Head Start
A Program of CAPK

Community Action Partnership of Kern
Head Start/State Child Development

POLICY COUNCIL MEETING PACKET

March 25, 2025

POLICY COUNCIL
STANDING COMMITTEES
March 2025

EXECUTIVE COMMITTEE

Chairperson: Ruby Cruz
Vice Chairperson: Christopher Cuzul
Secretary: Jennifer Wilson
Treasurer: Gabriela Rangel
Parliamentarian: Dominique Bassi

STANDING COMMITTEE MEMBERS

Board of Directors: Fatima Echeverria

BYLAWS
Chairperson: Dominique Bassi

1. Fatima Echeverria
2. Henrietta Castro
3.
4.
5.
6.

PLANNING
Chairperson: Christopher Cuzul

1. Gabriela Rangel
2. Maria Worthy
3. Michelle Jara-Rangel
4. Rene Williams
5.
6.

SCHOOL READINESS
Chairperson: Jennifer Wilson

1. Alejandra Verduzco
2. Ashley Trent
3. Kaylonie Howard
4.

BUDGET & FINANCE
Chairperson: Gabriela Rangel

1. Nallely Leon Delgado
2. Rene Williams
3. Ruby Cruz
4.
5.
6.

LEGEND:	
Attended	X
Did Not Attend	ABS
Attended Another CAPK Function	
Meeting Not Held	
Membership Terminated	
Absent Due to Weather Conditions	
Resigned	R
Special Call Meeting	SC
Executive Committee Meeting	EC
Not Yet Elected to Policy Council	

Policy Council Attendance 2024 - 2025

#	REGION 1	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Jennifer Wilson - Pete Parra	X	X	X	X								
2	Vacancy												
3	Vacancy												
4	Vacancy												
#	REGION 2	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Christopher Cuzul - Alberta Dillard	X	X	X	X								
2	Ruby Cruz - Alberta Dillard	X	X	X	X								
3	Maria Worthy - Alicante	X	X	X	X								
4	Fatima Echeverria - Angela Martinez	X	ABS	X									
#	REGION 3	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Alejandra Verduzco - Primeros Pasos	X	X	X	X								
2	Kaylonie Howard - Sterling	X	X	X	X								
3	Vacancy												
4	Vacancy												
#	REGION 4	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Ashley Trent - California City	X	X	X	X								
2	Gabriela Rangel - California City	X	X	X	X								
3	Rene Williams - Harvey Hall	X	X	X	X								
4	Dominique Bassi - Heritage	X	X	X	X								
#	REGION 5 - Home Base	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Nallely Leon Delgado - A. Johnson	ABS	X	X	X								
2	Vacancy												
#	REGION 5 - Partnership	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Henrietta Roberta Castro - Blanton	X	X	X	X								
#	REGION 6 - San Joaquin	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Michelle Zazueta - California Street	ABS	X	X	ABS								
2	Vacancy												
#	Community Representatives	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Vacancy												
2	Vacancy												
3	Vacancy												
#	Board Member	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025
1	Michelle Jara-Rangel	X	ABS	X	X								

Policy Council Standing Committee
Attendance Sheet
2024 – 2025

Budget & Finance Committee										
Member	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**Jun.**	**Jul.**	**Aug.**	**Sept.**	**Oct.**
Gabriela Rangel	**X**	**X**	**X**							
Rene Williams	**X**	**X**	**X**							
Ruby Cruz	**X**	**X**	**X**							
Nallely Leon		**ABS**	**ABS**							

Planning Committee										
Member	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**Jun.**	**Jul.**	**Aug.**	**Sept.**	**Oct.**
Christopher Cuzul	**X**	**ABS**	**X**							
Gabriela Rangel	**X**	**X**	**X**							
Maria Worthy	**X**	**X**	**X**							
Michelle Jara-Rangle	**X**	**X**	**X**							
Rene Williams	**X**	**X**	**X**							

School Readiness Committee

Member	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.
Jennifer Wilson		X	ABS							
Alejandra Verduzco		X	X							
Ashley Trent		ABS	X							
Kaylonie Howard		ABS	X							
Michelle Zazueta		X	R							

Bylaws Committee

Member	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.
Dominique Bassi		X								
Fatima Echeverria		X								
Henrietta Castro		X								

Board of Directors

Member	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.
Fatima Echeverria	X	X								

Legend	
Attended	X
Did Not Attend	ABS
Attended Another CAPK Function	
Resigned	R
Terminated	
No Subcommittee Meeting Held	
Not Yet Elected to Subcommittee	
Absent Due to Weather Conditions	
Excused Absence	ABS*

DATE	March 25, 2025
TIME	5:30 p.m.
LOCATION	CAPK Administrative Office Executive Conference Room 1300 18th Street Bakersfield, CA 93301
TEAMS LINK	Join the meeting now
PHONE	(213) 204-2374
MEETING ID	238 491 886 803

Policy Council Meeting Agenda

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

1. **Call to Order**
   a. Roll Call

Ashley Trent	Gabriela Rangel	Michelle Jara - Rangel
Alejandra Verduzco	Henrietta Roberta Castro	Nallely Leon Delgado
Christopher Cuzul	Jennifer Wilson	Rene Mayhorn Williams
Dominque Bassi	Kaylonie Howard	Ruby Cruz
Fatima Echeverria	Maria Worthy	

2. **Public Comments**
   The public may address the Policy Council on items that are not on the agenda. Speakers are limited to 3 minutes. If more than one person wishes to address the same topic, the total group time for the topic will be 10 minutes. Please state your name before making your presentation.

3. **Presentation**
   a. None

4. **Consent Agenda** ***Action Item***
   The Consent Agenda consists of items that are considered routine and non-controversial. These items are approved in one motion unless a member of the Council or the public requests removal of a particular item. If comment or discussion is requested, the item will be removed from the Consent Agenda and will be considered in the order listed –

   a. Policy Council Meeting Minutes – February 25, 2025 ***(p. 8-13)***
   b. Policy Council Budget & Finance Committee Meeting Minutes – February 18, 2025 ***(p. 14-16)***
   c. Policy Council Planning Committee Meeting Minutes – March 11, 2025 ***(p. 17-20)***
   d. Policy Council School Readiness Committee Meeting Minutes – March 13, 2025 ***(p. 21-22)***
   e. Head Start Budget to Actual Report, March 1, 2024, through January 31, 2025 ***(p. 23-25)***
   f. Early Head Start Budget to Actual Report, March 1, 2024, through January 31, 2025 ***(p. 26-28)***
   g. Head Start (No Cost Extension) Budget to Actual Report, March 1, 2023 through January 31, 2025 ***(p. 29-30)***
   h. Early Head Start (No Cost Extension) Budget to Actual Report, March 1, 2023 through January 31, 2025 ***(p. 31-32)***
   i. Head Start and Early Head Start Kern Non-Federal and In-Kind Report, March 1, 2024, through January 31, 2025 ***(p. 33)***
   j. Early Head Start Childcare Partnerships Non-Federal Share and In-Kind Report, March 1, 2024 through January 31, 2025 ***(p. 34)***

k. Head Start Building Proceeds for Central Kitchen as of January 31, 2025 ***(p. 35-36)***
l. Parent Travel & Childcare through January 31, 2025 ***(p. 37)***
m. Parent Activities through January 31, 2025 ***(p. 38)***
n. Independent Audit Report Fiscal Year 2023-2024 ***(p. 39-40)***
o. Head Start Program Review & Evaluation Report – February 2025 ***(p. 41-42)***
p. Letter of Resignation – Michelle Zazueta, March 3, 2025 ***(p. 43)***
q. ACF-OHS-IM-25-03 Promoting Healthy Eating and Nutrition for Head Start Children and Families – Issuance Date: March 19, 2025 ***(p. 44-54)***
r. 5th Annual Spring Gathering – March 29, 2025, Bakersfield American Indian Health Project, Bakersfield, CA ***(p. 55)***
s. Astronomy in the Park – April 8, 2025, Shumway Oak Grove Regional Park, Stockton, CA ***(p. 56)***
t. Museums for All – Bakersfield Art Museum, Buena Vista Museum of Natural History and Science, Bakersfield, CA ***(p. 57)***
u. Backpack Connection Series: How to Use Positive Language to Improve Your Child's Behavior (English/Spanish) ***(p. 58-59)***
v. Head Start Recruitment Flyer (English/Spanish) ***(p. 60-61)***
w. Early Head Start San Joaquin Flyer (English/Spanish) ***(p. 62-63)***
x. Home Visiting Program Flyer (English/Spanish) ***(p. 64-65)***
y. Budget & Finance Committee Meeting Dates ***(p. 66)***
z. Bylaws Committee Meeting Dates ***(p. 67)***
aa. Planning Committee Meeting Dates ***(p. 68)***
bb. School Readiness Committee Meeting Dates ***(p. 69)***
cc. Policy Council Meeting Dates ***(p. 70)***

5. <u>New Business</u>
a. Election of Ian Anderson as Community Representative to the Policy Council - ***Action Item (p. 71)***
b. Election of Ian Anderson as a member of the Policy Council School Readiness Committee - ***Action Item***
c. Kern County Community Assessment – Rosa Guerrero, Administrative Analyst - ***Informational Item (p. 72-129)***
d. San Joaquin Community Assessment – Rosa Guerrero, Administrative Analyst - ***Informational Item (p. 130-164)***

6. <u>Standing Reports</u>
a. Program Governance – Lisa Gonzales, Program Governance Coordinator
b. Board of Directors – Michelle Jara-Rangel, CAPK Board Member
c. Head Start/State Child Development – Yolanda Gonzales, Head Start/State Child Development Director

7. <u>Policy Council Chairperson Report</u>

8. <u>Policy Council Member Comments</u>

9. <u>Next Scheduled Meeting</u>

10. <u>Adjournment</u>

This is to certify that this agenda notice was posted in the lobby of the CAPK Administrative Office at 1300 18th Street, Bakersfield, CA and online at www.capk.org by 12:00 p.m. on March 21, 2025 by Lisa Gonzales, Program Governance Coordinator.

COMMUNITY ACTION PARTNERSHIP OF KERN
POLICY COUNCIL MEETING MINUTES
February 25, 2025
CAPK Administrative Office
1300 18th Street, Bakersfield, CA 93301

1. **Call to Order**

The meeting was called to order at 5:33 p.m.

a. Roll call was taken, and a quorum was established.

Policy Council Members Present: Ashley Trent, Alejandra Verduzco, Christopher Cuzul, Dominique Bassi, Fatima Echeverria, Gabriela Rangel, Henrietta Roberta Castro, Jennifer Wilson, Kaylonie Howard, Maria Worthy, Michelle Jara-Rangel, Nallely Leon Delgado, Rene Mayhorn Williams, Ruby Cruz

Policy Council Members Absent: Michelle Zazueta

2. **Public Comments**

The public may address the Policy Council on items not included on the agenda at this time. However, the Policy Council will take no action other than that of referring the item(s) to staff for study and analysis. Speakers are limited to three minutes. If more than one person wishes to address the same topic, the total group time for the topic will be 10 minutes. Please state your name before making your presentation.

None

3. **Committee Verbal Reports**

a. **Budget & Finance Committee**

The Budget & Finance Committee met on February 18, 2025. The committee reviewed all financial reports for the period ending December 31, 2024. These reports included the Parent Activity funds, local travel and childcare reimbursement as well as the Head Start and Early Head Start budget to actuals and more. In reviewing the non-federal share, in-kind totals, the program had exceeded its requirement and was at 108%, which is equivalent to just over $15 million. It was shared with the committee that the program will be undergoing a Federal Review sometime this year and members were invited to participate in the governance component of the review process if interested. The next meeting of the Budget and Finance Committee will take place on March 18, 2025.

b. **Bylaws Committee**

The Bylaws Committee held its first meeting on February 4, 2025 during which all future meeting dates were approved. An overview about the function and purpose of the committee along with the members' responsibilities was shared and discussed. Articles for potential revision within the bylaws were loosely touched upon with more thorough in-depth discussion to take place when the committee convenes to review the document in its entirety. The Bylaws Committee will meet next on April 1, 2025.

c. **Planning Committee**

The Planning Committee met on February 11, 2025. The Division Program Activity Report was shared for the month of February with both Head Start and Early Head Start reporting 100% enrollment. Additionally, 10% of children enrolled in the program had an Individualized Education Plan while 29% of children had an Individual Family Service Plan. There was a total of 66,455 meals delivered with 60,243 of those meals prepared by Central Kitchen. It was shared that the Enrollment & Attendance Department conducted intake clinics every Wednesday at the CAPK Administrative Office. Additionally, the education team provided Classroom Assessment Scoring System (CLASS) Training for assistant teachers and classroom aides. The next Planning Meeting will be held on March 11, 2025.

d. **School Readiness Committee**

The School Readiness Committee met on February 13, 2025. A brief overview of the education team and the tools that are utilized to measure interactions, curriculum implementation and child assessments was provided to members. Various opportunities for family involvement in lesson planning and curriculum implantation were provided to the committee. The development process of school readiness goals was discussed, and members were reminded that they are their child's first teacher, and their home is their

first classroom. Members also shared with each other their name and their thoughts on school readiness and what it means to them. Information on the upcoming Read Across America event and activities was provided to members as well.

4. <u>Presentations</u>

a. Center Days – Icela Gutierrez Cuevas, Head Start Teacher – Taft Child Development Center, Oralia Vidal, Early Head Start Teacher – Sterling Child Development Center

Icela Cuevas, who is a Head Start teacher at the Taft Child Development Center introduced herself to the Council and then provided members with an overview as to what a "typical day" at the center would look like. She shared established daily routines such as health checks, hand washing, etc. noting that children are always learning, and that each child is full of so much potential. Icela stated that the Head Start program is not "babysitting" teachers have their degrees, and there is so much that children can learn from Head Start. She also spoke about lesson planning, and how each child is different and that observations help to determine how much support a child might need and in what particular area. Icela continued and shared examples of the classroom curriculum studies, adding how easily they are relatable to daily life. She stressed the importance of treating children with respect and creating good relationships with them. She spoke about working as a team noting that Head Start is not just about ABCs and numbers, it is about how children are going to make friends, how they will learn to identify and communicate their feelings, how to use words to express themselves and more. In many cases this experience is a child's first classroom setting and the goal is to thrive in all areas. It was asked what would staff say to a parent who is fearful of enrolling their child because the child "might get hurt"? Icela responded, stating that she would encourage the parent to come in and observe the setting and to participate in an activity. She added that parents are always more than welcome to come into the classroom. In continuing to speak to how to assure parents about their child's safety, Icela also noted that there are always several pairs of staff eyes everywhere, always observing children and the surrounding areas, zoning. Staff also utilize the practice of teacher talk, speaking aloud, counting children, voicing when a teacher is stepping away, etc. Icela spoke to the importance of creating a good relationship and building a bond with parents because at the end of the day the parent and teacher are both working together to make sure that children are learning and growing.

Oralia Vidal, an Early Head Start teacher from the Sterling Child Development Center, showed members a poster filled with pictures of children from the center, and provided members with a copy of her classroom's daily schedule. She noted that it takes a lot of teamwork, and she is grateful for her team. Oralia also acknowledged Lizette Bravo as her mentor, past supervisor, and a source of support as she encouraged Oralia to continue her education and earn her associate degree and bachelor's degree. Oralia shared that her outlook is that she does not come to "work" she comes to "play" and that she has the best job! In referring to the visual poster which outlined all the various elements of the day, Oralia reminded members that sometimes it is not only parents who bring their child to school, it can be a grandparent or foster parent. When children arrive, they receive a health check, staff engage with the child as well as the parent/caregiver dropping them off. She continued sharing the balance of morning routines, adding that she (along with all staff) is there to support the whole family, not just the child. Oralia continued and spoke to toothbrushing, diapering, group time, outdoor play, the emotional comfort provided to children and more. She added that she loves her job with the 2-year-olds and is incredibly happy and would not be anywhere else and invited members to visit the Sterling Center. Oralia stated it takes a village to raise a child and Community Action Partnership (Head Start) is the village. It was asked what the youngest age is that a child can be at the center; Oralia stated it is 6-weeks old. She also shared a story of a mother who brought her baby to the center but was also able to "visit" and nurse the infant which was a beautiful experience for both the mother and child. This experience was not only permitted by her employer but also made possible by the program which provided the space and comfort for that bonding time.

5. Consent Agenda ***ACTION**

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a. Policy Council Meeting Minutes – January 28, 2025
b. Policy Council Budget & Finance Committee Meeting Minutes – January 21, 2025
c. Policy Council Bylaws Committee Meeting Minutes – February 4, 2025
d. Policy Council Planning Committee Meeting Minutes – February 11, 2025
e. Policy Council School Readiness Committee Meeting Minutes – February 13, 2025
f. Head Start Budget to Actual Report, March 1, 2024, through December 31, 2024
g. Early Head Start Budget to Actual Report, March 1, 2024, through December 31, 2024
h. Head Start (No Cost Extension) Budget to Actual Report, March 1, 2023 through December 31, 2024
i. Early Head Start (No Cost Extension) Budget to Actual Report, March 1, 2023 through December 31, 2024
j. Head Start and Early Head Start Kern Non-Federal and In-Kind Report, March 1, 2024, through December 31, 2024
k. Early Head Start Childcare Partnerships Non-Federal Share and In-Kind Report, March 1, 2024 through December 31, 2024
l. Head Start Building Proceeds for Central Kitchen as of December 31, 2024
m. Parent Travel & Childcare through December 31, 2024
n. Parent Activities through December 31, 2024
o. Head Start Program Review & Evaluation Report – January 2025
p. Take Action – National Head Start Association
q. 9-1-1 Guide
r. Important Documents – UFW Foundation (English/Spanish)
s. Beale Memorial Library – Bakersfield, CA
t. Backpack Connection Series: How to Plan Activities to Reduce Challenging Behavior (English/Spanish)
u. Pyramid Model Leadership Newsletter – February 2025
v. Winter Coat Giveaway & Winter Health Check-In – March 1, 2025, California City, CA
w. Bob McMillen Memorial Fishing Tournament – March 1, 2025, Oak Grove Regional Park, Stockton, CA
x. Smog Repair Event – March 1, 2025, Lodi Grape Festival, Lodi, CA (English/Spanish)
y. Read Across America Spirit Week Themes – March 3, 2025 – March 7, 2025
z. Save the Date CAPK Head Start/Early Head Start Read Across America 2025 – March 4, 2025
aa. Astronomy in the Park – March 8, 2025, Shumway Oak Grove Regional Park, Stockton, CA
bb. Snow Day – March 8, 2025, Quail Lake Baptist Church, Stockton, CA
cc. The Inaugural It Hurts to Heal Women's Conference – March 28, 2025, The Collective, Bakersfield, CA
dd. Head Start Recruitment Flyer (English/Spanish)
ee. Early Head Start San Joaquin Flyer (English/Spanish)
ff. Home Visiting Program Flyer (English/Spanish)
gg. Budget & Finance Committee Meeting Dates
hh. Bylaws Committee Meeting Dates
ii. Planning Committee Meeting Dates
jj. School Readiness Committee Meeting Dates
kk. Policy Council Meeting Dates

Jennifer Wilson made a motion to approve items (a) through (kk); seconded by Christopher Cuzul. Motion carried unanimously.

6. New Business ***ACTION**

a. **2024-2025 Head Start/Early Head Start Budget Revision – Jerry Meade**

Jerry shared that he will be going over in depth, the 2024-2025 Head Start/Early Head Start Budget Revision as well as the accompanying budget detail supporting this request. He shared that as the end of the fiscal year approaches, the program spends some time evaluating the expenditures that have been made by each category to ensure that the funding received from the Office of Head Start is or will be fully expended by the end of the fiscal year. Jerry shared that through ongoing monitoring whenever additional funding is identified in a particular category or overtures in other categories that money is realigned within those major categories to ensure that we are in compliance with the Office of Management and Budget. He noted that if a program sees that there will be a savings in one category that exceeds the $250,000 threshold, the program cannot simply "move that money"; a request to do so must be made to the Office of Head Start. In continuing Jerry stated that is what is being proposed to the Council with this request. Data has been reviewed in tandem with the Finance Department and savings in major categories have been identified. In looking at various program projects and determining those with the highest priority, is how it is determined which category the reallocation of funds would be best utilized. He exampled that there have been additional expenditures within the current Central Kitchen project that will need to be covered therefore that is one area that has been included to receive additional funds in the budget revision request and is noted in the budget detail. There was also discussion with regard to the purchase of an additional property or site in San Joaquin County. The program spends a significant amount of money in leasing properties and to potentially be able to acquire a physical building we own, similar to sites we have in Kern would be advantageous. Jerry continued through the balance of the budget detail noting areas of savings and the categories to which the program would like to move the additional dollars. An opportunity was provided to members for questions. It was asked how determination is made, as to what center or centers will receive shade structures. Jerry noted that it is based upon need. He exampled that a center may potentially have a shade structure, but it is in disrepair and repair may be more expensive than a replacement or if a newer facility did not have a permanent shade structure and the site was using pop up structures, with staff putting them up daily, then that would be a high need. Additionally, clarification was provided as related to a column header on the budget detail. It was asked if/when the budget revision is approved by the Office of Head Start, can the program then move forward with projects as outlined in their request to which this was confirmed. It was also stated that should all governing bodies approve the submission of the budget revision to the Office of Head Start and the Office of Head Start also approves the request, staff will return to the governing bodies with all the paperwork for the property purchase in San Joaquin County and request approval. Continued robust discussion ensued along with an additional handful of inquiries to which all were addressed. Dominique Bassi made a motion to approve; Ashley Trent seconded. Motion carried unanimously.

7. Standing Reports

a. **Program Governance – Lisa Gonzales, Program Governance Coordinator**

Lisa applauded the wonderful presentation made by the center staff and thanked members for their attendance as well. She added that the presentation topic was a result of the survey sent to the Council asking what topics they would like to hear more about. She added that next month, again as a result of the survey, the presentation will be on illnesses that are more likely to occur in a childcare setting, such as RSV, hand, foot, and mouth disease, etc.

Lisa also shared that with the spring season upon us, that means it is time once again to conduct Regional Parent Committee meetings with the goal of filling vacant seats on the Policy Council. She asked the center staff to support this endeavor by encouraging parents to participate in their parent meetings to allow them to potentially be elected to serve as a Regional Parent Committee representative. Lisa shared that there is space for twenty-five members on the Council with a majority reserved specifically for parents of children enrolled in the program. She added we currently have fifteen members which includes one Board member. Lisa also encouraged members to speak to other parents at their center sharing their Policy Council story and encouraging them to participate. She added that flyers have been sent to centers as well, in order to promote the Policy Council and staff have received an informational handout to better acquaint

them with this component of the program. Lisa also shared that next month the Council will have a prospective Community Representative. The applicant will be present at the next Policy Council meeting and members will hear a little more about him and the agency he represents.

In closing Lisa encouraged those members who completed the request for Parent Mileage Reimbursement to also complete a direct deposit form as this process makes it much easier for the Finance Department and also allows members to receive their funds in a much quicker manner.

b. **Board of Directors – Michelle Jara-Rangel, CAPK Board of Directors Representative**
Michelle stated that the Board of Directors met on January 27, 2025. Chief Executive Officer Jeremy Tobias reported the appointment of District 2 Supervisor, Chris Parlier, and Policy Council Representative Fatima Echeverria to the CAPK Board of Directors with subsequent approval of the appointees. The Head Start Child Development Division monthly report was removed from the consent agenda for further discussion. Upon conclusion of discussion the item was approved. There were eight new business items, four items were informational only and four were action items. Information items included but were not limited to the agreement for the merger and integration of the California Veterans Assistance Foundation, the CAPK Employee Giving program and more. Among the approved action items were a contract with Pulser Construction for additional construction at Sterling Child Development Center, the November 2024 financials, and a new program contract for the CalAIM program. However, the new job descriptions for this program were not approved and were instead referred to the Personnel Committee. Fatima Echeverria provided the Policy Council report to the Board which was then approved. The CEO provided information on the National Community Action Foundation Master Class Series. This is on-demand training which Board Members and senior staff will be required to complete within a four-month period. Board Officers were elected, and the outcomes were as follows: Maritza Jimenez, Chairperson, Denise Boshers, Vice-Chairperson, Gina Martinez, Secretary, and Michelle Jara-Rangel, Treasurer. Michelle noted that this is the first time there has been an all-female Executive Board. Michelle also shared that the Board did convene in closed session for two agenda items however one item was cancelled because it was addressed in regular session. In closed session the Board approved a 2% merit increase for the CEO along with a one-time 4% contribution to the CEOs 457B account as well as reimbursement to the CEO for monthly dues associated with social or networking clubs. The Board also approved establishing a similar policy for executive management staff. The next Board meeting will be held on February 26, 2025.

c. **Head Start/State Child Development – Yolanda Gonzales, Head Start/State Child Development Director**
Yolanda expressed her gratitude in attending the meeting and for the opportunity to welcome return members and to meet new members. She stated that there is a lot of good news to share about things taking place within the program.

Yolanda shared information about the upcoming Read Across America event. There will be a variety of activities taking place at centers including spirit week, March 3-7, 2025. The Read Across America Reception will be held on March 4, 2025. Guest readers will have the opportunity to hear from key staff, enjoy morning treats, and pick out a book to read to a designated center. Yolanda added that reading to children at the center is always such a wonderful experience. She shared they are always ready to give hugs and enjoy seeing guests visit; their excitement is the cure for anyone having a difficult day!

In sharing some education highlights, the Shafter Head Start took one item and turned it into another as they studied Reduce, Reuse, Recycle. They also had a male involvement “dance off.” Shafter Early Head Start focused on nutrition and healthy eating. They even had a parent meeting guest speaker from Kern Family Healthcare who provided tips for children and families on providing healthy eating habits. The Volunteer Income Tax Assistance program presented information to the Taft Child Development Center families on the services they provide.

Yolanda spoke about how proud she is of the teachers who provided a presentation this evening, adding that they did an amazing job. She also reminded everyone about reading to a center for the Read Across

America event. In continuing to share events throughout the program, Harvey Hall had a Friendship Potluck for staff to show teamwork, teachers are having outdoor play in support of the exercise study and are doing Zumba outside. Yolanda shared that the program has had licensing visits, which have all been great and there were no findings during those visits. There were a lot of Valentine's Day celebrations, as well. Tehachapi had the opportunity to take advantage of the great weather and had outdoor exploration. During the month of December, the Home Visiting Program had twenty-five vendors that attended their social and provided services and resources to the 150 families that participated in the event. Yolanda also shared that there are six childcare sites fully enrolled in the Family Child Care option, which is extremely exciting. Yolanda noted that when the program first received the grant for Stockton it was for Early Head Start only and now staff will be making a request to the Board of Directors to add 153 slots in San Joaquin County to serve pre-K and expand our services in that area. This is the first time we will be doing that, and this will provide an opportunity for our toddlers to transition to our pre-K program.

In closing Yolanda thanked members for their support and thanked staff for all the amazing work they do.

8. Policy Council Chairperson Report

Ruby thanked everyone for attending the meeting, adding that she was happy to see center teaching staff attend the meeting and that she would (personally) love to see staff from all the centers come out. Ruby stated it was great to hear their schedule of the day and the routines that take place. She added that there is a purpose to what they do, and they are not babysitters they are teaching our children so much. There is so much learning taking place from numbers to letters to learning how to print their name and more. Ruby shared that she is so happy that her children as well as members' children are a part of all that learning. In closing Ruby again expressed her gratitude and thanked center staff.

9. Policy Council Member Comments

Members had an opportunity to share a comment if they would like.

Henrietta Castro shared that with funds raised by Blanton Academy, they were able to host a petting zoo for the children and parents. The children enjoyed seeing and petting chickens, goats, and other baby animals. The fundraiser was so successful they are able to host an Easter family event as well.

Jennifer Wilson shared that it was awesome to hear from the teaching staff about the daily routines, which her son also has at the center he attends and added that the presentation just reinforced her gratitude that her son gets to be a part of the Head Start program.

Michelle Jara-Rangel shared that the Bakersfield American Indian Health (BAIH) project is beginning construction on a new 54-unit transitional behavioral health house track. This will serve people with mental health issues, substance abuse and will also have a wing for families in need of transitional housing. They (BAIH) have also opened a new clinic in Lake Isabella and are serving the whole community, not only Native Americans. BAIH is also working on building an emergency psychiatric ward next to their current clinic in Bakersfield. Michelle stated that there is a lot of new things taking place in the community including BAIH contracting with Kern Health Systems to serve the entire community in Kern, again not only the Native American population. She encouraged members to keep an eye out for those projects.

Nallely Delgado shared that the meeting was very good, and it was great to hear insights from the teachers who presented.

10. Adjournment

The next Policy Council meeting will be held on March 25, 2025 at 5:30 p.m. in the Board Room. The meeting was adjourned at 6:54 p.m.

Community Action Partnership of Kern
Head Start / State Child Development
Policy Council Budget & Finance Committee Meeting Minutes
February 18, 2025
Audio Only: (213) 204-2374 Phone Conference ID: 263 725 286#

1. **Welcome**
   Members were welcomed to the meeting.

2. **Call to Order**
   a. The meeting was called to order at 5:32 p.m.

3. **Roll Call and establish Quorum (half plus one)**
   a. Quorum was established.
   b. Members present: Rene Mayhorn Williams, Ruby Cruz, Gabriela Rangel
   c. Members not present: None

4. **Approval of Agenda**
   Rene Mayhorn Williams made a motion to approve the agenda dated February 18, 2025; seconded by Gabriela Rangel. Motion carried.

5. **Approval of the Minutes**
   Rene Williams made a motion to approve the minutes dated January 21, 2025; seconded by Ruby Cruz. Motion carried unanimously.

6. **Introduction of Guests**
   Guests in attendance were Louis Rodriguez, Finance Administrator, Sylvia Ortega, Quality Assurance Administrator, Mayra Langer, Quality Assurance Manager, and Lisa Gonzales, Program Governance Coordinator.

7. **Public Forum**
   (The public wishing to address the Policy Council Budget & Finance 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** – Louis Rodriguez, Finance Administrator
   The Head Start Budget to Actual report for the period from March 1, 2024 through December 31, 2024 was presented to the committee for review and highlights of such were discussed. It was stated that the Head Start grant base funds were 89% expended with training and technical assistance funds at 100% expended. Louis also stated that our Non-Federal Share (inkind) is at 114%, which is great, noting that we have not only reached our non-federal share goal for the current fiscal year as was shared last month but we have exceeded our goal. Louis noted there are still two months of reporting left for this budget period so that number will increase even more.

   The Early Head Start budget report for the same reporting period was shared. Base funds are 69% expended and training and technical assistance 70% expended. Committee members had no questions about these reports.

   In continuing to review the balance of financial reports, the Head Start No-Cost Extension report for the period beginning March 1, 2023, through December 31, 2024,

was also shared and reviewed. Louis stated that this report reflects twenty-two of the twenty-four-month reporting period. In continuing to give more information about this report, Louis stated this No-Cost Extension granted by the Office of Head Start will allow for completion of ongoing capital projects benefiting our Head Start program. Base funds for the Head Start grant were 99% expended, with training and technical assistance also at 99% expended. There were no questions posed by committee members.

Details of the Non-Federal Share Report were provided as well. The reporting period was March 1, 2024 through December 1, 2024.

In reviewing the Head Start building proceeds for the Central Kitchen, it was shared that as of December 31, 2024, 14.4% of this project's budget has been spent.

The parent local travel and childcare report was provided for the period ending December 31, 2024. It was noted there was $178.99 in Head Start expenditures and Early Head Start had expenditures of $180.83. In reviewing the parent activities report it was shared there has been $2310.44 expended from the Head Start grant and $1322.93 expended from the Early Head Start grant for the period ending December 31, 2024.

Lisa commended Louis and committee members for taking the time during last month's meeting to go over budget report definitions and to hear examples of such to support providing a better understanding of the standing reports they review each month.

9. <u>Announcements</u>

Rene shared that construction is underway on the offices for Family Service Workers.

Sylvia informed the committee that the program is gearing up for a Focus Area 1 review and invited those members of the committee who were interested to participate in the review. She continued and shared that the review will be looking at the program as a whole to assess if it is implementing strategies and practices to ensure we are meeting our program goals as well as meeting the Head Start Program Performance Standards. Rene inquired as to what participating in the review will entail. Sylvia stated that it would depend upon one's availability, however she would appreciate it if those who are interested could attend at least one meeting, however attendance at a series of three (short) meetings would be great. It was added that the protocol would be reviewed and that the review team always likes to speak with the governing board (CAPK Board of Directors) and the Policy Council. Rene stated that he will give the offer some consideration.

Lisa reminded members about the upcoming Policy Council meeting, next Tuesday, February 25, 2025, adding that there will be action items requiring a vote and therefore attendance is even more crucial. She asked if members know they will not be able to attend, to please notify her.

Gabriela asked if the Read Across America event held on any day in March or only on the date stated on the flyer. Lisa shared that there is a series of Spirit Week Activities taking place each day during that first week in March, however parents and other volunteers are welcome at any time to read a story to their child's center or to any center, not just during the Read Across America event. Lisa stated that parental involvement is welcomed, and parents are encouraged to be involved and to participate in any capacity that their schedule allows.

The next Policy Council Budget & Finance meeting will be held via Microsoft Teams on Tuesday, March 18, 2025.

10. <u>Adjournment</u>

The meeting was adjourned at 5:49 p.m.

Community Action Partnership of Kern Head Start/State Child Development
Policy Council Planning Committee Meeting Minutes
March 11, 2025
Audio Only: (213) 204-2374 Phone Conference ID: 259 197 7000 163

1. **Welcome**
   Christopher Cuzul welcomed members to the meeting.

2. **Call to Order**
   a. Christopher Cuzul called the meeting to order at 5:30pm.

3. **Roll Call and establish Quorum (half plus one)**
   a. Quorum was established.
   b. Members Present: Christopher Cuzul, Gabriela Rangel, Michelle Jara-Rangel, Maria Worthy & Rene Mayhorn Williams
   c. Members not present: None.

4. **Approval of Agenda**
   a. Motion to approve the agenda dated March 11, 2025, was made by Gabriela Rangel; Maria Worthy seconded. Motion carried unanimously.

5. **Approval of Minutes**
   a. Motion to approve the minutes dated February 14, 2025, was made by Rene Mayhorn Williams; Gabriela Rangel, seconded. Motion carried.

6. **Introduction of Guests**
   Guests in attendance tonight were Robert Espinosa, Program Design and Management Administrator; Jerry Meade, Assistant Director; Sylvia Ortega, Quality Assurance Administrator; Rosa Guerrero, Administrative Analyst; Leticia Villegas, Program Assistant, Translator; Myra Langer, Quality Assurance Manager; and Lisa Gonzales, Program Governance Coordinator.

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. February Division/Program Monthly Report – Robert Espinosa, Program Design and Management Administrator – **Informational Item**

   Robert presented the February Program Monthly report. The reportable monthly enrollment for Early Head Start was 740, putting the program at 98% of the target goal of 753. Head Start reported 936 of the funded enrollment putting the program at 100% of its target enrollment of 936. For diagnosed disabilities year to date, Early Head Start is at 32% of the annual progress; Head Start is at 10% of the annual progress. In the over income category (101% to 130% range) we are at 2%; for the over income range of 131% and above we are at 10%. The Home Visiting program reported 265 monthly enrollments with a total of 335 year-to-date of the total goal of 310 for the year.

   The Central Kitchen prepared and provided a total of 58,199 meals. The Child and Adult Care Program (CACFP) delivered a total of 72,330 meals; 75% of those meals were served. Total community services and eligibility determination for Household Services was 104 with a year to date of 220.

For "Progress Towards our Goals" relating to Program Options, the Family Child Care partnership program contracted with six (6) Family Child Care Partnerships as of February 28, 2025, which is funded for 10 Head Start and 20 Early Head Start slots.

Head Start and Early Head Start classrooms have begun focusing on cognitive school readiness objectives. Program is using the Bags Guide for Early Head Start and implementing the "Reduce, Reuse, Recycle" Study for Head Start. On February 28, 2025, a recruitment event took place at East Bakersfield High School.

b. Kern and San Joaquin Counties Community Assessment Update 2024 – Rosa Guerrero, Administrative Analyst – **Informational Item**

Rosa presented the Kern County Community Assessment. She explained these assessments guide both Head Start and Early Head Start programs and reflect any weaknesses and strengths found in the community. In Kern County the most notable information is as follows:

There are an estimated 68,000 children that are zero to five in Kern County; approximately 60% are in the zero to two group. About half are female (49%) are (51%) are male. In the language category almost 45.2% of the children ages 5 and older spoke a language other than English. Most of the children are Spanish speaking. Unemployment figures for March 2023 increased about 2% compared to 2022. Approximately eighteen percent of Kern County residents live in poverty, which is higher than both the state and national average. 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, 26.2% of all Kern County homeowners with a mortgage paid 35% or more of their household income on housing. Renters paid a higher percentage of their income on housing, with almost half of the renters spending 45% or more of their household income on rent. Substandard housing is also common in Kern County. An assessment conducted in 2013-2023 shows 54% of housing in the county is substandard depending on the cities and areas. Maricopa and California City rank as the cities with the highest percentage of substandard housing. Transportation also poses challenges in Kern County, particularly in rural areas.

Data regarding barriers to mental health care access was also discussed. There are 59 psychiatric hospitals in Bakersfield with 10 mental health facilities and three of those accepting patients for hospital treatment. This limited access to care and the low ratio of professionals also affects those seeking treatment for substance use disorders. For 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 9th and 12th graded without out a diploma, 27.5% were high school graduates (or equivalent); 22.3% pf the residents had some college experience without a degree; 11.4% had a bachelor's degree and 5.7% had a Graduate or Professional degree.

According to the Kern County PIR, more than 1,236 parents of Head Start and Early Head Start are employed or active military duty. Some additional information regarding English as a second language states that among Head Start and Early Head Start in Kern County, 29% of residents spoke another language at home.

When analyzing health data, asthma, obesity and diabetes are the top three categories that affect the health of children. Currently 77% are asthmatic; 44% of children ages 11 to 14 are considered overweight and 3.5% of children discharged from hospitals in the County were diagnosed with diabetes.

Access to health care was also found to be limited. The ratio of patients per primary care physician remains high, making it difficult for people to access care when needed. Kern County residents also face challenges obtaining dental care. The Robert Wood Johnson Foundation reports that there are 2,080 residents for every dentist. Data for Head Start/Early Head Start in Kern County shows 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.

Expectant mothers also face a variety of challenges. Rosa provided the percentages of the hardships that pregnant women experience during childhood. Noteworthy, 30.5% reported being food insecure, 22% did not gain adequate weight and an additional 45% gained excessive weight. Of the children in Kern County, ages zero to five, approximately 31% live in poverty and are Head Start income eligible. An estimated 84% of impoverished children live in ZIP codes where Head Start and Early Head Start centers are located.

In 2023 there was an estimated 1,948 people living in homelessness. This is a 23% increase from 2020, and this number is expected to increase. Families with children accounted for 3% of the homeless population, constituted almost 6%. County wide 85% of homeless families with children and 69% of single adults were unsheltered.

Rates in foster care were even between 2013 and 2018. Additionally, a total of 22,091 children K through 12 had a disability. The most prevalent ones were learning disabilities, speech or language impairment and autism.

The number of children enrolled in the Head Start Program based on ZIP codes in the community were also added. The data also shows there is a high demand for childcare and early education services. CAPK's Head Start Program provides services and programs that positively impact low-income children ages 0-5 years and their families. Income limits for eligibility to enroll are set by federal poverty guidelines. By looking at the number of children eligible for the Head Start Program in Kern County, approximately 19,000, only 13,000 slots are available throughout the County.

Demand for childcare services remains high in Kern County, but unfortunately available childcare slots remain low. Factors such as limited childcare providers, a decrease in the number of licensed childcare family homes, and a childcare workforce shortage have made it more difficult for parents to access care. Many children are looked after by relatives, such as grandparents or uncles, due to the convenience and familiarity with these caretakers. Additionally, Transitional Kindergarten programs compete with Head Start for eligible children, leading to a greater level of unmet need for children from zero to three, especially in rural areas.

Michelle Jara-Rangel inquired about the time frame used to update the data as years for data shown varied. Rosa explained that although some data may not be current, it is still provided in the assessment until new data is available. The most recent information available is derived from the most recent agency community assessment which obtains information from 2022. Updated data will be available upon the next comprehensive community needs assessment.

Michelle also inquired about the most recent PIR data as data reflected in the needs assessment reflects 22-23 program year. It was determined information from the 23-24 PIR be included. Michelle also suggested replacing substance abuse with substance use disorder in the document. Upon inquiring about program's ability to include information about diversity, equity and inclusion, Jerry stated that information will be removed upon notice from the Office of Head Start. Michelle also noted that the percentage of warehouse workers may increase due to an increase of new warehouses, especially in Shafter.

Additionally, Michelle noted updates to Head Start program locations listed in the document, as well as incorporating "Head Start Program" to reflect both Head Start and Early Head Start in the documents. Michelle noted comments for the Kern Community Assessment will also apply to the San Joaquin Community Assessment.

Rosa proceeded to share information on the 2025 San Joaquin Community. San Joaquin has a smaller population than Kern County in the zero to two age range. Population trends for San Joaquin increased overall but decreased for ages zero to five, which was also consistent with Kern County. Information on race and ethnicity was also shared. Unemployment rates slightly increased by one

percent. Twelve percent of San Joaquin residents live in poverty and like Kern County a lot of residents spend more than 30% of their income on housing. For English as a second language, 40% of the population spoke a language other than English at home. Health information was also similar to that of Kern County with asthma, diabetes, and obesity ranking the highest.

Almost 12,000 children ages zero to five are age and income eligible for Head Start services. Homelessness in San Joaquin increased from 12% to 13%. Just like Kern County, grandparents and family members are also taking the role of caretakers for children in preschool age. We also see disparities among foster care children in San Joaquin County, with 6.5% of children in foster care in 2018.

9. Announcements

The next meeting is on April 8, 2025, at 5:30pm.

10. Adjournment

The meeting was adjourned at 6:25pm.

Community Action Partnership of Kern Head Start/State Child Development
Policy Council School Readiness Committee Meeting Minutes
March 13, 2025
Audio Only: (213) 204-2374 Phone Conference ID: 287 543 335 720

1. **Welcome**
   School Readiness Subcommittee Sponsor, Cynthia Rodriguez, welcomed members to the meeting.

2. **Call to Order**
   a. Cynthia Rodriguez called the meeting to order at 5:33 PM

3. **Roll Call and establish Quorum (half plus one)**
   a. Quorum was established.
   b. Members Present: Alexandra Verduzco. Ashley Trent, Kaylonie Howard
   c. Members not present: Jennifer Wilson

4. **Approval of Agenda**
   a. Alejandra Verduzco made a motion to approve the agenda dated March 13, 2025; second by Ashley Trent. Motion carried.

5. **Approval of Minutes**
   a. Ashley Trent made a motion to approve the agenda dated February13, 2025; second by Kaylonie Howard. Motion carried.

6. **Introduction of Guests**
   Cynthia Rodriguez, Education Manager introduced Nicole Callahan, Partnership Program Manager
   Also present was Mayra Langer, Quality Assurance Manager and Lisa Gonzales, Program Governance Coordinator

7. **Public Forum**
   (The public wishing to address the Policy Council School Readiness 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. Nicole Callahan introduced herself and the two program options that she oversees; CAPK Head Start Partnership & Family Child Care.
   b. Nicole invited the committee members to share their first experience being in the care of someone other than your primary caregiver/parent. All committee members shared.
   c. Nicole shared that Family Child Care providers have their childcare license through Community Care Licensing, and she clarified some perceptions. Nicole shared the list of our partners, and their focused services provided to teen parents, college students, etc.
   d. Nicole discussed the different ways that CAPK support the partners and providers including funding, materials, professional development opportunities, enrollment, etc.
   e. Nicole shared the strategies that Family Child Care uses to provide support for School Readiness which include mixed age groups, flexible hours, and providing a comfortable home-like environment. Nicole shared the list of the family childcare providers and their locations.
   f. Nicole shared a few photos of the providers attending Creative Curriculum training.
   g. Nicole provided the committee members with an opportunity to ask questions. A committee member asked how she could enroll her child in a family childcare program option. Nicole shared that the coordinator could support the application process, or they can use the web page to complete an application. One of the committee members has an infant that needs care in Eastern Kern, and we have a provider now enrolling infants. Nicole will reach out to the committee member to follow up on the enrollment process.

9. **Announcements**
   a. Mayra Langer introduced herself and shared with committee members that we have a Focus Area One Review coming up and asked if anyone was interested in participating to reach out to her or Sylvia Ortega. Additionally, information will be provided via email.
   b. Cynthia Rodriguez announced that Read Across America was observed last week and we had great participation from community guest readers.

10. **Adjournment**
    The meeting was adjourned at 6:00 PM.

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MEMORANDUM

To: Budget and Finance Committee of Policy Council

From: Tracy Webster, CFO/ Louis Rodriguez, Finance Administrator

Date: March 18, 2025

Subject: *Head Start*
Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The Office of Head Start has awarded CAPK the full amount of its Head Start and Early Head Start grant for a five-year budget period, the first-year budget period is March 1, 2024, through February 28, 2025.

The following are highlights of the Head Start Budget to Actual Report for the period of March 1, 2024, through January 31, 2025. Eleven months (91.7%) of the 12-month budget period have elapsed.

Base Funds

Overall expenditures are at 92% of the budget.

Training & Technical Assistance Funds

Overall expenditures are at 85% of the budget.

Non-Federal Share (Head Start and Early Head Start combined)

The non-Federal share is at 126% of the budget.

Community Action Partnership of Kern
Head Start
Budget to Actual Report
Budget Period: March 1, 2024 - February 28, 2025
Report Period: March 1, 2024 - January 31, 2025
Month 11 of 12 (91.7%)

Prepared 03/11/2025

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	7,789,945	7,487,078	302,867	96%	4%
FRINGE BENEFITS	2,534,192	2,531,646	2,546	100%	0%
TRAVEL	55,000	51,966	3,034	94%	6%
EQUIPMENT	-	-	-		
SUPPLIES	535,017	516,458	18,559	97%	3%
CONTRACTUAL	186,280	229,659	(43,379)	123%	-23%
CONSTRUCTION	-	-	-		
OTHER	4,417,992	3,530,969	887,023	80%	20%
INDIRECT	1,533,410	1,280,467	252,943	84%	16%
TOTAL BASE FUNDING	**17,051,836**	**15,628,243**	**1,423,593**	**92%**	**8%**
TRAINING & TECHNICAL ASSISTANCE					
TRAVEL	60,904	34,717	26,187	57%	43%
SUPPLIES	23,986	23,209	777	97%	3%
CONTRACTUAL	12,800	12,800	-	100%	0%
OTHER	63,752	63,752	-	100%	0%
INDIRECT	16,144	16,072	72	100%	0%
TOTAL TRAINING & TECHNICAL ASSISTANCE	**177,586**	**150,550**	**27,036**	**85%**	**15%**
GRAND TOTAL HS FEDERAL FUNDS	**17,229,422**	**15,778,793**	**1,450,629**	**92%**	**8%**

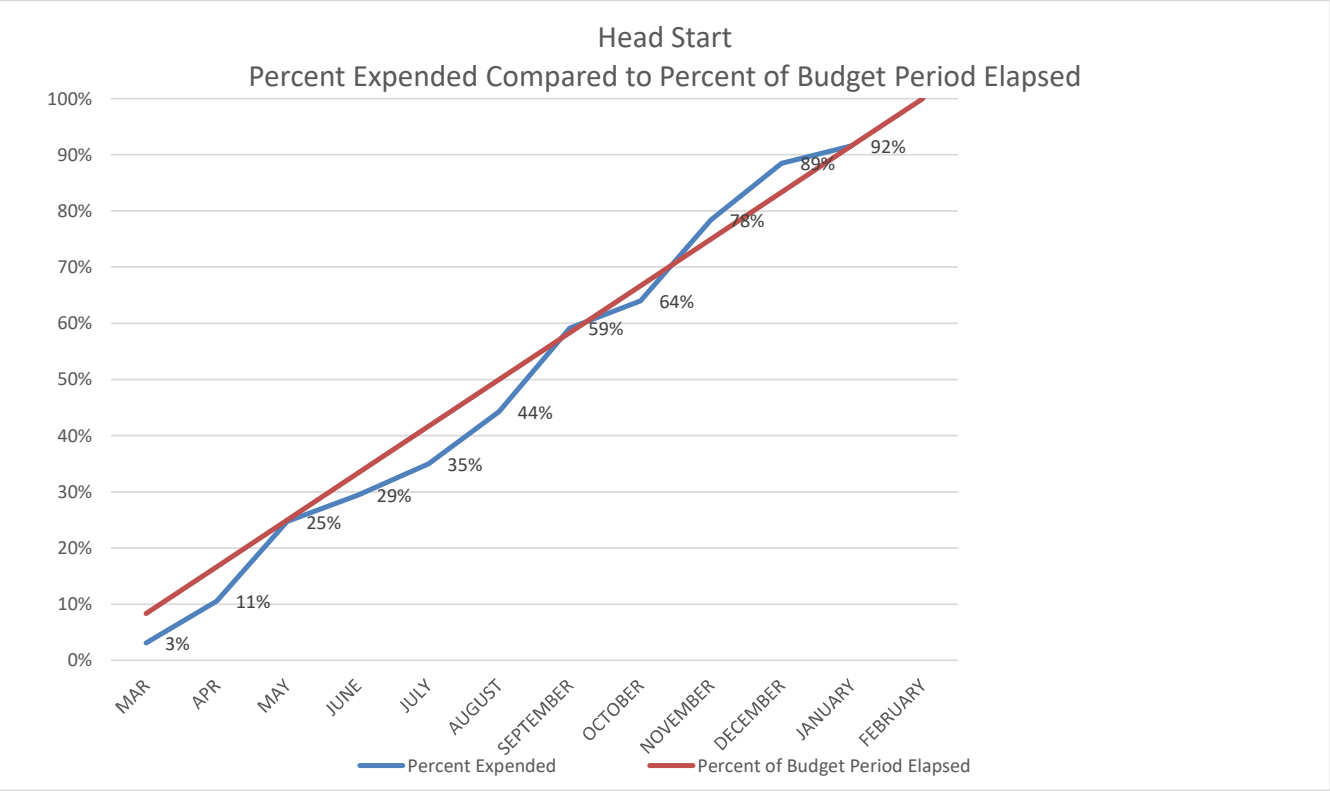
HEAD START and EARLY HEAD START COMBINED NON-FEDERAL SHARE

SOURCE	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
IN-KIND	2,252,076	3,836,314	(1,584,238)	170%	-70%
CALIF DEPT OF ED	10,925,665	12,823,833	(1,898,168)	117%	-17%
TOTAL NON-FEDERAL	**13,177,741**	**16,660,147**	**(3,482,406)**	**126%**	**-26%**

Budget reflects Notice of Award #09CH012489-01-03
Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025
Administrative Cost for HS and EHS Combined **6.6%**

Agency-Wide Credit Card Report

	CURRENT	1 TO 30	31 TO 60	61 TO 90	TOTAL	STATEMENT DATE
Wells Fargo	27,875	-	-	-	**27,875**	2/1/2025
Lowe's	51,066	1,817	325	-	**53,208**	2/1/2025
Smart & Final	90	-	-		**90**	2/2/2025
Save Mart	333	-	-	-	**333**	2/4/2025
Chevron & Texaco Business Card	7,656	-	-	-	**7,656**	2/6/2025
Home Depot	18,124	885	-	-	**19,010**	2/5/2025
	105,144	**2,702**	**325**	**-**	**108,172**	


Head Start
Percent Expended Compared to Percent of Budget Period Elapsed
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
11%
25%
29%
35%
44%
59%
64%
78%
89%
92%
MAR
APR
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
JANUARY
FEBRUARY
Percent Expended
Percent of Budget Period Elapsed

MEMORANDUM

To: Budget and Finance Committee of Policy Council

From: Tracy Webster, CFO / Louis Rodriguez, Finance Administrator

Date: March 18, 2025

Subject: *Early Head Start*
Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The Office of Head Start has awarded CAPK the full amount of its Head Start and Early Head Start grant for a five-year budget period, the first-year budget period is March 1, 2024, through February 28, 2025.

The following are highlights of the Early Head Start Budget to Actual Report for the period of March 1, 2024, through January 31, 2025. Eleven months (91.7%) of the 12-month budget period has elapsed.

Base Funds

Overall expenditures are at 67% of the budget.

Training & Technical Assistance Funds

Overall expenditures are at 77% of the budget.

Community Action Partnership of Kern
Early Head Start
Budget to Actual Report
Budget Period: March 1, 2024 - February 28, 2025
Report Period: March 1, 2024 - January 31, 2025
Month 11 of 12 (91.7%)

Prepared 03/11/2025

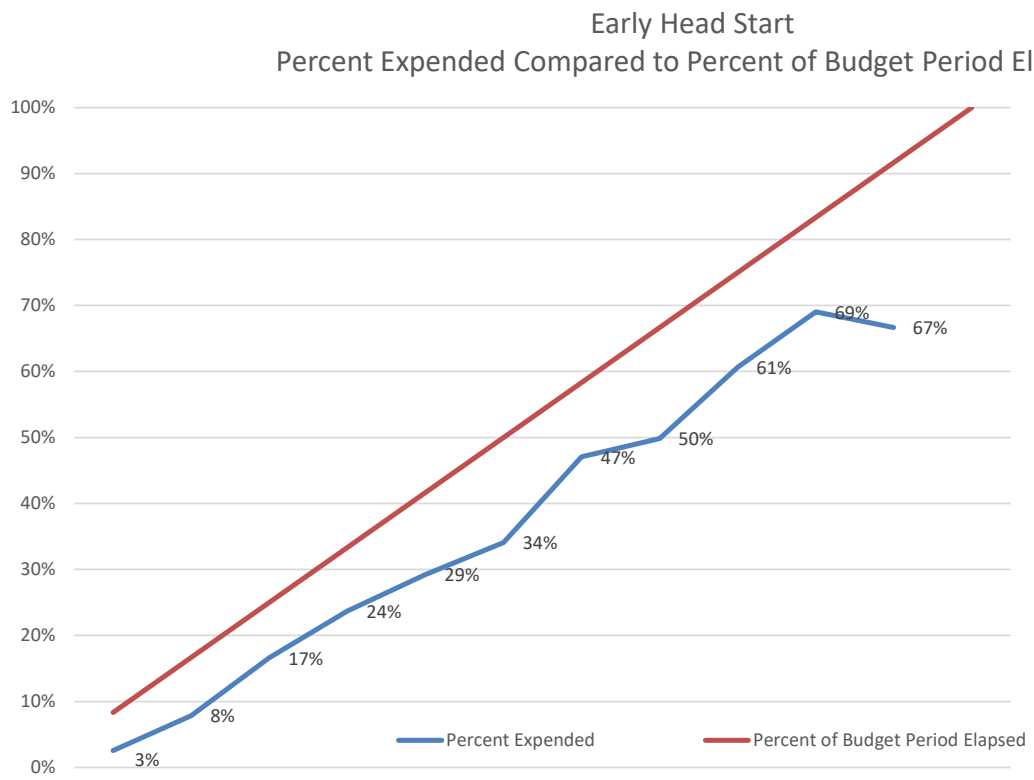
BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	12,396,888	8,370,450	4,026,438	68%	32%
FRINGE BENEFITS	3,803,667	2,716,853	1,086,814	71%	29%
TRAVEL	45,000	44,975	25	100%	0%
EQUIPMENT	-	-	-		
SUPPLIES	751,602	773,152	(21,550)	103%	-3%
CONTRACTUAL	1,001,244	746,692	254,552	75%	25%
CONSTRUCTION	-	-	-		
OTHER	2,518,573	1,090,401	1,428,172	43%	57%
INDIRECT	2,001,083	1,273,237	727,846	64%	36%
TOTAL BASE FUNDING	**22,518,057**	**15,015,760**	**7,502,297**	**67%**	**33%**

TRAINING & TECHNICAL ASSISTANCE

PERSONNEL	-	-	-		
FRINGE BENEFITS	-	-	-		
TRAVEL	118,632	75,037	43,595	63%	37%
SUPPLIES	30,013	30,013	-	100%	0%
CONTRACTUAL	26,080	13,004	13,076	50%	50%
OTHER	137,953	125,321	12,632	91%	9%
INDIRECT	31,268	21,365	9,903	68%	32%
TOTAL TRAINING & TECHNICAL ASSISTANCE	**343,946**	**264,740**	**79,206**	**77%**	**23%**

GRAND TOTAL EHS FEDERAL FUNDS	**22,862,003**	**15,280,500**	**7,581,503**	**67%**	**33%**

Budget reflects Notice of Award #09CH012489-01-03
Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025


Early Head Start
Percent Expended Compared to Percent of Budget Period Elapsed
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
8%
17%
24%
29%
34%
47%
50%
61%
69%
67%
Percent Expended
Percent of Budget Period Elapsed

MEMORANDUM

To: Budget and Finance Committee of Policy Council

From: Tracy Webster, CFO/ Louis Rodriguez, Finance Administrator

Date: March 18, 2025

Subject: *Head Start (No Cost Extension)*
Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The following are highlights of the Head Start Budget to Actual Report for the period of March 1, 2023, through January 31, 2025. Twenty-Three months (95.8%) of the 24-month budget period have elapsed. The office of Head Start processed a no cost extension to the prior year contract through February 28, 2025. This will allow CAPK to complete ongoing capital projects to benefit the Head Start program.

Base Funds

Overall expenditures are 102% of the budget.

Training & Technical Assistance Funds

Overall expenditures are 99% of the budget.

Non-Federal Share (Head Start and Early Head Start combined)

The non-Federal share is 117% of the budget.

Community Action Partnership of Kern
Head Start
Budget to Actual Report
Budget Period: March 1, 2023 - February 28, 2025 *(No Cost Extension)*
Report Period: March 1, 2023 - January 31, 2025
Month 23 of 24 (95.8%)

Prepared 03/13/2025

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	8,932,482	8,943,165	(10,683)	100%	0%
FRINGE BENEFITS	2,356,212	2,359,638	(3,426)	100%	0%
TRAVEL	25,228	95,111	(69,883)	377%	-277%
EQUIPMENT	894,076	331,096	562,980	37%	63%
SUPPLIES	898,278	2,066,064	(1,167,786)	230%	-130%
CONTRACTUAL	511,650	289,764	221,886	57%	43%
CONSTRUCTION	1,624,892.00	1,240,172	384,720	76%	24%
OTHER	4,594,069	5,003,755	(409,686)	109%	-9%
INDIRECT	1,867,451	1,753,282	94,640	94%	6%
TOTAL BASE FUNDING	**21,704,338**	**22,082,047**	**(397,238)**	**102%**	**-2%**

TRAINING & TECHNICAL ASSISTANCE					
TRAVEL	41,904	41,904	-	100%	0%
SUPPLIES	23,986	23,986	-	100%	0%
CONTRACTUAL	22,800	22,800	-	100%	0%
OTHER	72,752	72,752	-	100%	0%
INDIRECT	16,144	13,566	2,578	84%	16%
TOTAL TRAINING & TECHNICAL ASSISTANCE	**177,586**	**175,008**	**2,578**	**99%**	**1%**

GRAND TOTAL HS FEDERAL FUNDS	**21,881,924**	**22,257,055**	**(394,660)**	**102%**	**-2%**

HEAD START and EARLY HEAD START COMBINED NON-FEDERAL SHARE

SOURCE	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
IN-KIND	1,958,398	3,993,841	(2,035,443)	204%	-104%
CALIF DEPT OF ED	11,131,398	11,261,048	(129,650)	101%	-1%
TOTAL NON-FEDERAL	**13,089,796**	**15,254,889**	**(2,165,093)**	**117%**	**-17%**

Budget reflects Notice of Award #09CH011132-05-06
Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025
Administrative Cost for HS and EHS Combined **11.2%**

MEMORANDUM

To: Budget and Finance Committee of Policy Council

From: Tracy Webster, CFO / Louis Rodriguez, Finance Administrator

Date: March 18, 2025

Subject: *Early Head Start (No Cost Extension)*
Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The following are highlights of the Early Head Start Budget to Actual Report for the period of March 1, 2023, through January 31, 2025. Twenty-Three months (95.8%) of the 24-month budget period have elapsed. The office of Head Start processed a no cost extension to the prior year contract through February 28, 2025. This will allow CAPK to complete ongoing capital projects to benefit the Head Start program.

Base Funds

Overall expenditures are 93% of the budget.

Training & Technical Assistance Funds

Overall expenditures are 100% of the budget.

Community Action Partnership of Kern
Early Head Start
Budget to Actual Report
Budget Period: March 1, 2023 - February 28, 2025 *(No Cost Extension)*
Report Period: March 1, 2023 - January 31, 2025
Month 23 of 24 (95.8%)

Prepared 03/13/2025

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	8,833,704	8,890,992	(57,288)	101%	-1%
FRINGE BENEFITS	2,454,456	2,455,606	(1,150)	100%	0%
TRAVEL	37,198	37,190	8	100%	0%
EQUIPMENT	479,780	198,028	281,752	41%	59%
SUPPLIES	1,304,550	1,017,263	287,287	78%	22%
CONTRACTUAL	1,244,477	953,846	290,631	77%	23%
CONSTRUCTION	1,345,378	87,936	1,257,442	7%	93%
OTHER	3,212,174	3,823,790	(611,616)	119%	-19%
INDIRECT	1,569,115	1,635,588	(66,473)	104%	-4%
TOTAL BASE FUNDING	**20,480,832**	**19,100,239**	**1,380,593**	**93%**	**7%**

TRAINING & TECHNICAL ASSISTANCE					
PERSONNEL	-	-	-		
FRINGE BENEFITS	-	-	-		
TRAVEL	46,536	44,496	2,040	96%	4%
SUPPLIES	30,013	30,013	-	100%	0%
CONTRACTUAL	26,080	26,080	-	100%	0%
OTHER	212,393	212,393	-	100%	0%
INDIRECT	28,924	31,092	(2,168)	107%	-7%
TOTAL TRAINING & TECHNICAL ASSISTANCE	**343,946**	**344,074**	**(128)**	**100%**	**0%**

GRAND TOTAL EHS FEDERAL FUNDS	**20,824,778**	**19,444,313**	**1,380,465**	**93%**	**7%**

Budget reflects Notice of Award #09CH011132-05-06
Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025

Community Action Partnership of Kern
Head Start and Early Head Start Kern
Year-to-Date Non-Federal Share and In-Kind Report
Budget Period: March 1, 2024 through February 28, 2025
Report for period ending January **31, 2025** (Month 11 of 12)
Percent of budget period elapsed: 91.7%

LOCATION	Enroll-ment	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	YTD Totals	Kern/SJC	IN-KIND GOAL	% OF GOAL MET
Alberta Dillard	34	15,847	15,179	6,902	0	0	7,155	13,690	16,899	18,099	11,495	13,996	119,262	Kern	43,028	277%
Alicante	17	10,869	11,808	10,120	8,157	6,803	4,858	13,433	13,068	11,486	12,795	8,609	112,007	Kern	21,514	521%
Angela Martinez	75	27,839	26,740	14,794	17,194	20,916	24,744	24,268	30,797	30,439	21,338	18,855	257,924	Kern	94,916	272%
Broadway	37	11,643	7,909	5,992	0	0	3,429	8,884	7,979	3,130	8,434	9,846	67,246	Kern	46,825	144%
California City	17	8,464	12,184	3,116	0	0	0	0	0	0	0	0	23,763	Kern	21,514	110%
Cleo Foran	23	9,095	11,613	12,788	8,230	6,041	7,593	4,281	9,255	3,655	2,864	6,505	81,921	Kern	29,107	281%
Delano	60	24,094	25,425	15,771	0	0	9,545	20,321	25,006	21,289	23,086	18,015	182,550	Kern	75,933	240%
East California	52	10,239	9,308	4,334	656	0	0	0	0	0	0	0	24,536	Kern	65,808	37%
Fairfax	34	8,091	8,219	4,907	0	338	2,523	6,258	7,267	7,253	5,724	0	50,581	Kern	43,028	118%
Harvey L. Hall	146	21,066		17,703	17,322	19,586	21,036	22,845	19,334	16,088	23,617	27,635	206,230	Kern	184,769	112%
Heritage	17	3,577	2,886	799	0	0	965	2,100	1,901	3,733	246	1,370	17,577	Kern	21,514	82%
Home Base	160	8,211	4,033	3,319	1,526	5,434	9,637	6,769	10,659	7,750	16,641	26,190	100,169	Kern	202,487	49%
Lamont	20	6,429	9,371	3,940	0	0	0	0	0	0	0	0	19,740	Kern	25,311	78%
Martha J. Morgan	50	239	256	6,620	251	0	0	365	258	741	9,944	14,110	32,785	Kern	63,277	52%
McFarland	20	215	0	0	0	0	0	0	0	0	0	0	215	Kern	25,311	1%
Mojave	20	3,490	2,750	1,019	0	0	0	0	0	0	0	0	7,259	Kern	25,311	29%
Oasis	42	5,930	5,344	4,563	0	0	2,490	6,962	9,017	9,147	8,529	9,756	61,738	Kern	53,153	116%
Pete H. Parra	116	38,467	35,032	29,677	33,175	30,875	30,416	40,804	49,051	21,339	30,487	0	339,321	Kern	146,803	231%
Planz	0	0	0	0	0	0	0	0	0	0	0	0	0	Kern	0	0%
Primeros Pasos	67	42,257	43,003	50,204	37,829	26,370	30,711	45,624	51,773	51,667	51,865	52,894	484,197	Kern	84,791	571%
Rosamond	34	1,474	3,599	1,219	0	0	6,543	15,711	15,568	10,333	4,932	0	59,378	Kern	43,028	138%
San Diego	32	6,452	8,156	7,606	6,795	8,498	5,793	6,214	9,158	5,472	4,125	6,460	74,731	Kern	40,497	185%
Seibert	20	2,223	1,036	0	0	0	0	0	0	0	0	0	3,258	Kern	25,311	13%
Shafter	17	2,058	3,790	799	3,652	2,040	1,960	1,541	1,775	2,257	2,002	982	22,856	Kern	21,514	106%
Shafter HS/EHS	24	4,087	4,024	3,424	2,683	2,485	3,776	4,482	3,613	5,351	4,540	5,079	43,544	Kern	30,373	143%
Sterling	134	27,996	23,444	21,937	21,826	23,243	26,977	28,936	37,167	21,429	25,766	0	258,720	Kern	169,583	153%
Stockdale Head Start	45	0														
Sunrise Villa	17	905	1,552	745	0	0	0	2,259	1,658	2,941	1,193	0	11,252	Kern	21,514	52%
Taft	51	4,118	6,079	3,535	0	0	4,016	6,381	6,826	5,501	3,402	0	39,857	Kern	64,543	62%
Tehachapi	15	567	744	0	0	0	3,312	4,134	1,533	310	0	0	10,599	Kern	18,983	56%
Vineland	17	1,788	1,609	562	0	0	1,822	6,318	8,413	5,845	6,383	6,818	39,559	Kern	21,514	184%
Virginia	17	10,041	0	4,607	0	0	6,043	11,136	13,425	13,116	9,380	7,393	75,141	Kern	21,514	349%
Wesley	60	15,716	597	7,850	0	0	0	0	0	0	0	0	24,163	Kern	75,933	32%
Willow	40	9,709	119	5,731	0	0	4,835	9,364	12,440	10,044	8,149	8,170	68,561	Kern	50,622	135%
Governance		24	0	50	24	0	0	0	95	0	0	412	605	Kern	15,000	4%
Program Services		12,651	15,519	196	11,985	17,327	8,618	13,172	21,281	11,471	4,302	16,836	133,358	Kern/SJC	74,265	180%
California Street	24	12,526	12,655	11,074	9,643	7,939	13,936	10,614	13,286	10,264	15,633	7,173	124,744	SJC	30,373	411%
Gianone	16	0	0	0	0	0	614	972	1,674	2,250	1,554	1,700	8,765	SJC	26,431	0%
Kennedy	16	2,025	2,271	2,024	1,488	2,007	2,894	2,251	2,948	3,105	2,004	1,359	24,376	SJC	20,249	120%
Lodi Home Base	20	8,517	15,287	11,465	13,115	12,101	77,046	14,163	10,687	11,503	10,940	9,598	194,422	SJC	25,311	768%
Lodi UCC	24	8,845	465	11,289	7,808	4,305	6,321	9,335	8,780	8,420	7,557	4,032	77,157	SJC	30,373	254%
Lathrop Home Base	20	0	0	0	0	0	0	0	0	0	0	0	0	SJC	25,311	0%
Marci Massei	24	3,181	3,607	3,815	2,671	5,318	4,432	8,133	9,718	9,175	5,921	7,535	63,506	SJC	30,373	209%
St. Mary's	16	3,438	4,376	7,566	1,366	1,078	404	0	0	0	0	0	18,227	SJC	20,249	90%
Stockton Home Base	40	76	17,519	20,203	21,437	20,312	19,634	19,890	18,440	16,411	12,266	8,353	174,541	SJC	50,622	345%
Lathrop	24	9,405	9,356	9,651	8,520	8,155	11,164	8,040	11,087	10,535	6,932	2,905	95,751	SJC	30,373	315%
SUBTOTAL IN-KIND	**1,754**	**403,884**	**366,861**	**331,918**	**237,351**	**231,172**	**365,242**	**399,650**	**461,837**	**371,768**	**364,046**	**302,585**	**3,836,314**	**0**	**2,258,258**	**170%**
														x		
State General Child Care*		261,877	257,404	266,689	221,757	240,220	274,223	306,158	394,178	329,674	363,224	405,857	3,321,260	Kern	3,481,300	95%
State Preschool*		620,606	674,911	576,199	314,235	289,388	416,040	541,428	767,995	672,208	691,599	846,415	6,411,024	Kern	6,219,213	103%
State Migrant Child Care*		4,433	4,433	4,655	3,196	1,191	1,248	1,134	1,304	1,021	1,077	1,191	24,883	Kern	50,000	50%
SUBTOTAL CA DEPT of ED		**886,916**	**936,748**	**847,543**	**539,188**	**530,799**	**691,511**	**848,720**	**1,163,477**	**1,002,903**	**1,055,901**	**1,253,462**	**9,757,167**		**9,750,513**	**100%**
														x		
State General Child Care*		209,012	215,878	238,485	189,226	228,190	249,276	232,927	269,968	216,386	221,948	237,202	2,271,296	SJC	1,175,152	**193%**
SUBTOTAL CA DEPT of ED		**209,012**	**215,878**	**238,485**	**189,226**	**228,190**	**249,276**	**232,927**	**269,968**	**216,386**	**221,948**	**237,202**	**2,271,296**		**1,175,152**	**193%**
GRAND TOTAL		**1,499,812**	**1,519,487**	**1,417,946**	**965,765**	**990,161**	**1,306,029**	**1,481,297**	**1,895,282**	**1,591,057**	**1,641,895**	**1,793,249**	**15,864,777**		**13,183,923**	**120%**

CCP In-Kind **795,370**
16,660,147

Community Action Partnership of Kern
Early Head Start Child Care Partnerships
Non-Federal Share and In-Kind Year-to-Date Report
Budget Period: March 1, 2024 through February 28, 2025
Report for period ending January 31, 2025 (Month 11 of 12)

Percent of year elapsed: 91.7%

LOCATION	FUNDED ENROLL-MENT	Mar 2024	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	YTD Totals	IN-KIND GOAL	% OF GOAL MET
Kern Community College District - BC	32	19,159	112,423	27,266	22,688	23,772	17,871	23,511	24,616	22,721	50	260	294,338	137,864	213%
KCSOS - Blanton	16	20,737	11,266	9,755	43,530	23,355	20,018	30,666	37,307	43,340	0	0	239,972	68,932	348%
Garden Pathways	11	0	0	0	0	0	0	111	0	0	0	0	111	47,391	0%
Taft College	42	20,928	30,799	34,264	24,121	28,103	28,103	30,402	37,562	26,603	0	0	260,887	180,947	144%
Escuelita Hernandez	16	0	0	0	0	0	0	24	37	0	0	0	61	68,932	0%
TBD	11	0	0	0	0	0	0	0	0	0	0	0	0	47,391	0%
Program Services		0	0	0	0	0	0	0	0	0	0	0	0		
Admin Services		0	0	0	0	0	0	0	0	0	0	0	0		
GRAND TOTAL	**128**	**60,824**	**154,489**	**71,285**	**90,338**	**75,230**	**65,992**	**84,714**	**99,523**	**92,665**	**50**	**260**	**795,370**	**551,456**	**144%**

Budget reflects Notice of Award #09CH012489-01-03

MEMORANDUM

To: Budget and Finance Committee of Policy Council

From: Tracy Webster, CFO/ Louis Rodriguez, Finance Administrator

Date: March 18, 2025

Subject: *Head Start*
Building Proceeds for Central Kitchen as of January 31, 2025 – **Info Item**

CAPK received authorization from the Office of Head Start (OHS) to sell the properties located at 3100 Mall View Road and 5005 Business Park North. Accordingly, OHS requested that the proceeds from the sale of these buildings be held in an interest-bearing account for the purpose of funding the construction of a new central kitchen.

The remodel of the new central kitchen will be largely funded from the funds in this account and by the funds from the no cost extension grant 09CH011132-05. CAPK submits regular reporting to OHS each time funds are expended for this construction project.

The following are highlights of the funds held from the proceeds of sale of buildings designated for the New Central Kitchen remodel for the period ended December 31, 2024.

Overall expenditures are 61.9% of the Building Proceeds.

Community Action Partnership of Kern

Building Proceeds

Report Period: March 1, 2023 - January 31, 2025

Prepared 03/11/2025

BUILDING PROCEDES (For Central Kitchen Remodel)	BUILDING PROCEEDS	EARNINGS (INTEREST)	TOTAL	EXPENSES	REMAINING	% REMAINING
	3,329,792	28,946	3,358,738	2,078,695	1,280,043	38.1%

% Spent 61.9%

Sale Central Kitchen - 10/31/2023	1,105,128
Sale BPN - 02/14/2024	2,224,664
Total Proceeds	**3,329,792**
Plus Interest	28,946
	3,358,738
Less Expenses	2,078,695
Remaining Balance	1,280,043

COMMUNITY ACTION PARTNERSHIP OF KERN
PARENT TRAVEL & CHILD CARE (6115)
2024-2025

HEAD START

MONTH	BEGINNING BALANCE	SPENT THIS MONTH	SPENT YEAR-TO-DATE	REMAINING BALANCE	% OF YEAR ELAPSED	% OF BUDGET SPENT
MARCH 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	8%	0%
APRIL 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	17%	0%
MAY 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	25%	0%
JUNE 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	33%	0%
JULY 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	42%	0%
AUGUST 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	50%	0%
SEPTEMBER 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	58%	0%
OCTOBER 2024	$ 1,350.00	$ -	$ -	$ 1,350.00	67%	0%
NOVEMBER 2024	$ 1,350.00	$ 178.99	$ 178.99	$ 1,171.01	75%	13%
DECEMBER 2024	$ 1,171.01	$ -	$ 178.99	$ 1,171.01	83%	13%
JANUARY 2025	$ 1,171.01	$ 157.06	$ 336.05	$ 1,013.95	92%	25%
FEBRUARY 2025	$ 1,013.95	$ -	$ 336.05	$ 1,013.95	100%	25%

EARLY HEAD START

MONTH	BEGINNING BALANCE	SPENT THIS MONTH	SPENT YEAR-TO-DATE	REMAINING BALANCE	% OF YEAR ELAPSED	% OF BUDGET SPENT
MARCH 2024	$ 500.00	$ -	$ -	$ 500.00	8%	0%
APRIL 2024	$ 500.00	$ -	$ -	$ 500.00	17%	0%
MAY 2024	$ 500.00	$ -	$ -	$ 500.00	25%	0%
JUNE 2024	$ 500.00	$ -	$ -	$ 500.00	33%	0%
JULY 2024	$ 500.00	$ -	$ -	$ 500.00	42%	0%
AUGUST 2024	$ 500.00	$ -	$ -	$ 500.00	50%	0%
SEPTEMBER 2024	$ 500.00	$ -	$ -	$ 500.00	58%	0%
OCTOBER 2024	$ 500.00	$ -	$ -	$ 500.00	67%	0%
NOVEMBER 2024	$ 500.00	$ 180.83	$ 180.83	$ 319.17	75%	36%
DECEMBER 2024	$ 319.17	$ -	$ 180.83	$ 319.17	83%	36%
JANUARY 2025	$ 319.17	$ 43.63	$ 224.46	$ 275.54	92%	45%
FEBRUARY 2025	$ 275.54	$ -	$ 224.46	$ 275.54	100%	45%

Prepared by: Louis Rodriquez
March 13, 2025

COMMUNITY ACTION PARTNERSHIP OF KERN
PARENT ACTIVITIES (7175)
2024-2025

HEAD START

MONTH	BEGINNING BALANCE	SPENT THIS MONTH	SPENT YEAR-TO-DATE	REMAINING BALANCE	% OF YEAR ELAPSED	% OF BUDGET SPENT
MARCH 2024	$ 9,210.00	$ -	$ -	$ 9,210.00	8%	0%
APRIL 2024	$ 9,210.00	$ -	$ -	$ 9,210.00	17%	0%
MAY 2024	$ 9,210.00	$ -	$ -	$ 9,210.00	25%	0%
JUNE 2024	$ 9,210.00	$ -	$ -	$ 9,210.00	33%	0%
JULY 2024	$ 9,210.00	$ -	$ -	$ 9,210.00	42%	0%
AUGUST 2024	$ 9,210.00	$ -	$ -	$ 9,210.00	50%	0%
SEPTEMBER 2024	$ 9,210.00	$ 68.94	$ 68.94	$ 9,141.06	58%	1%
OCTOBER 2024	$ 9,141.06	$ 1,657.22	$ 1,726.16	$ 7,483.84	67%	19%
NOVEMBER 2024	$ 7,483.84	$ 395.77	$ 2,121.93	$ 7,088.07	75%	23%
DECEMBER 2024	$ 7,088.07	$ 188.51	$ 2,310.44	$ 6,899.56	83%	25%
JANUARY 2025	$ 6,899.56	$ 495.07	$ 2,805.51	$ 6,404.49	92%	30%
FEBRUARY 2025	$ 6,404.49	$ -	$ 2,805.51	$ 6,404.49	100%	30%

EARLY HEAD START

MONTH	BEGINNING BALANCE	SPENT THIS MONTH	SPENT YEAR-TO-DATE	REMAINING BALANCE	% OF YEAR ELAPSED	% OF BUDGET SPENT
MARCH 2024	$ 5,245.00	$ -	$ -	$ 5,245.00	8%	0%
APRIL 2024	$ 5,245.00	$ -	$ -	$ 5,245.00	17%	0%
MAY 2024	$ 5,245.00	$ -	$ -	$ 5,245.00	25%	0%
JUNE 2024	$ 5,245.00	$ -	$ -	$ 5,245.00	33%	0%
JULY 2024	$ 5,245.00	$ -	$ -	$ 5,245.00	42%	0%
AUGUST 2024	$ 5,245.00	$ -	$ -	$ 5,245.00	50%	0%
SEPTEMBER 2024	$ 5,245.00	$ 38.78	$ 38.78	$ 5,206.22	58%	1%
OCTOBER 2024	$ 5,206.22	$ 955.49	$ 994.27	$ 4,250.73	67%	19%
NOVEMBER 2024	$ 4,250.73	$ 222.62	$ 1,216.89	$ 4,028.11	75%	23%
DECEMBER 2024	$ 4,028.11	$ 106.04	$ 1,322.93	$ 3,922.07	83%	25%
JANUARY 2025	$ 3,922.07	$ 278.48	$ 1,601.41	$ 3,643.59	92%	31%
FEBRUARY 2025	$ 3,643.59	$ -	$ 1,601.41	$ 3,643.59	100%	31%

March 13, 2025

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Community Action Partnership of Kern
Bakersfield, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of **Community Action Partnership of Kern**, as of and for the year ended February 29, 2024, and the related notes to the financial statements, which comprise **Community Action Partnership of Kern**'s financial statements, and have issued our report thereon dated October 21, 2024.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered **Community Action Partnership of Kern**'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of **Community Action Partnership of Kern**'s internal control. Accordingly, we do not express an opinion on the effectiveness of **Community Action Partnership of Kern**'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We identified a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item FS-2024-001 that we consider to be a significant deficiency.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether **Community Action Partnership of Kern**'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Community Action Partnership of Kern's Response to the Finding

Government Auditing Standards requires the auditor to perform limited procedures on **Community Action Partnership of Kern**'s response to the finding identified in our audit and described in the accompanying schedule of findings and questioned costs. **Community Action Partnership of Kern**'s response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Daniells Phillips Vaughan & Bock

Bakersfield, California
October 21, 2024

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.

	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.

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From: Michelle Zazueta
To: Lisa Gonzales
Subject: Policy Council
Date: Monday, March 3, 2025 10:00:29 AM

Good morning,

I wanted to express my gratitude and appreciation for all of your time with the policy council. Unfortunately there have been some unprecedented changes in my current schedule and my sons. I no longer believe to be a good fit and will no longer be available during the times that meetings are held.
My deepest apologies I will no longer be able to continue serving as a member as of today. Please forgive me, I hope this email finds you well. You can call me anytime if you have any questions. Additionally I will provide teacher Martha during our session this week with the Ipad I was lended for the Meetings.

Thank you so much for your understanding.

Best Regards,

Michelle Zazueta

Promoting Healthy Eating and Nutrition for Head Start Children and Families
ACF-OHS-IM-25-03

ACF Administration for Children and Families	U.S. (UNITED STATES) DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log Number: ACF-OHS-IM-25-03	2. Issuance Date: 03/19/2025
	3. Originating Office: Office of Head Start	
	4. Key Words: Nutrition	

INFORMATION MEMORANDUM

TO: All Head Start Recipients

SUBJECT: Promoting Healthy Eating and Nutrition for Head Start Children and Families

INFORMATION:

Head Start programs play a vital role in supporting healthy eating and nutrition for enrolled children and families. Access to healthy foods and other nutrition services helps children grow, develop, and learn. Good nutrition is essential for brain development and provides children with the energy needed to stay active and focused throughout the program day. A balanced diet helps strengthen a child's immune system, reducing the risk of infections and illnesses. It also prevents childhood obesity, which can lead to chronic diseases like heart disease and diabetes.

This Information Memorandum (IM) affirms the critical role of Head Start programs in ensuring children and families have access to healthy food and comprehensive nutrition services. It also includes an overview of relevant statutory and regulatory requirements and reminds programs of the resources and partnerships available to support robust nutrition services for children and families. Lastly, this IM provides tips to foster enthusiasm for healthy eating in early learning environments and encourages Head Start programs to use innovative strategies to promote health and nutrition. An appendix of additional resources is included to guide programs in their efforts.

BACKGROUND:

Head Start programs play an important role in achieving healthy outcomes for children and families. Nutrition services can be particularly impactful for families who experience food insecurity or live in communities where affordable, healthy food is less available. Research indicates that Head Start children are more likely to receive dental checkups and have healthy eating patterns than non-participants. They also have lower Body Mass Index (BMI) scores and are less likely to be overweight compared to children in other non-parental care (Lee et al., 2013 <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3810984/>). Obese, overweight, or underweight children who

participate in Head Start have a significantly healthier BMI by kindergarten (Lumeng, et al., 2015 <https://publications.aap.org/pediatrics/article-abstract/135/2/e449/33425/changes-in-body-mass-index-associated-with-head?redirectedfrom=fulltext?autologincheck=redirected>). Additionally, Head Start graduates have better health status as adults than non-graduates; they are 7 percent less likely to be in poor health as adults than their siblings who did not attend Head Start (Johnson, 2010; Deming, 2009 <https://www.aeaweb.org/articles?id=10.1257/app.1.3.111>).

The Head Start Program Performance Standards (the Performance Standards) prioritize nutrition services that are culturally and developmentally appropriate and meet each child's individual needs, including those with disabilities, allergies, and special dietary needs (45 CFR §1302.44(a)(1) </policy/45-cfr-chap-xiii/1302-44-child-nutrition>). In doing so, programs help children experience a variety of nutritious foods, provide mealtime opportunities for socialization and enrichment, and support families in learning about the importance of healthy foods at home.

Head Start programs promote access to healthy food and nutrition in many ways. This includes, but is not limited to:

- Increasing access to and availability of healthy foods for children and families in classrooms, during home visits or group socialization activities, and during parent and family engagement activities.
- Supporting families with pregnancy, post-partum, and breastfeeding, as well as ensuring the nutritional needs of infants and toddlers are fully met.
- Helping families access affordable, healthy food options at home.
- Providing families with education on nutrition and the importance of physical activity.
- Reducing administrative burden and supporting families to get connected with other nutrition-related services for which they might be eligible, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Assistance Program for Women, Infants, and Children (WIC).
- Using registered dietitians or nutritionists to support the implementation of Head Start requirements for healthy nutrition.
- Making safe drinking water available to children during the program day.
- Providing materials and equipment for center-based or home-based learning activities related to healthy eating, such as supplies to create gardens, greenhouses, and Indigenous seed hubs.

All Head Start grant recipients and their delegate agencies are required to participate in the Child and Adult Care Food Program (CACFP). The CACFP is a federal United States Department of Agriculture (USDA) program that provides reimbursements for nutritious meals and snacks to eligible children enrolled in participating programs, including Head Start programs. Implementing the CACFP meal patterns <https://www.fns.usda.gov/cacfp/nutrition-standards> helps to ensure children receive a variety of nutrient-dense foods, including whole grains, a variety of fresh fruits, and vegetables, all while reducing intake of ultra-processed foods, added sugar intake, and saturated fats. While CACFP mandates low-fat options, including low-fat and fat-free dairy products for children over the age of 2, emerging evidence (Venn-Watson 2023 <https://pmc.ncbi.nlm.nih.gov/articles/pmc10649853/>; Vanderhout, et al., 2020 <https://www.sciencedirect.com/science/article/pii/s0002916522010036?via%3dihub>) suggests

whole, full-fat dairy supports child development. Head Start programs can explore offering whole dairy where funding allows. We will support implementation of possible updated guidelines while meeting current standards. CACFP also provides resources such as the seasonal buying guide <https://snaped.fns.usda.gov/resources/nutrition-education-materials/seasonal-produce-guide> to promote in-season local produce, which is often full of flavor and nutrients, less reliant on chemicals and pesticides, and supports sustainability and local farmers. Additional information on CACFP is provided in more detail below.

Head Start programs are also required to actively collaborate with parents and families, including expectant families, on healthy eating practices (45 CFR §1302.46 </policy/45-cfr-chap-xiii/1302-46-family-support-services-health-nutrition-mental-health>). Programs also engage parents to discuss their child's nutritional status and provide opportunities for families to learn about preparing healthy food at home.

Overview of Relevant Statutory and Regulatory Requirements

Nutrition services have been a hallmark of the Head Start program since its inception. This is reflected in the Head Start Act (the Act) and the Performance Standards, which detail program requirements related to food and nutrition. For instance, Section 638 </policy/head-start-act/sec-638-financial-assistance-head-start-programs> of the Act identifies nutrition as a key activity of the funding provided to Head Start agencies. Section 648 </policy/head-start-act/sec-648-technical-assistance-training> of the Act requires programs to have qualified staff who can promote the importance of healthy, nutritional choices in daily classroom and family routines to prevent childhood obesity. The Act mentions nutrition services in other areas as well, as an essential part of comprehensive Head Start services.

The Performance Standards further outline what it means to provide nutrition services in Head Start programs. These requirements generally fall into two categories: those that occur when children are present in the teaching and learning environment, and those that focus on engaging with families.

Nutrition Requirements for the Teaching and Learning Environment

Subpart D </policy/45-cfr-chap-xiii/1302-subpart-d-health-mental-health-program-services> of the Performance Standards focuses on the health and mental health requirements for Head Start programs. It states that programs must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness (45 CFR §1302.40 </policy/45-cfr-chap-xiii/1302-40-purpose>). This includes serving foods that are familiar to children as well as new foods. There are various requirements within this subpart that elaborate on what is expected of Head Start programs in the area of nutrition services:

- All Head Start programs must design and implement nutrition services that meet dietary needs of each child, including children with special dietary needs and children with disabilities, to support their growth and school readiness (45 CFR §1302.44(a)(1) </policy/45-cfr-chap-xiii/1302-44-child-nutrition>).
- To ensure up-to-date child health status, Head Start programs must identify each child's nutritional health needs, considering available health information such as special dietary requirements, food allergies, and community nutrition issues (45 CFR §1302.42(b)(4) </policy/45-cfr-chap-xiii/1302-42-child-health-status-care>).
- The Performance Standards at 45 CFR §1302.44 </policy/45-cfr-chap-xiii/1302-44-child-nutrition> detail specific child nutrition requirements, which include:
  - Ensuring each child in a program that operates for fewer than six hours per day receives meals and snacks that provide **one third to one half** of the child's daily nutritional needs.
  - Ensuring each child in a program that operates for six hours or more per day receives meals and snacks that provide **one half to two thirds** of the child's daily nutritional needs.
  - Serving three- to five-year-olds meals and snacks that conform to USDA requirements and are high in nutrients and low in saturated fat, sugar, and salt. Expect possible future updates to nutrition guidelines to reflect the latest science, including providing whole, full-fat dairy for child development.
  - Making sure that all children receive a nourishing breakfast by providing nutrient rich foods for children who did not eat breakfast before they arrived at their Head Start center.
  - Providing appropriate healthy snacks and meals to each child during group socialization ✖ activities in the home-based option.
  - Promoting breastfeeding for mothers who wish to breastfeed during program hours. This may include offering facilities to properly store and handle breast milk and making accommodations when needed.
  - Connecting families to community lactation consultants or counselors when they choose breastfeeding but need support to be successful.

Subpart C </policy/45-cfr-chap-xiii/1302-subpart-c-education-child-development-program-services> of the Performance Standards focuses on the teaching and learning environment specifically when children are in center-based and family child care programs. The Performance Standards ensure that mealtimes are structured and used as learning opportunities. Language skills are strengthened through social conversations and fine motor abilities are tested in handling utensils or serving aides. The social skills involved in the back and forth of mealtime conversation also help children navigate friendships, turn-taking, and self-regulation.

Programs must implement snack and mealtimes in a manner that supports children's development and learning (45 CFR §1302.31(e)(2) </policy/45-cfr-chap-xiii/1302-31-teaching-learning-environment>):

- Family style dining </publication/tips-family-style-dining> – when children and teachers sit together for a meal or snack – is encouraged when developmentally appropriate to support consistency between home and school by replicating the experience of eating together as a family. Family style dining also offers a chance for staff to model healthy food choices and the importance of nutrition. Head Start programs are encouraged to use family style meals when developmentally appropriate. Family style meals benefit children by:
  - Encouraging healthy food choices as teachers and peers model positive attitudes toward nutrition.
  - Supporting children to learn in developmentally appropriate ways about concepts such as serving sizes, nutritional food groups, and the value of trying new foods.
  - Offering opportunity for children to practice using appropriately sized utensils to serve themselves and helping to set and clear the table. This improves children's fine motor skills, boosts their self-confidence, and expands their social skills.
- Support children's understanding of how food and nutrition contribute to growth and overall health, in alignment with the Head Start Early Learning Outcomes Framework (ELOF). For example, a preschooler should be supported to identify a variety of healthy and unhealthy foods, and to make healthy eating choices both independently and with support, and a toddler should show willingness to try nutritious foods when offered on multiple occasions.
- Make snack and mealtimes a positive experience for children. This means programs provide sufficient time for children to eat, avoid using food as a reward or punishment, and do not force children to finish their food. The Performance Standards help programs make meals enjoyable by creating positive eating environments </taxonomy/term/1062> where children are supported to develop and maintain healthy relationships with food.
- Promote consistency in mealtime routines between home and school by providing one-on-one time for infants during bottle feeding. For bottle-fed infants, Head Start programs must hold infants during feeding to support socialization. This one-on-one time helps staff build their relationships with infants. In turn, these safe and trusting relationships provide the foundation for learning and development because they help very young children feel secure and confident about exploring the world around them.

Nutrition Requirements for Engaging with Families

Parent and family engagement is a cornerstone of comprehensive Head Start services. Programs must partner with families to support their wellbeing and their children's learning and development. As it relates to health and nutrition, programs are required to promote children's and families' health by providing nutrition education support services that are understandable to individuals, including individuals with low health literacy (45 CFR §1302.46(a) </policy/45-cfr-chap-xiii/1302-46-family-support-services-health-nutrition-mental-health>). Programs must collaborate with parents to discuss their child's nutritional status, including the importance of healthy eating, the negative health consequences of sugar-sweetened beverages, and the importance of physical activity. They must also help parents understand how to select and prepare nutritious foods that meet the family's nutrition and food budget needs (45 CFR §1302.46(a)(1)(ii) </policy/45-cfr-chap-xiii/1302-46-family-support-services-health-

nutrition-mental-health>). Programs are strongly encouraged to provide specific information to families about the importance of eating whole foods and minimizing ultra-processed foods and avoiding added sugars such as those in soda and other sugar-sweetened beverages.

Funding and Partnerships to Support Nutrition Services for Head Start Programs, Children, and Families

Child and Adult Care Food Program (CACFP) and Head Start Programs

Head Start grant recipients and their delegate agencies are required to participate in CACFP (45 CFR §1302.44(b) </policy/45-cfr-chap-xiii/1302-44-child-nutrition>), a federal program administered by the USDA, Food and Nutrition Services (FNS). Programs are reimbursed by CACFP for all enrolled children at the free rate. CACFP reimburses Head Start programs for up to two meals and one snack, or two snacks and one meal per day. All meals and snacks eligible for reimbursement by CACFP must conform to the requirements in the CACFP Meal Patterns for Children <https://www.fns.usda.gov/cacfp/nutrition-standards>.

The amount and type of food that must be offered varies based on the meal or snack, as well as the specific age group being served. USDA provides numerous resources to assist program officials in determining how foods credit toward the meal pattern requirements, including the Food Buying Guide for Child Nutrition Programs <https://www.fns.usda.gov/tn/fbg> (FBG). Head Start programs are encouraged to speak with the state agency <https://www.cacfp.org/usda-state-agencies/> that administers the CACFP to determine if a food that is not in the FBG is eligible for reimbursement. Additional videos </nutrition/article/cacfp-meal-services-head-start-programs> are available on the Head Start website to support programs with CACFP implementation.

Per 45 CFR §1302.44(b) </policy/45-cfr-chap-xiii/1302-44-child-nutrition>, Head Start grant funds may be used to cover any allowable costs for meal services that are not covered by the USDA program. Foods purchased with Head Start grant funds must conform with the nutritional requirements in 45 CFR §1302.44(a)(2)(iii) </policy/45-cfr-chap-xiii/1302-44-child-nutrition>, including being high in nutrients and low in saturated fat, sugar, and salt. Head Start funds may also be used to pay for food that is provided to families for consumption at home, if they have a specific programmatic purpose related to family engagement. For example, Head Start programs can provide supplies for parents to engage in healthy cooking activities or start a family garden with their children at home, and parents can share about these experiences during parent groups or socializations.

Other Federal Programs that Support Healthy Eating and Nutrition for Head Start Children and Families

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC is a public health nutrition program administered by the USDA that provides nutrition education, nutritious foods, breastfeeding support, and health care referrals for income-eligible pregnant or postpartum women, infants, and children up to age 5. Head Start programs can support families to determine if they are eligible for WIC and then help them to enroll. Local WIC and Head Start programs work closely together in many communities to support the healthy development of children and families. This strong collaboration at the local level allows the two programs to coordinate their services and maximize use of resources (e.g., funding, staff, space) for children and

families. Head Start programs are encouraged to view suggested strategies and resources <https://wicworks.fns.usda.gov/sites/default/files/media/document/10_ways_wic_and_head_start_can_collaborate.pdf> to further enhance partnerships with WIC programs at the state and local levels.

Supplemental Nutrition Assistance Program (SNAP)

SNAP is a federal program administered by the USDA that provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being. Similar to WIC, Head Start programs can support families to determine if they are eligible for SNAP and then help them to enroll. Families who already receive SNAP are considered categorically eligible for Head Start services </policy/im/acf-im-hs-22-03>. This allows for cross-program recruitment <https://www.fns.usda.gov/snap/head-start> and eliminates duplicative and burdensome paperwork for families who are already eligible for a federal public assistance benefit. It also reinforces access to healthy nutrition services for the children and families Head Start programs serve and provides opportunities to prioritize education about healthy food consumption, including the importance of minimizing ultra-processed and high-sugar foods.

Tips to Foster Enthusiasm for Healthy Eating and Nutrition

Head Start programs have many options for integrating creative approaches to healthy eating and nutrition services that are aligned with the Performance Standards and developmental progressions in the Head Start Early Learning Outcomes Framework (ELOF) </school-readiness/article/head-start-early-learning-outcomes-framework>. The tips below provide some examples:

- **Make nutrition education activities fun, interactive, hands on, and part of the daily schedule**. Connecting nutrition activities with reading, math, or science content makes for a comprehensive approach to learning. Send versions of learning materials home with parents with instructions for how they can share in this learning with their children. Some ideas include:
  - **Sensory activities and games**: Ask children to describe the tastes or texture of foods. Use fruits and vegetables with different colors, shapes, and textures, such as kiwi, pineapples, or avocados, and let children examine both the inside and outside of fruits and vegetables.
  - **Storytelling and pretend play**: Turn mealtime into story time. Turning broccoli into a "tree" or carrots into "sticks" makes mealtime fun. Outside of mealtime, use nutrition in imaginative play:
    - Pretend to be different characters making good food choices.
    - Read books with characters making healthy choices.
    - Set up a dramatic play area with healthy food choices in a kitchen, grocery store, or restaurant and talk about selecting nutritious foods.
  - **Meal planning**: Plan fun learning experiences like "Ingredient of the Week" where children select a healthy ingredient to be included in the daily lunch menu for a week. Host special days focused on nutrition, like "Fruit and Veggie Day," or have a "Healthy Snack Party". Reach out to the CACFP state agency contact for approved meal and snack ideas that increase variety. For families, provide take-home materials that encourage variety in meals. Consider easy, fast, and healthy recipes that can be part of a family's routine menu at home. ✖
  - **Growing plants**: Have a small garden or indoor plants to show children how food grows. Take a nature walk to find different food and plants or visit local farms and farmers markets. If in-person visits are not possible, use technology for a virtual farm trip.
  - **Mealtime:** Share materials with families that support making mealtime fun and educational. Help families engage children as part of meal prep. As their skills develop, children can participate in setting the table, washing fruit and vegetables, and mixing ingredients. Families can extend these learning moments by inviting children to count or measure ingredients, identify food colors, and learn new vocabulary.
  - **Family style meals:** Family style dining encourages learning and development not only at the table but away from mealtime as well. Children learn independence, social skills, and other important habits that will last them through adulthood. Parents who have not experienced family style meals often enjoy these experiences and, with support from program staff, may adopt these practices at home. Use these tips for family style dining </publication/tips-family-style-dining>.
- **Increase access to fresh foods.** Explore opportunities to help children and families learn about and access fresh foods through creative experiential opportunities and connections:

    - **Connect with local businesses**: Take field trips to farmers markets, local working farms, or grocery stores to teach children about fresh fruits and vegetables. Children may be eager to identify new foods they would like to try. Teachers can use the foods in lesson plans and for healthy snacks </oral-health/cooks-corner-recipes-healthy-snacks/cooks-corner-recipes-healthy-snacks>.
    - **Connect with other Head Start programs.** Visit other Head Start programs who are integrating experiential learning opportunities to promote health and wellness.
    - **Engage with families**. Ask parent volunteers to assist in the creation of an on-site garden </nutrition/article/eating-well-ground>, where they can pick fresh food to take home for their families. Share information during parent groups and socializations about balancing nutrients, including calories, proteins, vitamins, and minerals. Staff can share books for parents to read with their children about what foods make up each food group and how much of each food group is needed to fuel the brain and body.
    - **Food pantries:** Establish relationships with local food pantries, if available in the community. Ensure you have a process for regularly checking in with all families about their food security and connect them to local food pantry resources as needed.
- **Focus on the communities served.** Take the time to get to know enrolled families on an individual and community level, and incorporate their traditions and culture into healthy meals at the program and as part of community events. Group events are a great time to serve traditional foods and explore community cultures. For example, offer a rotating, in-person or virtual cooking class drawing on healthy, local or cultural meals for the families in your program. Ingredients can be provided in advance.
- **Breastfeeding and infant nutrition.** Breastfeeding is the perfect mix of nutrition for growing babies. The American Academy of Pediatrics (AAP) <https://publications.aap.org/pediatrics/article/150/1/e2022057988/188347/policy-statement-breastfeeding-and-the-use-of> recommends that infants be exclusively breastfed for the first six months, then breastfed for at least one year while they are introduced to complementary foods. Head Start programs can provide a breastfeeding friendly environment </nutrition/article/breastfeeding-tips-head-start-staff> by having a nursing room on-site for either enrolled pregnant women or mothers who want to come to the program and breastfeed their enrolled infants.

Thank you for the work you do on behalf of children and families.

Sincerely,

/ Captain Tala Hooban /

Captain Tala Hooban
Acting Director
Office of Head Start

Resources:

- Fact Sheet: Promoting Healthy Eating and Nutrition for Head Start Children and Families </policy/article/nourishing-futures-promoting-healthy-eating-nutrition-head-start-children-families-fact-sheet>
- Subscribe to the Early Childhood Health and Wellness <https://headstart.gov/subscribe> listserv to receive the monthly Small Bites newsletter, which features information and tools to help establish healthy nutrition practices.
- Nutrition Building Blocks </nutrition/article/nutrition-building-blocks> is a free course offered through the Head Start learning management system, the Individualized Professional Development (iPD) Portfolio. Complete the course to earn continuing education unites while learning how to integrate healthy nutrition messages into music and movement activities for young children and teachers.
- Caring for Children with Food Allergies </publication/caring-children-food-allergies> is a resource to help programs prepare to care for children with allergies to specific foods.
- Watch the CACFP Meal Patterns Webinar </video/cacfp-meal-patterns> to learn about specific CACFP meal pattern requirements.
- Healthy Feeding from the Start for Expectant Families </publication/healthy-feeding-start-expectant-families> is a resource to help families understand how they can form healthy feeding habits from the beginning of their child's life.
- These resources offer family-friendly tips for establishing healthy and age-appropriate eating practices at home:
  - Feeding Your 9-Month-Old </sites/default/files/pdf/nch-feeding-nine-month-old.pdf>
  - Feeding Your Toddler </sites/default/files/pdf/nch-feeding-toddler.pdf>
  - Feeding Your Preschooler </sites/default/files/pdf/nch-feeding-preschooler.pdf>
- Supporting Food Security and Access to Indigenous Foods for Children and Families in Tribal Early Childhood Programs (ACF-OHS-IM-25-01) </policy/im/acf-ohs-im-25-01> provides information to Tribal Nations and communities regarding opportunities to use Head Start funding to promote access to healthy Indigenous foods.
- Growing Head Start Success with Farm to Early Care and Education <https://cdn.prod.website-files.com/5c469df2395cd53c3d913b2d/61103e3093380f42f1df7630_growing%20head%20start%20success-min.pdf> is a resource to support programs with aligning the Performance Standards and the ELOF with farm to early care and education opportunities.
- The Office of Disease Prevention and Health Promotion <https://odphp.health.gov/> leads prevention, nutrition, and physical activity programs, and has additional resources:

- **Eat Healthy: Birth to Age 2**
  - English: Build a Healthy Eating Routine for Your Baby (Birth to Age 2) <https://www.dietaryguidelines.gov/sites/default/files/2021-12/dga_babies_factsheet-508c_0.pdf>
  - Spanish: Establece una rutina alimentación saludable para tu bebé (desde el nacimiento hasta los 2 años) <https://www.dietaryguidelines.gov/sites/default/files/2022-03/dga_factsheet_babies-sp-508.pdf>
- **Eat Healthy: Kids & Teens**
  - English: Help Your Child Build a Healthy Eating Routine <https://www.dietaryguidelines.gov/sites/default/files/2021-12/dga_kidsteens_factsheet-508c.pdf>
  - Spanish: Ayuda a tu hijo o hija a desarrollar una rutina de alimentación saludable <https://www.dietaryguidelines.gov/sites/default/files/2022-03/dga_kidsteens_factsheet_sp_508c.pdf>
- **Cut Down on Added Sugars**
  - English: Cut Down on Added Sugars <https://www.dietaryguidelines.gov/sites/default/files/2021-11/dga_factsheet_addedsugars_2021-06_508c.pdf>
  - Spanish: Reduce el consumo de azúcares añadidos <https://www.dietaryguidelines.gov/sites/default/files/2022-03/dga_factsheet_addedsugars_sp_508c.pdf>
- **Cut Down on Saturated Fats**
  - English: Cut Down on Saturated Fat <https://www.dietaryguidelines.gov/sites/default/files/2021-11/dga_factsheet_saturatedfats-07-09_508c_0.pdf>
  - Spanish: Reduce el consumo de grasa saturada <https://www.dietaryguidelines.gov/sites/default/files/2022-03/dga_factsheet_saturatedfats-sp_508c.pdf>

Historical Document

Bakersfield American
B·A·I·H·P
Indian Health Project
661.327.4030 | BAKERSFIELDAIHP.ORG

5TH ANNUAL SPRING GATHERING

Join us on Saturday,
March 29, 2025 | 10AM - 4:30PM
501 40th Street, Bakersfield, CA 93301

Spring represents **rebirth**, **growth**, and marks a time of **renewal**. Everything is connected and works together to move through the four seasons of **Mother Earth**. Understanding this helps us focus on what is important for this season of our lives. We may focus on the **good in our lives**, on **self-improvement**, and cleanse the past to move forward with **positivity**.

FREE FOOD

Event Includes

- Cultural Activities
- Cultural Artifact Display
- Substance Abuse Prevention
- Suicide Prevention
- Car Seats
- Learning and Healing Circles
- Youth Engagement & Activities
- Domestic Violence and Prevention
- Wellness Services

Healthcare Exhibitors, Partners, and Cultural Vendors welcome for tabling
For more information or vendor participation
Call: (661) 327-4030 | Email: BAIHPCommunity@BakersfieldAIHP.org


The Stockton Astronomical Society, Oak Grove Docent Council
and San Joaquin County Parks present
ASTRONOMY
IN THE PARK
Shumway Oak Grove Regional Park
I-5 @ Eight Mile Rd., Stockton
Free event!
$6 cash parking fee, weather permitting
* * * * * * * * * * * * *
Come early to enjoy astronomy activities in the Nature Center,
then view planets through giant telescopes after sunset!
Jan. 4, 5 p.m. - The Pleiades, The Hyades, Venus, Mars, Jupiter
Feb. 1, 5:30 p.m. - Orion Nebula, The Pleiades, Saturn, Jupiter
Mar. 8, 6 p.m. - The Pleiades, Orion Nebula, Mars, Mercury, Venus
Apr. 5, 6:45 p.m. - Jupiter, Mars, Orion Nebula
May 3, 8:20 p.m. - Hercules Globular Cluster, Mars, Jupiter
May 31, 8:20 p.m. - Hercules Globular Cluster, Mars
Check back for more dates in 2025!
(209) 953-8814/953-8800
STOCKTON ASTRONOMICAL SOCIETY
FOUNDED 1950
OAK GROVE NATURE CENTER
SAN JOAQUIN COUNTY PARKS

MUSEUMS for ALL®

Museums for All is a national program that encourages people of all backgrounds to visit museums regularly. With Museums for All, individuals receiving food assistance can access reduced or free admission to museums across the country by showing their Supplemental Nutrition Assistance Plan (SNAP) Electronic Benefit Transfer (EBT) card.

Several Bakersfield museums participate in Museums for All to make quality museum learning experiences available to everyone. Contact each organization to learn more and plan your visit

Bakersfield Museum of Art

Bakersfield Museum of Art

Bakersfield Museum of Art (BMoA) strives to enhance the quality of life through art appreciation and educational opportunities in the visual arts for Bakersfield and Kern County residents and visitors.

Hours:

Tuesday – Saturday: 10AM -4PM
Sunday & Monday: Closed

Admission:
Free w/EBT Card

Buena Vista MUSEUM of Natural History & Science

Buena Vista Museum of Natural History & Science (BVM)

BVM is the only museum in central California with exhibits on anatomy, astronomy, anthropology, archeology, biology, geology and paleontology. All in one location.

Hours:

Thursday-Saturday: 10AM -4PM
Sunday: 12PM -4PM
Monday & Wednesday: Closed

Admission:
$2 Ticket w/EBT Card

Backpack Connection Series

About this Series

The Backpack Connection Series was created by TACSEI to provide a way for teachers and parents/caregivers to work together to help young children develop social emotional skills and reduce challenging behavior. Teachers may choose to send a handout home in each child's backpack when a new strategy or skill is introduced to the class. Each Backpack Connection handout provides information that helps parents stay informed about what their child is learning at school and specific ideas on how to use the strategy or skill at home.

The Pyramid Model

The Pyramid Model is a framework that provides programs with guidance on how to promote social emotional competence in all children and design effective interventions that support young children who might have persistent challenging behavior. It also provides practices to ensure that children with social emotional delays receive intentional teaching. Programs that implement the Pyramid Model are eager to work together with families to meet every child's individualized learning and support needs. To learn more about the Pyramid Model, please visit ChallengingBehavior.org.

More Information

More information and resources on this and other topics are available on our website, ChallengingBehavior.org.

National Center for Pyramid Model INNOVATIONS

ChallengingBehavior.org

How to Use Positive Language to Improve Your Child's Behavior

Brooke Brogle, Alyson Jiron y Jill Giacomini

"Stop it." "No." "Don't do that!" As a parent, you might find yourself using these words and phrases more often when your child begins to make his own choices. Now, stop for a moment and consider how the conversation might feel if you couldn't use these words? What if, rather than telling your child what he can't do, you instead chose words to tell him what he can do? While this shift in language might seem small, it actually provides a powerful positive change to the tone of the conversation. When you focus on using positive language with your child, you will likely find that he has fewer tantrums, whines less and overall experiences fewer challenging behaviors.

How can such a small change make such a big difference? While it is obvious to adults, young children are not able to make the logical connection that when they are told not to do something, what they actually should do is the opposite. For example, the directions, "Don't climb on the counter" can be very confusing to a child. However, "Please keep your feet on the floor" tells the child exactly what the expectation is and how he can change what he is doing. Using positive language also empowers a child to make an appropriate choice on his own, which can boost his self-esteem. When you are specific in your directions by telling your child exactly what he can do and when, it is easier for him to comply and he is more likely to cooperate with the request.

Try This at Home

- **Replace "don't" with "do".** Tell your child what she can do! If you saw her cutting the leaves of a plant, rather than saying "Don't cut that!" you could say, "Scissors are for cutting paper or play dough. Which one do you want to cut?" It is more likely that your child will make an appopriate choice when you help her to understand exactly what appropriate options are available.
- **Offer a choice.** When you provide your child with a choice of things that he can do, wear or go, he is more likely to select one of the options you have offered because it makes him feel like he is in control. This strategy also works for you as a parent because you approve of either choice.
- **Tell your child "when."** When your child asks to do something, rather than saying no, acknowledge her wish and tell her when she might be able to do it. This answer feels more like a "yes" to a child. For example, if your child asks to go to the park, but you are on the computer finishing up a work project, you could say, "The park sounds like a great idea! I need to finish this letter for work right now. Would you like to go after your nap today or tomorrow morning after breakfast?"
- **Use "first-then" language.** Another way to tell a child when he can do something in a positive way is to use a "first-then" statement. For example, if he wants to watch TV but you would like for him to pick up his toys, you could say "First, pick up your toys and then you may watch a TV show."

- **Give your child time to think.** Sometimes, you may feel frustrated when your child does not respond quickly to requests and feel tempted to use demands and raise your voice. When that happens, remember that your child is learning language and how to use it. She needs time to think about what you said and how she is going to respond. It can take her several seconds, or even minutes, longer than you to process the information. If you remain calm and patiently repeat the statement again, you will see fewer challenging behaviors and enjoy more quality time with your child.
- **Help your child to remember.** Children are easily distracted. Sometimes your child may need you to help him remember what you asked him to do in order to do it. "I remember" statements are very useful in these situations. For example, imagine you have asked your child to put on his shoes so that he can go outside, and he comes over to you without his shoes on and is trying to go outside. You can say, "I remember you need to put your shoes on before you can go outside." Stating the information as a simple fact, rather than a command, gives him the information he needs to make the right choice on his own without blaming him or making him feel like he has failed.

Practice at School

Teachers use positive language at school to help children become more confident and independent. When teachers tell children what they can do, children begin to manage themselves, classroom routines and interactions with peers by themselves. For example, a child who is throwing sand on the playground can be shown that, instead, she can use a shovel to put the sand in a bucket. The teacher might say,"If you want to play with the sand, you can fill this bucket. Would you like a blue bucket or this red one?" In this way, the teacher honors the child's interest, but directs it to a more appropriate play choice.

The Bottom Line

Positive relationships with parents, teachers and other caregivers provide the foundation for a successful and happy child, are the building blocks for your child's self-esteem and ability to empathize and predict future positive behavior choices. The manner in which you talk to your child has a significant impact on his behavior. Making positive changes to your communication style can be hard work, but with a little practice, you will see a big difference in your relationship with your child. Your child will feel more encouraged, positive and independent and, as a result, you will enjoy better overall cooperation.

This publication was produced by the Technical Assistance Center on Social Emotional Intervention (TACSEI) for Young Children funded by the Office of Special Education Programs (OSEP), U.S. Department of Education (H326B070002) and updated by the National Center for Pyramid Model Innovations also funded by OSEP (H326B170003). The views expressed do not necessarily represent the positions or policies of the Department of Education. July 2013/January, 2018.

UNIVERSITY OF SOUTH FLORIDA

IDEAs that Work Office of Special Education Programs

Serie de Conexión

Mochila

Sobre esta serie

La *Serie de Conexión Mochila* fue instaurada por TACSEI (por sus siglas en inglés) para brindarle a los maestros y padres/proveedores una vía para trabajar en conjunto para ayudar a los niños a desarrollar sus aptitudes socioemocionales y reducir las conductas desafiantes. Los maestros podrían elegir enviar un volante a casa dentro de la mochila de cada niño cada vez que sea introducida una nueva estrategia o aptitud dentro de la clase. Cada volante de la *Conexión de Mochila* proporciona información que ayudará a los padres a estar informados sobre lo que su niño está aprendiendo en la escuela y las ideas específicas sobre cómo utilizar las estrategias o aptitudes en casa.

El Modelo de la Pirámide

El Modelo de la Pirámide es un marco que proporciona a los programas orientación en como promover la capacidad socioemocional en todos los niños y diseñar intervenciones efectivas que apoyen a los niños que puedan contar con conductas desafiantes persistentes. También proporciona prácticas para asegurarse de que los niños con retrasos socioemocionales reciban educación intencional. Los programas que implementan el Modelo de la Pirámide están entusiasmados de trabajar en sociedad con las familias para satisfacer las necesidades individuales de aprendizaje y apoyo que cada niño necesita. Para conocer más del Modelo de la Pirámide, por favor visite *challengingbehavior.org*.

Más información

Más información y recursos sobre este y otros temas están disponibles en nuestro sitio web, *ChallengingBehavior.org*.

National Center for Pyramid Model INNOVATIONS

ChallengingBehavior.org

Cómo utilizar lenguaje positivo para mejorar el comportamiento de su hijo

Brooke Brogle, Alyson Jiron y Jill Giacomini

"Detente." "¡No hagas eso!" Como padre, usted puede encontrarse utilizando estas palabras o frases con más frecuencia cuando su niño comienza a tomar sus propias elecciones. Ahora, deténgase por un momento y considere ¿cómo podría sentirse la conversación si no pudiera utilizar estas palabras? ¿Qué tal, si en vez de decirle a su niño qué no puede hacer, en su lugar elige palabras para decirle qué puede hacer? Mientras que este cambio en el lenguaje puede parecer mínimo, en realidad puede proporcionar un cambio positivo poderoso al tono de la conversación. Cuando se enfoque en utilizar lenguaje positivo con su niño, notará que hace menos berrinches y lloriqueos y que demostrara menos conductas desafiantes.

¿Cómo puede un cambio tan pequeño hacer tan gran diferencia? Mientras que es obvio para los adultos, los niños no son capaces de hacer la conexión lógica de que cuándo les dicen que no hagan algo, lo que en realidad deben de hacer es lo contrario. Por ejemplo, las instrucciones, "No te subas al mostrador" puede ser muy confuso para un niño. Sin embargo, "Por favor mantén los pies sobre el piso" le dice al niño exactamente cuál es la expectativa y cómo puede cambiar lo que está haciendo. El utilizar lenguaje positivo también le da poder a los niños para realizar una elección apropiada por sí solo, lo cual puede aumentar su auto estima. Cuando usted es específico con sus instrucciones mencionándole a su niño exactamente lo que puede hacer y cuándo hacerlo, le es más fácil para él cumplir y es más probable que coopere con su petición.

Pruebe esto en casa

- **Reemplace el "no" por el "sí".** ¡Dígale a su niño qué puede hacer! Si lo vio cortando las hojas de una planta, en vez de decirle "¡No cortes eso!" usted puede decirle, "Las tijeras son para cortar papel o plastilina. ¿Cuál quieres cortar?" Es más probable que su niño tome la elección apropiada cuando usted lo ayude a comprender exactamente cuáles son las opciones apropiadas disponibles.
- **Ofrezca opciones**. Cuando usted le brinda a su niño opciones de qué puede hacer, ponerse o a dónde ir, es más probable que elija una de las opciones que usted le ofreció porque lo hace sentir que él tiene el control. Esta estrategia también funciona para usted como padre porque aprobará cualquier elección.
- **Dígale a su niño "cuándo."** Cuando su niño le pida hacer algo, en vez de decirle que no, reconozca su petición y dígale cuándo podría hacerlo. Esta respuesta les suena más como un "sí" a los niños. Por ejemplo, si su niño le pide que vallan al parque, pero usted está en la computadora finalizando un proyecto de trabajo, le podría decir, "¡Ir al parque suena como una gran idea! Pero primero necesito terminar esta carta. ¿Te gustaría ir al parque después de tu siesta hoy o mañana después de desayunar?"
- **Utilice lenguaje como "primero-luego."** Otra manera de decirle a su niño cuándo puede hacer algo de manera positiva es utilizar una declaración conocida como "primero-después." Por ejemplo, si él quiere ver televisión pero usted quiere que recoja sus juguetes, usted le podría decir "Primero levanta tus juguetes y después puedes ver televisión."
- **Dele a su niño tiempo para pensar.** A veces, podrá sentirse frustrado cuando su niño no responde de manera rápida a su petición y sentirá la tentación de demandar y alzar la voz. Cuando eso suceda, recuerde que su niño está aprendiendo el lenguaje y cómo utilizarlo. Él necesita tiempo para pensar lo que usted dijo y cómo va a responder. Esto le puede tomar varios segundos, hasta minutos, más que a usted para procesar la información. Si mantiene la calma y repite calmadamente la petición una vez más, observará menos conductas desafiantes y disfrutará de más tiempo de calidad con su niña.
- **Ayúdele a recordar.** Los niños se distraen fácilmente. A veces su niño necesita que le ayude a recordar lo que usted le pidió que hiciera para poder hacerlo. Frases como "yo recuerdo" son muy útiles en estas situaciones. Por ejemplo, imagine que le ha pedido a su niño que se ponga los zapatos para que pueda salir. Usted puede decir, "Yo recuerdo que debes ponerte los zapatos antes de salir." El comunicar la información como un simple hecho, en vez de una orden, le proporciona la información que él necesita para hacer la elección correcta por sí solo sin culparlo o hacerlo sentir como si hubiera fracasado.

Practique en la escuela

Las maestras utilizan lenguaje positivo en la escuela para ayudar a los niños a ser más seguros e independientes. Cuando las maestras les dicen a los niños qué pueden hacer, los niños comienzan a dirigirse a sí mismos, sus rutinas de clase y las interacciones con sus semejantes. Por ejemplo, a una niña que está tirando arena sobre el patio de juego se le puede enseñar que, en su lugar, ella puede utilizar una pala para echar la arena en una cubeta. La maestra podría decir, "Si quieres jugar con la arena, puedes llenar esta cubeta. ¿Te gustaría una cubeta azul o una roja?" De esta manera, la maestra honra el interés de la niña, pero lo dirige de una manera más apropiada

La conclusión

Las relaciones positivas con los padres, maestras y otras proveedoras proporcionan los cimientos para un niño feliz y exitoso, son los componentes básicos para el auto estima de su niño y la capacidad para simpatizar y predecir las futuras elecciones de conducta positiva. La manera en que usted le habla a su niño tiene un impacto significante sobre su comportamiento. El realizar cambios positivos a su estilo de comunicación puede ser trabajo difícil, pero con un poco de práctica, usted notará una gran diferencia en la relación con su niño. Su niño se sentirá más alentado, positivo e independiente y, como resultado, usted disfrutará de una mejor cooperación en general.

UNIVERSITY OF SOUTH FLORIDA

Esta publicación fue producida por el Centro de Asistencia Técnica sobre Intervención Social y Emocional (TACSEI por sus siglas en inglés) para niños pequeños financiado por la Oficina de Programas de Educación Especial (OSEP por sus siglas en inglés), Departamento de Educación de los Estados Unidos (H326B070002) y actualizado por el Centro Nacional para Innovaciones del Modelo de la Pirámide también financiado por OSEP (H326B170003). Las opiniones expresadas no representan necesariamente las posiciones o políticas del Departamento de Educación. julio 2013 / enero, 2018.

IDEAs that Work
Office of Special Education Programs

Scan this code with your phone for more info!

Head Start
A Program of *CAPK*

Your child's education is our priority!

Community Action Partnership of Kern's Head Start program is a no cost program for children 6 weeks to 5 years from low-income families and pregnant women. Families and children experiencing homelessness and children in the foster care system are also eligible, as well as children with disabilities and other special needs.

Rest assured that Head Start has put together a portfolio of robust safety features to reduce the risk of COVID-19 transmission while children attend our site locations.

There are various program options that can best fit your family's needs:

Head Start
- Full Year/Part Year Options
- Full Day/Part Day in class

Early Head Start
- Home Based
- Pregnant Women
  Full Day in Class

Partnerships
- Partnerships with community day care providers
- Full-day classes

To complete an application, you will need:
- Birth certificate or any legal document showing child's age
- Immunization's record
- Proof of family income - last 12 months
- Proof of address
- Proof of pregnancy
  (if applying for Pregnant Women's Program)

capk
Community Action Partnership *of* Kern

Our Head Start Students Receive:
- High-quality, age-appropriate learning from credentialed teachers
- Free medical and dental screenings, Healthy meals and snacks
- A safe indoor and outdoor setting to explore, discover, and learn

Give your child a Head Start!

1-800-701-7060

www.capk.org/headstart

¡Escanea este código con tu teléfono para obtener más información!

Head Start
Un Programa de *CAPK*

La educación de su hijo(a) es nuestra prioridad.

Head Start es un programa sin costo, diseñado para niños (as) de 6 semanas hasta 5 años provenientes de familias de escasos recursos y mujeres embarazadas. Las familias y menores desamparados, así como las familias inscritas en el sistema de crianza, también pueden calificar para el programa, esto también incluye a los niños (as) con discapacidades y otras necesidades especiales.

Tenga la seguridad de que Head Start ha reunido una serie de sólidos elementos de seguridad para reducir el riesgo de transmisión de COVID-19 mientras los niños asisten a nuestros centros.

Hay varias opciones de programas que pueden adaptarse mejor en las necesidades de su familia:

Head Start
- Opciones de año completo/año parcial
- Clases de tiempo completo y medio tiempo

Early Head Start
- Servicios a domicilio
- Mujeres embarazadas
- Día completo en clase

Asociaciones
- Asociaciones con proveedores de guarderías comunitarias
- Día completo en clase

Para completar una solicitud, necesitará:
- Acta de nacimiento o cualquier documento legal que demuestre la edad del niño
- Registro de vacunas
- Comprobante de ingresos familiares–últimos 12 meses
- Comprobante de domicilio
- Prueba de embarazo (Si solicita el programa para mujeres embarazadas)

capk
Community Action Partnership of Kern

Nuestros alumnos de Head Start reciben:

- Aprendizaje de alta calidad y adecuado a la edad, orecido por profesores acreditados
- Examenes médicos y dentales gratuitos, comidas y meriendas saludables
- Un ambiente interior y exterior seguro para explorar, descubrir, y aprender

¡Dele la oportunidad de un buen comienzo a su hijo (a) en Early Head Start!

1-800-701-7060

www.capk.org/headstart

Early Head Start
A Program of CAPK

Your child's education is our priority!

Community Action Partnership of Kern's Early Head Start Program in San Joaquin County is a no cost program for eligibile children 0 to 3 years old and pregnant women. Our program is inclusive of all families including children experiencing homelessness, in the foster care system, as well as children with disabilities and other special needs.

CAPK has in place a variety of safety features to reduce the risk of transmitting infectious diseases including COVID-19, RSV, etc.

There are various program options that can best fit your family's needs:

Early Head Start

- Home Based
- Pregnant Women
- Full Day in Class

To complete an application, you will need:

- Birth certificate or any legal document showing child's age
- Immunization's record
- Proof of family income - last 12 months
- Proof of address
- Proof of pregnancy (if applying for Pregnant Women's Program)

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Community Action Partnership of Kern

Give your child the opportunity for a good start at Early Head Start!

APPLY NOW by scanning this!

(209) 242-9540

www.capk.org/headstart/

CAPK Early Head Start Children Receive:

- High-quality, age-appropriate learning from qualified and responsive teaching staff.
- Screening, assessments, healthy meals, and snacks.
- A safe indoor and outdoor setting to explore, discover and learn.

Early Head Start
A Program of CAPK

La educación de su hijo(a) es nuestra prioridad.

CAPK Early Head Start en el condado de San Joaquín es un programa sin costo para las familias elegibles. Ofrecemos servicios a niños de 0 a 3 años y mujeres embarazadas. Nuestro programa incluye a todas las familias, incluidos los niños sin hogar, niños en hogares de acogida y los niños con discapacidades.

CAPK cuenta con una serie de dispositivos de seguridad para reducir el riesgo de transmisión de enfermedades infecciosas como COVID-19, RSV, etc.

Hay varias opciones de programas que pueden adaptarse mejor en las necesidades de su familia:

Early Head Start
- Servicios a domicilio
- Mujeres embarazadas
- Día completo en clase

Para completar una solicitud, necesitará:
- Acta de nacimiento o cualquier documento legal que demuestre la edad del niño
- Registro de vacunas
- Comprobante de ingresos familiares–últimos 12 meses
- Comprobante de domicilio
- Prueba de embarazo
  (Si solicita el programa para mujeres embarazadas)

capk
Community Action Partnership of Kern

¡Dele la oportunidad de un buen comienzo a su hijo (a) en Early Head Start!

¡APLICA AHORA escaneando esto!

(209) 242-9540

www.capk.org/headstart/

Los Niños de CAPK Early Head Start Reciben:
- Aprendizaje de alta calidad y adecuado a la edad del niño con personal calificado y atento.
- Exámenes, evaluaciones, comidas y aperitivos saludables.
- Un ambiente interior y exterior seguro para explorar, descubrir y aprender.

CalWORKs

Home Visiting Program

Home visiting could help you with:

- Pre-natal & post-partum education
- Family and community support
- Positive parent and child interactions
- Health and social services

Who May Be Eligible?

CalWORKs participants who are:

- Pregnant
- Parents or caretakers of children birth to 24 months.

To learn more or to sign up for the program,

Please contact our HVP Liaison at **(661)631-6756** or your CalWORKs case worker.

CalWORKs

Programa de Visitas a domicilio

Las visitas a domicilio le pueden ayudar con:

- Educación
- Apoyo familar y comunitario
- Interacción positiva entre padres e hijos
- Servicos sociales y de salud

¿Quién es elegible?

Las personas que participan en el programa de CalWORKs:

- Embarazadas
- Padres o guardianes de bebés recién nacidos hasta 24 meses de edad

Para obtener más información o inscribirse en el programa,

Llame al coordinador de HVP al **(661)631-6756** o a su trabajador social de CalWORKS.

Policy Council
BUDGET & FINANCE COMMITTEE
2024 – 2025 Meeting Dates

Committee meetings will be conducted through Microsoft Teams and will begin at 5:30 p.m. As the meeting date approaches you will receive an email invitation as well as all necessary documentation/information for the meeting. Please mark your calendar accordingly.

~~Tuesday, January 21, 2025~~
~~Tuesday, February 18, 2025~~
~~Tuesday, March 18, 2025~~
Tuesday, April 15, 2025
Tuesday, May 20, 2025
Tuesday, June 17, 2025
Tuesday, August 19, 2025
Tuesday, September 16, 2025
Tuesday, October 21, 2025

Approved: January 21, 2025

Policy Council
BYLAWS COMMITTEE
2025 Meeting Dates

All meetings will be held on Microsoft Teams. As the meeting date approaches you will be sent an email invitation. In preparation for subcommittee meetings please mark your calendar accordingly.
All meetings will begin at 5:30 p.m.

~~**Tuesday, February 4, 2025**~~
Tuesday, April 1, 2025
Tuesday, June 3, 2025
Tuesday, August 5, 2025
Tuesday, October 7, 2025

Any necessary documentation and/or information for meetings will be sent via email prior to the meeting for your review.

Approved: February 4, 2025

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

Policy Council
SCHOOL READINESS COMMITTEE
2024 – 2025 Meeting Dates

All meetings will be held on Microsoft Teams. As the meeting date approaches you will be sent a meeting invitation via email. In preparation for these subcommittee meetings please mark your calendar accordingly.
All meetings will begin at 5:30 p.m.

~~**Thursday, February 13, 2025**~~
~~**Thursday, March 13, 2025**~~
Thursday, April 10, 2025
Thursday, May 8, 2025
Thursday, June 12, 2025

Any necessary documentation and/or information for meetings will be sent via email prior to the meeting for your review.

Approved: February 13, 2025

2024-2025 Head Start
Policy Council Meeting Dates

~~Tuesday, November 28, 2024~~
~~Tuesday, December 17, 2024*~~
~~Tuesday, January 28, 2025~~
~~Tuesday, February 25, 2025~~
Tuesday, March 25, 2025
Tuesday, April 22, 2025
Tuesday, May 27, 2025
Tuesday, June 24, 2025
July – No Meeting
Tuesday, August 26, 2025
Tuesday, September 23, 2025
Tuesday, October 28, 2025

Policy Council Meetings are generally held at 5:30 p.m.
on the 4th Tuesday of the month.

** The December meeting will be held one week earlier due to the Christmas holiday.*

Policy Council Approved: December 17, 2024

APPLICATION FOR POSITION OF
POLICY COUNCIL COMMUNITY REPRESENTATIVE

☐ Community Representative - Local Agency
☐ Community Representative - Past Parent

Name: Ian J. Anderson	Occupation: NonProfit Executive Director.
Home Address: [redacted]	
Mailing Address (if different):	
Home Phone: [redacted]	Mobile Phone:
Email: [redacted]	

Your Background

What knowledge or skills could you contribute to the Head Start Policy Council (Check all that apply):

☐ Former Head Start Parent	☐ Accounting	☒ Management
☒ Public Relations	☐ Legal	☐ Human Services
☒ Education/Training	☒ Community Relations	☐ Housing
☒ Youth & Families	☒ Relations	☐ Other:

1. What Community activity or organization have you been most involved in and why?

Kern Literacy Council, executive director. Board Member of Youth Connection of Kern, BC & Taft Adjunct Instructor

2. What resources do you have to offer children and families in the Head Start Program?

Literacy and education resurces, career and college pathways, general resource mapping, etc.

3. Why would you be a good candidate for the Community Action Partnership of Kern Head Start/State Child Development Policy Council?

I have worked with parents and youth in the education field for many years. I also have an understanding of the needs of the whole family/child and can bring this experiance and resources to CAPK Policy Council.

Ian J. Anderson
Signature of Applicant

3/4/2025
Date

Head Start
A Program of CAPK

Community Assessment
Kern County

2025

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TABLES

FIGURES

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 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 Head Start Program's 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 Head Start Program provides high quality early childhood education to children from prenatal 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.

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 2023 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 extraordinarily 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 with 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 2023, 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 include 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 sited) 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 2023/2024 Information Reports (PIR) was used for data 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 understanding 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, and Lathrop). The information below further details CAPK's programs.

CAPK Service Delivery:

2-1-1 *Kern 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, 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 nutritional 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 support)

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's 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. 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 Head Start and Early Head Start Kern County Locations

HS/EHS Site Name	Address
Administration Office	1300 18th St., Ste. 200, Bakersfield, CA 93301-4510
Alberta Dillard	5704 Pioneer Dr., Bakersfield, CA 93306-6546
Alicante	7998 Alicante Ave., Lamont, CA 93241-1744
Angela Martinez	4032 Jewett Ave., Bakersfield, CA 93301-1114
Bakersfield College	1801 Panorama, Bakersfield, CA 93305-1219
Blanton	315 E. 18th St., Bakersfield, CA 93301-5610
Broadway	929 Broadway St., Wasco, CA 93280-1809
California City	9124 Catalpa Ave., California City, CA 93505-2781
Cleo Foran	1410 11th St., Bakersfield, CA 93304-1432
Delano	1835 Cecil Ave., Delano, CA 93215-1519
Fairfax	1500 S. Fairfax Rd., Bakersfield, CA 93307-3151
Garden Pathways	1130 17th St., Bakersfield, CA 93301-4607
Harvey L. Hall	315 Stine Rd., Bakersfield, CA 93309-3268
Heritage Park	2320 Mt. Vernon Ave., Bakersfield, CA 93306-3300
Martha J. Morgan	3811 River Blvd., Bakersfield, CA 93305-1004
Oasis	814 North Norma, Ridgecrest, CA 93555-32509
Pete H. Parra	1825 Feliz Dr., Bakersfield, CA 93307-3577
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
Shafter EHS	459 E. Euclid Ave., Shafter, CA 93263-2777
Shafter HS	452 W. Los Angeles Ave., Shafter, CA 93263-2590
Sterling	3000 Sterling Rd., Bakersfield, CA 93306-4569
Sunrise Villa	1600 Poplar Ave., Wasco, CA 93280-3405
Taft	819 6th St., Taft, CA 93268-2305
Taft College	29 Cougar Ct., Taft, CA 93268-2100
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
Willow	401 Willow Dr., Bakersfield, CA 93308-4761

Source: CAPK Operations

DETERMINANTS OF NEED

KERN COUNTY OVERVIEW

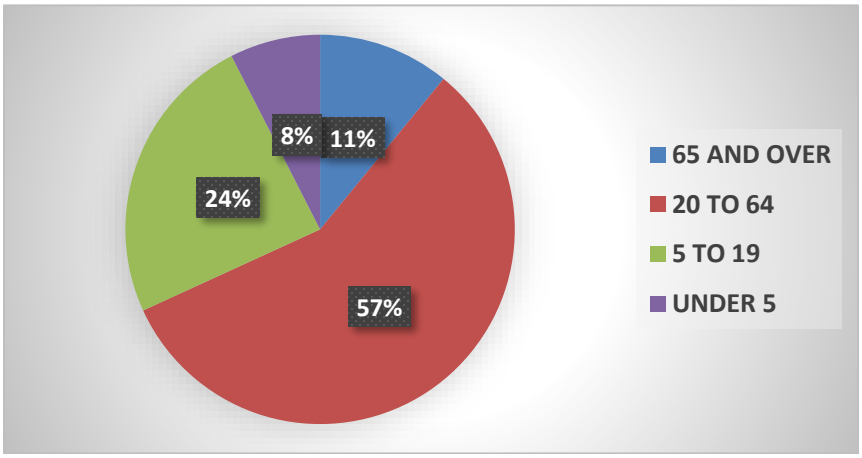
Kern County is in Central California, at the southern end of the San Joaquin Valley. At 8,172 square miles, Kern is California's third-largest county by land area. Terrain varies dramatically within the County, from the valley lowlands to the mountain peaks of the southern Sierra Nevada, to arid stretches 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.

Figure 1, Kern County Population

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 national 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

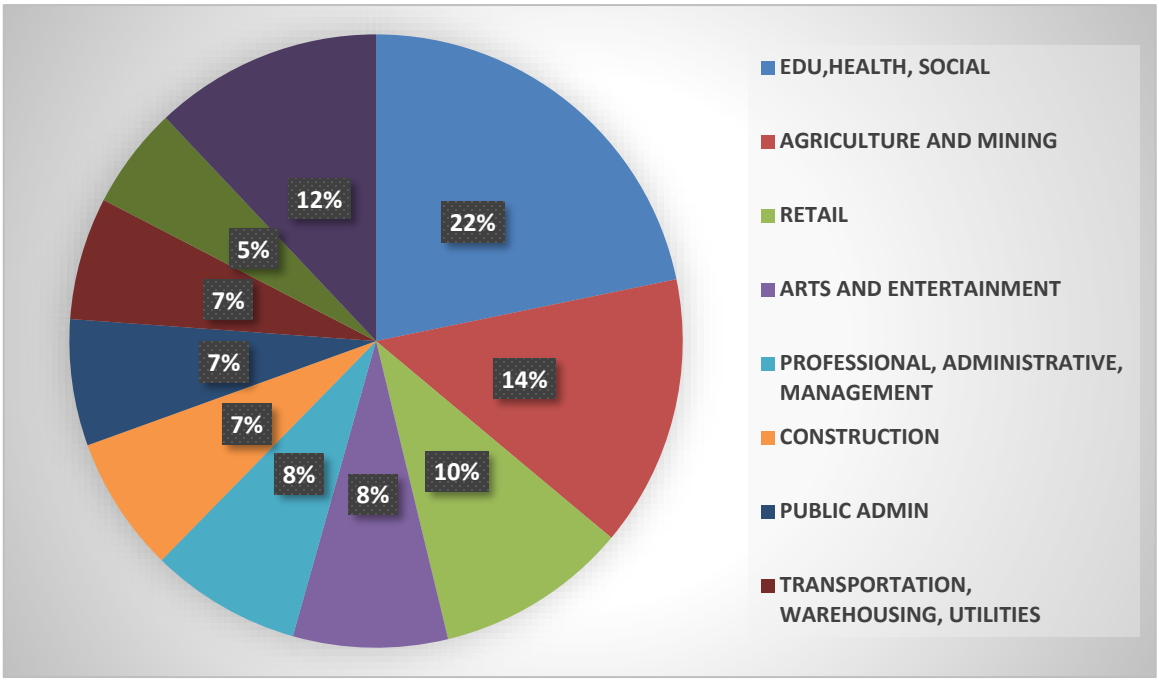
According to the most recent data from the U.S. Census Bureau's American Community Survey **(ACS) for 2019-2023**, approximately 45.2% of Kern County residents aged 5 and older speak a language other than English at home, showing a slight increase from 44.3% reported in the **2018-2022 ACS data** with 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% are in the labor force and 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

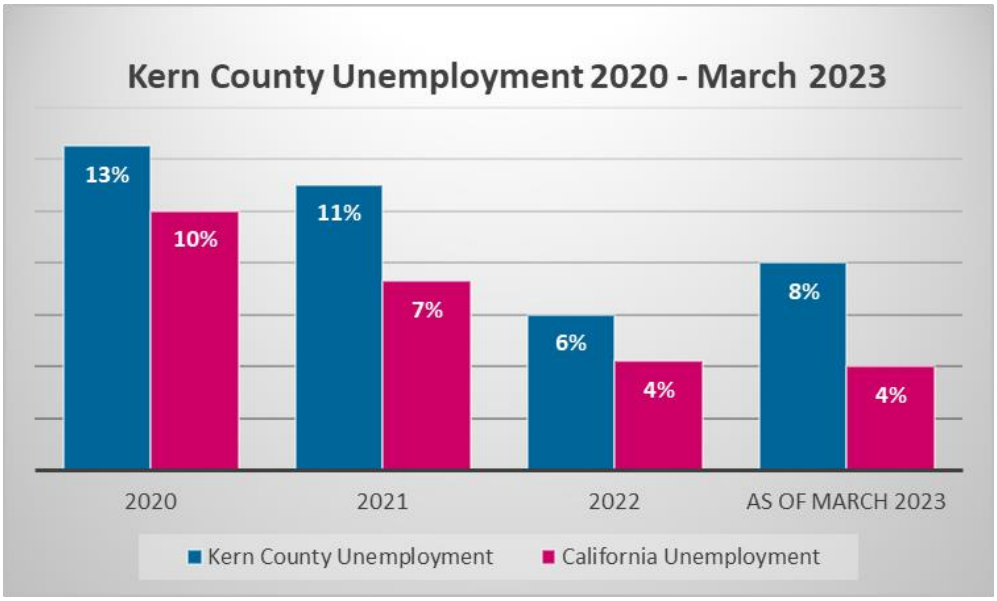


Source: US Census American Community Survey 2022, 5-Year Estimates

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

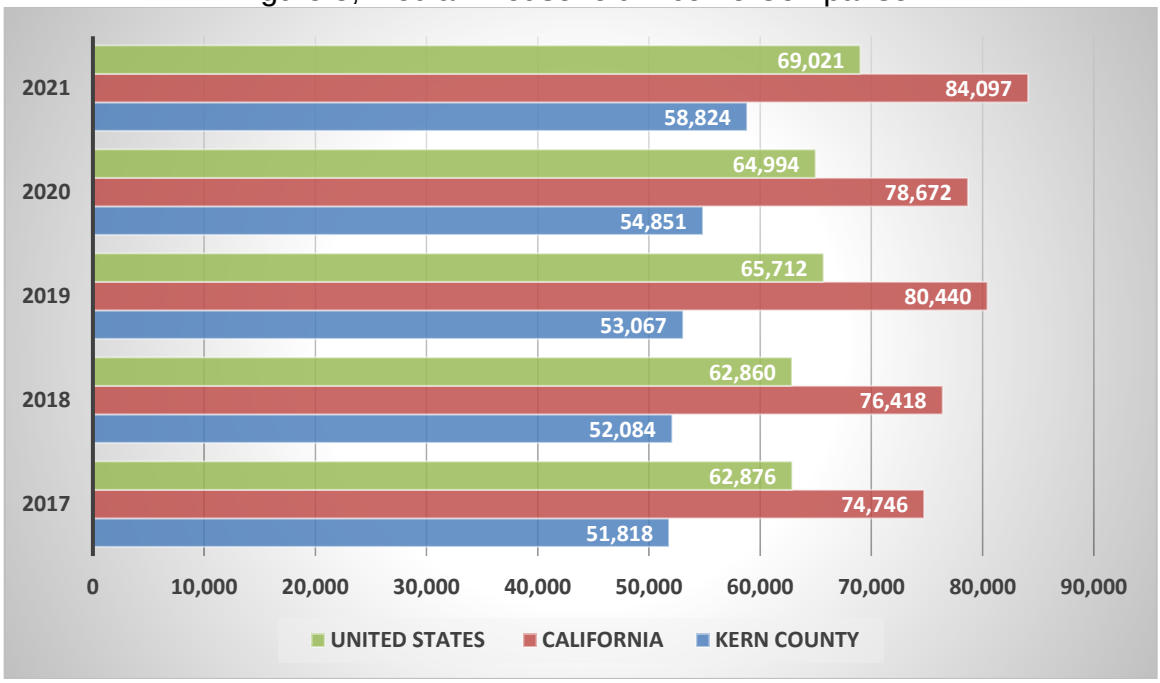


Source: California Department of Labor, 2023

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.***

Figure 5, Median Household Income Comparison

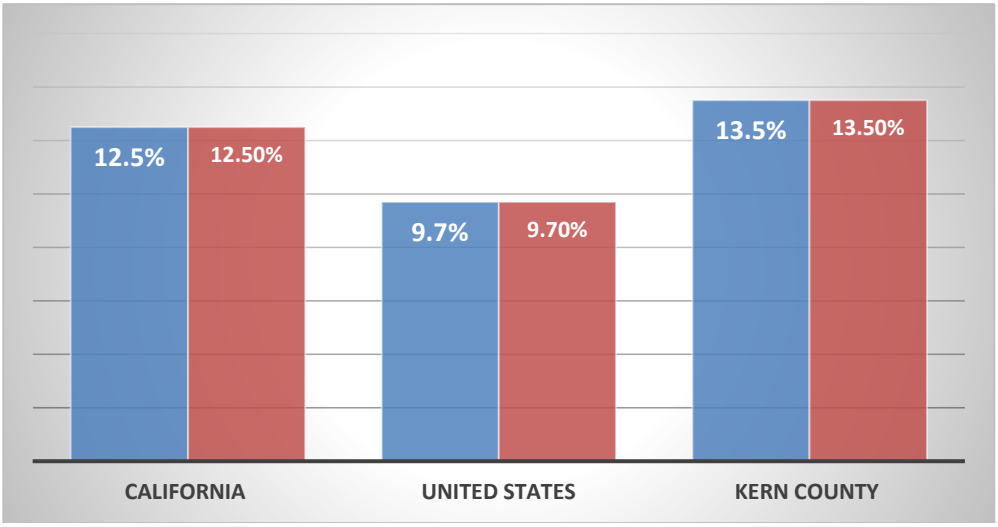


Source: US Census American Community Survey 2022, 5-Year Estimates

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 2019-2023, Kern County's median household income is **$63,883**. 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

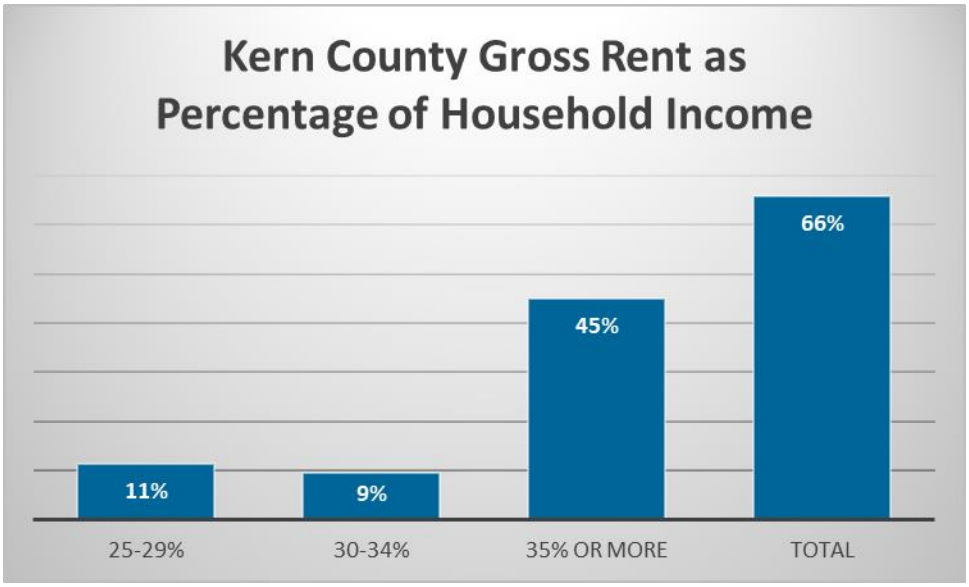
According to the US Census Estimates, there are 274,705 occupied housing units in Kern County.

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 extremely 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.

Figure 7, Kern County Gross 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

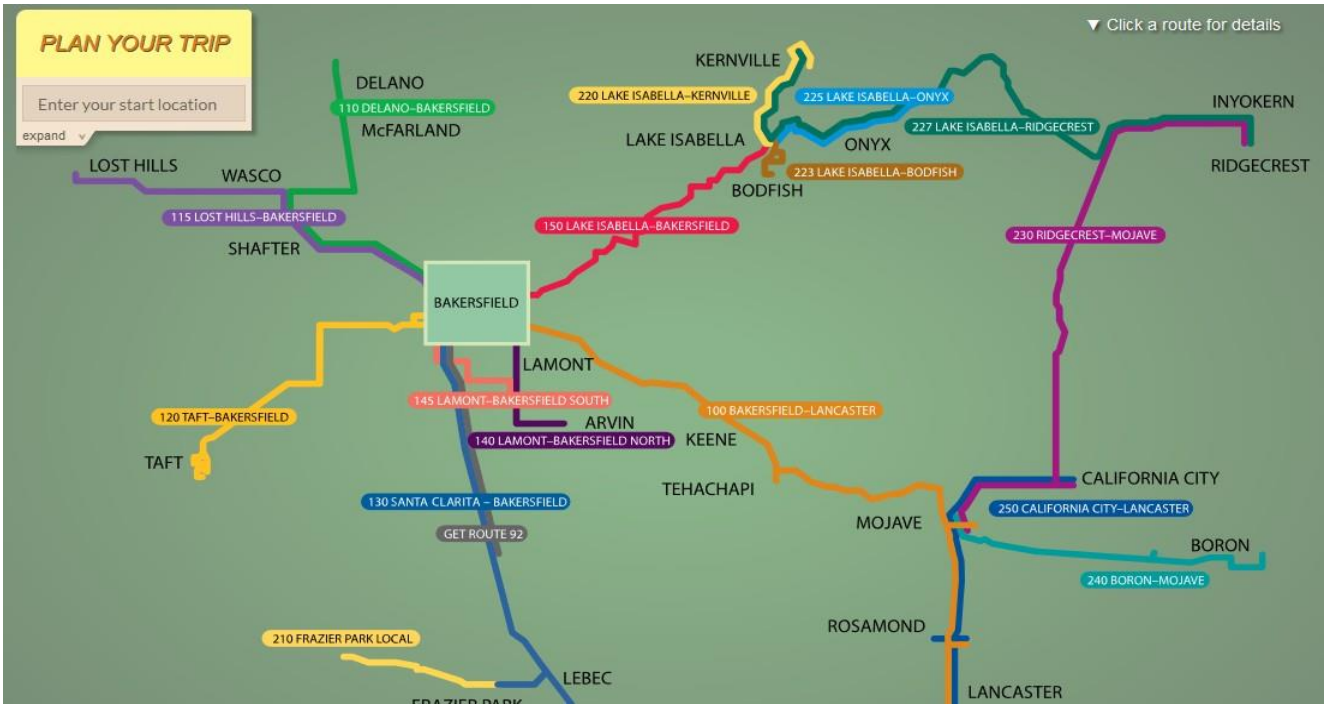
City	Substandard Stock
Arvin	57.1%
Bakersfield	34.0%
California City	95.9%
Delano	42.0%
Maricopa	94.3%
McFarland	50.8%
Ridgecrest	39.6%
Shafter	44.2%
Taft	54.9%
Tehachapi	29.6%
Wasco	54.4%
Unincorporate	56.5%

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 8, 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

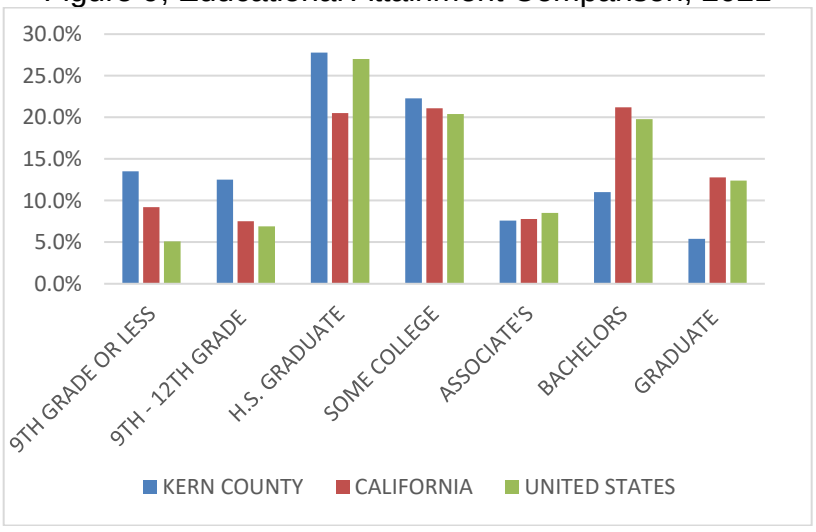
According to the California Health Care Foundation, substance use disorders are common; 8.8% of California meets the criteria for a substance use disorder. Many rural areas of the state lack access to treatment and experience significant waiting times. According to the California Department of Health 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% have between a 9th and 12thgrade 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 9, Educational Attainment Comparison, 2021



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 and Ethnicity, 2021

	Kern		CA		US	
Race/Ethnicity	**HS or Higher**	**BA or Higher**	**HS or**	**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		
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
769	257	141	629	197	208

Source: 2023/2024 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 1,335 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 33% 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. Four Head Start/Early Head Start families in the county needed services to help them build assets or reduce debt, and all four 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. When people need additional help, the aim is to 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*** with 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:

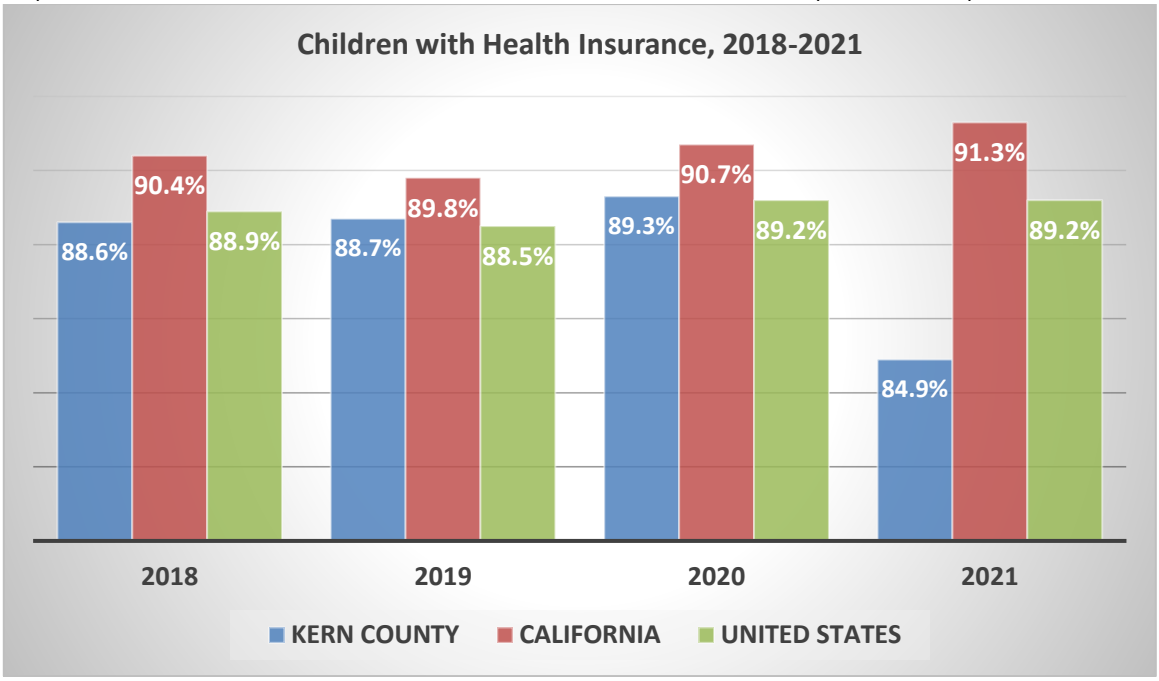
- In Kern County, 13% of adults have been diagnosed with diabetes, (County Health Rankings, 2021).
- Of the children discharged from hospitals in Kern County in 2020, 3.5% or 172 children were diagnosed with diabetes (Kidsdata.org, 2020).

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 10, 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 9 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	92%
Received all possible immunizations or exempt	98%
Up to date on EPSDT schedule	68%

Source: 2023/2024 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 98% of participants have continuous, accessible oral care, only 67% of Early Head Start and 81% 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 (12.4%).

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 food being 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 prenatal 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 is 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.

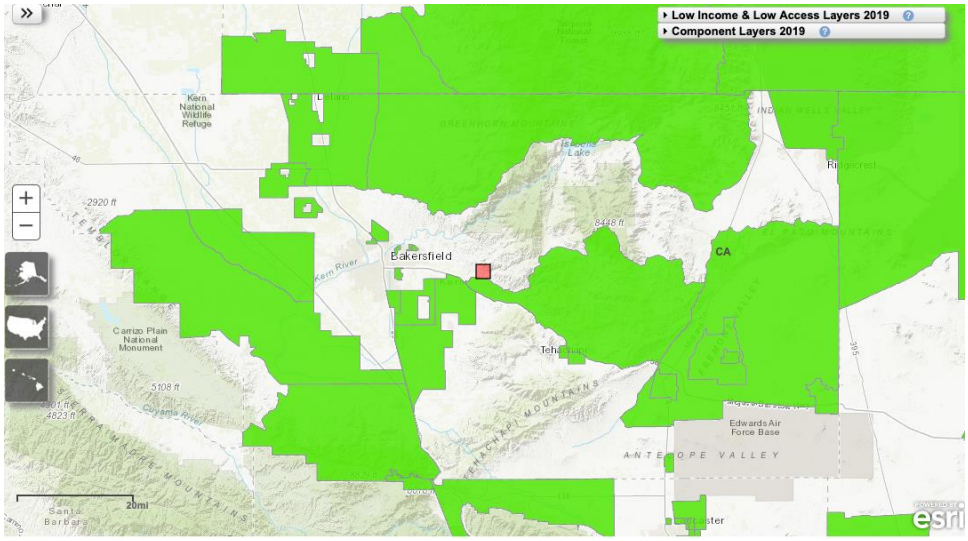
- California Department of Education: up to 140,000 Kern children receive free or reduced-price school lunch.
- California Department of Social Services: Approximately 83,589 children received CalFresh (SNAP) benefits.
- Over 25,692 children are served by WIC in Kern County

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 11, 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

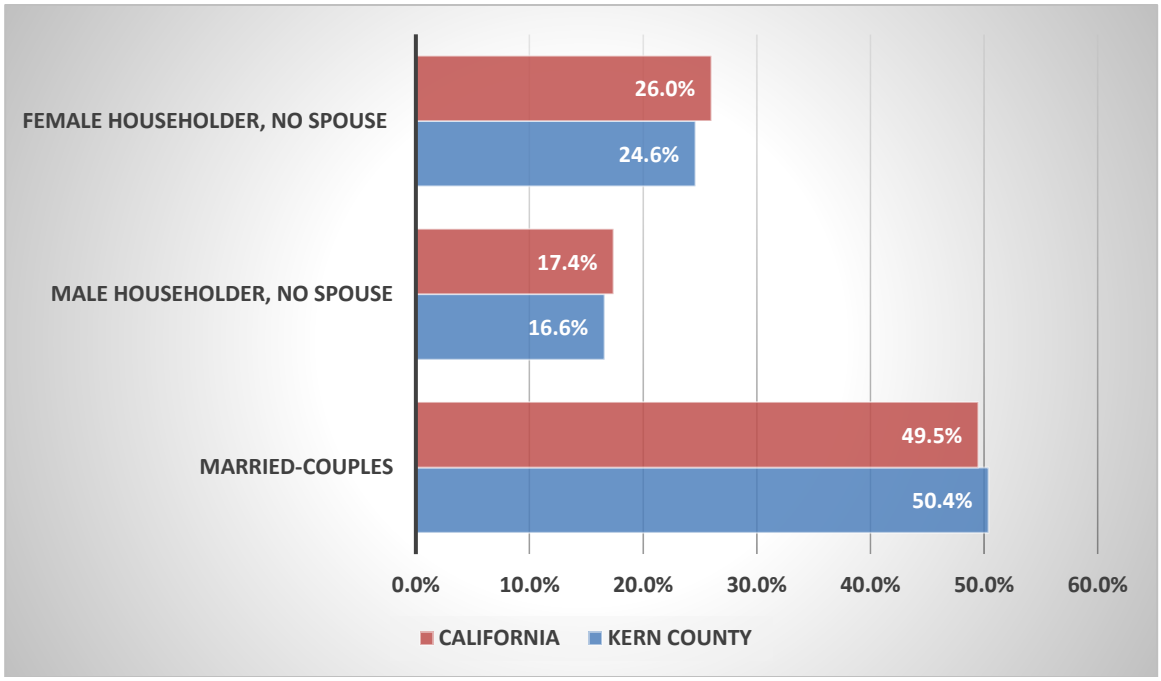
CAPK's Head Start/Early Head Start (HS/EHS) provides services and programs that positively impact low-income children ages 0-5 years and their families. Income limits for eligibility to enroll into HS/EHS programs are set by current federal poverty guidelines. Additionally, foster children, children 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 2023-24 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 12, Family Household Types Comparison, Kern County and California

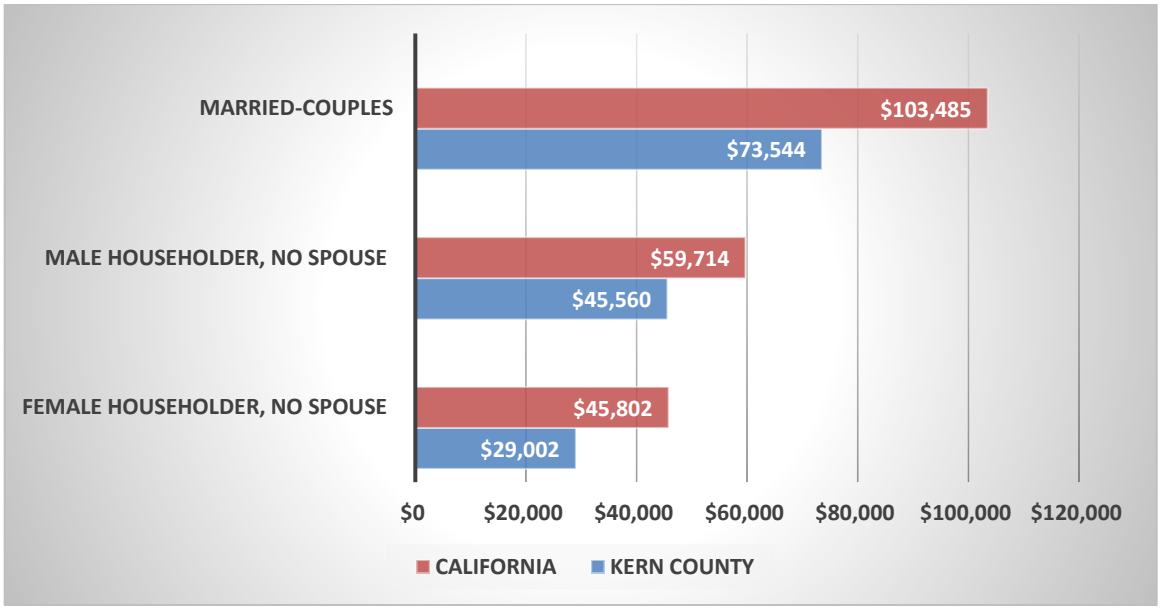


Source: US Census American Community Survey 2021, 5- Year Estimates

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.

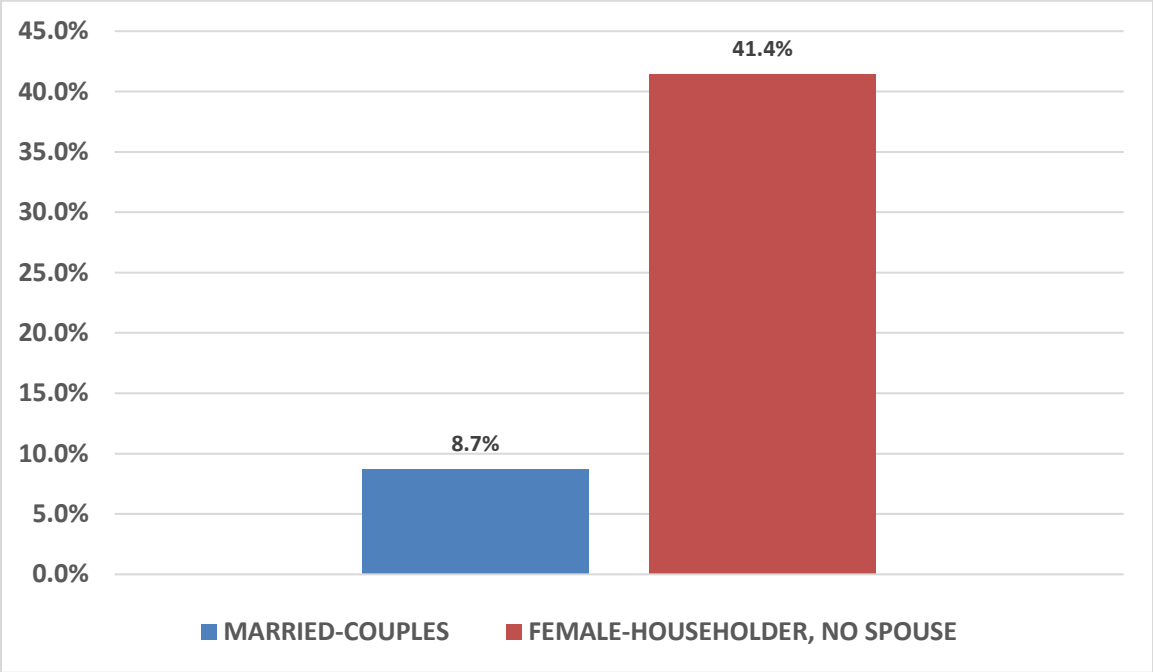
Figure 13, Median Income by Household Type



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 14, 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 America	Caucasian	Latino	Asian/Pacific	Native America	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 the 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 K-12 children 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, and 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 short and long term. For Kern County children enrolled in Head Start, statistics show 68% at a healthy BMI with 18% either overweight or obese. Three percent of children enrolled 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 human-caused 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 2023-2024 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.

PROGRAM ENROLLMENT

During the 2023/2024 school year, CAPK HS/EHS had cumulative enrollment of 2,050 children with the majority, (53%), enrolled in the Head Start program.

Table 13, Enrollment 2023/2024

	Head Start	Early Head Start	Total
Funded Enrollment	1,242	829	2,071
Cumulative Enrollment	1,093	957	2,050

Source: Kern PIR 2023/24

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 2023/2024

AGE

Of the 2,050 children who participated in HS/EHS during the 2023-2024 school year, 50% were ages 3-5 years.

RACE AND ETHNICITY

Most children (84%) enrolled in HS/EHS are White origin and accounted for 85.5% of CAPK's Head Start enrollments, followed by Hispanic/Latino origin (82%). Of HS/EHS children, 32% were from families where Spanish is the primary language.

Table 15, Enrollment by Race/Ethnicity

Race/Ethnicity	HS	EHS	Total
American Indian/Alaska Native	1%	0.94%	0.98%
Asian	0.73%	2.4%	1.56%
Black or African American	7.7%	8.9%	8.3%
Hispanic/Latino	82.3%	94.5%	82%
White	85.5%	82.2%	84%
Biracial/Multi-Racial	3.9%	4.8%	4.34%
Other Race	0.91%	0.63%	.78%

Source: Kern PIR 2023/2024

HOMELESS CHILDREN

Within the context of Head Start and Early Head Start enrollment, approximately 56 children (58 families) experienced homelessness during the enrollment year with 14 of these families affected acquiring housing during the enrollment year.

FOSTER CARE

According to the Community Action Partnership of Kern's 2023-2024 Program Information Report (PIR), the number of children in Kern County's Head Start program categorized as a "foster child," were 130, approximately 6.3%.

DISABLED

CAPK Head Start had 88 enrolled children who had an Individualized Education Program (IEP) and 128 infants and toddlers in the Early Head Start program with an Individualized Family Service Plan (IFSP). All these children received special services and were determined eligible to receive early intervention services.

OBESITY

At enrollment in the Head Start program, 26% 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 families 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 firsthand 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

Source: Kidsdata.org, 2020

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 18, 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 & 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 work for potentially unionizing child-care providers and with that an increase in pay for those workers. Should this happen, 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 effects 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 19, 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 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 caregivers.

Table 20, 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 21, Kern Public School Transitional Kindergarten Enrollments

	2018/19	2019/20	2020/21	2021/22
Hispanic or Latino of Any Race	2,901	2,374	1,609	1,351
American Indian or Alaska Native	20	11	14	7
Asian	89	115	34	32
Pacific Islander	13	10	2	1
Filipino	34	33	25	17
African American	252	209	115	84
White	1,116	885	530	394
Two or More Races	113	82	58	51
Not Reported	35	40	9	177
Total	**4,573**	**3,759**	**2,396**	**1,952**

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 22, 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 form 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 23, Survey Results

Rank	Clients	Partners and Community Agencies	CAPK Board
1	Affordable Housing	Mental Health Needs	Services/Programs in Rural Areas
2	Utility Bill Assistance	Substance Use 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

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

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 use*** 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 one response. Five of the 10 workgroups cited utility assistance as a concern. Topics numbered two through five 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 were the number one response. Four of the seven workgroups cited after-school services as a need in the community. Topics numbered two through four were equally mentioned by three work groups.

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.

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 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 and advocating for systemic changes 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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Early Head Start
A Program of CAPK

Community Assessment
San Joaquin County

2025

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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 2023 Community Assessment Update was completed and approved by the Head Start Policy Council Planning Committee on August 22, 2023, and the CAPK Board of Directors meeting on September 13, 2023.

KEY FINDINGS

As in the 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 lived 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 sited) 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 2023/2024 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 and Lodi). 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 325 children and their families in 2023/2024 at six locations and in home-based setting.*

Table 1, CAPK San Joaquin County Early Head Start Locations

Site Name	Address
California Street	425 N. California St., Stockton, CA 95202-2130
Gianone	1509 N. Golden Gate Ave, Stockton, CA 95205-3017
Kennedy	2800 S. D St., Stockton, CA 95206-3617
Lathrop	850 J St., Lathrop, CA 95330
Lodi UCC	701 S. Hutchins, Lodi, CA 95240-4641
Lathrop	850 J St., Lathrop, CA 95330
Marci Massei	215 W. 5th St., Stockton, CA 95206-2605

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.

Figure 1, San Joaquin County

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.

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.

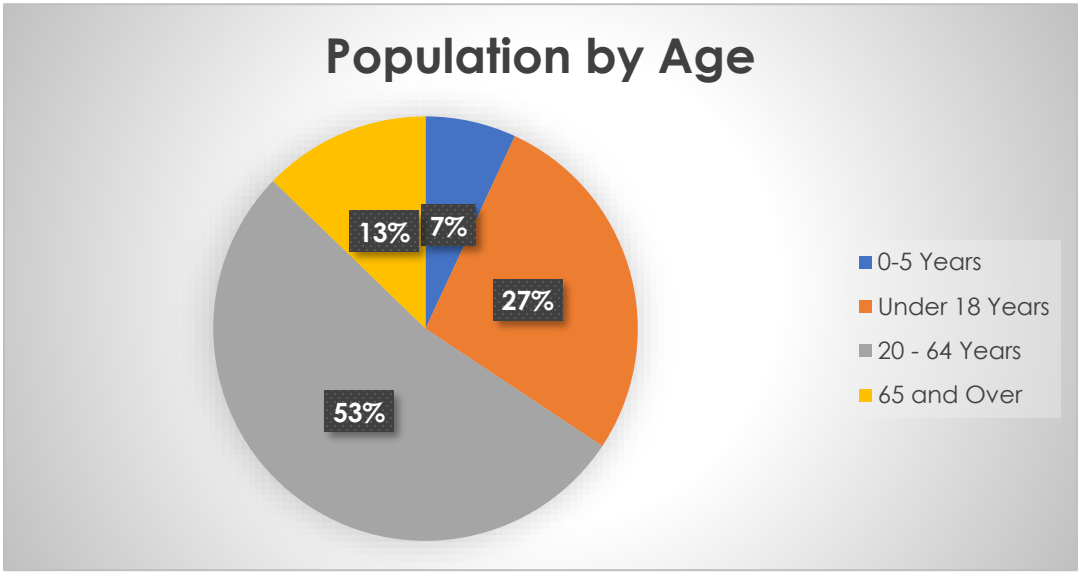
The County is interlaced with a complex network of creeks, rivers, and canals. The County's major rivers, the San Joaquin, the Mokelumne, the Calaveras, and the Stanislaus, all lead to the Sacramento-San Joaquin Delta in the western half of the County. It is in this region, at the confluence of the Sacramento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

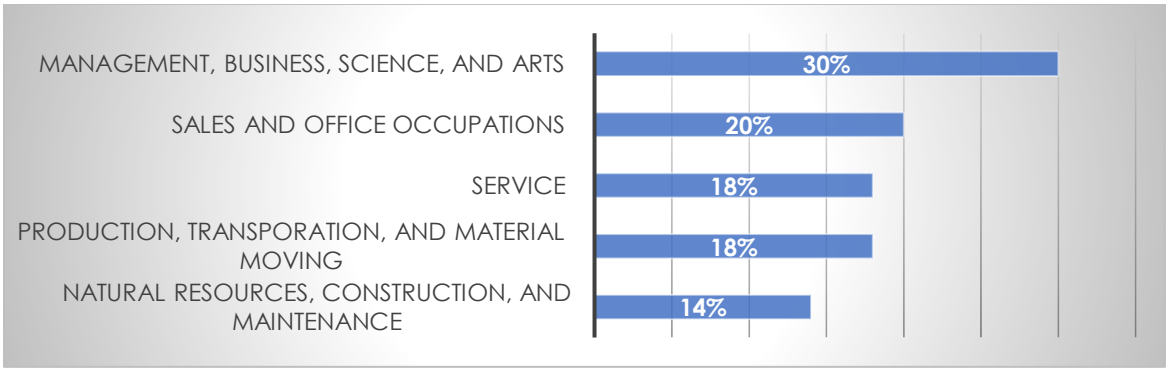
LANGUAGE

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, Trinchero-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

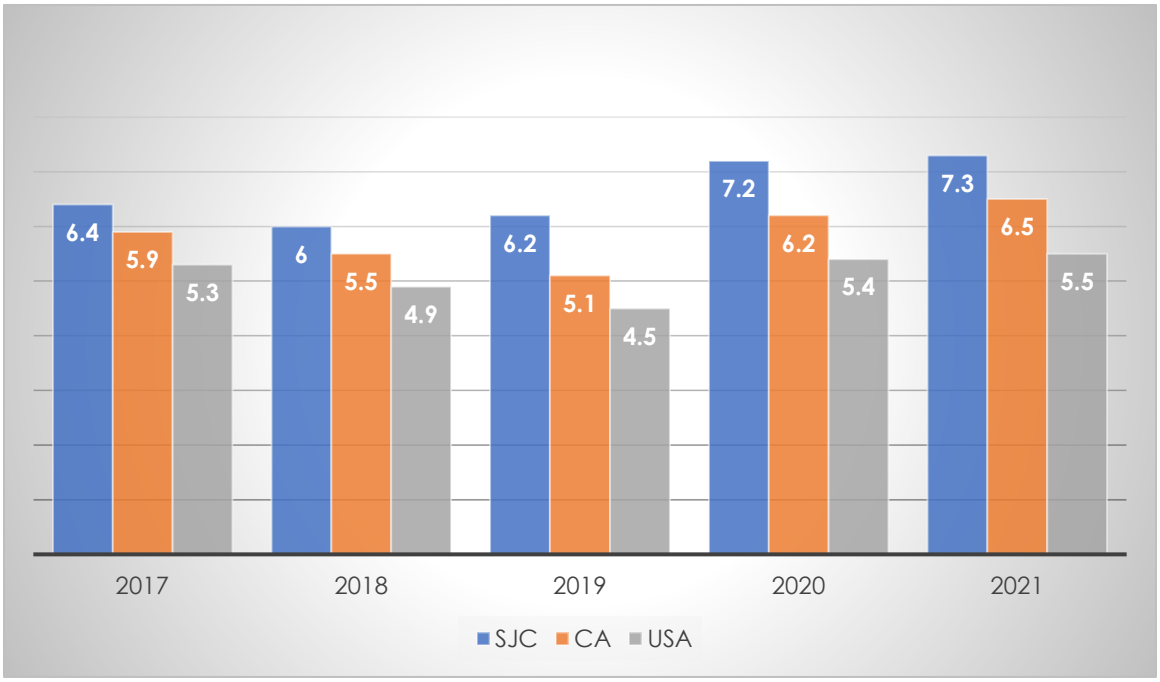


Source: US Census American Community Survey Estimates, 2022

UNEMPLOYMENT

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

Figure 4, Unemployment Rate Comparison, Not Seasonally Adjusted

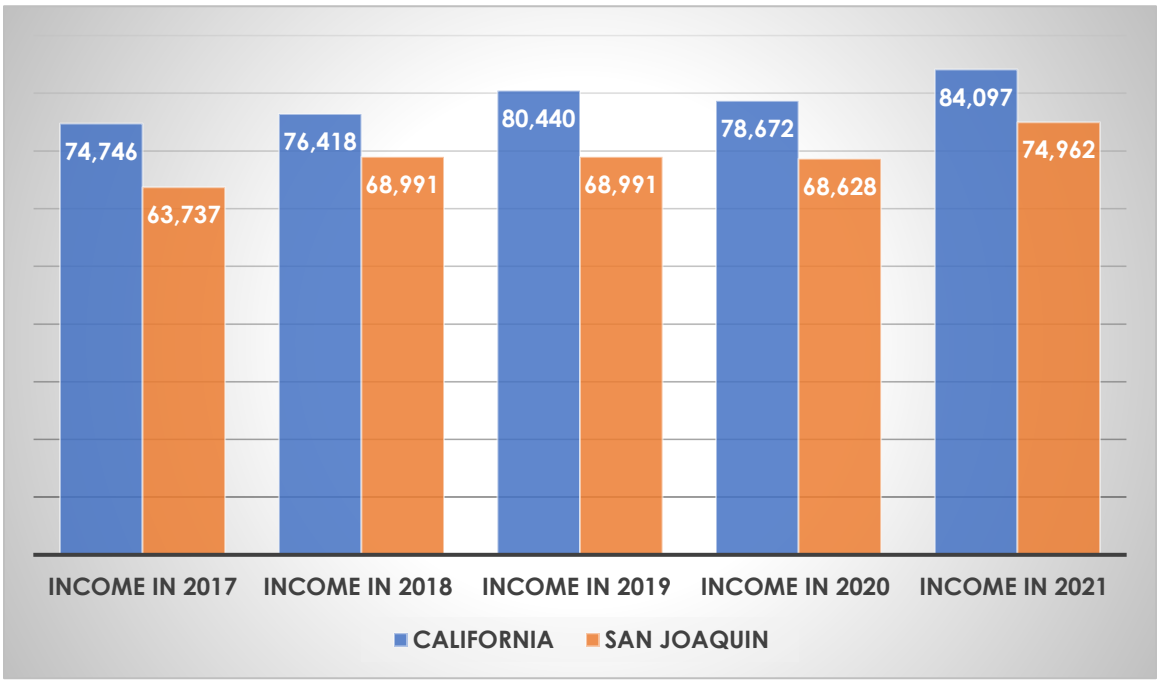


Source: US Census American Community Survey Estimates, 2018-2022

INCOME

The median household income in San Joaquin County ($74,962), has grown approximately 17% from 2017 to 2021. Although the US median income ($69,021) in 2021 was lower than the County, the State of California median income was still higher at $84,097.

Figure 5, Median Household Income Comparison

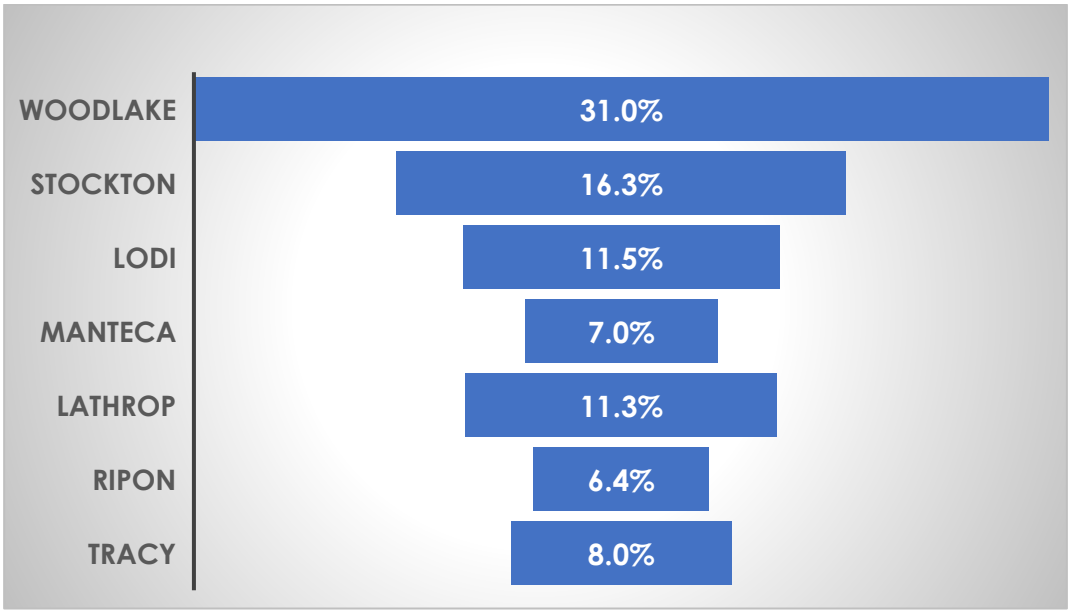


Source: US Census American Community Survey Estimates, 2018-2022

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, people 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 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 farm workers 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%

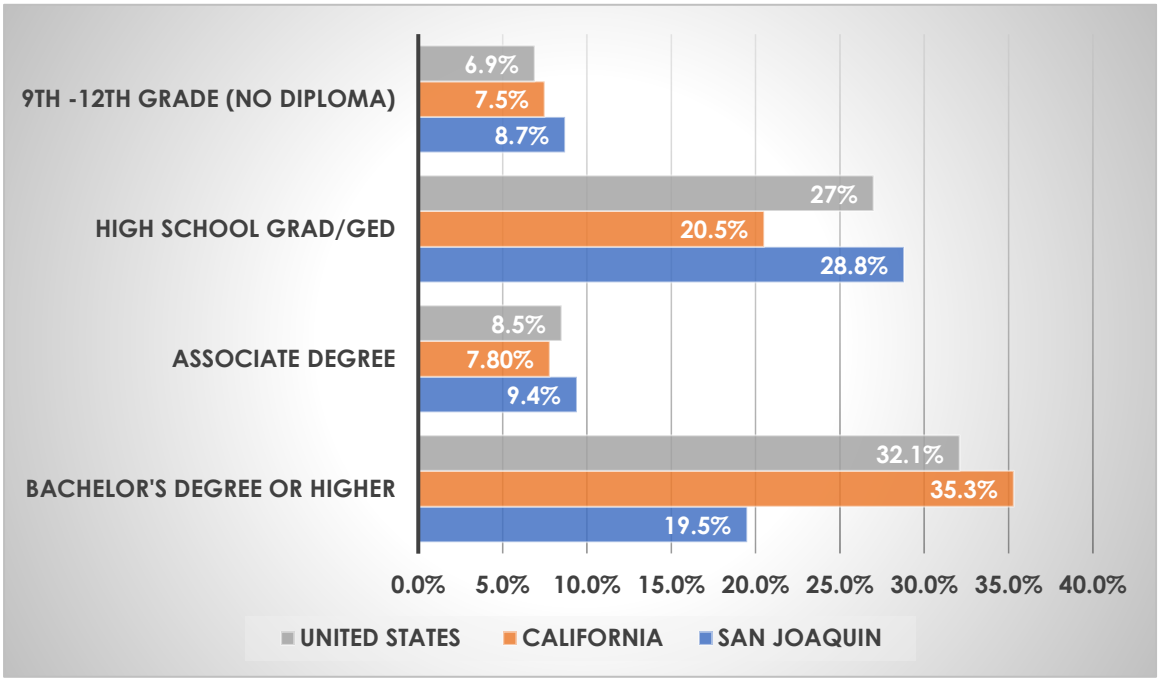
Source: San Joaquin Community Health Needs Assessments (CHNA), 2022

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 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. Among two-parent and single parent families, 24.5% are either not in job training or school upon their children's entry into San Joaquin's Early Head Start program.

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 327 enrollees, 58.7% (192), are employed. Of the total number of families, approximately 80 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, 59% 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 Lund 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 are severely under-resourced areas. 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 2023-2024 CAPK SJ Early Head Start Program Information Reports (PIR).

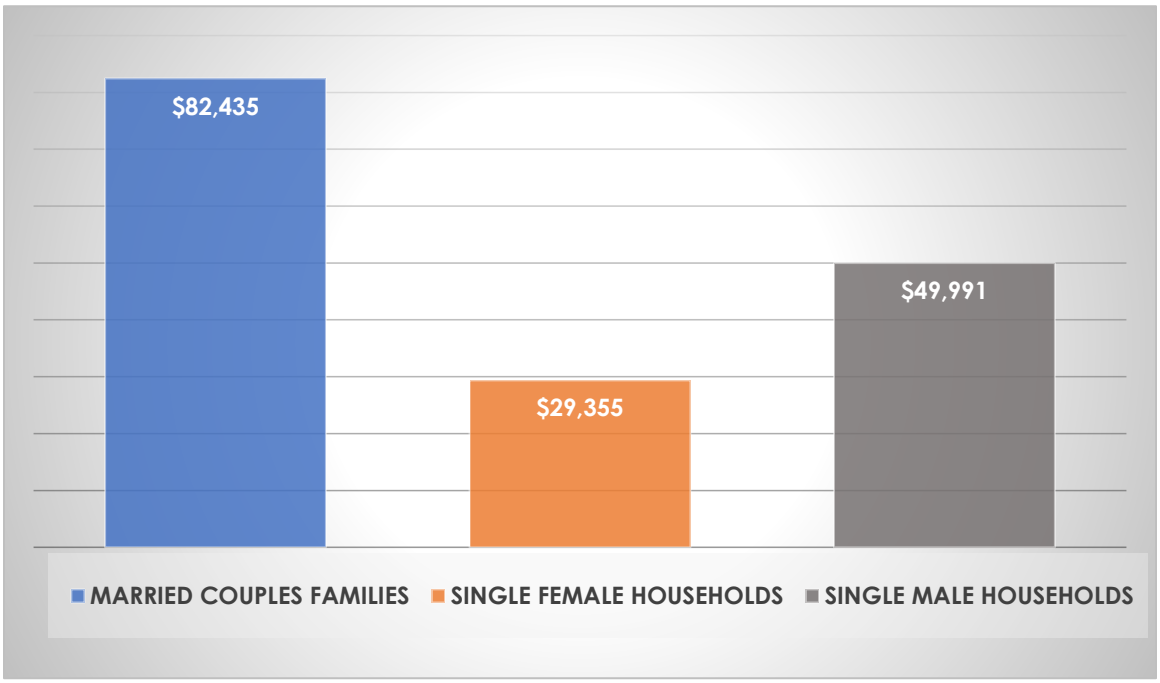
HOUSEHOLDS AND FAMILIES

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.***

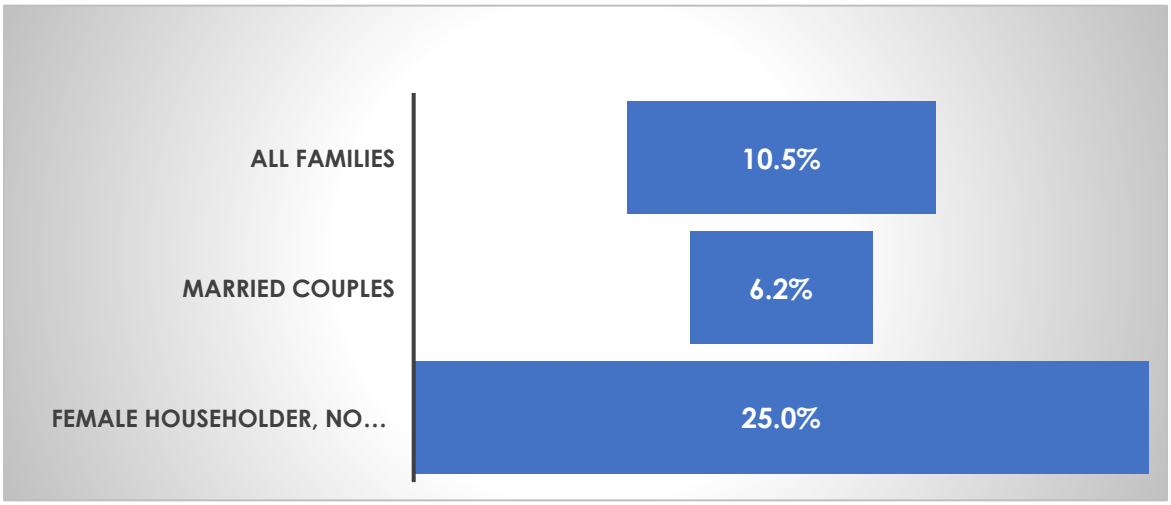
Figure 8, San Joaquin County Median Income by Household with Children Under 18 Years



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 Kidsdsta.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 2023/24 school year, CAPK EHS had cumulative enrollment of 325 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***	***327***	***327***

AGE

Of the children and pregnant women enrolled who participated EHS during the 2023-24 school year, the majority, (37%) were 2 year of age and the smallest group was 3 years of age (3.7%).

Table 9, EHS Enrollment by Age

Age	Number	%
Under 1	68	20.9%
1 Year	108	33.2%
2 Years	123	37.8%
3 Years	12	3.7%
Pregnant Women	14	4.3%

RACE AND ETHNICITY

The majority of children (78.8%) enrolled in San Joaquin County's EHS are of Hispanic or Latino origin. The primary language EHS is Spanish (52%) and second is English (41.5%).

Table 10, EHS Enrollment by Race/Ethnicity

Race/Ethnicity	EHS	Total
American Indian/Alaska Native	1.2%	1.2%
Asian	6.2%	6.2%
Black or African American	11.4%	11.4%
Hispanic/Latino Origin (Single Section)	78.8%	78.8%
White	74.5%	74.5%
Biracial/Multi-Racial	5.8%	5.8%
Other Race	0.62%	0.62%

HOMELESS CHILDREN

In the 2023/24 school year, EHS had 15 children who were "homeless," approximately 4.6%.

FOSTER CARE

According to the Community Action Partnership of Kern's 2023-2024 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 12 approximately 4%.

DISABLED

CAPK's San Joaquin County's Early Head Start had 96 infants and toddlers enrolled in an Individualized Family Service Plan (IFSP). All these children received special services and were determined eligible to receive early intervention services.

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.

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 the 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.

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)

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 (Christopher, 2020). 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.

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 opportunities due to a sophisticated transportation network comprised of an international deep-water port, major interstate highways, air, and rail services which connect businesses to the global economy. CAPK Early Head Start can play a crucial role in breaking the barriers of 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 (HOMELESS AND TK)

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 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.
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 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 and advocating for systemic changes 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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