to becoming full-time caregivers, significantly influencing a child's life and the dynamics of the family. This familial setup is particularly prominent in Kern County, as underscored by 2022 census data revealing that 31% of local grandparents living with their grandchildren under 18 assume primary responsibility for their care. This percentage stands higher than the national average reported by the non-profit organization Zero to Three in 2017, which indicated that about 24% of America's preschool children were being looked after by grandparents. Other relatives, including siblings, also often step into the role of caregiving for these children. While such arrangements can offer convenience and stability, they may also generate conflicts due to differing caregiving philosophies. Additionally, these relatives, despite their best intentions, may not always be equipped to provide the educational and experiential benefits crucial to a child's early development. These considerations highlight the need for adequate resources and support in Kern County to assist relative caregivers in fostering optimal environments for children's growth and learning.

HOMELESS CHILDREN

According to the annual Homeless Point-in-Time Count, conducted by the Kern County Homeless Collaborative, in 2023, there were an estimated 1,948 people living in homelessness in Kern County—a 23% increase from 2020. **Families with children accounted for 3% of the homeless population and children constituted almost 6% of homeless people counted.** Other findings from the study include:

- Over 83% of Kern County's homeless population was in Metro Bakersfield and 17% in rural cities and communities outside of Bakersfield.
- About 46% of Bakersfield's homeless population had shelter on the count night, 43% were unsheltered.

- Only 15% of rural homeless people had shelter.
- Countywide, 85% of homeless families with children had shelter; 69% of single adults were unsheltered.

CHILDREN IN FOSTER CARE

Foster care is intended to provide temporary, safe living arrangements and therapeutic services for children who cannot remain safely at home because of the risk of maltreatment or inadequate care. The U.S. foster care system aims to safely reunify children with their parents or secure another permanent home, e.g., through adoption; however, too often this goal is not achieved, especially for older youth and children with disabilities. Instead, many children spend years in foster homes or group homes, often moving many times.

Children in foster care are at increased risk for a variety of emotional, physical, behavioral, and academic problems, with outcomes generally worse for children in group homes. Recognizing this, advocates and policymakers have made efforts to prevent children from entering the system and to safely reduce the number of children living in foster care, particularly in group homes. While the number of children in foster care nationally has decreased since the 2000s, it has risen in recent years, and California continues to have the largest number of children entering the system each year. Further, children of color continue to be overrepresented in the foster care system; in California, for example, African American/black children make up 35% of foster children but only 6% of the general child population (U.S. Department of Health and Human Services, Children's Bureau, 2021).

Although Kern County has slightly more children in foster care compared to the state, the numbers have remained essentially static over the years spanning 2013 to 2018 (kidsdata.org, 2020).

Table 11, Kern and California Children in Foster Care

Locations	Rate per 1,000					
	2013	2014	2015	2016	2017	2018
California	5.3	5.6	5.6	5.5	5.4	5.3
Kern County	5.6	5.9	6.0	6.2	6.1	5.6

Source: Kidsdata.org, 2020

CHILDREN WITH DISABILITIES

Among the civilian non-institutionalized population in Kern County, 11.1% reported a disability. The likelihood of having a disability varied by age with people under 18 years less likely to have a disability and those 65 and over having the highest rates (US Census ACS 5-Year Estimates, 2021). According to Kidsdata.org, in 2020 there were **22,091 children K-12 with disabilities in Kern County, with learning disabilities being the most prevalent** followed by Speech or Language difficulties.

Table 12, Kern Children Disabilities, K-12

K-12 Disabilities	Number	Percent
Learning Disability	8,655	44.4%
Speech or Language Impairment	4,407	23.1%
Autism	3,322	15.5%
Other Health Impairment	2,652	12.8%
Intellectual Disability	2,020	10.3
Emotional Disturbance	672	3.5%
Hard of Hearing	465	2.4%
Orthopedic Impairment	206	1.1%
Multiple Disability	166	0.8%
Visual Impairment	94	0.5%
Traumatic Brain Injury	66	0.3%
Total	22,091	

Source: Kidsdata.org, 2020

Resources for children who have disabilities in Kern County include California Children's Services, Clinica Sierra Vista, Kern regional Center, Kern Autism Network, and First Five Kern. CAPK 2-1--1 also offers free developmental screenings for any callers with children under 5 years of age. If the screening indicates that the child may need assistance, they relate to the appropriate services.

CHILDREN AND BODY MASS INDEX (BMI)

Body mass index is a measurement value that often can determine the health outcomes for individuals. This is especially true for children with a high amount of body fat. This high measure can lead to weight-related health problems both in the near-term and in the future. For Kern County children enrolled in Head Start, statistics show 70% at a healthy BMI with 21% of them either overweight or obese. 4% of the children enrolling in the program are underweight at enrollment. Statistics for Early Head Start are not available.

TRAUMA INFORMED CARE

As quoted from Child Trends, "How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma", *Children who are exposed to traumatic life events are at significant risk for developing serious and long-lasting problems across multiple areas of development. However, children are far more likely to exhibit resilience to childhood trauma when child-serving programs, institutions, and service systems understand the impact of childhood trauma, share common ways to talk and think about trauma, and thoroughly integrate effective practices and policies to address it—an approach often referred to as trauma-informed care.*

Some common types of childhood trauma include abuse and neglect, family, community, and school violence, life-threatening accidents, and injuries, frightening or painful medical procedures, serious and untreated parental mental illness, loss of or separation from a parent or other loved one, natural or manmade disasters, discrimination, and extreme poverty. Any of these exposures can lead to post-traumatic stress disorder (PTSD), which can lead to aggressive, self-destructive, or reckless behavior.

Young children who experience trauma may have difficulties forming attachments to caregivers, experience excessive fear of strangers or separation anxiety, have trouble sleeping and eating and can be especially fussy. Oftentimes, these young children will show regression after reaching a developmental milestone such as sleeping through the night, toilet training, and others.

Trauma-informed care benefits children by providing a sense of safety and predictability, protection from further adversity, and offering pathways to recovery from the trauma. By implementing realization of the wide impact of trauma and understanding the paths for recovery, recognizing the signs and symptoms of trauma, responding by fully integrating knowledge about trauma into the policies, procedures, and practices surrounding trauma-informed care, and by resisting re-traumatization of children, as well as the adults who care for them, trauma-informed care can be healing and beneficial to young children. Trauma informed care must include comprehensive, ongoing professional development and education for parents, families, school staff and other service providers on jointly addressing childhood trauma.

Secondary trauma among adults working with children who have experienced trauma should be addressed. Care for staff is an important component to trauma-informed care. This is accomplished through high-quality, reflective supervision, maintaining trauma caseload balance, supporting workplace self-care groups, enhancing the physical safety of staff, offering flex-time scheduling, providing training for staff and leadership about secondary traumatic stress, development of self-care practices for staff and leadership, such as the Staff Wellness Clinic, and creating a buddy-system for self-care accountability.

<https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>

CAPK EARLY HEAD START ENROLLED CHILDREN

The 2022-2023 CAPK Head Start/Early Head Start Program Information Reports (PIRs) provide a wide variety of information pertaining to enrolled children. The following information is provided to give an overview of the children in the program. As stated previously,

PROGRAM ENROLLMENT

During the 2018/2019 school year, CAPK HS/EHS had cumulative enrollment of 3,185 children with the majority, (78%), enrolled in the Head Start program.

Table 13, Enrollment 2022/2019

	Head Start	Early Head Start	Total
Funded Enrollment	1,242	831	2,073
<i>Cumulative Enrollment</i>	1,141	1,113	2,254

Source: Kern PIR 2022/23

Head Start/Early Head Start centers are in low-income communities across Kern County's 8,163 square miles.

Table 14, Head Start/Early head Start Enrollment by Zip Code

Zip Code	Head Start	Early Head Start	Total Slots	Zip Code	Head Start	Early Head Start	Total Slots
93203	90	65	155	93308	142	81	223
93215	120	3	123	93309	133	112	245
93225	0	1	1	93311	36	42	78
93241	87	57	144	93312	51	44	95
93249	1	0	1	93313	96	83	179
93250	35	3	38	93314	15	14	29
93252	3	0	2	93384	0	1	1
93257	1	0	1	93385	3	1	4
93263	71	65	136	93386	2	0	2
93268	108	78	186	93387	0	0	0
93276	1	0	1	93395	1	0	1
93280	89	18	107	93396	0	1	1
93301	60	57	117	93501	35	0	35
93302	1	0	1	93502	1	0	1
93304	163	120	283	93505	80	0	80
93305	162	98	260	93506	1	0	1
93306	281	203	484	93520	1	0	1

93307	292	223	515	93523	1	0	1
93527	3	0	3				
93531	1	0	1				
93539	1	0	1				
93555	61	10	71				
93560	98	1	99				
93561	48	2	50				
93562	1	0	1				
93527	3	0	3				
93531	1	0	1				
93539	1	0	1				

Source Kern PIR 2022/2023

AGE

Of the 2,254 children who participated HS/EHS during the 2022-2023 school year, the majority, 47%, were ages 3-5 years.

RACE AND ETHNICITY

Most children (61.9%) enrolled in HS/EHS are White origin and accounted for 74.1% of CAPK's Head Start enrollments. Of HS/EHS children, 22% were from families where Spanish is the primary language.

Table 15, Enrollment by Race/Ethnicity

Race/Ethnicity	HS	EHS	Total
American Indian/Alaska Native	0.35%	0.18%	0.27%
Asian	0.61%	0.45%	0.53%
Black or African American	7.4%	4.4%	5.9%
Hispanic/Latino	69.2%	45%	57.3%
White	74.1%	49.2%	61.9%
Biracial/Multi-Racial	3.2%	2%	5.2%
Other Race	1%	0.27%	0.62%

Source: Kern PIR 2022/2023

HOMELESS CHILDREN

Within the context of Head Start and Early Head Start enrollment, approximately 43 children (42 families) experienced homelessness during the enrollment year with 5 of these families affected acquiring housing during the enrollment year.

FOSTER CARE

According to the Community Action Partnership of Kern's 2018-2019 Early Head Start Program Information Report (PIR), the number of children in San Joaquin County's Early Head Start categorized as a "foster child," were 25 approximately 4.4%.

DISABLED

CAPK Head Start had 81 children enrolled with diagnosed primary disabilities. All these children received special services. Of the children enrolled in the Early Head Start program, 73 infants and toddlers have an Individualized Family Service Plan (IFSP) indicating they have been determined eligible to receive early intervention services.

OBESITY

At enrollment in the Head Start program, 7% of children of children were overweight or obese. Obesity and overweight are not measured for Early Head Start children.

CHILDCARE AND PRESCHOOL

LICENSED CARE

Childcare is a critically important need for many families in the United States. High-quality childcare centers and homes deliver consistent, developmentally sound, and emotionally supportive care and education (Cahan, 2017). Research indicates that high-quality early care and education can have long-lasting positive effects; specifically, high-quality childcare before age 5 is related to higher levels of behavioral/emotional functioning, school readiness, academic achievement, educational attainment, and earnings, with improvements particularly pronounced for children from low-income families and those at risk for academic failure (Cahan, 2017).

However, finding affordable, high-quality childcare is a major challenge for many families, and access differs based on geography, race/ethnicity, and income. These costs often require that low-income families compromise on basic expenses when choosing childcare for their children. For example, center-based infant care costs in California made up an estimated 15% and 48% of median income for married couple family or single parent family respectively in 2022 (Childcare Aware of America, 2022)

Head Start operates within the context of California’s early childcare and education system, described by the Learning Policy Institute as a “patchwork of programs” and one that “can be difficult for policymakers, providers, and families to understand because of its complexity” (Melnick et al., 2017). Childcare and preschool providers are typically divided into two categories: licensed and unlicensed.

Recent data show a gap in childcare availability across California and in comparing Kern County with other counties of comparable size and demographics as well as with larger, more metropolitan counties, it is apparent that qualified and licensed childcare is mostly unaffordable for many in California, but especially for those living in poverty. According to the 2022 State Fact Sheet of California by Childcare Aware, the average annual cost of center-based childcare for infants is \$18,201 and \$12,286 for family-based childcare. Cost is a primary factor for families in poverty finding appropriate care for their children (Corcoran & Steinley, 2017). In Kern County there are slots available across the many zip- codes, but that availability is uneven.

Capacity continues to be a factor in determining what childcare and early childhood education is available. As illustrated in the most recent California Childcare Resources and Referral Network data, it seems there are not enough available child-care slots. Overall, only 23% of children 0-12 with parents in the labor force have licensed childcare in California. Kern County families do not fare any better. As the economy continues to improve, parents going back to work may have difficulty finding care that best fits the needs of their families.

Table 16, Childcare Slots by Type of Care

Type of Care	Infant/Toddler Ages - 2	Preschool Ages 3 - 5
Center-based Private	374	5,129
Center-based Subsidized	289	6,640
Total Slots	663	11,769

Source: Kern County Early Childhood Council 2020/2022

The COVID-19 pandemic precipitated unprecedented disruption in California's early childhood education programs. Kern County, home to a considerable number of low-income families, was not spared these effects.

Mandated closures triggered the shift to remote learning, an uphill battle for many families. According to the 2022 American Community Survey data, about 7% of Californian households lacked a broadband internet subscription, a disadvantage accentuated in Kern County where the figure stood at approximately 9%. This digital divide affected younger learners' adaptation to online education, given that their learning typically involves hands-on experiences.

The financial impacts were also significant, as these programs operate primarily on a per-child funding model. With enrollment dropping, many faced potential closure. Notably, surveys from organizations like the Center for the Study of Child Care Employment indicated that up to 60% of providers were staring at closure sans public assistance.

For Kern County parents who relied on these services for childcare, the closures presented another set of challenges. The pressures were felt more acutely by women, often forced to curtail work hours, or leave jobs entirely to handle childcare.

However, the state of California made strides to mitigate the fallout, providing funds for sanitizing materials, personal protective equipment, and extra staffing. The state also sought to address the digital divide, improving access to technology for learners. Nevertheless, Kern County, like the rest of California, will likely grapple with the long-term ramifications of the pandemic on early childhood education for years to come.

Table 17, Kern County Childcare Providers by Type

Type	Number
Child Care Center	39
Family Child Care Home	162
Total	201

Kidsdata.org, 2020

Table 18 Head Start/Early Head Start Waitlist

Program	Average number of children waitlisted	Highest number on list	Lowest number on list
Head Start	708	839	529
Early Head Start	462	493	420

Source: HS/EHS Data Base 2022/23

EARLY CHILDHOOD EDUCATION

According to the *Childcare Resource & Referral Network, 2022*, between 2019 and 2022 the number of Family Childcare slots saw a -1% decrease. As unemployment rates continue to decrease, childcare options will become increasingly important. Working parents need childcare options that support their ability to sustain a work schedule. Parents who are in school are also faced with childcare challenges, influencing their choices regarding the selection of classes and the rate by which they may complete their diploma or degree. The lack of affordable options persuades parents to pay a family member for childcare services. While these payments are lower than those required by non-subsidized centers, a payment of any size can weigh heavily on families with a limited expendable income.

Table 19, Childcare Supply in Kern County

Age and Type	Licensed Childcare Centers			Licensed Childcare Family Homes		
	2019	2022	Change	2019	2022	Change
Total number of slots	12,612	11,753	-7%	6,920	7,454	8%
Infant slots (under 2 years old)	630	599	-5%	n/a	n/a	n/a
Preschool slots (2-5 years old)	10,587	9,836	-7%	n/a	n/a	n/a
School-age slots (6 years and older)	1,395	1,318	-6%	n/a	n/a	n/a
Total number of sites	190	174	-8%	635	674	6%

Early education has a great impact on a child's future by preparing them for success in school and life. The *2022 Childcare Portfolio* also provided insight into the nature of childcare requests countywide; it shows that the monthly cost for licensed childcare centers is \$1,266 and \$932 for licensed family childcare homes. In 2022, there were 599 licensed center slots in Kern County for children under the age of 2 years.

CHILDCARE WORKFORCE SHORTAGE

According to the Early Childhood Workforce Index (2019), there is an overall shortage of childcare workers in California. For the industry in general, pay is not especially good and approximately 58% of child-care worker families in the state receive some sort of public assistance. Many child-care workers lack higher education credits as many jobs in the field do not require anything more than a high school diploma. This combination of low pay and low expectations is not a good formula for having a quality childcare workforce. There are initiatives in the works for potentially unionizing child-care providers and with that an increase in pay for

those workers. Should this come to pass, it might be good for the workers but unless it is properly funded, the cost would eventually be passed along to already strapped families.

STAFF WELLNESS

According to the National Head Start Association, there are seven dimensions of wellness:

- Physical
- Social
- Emotional
- Spiritual
- Environmental
- Occupational
- Intellectual

The wellness of employees in the education and childcare sector is often overlooked. Recognizing the importance of their wellness is vital to improving overall child health and development. Healthy workers make for healthier children. With teachers being role models, the classroom setting is an excellent place for promoting healthy behaviors, with life-long effect on the children. Teachers modeling nutritious eating, physical activity, happiness and other good-health attributes pass along to their students these opportunities for a healthy life.

An emphasis on staff wellness is not only good for the childcare workers but is consequently good for the children in their care, too. By addressing the seven dimensions of wellness among staff, the results across the board are good for all concerned. Reduced absenteeism, lower health care costs and workers' compensation claims, increased productivity and employee morale are just a few of the benefits. Ultimately, addressing the seven dimensions of wellness in childcare employees pays off for staff and for the children under their care.

At CAPK, wellness takes the form of activities such as the Staff Wellness Clinic featuring guided meditation, yoga, and art projects. This initiative allows staff to take a break and focus on their personal wellbeing and health.

CHILDREN AGES 0 TO 5 WHO ARE NOT IN LICENSED CARE

The National Household Education Survey conducted a national study of childcare choices for children not enrolled in kindergarten ages birth through 6. The study estimated the percentage of children aged 0 to 5 in each type of childcare setting. Although percentages are not given for Kern County, they are provided for the Western region. These percentages were applied to Kern County population numbers to create estimates for the number of children in Kern County, as shown in the table below (Children may be in multiple sources of care).

Table 20, Kern Children by Childcare Type

Type of Care	Percent of Children	Number of Children
Center	29%	20,378
Relative	24%	16,865
Non-Relative	12%	8,432
No Regular Weekly Arrangement	47%	33,026

Source: National Household Education Survey, 2017

The estimated number of children in center-based care is higher than the number of childcare slots in the county. Consequently, the estimates above are likely underestimates of the number of children in relative and non-relative care. Nevertheless, the table shows a very large number of relative and non-relative caregivers. There are over 16,000 children with relative caregivers and over 8,000 children with non-relative caregivers. There are also over 33,000 children with no regular childcare arrangement, although some of them may not have working parents. As seen in the table below, grandparents are the most common relative caregiver.

Table 21, Kern Children Ages 0 to 5 by Type of Relative Caregiver

Statistic	Percent	Number
Grandparent	73%	12,311
Aunt or Uncle	14%	2,362
Other Relative	13%	2,192
Total		16,865

Source: National Household Education Survey, 2017

LOW INCOME CHILDREN AGES 3 -5 WHO ARE NOT IN PRESCHOOL

As noted above, approximately 14,663 children ages 0-5 are not enrolled in Head Start services though they are eligible given their income status. As 52% of children 0-5 fall between the 3-5 age range, approximately 7,625 children between 3 to 5 are not enrolled in Head Start services. This figure is based on current Head Start enrollment and the level of poverty in Kern County.

PRE- KINDERGARTEN

Enacted in 2010 by the California State Legislature, the Kindergarten Readiness Act changed admission requirements for kindergarten and established a Transitional Kindergarten (TK) program. Prior to this legislation, kindergarten-eligible children were required to have their 5th birthday by December 2. The new legislation moved that date back to September 2.

Coinciding with this change was the implementation of TK, the first year of a two-year kindergarten program for 4-year-old children who would turn 5 between September 2 and December 2. TK is an early year kindergarten experience for young 5-year-old children and provides students with a year of kindergarten readiness to help them transition to traditional kindergarten. TK programs, as defined in statute, are not preschool classrooms or child development programs. They are part of the K-12 public school system and use a modified kindergarten curriculum. Each elementary or unified school district in California is required by law to provide TK classes for all age-eligible children. Enrollment in TK is optional and free to all children. Additionally, many school districts provide transportation for TK students.

Head Start-eligible families may choose to enroll their children in TK instead of Head Start because TK is a more convenient option for them. TK has no income eligibility requirements, transportation is often provided, and families may have older children already attending the same

school site. TK, however, cannot provide the same level of service to low-income families and children with disabilities as Head Start. This lack of focus on low-income and disabled children and their families means that disadvantaged children enrolled in TK may not receive the specialized services needed to prepare them to perform at or above the level of their peers when entering the K-12 system. In addition, while TK teachers must be credentialed, legislation allows the credentialing to be undetermined verses the early childhood specific credential that better serves children in the TK age group (as required by Head Start).

Head Start locations are seeing an impact from transitional kindergarten with fewer children ages 4-5 years and have re-focused their efforts on recruiting younger children for Early Head Start. As noted previously in this report, there is a high level of unmet need for childcare for children ages 0 to 3. The Early Head Start programs help to bridge that gap. This can be demonstrated by an increased enrollment of 38% in Kern County public schools' pre-kindergarten classes (California Department of Education, Data Quest).

Table 22, Kern Public School Transitional Kindergarten Enrollments

	2022/21	2022/20	2020/19	2018/19
Hispanic or Latino of Any Race	1,351	1,609	2,374	2,901
American Indian or Alaska Native	7	14	11	20
Asian	32	34	115	89
Pacific Islander	1	2	10	13
Filipino	17	25	33	34
African American	84	115	209	252
White	394	530	885	1,116
Two or More Races	51	58	82	113
Not Reported	177	9	40	35
Total	1,952	2,396	3,759	4,573

Source: California Department of Education, Data Quest

COMMUNITY ACTION PLAN AND NEEDS ASSESSMENT

Every two years, Community Action Partnership of Kern completes the Community Action Plan (CAP) as a two-year roadmap demonstrating how Community Services Block Grant (CSBG) eligible entities plan to deliver CSBG services. Like the Head Start Community Assessment, the CAP identifies and assesses poverty related needs and resources in the community and establishes a detailed plan, goals, and priorities for delivering those services to individuals and families most affected by poverty. The 2024-2025 Community Needs Survey and Focus Groups are integral components of the CAP, by assisting to identify needed programs and services for low-income residents and families in Kern County.

Three community needs surveys were administered to CAPK Clients; Partner/Community Agencies; and CAPK Staff, Volunteer and Board Members. A total of 1,108 surveys were completed.

Table 23, Survey Completion by Group

Survey	Response
CAPK Clients	920
Partners/Community Agencies	175
Board Members	13
Total Responses	1,108

Source: Survey Monkey, CAPK 2024-2025 Community Needs Survey

The brief survey had a list of 26 programs/services. Respondents were asked to rank each service on a scale from 0-3 with higher scores indicating the most need. The following table shows the results, with the top five scores for each survey group.

Table 24, Survey Results

Source: Survey Monkey, CAPK 2024-2025 Community Needs Survey

Rank	Clients	Partners and Community Agencies	CAPK Board
1	Affordable Housing	Mental Health Needs	Services/Programs in Rural Areas
2	Utility Bill Assistance	Substance Abuse Treatment	Financial Education
3	Afterschool Activities	Affordable Housing	Employment for Youth
4	More Education for Children	Affordable Childcare	Leadership Skills for Youth
5	Affordable Childcare	Homeless Services	Mental Health Needs

In all three groups, **affordable childcare**, **affordable housing**, and **mental health needs** were identified as top needs. **Affordable housing** was identified by CAPK clients and partners as a top need. Clients also identified **utility assistance** as a top need, while partners and community agencies chose **mental health** and **substance abuse** as some of the most needed services.

Due to the vast geographic and demographic diversity across Kern County CAPK conducted focus groups to further explore and define the top needs in Kern's rural and/or high need communities of California City and Shafter. They were asked to choose and prioritize the top five needs for their community. After completing the individual lists, the group discussed their choices, and together, identified the top five needs for their communities. The following table shows the top five needs identified by each focus group:

In **California City**, a total of 10 work groups were established. Staff found the following need-based themes from our focus group in California City:

1. Utility Assistance
2. After-school programs for youth
3. Transportation
4. Affordable Housing
5. Affordable Childcare

Utility Assistance was the number 1 response. Five of the 10 workgroups cited utility assistance as a concern. Topics numbered 2 through 5 were equally mentioned by a total of four workgroups during the discussion.

In **Shafter**, a total of 7 work groups were established with two to three members each. Staff found the following need-based themes from our focus group in Shafter:

1. After-school programs for youth
2. Medical services/access to specialty care
3. Job skills and job training
4. Senior Services

After-school programs for youth was the number 1 response. Four of the 7 workgroups cited after-school services as a need in the community. Topics numbered 2 through 4 were equally mentioned by three workgroups.

In review of the CAPK 2024-25 Community Needs Survey, results are aligned with many of the identified community needs in this current report. Specifically, "Affordable Childcare" was identified as the number one top need in Kern. In focus group discussions, people discussed the need for free or affordable childcare that matches their work schedules including nights and weekends.

Diversity Equity and Inclusion

Diversity, Equity and Inclusion (DEI) is the very foundation of our organization. CAPK strives to maintain an inclusive, equitable, culturally competent, and supportive environment where employees feel enriched. To ensure we maintain these standards in all that we do we created a DEI committee. The Committee guides our agency and holds us accountable for the continued integration of diversity, equity, inclusion and cultural competence principles and behaviors into all aspects of our workplaces and community work. The key outcome for this oversight is to ensure that we always maintain a higher sense of belonging for CAPK employees, clients, and community stakeholders.

In our work with clients, we are equally committed to DEI by recognizing and respecting the unique identities, experiences, and needs of the diverse communities we serve. CAPK proactively customizes programs and services to address systemic inequities and remove barriers to access. This means providing culturally and linguistically appropriate resources, engaging with communities to co-design solutions, and fostering a welcoming environment where every client feels valued and respected. Head Start centers welcome children with neurodivergent developments to provide high-quality education that is appropriate to each child. Additional assistance and referrals are in place to provide customized assistance for each family to help their child excel in early childhood education and developmental milestones. In doing so, CAPK ensures that every child and family has the opportunity to thrive in a supportive, inclusive environment that celebrates diversity and promotes equity in early childhood development and beyond.

Homeless Youth in Kern County

The challenges faced by homeless youth in Kern County remain critical. According to the latest **Point-in-Time (PIT) Count**, the homeless population in Kern County increased significantly, with the number of unsheltered families rising by 42% in metropolitan Bakersfield and 131% in rural areas. Among these, families with young children make up a growing percentage. This trend underscores a pressing need for targeted interventions that address housing stability, access to education, and comprehensive family support services.

CAPK Head Start programs play a vital role in mitigating the impacts of homelessness on young children. By providing access to early education, health services, and family support, these programs aim to create stability and build resilience. Moreover, partnerships with local housing and social service agencies strengthen efforts to serve homeless families effectively. Despite these efforts, the rising numbers highlight a persistent gap in housing resources and support systems for young children and their families in Kern County.

Transitional Kindergarten and Proximity to Head Start Centers

Transitional Kindergarten (TK) in Kern County has undergone significant growth in recent years, driven by California's Universal TK initiative. The initiative seeks to bridge gaps in early childhood education by offering a two-year kindergarten experience for children turning 4 by September 1. Despite this progress, disparities exist in the availability of TK programs across school districts, with some offering **Age-Eligible TK** (traditional TK programs for older 4-year-olds) and others adopting **Universal TK** (for younger 4-year-olds).

An analysis of Head Start (HS) centers in Kern County reveals varying levels of proximity to schools offering TK programs:

- **Centers with Access to Universal TK:** These centers are strategically positioned near schools that have fully implemented Universal TK, such as the **Albert Dillard** and **Angela Martinez** centers in the Bakersfield City School District. This proximity allows families to transition seamlessly from HS programs to TK, ensuring continuity in early education.
- **Centers without Access to Universal TK:** Conversely, some HS centers, such as those in Lamont and Vineland, are located in districts that offer limited or no Universal TK. Families in these areas face additional barriers to accessing early education, underscoring the need for expanded TK implementation or supplementary early learning opportunities.
- **Rural Disparities:** In rural regions, including Shafter, Mojave, and California City, the availability of TK programs is inconsistent. Many families depend on Head Start as the sole provider of early childhood education, making the expansion of Universal TK a critical priority for these underserved communities.

Head Start CNA Summary: Barriers, Gaps, and Agency Goals

The annual review of the Kern County Community Needs Assessment (CNA) highlights critical barriers and gaps affecting access to early childhood education and comprehensive family support services. The analysis of current data emphasizes the ongoing need for strategic efforts to address these challenges and ensure equitable opportunities for all children and families in Kern County. Below is a summary of the barriers and gaps identified, followed by our agency's efforts to address them.

Barriers and Gaps Identified:

1. Homelessness and Housing Instability

- The number of unsheltered families in Kern County has risen dramatically, with a 42% increase in metropolitan Bakersfield and a 131% increase in rural areas (2024 PIT Count).
- Homeless families face unique challenges, including difficulty accessing stable housing and early education programs.

2. Access to Transitional Kindergarten (TK)

- Disparities in TK availability persist, with Universal TK programs concentrated in urban districts like Bakersfield City, while rural areas, including Lamont, Mojave, and Shafter, have limited options.

- Families in rural areas often rely solely on Head Start as the primary provider of early education.

3. Transportation Challenges

- Many families, particularly in rural Kern, lack access to reliable public transit. This limits their ability to reach Head Start centers and other critical services.
- Public transit coverage is minimal, with rural routes often failing to connect families to essential programs and resources.

4. Healthcare Access

- Despite 98.7% health insurance coverage, access to primary care remains limited with a ratio of one physician per 2,020 residents (County Health Rankings).
- Cultural and linguistic barriers further hinder healthcare access for families speaking languages other than English, particularly Spanish.

5. Prevalence of Childhood Health Issues

- Kern County faces high rates of childhood obesity (44% of children aged 11-14) and asthma (7.6% prevalence among children).
- Limited integration of nutrition education and physical activity programs into early childhood education exacerbates these health challenges.

6. Language and Cultural Barriers

- Forty-four percent of Kern County households speak a language other than English at home, primarily Spanish.
- Families with limited English proficiency encounter difficulties accessing culturally and linguistically appropriate services, creating barriers to engagement and participation.

7. Childcare and Early Learning Shortages

- Kern County has a significant shortage of childcare slots, with only 663 infant slots and 11,769 preschool slots available for the entire county (Kern Early Childhood Council).
- This shortage is most acute in rural areas, where demand for early learning services far exceeds capacity.

8. Educational and Economic Challenges

- Poverty affects 19.2% of Kern County residents, with single female-headed households experiencing poverty at five times the rate of married couples.
- Educational attainment remains low, with only 18% of Kern residents holding a bachelor's degree or higher, compared to 37.5% statewide.

Agency Goals and Efforts to Address Barriers

1. Supporting Homeless Families

- Continued collaboration with housing organizations to expand access to emergency and transitional housing for families.
- Strengthened efforts to provide wraparound services, including education, transportation, and family support, for homeless families.

2. Improving Transitional Kindergarten Access

- Ongoing advocacy with school districts to promote the expansion of Universal TK, particularly in underserved rural areas.
- Enhanced communication with families to facilitate smoother transitions from Head Start to TK programs.

3. Addressing Transportation Challenges

- Sustained partnerships with transit authorities to explore affordable transportation solutions for families.
- Targeted initiatives to address transportation gaps in rural communities, ensuring families can access Head Start centers and other services.

4. Enhancing Healthcare Access

- Continued work with healthcare providers to ensure families can access screenings, immunizations, and culturally responsive care.
- Increased integration of health education into Head Start programming to address obesity, asthma, and other prevalent health concerns.

5. Promoting Health and Nutrition

- Expanded focus on nutrition education and physical activity initiatives to improve child health outcomes.
- Strengthened partnerships with local organizations to deliver comprehensive wellness programs for children and families.

6. Addressing Language and Cultural Barriers

- Continued recruitment of bilingual staff and provision of cultural competency training for all Head Start employees.
- Enhanced focus on accessible communication strategies to ensure resources are available to families in their preferred language.

7. Expanding Childcare and Early Learning Opportunities

- Advocacy for increased funding to reduce childcare waitlists and expand capacity in underserved areas.
- Strengthening partnerships with community organizations to bridge gaps in early learning opportunities.

8. Supporting Economic and Educational Advancement

- Continued integration of job training and educational support services into Head Start programs to empower families economically.
- Strengthened focus on promoting parental engagement and educational opportunities for caregivers.

Conclusion

Kern Head Start is committed to addressing these barriers and gaps through collaborative, evidence-based strategies. By leveraging partnerships, advocating for systemic changes, and prioritizing equity and inclusiveness, we aim to empower Kern County families and prepare children for a lifetime of success. These ongoing efforts reflect our dedication to providing high-quality early education and comprehensive family support services that meet the evolving needs of our community.

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Community Assessment San Joaquin County

2024 Update



TABLE OF CONTENTS

Executive Summary	4
Methods	5
Determinants of Need	7
Needs and Resources of Eligible Children and their Families	16
Head Start/Early Head Start Eligible Children and Families	21
CAPK Early Head Start Enrolled Children	25
Childcare and Preschool	27
Strengths of the Community	30
2024-2025 Annual Review and Update.....	31

TABLES

#	Title	Page
1	CAPK San Joaquin County Early Head Start Locations.....	7
2	Population Growth Comparison.....	9
3	San Joaquin County Race and Ethnicity.....	9
4	San Joaquin Population Change by Race/Ethnicity, 2015-2019.....	10
5	San Joaquin and California Mental Health Indicators Comparison.....	14
6	San Joaquin County Health Rankings, 2015-2020.....	18
7	San Joaquin Children ages 0-5, Race and Ethnicity.....	23
8	Early Head Start Enrollment.....	25
9	Early Head Start Enrollment by Age.....	26
10	Early Head Start Enrollment by Race/Ethnicity.....	26
11	Cost of Childcare by Type.....	27
12	Childcare Supply in San Joaquin County.....	29

FIGURES

#	Title	Page
1	San Joaquin County Location.....	7
2	San Joaquin Population Age Distribution.....	8
3	San Joaquin County Occupations.....	11
4	5 Year Unemployment Comparison, Not Seasonally Adjusted.....	11
5	5 Year Median Income Comparison.....	12
6	San Joaquin Poverty Comparison by City.....	12
7	Educational Attainment Comparison, 2019.....	16
8	San Joaquin County Median Income by Household Type.....	22
9	San Joaquin County Poverty by Household Type.....	22

EXECUTIVE SUMMARY

Community Action Partnership of Kern (CAPK) has been serving low-income people and families since 1965. As the dedicated poverty fighting agency in Kern County, the Agency provides quality, life changing services through an array of programs designed to meet basic needs as well as empower people and families to improve their lives. CAPK's Head Start/Early Head Start (HS/EHS) program plays a crucial role in the fight against poverty by giving children and families the support they need for children to be successful academically and throughout their lives.

CAPK's HS/EHS mission is to "provide rich, high quality early learning experiences to a diverse population of children ages birth to five. We will promote access to comprehensive services with a holistic focus on the family by encouraging family engagement, supporting school readiness and instilling self-reliance in children and their families." CAPK's HS/EHS provides high quality early childhood education to children from pre-natal to five years-old through part-day, full-day and home-based options.

This assessment used primary and secondary data sources to identify service gaps and emerging needs of low-income Early Head Start eligible children and families in San Joaquin County. Findings from the assessment will assist CAPK to identify and respond to gaps in services and emerging needs in the community for low-income EHS eligible children and families. The data and analysis are used to guide CAPK's strategic planning process to better serve EHS children and families.

In accordance with the requirements of 45 CFR Part 1305 Section 1302.11, the CAPK Early Head Start Programs 2022 Community Assessment Update was completed and approved by the Head Start Policy Council Planning Committee on February 2, 2022 and the CAPK Board of Directors meeting on February 24, 2022.

KEY FINDINGS

As in Kern County Assessment, the results of the needs analysis of San Joaquin confirms the continued need in the County for Early Head Start Services for low-income children and families as an important part of community efforts to break the cycle of poverty by providing low-income infant/toddlers children and their families a wholistic and culturally responsive approach to help them meet their emotional, social, health, nutritional and psychological needs. Some key findings for San Joaquin include:

- 54% of children ages 0-5 are in the 0-2 years age group.
- 40.8.% of San Joaquin residents ages 5 and over speak a language other than English at home.
- The median household income in San Joaquin County is \$74,962 and has grown approximately 17% from 2018-2022
- 11.9% of San Joaquin residents live in poverty.

- Large disparities in poverty between communities ranging from 8% in Tracy to 31% in Woodlake.
- According to the 2015-2023 Regional Household Needs Assessment in San Joaquin County Housing Element, a total of 8,301 household units were identified as needed. Of them, 1,257 are needed for those in the extremely low-income category, 1,153 needed for the very low income category, 779 needed for the low income category, 1,290 needed for the moderate income category, and 3,822 needed for the above moderate income category.
- In 2022, Mental health is a high prioritized need throughout the County.
- Asthma, obesity, and diabetes are some of the most prevalent health conditions in the County.
- 13% of the homeless population are families with children.
- 3,661 (6.5%) of children ages 0-5 years live in Foster Care in 2018.
- 68.6% of pregnant women had a regular source of care pre-pregnancy and 85% of women initiated pre-natal care during their first trimester.
- 8.7% of people ages 25 had a 9th to 12th grade education without a diploma, 2-3% higher than the State of California and the United States.
- 65% of Early Head Start parents are employed.
- 100% of Early Head Start enrolled families have health insurance.
- 78% of EHS families are Hispanic/Latino.

METHODS

In 2023, the Community Action Partnership of Kern (CAPK) Head Start/State Child Development (HS/SCD) Division completed a comprehensive community assessment of Kern County detailing the most current data and source material available. The assessment provided a detailed understanding of the characteristics of Kern County's children and families, their childcare needs, and the conditions that impact their health, development, and economic stability. For the current assessment period, CAPK is including this separate assessment of San Joaquin County, due to its unique characteristics.

This assessment includes current statistics and considerations of county and incorporated community population numbers, household characteristics and relationships, estimates of income eligible children, disability, educational attainment, health and mortality, child welfare, prenatal health, homeless children and families, and Head Start and Early Head Start program information. The information presented herein may be used by CAPK Early Head Start (EHS) for future planning and program decision-making.

The primary data source (unless otherwise cited) for the 2022 San Joaquin Community Assessment is the U.S. Census Bureau American Community Survey, 2019 ACS 1-year Estimates and 2018-2022 ACS 5-year Estimates. Other sources of local, state, regional, and national data and intelligence are cited throughout the report. The CAPK Early Head Start Program 2022/2023 Information Reports (PIR) was used for data directly related to EHS.

AGENCY OVERVIEW

Established in 1965, CAPK is a private nonprofit 501(c)(3) corporation. In carrying out its mission *to provide and advocate for resources that will empower the members of the communities we serve to be self-sufficient*, CAPK develops and implements programs that meet specific needs of low-income individuals and families.

CAPK is one of the largest nonprofit agencies in Kern County and one of the oldest and largest Community Action Agencies in the United States. Originating as the Community Action Program Committee of Kern County in 1965, CAPK later became the Kern County Economic Opportunity Corporation, and in 2002 became the Community Action Partnership of Kern.

CAPK operates seven divisions, which include Head Start/State Child Development (HS/SCD); Health and Nutrition Services; Administration; Finance; Human Resources; Operations; and Community Development. Head Start and Early Head Start (HS/EHS) programs are operated under the HS/SCD Division.

As Kern County's federally designated Community Action Agency in the fight against poverty, CAPK provides assistance to over 100,000 low-income individuals annually through 11 direct-service programs including 2-1-1 Kern County; CalFresh Healthy Living Program; the East Kern Family Resource Center; Energy; CAPK Food Bank; Friendship House Community Center; Head Start/Early Head Start; Migrant Childcare Alternative Payment; Shafter Youth Center; CAPK Volunteer Income Tax Assistance (VITA); and Women, Infants and Children (WIC) Supplemental Nutrition.

CAPK has offices located in 27 cities/communities in Kern County and offers services at over 100 sites. The Agency also operates programs in other counties in the San Joaquin Valley including Migrant Childcare Alternative Payment (MCAP) Program, enrolling families through six Central Valley counties that include Kern, Madera, Merced, Tulare, Kings, and Fresno; WIC program services in the communities of Big Bear City, Phelan, Adelanto, Crestline, and Needles in San Bernardino County; and 2-1-1 Information and Referral Helpline in Kings, Tulare, and Stanislaus Counties. In 2015 CAPK's EHS program expanded to San Joaquin County (Stockton, Lodi, Manteca, and Tracy). The information below further details CAPK's programs.

CAPK's San Joaquin Early Head Start (EHS): High quality early childhood education for children from pre-natal to age three through part-day, full-day and home-based options. The program uses a wholistic approach by not only addressing the needs of the child, but by teaching

parents to become advocates and self-reliant providers for their children through EHS Parent Policy Council and Family Engagement programs. *CAPK San Joaquin Early Head Start served 580 children and their families in 2022/2023 at seven locations and in home-based setting.*

Table 1, CAPK San Joaquin County Early Head Start Locations

Site Name	Address
California St	425 N California St, Stockton
Marci Massei	215 W. 5 th Street, Stockton
Chrisman	23950 S Chrisman, Tracy
Kennedy	2800 S. D St, Stockton
St. Mary's	545 W. Sonora Street, Stockton
LUCCC Lodi	701 S. Hutchins, Lodi
Gianone	1509 N Golden Gate Ave, Stockton
Lathrop	850 J Street, Lathrop

DETERMINANTS OF NEED

SAN JOAQUIN COUNTY OVERVIEW

San Joaquin County is centrally located in the San Joaquin Valley, the agricultural heartland of California. The County encompasses approximately 1,440 square miles of relatively level, agriculturally productive lands. The foothills of the Diablo Range define the southwest corner of the County, and the foothills of the Sierra Nevada lie along the County's eastern boundary.

The valley was created by sediments that washed out of the major rivers that drain in the area which also created rich agricultural soils. As one of the State's top ten counties in agriculture production, the area produces a wide variety of fruit and nut crops, field crops, livestock, and poultry.

Figure 1, San Joaquin County



Urbanized areas comprise a relatively small proportion of the County. However, with the growing high cost of housing in the nearby San Francisco Bay Area, San Joaquin County is a highly attractive location for commuters.

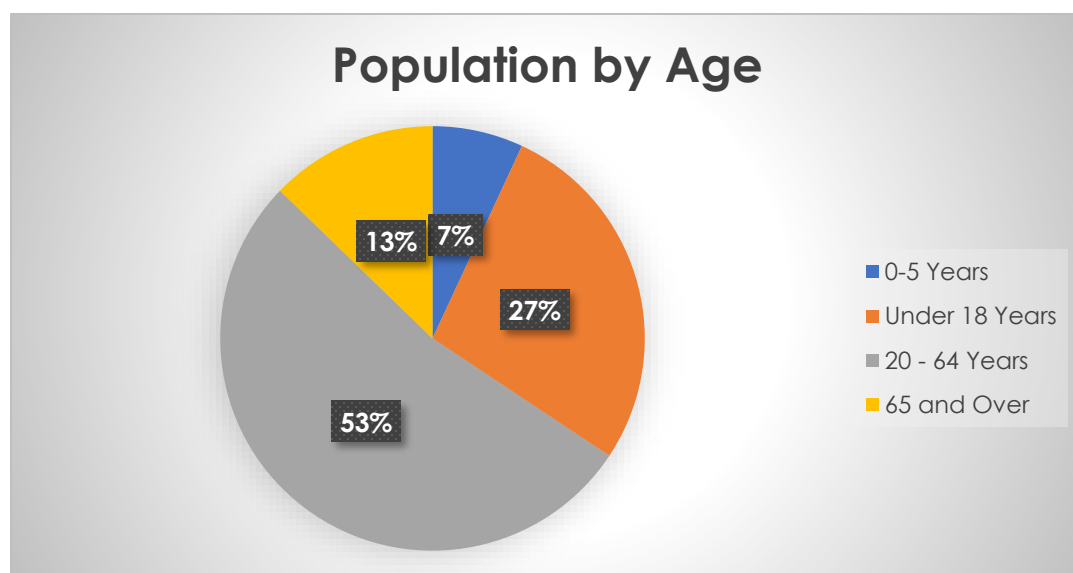
The County is interlaced with a complex network of creeks, rivers, and canals. The County's major rivers, the San Joaquin, the Mokelumne, the Calaveras, and the Stanislaus, all lead to the Sacramento-San Joaquin Delta in the western half of the County. It is in this region, at the confluence of the Sacramento and San Joaquin Rivers, that about one-half of the State's entire

runoff water volume passes and supports the biologically and agriculturally rich Delta. The waterways provide recreation opportunities, scenic beauty, and water for municipal, industrial, and agricultural users. Both the Delta-Mendota Canal and the California Aqueduct carry tremendous volumes of water from the Delta area to the south (<https://www.sjgov.org/>).

POPULATION

There are 771,406 people living in San Joaquin County with 317,818 residents (42%) living in the City of Stockton, the County's major metropolitan area. The next five largest cities contain approximately 36% of the County's population and the remaining residents live in small Census designated places with populations less than 8,000 people. ` Approximately **52,937** of the County's residents are **under the age of 5** years; 209,515 are under 18; 404,608 are ages 20 – 64; and 97,523 are ages 65 and over.

Figure 2, San Joaquin Population Age Distribution



Source: US Census American Community Survey Estimates, 2022

Of the estimated **52,937** children ages 0 to 5 in San Joaquin County, approximately **54% (28,709) are in the 0-2 years age group** (kidsdata.org.) Gender for children in the 0-5 age group is almost even with 49% female and 51% male.

POPULATION GROWTH

The County's overall population growth from 2010-2022 is higher than the State and Nation. The decrease of 0-5 population in the United States (-4%) is higher than the decrease observed in San Joaquin and California at -2% and -8%, respectively. California had the highest decrease in the 0-5 population.

Table 2, Population Growth Comparison

Location	2010	2022	Growth
San Joaquin	685,306	771,406	13%
California	37,253,956	39,455,353	6%
United States	308,745,538	329,725,481	7%
Children Ages 0-5			
San Joaquin	54,228	52,937	-2%
California	2,545,065	2,350,335	-8%
United States	20,131,420	19,423,121	-4%

Source: US Census American Community Survey Estimates, 2022

RACE/ETHNICITY

San Joaquin County's racial and ethnic composition is diverse and similar to the State of California. After White, the largest Racial/Ethnic group is Hispanics/Latino — about 2% more than California and 23% more than the United States. The smallest group are Native Hawaiian/Pacific Islander. There are almost three times as many people of Asian descent in the County and State, then the Nation.

Table 3, San Joaquin County Race and Ethnicity

Race/Ethnicity	San Joaquin	California	United States
White	46.5%	52.1%	68.2%
African American	7.0%	5.7%	12.6%
American Indian or Alaska Native	0.8%	0.9%	0.8%
Asian	16.5%	14.9%	5.7%
Native Hawaiian or Other, Pacific Islander	0.6%	0.4%	0.2%
Hispanic or Latino	42.3%	39.5%	18.4%
Some Other Race	10.1%	15.1%	5.5%

Source: US Census American Community Survey Estimates, 2022

From 2017 to 2022, the County has grown by 47,253 people. However, growth varies among race/ethnicity. Most notably, there was a -38.% decrease in the White population in this region and a 162% increase in American Indian or Alaska Native population.

Table 4, San Joaquin Population Change by Race/Ethnicity, 2018-2022

Race/Ethnicity	Population Change Percent
White	-38%
Black or African American	-2%
American Indian or Alaska Native	162%
Asian	28%
Native Hawaiian and Other Pacific Islander	12%
Hispanic or Latino (of any race)	9%
Some Other Race	59%

Source: US Census American Community Survey Estimates, 2018-2022

NATIVE AND FOREIGN BORN

Of San Joaquin County's population, 75.3% (580,986) were born in the United States. Of the 179,920 residents that are foreign born, 52% are naturalized citizens and 48% are not U.S. citizens.

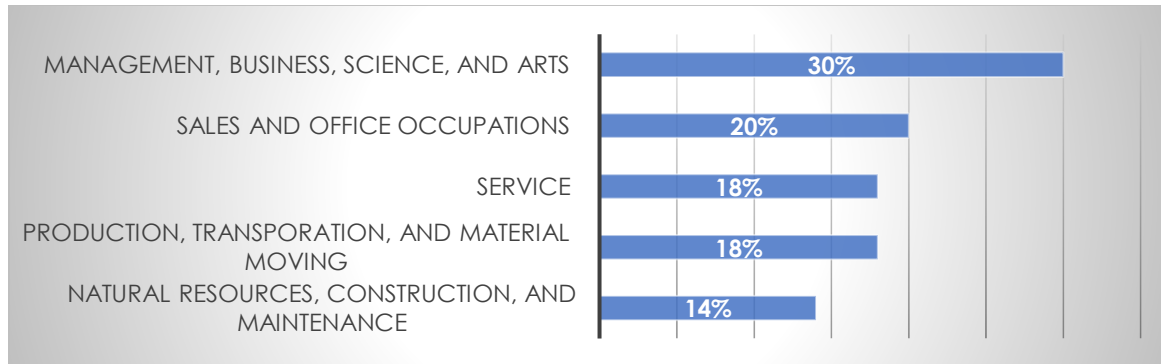
LANGUAGE

Approximately 40.8% of San Joaquin residents ages 5 and over speak a language other than English at home. The most common non-English language spoken is Spanish (26.2%). By comparison, 43.9% of Californian's speak a language other than English at home. Of the population that spoke a language other than English at home, 28.3% spoke Spanish (US Census American Community Survey Estimates, 2022)

EMPLOYMENT

San Joaquin County's economy is diverse with a mix of agriculture, e-fulfillment centers, advanced manufacturing, data centers/call center and government/medical service centers. Some companies in this area include Applied Aerospace, Amazon, Tesla, Pacific Medical, Medline, FedEx, Trincherio-Sutter Home Winery and Crate & Barrel. There are an estimated 353,544 employed San Joaquin residents ages 16 and over. The occupations comprising the most employees is "Management, Business Science, and Arts" and the smallest sector is "Natural Resources, Construction, and Maintenance" occupations.

Figure 3, San Joaquin County Occupations

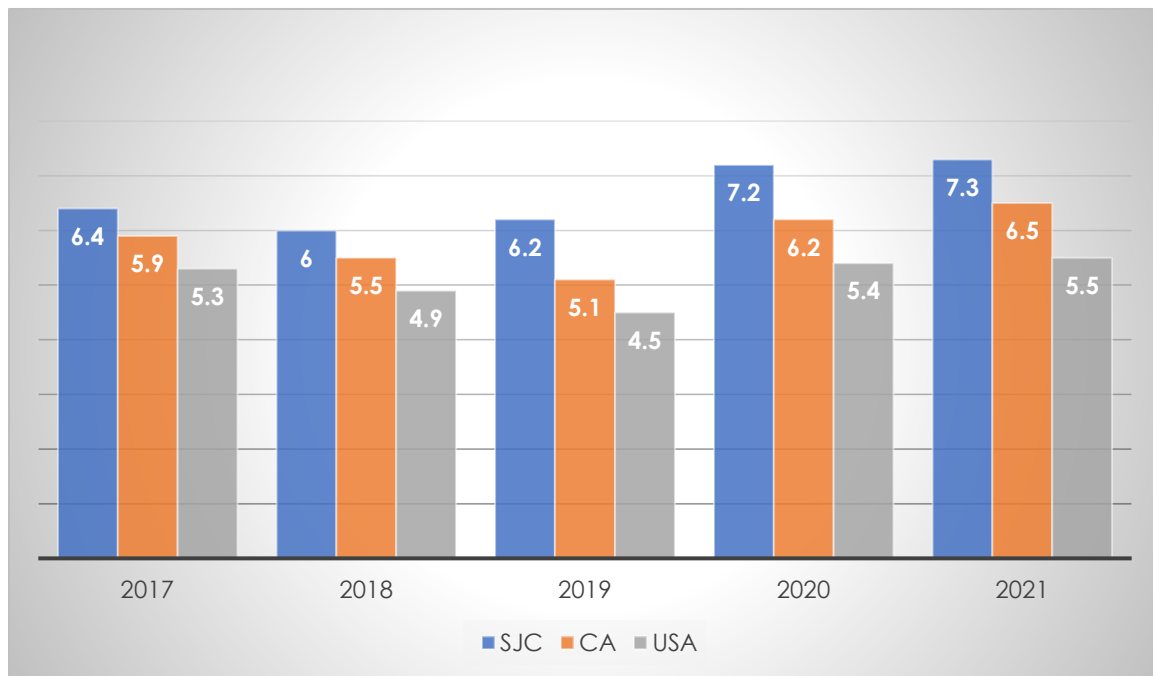


Source: US Census American Community Survey Estimates, 2022

UNEMPLOYMENT

Although the County, State, and Nation have seen sharp decreases in unemployment since the recession, San Joaquin consistently has higher rates of unemployment than the State and Nation.

Figure 4. Unemployment Rate Comparison, Not Seasonally Adjusted

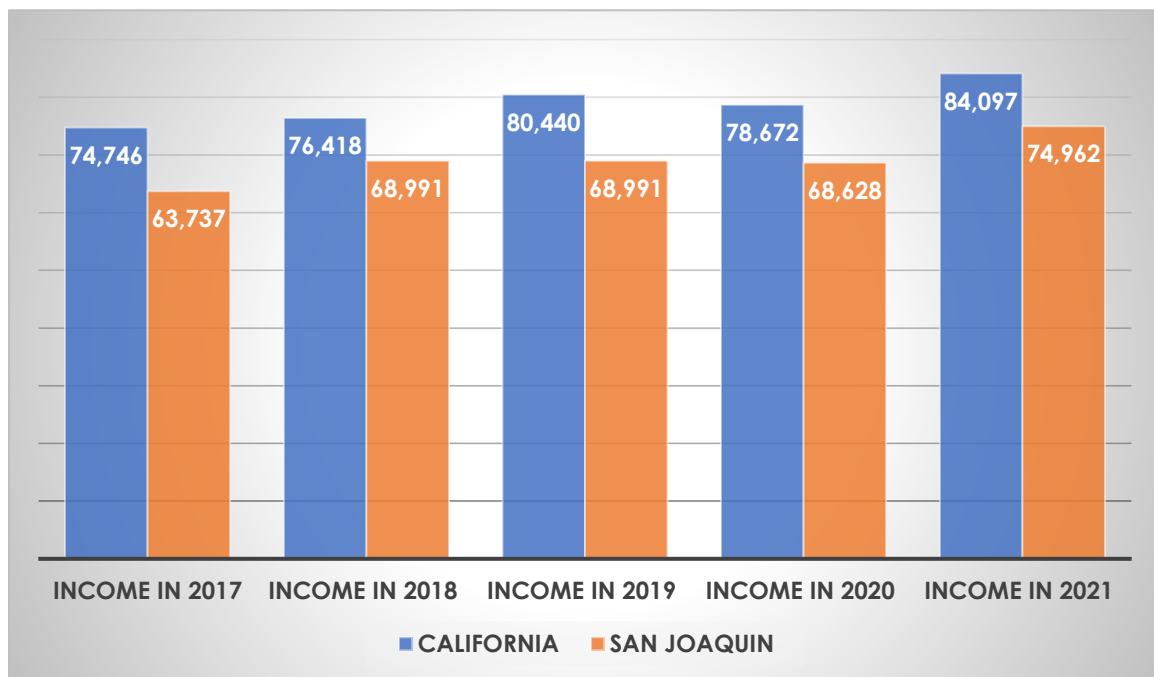


Source: US Census American Community Survey Estimates, 2018-2022

INCOME

The median household income in San Joaquin County (\$74,962), has grown approximately 17% from 2017 to 2022. Although the US median income (\$ 69,021) in 2022, the State of California median income is still higher at \$84,097.

Figure 5, Median Household Income Comparison

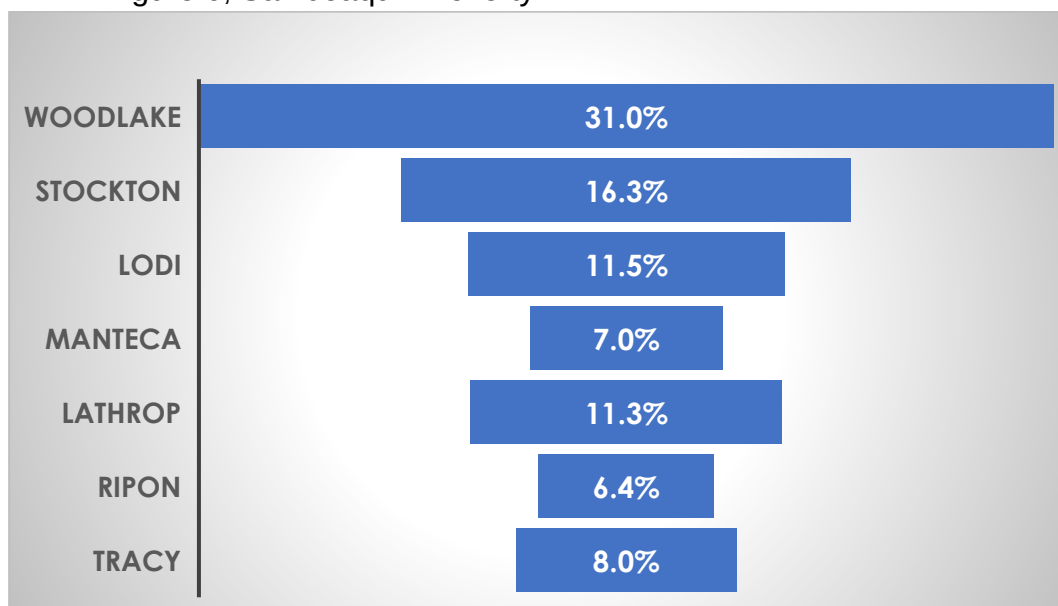


Source: US Census American Community Survey Estimates, 2018-2022

POVERTY

According to the US Census, 11.9% of San Joaquin residents live in poverty. When looking at poverty data in the 7 most populated cities, there are large disparities between communities ranging from 8% in Tracy to 31% in Woodlake.

Figure 6, San Joaquin Poverty



Source: US Census American Community Survey Estimates, 2022

WORKING POOR

The face of poverty in the United States has changed greatly over the last decade. In a report presented at the National Community Action Partnership Mega Trends Learning Cluster, *Inequality in America*, former Secretary of Labor Robert Reich discusses trends of those living in poverty in the U.S. According to Reich, as the median family income continues to drop, an estimated 65% of U.S. families live paycheck to paycheck. He goes on to say that a significant number of people in poverty are working but are unable to earn enough to lift themselves out of poverty. Reich also claims that about 55% of all Americans aged 25 to 60 have experienced at least one year of poverty or near poverty (below 150% of the poverty line), and at least half of all U.S. children have relied on food stamps at least once in their life time.

This is also supported by the California Budget and Policy Center, *Five Facts Everyone Should Know About Poverty*, which states that the majority of families that live in poverty are working and 67% of those families have one or more workers supporting them. The key reasons cited for working families remaining in poverty are a lack of good paying jobs and the low minimum wage.

HOUSING

According to the US Census Estimates, of the 249,018 housing units in San Joaquin County, 234,662 are occupied and 14,356 are vacant.

According to the San Joaquin Council of Governments, 2015-2023 Regional Housing Needs Assessment and SJ County Housing Element (a County wide assessment to meet housing needs), low-income households such as people earning minimum wage, receiving cash aid, Supplemental Security Income (SSI), or Social Security recipients face difficulties affording the rent for a one-bedroom unit or a studio unit at fair market rent. A key area of concern is the housing needs for elderly, persons with disabilities, large families, extremely low-income households, farmworkers, families with single-headed households, and families and persons in need of emergency shelter.

Other key San Joaquin County Housing issues cited in the report include:

- Between 2014 and 2015, a total of 8,301 household units were identified as needed. Of them, 1,257 are needed for those in the extremely low-income category, 1,153 needed for the very low-income category, 779 needed for the low-income category, 1,290 needed for the moderate-income category, and 3,822 needed for the above moderate income category
- Migration from Bay Area residents is associated with the rising cost of homes and rentals, negatively impacting those that are native to the community
- Housing discrimination issues continue; minority groups and low-income households are less likely to demand habitable dwellings and report issues

- SJCOG projects that from 2006 to 2035, San Joaquin County will have an estimated 327,379 additional people that will need housing and that approximately 11% of those will be in unincorporated areas
- Most market rents are out of reach for individuals and families with very low or extremely low-income
- A 4-bedroom house rental in the Mountain House communities averaged \$2,250, a cost which would not be affordable to a family of four persons at any income level
- San Joaquin County has a greater need for larger rental housing units than California
- Approximately 58% of the housing stock surveyed across the county were in sound condition with the rest needing minor or major renovations
- Most emergency shelters operate at or near capacity throughout the year; during maximum times of need there is a significantly greater number of homeless than shelter spaces
- The lack of available water is a significant concern in housing production
- Most farm working families are above average in size (household members); as a result, most migrant farmworkers live in overcrowded housing

The U.S. Department of Housing and Urban Development states that families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation, and medical care. Based on the 2022 American Community Survey estimates, 26.3% of all San Joaquin homeowners with a mortgage used 35% or more of their household income on housing. For renters, over 43% used 35% or more of their household income on rent.

MENTAL HEALTH AND SUBSTANCE ABUSE

Community Health Needs Assessments (CHNA) is a California requirement for nonprofit hospitals and conducted every three years. Information is gathered from a variety of sources and is used to prioritize each counties areas of need in relationship to effects on health. Through a comprehensive process combining findings from demographic and health data as well as community leader and resident input, nine health needs were identified. According to the 2022 SJ CHNA, **mental health is the highest prioritized need in San Joaquin County**. The table below shows indicators of mental health for San Joaquin compared to the State of California. As seen below, San Joaquin had worse outcomes in several key areas.

Table 5, San Joaquin and California Mental Health Indicators Comparison

Indicator	San Joaquin (Rate or %)	California (Rate or %)
Deaths by Suicide, Drug or Alcohol Poisoning (per 100,000 deaths)	43	34
Depression among Medicare Beneficiaries	14%	14%
Mental health Provider (Per 100,000)	238	352
Poor Mental Health days In past month	4.4	3.7
Seriously Considered Suicide	12%	10%
Social Associations	6	0.07
Insufficient Social and Emotional Support	29%	25%
Suicide Deaths (per 100,000)	11	11
Young People not in School or Working (Disconnected Youths)	8%	8%

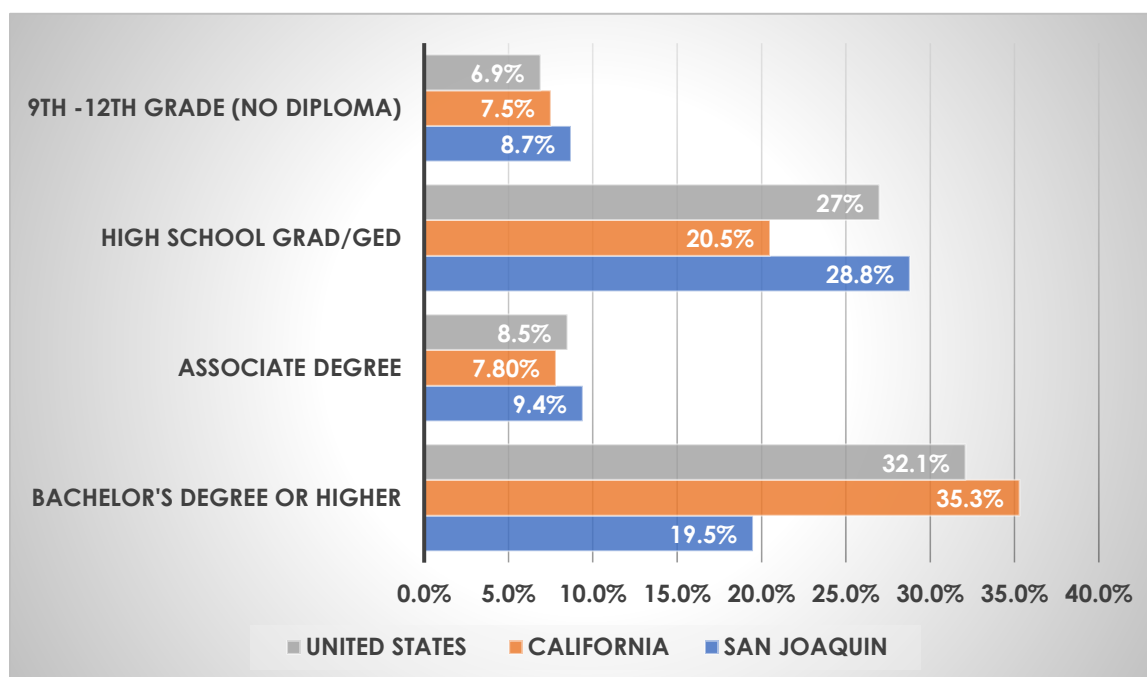
Source: San Joaquin Community Health Needs Assessments (CHNA), 2022

NEEDS AND RESOURCES OF ELIGIBLE CHILDREN AND THEIR FAMILIES

EDUCATIONAL ATTAINMENT

In 2022, 8.7% of people ages 25 and older in San Joaquin had a 9th to 12th grade education (no diploma), 2% higher than the rate for the State of California and about 3% higher than the United States. The most concerning for San Joaquin is the low attainment of college degrees—about half as many people with a bachelor's degree or higher than the state or nation. Today, college is the new high school, with many entry level jobs requiring higher levels of education and skills than what can be acquired as a high school graduate.

Figure 7, Educational Attainment Comparison, 2022



Source: US Census American Community Survey Estimates, 2022

The lack of higher educational attainment has far reaching implications for San Joaquin residents. According to a report by The PEW Charitable Trust, a four-year college degree encourages upward mobility from the lower rungs of society and prevents downward mobility from the middle and top. The report states that about 47% of people who are raised in the bottom quartile of the family income ladder who do not get a college degree stay at that level, compared to 10% who have earned a college degree. Also, about 39% of those raised in the middle income ladder who don't get a college degree move down, while 22% with a degree stay in the middle or advance.

ADULT EDUCATION

In San Joaquin County, 9.6% of residents over age 25 lack a high school diploma and 11.1% of residents have less than a 9th grade education. Among families enrolling in Early Head Start the figure is even higher with 41% (approximately 152) of parents not having a high school diploma.

According to the Library and Literacy Foundation for San Joaquin County, 52% of residents read below a third-grade level.

These numbers demonstrate the need for Adult Basic Education (ABE) or General Education Development (GED) preparation in San Joaquin County. ABE and GED preparation is available in approximately five cities in the county: Stockton, Lodi, Manteca, and Tracy.

Very few undergraduate education opportunities exist in San Joaquin County with 4-year degrees offered on-campus at two private universities in Stockton. Over time there have been a few for-profit colleges and technical schools but those are now closed. San Joaquin Delta College offers 2-year/vocational/associates degrees offered at the Stockton and Mountain House campuses. Both locations suffered greatly during the 2008 economic downturn but have maintained their place in higher education in the county. It is noted that a greater number of families (77%) both two-parent and single parent are either not in job training or school upon their children's entry into the Early Head Start programs.

EMPLOYMENT AND JOB TRAINING

Employment and job training for families with children enrolled in the Early Head Start program is critical in ensuring the ability of families to become self-sufficient and capable of adequately providing for themselves and their children. Numbers based on the San Joaquin County PIR show that out of 373 enrollees, 65 % (244), are employed. Of the total number of families, approximately 211 are not working. These totals include two-parent and single-parent families.

FOREIGN BORN

Of San Joaquin County's 2022 population, 76.7% (580,986) were born in the United States, and 23.3% (179,920) were foreign born. Of the county's foreign-born population, 51.2% came from Latin America.

ENGLISH AS A SECOND LANGUAGE

There is a high need for English as a second language (ESL) education in San Joaquin with many (40.8%) residents speaking a language other than English at home and 16.5% of these speak English "less than "very well". Among Early Head Start families in San Joaquin, 60% stated that they primarily speak another language at home, according to the PIR. ESL training opportunities are available in San Joaquin County but not as abundantly in nearby counties.

Low cost or free GED preparation, ESL classes, and vocational training are often offered by the same institutions. A GED is available online through the Stockton Adult School. Only one college with two campuses offer vocational training as several of the for-profit colleges closed their doors in recent years.

HEALTH

The County Health Rankings and Roadmaps, 2023, uses several sources to determine the overall health of communities and provide a revealing snapshot of how health is influenced by where we live, learn, work, and play. Of the 58 California Counties in the report, San Joaquin (SJ) is ranked in the lower middle range of counties in California (Lower 25%-50%) for health outcomes. When comparing the rankings over the past six years, the County has remained about the same for health outcomes and has improved slightly for health factors.

Table 6, San Joaquin County Health Rankings, 2018-23

Outcomes	2018	2019	2020	2022	2022	2023
Health Outcomes	46	44	34	39	42	41
Length of Life	40	37	38	41	40	40
Quality of Life	50	50	33	47	37	46
Health Factors	43	46	40	43	44	37
Health Behaviors	34	40	34	30	34	32
Clinical Care	36	37	35	34	33	33
Social & Economic Factors	45	45	44	45	48	40
Physical Environment	45	47	49	52	56	49

Source: County Health Rankings.org, 2023

Some of the most prevalent health conditions affecting San Joaquin residents are asthma, obesity, and diabetes.

Asthma: San Joaquin, like most of California's Central Valley has very poor air quality—a key contributor to asthma and other lung diseases. According to the American Lung Association, the county gets an “F” ozone grade with an average of 18.5 high ozone days per year. Approximately 14.6% of all San Joaquin adults aged 18+ and **19.5% of San Joaquin children** aged 0-17 suffer from Asthma (California Department of Public Health 2020).

Obesity: There are a host of health issues related to obesity including diabetes, heart disease and stroke. Children that are obese are more likely to be obese as adults. Unfortunately, obesity rates tend to be much higher among low-income children and families due to the over consumption of low-cost foods that tend to be high in fats, sodium, and carbohydrates.

Across the nation, children and adolescents aged 2-19 years old, the prevalence of obesity on a national level was 18.5% and affected about 13.7 million children and adolescents. (Source: CDC/obesity/data/childhood)

- 30.4% of San Joaquin adults are obese and the county ranks 34th in the state for obesity among adults (County Health Rankings 2023)

Diabetes: Over 2.3 million California adults report having been diagnosed with diabetes, representing one out of every 12 adult Californians. Many diabetes cases in California are type 2, representing 1.9 million adults. The prevalence increases with age—one out of every six adult Californians aged 65 and above have type 2 diabetes—and is higher among ethnic/racial minorities and Californians with low education attainment and/or family income. Compared with non-Hispanic Whites, Hispanics and African Americans have twice the prevalence of type 2 diabetes and are twice as likely to die from their disease.

- 12.6% of San Joaquin adults have been diagnosed with diabetes, (Ask California Health Survey Neighborhood Edition, 2020)

HEALTH INSURANCE

The US census estimates the percentage of children with health insurance each year by county. Estimates are available for children younger than 19 and living at 138% of the federal poverty level or below. Coverage rates in San Joaquin County are now at 93.6%, which is above national and state estimates. Data from San Joaquin County's Early Head Start program information report (PIR) is similar with all (100%) enrolled children having health insurance at the end of the reporting period.

In 2019, approximately 6.9% and 6% of children under the age of five did not have health insurance in San Joaquin County and California respectively. Along these same lines, the California Department of Public Health, Maternal and Infant Health Assessment found that 4% of women were uninsured during pregnancy. The survey also reported that 14% were uninsured post-partum and that 2% had no infant health insurance.

HEALTH CARE ACCESS

Although most of San Joaquin residents and all EHS children are insured, having access to quality and timely care is an issue. In San Joaquin County there are 1,680 people for each primary care physician (1,680:1) compared to a ratio of 1,230:1 for the State of California (County Health Rankings and Roadmaps, 2023). Where a family lives in the county also plays a crucial role in access. Portions of Stockton is a severely under-resourced area. Communities identified as majorly under resourced include Stockton, Manteca, and Lodi. The other parts of the county seem to be better served. (California Healthy Places Index)

Pregnant women are a priority in the health care system but continue to face access issues. The California Maternal and Infant Health Assessment reported several important findings:

- 66.5% of pregnant women had a routine source of pre-pregnancy care;
- 85% initiated care during the first trimester; and
- 16.7% reported either they or their infant needed care post-partum, but they could not afford it.

Access to high quality, culturally competent, affordable healthcare and health services is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. In San Joaquin County, residents are more likely to be enrolled in Medicaid or other public insurance, which is a factor related to overall poverty. Latinos are most likely to be uninsured. Secondary data revealed that poor access to affordable health insurance and the lack of high-quality providers, including urgent care and mental health, impact access to care. Language and cultural barriers, including poor language access, are also a factor in access to quality healthcare.

HEALTHY PREGNANCIES

Receiving medical care during pregnancy greatly influences a healthy pregnancy. According to the California Department of Public Health, for 2022 approximately 68.6% of pregnant women in SJ had a regular source of care pre-pregnancy and 85% of women initiated pre-natal care during their first trimester.

HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES

In San Joaquin County, CAPK's Early Head Start (EHS) program provides services and programs that positively impact low-income children ages 0-3 years and their families. Income limits for eligibility to enroll into EHS programs follow the current federal poverty guidelines. Additionally, disabled and homeless children, as well as those receiving TANF/CalWORKs assistance, are given priority.

Unless otherwise indicated in this section, the data source for the CAPK Early Head Start programs are the 2018-2019 CAPK SJ Early Head Start Program Information Reports (PIR).

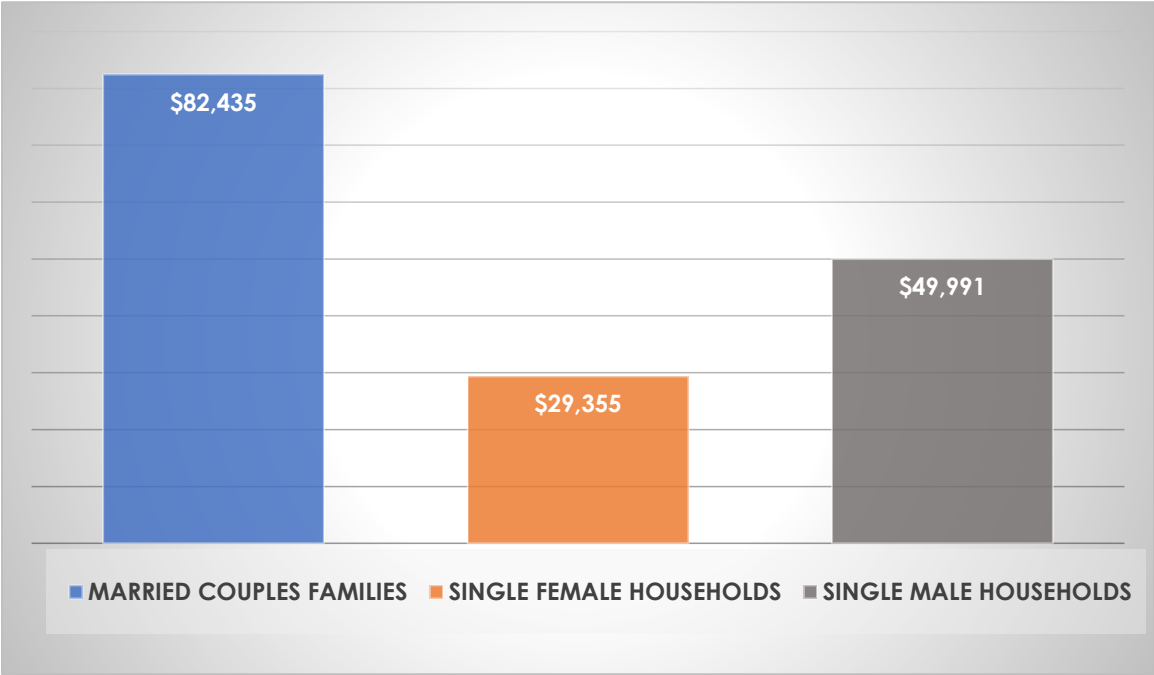
HOUSEHOLDS AND FAMILIES

In 2022 there were an estimated 234,662 households in San Joaquin County, (US Census 2022). Married Couple Families were just over half of all households (52.4%), with Male Householder or Female Householder (no spouse) making up 15.4% and 25.1%, respectively. Approximately 41.5% of all households have one or more people under 18 years of age.

HOUSEHOLD INCOME

There are large disparities for income among different types of families in the county. Single ***female headed households with underage children have about 33% of the median incomes than married couples with underage children.***

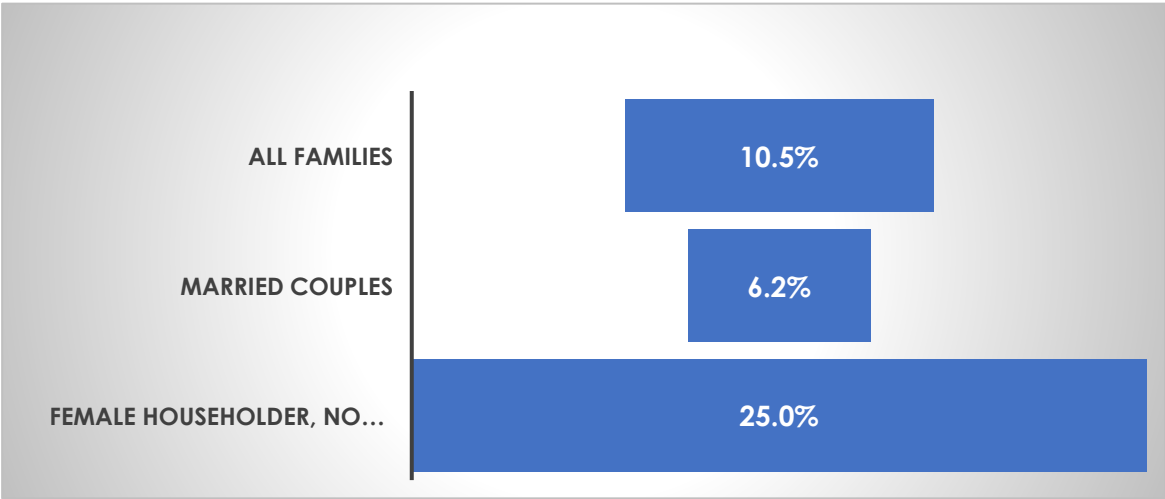
Figure 8, San Joaquin County Median Income by Household with Children Under 18 Years



Source: US Census American Community Survey Estimates, 2022

There are wide inequities in poverty among family types, with single female headed households with children experiencing poverty at about 175% to 300% of the rate experienced by their male and married couples counterparts, respectively.

Figure 9, San Joaquin County Poverty by Household Type



Source: US Census American Community Survey Estimates, 2022

AGE AND INCOME ELIGIBLE CHILDREN

There are approximately 59,942 children under 5 years of age in San Joaquin, of these, 54% (28,709) are ages 0-2 (kidsdata.org). With a poverty rate of approximately 20% 11,998 are age and income eligible for early head start services.

HEAD START CHILDREN – RACE

Like the overall population, the majority of San Joaquin children ages 0-5 are white. The next largest group are Hispanic.

Table 7, Approximate Distribution San Joaquin Children ages 0-5 by Race and Ethnicity

Race/Ethnicity	Number	%
White	29,651	56.6%
Black or African American	3,667	7%
American Indian and Alaska Native	314	.6%
Asian	8172	15.6%
Hispanic or Latino (of any race)	21,688	41.4%

Source: US Census American Community Survey Estimates, 2022

HOMELESS CHILDREN

According to the annual San Joaquin Continuum of Care Homeless Point-in-Time Count, in 2022 there were an estimated 2,319 people living in homelessness in the county—a 11.7% decrease from 2019. ***Families with children accounted for 13% of the homeless population.***

KINSHIP CARE

Traditionally, grandparents and other relatives have played an important role in a child's life. From being the occasional visitor bearing treats to being full-time caregivers to children, these relatives contribute much to the life of a child and family. According to *Zero to Three*, a national non-profit organization that informs, trains, and supports professionals, policymakers and parents, in 2017, upwards of 24% of America's preschool children were being cared for by grandparents. Other relatives, including siblings are also often the caregiving for preschoolers. Although convenient, it can often be conflicting with relatives having different ideas for care and they may not be able to provide educational and experiential benefit to children's early development.

CHILDREN IN FOSTER CARE

In 2018, 3,661 (6.5%) of children ages 0-5 years live in Foster Care in San Joaquin, slightly higher than the percentage for the State of California at 5.3%, (kids.data.org). Foster care is intended to provide temporary, safe living arrangements and therapeutic services for children who cannot remain safely at home because of risk for maltreatment or inadequate care. The U.S. foster care system aims to safely reunify children with their parents or secure another permanent home, e.g., through adoption; however, too often this goal is not achieved, especially for older youth and children with disabilities. Instead, many children spend years in foster homes or group homes, often moving many times.

Children in foster care are at increased risk for a variety of emotional, physical, behavioral, and academic problems, with outcomes generally worse for children in group homes. Recognizing

this, advocates and policymakers have made efforts to prevent children from entering the system and to safely reduce the number of children living in foster care, particularly in group homes. While the number of children in foster care nationally has decreased since the 2000s, it has risen in recent years, and California continues to have the largest number of children entering the system each year. Further, children of color continue to be overrepresented in the foster care system; in California, for example, African American/Black children make up 23% of foster children but only 6% of the general child population. (U.S. Department of Health and Human Services, Children's Bureau, 2018.)

CHILDREN WITH DISABILITIES

For 2019, among the civilian non-institutionalized population in SJ, 12.5% reported a disability. The likelihood of having a disability varied by age, people under 18 years least likely to have a disability and those 65 and over having the highest rates. According to Kidsdata.org, between 2016 and 2018, approximately 13.9% of San Joaquin children have special healthcare needs.

CHILDREN AND OBESITY

Body mass index is a measurement value that often can determine the health outcomes for individuals. This is especially true for children with a high amount of body fat. This high measure can lead to weight-related health problems both in the near-term and in the future. In 2018, 42.4% of children in 5th grade were overweight or obese in San Joaquin according to Kidsdata.org, compared to 40.5% of children who were overweight or obese in California.

TRAUMA INFORMED CARE

As quoted from Child Trends, “How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma”, *Children who are exposed to traumatic life events are at significant risk for developing serious and long-lasting problems across multiple areas of development. However, children are far more likely to exhibit resilience to childhood trauma when child-serving programs, institutions, and service systems understand the impact of childhood trauma, share common ways to talk and think about trauma, and thoroughly integrate effective practices and policies to address it—an approach often referred to as trauma-informed care.*

Some common types of childhood trauma include abuse and neglect, family, community, and school violence, life-threatening accidents and injuries, frightening or painful medical procedures, serious and untreated parental mental illness, loss of or separation from a parent or other loved one, natural or manmade disasters, discrimination, and extreme poverty. Any of these exposures can lead to post-traumatic stress disorder (PTSD), which can lead to aggressive, self-destructive, or reckless behavior.

Young children who experience trauma may have difficulties forming attachments to caregivers, experience excessive fear of strangers or separation anxiety, have trouble sleeping and eating and can be especially fussy. Oftentimes, these young children will show regression after

reaching a developmental milestone such as sleeping through the night, toilet training, and others.

Trauma-informed care benefits children by providing a sense of safety and predictability, protection from further adversity, and offering pathways to recovery from the trauma. By implementing realization of the wide impact of trauma and understanding the paths for recovery, recognizing the signs and symptoms of trauma, responding by fully integrating knowledge about trauma into the policies, procedures, and practices surrounding trauma-informed care, and by resisting re-traumatization of children, as well as the adults who care for them, trauma-informed care can be healing and beneficial to young children. Trauma informed care must include comprehensive, ongoing professional development and education for parents, families, school staff and other service providers on jointly addressing childhood trauma.

Secondary trauma among adults working with children who have experienced trauma should be addressed. Care for staff is an important component to trauma-informed care. This is accomplished through high-quality, reflective supervision, maintaining trauma caseload balance, supporting workplace self-care groups, enhancing the physical safety of staff, offering flex-time scheduling, providing training for staff and leadership about secondary traumatic stress, development of self-care practices for staff and leadership, such as the Staff Wellness Clinic, and creating a buddy-system for self-care accountability, (childtrends.org).

CAPK EARLY HEAD START ENROLLED CHILDREN

During the 2022/23 school year, CAPK EHS had cumulative enrollment of 580 in San Joaquin County.

Table 8, EHS Enrollment

	Head Start	Early Head Start	Total Enrollment
Funded Enrollment	N/A	274	274
Cumulative Enrollment	N/A	306	306

AGE

Of the children and pregnant women enrolled who participated EHS during the 2022-23 school year, the majority, (36%) were 1 year of age and the smallest group were children aged 3 years and pregnant women. (7% and 8%).

Table 9, EHS Enrollment by Age

Age	Number	%
Under 1	74	27%
1 Year	99	36%
2 Years	88	32%
3 Years	21	7%
Pregnant Women	22	8%

RACE AND ETHNICITY

The majority of children (78%) enrolled in San Joaquin County's EHS are of Hispanic or Latino origin. The primary language EHS is English (48%) and second is Spanish (46%).

Table 10, EHS Enrollment by Race/Ethnicity

Race/Ethnicity	EHS	Total
American Indian/Alaska Native	.5%	.5%
Asian	8.3	8.3%
Black or African American	10.4%	10.4%
Hispanic/Latino Origin (Single Section)	78%	78%
White	74.5%	74.5%
Biracial/Multi-Racial	6.3%	6.3%
Other Race	0%	0%

HOMELESS CHILDREN

In the 2022 school year EHS had 12 of children were "homeless," approximately (3%).

FOSTER CARE

According to the Community Action Partnership of Kern's 2022-2023 Early Head Start Program Information Report (PIR), the number of children in San Joaquin County's Early Head Start categorized as a "foster child," were 10 approximately 3.6%.

CHILDCARE AND PRESCHOOL

LICENSED CARE

Childcare is a critically important need for many families in the United States. High-quality childcare centers and homes deliver consistent, developmentally sound, and emotionally supportive care and education. Research indicates that high-quality early care and education can have long-lasting positive effects; specifically, high-quality childcare before age 5 is related to higher levels of behavioral/emotional functioning, school readiness, academic achievement, educational attainment, and earnings, with improvements particularly pronounced for children from low-income families and those at risk for academic failure

However, finding affordable, high-quality childcare is a major challenge for many families, and access differs based on geography, race/ethnicity, and income. In 2022, licensed childcare was available for an estimated 23% of California children ages 0-12 with working parents. Center-based infant care costs in California made up an estimated 15% of the median annual income for married couples and 48% for single parents in 2022. That same year, California was ranked the least affordable state for center-based infant care in the nation.

Sources: *Childcare Aware of America (2022), Economic Impacts of Early Care and Education in California; UC Berkeley Center for Labor Research and Education, Macgillvary and Lucia, 2011; US Dept. Education, A Matter of Equity: Preschool in America (2015)*

Head Start operates within the context of California's early childcare and education system, described by the Learning Policy Institute as a "patchwork of programs" (Melnick, et al., 2017) and one that "can be difficult for policymakers, providers, and families to understand because of its complexity". Childcare and preschool providers are typically divided into two categories: licensed and unlicensed.

Recent data shows a gap in childcare availability across California and in comparing San Joaquin County with other counties of comparable size and demographics as well as with larger, more metropolitan counties, it is apparent that qualified and licensed childcare is mostly unaffordable for many in California, but especially for those living in poverty. According to kidsdata.org 2022 figures, the average annual rate for childcare is \$15,000 for infants, and \$10,191 for Preschoolers. However, for family childcare homes the cost is \$11,481 for infants/toddlers and \$9,743 for preschoolers.

Table 11, Cost of Childcare by Type

Facility Type	Infant	Preschooler
Childcare Center	\$15,000	\$10,191
Family Childcare Home	\$11,481	\$9,743

Source: Kidsdata.org

Publicly funded Early Childhood Education (ECE) programs currently do not have capacity to serve all of California's children and families. In 2015–16, only 33% of children under age 5 who qualified for one of California's publicly funded ECE programs—based on family income and having working parents—were served. Many of these children were enrolled in programs that run for only a few hours each day. The state is making strides toward meeting the needs of 4-year-olds, with roughly 69% of low-income 4-year-olds enrolled in an ECE program. However, nearly 650,000 children birth to age 5 do not have access to the publicly funded ECE programs for which they are eligible.

Access to publicly funded ECE programs is extremely limited for infants and toddlers. Approximately 14% of eligible infants and toddlers are enrolled in subsidized programs—a large portion of whom are in family childcare homes or license-exempt (friend, family, or neighbor) care. Subsidized ECE for this age group is mostly limited to working families.

Full-day programs are particularly limited in scope. Many of California's largest early learning programs offer mostly part-day slots, despite a demand for full-day services, which is challenging for working families. Furthermore, few of California's ECE programs are available during the nontraditional hours that many low-income working parents need. Working evening, weekends, or overnight hours are especially challenging in getting childcare. According to the available data, only 3% of licensed childcare facilities in the state of California offer this alternative type of service. The same data shows this care is more available in licensed family childcare homes at 41%.

Per the report from the learning policy institute (Melnick, et al., 2017), California's ECE programs are too limited in scope to serve all the state's vulnerable young children, presenting a challenge for families who cannot independently afford the high cost of care, which can be as high as college tuition.

EARLY CHILDHOOD EDUCATION

As seen in the table below, there have been increases in the availability of childcare over the years. However, there is still a high unmet need for these services for families with untraditional work hours, which are more typical for low-income workers, including nights, split shifts, and weekends.

Table 12: Childcare Supply in San Joaquin County

AGE/TYPE

CHILD CARE	LICENSED CHILD CARE CENTERS			LICENSED FAMILY CHILD CARE HOMES		
	2019	2021	CHANGE	2019	2021	CHANGE
Total number of spaces	12,423	11,873	-4%	6,192	5,758	-7%
Under 2 years	884	1,036	17%			
2-5 years	8,966	8,373	-7%			
6 years and older	2,573	2,464	-4%			
Total number of sites	220	195	-11%	632	566	-10%

Source California Childcare Resource and Referral Network, *2022 Childcare Portfolio*

CHILDCARE WORKFORCE SHORTAGE

Sources indicate there is an overall shortage of childcare workers in California. For the industry in general, pay is not especially good and approximately 58% of childcare worker families in the state receive some sort of public assistance. Many childcare workers lack higher education credits as many jobs in the field do not require anything more than a high school diploma. This combination of low pay and low expectations is not a good formula for having a quality childcare workforce. One strategy observed across California to address pay limitations and education requirements is unionizing childcare providers. Research indicates that while this may positively affect workers, shortcomings in the funding channels of unions can negatively impact already strapped families. Sources: *Early Childhood Workforce Index, 2020*; Christopher, B., March 2019 article for *CalMatters*

LOW INCOME CHILDREN AGES 3 AND 4 WHO ARE NOT IN PRESCHOOL

According to Kidsdata.org (2020), 46.3% of San Joaquin County children who are eligible are not enrolled in Preschool or Kindergarten.

STRENGTHS OF THE COMMUNITY

As indicated in this report, San Joaquin is a high need County. However, there are many strengths in the community that can be built upon.

San Joaquin is centrally located in California and is the main region for agriculture production in the State, adding many opportunities for employment beyond field work. Additionally, due to lower housing costs and the close proximity to the Bay area, it has become an attractive place for professionals to live, which brings additional resources and opportunities into the community. The area has a lot of opportunity due to a sophisticated transportation network comprised of an international deep-water port, major interstate highways, air, and rail services which connects businesses to the global economy. CAPK Early Head Start can play a crucial role in breaking the barriers of economic inclusion and poverty for families so they can be prepared to benefit from the economic stability available in this County.

CAPK 2024-2025 ANNUAL REVIEW AND UPDATE (DEI, HOMELESS, TK)

Diversity, Equity, and Inclusion

Diversity, Equity, and Inclusion (DEI) is the very foundation of our organization. San Joaquin County Head Start/Early Head Start (HS/EHS) programs strive to maintain an inclusive, equitable, culturally competent, and supportive environment where employees feel enriched. To ensure we maintain these standards in all that we do, we have established DEI initiatives that guide the agency and hold it accountable for integrating diversity, equity, inclusion, and cultural competence principles into all aspects of the workplace and community work. The key outcome of this oversight is to ensure a higher sense of belonging for employees, clients, and community stakeholders.

In our work with clients, we are equally committed to DEI by recognizing and respecting the unique identities, experiences, and needs of the diverse communities we serve. Programs and services are customized to address systemic inequities and remove barriers to access. This means providing culturally and linguistically appropriate resources, engaging with communities to co-design solutions, and fostering a welcoming environment where every client feels valued and respected. HS/EHS centers welcome children with neurodivergent developments and provide high-quality education tailored to each child. Additional assistance and referrals are in place to support families in helping their children excel in early childhood education and developmental milestones. These efforts ensure that every child and family has the opportunity to thrive in a supportive, inclusive environment that celebrates diversity and promotes equity in early childhood development and beyond.

Changes Related to Children and Families Experiencing Homelessness

The challenges faced by homeless youth and families in San Joaquin County have become increasingly urgent. According to the 2024 Point-in-Time (PIT) Count, the homeless population

in the county surged to 4,732 individuals, reflecting a 104% increase from 2022. Although detailed demographic data is pending, historical insights from the 2022 report reveal critical trends: families with children constitute a growing subset of the homeless population, particularly in urban areas like Stockton.

San Joaquin County HS/EHS programs play a vital role in mitigating the impacts of homelessness on young children. By providing access to early education, health services, and family support, these programs aim to create stability and resilience. Partnerships with local housing and social service agencies enhance efforts to serve homeless families effectively. Despite these interventions, the rising number of homeless families highlights persistent gaps in housing resources and support systems for young children and their families.

Changes to the Availability of Publicly Funded Pre-K

Publicly funded Pre-K programs in San Joaquin County have expanded significantly through the Universal Transitional Kindergarten (TK) initiative. Key updates include:

- **Universal TK Expansion:** School districts such as Manteca Unified, Lodi Unified, and Stockton Unified have implemented Universal TK programs at several sites, including Lathrop, Lodi, and multiple Stockton locations (California Street, Gianoni, Kennedy, and Marci Massei). These expansions ensure broader access to early learning opportunities.
- **Access Disparities:** While urban districts have made considerable progress, rural areas continue to face limited TK availability, leaving many families reliant on Head Start as their primary provider of early education.

Despite these advancements, challenges persist in ensuring equitable access across all regions of the county. Efforts are underway to bridge these gaps and facilitate smoother transitions for families moving between early education programs.

HEAD START CAN: BARRIERS, GAPS, AND AGENCY GOALS

Populations in Most Need of Services

Based on an analysis of the San Joaquin CNA, the populations most in need of services include:

1. **Families Experiencing Homelessness:** The dramatic increase in homelessness highlights the need for housing-first programs, shelter expansion, and family-centered services.
2. **Low-Income Families:** Persistent poverty, high food insecurity, and underemployment disproportionately affect single female-headed households.
3. **Rural Populations:** Geographic isolation and limited transportation options hinder access to healthcare, education, and other vital services.
4. **Children with Developmental Delays or Disabilities:** Families face challenges in accessing specialized services and inclusive education.
5. **Non-English Speaking and Immigrant Families:** Language and cultural barriers limit access to services, particularly for Spanish-speaking households.

Targeted interventions and expanded funding are required to address the overlapping challenges faced by these vulnerable groups.

Barriers and Gaps Identified

1. Homelessness and Housing Instability

- A 104% increase in the homeless population was reported between 2022 and 2024.
- Families experiencing homelessness face significant barriers to accessing housing and early education programs.

2. Access to Transitional Kindergarten (TK)

- While TK expansion is ongoing, rural areas face limited availability, leaving many families dependent on Head Start.
- Urban districts such as Stockton Unified have made progress, but equitable access remains a challenge.

3. Transportation Challenges

- Rural families struggle with minimal public transit options, limiting their access to Head Start centers and other essential services.

4. Healthcare Access

- The county faces a shortage of healthcare providers, particularly in rural areas designated as Health Professional Shortage Areas (HPSAs).
- Language barriers further complicate access to culturally responsive care.

5. Prevalence of Childhood Health Issues

- Rising rates of childhood obesity and asthma reflect a need for integrated health education and physical activity programs within early learning settings.

6. Language and Cultural Barriers

- Over 40% of households speak a language other than English, primarily Spanish, creating challenges in accessing linguistically appropriate services.

7. Childcare and Early Learning Shortages

- The shortage of childcare slots, particularly in rural areas, limits families' access to early education and support services.

8. Economic and Educational Challenges

- High poverty rates and low educational attainment among caregivers hinder economic stability and opportunities for families.
-

Agency Goals and Efforts to Address Barriers

1. Supporting Homeless Families

- Collaborating with housing organizations to expand emergency and transitional housing.
- Enhancing wraparound services to address education, transportation, and support needs for homeless families.

2. Improving Transitional Kindergarten Access

- Advocating for expanded Universal TK in rural areas and enhancing communication with families to support transitions from Head Start to TK programs.
- 3. Addressing Transportation Challenges**
 - Partnering with transit authorities to explore affordable and accessible transportation solutions.
 - Targeting rural transit gaps to connect families with critical services.
- 4. Enhancing Healthcare Access**
 - Working with healthcare providers to deliver culturally responsive care and increase access to screenings and immunizations.
 - Integrating health education into Head Start programs to address obesity, asthma, and other prevalent health issues.
- 5. Promoting Health and Nutrition**
 - Expanding nutrition education and physical activity programs for children and families.
 - Strengthening partnerships with local organizations to deliver comprehensive wellness initiatives.
- 6. Addressing Language and Cultural Barriers**
 - Recruiting bilingual staff and enhancing cultural competency training.
 - Developing accessible communication strategies to provide resources in families' preferred languages.
- 7. Expanding Childcare and Early Learning Opportunities**
 - Advocating for increased funding to reduce waitlists and expand early learning capacity.
 - Partnering with community organizations to address childcare shortages in underserved areas.
- 8. Supporting Economic and Educational Advancement**
 - Providing job training and educational support to empower families economically.
 - Promoting parental engagement and educational opportunities for caregivers.

Conclusion

San Joaquin County Head Start/Early Head Start is dedicated to addressing these barriers through collaborative and evidence-based strategies. By fostering partnerships, advocating for systemic changes, and prioritizing equity and inclusion, we aim to empower families and prepare children for lifelong success. These efforts reflect our unwavering commitment to providing high-quality early education and comprehensive family support services tailored to the evolving needs of our community.

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2024- 2025 Policy Council Planning Committee Monthly Meeting Schedule

All Meetings will be held virtually via Microsoft Teams on
the second Tuesday of the month at 5:30 p.m.

Tuesday, January 14, 2025
Tuesday, February 11, 2025
Tuesday, March 11, 2025
Tuesday, April 8, 2025
Tuesday, May 13, 2025
Tuesday, June 10, 2025
Tuesday, August 12, 2025
Tuesday, September 9, 2025
Tuesday, October 14, 2025

****Meeting dates subject to change, upon agreement of the committee***

Approved: January 14, 2025