DATE	April 9, 2025
TIME	12:00 pm
LOCATION	CAPK Administrative Office Board Room 1300 18th Street, 3rd Floor Bakersfield, CA 93301

Program Review & Evaluation Committee Agenda

1. **Call to Order**

2. **Roll Call**

Gina Martinez (Chair)	Yolanda Ochoa
Gema Perez	Lee'o Whisenant

3. **Public Comments**

The public may address the Committee on items not on the agenda but under the jurisdiction of the Committee. 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.

4. **Program Presentation**

   a. Volunteer Income Tax Assistance (VITA), presented by Jacqueline Guerra, VITA Program Administrator ***(p.3-11)***

5. **New Business**

   a. March 2025 Program Reports – ***Action Item (p.12-49)*** Pritika Ram, Chief Business Development Officer
      1. Housing & Supportive Services
         - Coordinated Entry Services (CES)
         - M Street Homeless Navigation Center
         - CalAIM – Homeless Services
         - Adult Re-entry Program
      2. Health & Nutrition Services
         - CalFresh Healthy Living
         - Food Bank
         - Migrant Childcare Alternative Payment (MCAP)
         - Women Infant and Children (WIC)
      3. Youth & Community Services
         - East Kern Family Resource Center (EKFRC)
         - Oasis Family Resource Center
         - Energy, Weatherization & Utility Assistance
         - Friendship House Community Center (FHCC)
         - Shafter Youth Center (SYC)
         - Volunteer Income Tax Assistance (VITA)
      4. Operations

- Maintenance
- Information Technology
- Data Services
- Risk Management

5. Community Development
   - Grant Development
   - CAPK Foundation
   - Outreach & Marketing
   - 211 Kern Call Center
   - Community Schools Partnership Program (CSPP)

b. March 2025 - Application Status Report & Funding Profiles – ***Action Item (p.50-55)*** — Vanessa Mendoza, Grant Administrator
   a. Application Status Report
   b. Small Funding Profiles ($50,000 and under)

c. March 2025 Head Start/State Child Development Division/Program Monthly Activity Report – ***Action Item (p.56-57)*** — Robert Espinosa, Program Design and Management Administrator

d. Kern County and San Joaquin Head Start Community Assessment 2025 - ***Info Item (p.58-151)*** — Rosa Guerrero, Administrative Analyst

6. <u>Committee Member Comments</u>

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

Program Review & Evaluation Committee
12:00 pm
May 14, 2025
CAPK Administrative Office, Board Room
1300 18th Street, 3rd Floor
Bakersfield, CA 93301

8. <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, 3rd Floor Bakersfield, CA and online at www.capk.org by 12:00 pm, April 4th, 2025. Annelisa Perez, Community Development Supervisor.

Community Action Partnership of Kern

Helping People. . . Changing Lives.

VITA 2025 PRE Presentation

PRESENTED BY VITA PROGRAM ADMINISTRATOR: JACQUELYN GUERRA

DIRECTOR: FREDDY HERNANDEZ

Program Overview

Program Services

- **Free Tax Preparation**
  Assistance for low- to moderate-income individuals and families.
- **Amendments & Prior Year Filings**
  Help with correcting prior returns or filing taxes for previous 5 years.
- **ITIN Application Assistance (New and Renewals)**
  Certified Acceptance Agent (CAA) services for Individual Taxpayer Identification Number (ITIN) applications.
- **W-4 Form Assistance**
  Guidance on completing or updating W-4 forms.
- **Assistance with IRS & FTB Letters and Audits**
  Support in responding to tax notices and audits.
- **Tax Credit Education**
  Information on CA and federal Earned Income Tax Credit (EITC) and Child Tax Credit (CTC).
- **Multilingual Services**
  Support in multiple languages to better serve the community.
- **Free Tax Law Training**
  Free training for volunteers on tax law and IRS certification.
- **26 Seasonal Sites Across the County**
  Wide availability with convenient locations during tax season.
- **Year-Round Site**
  Access to tax services outside the regular tax season.

Current contracts for the 2024 – 2025 Fiscal Year

- The VITA Program currently has two contracts aside from CSBG funding:
  - Volunteer Income Tax Assistance (VITA)
  - The California Earned Income Tax Credit (CalEITC)
- The VITA Program has an unrestricted donations account that individuals/businesses donate to.
- We are not expecting any additional contracts.

YTD Outcomes

VITA YTD Outcomes

VITA Program:

- Funding awarded by IRS for 2024-25: $325,000
- Number of tax returns filed to date: 7,599 (in partnership with UWCEC)
  - CAPK: 5,202
  - UWCEC: 2,397
- Total refunds generated YTD: $16,130,952
- Federal EITC claimed: $5,566,018
- CalEITC claimed: $1,176,364
- Cost savings for taxpayers: $1,519,800 ($200 average cost of tax prep fees)
- IRS certified volunteers: 95
- 100% pass 5/5 of our site review audits
- 2nd in our territory for tax returns completed (entire state of Alaska is #1, in comparison to Kern as a county)

CalEITC Program:

- Funding awarded by CSD for CalEITC 2024-25: $502,815
- Outreach education done throughout Kern and Tulare Counties on CalEITC credits.
- In collaboration with CSET and UWKC, 48+ tax prep service sites.
- 94 ITIN applications have been processed this season

VITA Success Stories

During an outreach event hosted by The Wendale Davis Foundation, a volunteer visited our VITA booth and shared her inspiring story. She expressed her deep gratitude for our free tax services, explaining that her refund played a crucial role in helping her transition from homelessness into stable housing. She took a photo with our VITA team, highlighting the positive impact the program and our dedicated staff had on her journey to recovery.

Damarys Trevino, a sophomore in high school and first-time volunteer with VITA, shared her reflections: "This has been the most rewarding experience I've had working within the community. I've learned a lot, particularly about tax credits I didn't know existed, such as CalEITC, YCTC, FYTC, EITC, and more. I thoroughly enjoyed every day I volunteered and found myself becoming more interested each day. After volunteering with VITA, I feel equipped to share my knowledge with other students at my school and even with my teachers. Moreover, I feel more prepared for the future when I will have to file my own tax return. This is definitely something I look forward to continuing next year."

Opportunities

- Expand partnerships internally and externally for the purpose of subcontracting
- Additional unrestricted funding
- Paid internship collaborations (BYJP, ETR, DHS etc.)
- Increase staff education opportunities
- Increase financial education for clients throughout Kern County

Questions?

April 2025 PRE Committee

March 2025 Program Monthly Reports

Housing and Supportive Services

Coordinated Entry Services
M Street Homeless Navigator Center
CalAIM - Homeless Services
Adult Re-entry Program

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	**Program/Work Unit**	M Street Navigation Center
Division/Director	Rebecca Moreno	**Program Manager**	Laurie Hughey
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

CAPK operates the 147-bed homeless Low Barrier Navigation Center in partnership with the County of Kern. This 24-hour shelter offers housing, meals, showers, laundry and an array of mental health, medical care, dental and economic resources to un- sheltered individuals with pets and partners.

Shelter Services	Month	YTD	YTD Goal	Month Progress	Annual Progress
Overnight Residents (Assigned Beds) (FNPI 4a & SRV 7b, SRV 4m)	127	384	1,500	8%	26%
Total Clients Served	194	597	2,400	8%	25%
Pets (i.e., kennel, emotional support assistance and service pet)	12	37	75	16%	49%
Residents Under 90 days length of stay	50	193	800	6%	24%
Exits to Permanent Housing (FNPI 4b)	1	11	114	1%	10%
Exits-Self	13	111	150	9%	74%
Exits-Involuntary	53	107	700	8%	15%
Case Management Services (SRV 7a)	1,411	3,966	8,000	18%	50%
Critical Incidents	36	104	250	14%	42%
Shelter Residents Meals (SRV 5ii)	8,217	24,220	70,000	12%	35%
Number of Volunteers *(duplicated)*	136	406	100	136%	406%
Volunteers Hours *(duplicated)*	249	696	3,000	8%	23%
Safe Camping	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Total clients served (SRV 7b)	68	192	500	14%	38%
Current client census	47	141	300	16%	47%
Meals (SRV 5ii)	2,908	8,366	20,000	15%	42%
Pets	8	26	75	11%	35%
Clients moved to Shelter (SRV 4m)	0	0	15	0%	0%
Exits to Permanent Housing (FNPI 4b)	0	3	20	0%	15%
Exits-Self	0	5	50	0%	10%
Exits-Involuntary	8	14	75	11%	19%
Critical Incidents	7	13			
Safe Parking	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Total clients served	13	31	30	43%	103%
Current client census	13	31	25	52%	124%
Clients moved to Shelter (SRV 4m)	0	0	10	0%	0%

Explanation (Over/Under Goal Progress)

Program Strategic Goals	Progress Towards Goal

Community Action Partnership of Kern
Monthly Report 2025

1. Number of clients participating in job training program, (i.e., Project Hire-Up, financial Literacy, Recycling Lives, Open Door Network).	One client graduated from Project Hire-up on 3/28/24, and there are 7 clients working various jobs in the community such as: TODN, Boys & Girls club, Goodwill Ind, Allied Universal to name a few.
2. Increase job retention/recruitment at M street by (1) developing job descriptions that accurately reflect job performance and (2) regrading/classification of job descriptions.	Complete
3. Increase the number of clients who transition to permanent housing by 10% from the prior year (2023 - 114 clients) to 120 clients.	One clients was reunited with family, which makes a total of 11 housing placements for this year.

M Street Navigation Center - Client Demographic Information

Race Demographic	Month
18 - 24	10
25 - 34	37
35 - 44	41
45 - 54	38
55 - 61	37
62+	31
Total:	**194**

Race Demographic	Month
American Indian or Alaska Native	5
Asian	1
Black or African American	27
Hispanic/Latina/e/o	36
White	77
Multiple races	48
Client Don't know / Refused	
No Answer	
Total:	**194**

Gender	Month
Female	76
Male	116
Trans Female and Male (Male to Female, Female to Male)	1
Gender Non-Conforming (i.e. not exclusively male or female)	1
Client doesn't know	
Client refused	
No Answer	
Total:	**194**

Zip Code	Month	Zip Code	Month
86326	1	93591	1
93301	33	93257	2
93304	17	93556	1
93305	17	93560	1
93306	11	94964	1
93307	19	93101	1
93308	24	93263	1
93309	4	93268	1
93311	2	93561	1
93312	1	50014	1
93313	5	93203	1
93201	1	93303	1
92225	1		
93205	1		
93505	3		
93012	1		
93702	1		
93720	1		
92543	1		
90013	1		
90038	1		
Not specified	35		
Total			**194**

Safe Camping - Client Demographic Information

Community Action Partnership of Kern
Monthly Report 2025

Race Demographic	Month
18 - 24	2
25 - 34	8
35 - 44	14
45 - 54	23
55 - 61	9
62+	12
Total:	**68**

Race Demographic	Month
American Indian or Alaska Native	0
Asian	0
Black or African American	14
Hispanic/Latina/e/o	4
White	40
Multiple races	10
Client Don't know / Refused	
No Answer	
Total:	**68**

Gender	Month
Female	25
Male	42
Trans Female and Male (Male to Female, Female to Male)	1.00
Gender Non-Conforming (i.e. not exclusively male or female)	
Client doesn't know	
Client refused	
No Answer	
Total:	**68**

Zip Code	Month	Zip Code	Month
93301	12		
93304	10		
93305	3		
93306	4		
93307	6		
93308	8		
93309	6		
93312	2		
93225	2		
93433	1		
93230	1		
93501	1		
93268	1		
88001	1		
97201	1		
Not specified	9		
Total			**68**

Program Highlights

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	**Program/Work Unit**	Coordinated Entry Services (CES)
Division/Director	Rebecca Moreno	**Program Manager**	Joseph Aguilar
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

Coordinated Entry Services (CES) is the system to assist communities in ending homelessness by providing a clear and systematic pattern for helping individuals to quickly access the most appropriate services available through standardized access, a standardized assessment process, and a coordinated referral (match) process for individuals to preventions, housing, and/or other related services. The following counties are currently being served by CAPK CES, Kern County.

The Coordinated Entry System (CES) process will support the encampment proposal. The strategy will expedite the housing process by creating an Encampment by Name List and an encampment match call with collaborating partners to review status, barriers, and match encampment residents to permanent housing units and/or housing resources identified.

Homeless Referrals/Assessments (SRV 7a) (duplicated client counts)	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Kern County	2,571	7,481	20,000	13%	37%
Number of applicants who received a response within 24 Hours (duplicated client counts)	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Kern County	2,282	6,372	18,000	13%	35%
Pending Assessments (duplicated client counts)	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Number of clients without initial contact by the end of the month.	19	19	200	10%	10%
Among clients from the preceding month, the average duration (days) to reach those who are still pending.	3				
Encampment Resolution (SRV 7a) (duplicated client counts)	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Number of Clients Served	78	238	450	17%	53%
Matched to Housing Subsidy (i.e., voucher, rapid rehousing or physical location) (SRV 4m, 4o)	1	29	70	1%	41%
HOUSED to permanent housing placement (SRV 4o)	1	7			

Explanation (Over/Under Goal Progress)

Program Strategic Goals	**Progress Towards Goal**
1. Optimize the use of existing access points in rural areas of Kern County.	CES continues to work on improving system through CoC Strategic Plan. CES continues to offer trainings to new staff from partner agencies and community members.

2. Enhance recruitment initiatives to attract and hire well-qualified candidates. This includes enhancing employee retention and foster opportunities for professional growth.	One FTE is currently in training. Interviews will be scheduled to hire one more FTE.
3. Among clients from the prior month, the average time taken to reach pending clients is currently 15 days, attributed to high call volume and limited staff. The objective is to achieve client contact within 5 days of the initial request.	In the process of hiring more staff.

Program Highlights

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	**Program/Work Unit**	California Advancing and Innovating Medi-Cal (CalAIM)
Division/Director	Rebecca Moreno Director of Community Services	**Program Manager**	Joseph Aguilar
Reporting Period	January 1, 2025 to December 31, 2025		

Program Description

CalAIM 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. A key feature of CalAIM is the introduction of a new menu of "in lieu of services" (ILOS), or Community Supports, which, at the option of a MediCal managed care health plan (MCP) and a Member, can substitute for covered Medi-Cal services as cost-effective alternatives. MCPs will be responsible for administering Community Supports. For this partnership, CAPK would serve as a Community Support providing rental assistance.

Housing Transition Navigation Services	**Month**	**YTD**	**YTD Goal**	**Annual Progress**	
Number of Clients Currently Served	372	1,201	2,500	48%	
Number of Referrals Received (SRV 7c)	39				
Number of Enrollments	28	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Number of services per client per month (i.e., one-on-one case management, landlord engagement, obtaining vital documents) (SRV 7a)	1,141	3,056	8,100	14%	38%
Housing & Furnishing Deposits (SRV4d)	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
One-time use up-to $5000 per client (includes housing deposits, furnishing, appliances)	32	99	100	32%	99%
Housing Tenancy and Sustaining Services	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Number of clients secured placement (SRV 4o)	16	45	75	21%	60%
Day Habilitation Services	**Month**	**YTD Goal**	**YTD Goal**	**Month Progress**	**Annual Progress**
Number of Clients Currently Enrolled	81	177	50	162%	354%
Number of services per client per month (i.e., client accepted day services, attended day services class)	5	10	2600	0%	0%

Explanation (Over/Under Goal Progress)

Program Strategic Goals	**Progress Towards Goal**

1.) Enhance recruitment initiatives to attract and hire well-qualified candidates. This includes enhancing employee retention and foster opportunities for professional growth.	Pending new hire interviews, hiring for additional positions.
2.) Broaden CalAIM services by collaborating with existing and new managed care plans to diversify the program's funding sources.	Proactively assisting East Kern Resource Center develop and improve Calaim services; exploring options to add additional ECM and CS services, submitted application to partner and become a CBO with Anthem.
3.) Engage with volunteers/providers to operate Day Services classes and proactively offer Day Services classes 2-3 hours per day.	There were 7 main courses offered, 31 classes total in the month of March. Computer Basics, Home DIY &Cleaning Workshop, General Life Skills, Expungement Workshop, and Prepare-U.
Program Highlights	

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	**Program/Work Unit**	Adult Re-entry Program
Division/Director	Rebecca Moreno Director of Housing & Supportive Services	**Program Manager**	Rosario Miranda
Reporting Period	December 1, 2025 to December 31, 2025		

Program Description

Community Action Partnership of Kern's (CAPK) Adult Reentry Grant Warm Handoff and Reentry Services Program (ARG WHO) is designed to reduce rates of homelessness and recidivism in the reentering AB 128 population, CAPK proposes a multi-modal intervention strategy with complementary reentry service line targeting known dynamic risk factors for homelessness and recidivism including housing stability, employment, and mental health. Case Management services will be provided using a Strengths-Based approach model that addresses immediate needs upon release and facilitates individual change to ensure self-sufficiency upon program exit. Case Management activities may include Housing Search Services, Housing Plan Development, Landlord Engagement, Financial Capability Skill Training, Financial Coaching/Counseling, Tenant Rights Education, and Rental Counseling. CAPK will use interagency referral to determine eligibility to any of its 16 unique anti-poverty programs. Community partners such as Kern Behavioral Health and Recovery Services and Employers' Training Resource will provide intensive specialized services around Mental Health/Substance Use and Employment Training, respectively.

Client Services (duplicated client counts)	Month	YTD	YTD Goal	Month Progress	Annual Progress
Case Management Services (SRV 7a)	34	86	200	17%	43%
Number of Client Contacts	71	168	720	10%	23%

Client Outcomes	Month	YTD
Number of individuals who obtained safe and affordable housing (FNPI 4b), such as Housing Subsidy or Permanent Supportive Housing (PSH)	6	14
Number of unemployed clients who obtained employment (up to a living wage) FNPI 1b, such as Workforce Development, Education, or Employment Services	3	9

Referrals	Month	YTD
Number of Clients referred to Mental Health Services or Substance Abuse Services (SRV 5v)	34	78
Financial Management Programs (including budgeting, credit management, credit repair, credit counseling) SRV 3c	34	77
Transitional Housing Placements (SRV 4n)	2	13
Permanent Housing Placements (SRV 4o)	0	0

Job Readiness Training (SRV 1f)	23	51
Job Referrals (SRV 1l)	23	51
Incentives (e.g., food vouchers, transportation, application fees, gift cards) SRV 5hh	0	0
Food Distribution (food bags/boxes, food share program, bags of groceries) SRV 5jj	34	38
Kits/boxes (i.e., toiletries, hygiene kits) SRV 5nn	0	0

Explanation (Over/Under Goal Progress)

Program Strategic Goals	Progress Towards Goal
1.) Establish a monthly meeting with multi-disciplinary teams to collaborate and identify service gaps for the Justice Involved Population	ARP has been meting monthly with Probation, Parole, Impact Team (BPD) and CDCR
2.) Maintain strong relationships with the Parole and Probation Departments while expanding efforts to provide comprehensive wraparound services.	ARP team is in the process of completing the background check for Turning Point- no other provider has gained access to this population
3.) Focus on leveraging partnerships to address critical needs such as employment support, housing stability, and additional services through programs like CalAIM, including Day Habilitation, to holistically support successful reentry outcomes.	Pending

Program Highlights

Health and Nutrition Services

Cal-Fresh Health Living Program
Food Bank
Migrant Childcare Alternative Payment
Women, Infant, and Children

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	**Program/Work Unit**	CalFresh Healthy Living
Division/Director	Susana Magana	**Program Manager**	Alan Rodriguez
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The CalFresh Healthy Living (CFHL) program, Funded by the USDA and administered by CDSS, improves the nutritional health of low-income Kern County residents by providing access to nutrition education, physical activity education, and leadership within community collaboratives that focus on health and nutrition. The program does this by providing Direct Education classes, distributing Indirect Education materials and resources, and creating/implementing Public Health programs that focus on improving Policy Systems and Environments (PSE's). The CFHL program also has three (3) subcontractors that assist in carrying out the goal of educating the K-12 school population.

Supplemental Nutrition Assistance Program-Education(SNAP-Ed) eligible participants, receiving Nutrition Education (SRV 5ff)	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**
Community Action Partnership of Kern (CAPK) Direct Education provided.	174	245	1,100	16%	22%
Kern County Superintendent of Schools (KCSOS) Subcontractor Direct Education provided.	1187	3,139	9,500	12%	33%
Kernville Unified School District (KUSD) Subcontractor Direct Education provided.	170	495	4,000	4%	12%
Lamont Elementary School District (LESD) Subcontractor Direct Education provided.	1070	3,314	7,500	14%	44%
Indirect Education: Indirect education, for SNAP-Ed purposes, is defined as the distribution or display of information and resources which involve no participant interaction with an instructor or multimedia.	**Month**	**YTD**			
Community Action Partnership of Kern (CAPK) Direct Education provided.	63	438			
Kern County Superintendent of Schools (KCSOS) Subcontractor Direct Education provided.	133	286			
Kernville Unified School District (KUSD) Subcontractor Direct Education provided.	272	362			
Lamont Elementary School District (LESD) Subcontractor Direct Education provided.	1070	1,570	**YTD Goal**	**Annual Progress**	
Total (distributed printed material)	1538	2,656	20,000	13%	
Policy Systems and Environmental Changes (PSE's)	**Month**	**YTD**	**YTD Goal**	**Month Progress**	**Annual Progress**

Partner with six (6) agencies/program to evaluate and implement the Nutrition Pantry Program (NPP) to implement Trauma Informed Care practices with-in the food pantry.	0	1	6	0%	17%
Partner with three (3) health centers (clinics) to implement Food Insecurity screening practices.	0	1	3	0%	33%

Program Strategic Goals	Progress
1. Achieve and maintain full staffing levels by implementing targeted recruitment strategies and enhancing employee retention through professional development, competitive compensation, and fostering a supportive workplace culture.	CalFresh Healthy Living management planned a successful Employee Appreciation Day, where staff were individually recognized for their contributions to the program and team. The day fostered individual and team activities that enabled critical thinking, creativity, quick thinking, working under pressure, time management, and communication skills. This helps employees feel valued, and appreciated, fostering a positive and productive workplace.
2. Advance Policy, Systems, and Environmental (PSE) initiatives by strengthening community partnerships, implementing sustainable strategies, and creating impactful changes that improve access to healthy food and physical activity for low-income Kern County residents.	CalFresh Healthy Living team is working on Certifying three Pantries through the Nutrition Pantry Program, Taft College and Bakersfield Recovery Services/ Apple Core Project Inc. Community Center, and Greenfield Family Resource Center. All three are eligible for Silver certification but there is also potential to reach Gold Certification. These three pantries have demonstrated their efforts and commitment to focus on client choice pantries and food distributions by implementing 4 of 7 focus areas of the Nutrition Pantry Program.

Program Highlights

The team joined the CalFresh Healthy Living Forum FFY 2025 in March where other counties shared success stories. The team learned of different Policy, Systems, and Environmental (PSE) initiatives with different populations. The forum provided ideas for opportunities to implement other initiatives in Kern County. Three different curriculums were implemented at three separate sites to educate and encourage individuals to eat healthy and stay active for health benefits. March has been our highest month of the year educating a total of 174 Kern residents in Taft, Arvin and Bakersfield.

Community Action Partnership of Kern
Monthly Report 2025

Month	February-25	Program/Work Unit	Food Bank
Division/Director	Health & Nutrition, Susana Magana	Program Manager	Kelly Lowery
Reporting Period	January 1, 2025 - December 31, 2025 *(Note: The data represents information from two months earlier.)*		

Program Description

The Food Bank provides food assistance to low-income families and individuals through a network of more than 200 agency partner distribution sites across Kern County. The CAPK Food Bank is the primary organization responsible for distributing State and Federal emergency food assistance for Kern County neighbors in need. Additionally, the Food Bank is the Feeding America affiliate food bank for Kern, facilitating grocery rescue [Fresh Rescue Program] to support the network of more than 150 Pantries across the county. Every month, the Food Bank distributes between more than 1.5 and 2 million pounds of food which reaches tens of thousands of Kern County food-insecure neighbors.

The Emergency Food Assistance Program (TEFAP)	Month	YTD	Annual Goal	Month Progress	Annual Progress
Neighbor Engagements	62,823	123,410	700,000	9%	18%
Pounds Distributed	661,373	1,477,178	10,000,000	7%	15%
Pantry Program	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Neighbor Engagements	138,300	259,858	1,250,000	11%	21%
Pounds Distributed	636,424	1,052,011	4,500,000	14%	23%
Fresh Rescue	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Neighbor Engagements *(Not attached to distros)*	2,073	4,753	40,000	5%	12%
Pounds Distributed	157,536	361,200	2,000,000	8%	18%
CSFP (Senior Box) Program	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Neighbor Engagements	5,345	10,751	66,000	8%	16%
Pounds Distributed	186,287	389,120	2,300,000	8%	17%
Free Farmers Markets	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Neighbor Engagements *(Not attached to distros)*	3,300	6,708	50,000	7%	13%
Pounds Distributed	79,444	125,950	750,000	11%	17%
Brighter Bites	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Neighbor Engagements	5,502	11,423	75,000	7%	15%
Pounds Distributed	24,064	53,510	275,000	9%	19%
Snack Attack	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Neighbor Engagements	410	907	15,000	3%	6%
Pounds Distributed	388	838	10,000	4%	8%
Community Events & Other	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Engagements	2,067	3,945	15,000	14%	26%
Pounds Distributed	235,619	449,698	1,500,000	16%	30%

Community Action Partnership of Kern
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Totals	Month	YTD	Annual Goal	Month Progress	Annual Progress
Total Engagements	219,820	421,754	2,211,000	10%	19%
Total Pounds Distributed (SRV 5jj)	1,981,135	3,909,505	21,335,000	9%	18%
Volunteers (SRV 6f)	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Volunteers who received job skill training (e.g., paid partnership though service providers, duplicated)	48	103	450	11%	23%
Other Volunteers (i.e., general public, duplicated)	70	259	2,250	3%	12%

Explanation (Over/Under Goal Progress)

Program Strategic Goals	Progress Towards Strategic Goals
By October 2025, The CAPK Food Bank will form 12 geographic collaboratives made of agency partners to work together to address food insecurity at a community level.	
By June 2025, The CAPK Food Bank will implement a classification system for measuring, tracking, and increasing the nutrition level of the food distributed.	
By the end of 2025, The CAPK Food Bank will implement a food locker program with the first 2 sites to increase all-hours access to emergency food resources.	

Program Highlights

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Month	March-25	**Program/Work Unit**	Women Infants & Children (WIC) Nutrition
Division/Director	Susana Magana	**Program Manager**	Marissa Ortiz-Cortez
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The Women, Infants, & Children (WIC) program is a supplemental nutrition initiative that offers nutrition education, breastfeeding support, and nutritious foods to enhance diets. It serves pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5. Additionally, fathers, grandparents, migrant families, military families, and caretakers can receive food benefits for eligible infants and children. CAPK WIC operates across 16 sites in Kern County and has 3 locations in San Bernardino County.

Services	Month	YTD	Annual Goal	Month Progress	Annual Progress
Caseload (SRV 5g)	14,708		14,710		100%
Breast Feeding 30% of infants are breastfed (i.e., some, mostly or fully breastfeeding compared to formula)	1,066		1,200		89%
Local Vendor Liaison-Contact Stores (contact 67 vendors 1 contact required per quarter totaling 268 contacts per year)	23	88	268	9%	33%
Outreach	**Month**	**YTD**	**Goal**	**Month**	**Annual**
Online Enrollment	119	302	2,000	6%	15%
WIC Presentations and Outreach Events	3	8	100	3%	8%
Publication in newspaper, television, and/or social media postings (English and Spanish)	14	44	350	4%	13%
Regional Breast Liaison (RBL)	**Month**	**YTD**	**Goal**	**Month Progress**	**Annual Progress**
Meet with key community stakeholders (i.e., medical managed care, hospital staff, lactation support, health care providers, other WIC agencies) in Region 24 to increase breastfeeding awareness and referrals to the WIC program, as well as share WIC digital materials and utilization.	24	74	120	20%	62%

Peer Counseling Program (PCP)	Clients Served	Goal	Annual Progress
Provide basic breastfeeding education and encouragement to WIC PCP participants.	295	1,000	30%

Explanation (Over/Under Goal Progress)

Program Strategic Goals	Progress

1. Enhance Nutrition Counseling Services. Strengthen the quality of nutrition counseling by providing staff with advanced training in active listening, addressing barriers to breastfeeding, and tailoring nutrition guidance to client needs. Focus on offering practical solutions and empathetic support to improve the effectiveness of sessions.	Staff have demonstrated an improvement in retention with the new training material and model.
2. Improve Client Engagement and Accessibility. Increase customer retention and satisfaction by enhancing communication channels, such as modernizing the phone system and introducing more efficient ways for clients to connect with staff. Implement strategies to ensure responsive, reliable support for clients across all locations.	We will be launching a WIC Call Center with a purchased software. We should be launching our WIC call center in late May/June to streamline WIC participant needs. We will need to train current staff to operate the software. A poor phone system operation has been a barrier for the WIC program.
3. Expand Access Through Innovative Program Delivery. Explore and integrate multiple mediums for client interaction, including virtual services, to modernize program delivery and meet contemporary client expectations. Emphasize program enhancements that align with current trends and client preferences rather than relying solely on traditional program designs.	The BFPC program has started to pilot zoom sessions for breastfeeding counseling sessions.

Program Highlights

Our program caseload is 14,710 and we certified 14,708 WIC participants in March. The certified total includes new WIC enrollments for CAPK.CDPH WIC evaluates the certified total when determining funding increases.

Youth and Community Services

East Kern Family Resource Center
Oasis Family Resource Center
Energy, Weatherization, and Utility Assistance
Friendship House Community Center
Shafter Youth Center
Volunteer Income Tax Assistance

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Month	March-25	**Program/Work Unit**	East Kern Family Resource Center (EKFRC)
Division/Director	Fred Hernandez Youth & Community Services	**Program Manager**	Anna Saavedra
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

East Kern Family Resource Center (EKFRC) is a regional resource center based in Mojave, Ca. The EKFRC provides assistance to low-income individuals and families from the desert and Tehachapi Mountain communities. The primary focus is to assist individuals and families who are facing housing insecurities and to prepare children 0-5 years of age to enter kindergarten successfully. The EKFRC also provides individuals and families with basic need services, clothing, diapers, food, household items, hygiene kits, blankets, business services, VITA, and assistance with HEAP applications.

Homeless Housing Assistance and Prevention (HHAP) Rural Drop-in Center	Month	YTD	Annual Goal	Month Progress	Annual Progress
Case Management Services (SRV 7a)	14	34	60	23%	57%
Street Outreach and Education	55	185	75	73%	247%

HHAP Linkages to Services (Referrals)	Month	YTD
California Driver's License (SRV 7j)	1	11
Social Security Insurance (SSI) (SRV 7i)	0	2
Medical Services (SRV 7c)	4	8
Mental Services (SRV 7c)	1	7
Housing Placement (e.g., transitional, temporary, permanent) (SRV 4m, 4n, 4o)	3	5
Educational and Career Development (SRV 7c)	2	3

HHAP Distribution of Supplies	Month	YTD
Food Assistance (SRV 5jj)	74	184
House Hold Items	6	28
Hygiene Kits (SRV 5oo)	4	39
Emergency Clothing (SRV 7n)	122	258
Administrative Services & Copies	35	74
Transportation Services (SRV 7d)	2	6
Educational Supplies (SRV 2k)	1	2
Covid - 19 Supplies (SRV 5oo)	4	7

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First 5 Kern	Month	YTD	Annual Goal	Month Progress	Annual Progress
Parents Receiving Case Management Services (SRV 7a)	0	23	30	0%	77%
Children Receiving Case Management Services (SRV 7a)	1	51	30	3%	170%
Parents Participating in Court Mandated Classes (FNPI 5d & SRV 5mm)	4	4	10	40%	40%
Children Educational Center Base Activities (FNPI 2b)	9	25	25	36%	100%
Children Educational Home Base Activities (FNPI 2b)	1	37	30	3%	123%
Children Summer Bridge Activities (FNPI 2b)	0	0	15	0%	0%
Collaborative Meetings Participated	1	3	12	8%	25%
Family Support Services for non-clients with children 5 and under	19	69			
First 5 Total	**35**	**212**			

First 5 Kern/ Department Health Services	Month	YTD	Annual Goal (12 Mo)	Month Progress	Annual Progress (12 Mo)
Family Support Services for non-clients with children 6-18 (SRV 2e K-12)	125	207			

CalCapa Diaper Supply Bank	Month	YTD	Annual Goal	Month Progress	Annual Progress
Diaper Supply Management Enrollment **Unduplicated** (NPI5.2)	12	173	150	8%	115%
Monthly Diaper Kit Supply Delivery **Duplicated** (SRV5.nn)	317	783	1800	18%	44%

Walk-In Community Services (Duplicated Clients & Case Managed Clients)	Month	YTD
Administrative Services & Copies	406	928
Baby Supplies (SRV 2w)	125	352
Covid - 19 Supplies (SRV 5oo)	20	55
Court Mandated Parenting Correspondence (SRV 2w)	4	51
Educational Supplies (SRV 2k)	7	25
Emergency Clothing (SRV 7n)	309	954
Food Assistance (SRV 7c)	196	705
Household Items (SRV 7c)	16	42
Hygiene Kits (SRV 7c)	81	246

Referrals (SRV 7c)	95	228
Transportation Services (SRV 7d)		10

Explanation (Over/Under Goal Progress)

Program Strategic Goals	Progress Towards Goal
1. Secure additional funding to cover operational costs and improve the delivery of services.	In the month of March, we applied for the KHS $5000 grant. Our goal this year for this grant is to purchase car seat and infant car seats. We have seen many of our clients who attend our Play and Learn class.
2. Partner with private enterprises to boost program visibility and foster meaningful relationships.	Cal-Portland Cement presented EKFRC with a check in the amount of $8,607.00. Proceeds came from a Golf Tournament hosted by CAL-Portland. A huge shout out to Cal-Portland for choosing EKFRC for this event.
3. Improve on-site services to more effectively connect with the East Kern target population.	We are currently providing VITA and HEAP services to the East Kern Communities on a weekly basis. Our East Kern community is taking advantage of these services as all appointment slots are taken.

Program Highlights
During the month of March, I attended a Golf Tournament at Rio Bravo Golf Course in Bakersfield. EKFRC was presented with a check for the amount of $8,607.00 This check will be used to purchase supplies and food items for our families. We attended a meeting in Boron with Megan. Megan is a community member who is very excited about adding more services to the City of Boron. We teamed up with KHS to discuss the needs of Boron CA. One of the biggest need is a pharmacy, food and a preschool. We will be meeting with her again in April.

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Month	March-25	**Program/Work Unit**	Oasis Family Resource Center
Division/Director	Youth & Community Services Freddy Hernandez	**Program Manager**	Eric Le Barbé
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The Oasis Family Resource Center provides resources, education, and crisis assistance to individuals, families, and children in Ridgecrest and surrounding communities. They focus on providing case management and educational support to families to build resilience.

First 5 Kern	Month	YTD	Annual Goal	Month Progress	Annual Progress
Parents Receiving Case Management Services (SRV 7a)	1	30	30	3%	100%
Children Receiving Case Management Services (SRV 7a)	2	33	30	7%	110%
Parents Participating in Court Mandated Classes (FNPI 5d, and SRV 5mm)	0	8	10	0%	80%
Children Educational Home Base Activities (FNPI 2b)	0	30	15	0%	200%
Children Summer Bridge Activities (FNPI 2b)	0	0	10	0%	0%
Family Support Services for non-clients with children 5 and under (SRV 2w)	19	70			
First 5 Total	**22**	**171**			

First 5 Kern/ Department Health Services *(Term: Dec 2024 through Jun 2025)*	Month	YTD	Annual Goal	Month Progress	Annual Progress
Family Support Services for non-clients with children 6-18 (SRV 2e K-12)	17	90			

Planned Parenthood	Month	YTD	Annual Goal	Month Progress	Annual Progress
LiFT Delivery Seminar to 10 Parents/Guardians (SRV 5l, and SRV 5mm)	0	11	20	0%	55%
LiFT Delivery Seminar to 10 Youth 13-19 (SRV 5l)	0	14	20	0%	70%

CalCAPA Diaper Supply Bank	Month	YTD	Annual Goal (12 Mo)	Month Progress	Annual Progress (12 Mo)
Diaper Supply Management Enrollment **Unduplicated** (NPI5.2)	362	549	150	241%	366%
Monthly Diaper Kit Supply Delivery **Duplicated** (SRV5.nn)	20	550	1800	1%	31%

Rental Assistance Program	Month	YTD
Rental Assistance Program (estimated maximum $2,000 per household)	0	0

Walk-In Community Services (Duplicated & Non-First 5 Clients)	Month	YTD
Administrative Support (SRV 7c)	40	159
Baby Supplies (SRV 2w)	142	445
Copies	26	98
Court Mandated Parenting Correspondence (SRV 2w)	2	11
Educational Supplies (SRV 2k)	17	124
Emergency Clothing (SRV 7n)	15	64

Food (SRV 7c)	224	652
Household Items (SRV 7c)	144	453
Referrals(SRV 7c)	56	188
Transportation Assistance (SRV 7d)	9	46
Total Community Services	**675**	**2240**

Explanation (Over/Under Goal Progress)

Rental assistance planning is in process and intake for applications should be made available early April.

Program Strategic Goals	Progress Towards Goal
1. Apply for three funding opportunities that would help extend range of services outside First 5 clients for under served families (Parenting, Children 6-18, seniors, and homeless individuals).	In March the OFRC applied for two grants: Kern Family Health Care community grant for baby items and emergency supplies for $5,000; and Care for Kids for literacy and educational supplies for $4,800.
2. Participate in community outreach activities to promote CAPK & Oasis FRC services and seek donations from local business partners (in-kind and monetary).	The Oasis FRC participated in the Ridgecrest Regional Health Fair as a vendor conducting outreach activities with the community.

Program Highlights

The OFRC program manager Eric and case manager Ada completed the Planned Parenthood LiFT training as implementers. Eric received the 2024-2024 Elks Distinguished Citizenship Award for outstanding and meritorious service to humanity from the Ridgecrest California Elks Lodge #1913.

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Month	March-25	**Program/Work Unit**	Energy & Utility Assistance
Division/Director	Fred Hernandez	**Program Administrator**	Vipassana Chawla
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The 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/ cooling appliances, stoves, refrigerators, and more.

Low-income Home Energy Program (LIHEAP) 2025	Month	YTD	Goal	Month Progress	Annual Progress
Households Served - Utilities Assistance	565	1,507	3,300	17%	46%
Households Served - Weatherization	11	24	150	7%	16%

Department of Energy (DOE) Bi-partisan Infrastructure Law (BIL) - Weatherization Assistance Program (WAP)	Month	YTD	Goal	Month Progress	Annual Progress
Households Served - Weatherization	0	3	50	0%	6%

Total Homes - Weatherized & Utility Assistance (Note: The data represents work submitted to CSD for reimbursement - delayed by 2 months)	Month	YTD	Goal	Month Progress	Annual Progress
Total Households Served - Utility Assistance (FNPI 4z, SRV 4i,)	**565**	**1,507**	**3,300**	17%	46%
Total Households Weatherized (FNPI 4h, SRV 4q, & SRV 4t)	**11**	**27**	**200**	6%	14%

PG&E Case Management Program	Month	YTD	Goal	Month Progress	Annual Progress
Number of clients enrolled in the case management program (SRV7a).	431	1,200	2,400	18%	50%

Explanation (Over/Under Goal Progress)

Program Strategic Goals	Progress Towards Goal
1) Meet the PG&E goal of enrolling 2,400 clients into the PG&E Case Management Program.	We have successfully achieved our first target of enrolling 1,200 clients in the PG&E Program by March.
2) Successfully implement the City of Bakersfield Weatherization Program and meet the contract goals.	We are making steady progress towards implementing the City of Bakersfield Weatherization Program and meeting our contract goals. Following a productive meeting with City representatives, we have received the list of priority homes and are currently reviewing and assessing them for program compliance. We have initiated client outreach and started calling clients from the priority list shared by the City. To date, we have successfully contacted 4 clients and enrolled 2 clients for weatherization services.
3) Meet at least 22% of production goal for DOE BIL WAP contract	We had temporarily halted expenditures on this contract due to uncertainty regarding grant funding. But now we have received clarity on the grant funding, and as a result, we have resumed work on the contract. We have re-initiated the project, and we are moving forward with the agreed-upon scope of work.

Program Highlights

We are thrilled to announce that we have successfully achieved our first target of enrolling 1,200 clients in the PGE Program by March. This milestone is a testament to our team's dedication and hard work. Notably, we are the only agency to have completed our target, demonstrating our commitment to excellence and our ability to deliver results.

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Month	March-25		Friendship House Community Center (FHCC)
Division/Director	Fred Hernandez	**Program Administrator**	Lois Hannible
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

Located in Southeast Bakersfield, the program serves children, adults, and families through after-school, summer and mentor programs, nutrition education, sports, access to social services, and more.

Youth Programs	Month	YTD	YTD Goal	Month Progress	Annual Progress
Youth Mentoring (FNPI 2c.2., FNPI 2c.3, SRV 2p)	1	79	100	1%	79%
Summer Program (SRV 2m)	N/A	0	35	0%	0%
After School Program (FNPI 2c.2., FNPI 2c.3, SRV 2p)	3	34	50	6%	68%

California Violence Intervention Program (CalVIP)	Month	YTD
Incident Response (SRV 5w)	0	1
Outcome/Case Managed Families (SRV 7a)	5	20
Provided Food Assistance (SRV 7c)	5	8
Assisted with Energy/HEAP Services (SRV 7c)	0	-
Crisis Intervention	0	-
Provided Mentoring Services (SRV 2p, 7c)	4	26
Assisted with relocation services/Deposit Payments (SRV 4d)	0	-
Temporary Housing Placements (SRV 4m)	0	-

Explanation (Over/Under Goal Progress)

The Friendship House Summer Program does not start until June of 2025, so there are no numbers to report at this time. CAPK's CalVIP team has been assigned three potential relocation participants. Once housing has been secured by the participants, relocation services will be included in the report.

Program Strategic Goals	Progress Towards Strategic Goals
1. Organize and execute successful fundraising events in collaboration with the Friendship House (FHCC) Advisory Board to generate financial support and sustain programs at the youth center.	The Friendship House Casino Night Fundraiser is scheduled for Friday, November 7th. The venue and gaming tables have been secured. Sponsorship opportunities will be made available soon.
2. Recruit and retain dedicated Advisory Board members with the skills, networks, and passion to raise funds and support initiatives for the Friendship House sustainability and growth.	The Friendship House Advisory Board has one vacant position, and is looking for a qualified applicant that has experience in fundraising. Those interested should contact Program Administrator, Lois Hannible at lhannib@capk.org .
3. Collaborate with the CAPK Executive Team to expand grant research and submission efforts for the CAPK Friendship House, ensuring resources align with and address the evolving needs of the community.	The Friendship House Administrator worked with the CAPK Executive Team to submit two funding proposals, for which we are still awaiting the award notice. The team will start a proposal to the State soon for a multi-year grant, which will be due in August of 2025.

Program Highlights

Through the CSUB College Corps Program, the CAPK Friendship House was able to recruit 7 volunteers to assist with the CAPK Friendship House Afterschool Program. The volunteer college students dedicate their time to serve as mentors to the program youth, assist with homework, and to facilitate fun activities. The volunteers are a positive presence in the youth participant's lives and are truly making a lasting impact.

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Month	March-25	Program	Shafter Youth Center (SYC)
Division/Director	Fred Hernandez	Program Manager	Angelica Nelson
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The Shafter Youth Center (SYC) serves children, adults, and families through youth after-school, summer and pre-employment programs, parenting classes, nutrition education, sports, access to social services, and more.

Youth Programs	Month	YTD (unduplicated)	Goal	Month Progress	Annual Progress
After School Program Enroll (FNPI 2c &SRV 2l) (hours of operation: 2-5pm; 1230p - 5pm for minimum day)	6	23	40	15%	58%
Summer Program (SRV 2m) June/July	-	0	60	0%	0%

Community Programs	Month (New)	YTD (unduplicated)
Fitness Boot Camp, Zumba and Adult Basketball	47	159
Girls Scouts, Community Meeting Space, Dignity Mental Health Support, etc. (group count)	1	
On Site Collaboration: Energy, VITA, Food Bank	7	

Outreach Activities	Month	YTD	Goal	Month Progress	Annual Progress
Outreach Events (presentations/informational updates, distributions (e.g., food, diapers)	1	1	6	17%	17%

Explanation (Over/Under Goal Progress)

Program Strategic Goals	Progress
1. Monitor and assess students' academic advancement through regular school progress and grade reports. Utilize the gathered data to refine and modify individual student learning plans.	Students continue to submit their grades in order for staff to continue tracking progress or areas needing support.
2. Improve the attainment of program funding to broaden the scope of program offerings. This involves working in partnership with the CAPK Foundation to integrate funding that facilitates the introduction of new services.	Shafter Youth Center continues to seek and apply for program grants. There are two pending grants that have been applied for. A major grant has officially had a contract signed and is beginning to make some movement.
3. Support the Exploration of Interests and the Development of Skills and Creativity for Youth.	Student have expressed interest in areas of academics. Staff is currently researching feasibility of providing the sessions.

Program Highlights

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The Shafter Youth Center staff is happy to report that our Community Resilience grant is now fully executed and we will begin the process of working with our community. Our goal is to identify how the center can serve the community during a natural disaster.

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Month	1-Mar	**Program/Work Unit**	Volunteer Income Tax Assistance (VITA)
Division/Director	Fred Hernandez	**Program Manager**	Jacqueline Guerra
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The CAPK VITA program offers free tax preparation services. This service is available to low-to-moderate income individuals, the elderly, persons with disabilities, and limited English-speaking taxpayers. Additionally, the CAPK VITA program provides ITIN (Individual Taxpayer Identification Number) services through Certified Acceptance Agents (CAAs). CAAs are authorized by the IRS to assist individuals who do not qualify for a Social Security number but need an ITIN for tax filing purposes.

CAPK current year 2024 e-filed Tax Returns (SRV 3o)	Month	YTD	Goal	Month Progress	Annual Progress
Federal	2,540	5,043	8,250	50%	61%
Social Security Number (SSN)	2,273				
Individual Taxpayer Identification Number (ITIN)	267				
State	2,556	5,070			
Social Security Number (SSN)	2,274				
Individual Taxpayer Identification Number (ITIN)	282				
CAPK 2019-2023, Paper Filed, and Prior Year Returns (total YTD added to Federal YTD) (SRV 3o)	**Month**	**YTD**			
Paper-filed, and Prior year returns (federal)	81	159			
Social Security Number (SSN)	60				
Individual Taxpayer Identification Number (ITIN)	21				
Paper-filed, and Prior year returns (state)	81	158			
Social Security Number (SSN)	60				
Individual Taxpayer Identification Number (ITIN)	21				
CAPK Refunds and Credits (SRV 3o)	**Month**	**YTD**			
Federal Refunds	$1,807,219	$4,700,966			
State Refunds	$778,183	$1,690,007			
Federal Earned Income Tax Credit (EITC) *(income limit $66,819 per household)*	$1,233,803.00	$3,923,319			
California Earned Income Tax Credit (CalEITC) *(income limit $131,950 per household)*	$353,897	$828,578			
Total Refunds and Credits		**$11,142,870**			
Individual Taxpayer Identification Number (ITIN) (SRV 3o) Applications (Note: duplicate of Federal Tax Returns Completed)	**Month**	**YTD**	**Goal Adjusted**	**Month Progress**	**Annual Progress**

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Applications (New/Renewal)	56	94	200	28%	47%

Explanation (Over/Under Goal Progress)

State refunds and CalEITC amounts is an estimate due to the inability to retrieve a State Paper Report.

Program Strategic Goals	Progress Towards Goal
Persist in fostering connections within rural communities to extend outreach and engage with a larger number of clients.	The outreach team is working hard to provide outreach to our rural areas through outreach events, canvassing, and social media presence

Sub-contactor: United Way Central Eastern California Current year 2024 e-filed returns	Month	YTD	Goal Adjusted	Month Progress	Annual Progress
Federal	1081	2,276	3,250	0.332615385	0.70030769
State	1083	2,277			
UWCEC 2019-2023 Paper Filed, and Prior Year Returns ***(total YTD added to Federal YTD)***	**Month**	**YTD**			
Paper-filed, and Prior year returns (federal)	67	121			
Paper-filed, and Prior year returns (state)	67	103			
Sub-contactor: United Way Central Eastern California Refunds and Credits	**Month**	**YTD**			
Federal Refunds	$772,330	$2,169,091			
State Refunds	$369,279	$828,506			
Federal Earned Income Tax Credit (EITC) (income limit $66,819 per household)	$547,195	$1,642,699			
California Earned Income Tax Credit (CalEITC) *(income limit $31,950 per household)*	$154,079	$347,786			
Total Refunds and Credits		**$4,988,082**			

Program Highlights

During the month of March, CAPK VITA focused on reaching individuals who may qualify for the Young Child Tax Credit. Here is a link to a recent interview highlighting the tax credits available to clients: https://www.turnto23.com/news/in-your-neighborhood/bakersfield/tax-day-is-less-than-a-month-away-some-families-may-qualify-for-a-tax-credit.

Operations

Data Services
Facilities & Maintenance
Information Technology
Information Systems
Risk Management

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Month	March-25	**Program/Work Unit**	Operations Division
Division/Chief, Director	Emilio Wagner CFTO, Maria Contreras Director of Facilities	**Program Managers**	Laurie Sproule, Kenneth Lawrence, Eric Martinez, Rommel Almanza, Mohamed Ahmed
Reporting Period	January 1, 2025 - December 31, 2025		

Division Description

The Operations Division is a dynamic and multifaceted division that plays a pivotal role in ensuring the seamless functioning of our organization. This division is responsible for spearheading new construction projects, overseeing fleet management, maintaining our physical facilities, mitigating risks, and managing all aspects of Information Technology (IT) and Information Systems (IS).

Data Services

Activity	Requested	In-Progress	Processed	Processed YTD
IS Tickets	90	29	93	231
Power App Enhancements	7	8	4	11
Paginated Reports/ Power bi reports/ Dashboards	4	1	6	14

Projects	*Description of Status*	*Current % Status*
2-1-1 Optimizations	IVA quote has been recieved. API automation between Primarius and ICarol in development and nearing	50%
Adult Re-Entry Program	Testing has completed and application is live.	100%
MStreet	Application is in UAT and program is testing.	70%
SMS Integrations	numbers for interested programs.	45%
Feeding America Service Insights Project	Training agency partners has began with pilot agencies.	40%
Energy Intake Digitization	In discovery phase. Project plan anticipated April 15th	10%
Bakersfield Grant Intake Digitization	Discovery phase concluded. Development set to begin in April	15%

Facilities

Activity	Requested	In-Progress	Processed	Processed YTD
Facility Work Orders				735

Construction Projects	*Description of Status*	*Current % Status*
Central Kitchen		
McFarland & Tehachapi Modulars		
Barnett House		

Major Maintenance Projects		*Description of Status*	*Current % Status*
Angela Martinez		Staff Development TI nearing completion.	80%
Stockdale HS		South Side of building under TI Playard permit obtained. Added a new CO for Door and IT Rm light	60%
EKFRC		EastKern new office space TI began laundry room	30%
Sterling		Temp Kitchen Kitchen Remodel Plans finalized	8%
Harvey Hall		Phase 1 Phase 2	8%
Alberta Dillard		Survey Complete Working of Property Line Discrepancys	5%
Food Bank Pole Sign		Obtain Permit	15%

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Information & Technology				
Activity	**Requested**	**In-Progress**	**Processed**	**Processed YTD**
Help Desk Work Orders				1200

Information & Technology Projects	*Description of Status*	*Current % Status*
Head Start Expansion		

Risk Management		
Workers Compensation Claims	**Reported**	**Reported YTD**
For Report Only		12
First Aid		5
Medical		2
Modified Duty		0
Lost Time		3
Under Investigation / Non-Industrial / Students / Parents / Volunteers / Clients	0	3
Property	3	8
Vehicle Incident / Grand Theft Auto	1	1
Motor Vehicle Accident	0	1
Work Place Violence / Over Doses / Death	1	1
Total	**5**	36

Program Strategic Goals	Progress Towards Goal	
Description	**Description of Status**	**Current % Status**
Develop a facility deferred maintenance program.		
Develop and implement a Data Governance strategy.		
Improve the customer experience by assessing it through factors such as response time and customer sentiment.		

Program Highlights

Community Development

Grant Development
CAPK Foundation
Outreach & Marketing
2-1-1 Call Center
Community Schools Partnership Program (CSPP)

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	Program/Division	2-1-1 Call Center Program
Division/Director	Pritika Ram	Program Manager	Sabrina Jones-Roberts
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The 2-1-1 Kern is a 24/7 information and referral service that provides local residents with comprehensive information and links to community health and human services at no cost. The 2-1-1 Kern has a database of 1,300 social service agencies that are available to the public through the 2-1-1 Kern Online Resource Directory at www.211KernCounty.org. The program has over 17 years of experience in providing and linking community members to vital services, and currently serves multiple communities in the Central Valley including Kings, Tulare, Stanislaus, Fresno, and Madera through the United Way partnerships.

Most Requested Services	Food Pantries	Utility Payment Assistance	Specialty Food Providers
Top 3 Unmet Needs	Homeless Diversion Programs	Food Stamps	Clothing

Information and Referral Services (I&R) Calls Handled (SRV 7c)	Month	YTD	Annual Goal	Month Progress	Annual Progress
Fresno & Madera County	4810	14,626	20,000	24%	73%
Kern County	2985	9,755	90,000	3%	11%
Kings County	237	728	4,000	6%	18%
Merced & Mariposa County	106	378	900	12%	42%
Stanislaus County	916	2,901	10,000	9%	29%
Tulare County	694	2,232	10,000	7%	22%
Total County-based I&R Calls Handled	**9,748**	**30,620**	**134,900**	**87%**	**23%**
Average Wait Time	**0:37**				
Average Handle Time	**5:49**				

Other Service Call Types Handled (SRV 7c)	Month	YTD
LIHEAP (SRV 7b)	2846	10,700
Mental Health (SRV 7c)	333	1,032
Total County-based and Other Calls Handled	**12,927**	**42,352**

Staffing vs. Call Volume	Current Staff	Staff Needed Per Call	Staff Over/ Short
2-1-1 staff designated for calls handled across all counties contracts with the expectation of 42 calls per staff for an 8-hour shift.	16	11.6	**4.42**

Grant Funded Services	Activity	Month	YTD	Annual Goal	Month Progress	Annual Progress
Cal-Fresh (SNAP) Application (SRV 3l)	53	15	58	350	4%	17%
Community Health Care Program / Medi-Cal Applications (SRV 3h)	27	10	31	70	14%	44%
First 5 Help Me Grow (HMG) Ages & Stages New Children Screened (SRV 5c)	48	30	88	125	24%	70%

2-1-1 Website Visitors	Month	YTD	Annual Goal	Month Progress	Annual Progress
Duplicated Visitors *(i.e., accessing 2-1-1 e-services and database resources)*	31,072	91,222	225,000	14%	41%

Referrals	Month	YTD
Food-related Calls (SRV 7c)	940	3,138
Health and Human Service Referrals (SRV 7c)	1301	4,022
Housing and Homelessness Calls (SRV 7c)	342	1,097
Utility Assistance Calls- Discount Internet or Utility (SRV 7c)	409	1,415

Total Other Services	2,992	9,672	

Explanation (Over/Under Goal Progress)

2-1-1 performs call handling services for several counties throughout the Central Valley in addition to the local county of Kern. The program has collectively achieved 23% of its annual target goal for counties call metrics. Internally, the program answers calls associated with homelessness assistance, outside of business hours, and completes a Quick Reference Tool to assign follow-up to Coordinated Entry System. Through its various scopes of work, the program provides application assistance, completes assessments, and conducts outreach to bring awareness of services within the community. Incoming calls, applications, and assessments are monitored and reviewed to determine appropriate methods and material needed for outreach events. The program remains committed to initial and renewal Medi-Cal applications through Kaiser's Community Health Care Program.

Program Strategic Goals	Progress Towards Goal
1. Enhance recruitment initiatives to attract and hire well-qualified candidates. This includes enhancing employee retention and foster opportunities for professional growth.	The program seeks to captivate skilled candidates by streamlining the recruitment process of internal Human Resources. The program aims to offer competitive wages, language fluency and competency incentives, and opportunity for growth. 2-1-1 is staffed with 20 Full Time Information and Referral (IR) Specialists to handle Low-Income Home Energy Assistance and standard calls. The program enriches employees through strategic schedule planning, honoring traditions, and celebrating achievements or milestones. Additionally, it supports opportunities for professional development and an incentive for IR's who obtain certification as a Community Resource Specialist.
2. Enhance the efficiency and effectiveness of our call center operations in the coming year by thoroughly evaluating and optimizing the use of our tools and technologies, including CRM systems. Focus will be placed on improving call handling performance, streamlining workflows, and identifying opportunities to align staffing levels with operational needs.	The program is in collaboration with the Information Systems Team to refine its processes and maximize technology by digitizing Food Pantry and Commodities resources, enhancing the Interactive Voice Response to allow callers to obtain food pantry sites without the requirement to communicate with a Specialist, and implementing a label maker to reduce the time dedicated to application mailers.
3. Prioritize retaining existing contracts, such as partnerships with United Ways, while actively exploring and proposing new opportunities to better serve our community members. Leverage the full potential of the call center by pursuing additional fee-for-service contracts and expanding services to maximize impact and efficiency.	2-1-1 aims to achieve strengthened partnerships by effectively communicating, and meeting with partners and contract grantors to share performance data and discuss progress relative to its objectives, deliverables, and goals. The program is consistently working on meeting the reporting expectations of all funding sources and maintaining a trusting relationship to increase the opportunity for existing contracts to be retained. □

Program Highlights

The programs' average calls handled rate is 92% white its abandoned rate is 8% amongst seven (7) campaigns. The program is in the process of renewing the contract for one (1) of its county partners.

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	**Program/Work Unit**	Community School Partnership Program
Division/Director	Pritika Ram	**Program Manager**	Que'Mesha Banner
Reporting Period	January 1, 2025 - December 31, 2025		

Program Description

The Community School Partnership Program (CSPP) provides comprehensive case management services to student-families enrolled in Bakersfield City School District's (BCSD) Community Schools. CSPP receives referrals from the community schools' Multi-Tiered System of Support and Family and Community Engagement (FACE) Liaisons. The program connects student-families with community-based services to address food insecurities, housing stability, and other essential needs. It is modeled after the Four Pillars of a successful Community School, aimed at mitigating the academic and social impacts of emergencies on local communities and enhancing school responsiveness to student and family needs.

Additional Requested Services	Referral for ITIN	N/A	N/A
BCSD Referral Type	M.T.S.S (0)	F.A.C.E (15)	OTHER (1)

Direct Services	**Month**	**YTD**	**Annual Goal**	**Month Progress**	**Annual Progress**
Families referred to Program (SRV 7c) One-time services	16	119	700	2%	17%
Families Receiving Case Management Services (SRV 7a)	21	207	480	4%	43%

Results-Oriented Management and Accountability (ROMA) Assessment	**Month**	**YTD**
Families that completed Pre-assessment	7	39
Families that completed Post-assessment	80	87

Internal Referral Services (SRV 7c)	**Month**	**YTD**
Total Families referred internally for Food and Nutrition (2-1-1 or CalFresh)	4	18
Total Families referred internally for Housing (CES)	3	15
Total families referred for Employment Resources (2-1-1 or external)	1	9
Total Families referred internally for Childcare (Head Start)	1	6
Total Families referred internally for Utility Assistance (Energy)	2	15
Total Families referred to Friendship House afterschool/ mentorship program	0	1
Families Receiving Emergency Food Boxes through CAPK Food Bank Pantry Partnership (SRV 5jj)	91	191
Home Visits (SRV 2cc)	5	13

Explanation (Over/Under Goal Progress)

The program works closely with the funder for referrals by consistently collaborating with liaisons and the Multi-

Tiered System of Support for opportunities to provide wrap around case management to new families. Community School Partnership Programs' Leadership remains connected with BCSD Leadership to seek strategies in increasing program awareness within school sites. □

□

Program Strategic Goals	Progress Towards Goal
1. Elevate program standards and effectiveness by providing a minimum of 3-months and up to one year of case management services to families referred to program and ensure the case management flow chart is being followed and conducted promptly.	The criteria developed for food boxes aligns with emergent needs of the community to allow an increased focus on parent engagement in aim to enrich upon family goal setting. Case managers continue working towards following the standardized process in building and retrieving monthly and annual report details.
2. Implement Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goals with participating families based on their needs outlined in ROMA assessment to reduce barriers and increase successful outcomes.	Case managers are encouraged to maximize their opportunity to utilize available tools to capture data for ongoing case management supports and implement assessments to gauge program impacts based on family progress for all cases prior to their closure.
3. Increase access to housing support and financial educational opportunities for families experiencing or at-risk of homelessness.	The program continues to network within school sites to and the community to maintain connections with familiar entities while exploring possibilities for additional housing resources.

Program Highlights

The Community School Partnership Program will come to a conclusion on 6/30/2025. The case manager at Dr. Martin Luther King Jr. Elementary has transitioned on 3/26/25. The case managers assigned to Emerson Middle School and McKinley Elementary will transition the beginning of April 2025. Each of the case managers have begun closing cases due to their transition. At that time there will be one (1) remaining case manager to support Stella Hills Elementary until their transition occurs.

Application Status Report
March 2025

Name	Description	Funder	Amount Requested	Amount Awarded	Decision Date	Status
FY25 Feeding America Local Consulting Services	The project aims to enhance CAPK Food Bank's advocacy efforts by securing expert consulting services to influence food security policies, strengthen legislative engagement, and expand coalition partnerships to combat hunger effectively.	Feeding America	$80,000.00	$20,000.00	3/21/2025	Awarded
Farmers Grant	This grant provides direct financial assistance to farmworkers and their families in Kern County, supporting access to essential services, resources, and opportunities that promote their long-term health, stability, and well-being. Through this initiative, we aim to better understand how direct financial support positively influences these families' ability to meet their nutritional needs and reduces their dependence on our pantry and commodity distribution programs. Our project aims to serve 20 low-income farmworker families, both employed and unemployed. The primary need addressed by this initiative is food insecurity, a common challenge faced by these families due to limited financial resources. To address this need, each participating family will receive weekly financial vouchers of approximately $99 per week over 24 weeks.	Kern Community Foundation	$50,000.00	$0.00		LOI-Submitted
CARE for Kids	CAPK is requesting a budget of $4,819.69 to purchase educational items for children ages 0-5. These items will be used in home-based activities with children who are case managed, focusing on developmental milestones, as well as during our Summer Bridge Kindergarten program to support school readiness.	careforkids.org	$4,819.69	$0.00		Pending
KFHC Community Grant Program- OFRC (Oasis Safe and Fresh Start Project)	The CAPK Oasis Family Resource Center (OFRC) will leverage these funds to provide critical support to families and individuals in need. The OFRC will purchase essential infant and toddler items, including car seats, formula, and pull-ups, ensuring that families can offer their children a safe and healthy start. In addition, the OFRC will utilize these funds to purchase emergency kits consisting of hygiene items and sleeping bags, to help the increasing number of unhoused and low-income individuals cope with crisis situations, reducing stress and improving physical and emotional health. This assistance will enable individuals and families in need to focus on stability and access further support, promoting long-term health and well-being.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending
KFHC Community Grant Program- VITA Access for Medi-Cal Recipients	CAPK's Volunteer Income Tax Assistance (VITA) Program will utilize these funds to purchase four laptops and vital outreach materials, ensuring continuous tax support beyond the tax season for Medi-Cal recipients and underserved populations in the rural communities of Shafter, Wasco, McFarland, Delano, and Taft. This initiative will allow the VITA Program to extend appointments in these underserved, rural areas, where demand often surpasses availability after tax season.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending
KFHC Community Grant Program- FHCC (Friendship House Aquatic STEM Project)	The CAPK Friendship House Community Center (FHCC) will utilize these funds to offer students enriching STEM (Science, Technology, Engineering, and Mathematics) focused aquatic lessons which will include a science-based curriculum, and online lessons to allow the students to explore the science of aquatic ecosystems, learn about biology, chemistry, and environmental science.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending
KFHC Pathways to Support: Connecting Veterans and Community Resources	This project will address the immediate needs of veterans and non-veterans by providing food, hygiene services, gas cards, and bus passes at outreach events.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending
KFHC Community Grant Program- (CES Meals and Hygiene Care Project)	CAPK Coordinated Entry Services (CES) will use these funds to purchase hygiene kits and easy-to-eat meals for our most vulnerable populations.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending

Application Status Report
March 2025

KFHC Community Grant Program- SYC (Shafter Future STEM Leaders Project)	The Shafter Youth Center (SYC) will offer a Summer STEM (Science, Technology, Engineering, and Mathematics) program for 35 students, including an immersive field trip to the California Science Museum. KFHC funds will cover the cost of STEM kits and supplies, a chartered bus, student snacks, and the museum entry fees.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending
KFHC Community Grant Program- EKFRC (East Kern Traveling with Care Project)	KFHC funding for CAPK's East Kern Family Resource Center (EKFRC) will directly address transportation challenges faced by East Kern Family Resource Center clients by providing bus passes, gas cards, infant car seats and other essential travel resources.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending
KFHC Community Grant Program- Cal-AIM Health and Hygiene Project	The goal of the CAPK Cal-AIM Health and Hygiene Project will provide essential hygiene kits and food boxes to Medi-Cal eligible individuals to better support their nutrition, cleanliness and health.	Kern Family Health Care (KFHC)	$5,000.00	$ -		Pending
Workforce Innovations Grant	The National Alliance to End Homelessness (NAEH) Workforce Innovations Grant offers up to $50,000 to support workforce development in the homeless services sector. The funding is designed to address staffing challenges such as high turnover, recruitment difficulties, and job retention by supporting training programs, mentorship initiatives, staff incentives, and wellness activities. CAPK will apply for this grant on behalf of the M Street Navigation Center to help reduce staff turnover and enhance workforce stability.	National Alliance to End Homelessness	$50,000.00	$ -		Pending
Fresh Produce Relief Initiative	CAPK seeks $10,000 from Anthem's Food Insecurity Grant to purchase and distribute fresh, locally grown produce in response to the March 2025 suspension of USDA food shipments to California food banks. This initiative will offset the loss of federal produce support and ensure access to high-quality, nutritious food for Kern County's most vulnerable populations, particularly those in rural and underserved areas. The grant will fund direct produce purchases from local farms for distribution across CAPK's 208-site partner network.	Anthem Blue Cross	$10,000.00			Research
Homeless Veterans Reintegration Program (HVRP)	HVRP grant funds will be used to support the operation of the Stand Down event, which is designed to provide direct, immediate services such as food, clothing, employment assistance, and medical care to veterans in need.	U.S. Department of Labor	$7,000.00	0	4/30/2025	Research
Sister Phyllis Hughes Endowment for Special Needs	The Friends of Mercy Foundation Grants Program aims to assist vulnerable populations such as children, women, and the elderly. CAPK is requesting $10,000 to expand services at the Oasis Family Resource Center (OFRC) in Ridgecrest, CA. This funding will provide essential baby items, emergency supplies, and adult diapers to low-income families and seniors in this remote area. The grant would support 30 families with baby essentials, 150 individuals/families with hygiene kits and emergency supplies, and 50 seniors with adult diapers, improving access to necessities and enhancing community health and well-being for those facing financial and geographic challenges.	Friends of Mercy Foundation	$10,000.00	0	4/14/2025	Research
Oasis Baby Shower	The Oasis Family Resource Center will use funds to host baby shower event and purchase baby supplies for 25 low-income pregnant women in Ridgecrest, CA.	First 5 Kern	$5,000.00	0	4/16/2025	Research
PATH CITED	If awarded, these funds will expand Enhanced Case Management and Community Support Services for CAPK's CalAIM program.	California Department of Healthcare Services (DHCS)	$0.00	0	5/2/2025	Research
HomeKey +	To sustain and expand Permanent Supportive Housing (PSH) for Veterans and individuals with mental health or substance use disorders who are at risk of or experiencing homelessness.	CA Department Housing and Community Development	$1.00	0	5/30/2025	Research

Funding Type	Public	**CAPK Program**	CVAF
Funding Agency	U.S. Department of Labor – Veterans' Employment and Training Service (VETS)	**Project Name**	2025 Kern County Veterans Stand Down
CFDA	17.805	**Target Population**	Homeless and At-Risk Veterans in Kern County and surrounding areas
Request	$7,000	**Division Director**	Deb Johnson
Award Period	Sept 1, 2025 – Dec 31, 2025	**Program Manager**	Vanessa Webster
Description	A one-day resource event offering direct services to homeless and at-risk veterans, including health screenings, housing referrals, mental health support, employment assistance, and VA benefits counseling. The event also includes meals, hygiene support, transportation, and on-site service providers to facilitate housing and employment access.		

Funding Type	Private Foundation / Corporate Grant	**CAPK Program**	Food Bank
Funding Agency	Anthem Blue Cross	**Project Name**	Fresh Produce Relief Initiative
CFDA	N/A	**Target Population**	Low-income families, children, seniors, migrant agricultural workers, and residents of food deserts in Kern County
Request	$10,000	**Division Director**	Susana Magana
Award Period	TBD	**Program Manager**	Kelly Lowery
Description	CAPK seeks $10,000 from Anthem's Food Insecurity Grant to purchase and distribute fresh, locally grown produce in response to the March 2025 suspension of USDA food shipments to California food banks. This initiative will offset the loss of federal produce support and		

	ensure access to high-quality, nutritious food for Kern County's most vulnerable populations, particularly those in rural and underserved areas. The grant will fund direct produce purchases from local farms for distribution across CAPK's 208-site partner network.

Funding Type	Private	**CAPK Program**	Oasis FRC
Funding Agency	Friends of Mercy Foundation	**Project Name**	Sister Phyllis Hughes Endowment for Special Needs – Friends of Mercy Foundation Grants Program
CFDA	N/A	**Target Population**	Low-income families in Ridgecrest, with a focus on infants and seniors
Request	$10,000	**Division Director**	Freddy Hernandez
Award Period	July 2025- June 2026	**Program Manager**	Eric Le Barbe
Description	The Friends of Mercy Foundation Grants Program aims to assist vulnerable populations such as children, women, and the elderly. CAPK is requesting $10,000 to expand services at the Oasis Family Resource Center (OFRC) in Ridgecrest, CA. This funding will provide essential baby items, emergency supplies, and adult diapers to low-income families and seniors in this remote area. The grant would support 30 families with baby essentials, 150 individuals/families with hygiene kits and emergency supplies, and 50 seniors with adult diapers, improving access to necessities and enhancing community health and well-being for those facing financial and geographic challenges.		

Funding Type	Nonprofit	**CAPK Program**	Oasis Family Resource Center
Funding Agency	First 5 Kern	**Project Name**	Oasis Baby Shower
CFDA	N/A	**Target Population**	Expecting mothers
Request	$5,000	**Division Director**	Freddy Hernandez
Award Period	June 2025-July 2026	**Program Manager**	Eric Le Barbe
Description	The Oasis Family Resource Center will use funds to host baby shower event and purchase baby supplies for 25 low-income pregnant women in Ridgecrest, CA.		

Funding Type	Private	**CAPK Program**	Oasis FRC
Funding Agency	CARES for Kids.org	**Project Name**	Educational Items
CFDA	N/A	**Target Population**	Children
Request	$4,819.69	**Division Director**	Freddy Hernandez
Award Period	May 2025 – May 2026	**Program Manager**	Eric Le Barbe
Description	CAPK is requesting a budget of $4,819.69 to purchase educational items for children ages 0-5. These items will be used in home-based activities with children who are case managed, focusing on developmental milestones, as well as during our Summer Bridge Kindergarten program to support school readiness.		

Funding Type	Private	**CAPK Program**	Food Bank
Funding Agency	Kern Community Foundation	**Project Name**	Farmer workers Grant
CFDA	N/A	**Target Population**	Farmers in Wasco
Request	$50,000	**Division Director**	Susana Magana
Award Period	June 2025 – December 2025	**Program Manager**	Kelly Lowery
Description	Through this initiative, we aim to better understand how direct financial support positively influences these families' ability to meet their nutritional needs and reduces their dependence on our pantry and commodity distribution programs. Our project aims to serve 20 low-income farm worker families, both employed and unemployed. The primary need addressed by this initiative is food insecurity, a common challenge faced by these families due to limited financial resources. To address this need, each participating family will receive weekly financial vouchers of approximately $99 per week over 24 weeks. Minor adjustments in the final payment will ensure the direct		

	financial support totals exactly $47,619. Additionally, we request $2,381 (5% of direct costs) for indirect administrative costs, bringing the total requested funding to exactly $50,000.

Recommendation	Staff recommends approval to submit the small funding application(s) up to $50,000 per year and authorize the Chief Executive Officer to execute the contract if awarded, and any subsequent amendments throughout the duration of the contract term.

Date Presented/Approved

Policy Council:	_____	PRE Presentation:	_____	B&F Approval:	_____	Board Approval:	_____

Community Action Partnership of Kern
Monthly Report 2025

Month	March-25	**Program/Work Unit**	Head Start Preschool & Early Head Start
Division/Director	Head Start/State Child Development Division/ Yolanda Gonzales	**Program Design and Management Administrator**	Robert Espinosa
Reporting Period	March 1, 2025 - March 31, 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	749	753	753	99%	
Disabilities	248 (YTD)	10%	10%	35%	
Over Income 101%-130% (up to 35%)	24	n/a	n/a	3%	
Over Income 131% and up (up to 10%)	61	n/a	n/a	8%	

Head Start Preschool (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	103 (YTD)	10%	10%	11%	
Over Income 101%-130% (up to 35%)	22	n/a	n/a	2%	
Over Income 131% and up (up to 10%)	82	n/a	n/a	8%	

Home Visiting Program (SRV 2cc, 7a)	Monthly	Year-To- Date	Annual Goal (Contract Limit 310)	Annual Progress (Calendar)	Annual Progress (Program Year)
Enrollment	271	355	298	76%	119%

Central Kitchen	Total Meals Delivered	Breakfast	Lunch	Snack
Meals and Snacks	64,137	23,843	19,039	21,235

Child and Adult Care Food Program (CACFP) (Note: The data represents information from February 2025)	Total Meals Delivered	Meals Allocated (CACFP/HS)	# of Meals Served	% of Meals Served
Meals and Snacks (SRV 5ii)	69,776	48,397/21,379	53,525	77%

Household Services	Month	YTD
Eligibility Determination (SRV 7b) (January 2025-December 2025)	233	453
Total Community Services	**233**	**453**

Explanation (Over/Under Goal Progress)

For March 2025, we have met our goals with our full-enrollment initiative. This is the third consecutive month reaching the benchmark set by the Office of Head Start. Direct service staffing (teaching staff) continues to trend in a positive direction.

	Progress Towards Goal
Goal: School Readiness	Objective : The program will develop a dual-language framework and will strengthen the ability of staff to work with dual-language learners. Progress: Home language identified through questionnaire upon child's assessment. Discussions are had with parents, dual language staff available, and therapists and parents are eager to accommodate and learn home language.

Program Description

1. A letter was received from the Office of Head Start stating the Focus Area 1 review will commence on the week of May 5, 2025.
2. The Head Start Program finalized the Reduce, Reuse, Recycle study some of our centers had "WOW" experiences, as outlined in the lesson plan, by having children visit the recycle center with their family. We are now transitioning to the Sign study.
3. The Early Head Start Program is exploring the "bags" guide as outlined through Creative Curriculum, as they implement the cognition school readiness goal.
4. Child assessments will be finalized in April and a parent conference will be taking place shortly thereafter.
5. On March 1, 2025, the Family Engagement team attended the California City Resource Fair to help promote Head Start and help build our enrollment waitlist. Additionally, on said date, Head Start staff participated in the following recruitment events: Bakersfield City School District PJ Run, California City Spread the Love Winter Health Check-In, and the Hall Ambulance 60th Anniversary event in Arvin.
6. On March 4, 2025, Read Across America commenced.
7. On March 7, 2025, the ReadyRosie Family Workshop was offered at the Rosmanond Center. The team presented "Ready for Kindergarten", and families learned how to plan family routines and habits, building blocks of kindergarten readiness, fine and gross motor skills, social emotional development, and how to play meaningful games that help build skills to be ready for kindergarten.
8. On March 13, 2025, Enrollment and Attendance staff conducted outreach in Arvin, Delano, and Shafter to enhance enrollment and expand the waitlist.
9. On March 15, 2025, Head Start staff participated in the Superheroes Super Health Fair in Lamont.
10. On March 19, 2025, Dr. Kirk conducted training with staff. He discussed information about ignoring negative behaviors and praising positive behaviors, stating that attention is more important to a child. Dr. Kirk also spoke about the left brain and the right brain and how our right brain is stuck in the past to how we were raised by our parents.
11. On March 20, 2025, Dr. Kirk conducted training with parents at the Delano center. He provided techniques they can implement with children, such as being in proximity and speaking at eye level, using a firm voice with two- or three-word instructions, ignoring negative behaviors, and praising the appropriate behaviors. Also, discussed was the importance of sharing concerns with parents in hopes of opening referrals and getting children evaluated. Staff present shared information on Autism services around town.
12. On March 21, 2025, the Nutrition team and other departments collaborated to plan for the Nutrition Advisory Committee Meeting in May 2025.
13. On March 24, 2025, a ReadyRosie workshop was conducted at the Delano center where families learned the characteristics of attentive listening skills and inattentive listening skills and how parents can plan on how they can show their children that they are listening. The listening skills learned in the workshop helped parents understand the benefits, such as: how we can be more aware of the perspectives around us as well as our own experiences, how it can reduce anxiety and depression in children, and how it can help children build relationships.
14. On March 27, 2025, Enrollment and Attendance staff participated in the Affordable Housing even in Wasco.
15. On March 28, 2025, Enrollment and Attendance staff particiapted in the GROW Academy Health & Wellness Fair in Shafter.

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MEMORANDUM

To: Program Review and Evaluation Committee

From: Rosa Guerrero, Administrative Analyst

Date: April 9, 2025

Subject: *Agenda Item 5d.*: Kern County and San Joaquin Head Start Community Assessment 2025 – **Info Item**

The Office of Head Start (OHS) requirement Part 1302 requires an annual review and update of the community assessment to reflect significant shifts in community demographics, needs, and resources that may impact program design and service delivery, as well as the availability of publicly funded pre-kindergarten services. The updated assessments for both Kern County and San Joaquin County are conducted in collaboration with CAPK's Community Development team and utilize the most recent U.S. Census and Community Needs Survey data to evaluate how the community meets the needs of parents and/or guardians and children. Topics of special consideration, as required by the OHS, include children experiencing homelessness, children in foster care, and children with disabilities.

This update will inform any services gaps and necessary changes to our program options. Additionally, it will continue to provide a comprehensive service delivery plan that supports school readiness for children ages zero to five, while focusing on communities most in need. The program is funded by several sources: the California Department of Education, California Department of Social Services, U.S. Department of Agriculture and OHS. The San Joaquin County Office of Education also provides funding but is applicable to services specifically within San Joaquin County. CAPK will manage the development, implementation, and evaluation of early learning theories that are researched-based.

This program supports the state and county efforts to improve communities by promoting educational opportunities that enrich the lives of children and their families. The report will support the delivery of services for the funding period beginning on March 1, 2026, and ending on February 28, 2027.

Attachments:
Kern County Head Start Community Assessment 2025
San Joaquin County Head Start Community Assessment 2025

Head Start
A Program of *CAPK*

Community Assessment
Kern County

2025

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Executive Summary (2025 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 (Early Head Start and Head Start Preschool) 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's Head Start Program 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 EHS/HSP eligible children and families. The data and analysis are used to guide CAPK's strategic planning process to better serve Early Head Start and Head Start Preschool (EHS/HSP) children and families.

In accordance with the requirements of 45 CFR Part 1305 Section 1305.3(e), 1302.11(b), the CAPK's Head Start Program's 2023 Community Assessment Update was completed and approved by the Head Start Policy Council Planning Committee on August 22, 2023, and the CAPK Program Review and Evaluation Committee on September 13, 2023.

When comparing the current findings to the previous assessment, there has been extraordinarily little change in the determinants of needs affecting Head Start Program 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 Program services for low-income children and families. The Head Start Program 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 approach to help them meet their emotional, social, health, nutritional and psychological needs.

2025 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 2023, 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's Head Start Program live 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 Program 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 includes updated statistics and considerations of county and incorporated community population numbers, household characteristics and relationships, estimates of income eligible children, disability, educational attainment, health, child welfare, prenatal health, homeless children, and families, and Early Head Start and Head Start Preschool 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. CAPK's Early Head Start and Head Start Preschool Program 2023/2024 Information Reports (PIR) was used for data related to EHS/HSP.

CAPK performs a comprehensive bi-annual community needs survey of clients, staff, and Agency partners. Along with the 2024-2025 CAPK Community Needs Survey, CAPK held focus groups in select locations of Kern County to gain deeper understanding and insights of the survey results. Findings from the 2024-2025 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. Early Head Start and Head Start Preschool 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; Early Head Start/Head Start Preschool; 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/211kerncounty. 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.

Early Head Start and Head Start Preschool: 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 also 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 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 EHS/HSP 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 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 the Head Start Program to fulfill their early childhood education need. CAPK's Head Start Program 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 Kern County Early Head Start and Head Start Preschool Locations

EHS/HSP 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
Escuelita Hernandez	909 Castro Lane, Bakersfield, CA 93304-4214
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
Stockdale HS	5 Real Rd., Bakersfield, CA 93309-1814
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

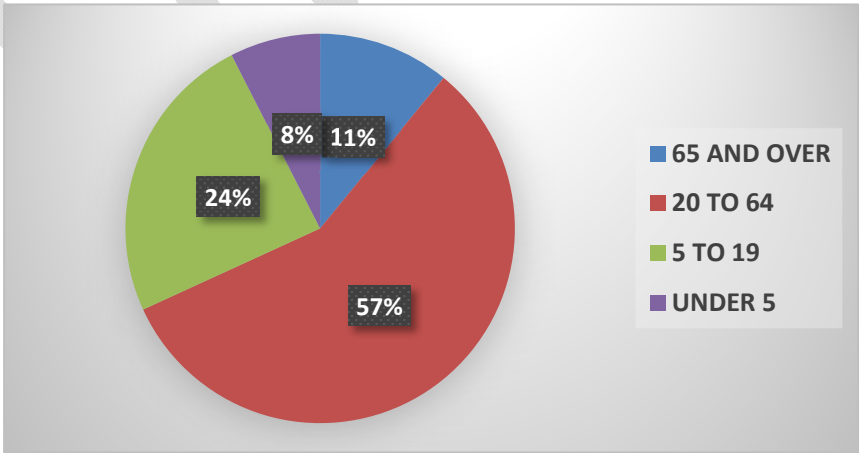
Kern County is in Central California, at the southern end of the San Joaquin Valley. At 8,172 square miles, Kern is California's third-largest county by land area. Terrain varies dramatically within the County, from the valley lowlands to the mountain peaks of the southern Sierra Nevada, to arid stretches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

The 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

The Kern County's racial and ethnic composition is diverse. After White, the second 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

In Kern County, 79.4% of the population (719,419 individuals) were born in the United States, while 19.7% (177,999 individuals) 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).

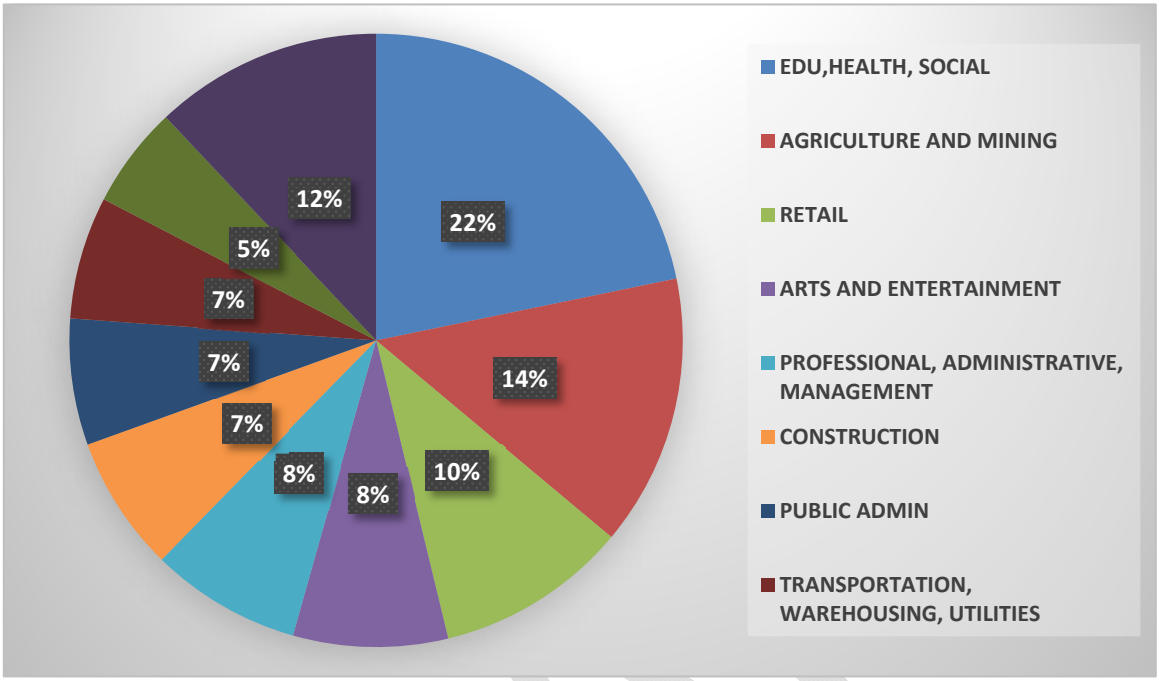
EMPLOYMENT

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

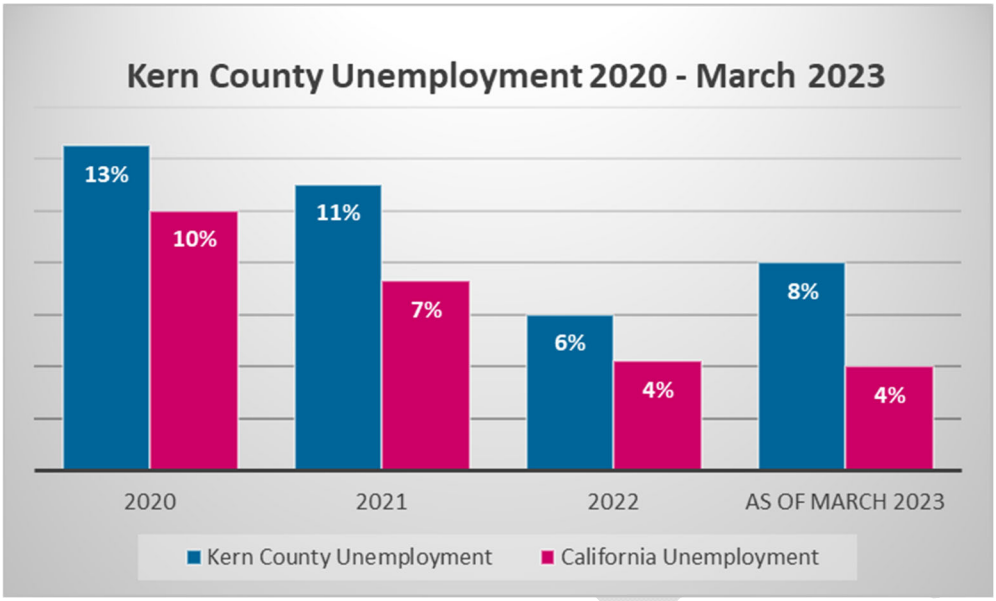


Source: US Census American Community Survey 2022, 5-Year Estimates

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. In 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

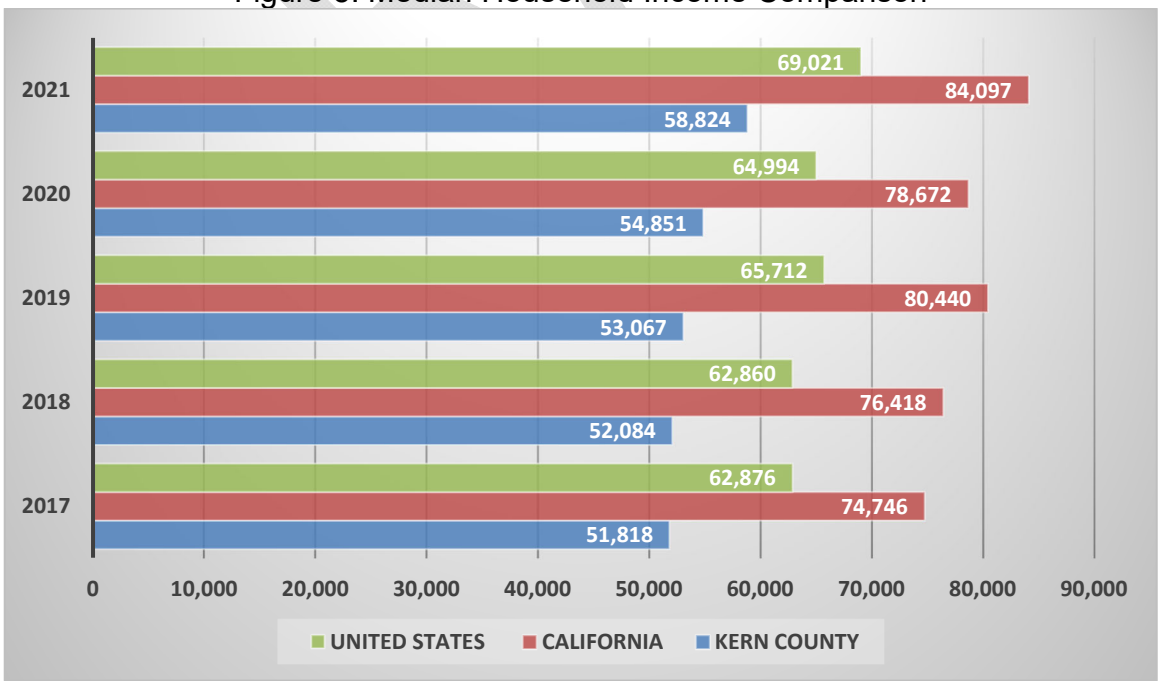


Source: California Department of Labor, 2023

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.***

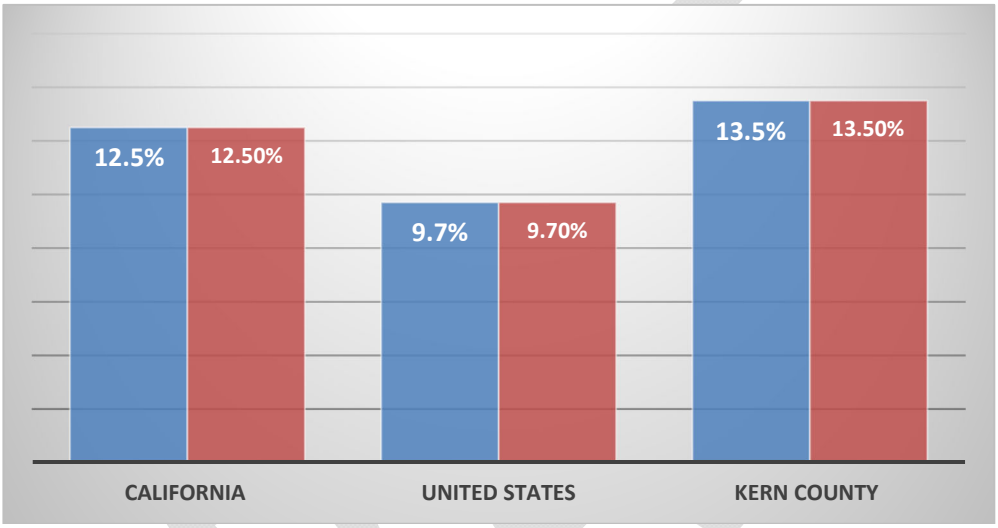
Figure 5. Median Household Income Comparison



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

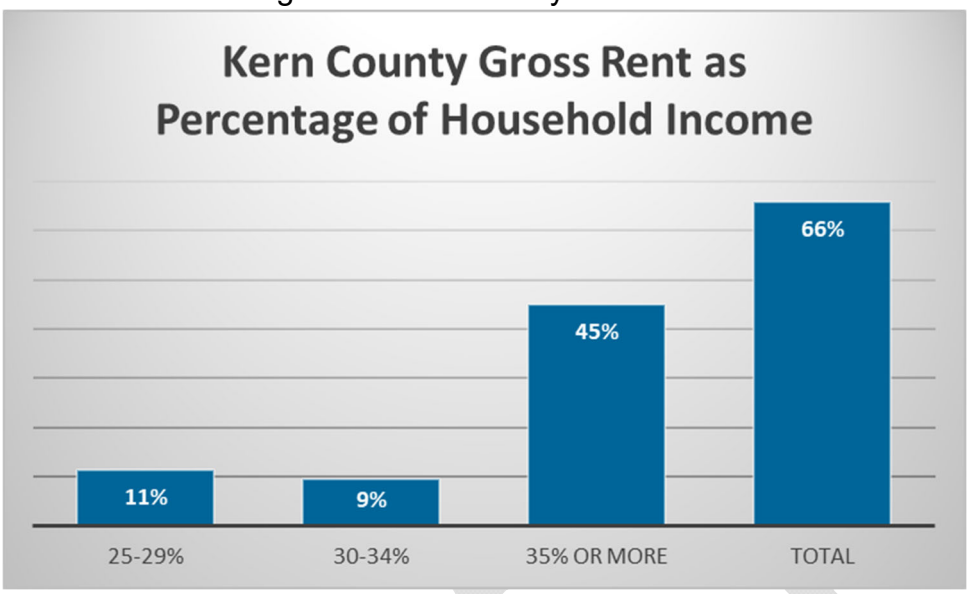
According to the US Census Estimates, there are 274,705 occupied housing units in Kern County.

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:

- 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 Kern Council of Governments' Regional Housing Needs Allocation Plan 2013-2023 included an assessment of county housing quality which shows that an estimated 54% of Kern County Housing is substandard, ranging from a low of 30% in Tehachapi to almost 96% of homes in California City.

Table 5. Kern Substandard Housing

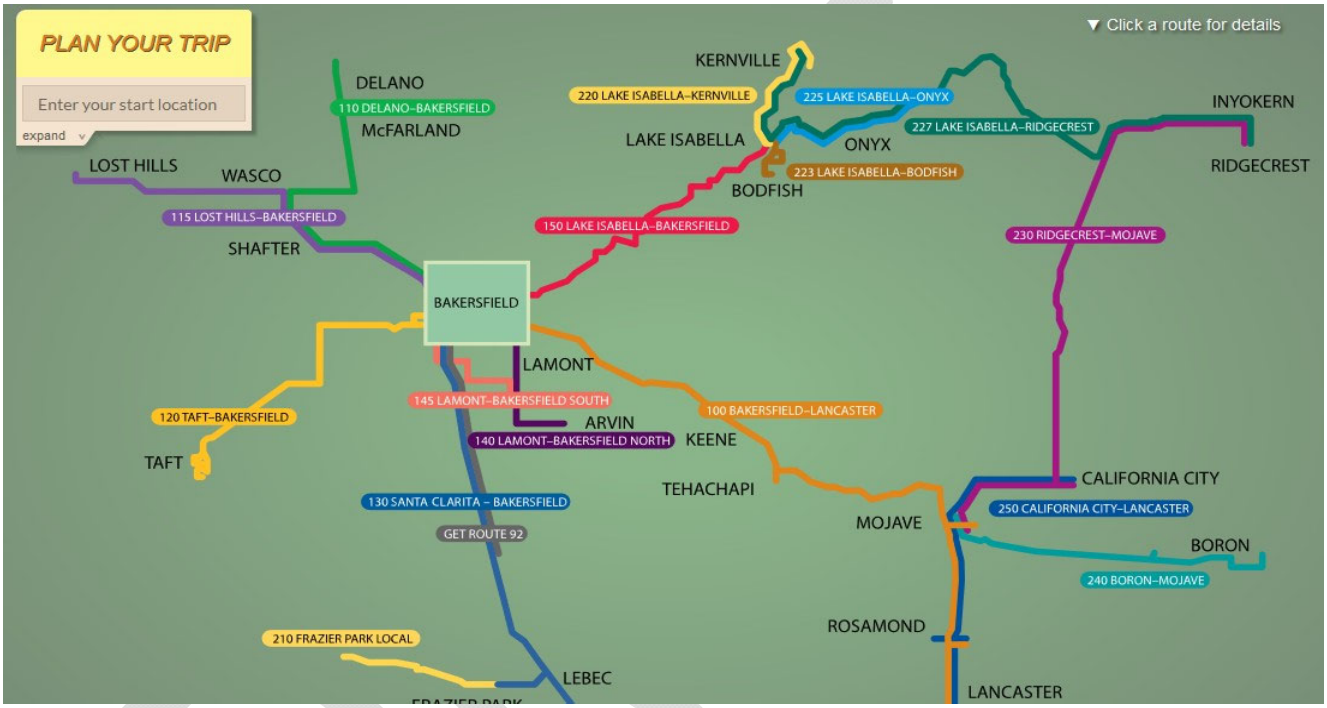
City	Substandard Stock
Arvin	57.1%
Bakersfield	34.0%
California City	95.9%
Delano	42.0%
Maricopa	94.3%
McFarland	50.8%
Ridgecrest	39.6%
Shafter	44.2%
Taft	54.9%
Tehachapi	29.6%
Wasco	54.4%
Unincorporated	56.5%

Source: Kern Council of Governments, 2013-2023

TRANSPORTATION

Transportation poses challenges in Kern County, particularly for those in rural areas. Bakersfield is the hub of the county where people can access employment, doctors, social services, and other needed resources. In rural areas of Kern, many low-income people with limited incomes rely on public transportation to get to Bakersfield, which in most of these areas has one trip to Bakersfield in the morning and one return trip in the afternoon. For those who own a vehicle, the higher gas prices in California, approximately $1.89 per gallon over the national average, can be an additional burden for low-income families.

Figure 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

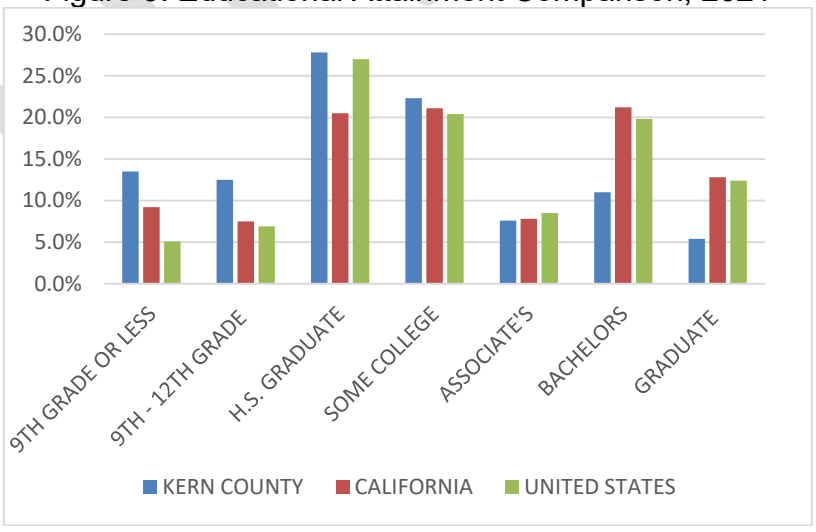
According to the California Health Care Foundation, substance use disorders are common; 8.8% of California meets the criteria for a substance use disorder. Many rural areas of the state lack access to treatment and experience significant waiting times. According to the California Department of Health 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, a college degree appears to be the new high school diploma, 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 General Education Development diploma) 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 Higher**	**BA or Higher**	**HS or Higher**	**BA or Higher**
White	84.7%	22.2%	93.8%	44.6%	89.9%	33.5%
Black	84.6%	17.6%	90.7%	28%	86%	21.6%
American Indian or Alaska Native alone	74.5%	15.2%	70.5%	16.7%	80.3%	15%
Asian	88.1%	39.3%	88.6%	55.1%	87.1%	54.3%
Native Hawaiian and Other Pacific Islander alone	90.5%	19.6%	85.1%	19.9%	87%	17.8%
Some other race	62.4%	9.9%	64.0%	12.4%	62.7%	12%
Hispanic or Latino Origin	63.9%	10.4%	68.1%	15.9%	68.7%	16.4%

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

ADULT EDUCATION

In Kern County, 9.4% of residents over age 25 have between a 9th and 12th grade education without a diploma. Among families enrolling in the Head Start Program, 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 Table 7.

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

Head Start Preschool			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. Families in the Head Start Program that reside in Kern County have access to essential education services tailored to their needs. 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, English as Second Language classes, and vocational training are often offered by the same institutions. A GED is also available online through the public school system. 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 Program children are employed or are active-duty military***. Head Start Program 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 Early Head Start and Head Start Preschool. Although over half of EHS/HSP parents are employed, 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 County residents indicating a low English-speaking ability. Among Head Start Program families in Kern County, approximately 33% of 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. For example, four Head Start Program families in the county needed services to help them build assets or reduce debt, and all four received these services.

In 2019, CAPK EHS/HSP 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 require materials to 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 emergency room 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:

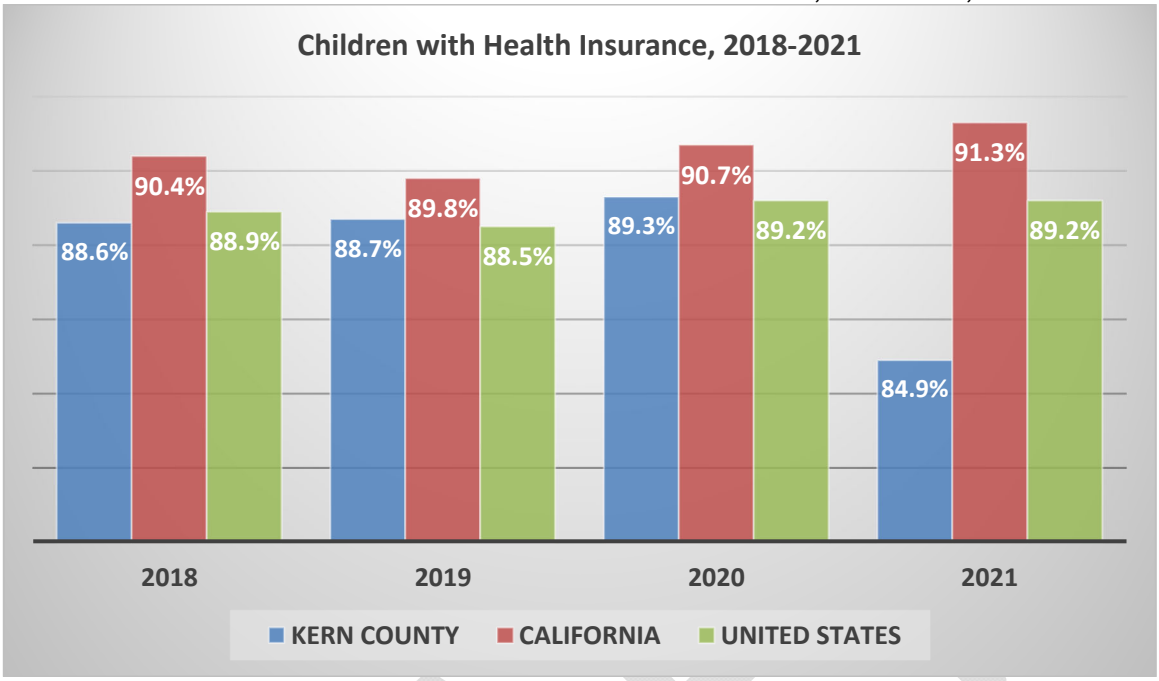
- In Kern County, 13% of adults have been diagnosed with diabetes, (County Health Rankings, 2021).
- Of the children discharged from hospitals in Kern County in 2020, 3.5% or 172 children were diagnosed with diabetes (Kidsdata.org, 2020).

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 Program Information Report (PIR) is similar. All children in the Head Start Program 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 County residents (and all Head Start Program 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 County 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's Head Start Program 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. Head Start Program 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 the Head Start Program in Kern County shows that while 98% of participants have continuous, accessible oral care, only 67% of Early Head Start and 81% of Head Start Preschool participants completed a professional dental examination. A much lower percentage of Early Head Start and Head Start Preschool 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 low-income 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 2024 State of the Air Report, Bakersfield was ranked 3rd worst for high ozone days, 1st worst for 24-hour particle pollution and ranked 1st for worst annual partial pollution. 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 County'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 County 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.

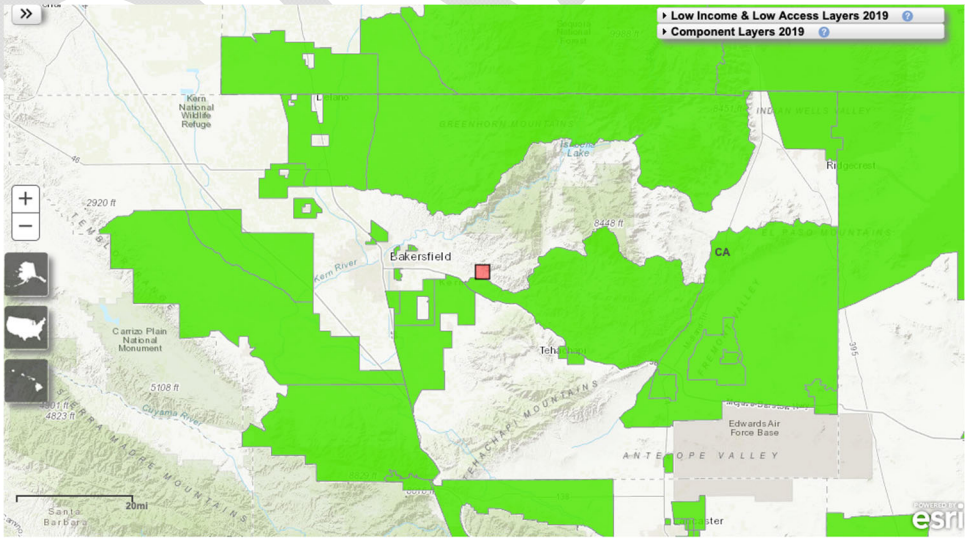
- California Department of Education: up to 140,000 Kern children receive free or reduced-price school lunch.
- California Department of Social Services: Approximately 83,589 children received CalFresh (SNAP) benefits.
- Over 25,692 children are served by WIC in Kern County

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 EHS/HSP 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 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 County, the CAPK Food Bank began holding "Free Farmers Markets" — giving fresh locally sourced donated produce at no-cost to low-income communities 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

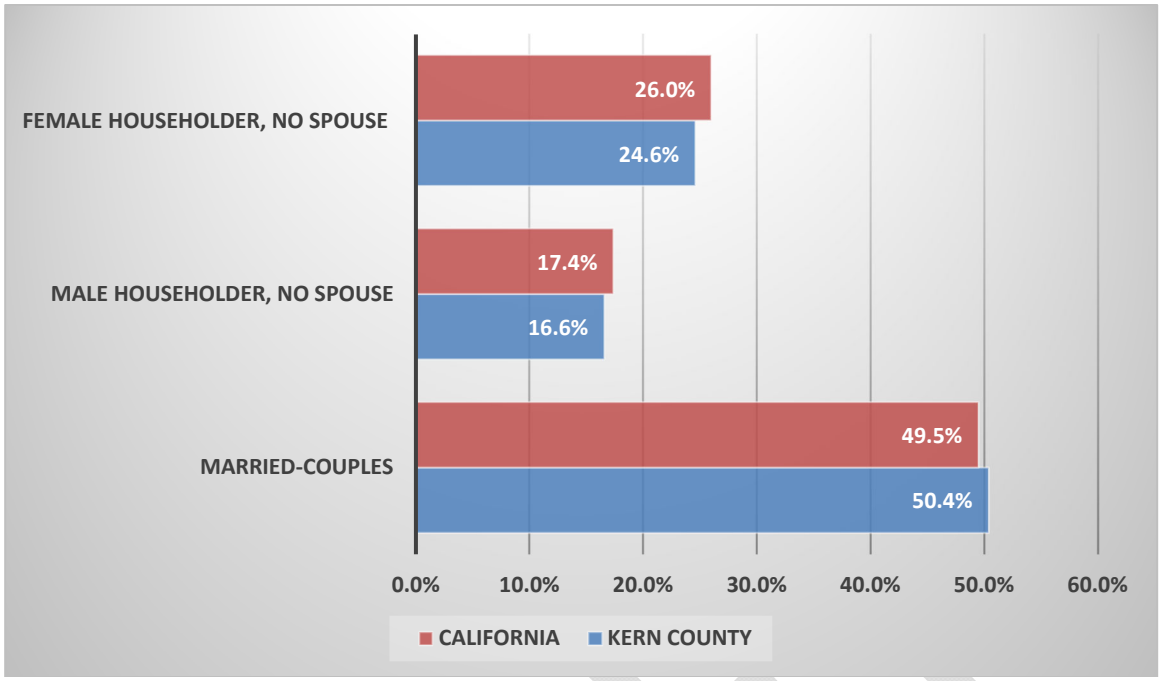
CAPK's Head Start Program provides services and programs that positively impact low-income children ages 0-5 years and their families. Income limits for eligibility to enroll into the Head Start Program are set by current federal poverty guidelines. Additionally, foster children, children experiencing 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 Early Head Start and Head Start Preschool programs are the 2023-24 CAPK Early Head Start and Head Start Preschool 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

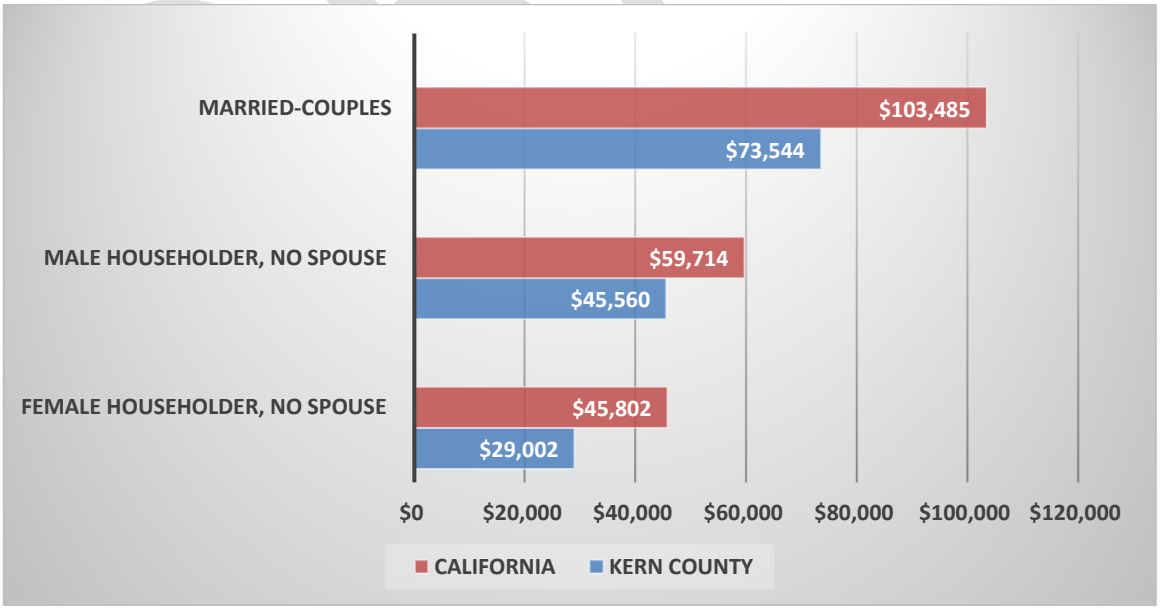


Source: US Census American Community Survey 2021, 5-Year Estimates

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.

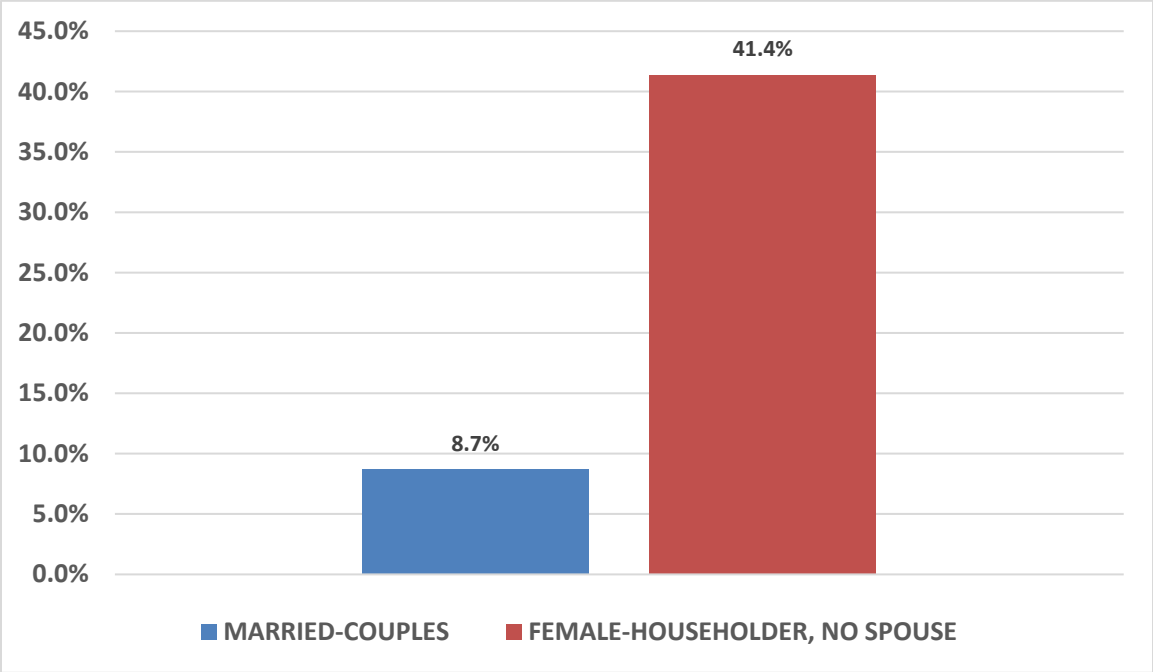
Figure 13. Median Income by Household Type



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 income eligible for the Head Start Program. **An estimated 84% of impoverished Kern children ages 0-5 live in zip codes where EHS/HSP 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 Islander	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 refer 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 Preschool, 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

According to Child Trends (2019), "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" ("How to Implement Trauma -Informed Care to Build Resilience to Childhood Trauma").

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.

CAPK HEAD START PROGRAM ENROLLED CHILDREN

The 2023-2024 CAPK 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's Head Start Program had a cumulative enrollment of 2,050 children with the majority, (53%), enrolled in the Head Start program.

Table 13. Enrollment 2023/2024

	Early Head Start	Head Start Preschool	Total
Funded Enrollment	529	936	1,465
Cumulative Enrollment	957	1,093	2,050

Source: Kern PIR 2023/24

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

Table 14. Early Head Start/ Head Start Preschool Enrollment by Zip Code

Zip Code	Early Head Start	Head Start Pre-school	Total Slots	Zip Code	Early Head Start	Head Start Pre-school	Total Slots
93203	65	90	155	**93308**	81	142	223
93215	3	120	123	**93309**	112	133	245
93225	1	0	1	**93311**	42	36	78
93241	57	87	144	**93312**	44	51	95
93249	0	1	1	**93313**	83	96	179
93250	3	35	38	**93314**	14	15	29
93252	0	3	2	**93384**	1	0	1
93257	0	1	1	**93385**	1	3	4
93263	65	71	136	**93386**	0	2	2
93268	78	108	186	**93387**	0	0	0
93276	0	1	1	**93395**	0	1	1
93280	18	89	107	**93396**	1	0	1
93301	57	60	117	**93501**	0	35	35
93302	0	1	1	**93502**	0	1	1
93304	120	163	283	**93505**	0	80	80
93305	98	162	260	**93506**	0	1	1
93306	203	281	484	**93520**	0	1	1
93307	223	292	515	**93523**	0	1	1
93527	0	3	3				
93531	0	1	1				
93539	0	1	1				
93555	10	61	71				
93560	1	98	99				
93561	2	48	50				
93562	0	1	1				
93527	0	3	3				
93531	0	1	1				
93539	0	1	1				

Source: Kern PIR 2023/2024

AGE

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

RACE AND ETHNICITY

Most children (84%) enrolled in the Head Start Program are White origin and accounted for 85.5% of CAPK's Head Start Preschool enrollments, followed by Hispanic/Latino origin (82.3%). Of EHS/HSP children, 32% were from families where Spanish is the primary language.

Table 15. Enrollment by Race/Ethnicity

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

Source: Kern PIR 2023/2024

HOMELESS CHILDREN

Within the context of Early Head Start and Head Start Preschool 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 CAPK's 2023-2024 PIR, the number of children in Kern County's Head Start Program categorized as a "foster child," were 130, approximately 6.3%.

DISABLED

CAPK's Head Start Preschool program 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 Preschool 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 and single parent families respectively in 2022 (Childcare Aware of America, 2022). The Head Start Program 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 caused 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 considering closures without 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 on 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 Preschool 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 Preschool services. This figure is based on current Head Start Preschool 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 Preschool eligible families may choose to enroll their children in TK instead of Head Start Preschool 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 Preschool. 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 the Head Start Program).

Head Start Preschool locations are seeing an impact from TK 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, CAPK 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 Program 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.

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

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’s Head Start Program plays 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 Preschool 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 Preschool (HSP) 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 HSP programs to TK, ensuring continuity in early education.
- **Centers without Access to Universal TK**: Conversely, some HSP 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 the Head Start Program as the sole provider of early childhood education, making the expansion of Universal TK a critical priority for these underserved communities.

Head Start Program 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 the Head Start Program 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 Program 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 the Head Start Program 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 Program centers and other services.

4. Enhancing Healthcare Access

- Continued work with healthcare providers to ensure families can access screenings, immunizations, and care.
- Increased integration of health education into Head Start Program 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 training for all Head Start Program 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 the Head Start Program to empower families economically.
- Strengthened focus on promoting parental engagement and educational opportunities for caregivers.

Conclusion

Kern's Head Start Program 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 Program (Early Head Start and Head Start Preschool) 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 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 Head Start Program 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 Early Head Start (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 responsive approach to help them meet their emotional, social, health, nutritional and psychological needs. Some key findings for San Joaquin include:

2025 Update:

- 54% of children aged 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 was 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.
- 34.9% of children living in Foster Care were 0-5 years of age in 2024.
- 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 Early Head Start program information. The information presented herein may be used by CAPK Early Head Start for future planning and program decision-making.

The primary data source (unless otherwise sited) for the 2025 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. Early Head Start and Head Start Preschool (EHS/HSP) 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 13 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; M Street Navigation Center; Migrant Childcare Alternative Payment; Oasis Family Resource Center; 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; Women, Infants, Children (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 327 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.

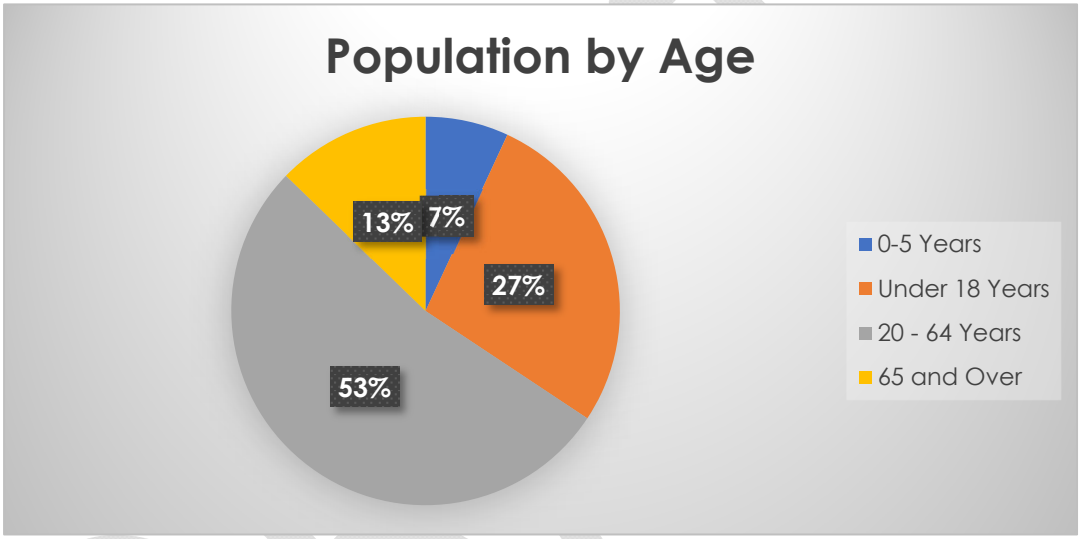
The County is interlaced with a complex network of creeks, rivers, and canals. The County's major rivers, the San Joaquin, the Mokelumne, the Calaveras, and the Stanislaus, all lead to the Sacramento-San Joaquin Delta in the western half of the County. It is in this region, at the confluence of the Sacramento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

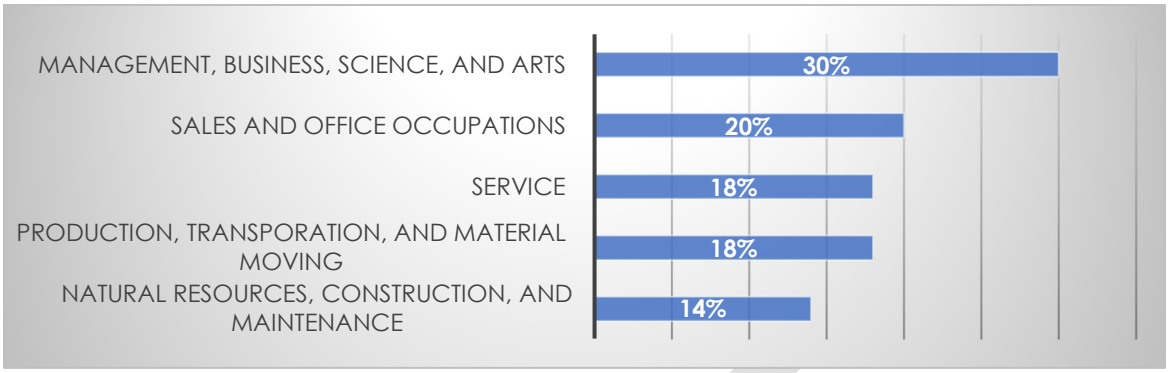
LANGUAGE

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

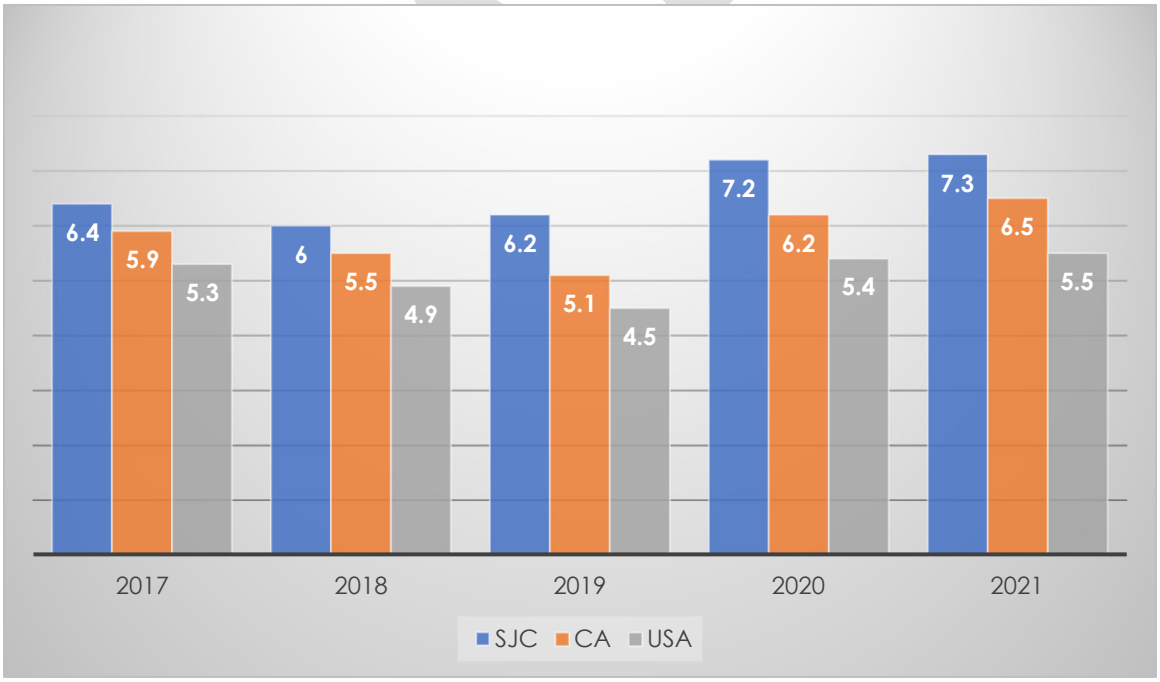


Source: US Census American Community Survey Estimates, 2022

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

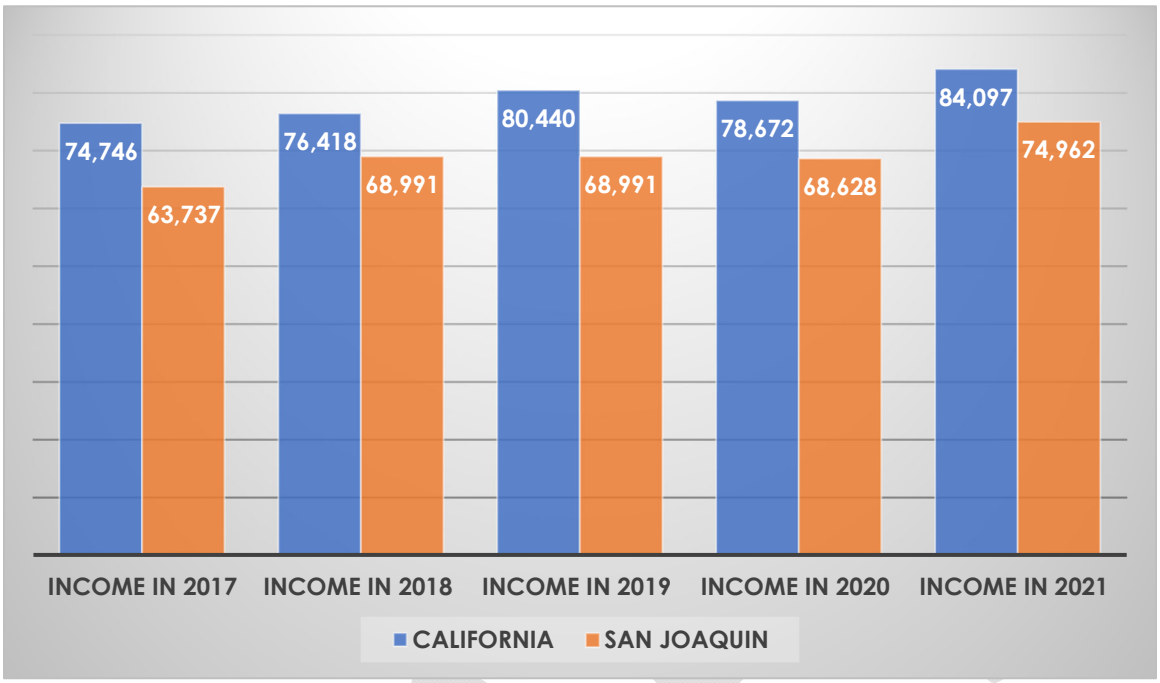


Source: US Census American Community Survey Estimates, 2018-2022

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

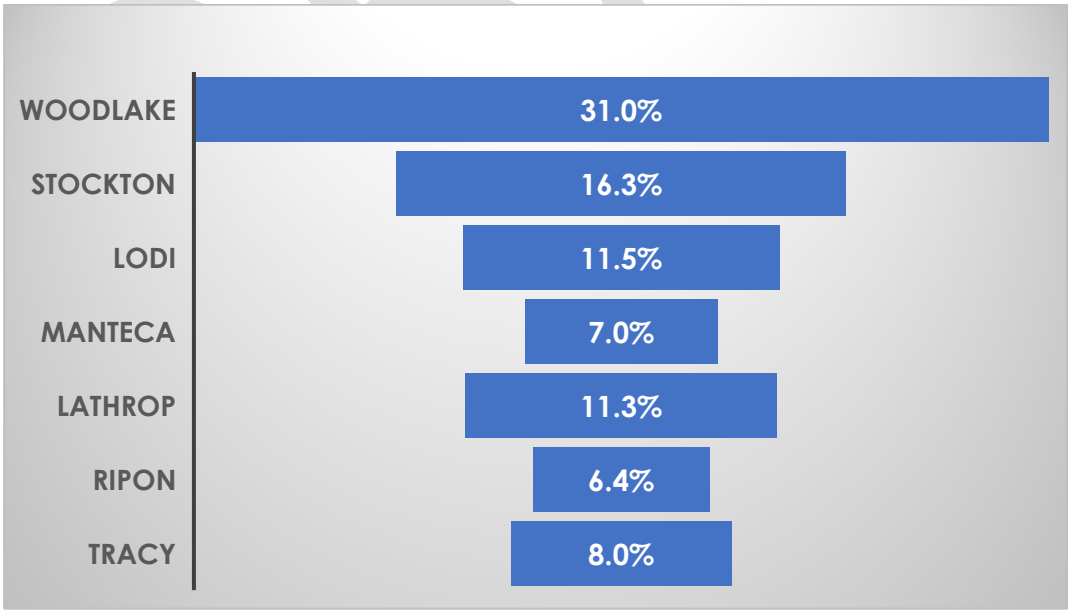


Source: US Census American Community Survey Estimates, 2018-2022

POVERTY

According to the US Census, 11.9% of San Joaquin residents live in poverty. When looking at poverty data in the seven 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 the elderly, people with disabilities, large families, extremely low-income households, farm workers, 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 for a family of four people 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 and the subsequent Community Health Improvement Plan (CHIP) 2023-2025, **mental health continues to be 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%

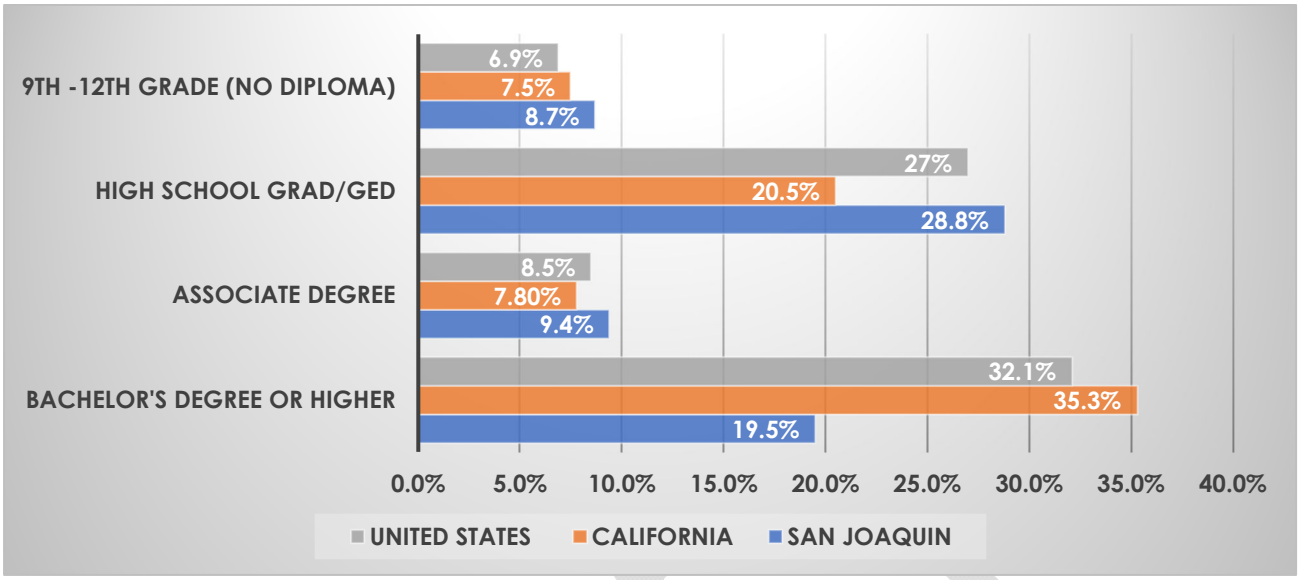
Source: San Joaquin Community Health Needs Assessments (CHNA), 2022

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, a college degree is the new high school degree, 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 four 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 were 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

In 2022, 76.7% (580,986) of San Joaquin County's population was born in the United States, while 23.3% (179,920) were foreign-born. Among the foreign-born residents, 51.2% originated 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 provides 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 resources 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 San Joaquin County had a regular source of care pre-pregnancy and 85% of women initiated pre-natal care during their first trimester.

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 Tribal Assistance for Needy Families (TANF)/California Work Opportunity and Responsibility to Kids (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).

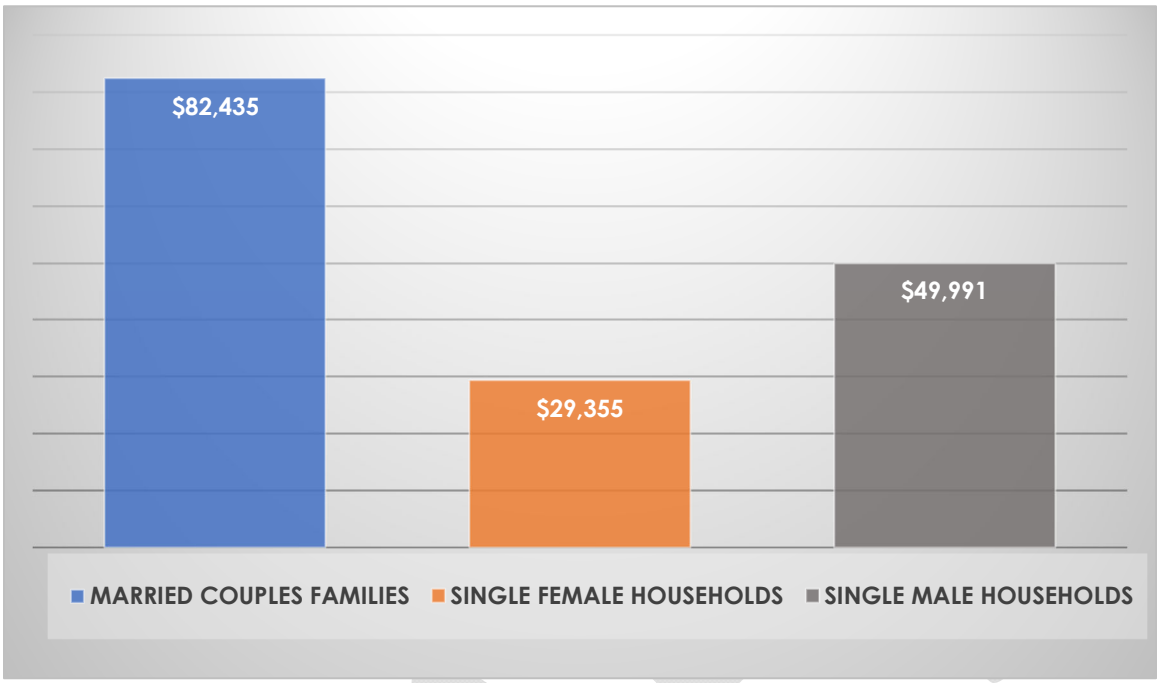
HOUSEHOLDS AND FAMILIES

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.***

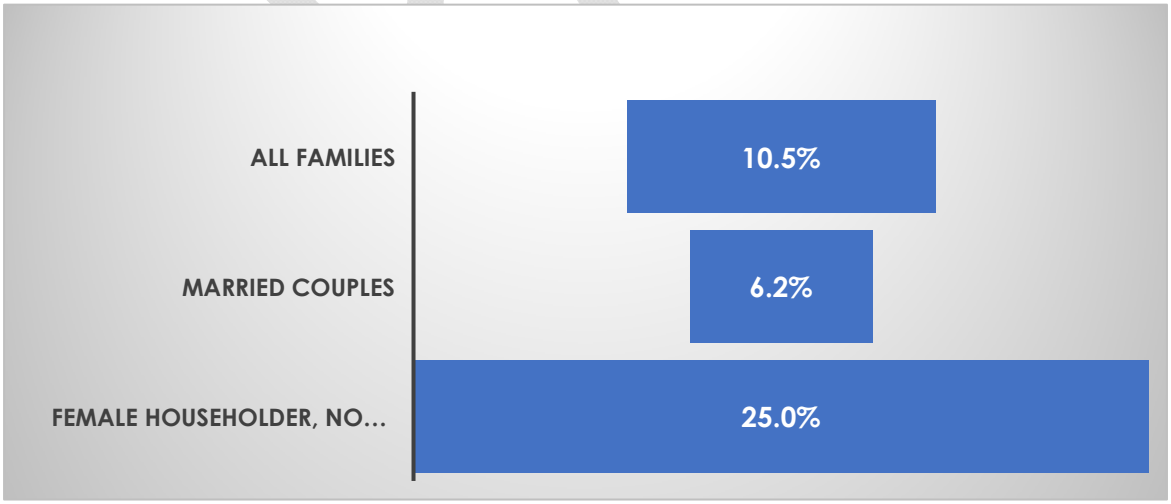
Figure 8. San Joaquin County Median Income by Household with Children Under 18 Years



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* (2017), a national non-profit organization that informs, trains, and supports professionals, policymakers and parents 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

According to the California Child Welfare Indicators Project, In Care/Point In Time Count, there were approximately 1,154 children living in foster care in San Joaquin County (2025). Of this population, 34.9% were children 0-5 years. 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 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 San Joaquin County,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 327 in San Joaquin County.

Table 8. EHS Enrollment

	Head Start	Early Head Start	Total Enrollment
Funded Enrollment	N/A	224	224
Cumulative Enrollment	***N/A***	***327***	***327***

AGE

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

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

Most children (78.8%) enrolled in San Joaquin County's EHS are of Hispanic or Latino origin. The primary language in EHS is Spanish (52%), followed by 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," which is approximately 4.6%.

FOSTER CARE

According to CAPK's 2023-2024 PIR, the number of children in San Joaquin County's Early Head Start categorized as a "foster child," were 12, which is 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 aged 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, pg. 1) 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 four-year-olds enrolled in an ECE program. However, nearly 650,000 children birth to age five 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 in the 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, pg.16), 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, salary 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 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 their 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, Gianone, 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 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 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 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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