



Policy Council Planning Committee Meeting Agenda

Microsoft Teams

Meeting ID: 249 519 942 077 70 Passcode: Aj6Rt7K5

March 10, 2026

5:30 p.m. – 6:30 p.m.

1. Welcome
2. Call to order
3. Roll call and establish quorum (half plus one)
4. Approval of Agenda
5. Approval of Minutes
6. Introduction of Guests
7. Public Forum
(The public wishing to address the PC Planning Committee may do so at this time; however, the Committee will take no action other than referring the item to staff for study and analysis.)
8. Presentation/Discussion Items
 - a. Enrollment Staffing Report - Robert Espinosa, Program Design and Management Administrator – **Information Item**
 - b. Division/Program Monthly Report – Carol Hendricks, Enrollment and Attendance Manager – **Information Item**
 - c. 2026 Kern and San Joaquin County Community Assessments– Rosa Guerrero, Administrative Analyst – **Action Item**
9. Announcements
10. Meeting Adjourned

**Community Action Partnership of Kern Head Start/State Child Development
Policy Council Planning Committee Meeting Minutes**

February 10, 2025

Meeting ID: 249 519 942 077 70 Passcode: Aj6Rt7K5

1. Welcome

Rosa Guerrero welcomed members to the meeting.

2. Call to Order

Rosa Guerrero called the meeting to order at 5:31 pm.

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

a. Quorum was established.

b. Members Present: Rebecca Castro, James Osborne, Jennifer Juarez, Joanna Bautista, and Zuleima Garcia.

c. Members not present: Norma Valentin.

4. Approval of Agenda

a. Motion to approve the agenda dated February 10, 2026, was made by Rebecca Castro; James Osborne seconded. Motion carried unanimously.

5. Approval of Minutes

a. Motion to approve the minutes dated January 13, 2025, was made by James Osborne; Rebecca Castro seconded. Motion carried.

6. Introduction of Guests

Guests in attendance tonight were Rosa Guerrero, Administrative Analyst; Carol Hendricks, Enrollment and Attendance Manager; Robert Espinosa, Program Design and Management Administrator; Sylvia Ortega, Quality Assurance Administrator; Lisa Gonzales, Program Governance Coordinator; and Jason Rojas, Professional Development Coordinator.

7. Public Forum

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

None

8. Presentation/Discussion Items

a. Enrollment Staffing Report – Robert Espinosa, Program Design and Administrator –**Information Item**

Robert began his presentation by stating there was an error in the memorandum and expressed the report is for January 2026, not November and December. Robert went over staffing, stating staffing has increased since previous months including the onboarding of 10 new staff members, with seven open requisitions. This is for both Kern and San Joaquin County. Robert also stated there has been an increase in onboarding compared to previous months. A lot of the centers are 100% staffed, with some very close to being fully staffed as well. Some classrooms have been closed due to staffing and licensing issues, including University Park which has had a few delays in opening due to getting things to code and working with the city. Robert went on to say that Tiny Powers Class B in San Joaquin opened in the month of February.

b. Division/Program Monthly Report – Carol Hendricks, Enrollment and Attendance Manager - **Information Item**

Carol started with Early Head Start enrollment figures, stating the program is at 98% of its annual progress. For disabilities, 235 children were enrolled, meaning the program met its 10% with annual progress at 34%. Our over income of 101-130% income range and above is at 2% and 131% and

above income is at 8%.

For Head Start, the reportable enrollment was at 100%. For disabilities, Carol reported the program is at 12%. For the over income category, 101-130% the program is at 2% and in the 131% and above, over income the program is at 8%. Carol also reported on enrollment for San Joaquin preschool as well with reportable enrollment at 33%. For disabilities, the annual progress is at 4% and in the over income categories, 101% to 130% is at 3% and 131% and above income is at 0%. Carol also reported on Homebase enrollment, which is currently 242, or 60% of the annual program year progress. Central Kitchen total meals and snacks were 61,897; for the Child and Adult Care Food Program, 71% of meals were served.

Carol also stated that enrollment in both Kern and San Joaquin County is increasing, adding that delays are happening due to licensing or finding qualified staff for the classrooms that are currently closed. Carol shared workforce goals for the month and shared that a new 2.0 packet is pending approval and we will integrate that into our new hire orientation to provide new hires with the necessary tools, resources and training.

Carol shared program highlights, first, that the division implemented their application clinics on January 7th; these take place on Wednesdays throughout the month and are located at the 1300 18th street location. This will help to better serve our staff at the centers and the parents. Carol also shared that a presentation with AmeriCorps took place on January 16th, which included presentations with several department leads who shared personal experiences and discussed opportunities for Head Start, with mentors of the AmeriCorps program. Carol also shared that Head Start and Early Head Start children program participated in several activities, including balls, how to move, travel and cooperative play during January 1 to 31. They also learned about clothing, including how clothes are made, appropriate clothing including occasions, purposes and garments.

c. 2026-2027 Program Planning Calendar – Rosa Guerrero, Administrative Analyst - **Action Item**

Rosa presented the 2026 Program Planning Calendar which includes program activities to accomplish through the fiscal year. The cycle will start March 1, 2026, through February 28, 2027. Rosa went over items that will be taking place throughout the year. She went over the documents that reflect the team or persons responsible for each activity, including timelines. She stated these items will be brought to the board. Some of those activities include submitting grant applications, and the Recruitment Plan and Selection Criteria.

Committee member Rebecca Castro had a question regarding the Program Planning Calendar; she wanted to know if approval would be needed for these items. Rosa stated there will be certain items that will need approval. Informational items will still be brought to the board but do not necessarily need approval from governing bodies. James Osborne motioned to approve this item, Zuleima Garcia seconded the motion. Motion was carried.

d. 2026 Proposed Planning Dates – Rosa Guerrero, Administrative Analyst – **Action Item**

Rosa also went over proposed meeting dates for the planning committee, including continuing every second Tuesday of the month. Rosa stated in the previous meeting that it is potentially changing these days and times. Rebecca suggested moving the meeting to an earlier time frame, 2:30pm to 3:30pm. Other committee members agreed to the original time frame of 5:30pm. Motion was made to approve the proposed committee meeting dates with the original time frame. Rebecca Castro motioned to approve the meeting dates with Joann Bautista as a second. Motion was carried.

9. Announcements

Rebecca announced CSUB will be having a conference for students, including high school students who are Indigenous Native Americans who would like to learn more about the university and applying to CSUB. She stated the event will be taking place in March. Rebecca will be sharing a flyer via email. Lisa also reminded everyone that the next Policy Council meeting will be February 24, 2026. Rosa also stated the next Planning Committee Meeting will be March 10, 2026, at 5:30pm.

10. Adjournment

The meeting was adjourned at 5:59 pm.

Enrollment Staffing Data Sheet

Site	Funded	Reportable Enrollment	% Enrolled	Budgeted Staffed	Currently Staffed	Staff Vacancies	% Staffed
Alberta Dillard (PY)	34	34	100%	6	6	0	100%
Alicante	20	20	100%	3	3	0	100%
Angela Martinez EHS	24	25	104%	9	9	0	100%
Angela Martinez HS	81	60	74%	9	9	0	100%
Bakersfield College	32	28	88%				
Blanton	16	13	81%				
Broadway (PY)	37	26	70%	6	6	0	100%
California City (PY)	17	20	118%	2	1	1	50%
California Street	24	25	104%	9	8	1	89%
Cleo Foran EHS	8	8	100%	3	2	1	67%
Cleo Foran HS	15	15	100%	3	2	1	67%
Delano (PY)	60	60	100%	12	12	0	100%
Escuelita Hernandez	16	15	94%				
Fairfax (PY)	34	38	112%	6	6	0	100%
Family Childcare EHS	24	25	104%				
Family Childcare HS	21	25	119%				
Garden Pathways	11	9	82%				
Gianone	16	16	100%	3	3	0	100%
Harvey L. Hall EHS	68	71	104%	27	27	0	100%
Harvey L. Hall	74	59	80%	12	12	0	100%
Heritage (PY)	17	20	118%	2	2	0	100%
Kennedy	16	16	100%	6	4	2	67%
Kennedy HS	17	0	0%	3	0	3	0%
La Plaza	24	0	0%	6	0	6	0%
Lathrop	24	25	104%	9	9	0	100%
Lathrop HS	17	16	94%	3	3	0	100%
Lodi	32	24	75%	12	12	0	100%
M. Massei	24	25	104%	9	8	1	89%
M. Massei HS	17	17	100%	3	3	0	100%
MJM EHS	16	16	100%	6	5	1	100%
MJM HS	34	40	118%	6	6	0	100%
Oasis EHS (PY)	8	5	63%	3	3	0	100%
Oasis (PY)	34	34	100%	6	6	0	100%
Pete Parra EHS	48	45	94%	15	13	2	87%
Pete Parra HS	68	79	116%	12	12	0	100%
Primeros Pasos EHS	16	18	113%	6	6	0	100%
Primeros Pasos HS	51	50	98%	9	8	1	89%
Rosamond (PY)	51	53	104%	9	9	0	100%
San Diego EHS	32	31	97%	12	12	0	100%
Shafter EHS	24	23	96%	9	9	0	100%
Shafter	17	20	118%	3	2	1	67%
Stockdale HS	41	42	102%	9	8	1	89%
Sterling EHS	64	63	98%	9	9	0	100%
Sterling HS	53	60	113%	24	22	2	92%
Sunrise Villa (PY)	17	17	100%	9	8	1	89%
Taft (PY)	51	60	118%	3	2	1	67%
Taft College	22	9	41%				
Tehachapi (PY)	15	17	113%	2	2	0	100%
Tiny Powers	8	0	0%	3	0	0	0%
Tiny Powers HS	34	25	74%	6	0	6	0%
University Park	44	0	0%	9	0	9	0%
Vineland (PY)	17	18	106%	2	2	0	100%
Virginia (PY)	17	18	106%	2	2	0	100%
Home Base Kern 160	160	157	98%	16	14	2	88%
SJC EHS HB 80	80	63	79%	8	6	2	75%
Total	1842	1698	92%	358	313	45	87%

Closed Classrooms	Funded Enrollment	Staff Vacancies
*Angela Martinez HS ~ 81		
Class D	15	0
Class E	15	1
EHS HB ~ 100		
ECE 2	10	0
ECE 11	10	0
Kennedy HS~ 17		
Class A	17	3
La Plaza~ 24		
Class A	12	2
Class B	12	3
SJC HB ~ 80		
Stockton 2	10	1
Stockton 3	10	0
Tiny Powers HS ~ 34		
Class B	17	1
University Park ~ 34		
Class A	11	1
Class B	17	1
Class C	16	3
Classrooms Fully	Total Slots	Staff Vac.
10	142	15
* Angela Martinez slots moved		
Closed Enrollment	Slots	Staff Vac.
Open Enrollment	8%	33.33%
	92%	66.67%

Funded Enrollment	1842	1698 92%
-------------------	------	-------------

Active Enrollment	1700	1698 100%
-------------------	------	--------------

Month	Mar-26	Program/Work Unit		Head Start Preschool & Early Head Start		
Division/Director	Head Start/State Child Development Division/ Yolanda Gonzales	Enrollment and Attendance Manager		Carol Hendricks		
Reporting Period	February 1, 2026 - February 28, 2026					
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		736	753	753	98%	
Disabilities		244	10%	10%	33%	
Over Income 101%-130% (up to 35%)		17	n/a	n/a	2%	
Over Income 131% and up (up to 10%)		51	n/a	n/a	7%	
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		122	10%	10%	13%	
Over Income 101%-130% (up to 35%)		16	n/a	n/a	2%	
Over Income 131% and up (up to 10%)		72	n/a	n/a	8%	
Head Start Preschool San Joaquin County Office of Education - (ages 3-5) (FNPI 2a, 2b, 2c, 2c.1,2d,SRV 2b, 7a)		Month	Target	Annual Goal	Annual Progress	
Reportable/Funded Enrollment		59	153	153	39%	
Disabilities		8	n/a	n/a	1%	
Over Income 101%-130% (up to 35%)		5	n/a	n/a	0%	
Over Income 131% and up (up to 10%)		0	n/a	n/a	0%	
Home Visiting Program (SRV 2cc, 7a)		Monthly	Year-To- Date	Annual Goal (Contract Limit 310)	Annual Progress (Calendar)	Annual Progress (Program Year)
Enrollment		215	413	308	70%	52%
Central Kitchen		Total Meals Delivered		Breakfast	Lunch	Snack
Meals and Snacks		55,508		19,083	16,150	20,275
Child and Adult Care Food Program (CACFP) (Note: The data represents information from January 2026)		Total Meals Delivered		Meals Allocated (CACFP/HS)	# of Meals Served	% of Meals Served
Meals and Snacks (SRV 5ii)		76,418		51,415/5,578	56,993	75%
Eligibility Determination (SRV 7b) (January 2025-December 2025)		78	178			
Total Community Services		78	178			
Explanation (Over/Under Goal Progress)						
The Head Start Preschool Program continues to maintain full enrollment, with children on a waitlist prepared to enroll as openings become available. Additionally, the program continues to meet the enrollment benchmark established by the Office of Head Start for Early Head Start; however, achieving 100% enrollment remains a challenge due to staffing and licensing limitations.						

Goals	Progress Towards Goal
<p>Goal IV: School Readiness: Increase families and staff capacity to support children's school readiness and to implement a quality program by enhancing the environment to strengthen teacher and child interactions.</p>	<p>Objective B: The program will develop a dual-language framework and will strengthen the ability of staff to work with dual-language learners. Progress: At least 75% of infant and toddler staff completed training in best practices for dual-language. Pre-school staff training for dual language will be developed and implemented by Fall 2025. Home Language is continuously identified through a questionnaire upon child's assessment. Discussions are held with parents, dual language staff are available, and therapists and parents are eager to accommodate and learn the home language.</p>
Program Description	
<p>1. February 4, 2026 : Application Clinic, 1300 18th Street, 9:00am – 3:00pm 2. February 11, 2026: Application Clinic, 1300 18th Street, 9:00am-3:00pm 3. February 13, 2026: Wayside Career Fair Day, 8:00am-10:00am 4. February 18, 2026: Application Clinic, 1300 18th Street, 9:00am-3:00pm 5. February 25, 2026: Application Clinic, 1300 18th Street, 9:00am-3:00pm 6. February 26, 2026: Bakersfield College Financial Aid Fest 2026, 10:00am-2:00pm 7. For the month of February 2026, Children and staff discussed friendship and practicing strategies for making friends. Centers reached out to other centers and exchanged cards with one another. One center also shared cards with other Head Start programs in different states. This was truly exciting for the children to send and to receive that shared communication.</p>	



Community Assessment
Kern County
2026



TABLE OF CONTENTS

Executive Summary 5

Methods 7

Agency Overview 8

Determinants of Need13

Needs and Resources of Eligible Children and their Families.....25

Head Start Program Eligible Children and Families.....35

CAPK Head Start Program Enrolled Children42

Childcare and Preschool.....44

CAPK 2024-2025 Community Needs Survey51

2026 Head Start Program Annual Review and Update.....53

References57

DRAFT

TABLES

1. Kern County Head Start Program Locations, 2025-2026.....	12
2. Population Growth Distribution	14
3. Kern Population Change	14
4. Kern Substandard Housing.....	23
5. Educational Attainment by Race/Ethnicity, 2024	26
6. HSP/EHS Families Obtaining Diploma, GED, Professional Training or Job Skills ..	26
7. Kern County Health Rankings, 2019-2023	28
8. HSP/EHS Medical Care Received	31
9. Kern Children by Age and Background.....	38
10. Foster Children by Age	39
11. Kern Children with Special Needs, K-12	40
12. Enrollment 2024/2025.....	42
13. Head Start/Early Head Start Enrollment by Zip Code	42
14. Childcare Slots by Type of Care.....	45
15. Kern County Childcare Providers by Type.....	46
16. Childcare Supply in Kern County.....	46
17. Annual Cost of Childcare by Type	47
18. Kern Children Childcare by Type	48
19. Kern Children Ages 0 to 5 by Type of Relative Caregiver.....	49
20. Kern Public School Transitional Kindergarten Enrollments.....	50
21. CAPK Community Needs Survey Completion by Group.....	51
22. Survey Results.....	52

FIGURES

1. Kern County Location.....	13
2. Kern Population Age Distribution.....	13
3. Kern County Workers by Industry.....	16
4. Unemployment Comparison.....	17
5. Median Household Income Comparison	17
6. Income Growth Comparison.....	18
7. Poverty Rates by City, 2023	19
8. Kern Family Poverty, 2024	20
9. Kern County Poverty Among Children	21
10. Kern County Gross Rent	22
11. Public Bus Routes in Rural Kern County	24
12. Educational Attainment Comparison	25
13. Children with Health Insurance in the U.S., California, and Kern	30
14. Kern County Food Desserts	34
15. Family Household Types Comparison with Children under 18, Kern and California.	35
16. Median Income by Household	36
17. Kern County Poverty by Household Type with Children under 5 years	37

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 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. Also, to 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 full-day/full-year, full-day/part-year 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 Head Start Preschool/Early Head Start (HSP/EHS) eligible children and families. The data and analysis are used to guide CAPK's strategic planning process to better serve HSP/EHS children and families.

In accordance with the requirements of 45 CFR Part 1302 Subpart J – Program Management and Quality Improvement, the CAPK Head Start and Early Head Start Programs 2025 Community Assessment Update was completed and reviewed by the Head Start Policy Council Planning Committee on March 11, 2025, and the CAPK PRE Committee on April 9, 2025.

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. Head Start Preschool/Early Head Start is an important part of community efforts to break the cycle of poverty by providing low-income preschool children and their families with a wholistic approach to help them meet their emotional, social, health, nutritional and psychological needs. All data points listed below reflect 2024 data unless noted otherwise.

2026 Update:

- **Approximately 8.2% (74,849) of Kern’s children are ages 0-5 years.** (3.3% decrease from 2023)
- **The 0-5 years population continues to decrease in Kern County (-12.8%) and California (-12.3%) between 2020-2024.**
- **An estimated 78.8% of residents are native-born in the United States, while 21.2% are foreign-born.** (Previously 80.3% were native-born; slight decrease in native-born population)
- **Of Kern County residents, 23% have less than a high school education.** (Previously 28.3%; slight increase)
- **Approximately 46.2% of residents that use a language other than English at home speak Spanish.** (Previously 45.5%; slight increase)
- **The unemployment rate has decreased in recent years but remains high at 8.7%, compared to the State of California.** (Previously 8.3%; slight increase).
- **Kern County’s median household income has risen to \$71,596 in 2024 but remains \$10,008 less than the United States and \$28,553 lower than the State of California.** (Previously \$68,893 in 2023; median income has increased 3.9%)
- **18.9% of Kern residents lived in poverty.** (Previously 19.2% in 2023; poverty has decreased slightly)
- **Single female-headed households with children under the age of 5 experienced poverty at eight times the rate of married couples with children under 5.** (Previously five times the rate of married couples with children under 5; increase from previous)
- **An estimated 18,487 of Kern children ages under 5 years live in poverty.** (Previously 21,572 children; 14.3 decrease)
- **An estimated 89% of children ages 0-5 who live in communities served by CAPK Head Start/Early Head Start live in poverty.** (No change from previous data)
- **At least 8.6% of working residents in Kern County are living in poverty (working poor).** (Previously 8.8%; slight decrease)
- **Most (94.0%) of Kern County residents have health insurance.** (Previously 94.6%; slight decrease in insured population)

➤ **Access to health care remains an issue throughout the County with a ratio of one primary care physician per 2,050 residents.** (Previously 2020:1; slight increase 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, special needs, educational attainment, health, child welfare, prenatal health, homeless children, and families, and Head Start and Early Head Start program information. Wherever possible data was sought for the 0-3 and 3-5 age groups, (areas where this age breakdown for data was not available, are noted throughout the report.)

The primary data source (unless otherwise cited) for the 2026 Community Assessment Update is the U.S. Census Bureau American Community Survey (ACS), 2024 ACS 1-year Estimates and 2020-2024 ACS 5-year Estimates. Other sources of local, state, regional, and national data and intelligence are cited throughout the report and presented in the “References” page. The CAPK Head Start Preschool & Early Head Start 2024/2025 Information Reports (PIR) was used for data related to HSP/EHS.

CAPK performs a comprehensive bi-annual community needs survey of clients, staff, and Agency partners. Along with the 2025 CAPK Community Needs Survey, CAPK held focus groups in select locations in Kern County to gain deeper understanding and insights of the survey results. Findings from the 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 address poverty through direct services, advocacy, and locally driven solutions that promote dignity and self-sufficiency in the communities served, CAPK develops and implements programs that meet specific needs of low-income individuals and families.

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

CAPK operates in seven divisions, which include Head Start/State Child Development (HS/SCD); Health and Nutrition Services; Administration; Finance; Human Resources; Operations; and Community Development. Head Start Preschool and Early Head Start (HS/EHS) programs operate 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 various programs including but not limited to Energy, Volunteer Income Tax Assistance (VITA), East Kern and Oasis Family Resource Centers, Friendship House Community Center, Cal AIM, M Street Navigation Center, Adult Re-Entry Grant, Coordinated Entry System, 2-1-1 Kern County, Migrant Childcare Assistance Program (MCAP), Women, Infants, and Children (WIC), Veteran Support Services, and the Food Bank.

CAPK has offices located in 39 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. The information below further details CAPK's programs.

CAPK Service Delivery:

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

CAPK Food Bank: Provides emergency food assistance to eligible food-insecure Kern County residents through a network of over 130 pantry and commodity distribution sites. Food Bank also operates a senior food program providing over 3,500 seniors with healthy and nutritious food

each month. Community support as well as volunteer hours are essential to the operation of the Food Bank, which is the third largest food bank in California.

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

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

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

Head Start Preschool and Early Head Start: High quality early childhood education for children from pre-natal to age five through part-day, full-day, and home-based options. The program uses a wholistic approach by not only addressing the needs of the child, but by teaching parents to become 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 expectant mothers, postpartum, or breast feeding and who are at nutritional risk. Foster parents, grandparents, and single parents can apply on behalf of their children.

CAPK's New Programs:

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

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.

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.

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.

Veteran Supportive Services is committed to restoring dignity and supporting long-term self-sufficiency for those who have served our country. The program helps veterans and their families find stability through housing assistance, case management, and access to essential resources such as healthcare and employment resources.

CAPK's HS/EHS serves over 2,400 children and their families at 29 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 psychological 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 special needs. 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, Dolores 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 Special Needs, 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 Head Start Program engages with current and future clients by attending and hosting community events, door-to-door canvassing, newsletters, and social media. From July 2024 – June 2025, the Head Start Program department has attended at least 57 events. Flyers are distributed throughout different locations such as WIC sites, libraries, dental clinics, and medical centers in English and Spanish.

The Head Start Program 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 the Head Start Program 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 Program landing page, making it electronically available 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 available. 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 Program Team provides all methods of communication to meet clients at their point of need.

Table 1, Kern County Head Start Program Locations, 2025-2026

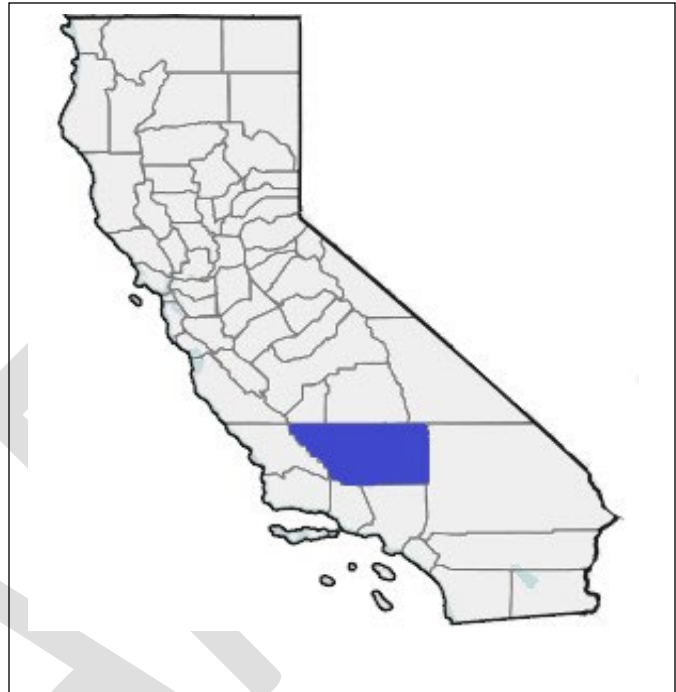
HS/EHS Site Name	Address
Administration Office	1300 18 th St., Ste. 200, Bakersfield, CA 93301-4510
Alberta Dillard	5704 Pioneer Dr., Bakersfield, CA 93306-6546
Alicante	7998 Alicante Ave., Lamont, CA 93241-1744
Angela Martinez	4032 Jewett Ave., Bakersfield, CA 93301-1114
Bakersfield College	1801 Panorama, Bakersfield, CA 93305-1219
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
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	452 W. Los Angeles Ave., Shafter, CA 93263-2590
Sterling	3000 Sterling Rd., Bakersfield, CA 93306-4569
Stockdale	5 Read Rd., Bakersfield, CA 93308
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

Source: CAPK Operations

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 array, 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.

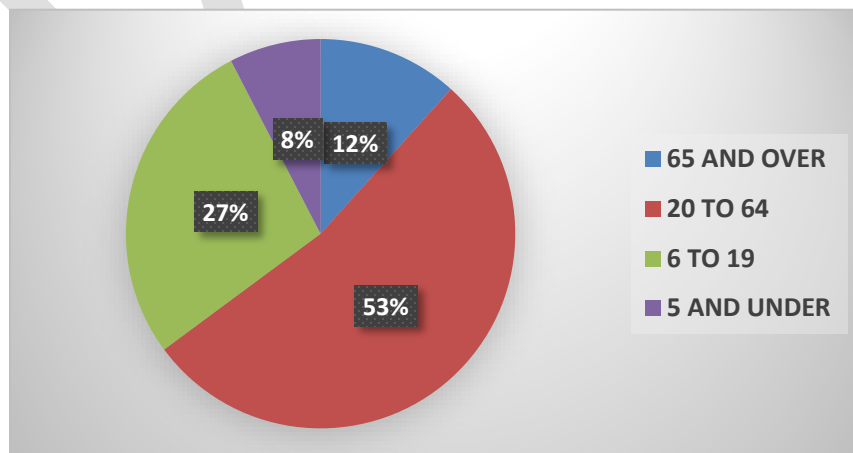
Figure 1, Kern County Location



POPULATION

There are 915,075 people living in Kern County with most residents living in Bakersfield, the County’s major metropolitan area. The County has seen approximately 1% growth from 2022 to 2024 (US Census, 2024). It is expected that the Kern population will reach one million people by 2028 and Bakersfield will reach one million people by 2042. Approximately **74,849** of the County’s residents are **ages 5 and under**; 270,818 are ages 6 to 19; 523,020 are ages 20 – 64; and 114,915 are ages 65 and over (US Census American Community Survey 2024, 5-Year Estimates).

Figure 2, Kern Population Age Distribution



Source: U.S. Census Bureau, 2024

Of the estimated **74,849** children ages 0 to 5 in Kern County, approximately **48.3% (36,176) are in the 0-2 years age group** (kidsdata.org). Gender for children in the 0-5 age group is even with 49.8% female and 50.2% male.

POPULATION GROWTH

While Kern County’s overall population grew between 2020 and 2024, its 0 - 5 age group declined significantly. Recent data shows an 8.6% decrease in the County’s 0 - 5 population, a smaller decrease than state trends. Though the population change for the 0-5 age range could not be identified for the United States, the population change for the 0-4 age range between 2019 and 2023 is -5.1%.

Table 2, Population Growth Comparison

Location	2020	2024	Growth
Kern	892,458	922,529	2.5%
California	39,346,023	39,431,263	-.2%
United States	326,569,308	340,110,990	3.6%
Children Ages 0-5			
Kern	85,818	74,849	-12.8%
California	2,886,105	2,530,217	-12.3%
United States	23,366,214	N/A	N/A

Source: US Census Bureau, 2024; Kidsdata.org

Kern also experienced significant shifts in population change from 2021 to 2023. In 2023, Shafter was the fastest-growing city in Kern County with a 4% increase in population change since 2021. Bakersfield (2%) and Ridgecrest (1%) ranked second and third in overall population growth for the same length of time. Comparably, Maricopa experienced the greatest population decline with a 23% change, followed by Taft (-17%) and Tehachapi (-7%).

Table 3, Kern Population Change

City	2021	2023	% Change
Arvin	19,568	19,478	0%
Bakersfield	398,756	408,366	2%
California City	14,914	14,821	-1%
Delano	52,206	560,835	-3%
Maricopa	1,315	1,015	-23%
McFarland	14,085	14,138	0%
Ridgecrest	27,989	28,138	1%
Shafter	19,897	20,618	4%
Taft	8,730	7,228	-17%
Tehachapi	13,346	12,366	-7%
Wasco	27,505	26,222	-5%
Total	598,311	603,225	1%

Source: U.S. Census, 2023

NATIVITY AND FOREIGN BORN

Of Kern County's population, 78.8% (726,799) were born in the United States, and 21.2% (195,730) were foreign-born. Of the county's foreign-born population, 59.9% (117,260) are not U.S. citizens.

LANGUAGE

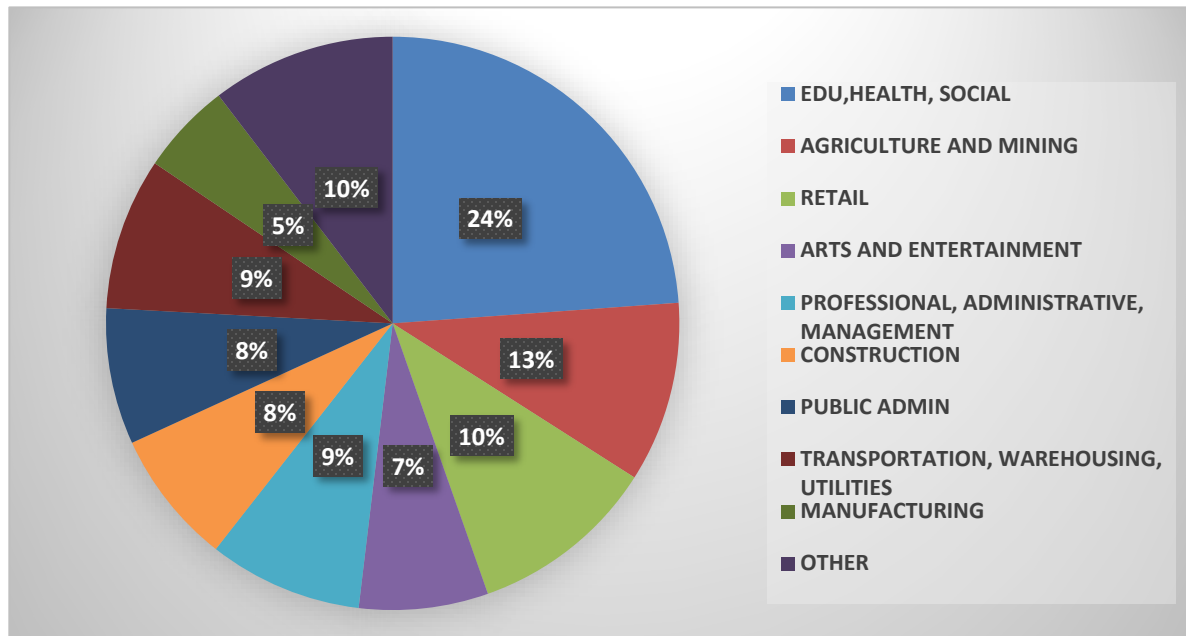
According to the most recent data from the U.S. Census Bureau's American Community Survey **(ACS) for 2024**, approximately 46.2% of Kern County residents ages 5 and older speak a language other than English at home, showing a slight increase from 46% reported in the **2022 ACS 1-Year data**. Of those who spoke a language other than English at home, 40.3% spoke Spanish, 2.6% spoke other Indo-European languages and 2.4% spoke Asian and Pacific Islander languages (U.S. Census, 2024).

EMPLOYMENT

Kern County's economy is heavily dependent on the petroleum and agriculture industries, both of which are highly cyclical and vulnerable to environmental, national, and global factors, such as falling oil prices and droughts that lead to layoffs and reduced operations. This volatility affects not only direct employment but also related trade, service sectors, and county tax revenues. However, Kern is emerging as California's renewable energy hub, with significant investments in wind and solar power, including thousands of wind turbines and numerous large-scale solar projects. According to the Kern Economic Development Corporation (2025), Kern is the number one renewable-producing county in the United States. These developments offer higher-paying jobs and opportunities in STEM fields, positioning the county for a more diversified and sustainable economic future.

In 2024, 699,878 Kern County residents were ages 16 and over. Of these, an estimated 59.1% were in the labor force and employed. The largest employment sector in Kern was Education, Health, and Social Work which has large variances in types and pay rates of jobs. The second, Agriculture and Mining, 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



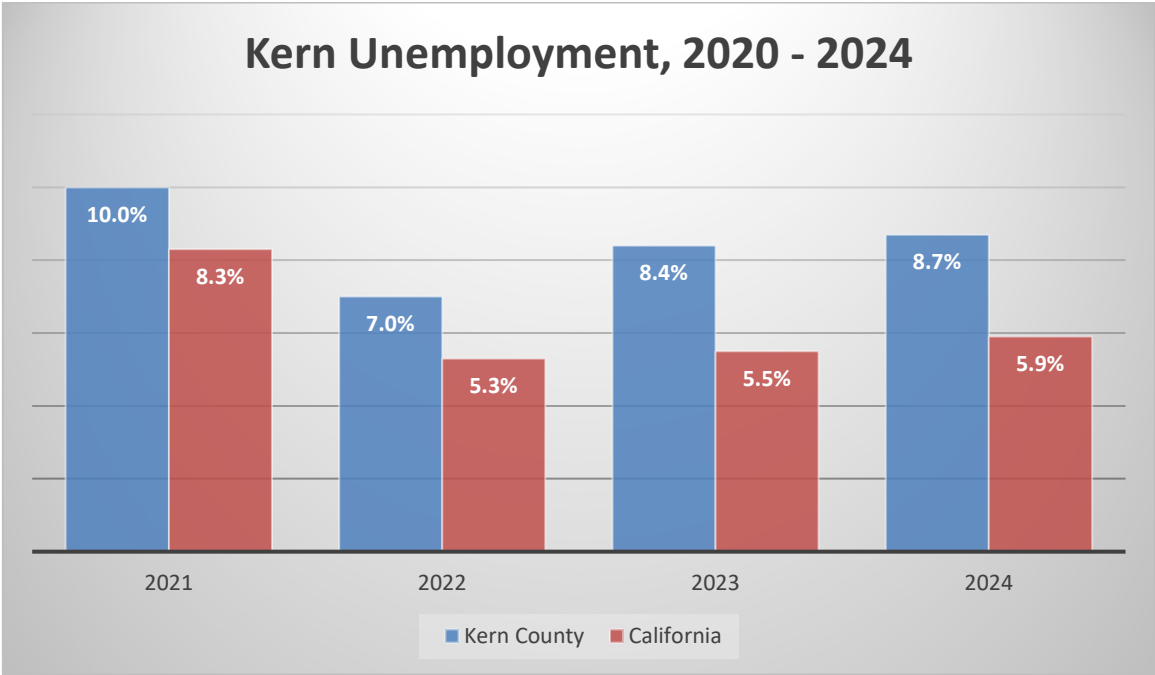
Source: U.S. Census, 2024

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, but these gains disappeared during the pandemic when over 12% of Kern's working population became unemployed. Currently, for 2024-25, Kern County's unemployment rate remains stagnant between 8-9% (8.7%) but higher than prior years and higher than California's unemployment rate (Employment Development Department, 2024). Based on data reported from the *Public Policy Institute of California*, labor market conditions may stay the same or worsen as job openings have fallen by half and annual employment growth continues to slow since mid-2022 (2025).

As stated previously, a major driver of Kern's employment is the oil and agricultural industries. These industries allow many under-skilled and under-educated workers to earn a good wage and support their families. However, they are the most vulnerable when there are downturns in these industries causing long-term unemployment.

Figure 4, Unemployment Comparison

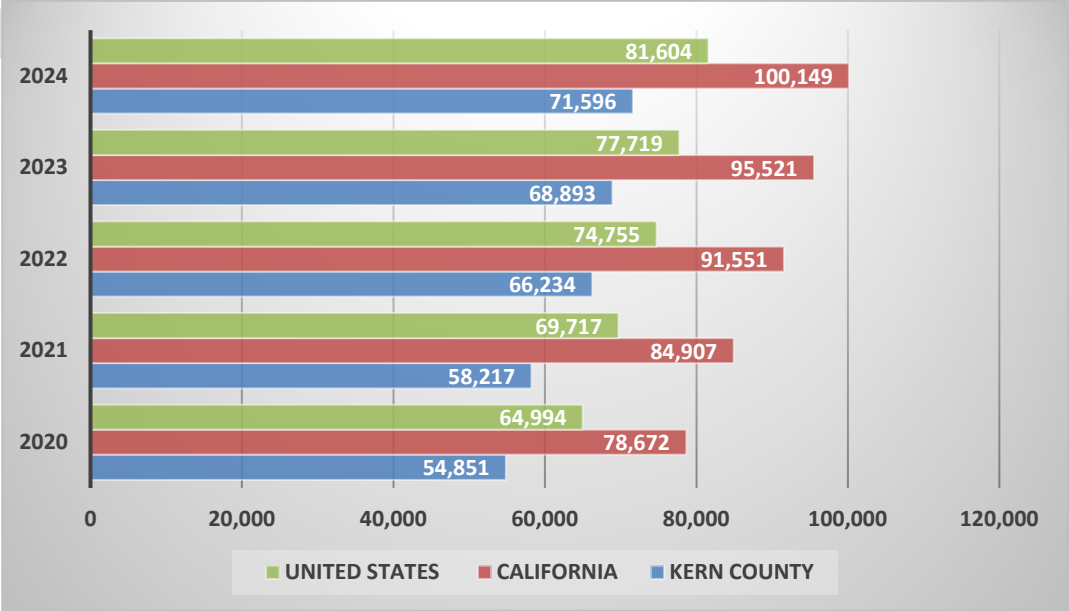


Source: U.S. Census, 2024

INCOME

Kern County’s median household income in 2024 was \$71,596, steadily increasing since the 2020 estimate of \$54,851. This figure, however, is still less than the California median household income of \$100,149. An estimated 5.3 percent of households had income below \$10,000 and 8.7 percent had income over \$200,000 or more in 2024.

Figure 5, Median Household Income Comparison

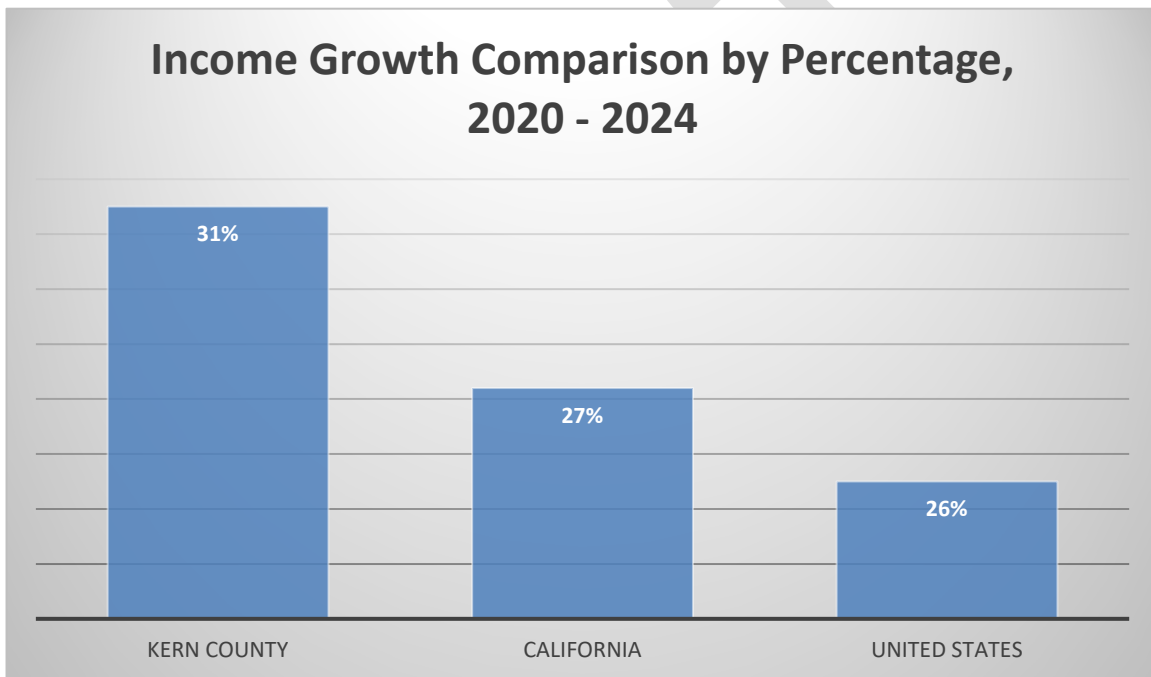


Source: U.S. Census, 2024

Overall, the state and nation have seen a steady increase in income 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) between 2020 and 2024, Kern County's median household income shows a 31% increase from the 2020 ACS estimate of \$54,851, 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 in 2024 is approximately **18.9%**, which is higher than both the state and national averages of 11.8% and 15.5% respectively.

Figure 6, Income Growth Comparison

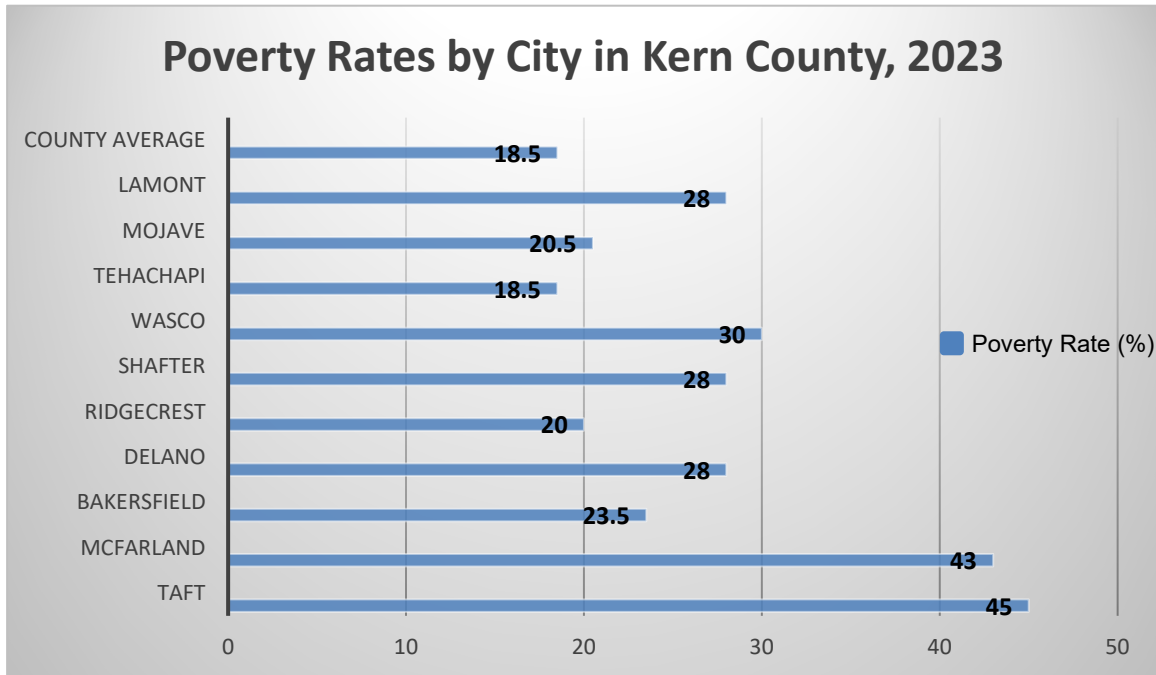


Source: U.S. Census American Community Survey, 2020-2024

POVERTY

According to the 2024 US Census, a total of 169,500 (18.9%) of Kern County residents live in poverty. This is nearly double the poverty rate for the state of California, which is 11.8%. Kern County has the fifth-highest poverty rate among all California counties.

Figure 7, Poverty Rates by City, 2023



Source: U.S. Census Bureau, 2023

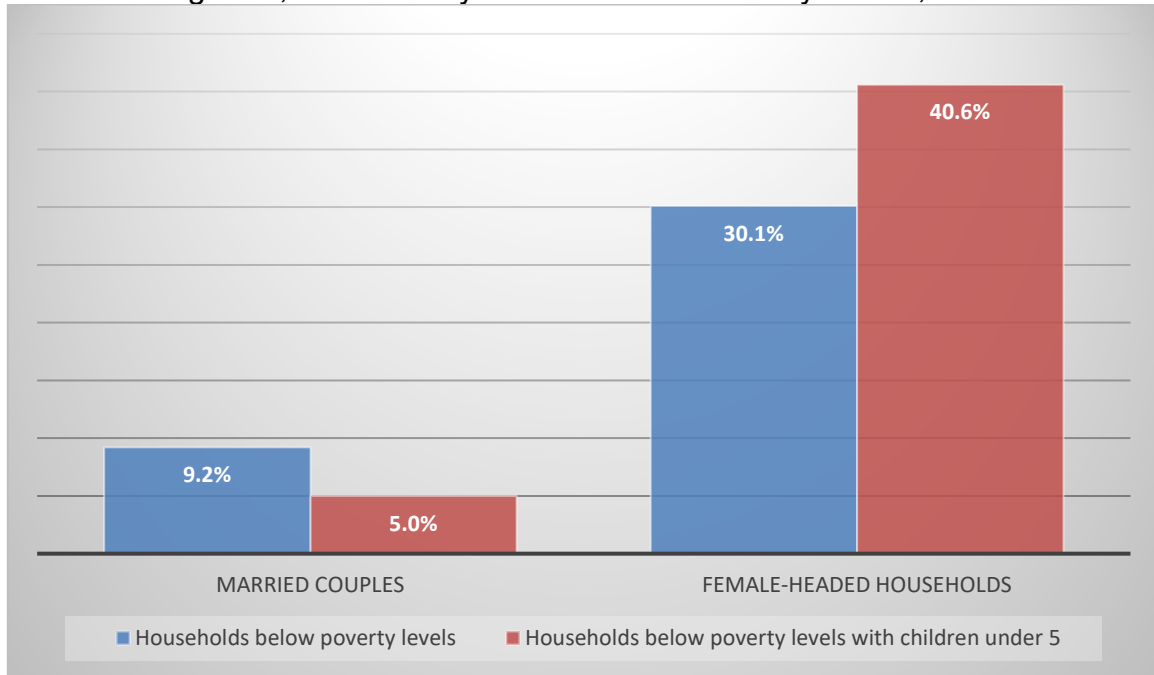
When analyzing poverty rates in Kern County by city in 2023, 8 of 11 cities (73%) had higher poverty rates than the county average of 18.5%. The more rural and agricultural areas of Taft and McFarland have the highest poverty rates, with McFarland at 43% and Taft at 45%. These areas, along with other rural regions in the county, contribute to the persistent poverty that affects Kern’s agricultural communities.

FAMILY POVERTY

Single female-headed households in Kern County continue to face significantly higher poverty rates (30.1%) than all married couples (9.2%). Compared to married couples, single female-headed households experience almost triple the poverty rate.

When comparing poverty levels for families with related children of the householder under 5 years, single female-headed households continue to experience the most disparity. Poverty rates for single-female households rose by 10% while rates for married couples only increased by .8%. Meanwhile, poverty rates for married couples improved by 4.2% when accounting for households with children under 5. Overall, female-headed households with children under 5 experience poverty at eight times the rate of married-couples and two and a half times the rate of all families.

Figure 8, Kern County Families Below Poverty Levels, 2024

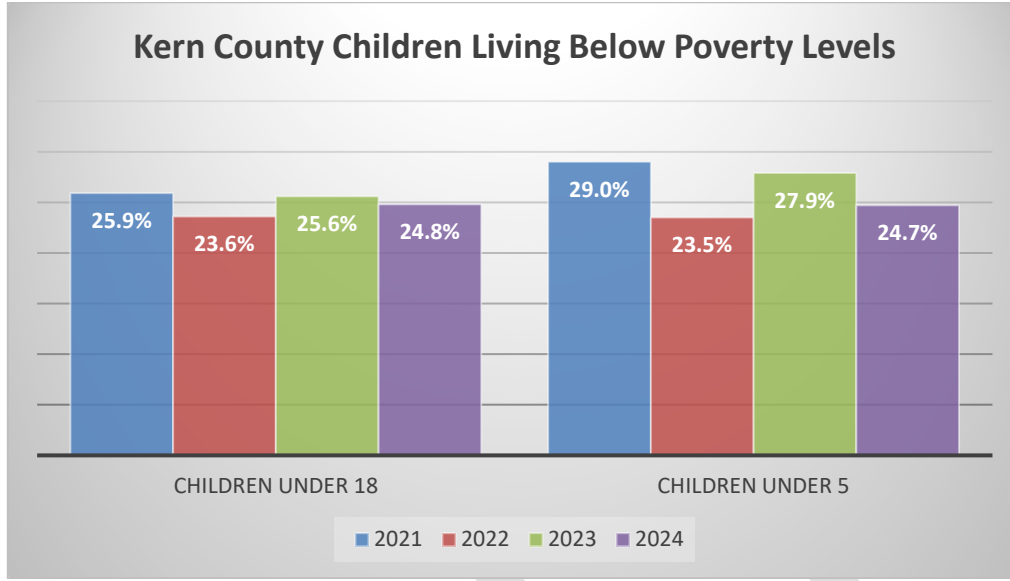


Source: U. S. Census, 2024

CHILD POVERTY

Research from the National Center for Children in Poverty at Columbia University shows that children who live in poverty for a significant portion of their childhood are more likely to remain in poverty as adults. In Kern County, 24.8% of children under 18 are living in poverty. The situation for young children (under 5 years) is also concerning, with a 24.7% poverty rate (18,488 children). Data from the past four years show that poverty rates are slightly higher for children under 5 than for the broader population of children under 18.

Figure 9, Kern County Poverty Among Children



Source: U.S. Census, 2024

WORKING POOR

The "working poor" refers to individuals in the labor force who fall below the federal poverty level and spend 27 weeks or more in a year working or looking for work. The face of poverty in the United States has shifted over the last decade, with many individuals working but still unable to lift themselves out of poverty. According to *Inequality of America* by Robert Reich, former U.S. Secretary of Labor, 65% of U.S. families live paycheck to paycheck, and a significant number of people in poverty are employed but still earn too little to escape poverty. Reich also states that 55% of all Americans aged 25 to 60 have experienced at least one year of poverty or near poverty, and about half of U.S. children have relied on food stamps at least once.

In Kern County, approximately 10.7% of employed residents aged 16 and over lived below the poverty line in 2024 (ACS Survey). This highlights the challenges of achieving financial stability in the county, where many individuals work in sectors like agriculture, service, and retail, but still struggle to make ends meet due to low-paying jobs.

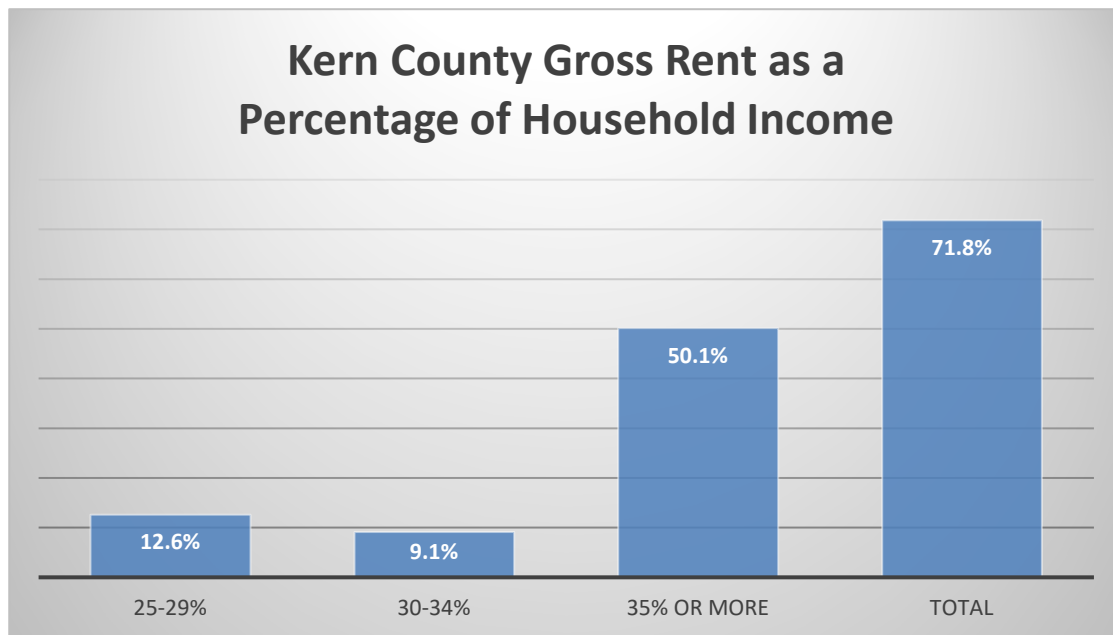
HOUSING

As of 2024, there were a total of 312,130 (2022 was 289,845) housing units in Kern County. Of these housing units, 19,476 were vacant. Of the occupied housing units, a larger proportion are owner-occupied compared to renter-occupied units. Specifically, 61.3% of housing units in Kern County are owner-occupied and 38.7% of housing units are renter occupied.

Most Kern County residents pay a significant portion of their income for housing, whether for rent or a mortgage. According to the U.S. Department of Housing and Urban Development, the recommended threshold for housing costs is that no more than 30% of household income should go toward rent. Spending more than this threshold places people in a cost-burdened situation,

making it difficult to afford other necessities such as food, clothing, transportation, and medical care.

Figure 10, Kern County Gross Rent



Source: US Census, 2024

As shown above, Kern County renters continue to experience a significant shortage of affordable housing. An estimated 66% of renters are cost-burdened, allocating more than 30% of their income to rent, while 50.1% pay at least 35% of their income toward housing. This data demonstrates the increasing severity of housing affordability challenges throughout the region.

HOUSING QUALITY

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

Table 4, Kern Substandard Housing

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

Source: Kern Council of Governments, 2013-2023

TRANSPORTATION

Transportation poses challenges in Kern County, particularly for those in rural areas. Bakersfield is the hub of the county where people can access employment, doctors, social services, and other needed resources. In rural areas of Kern, many low-income people with limited incomes rely on public transportation to get to Bakersfield, which in most of these areas has one trip to Bakersfield in the morning and one return trip in the afternoon. For those who own a vehicle, the higher gas prices in California, approximately \$1.38 per gallon over the national average as of January 2026, can be an additional burden for low-income families (American Automobile Association).

Figure 11, Public Bus Routes in Rural Kern County



Source: Kern Transit

MENTAL HEALTH

According to the California Health Interview Survey, over 20.3% of Kern County residents experienced serious psychological distress in 2021-2022, which is slightly higher than for California as a whole (16.7%). In 2023-2024, Kern County continued to face significant psychological health challenges. According to 2023-2024 figures provided in Kern's Behavioral Health & Recovery Services (BHRS) Annual Update Plan 2025-2026, 5,430 unduplicated clients in the county were served under county services and Full-Service Partnerships, which serves those with serious psychiatric illness and severe emotional disturbance.

Obtaining treatment for psychiatric illnesses can be difficult. According to the National Mental Health Services Survey, 2024, California has approximately 1,204 mental health treatment facilities with many of those private care facilities. In California, there are 33 psychiatric hospitals. In Bakersfield there are approximately ten psychiatric health facilities with three of those accepting patients for in-hospital treatment. Bakersfield and the county lack psychiatric health professionals especially those who serve low-income populations, and the San Joaquin Valley has one of the lowest ratios of mental health professionals to population in California.

SUBSTANCE USE DISORDER

According to the California Health Care Foundation (2022-2023), substance use disorders are common; 17% 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

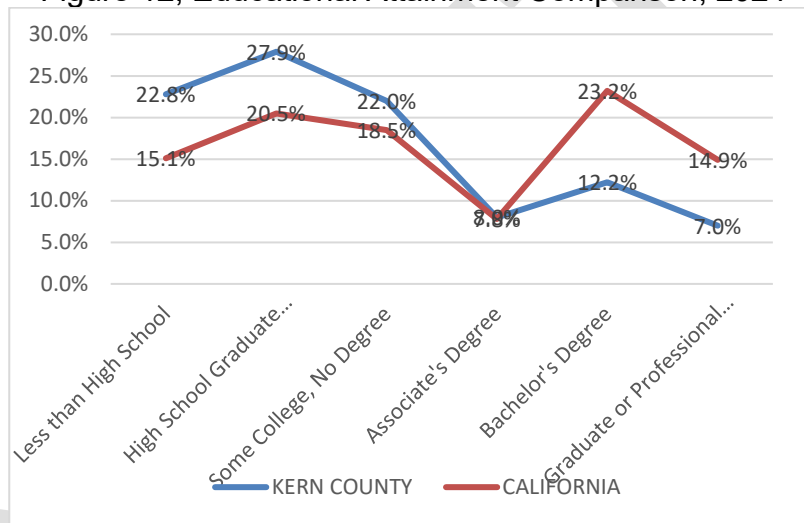
California Department of Health Care Services, seven (7) of the 50 physician appointments and four (4) out of the 50 urgent appointments did not meet timeliness standards as indicated in the 2022/2022 Kern County Mental Health Plan.

NEEDS AND RESOURCES OF ELIGIBLE CHILDREN AND THEIR FAMILIES

EDUCATIONAL ATTAINMENT

When comparing the highest level of education achieved for Kern residents ages 25 and over to those of all Californians, Kern County falls far behind. More Kern residents never go beyond high school when compared to the State of California and far less achieve bachelor's degrees or higher.

Figure 12, Educational Attainment Comparison, 2024



Source: US Census American Community Survey, 2024

The effects of this lack of higher education can be seen when comparing poverty to education levels. As seen below, clearly as education increases, poverty decreases. And as discussed above, with the growing alternative energy industries in the county, higher education can ensure long-term employment and much higher wages.

According to the U.S. Census Community Data for Kern County, approximately 46,470 (43.4%) of people aged 25 years or older that have a high school diploma (includes GED) or less live below the poverty level compared to 7,475 with some college degree or higher.

Table 5, Educational Attainment by Race/Ethnicity, 2024

Background	Kern		CA		US	
	HS or Higher	BA or Higher	HS or Higher	BA or Higher	HS or Higher	BA or Higher
White	85.1%	23.1%	93.8%	46.6%	94%	40.1%
Black/African American descent	86.7%	16.4%	91.8%	32%	89%	26.9%
American Indian or Alaska Native alone	68.6%	9.5%	73.8%	18.4%	78.5%	17.2%
Asian	86.3%	44.4%	89.6%	57.4%	89%	59%
Native Hawaiian and Other Pacific Islander	N/A	N/A	85.9%	22.5%	87.3%	19.4%
Other	67.9%	10.9%	65.4%	14.3%	68.8%	17.2%
Hispanic or Latino Origin	65%	10.1%	69.3%	17.5%	74.1%	21.5%

Source: U.S. Census, 2024

ADULT EDUCATION

In Kern County, 10% of residents over 25 years old have between a 9th and 12th grade education without a diploma. Among the families enrolling in Kern’s Head Start Program the figure is even higher with 23% (approximately 425) of parents not having a high school diploma. This number demonstrates a need for Adult Basic Education (ABE) or General Education Development (GED) preparation. ABE and GED preparation is available in most populated areas in Kern County. Job training is an unmet need as demonstrated in the table below.

Table 6, HSP/EHS 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	In Job Training or School	Not in Job Training or School
178	285	188	162

Source: 2024/2025 PIR Data

Undergraduate education opportunities exist in Kern County with 4-year degrees offered on-campus and online in Bakersfield through several institutions and 2-year/vocational/associate degrees offered in Bakersfield via the Kern Community College District (KCCD) campuses and

online learning as well as others. Locations in Ridgecrest, Lake Isabella, California City, and Tehachapi offer classes through KCCD as well. There does not seem to be a shortage of undergraduate education opportunities. Head Start Program families in Kern County can receive the educational services they need. It is noted that some families are already enrolled in adult education or job training upon their children's entry into the Head Start Preschool/Early Head Start programs.

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

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

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

EMPLOYMENT AND JOB TRAINING

Employment and job training for Head Start Preschool/Early Head Start families is critical in ensuring the ability of families to become self-sufficient and capable of providing for themselves and their children. According to the Kern County PIR, 1,303 parents of Kern's Head Start Preschool/Early Head Start children are employed or are active-duty military. Head Start Preschool/Early Head Start parents can work and feel secure about the care of their children while they are working. The numbers from this report do not preclude the need for job training and education opportunities for the families served by Head Start Preschool and Early Head Start. Although many HSP/EHS parents are employed (over half), their low-income indicates a high need for further job skills and/or education to provide for their family. HSP/EHS families who reported being in job training or in school while also employed represent 11.5%.

ENGLISH AS A SECOND LANGUAGE

There is a high need for English as a second language (ESL) education in Kern County with many foreign-born Kern residents indicating a low English-speaking ability. Among Head Start Preschool and Early Head Start families in Kern, approximately 34% 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 such as education/ training, employment, entrepreneurship, safe/affordable credit, asset building, and home ownership. Financial empowerment is not a substitute for other poverty reduction programs, however, when integrated into existing programs, financial empowerment can significantly boost a family’s ability to rise out of poverty. Four Head Start/Early Head Start families in the county needed services to help them build assets or reduce debt, and all four received these services.

In 2019, CAPK HSP/EHS began staff training and implementation of the Your Money Your Goals (YMYG) Tool Kit. Created by the U.S. Consumer Financial Protection Bureau, the YMYG Toolkit is a collection of important financial empowerment information and tools that can be selected based on the needs and goals of families. The goal is to help someone get started on solving specific financial challenges and reaching their goals. When people need additional help, the aim is to refer them for financial counseling. Unlike a financial education curriculum that may have a specific set of goals and 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

Overall, Kern County’s population health and well-being fall far behind residents of other California counties (County Health Rankings and Roadmaps, 2025). 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. Similarly, Kern County ranks in the bottom 25th percentile for Community Conditions, which includes health infrastructure, physical environment, and social and economic factors.

Table 7, Kern County Health Rankings, 2025

Outcomes	Kern	California	United States
Population Health and Well-Being			
Life Expectancy (years)	74.5	79.7	77.6
Poor Physical Health Days (of previous 30 days)	5	3.9	3.9
Low Birth Weight (in % of babies under 5lbs, 8oz)	8%	7%	8%
Poor Mental Health Days (of previous 30 days)	5.7	4.7	5.7

Poor or Fair Health (in % of adults)	26%	18%	17%
--------------------------------------	-----	-----	-----

Source: County Health Rankings.org, 2025

Some of the most prevalent health conditions continuously 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 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). Asthma rates for Kern County are ranked among the highest in the state as indicated by asthma hospitalizations. Children may be more likely to suffer from the effects from poor air quality due to more permeable skin and fragile systems.

Asthma

A key contributor to the high asthma rates is Kern’s poor air quality. According to the data, the county received an “F” in high ozone days, 72.8, and high pollution days, 44.3 between 2021 and 2023. (American Lung Association, 2025)

- Kern residents experiencing asthma – 17.7% (California Department of Public Health, 2020).
- Kern children with asthma – 9% (California Department of Public Health, 2020).

Obesity

Across the U.S., more than 19.7% of children ages 2-19 are overweight/obese, according to the Centers for Disease Control and Prevention (2024). Kern County mirrors, and sometimes exceeds, these patterns, highlighting substantial health risks among children and adults.

- Of Kern adults, 77% are overweight or obese.
- People of color have approximately one and a half times the obesity rates than Whites.
- From 2021 to 2023, nearly 20.3% of children aged 2-11 were considered overweight. (California Department of Public Health, 2025)

Diabetes

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. backgrounds. Among children and adolescents aged 10-19 years, U.S. non-Hispanic whites had lower rates of new cases of type 2 diabetes compared to other backgrounds. 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.

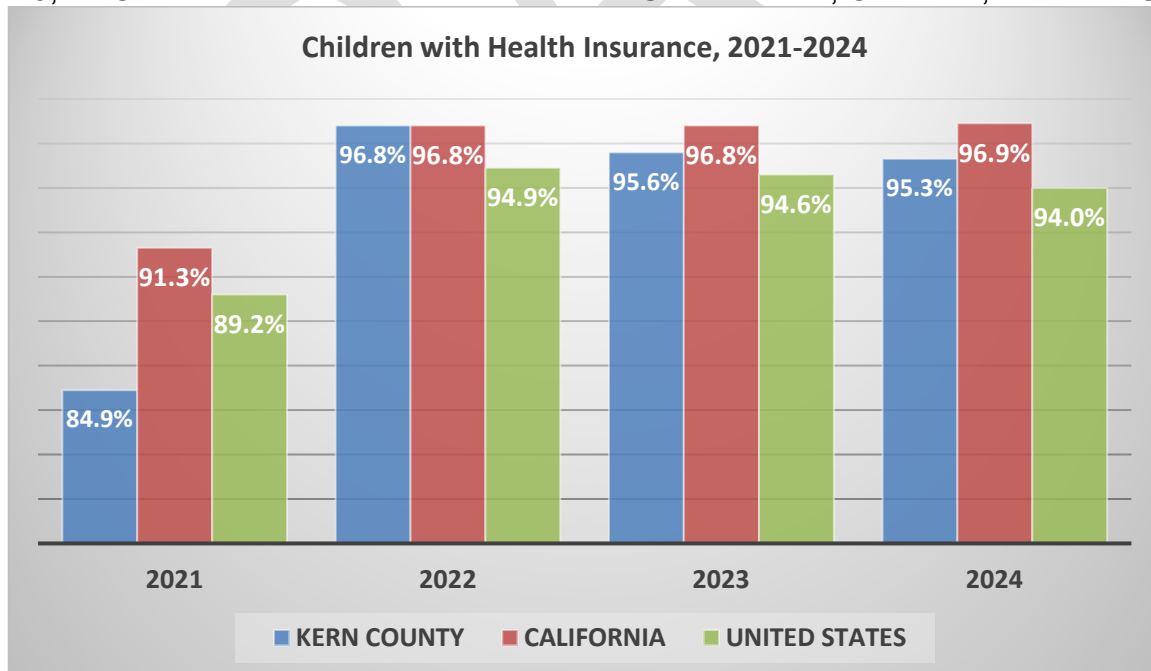
- In Kern County, 13% of adults have been diagnosed with diabetes, (County Health Rankings, 2021).
- Of the children discharged from hospitals in Kern County in 2020, 3.5% or 172 children were diagnosed with diabetes (Kidsdata.org, 2020).

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 about 97%, which is above national and state estimates. Data from Kern County’s Head Start Preschool/Early Head Start program information report (PIR) is similar. All (100%) of children in Head Start and Early Head Start had health insurance at the end of the reporting period.

Despite these successes, there are still groups of people without health insurance. The US Census estimates above indicate that 3% of children do not have health insurance and the California Department of Public Health, Maternal and Infant Health Assessment (2020 – 2022) found that a combined 16.3% of women were uninsured, or had insurance gaps, during pregnancy. The survey also reported that 5.3% were uninsured post-partum and 4.6% had no infant health insurance.

Figure 13, All Children with Health Insurance in the United States, California, and Kern County



Source: US Census American Community Survey 2021-2024

HEALTH CARE ACCESS

Although most of Kern Residents (and all HS/EHS children) are insured, having access to quality and timely care is an issue. In Kern County there are 2,050 people for each primary care physician (2,050:1) compared to a ratio of 1,200:1 for the State of California (County Health Rankings and Roadmaps, 2025). Where a family lives in the county also plays a crucial role in access. According to the 2019 Kern Community Health Needs Assessment, approximately 2 out of every 3 Kern residents (over 519,000) are living in a severely under-resourced area. Communities identified in this report as majorly under resourced include Oildale, East Bakersfield, Southeast Bakersfield, Arvin, Lamont, Greenfield, Wasco, McFarland, Delano, Shafter, Taft, and Buttonwillow. Expectant mothers 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 expectant mothers had a routine source of pre-pregnancy care;
- During the first trimester, 82% initiated care; and
- Nearly 12% reported either they or their infant needed care post-partum, but they could not afford it.

Although 100% of program participants at Kern County Head Start Preschool/Early Head Start had health insurance, keeping children up to date on screenings was challenging, as shown in Table 8. This may be partially related to the access issues previously discussed.

Table 8, HSP/EHS Medical Care Received

Care Type	Received Care
Pre-and post-natal care for expectant mothers	97%
Received all possible immunizations or exempt	100%
Up to date on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule	80%

Source: 2024/2025 Kern PIR

DENTAL CARE

Kern County faces a general scarcity of dentists. According to 2025 data from County Health Rankings & Roadmaps there are 1,830 Kern residents for every one dentist. California shows a much higher rate of dental professionals per person, with a ratio of 1,050:1.

Data for Head Start/Early Head Start in Kern County show that while 100% of participants have continuous oral care, only 77% of Early Head Start and 84% of Head Start participants completed a professional dental examination. A much lower percentage of HS/EHS children who were identified as needing dental treatment had received it (15%).

EXPECTANT MOTHERS

In addition to access to health care mentioned previously, expectant mothers continue to face a variety of challenges. According to the California Department of Public Health, Maternal and Infant Health Assessment Survey, expectant mothers in Kern County, 31% self-reported taking folic acid daily in the month prior to their pregnancy (2017-2019), and nearly 13% did not seek first term care (2020-2022). Also, noteworthy is 25.3% reported being food insecure.

Many expectant mothers in Kern County living in poverty experience a range of hardships during pregnancy. Financial strain was the leading hardship for expectant mothers, most often reflected in reduced income (21.9%) or job loss (22.1%) for themselves or their partner. Additional instances included homelessness, 5.1%; moving locations due to problems paying rent or mortgage, 8.7%; woman or their partner losing job, 22.1%; woman or partner cut in pay or hours, 21.9%; becoming separated or divorced, 9.2%; and having no practical or emotional support during pregnancy, almost 4.1%. Of this population, 64.4% had Medi-Cal insurance and 30.3% had private insurance prenatal coverage; 2.8% were uninsured. In 13.5% of cases, mothers experienced gaps in insurance during pregnancy.

Other data for the county show 21.3% of expectant mothers are unmarried, 14.9% did not complete high school or obtain a GED, and nearly 50% live below the official poverty level.

AIR QUALITY

According to the American Lung Association 2025 State of the Air Report, Bakersfield had the worst air quality in the United States for year-round, and short-term particulate matter, as it has had for many years. Kern County also received a failing grade for high ozone days, ranking number 3 out of 228 metropolitan areas.

- 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.

Short-term and year-round particulates are of special concern for Kern County residents because of the significant health risks. As noted in this report, Kern has a high poverty rate, especially in our rural farming communities, which is linked to lower access to health care. Another factor to consider is that Kern's main industries (agriculture and oil) are major contributors to the poor air quality. Asthma rates for Kern County are ranked among the highest in the state as indicated by asthma hospitalizations. Children are more vulnerable to the effects on health from poor air quality due to more permeable skin and fragile systems. In addition to the health effects of the poor air quality in Kern already discussed, children are also susceptible

to 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 pounds of food distributed in 2015 to over 33 million lbs. in 2020.

According to the Feeding America, Map the Meal Gap 2023 statistics, **21.7% of children in Kern County are food insecure** compared to 16.9% of children in California and 19.2% in the United States.

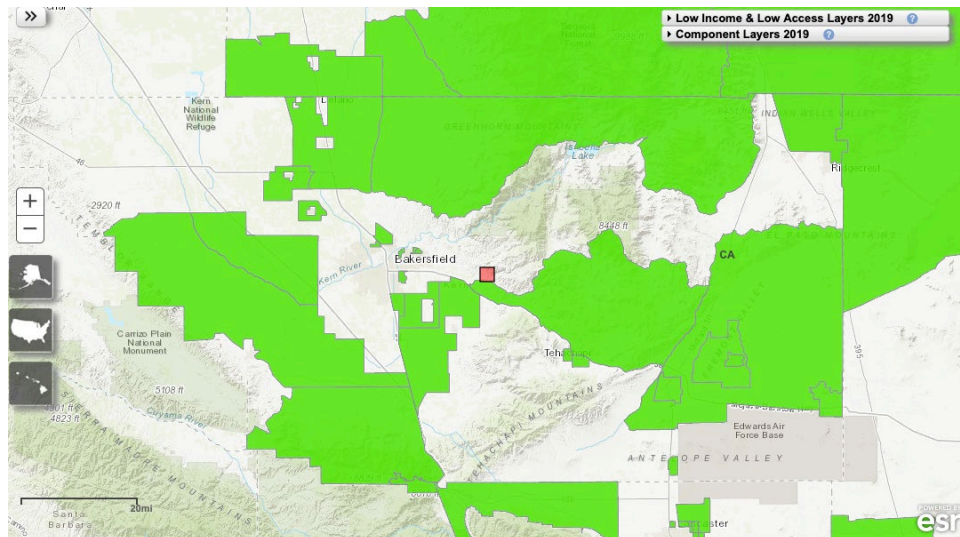
- California Department of Education: up to 151,000 Kern children receive free or reduced-price school lunch.
- California Department of Social Services: Approximately 90,559 children received CalFresh (SNAP) benefits.
- In 2024, WIC distributed over 167,348 food packages to families.

In 2024, the CAPK Food Bank distributed roughly 22 million pounds of staple foods, fresh produce, bread, and meat across Kern County. Additionally, the CAPK Head Start Central Kitchen prepares approximately 72,000 meals and snacks each month for HS/EHS children and parent volunteers. CAPK's Friendship House and Shafter Youth Center also serves daily no-cost meals and snacks to children and parents throughout the year.

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. Economic differences in food access persist across the nation; approximately one-third 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 a food desert (United States Department of Agriculture, 2023).

Figure 14, Kern County Food Deserts



Source: United States Department of Agriculture 2023

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

HEAD START PROGRAM ELIGIBLE CHILDREN AND FAMILIES

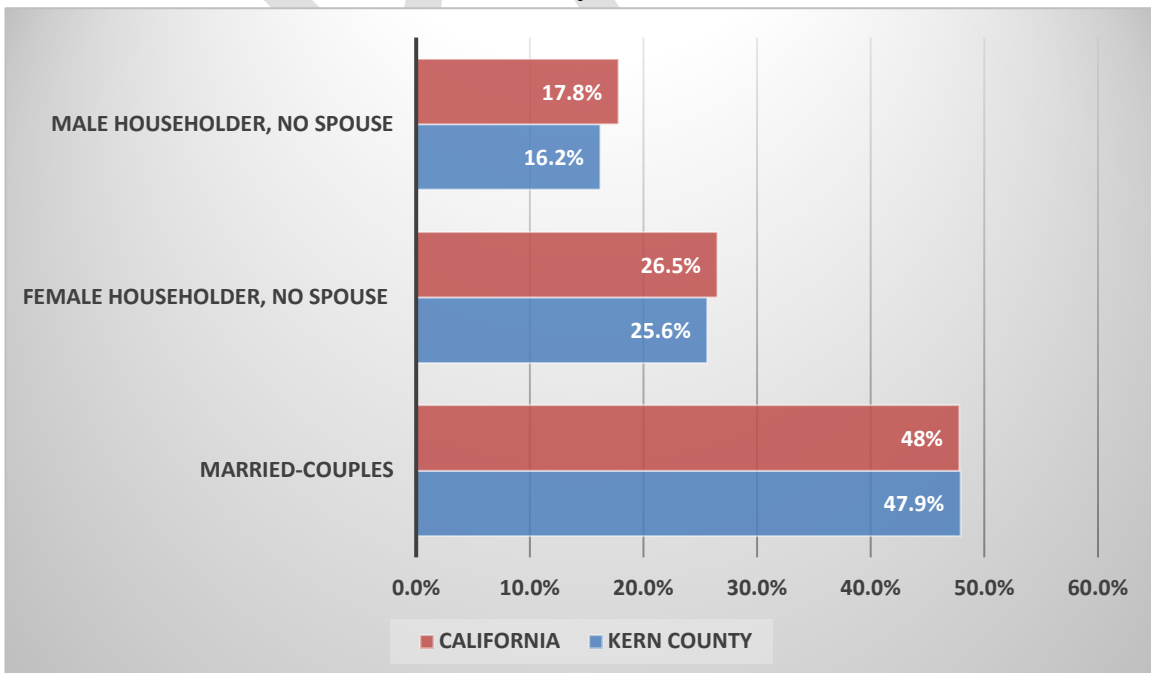
CAPK's Head Start Preschool/Early Head Start (HSP/EHS) provides services and programs that positively impact low-income children ages 0-5 years and their families. Income limits for eligibility to enroll into HS/EHS programs are set by current federal poverty guidelines. Additionally, foster children,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

Unless otherwise indicated in this section, the data source for the CAPK Head Start Preschool and Early Head Start programs are the 2024-25 CAPK Head Start Preschool and Early Head Start Program Information Reports (PIR).

HOUSHOLDS AND FAMILIES

In 2024, there were an estimated 292,654 households in Kern County, California (US Census) with married-couple families making up 47.9% (140,162) of this population. Following this demographic, female householders with no spouse/partner present ranked second (25.6%), followed by male householders with no spouse/partner present (16.2%). Householders living alone consist of 10.1% of the population. About 47.9% of married-couple families have children under the age of 18, while 1.4% of male householders and 6.7% of female householders (no spouse) have children under the age of 18.

Figure 15, Family Household Types Comparison, Kern County and California

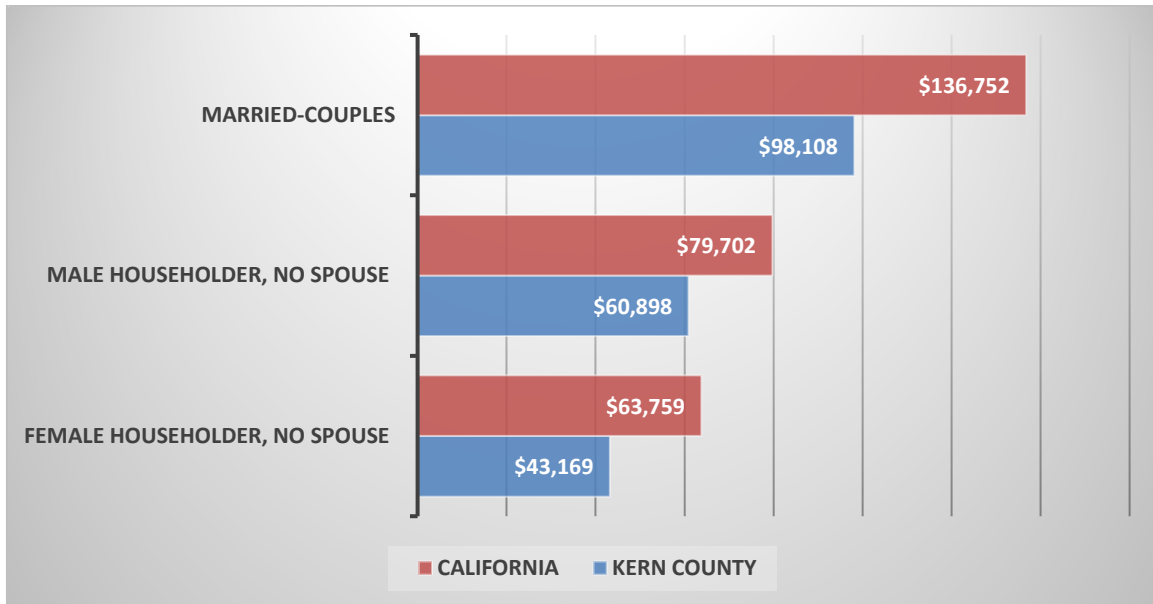


Source: U.S. Census, 2024

HOUSEHOLD INCOME

Kern County household incomes are highly contrasted when looking at family types. In Kern County, the median income for female householders - no spouse (\$43,169), was 71% of the male householder's median income (\$60,898) and 44% of the married-couple's median income (\$98,108). In each category, Kern County's median incomes fall between approximately \$8,000 to \$38,000 behind those reported for the State and Nation.

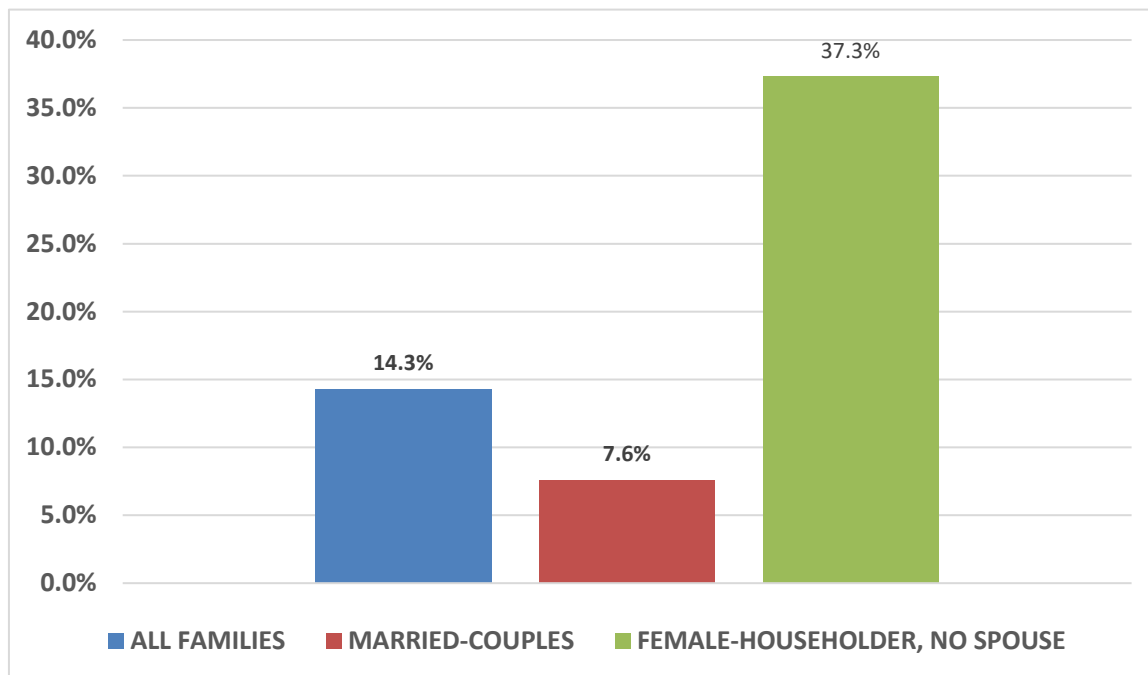
Figure 16, Median Income by Household Type



Source: US Census American Community Survey 2024

Major contrasts exist when comparing poverty levels among family types. Single female headed households with children under 5 experience poverty at nearly two and a half times the rate of all families and five times the rate for married couples.

Figure 17, Kern County Poverty by Household Type with Children under 5 years



Source: US Census, 2024

AGE-ELIGIBLE CHILDREN

According to kidsdata.org, there are 74,849 Kern County children that are 5 years of age and under in 2024. Approximately half (48.3%) are in the 0-2 age group and 51.6% are ages 3-5 years.

INCOME-ELIGIBLE CHILDREN

Of Kern County children 0-5 years-old, approximately 15,890 (24.8%) live in poverty and are Head Start income eligible.

HEAD START AGE CHILDREN – RACE AND ETHNICITY

The following data from kidsdata.org provides the most current information for characteristics for children broken out by age groups. For Kern children ages 0-5, most (61.7%) are Latino; the second most common race/ethnicity was Caucasian (27%) followed by African American (5.2%).

Table 9, Kern Children by Age and Race/Ethnicity

Age Group	African American	Caucasian	Latino	Asian/Pacific Islander	Native American	Multi-Background
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: kidsdata.org, 2025

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 linguistically vary—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 2025, there were an estimated 2,606 people living in homelessness in Kern County, a 34% increase from 2023. Families with children accounted for 14% of the homeless population and children constituted almost 6.3% of homeless people. Other findings from the study include:

- Within the sheltered population, adults and children made up 30% and children accounted for 13%.

- Adults with children, and children alone, represented less than 1% of the unsheltered population.
- Over 91% of the Kern County’s homeless population was in Metro Bakersfield and 8% in rural cities and communities outside of Bakersfield.
- About 47% of Bakersfield’s homeless population had shelter on the count night, 53% 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 special needs. 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, stakeholders 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).

According to the California Child Welfare Indicators Project’s (CCWIP) Point In Time/In Care report, a total of 1,678 children ages 0 to 21 were identified as being in foster care on October 1st, 2025. Of this population, 497 children were ages 0-5.

Table 10, Foster Children by Age

Age Group	2021	2022	2023	2024	2025
Under 1	164	172	131	120	115
1-2	255	254	245	227	190
3-5	277	258	239	210	192
Total	696	684	615	557	497

CHILDREN WITH SPECIAL NEEDS

Among the civilian non-institutionalized population in Kern County, 11.1% reported a special need. The likelihood of having a special need varied by age with people under 18 years less likely to have special needs and those 65 and over having the highest rates (US Census ACS 5-Year Estimates, 2024). According to Kidsdata.org, in 2020 there were 22,091 K-12 children with special needs in Kern County, with special learning needs being the most prevalent followed by Speech or Language difficulties.

Table 11, Kern Children with Special Needs, K-12

K-12 Special Needs	Number	Percent
Special Learning Needs	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 Special Needs	2,020	10.3%
Emotional Disturbance	672	3.5%
Hard of Hearing	465	2.4%
Orthopedic Impairment	206	1.1%
Multiple Special Needs	166	0.8%
Visual Impairment	94	0.5%
Total	22,091	

Source: Kidsdata.org, 2020

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

CHILDREN AND BODY MASS INDEX (BMI)

Body mass index is a measurement value that often can determine the health outcomes for individuals. This is especially true for children with a high amount of body fat. This high measure can lead to weight-related health problems both in the short and long term. For Kern County children enrolled in Head Start, statistics show 72% at a healthy BMI with 26% either overweight or obese. Three percent of children enrolled in the program are underweight at enrollment. Statistics for Early Head Start are not available.

TRAUMA INFORMED CARE

As quoted from Child Trends, "How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma":

Children who are exposed to traumatic life events are at significant risk for developing serious and long-lasting problems across multiple areas of development. However, children are far more likely to exhibit resilience to childhood trauma when child-serving programs, institutions, and service systems understand the impact of childhood trauma, share common ways to talk

and think about trauma, and thoroughly integrate effective practices and policies to address it—an approach often referred to as trauma-informed care (Bartlett & Steber, 2019, para.1).

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 psychological 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 2024-2025 CAPK Head Start Preschool/Early Head Start Program Information Reports (PIRs) provide a wide variety of information pertaining to enrolled children. The following information is provided to give an overview of the children in the program.

PROGRAM ENROLLMENT

During the 2024/2025 school year, CAPK's Head Start Program had a cumulative enrollment of 2,411 children with the majority, (51%), enrolled in the Early Head Start program.

Table 12, Enrollment 2024/2025

	Head Start	Early Head Start	Total
Funded Enrollment	936	753	1,689
<i>Cumulative Enrollment</i>	1,183	1,228	2,411

Source: Kern PIR 2024/25

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

Table 13, Head Start/Early Head Start Enrollment by Zip Code

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

93302	1	0	1	93502	1	0	1
93304	163	120	283	93505	80	0	80
93305	162	98	260	93506	1	0	1
93306	281	203	484	93520	1	0	1
93307	292	223	515	93523	1	0	1
93527	3	0	3				
93531	1	0	1				
93539	1	0	1				
93555	61	10	71				
93560	98	1	99				
93561	48	2	50				
93562	1	0	1				
93527	3	0	3				
93531	1	0	1				
93539	1	0	1				

Source: Kern PIR 2023/2024

AGE

Of the 2,411 children who participated in Head Start Program during the 2024-2025 school year, 45% were ages 3-5 years.

HOMELESS CHILDREN

Within the context of Head Start Preschool and Early Head Start enrollment, approximately 98 children (89 families) experienced homelessness during the enrollment year with 25 of these families affected acquiring housing during the enrollment year.

FOSTER CARE

According to the Community Action Partnership of Kern's 2024-2025 Program Information Report (PIR), the number of children in Kern County's Head Start Program categorized as a "foster child," were 135, approximately 5.6%.

DISABLED

CAPK's Head Start Preschool had 120 enrolled children who had an Individualized Education Program (IEP) and 295 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 Head Start Preschool, 31% 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 nearing academic failure (Cahan, 2017).

However, finding affordable, high-quality childcare is a major challenge for many families, and access differs based on geography and income. These costs often require that low-income families compromise on basic expenses when choosing childcare for their children. In 2024, childcare costs exceeded housing costs by 14.3% when accounting for an infant and a four-year-old in a center. Moreover, center-based infant care costs in California made up an estimated 16% of the median annual income for married couples and 50% for single parents in 2024 (Child Care Aware). Head Start operates within the context of California’s early childcare and education system, described by the Learning Policy Institute as a “patchwork of programs” and one that “can be difficult for policymakers, providers, and families to understand because of its complexity” (Melnick, Tinubu Ali, Gardner, Maier, & Wechsler, 2017, pg. v). 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 2024 State Fact Sheet of California by Childcare Aware, the average annual cost of center-based childcare for infants is \$22,628 and \$19,022 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 26% 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 14, 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 accelerated 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 2023 data, about 7% of Californian households lacked a broadband internet subscription, a disadvantage accentuated in Kern County where the figure stood at approximately 10% (County Health Rankings). This digital divide affected younger learners' adaptation to online education, given that their learning typically involves firsthand experiences.

The financial impacts were also significant, as these programs operate primarily on a per-child funding model. With enrollment dropping, many faced potential closure. Notably, surveys from organizations like the Center for the Study of Child Care Employment indicated that up to 60% of providers were staring at closure sans public assistance. For Kern County parents who relied on these services for childcare, the closures presented another set of challenges, often leaving some parents 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 15, 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, 2023*, between 2021 and 2023 licensed childcare center slots saw a total increase of 5% across the county. Infant slots experienced the greatest increase, at 16%, while preschool slots only grew 4%. Conversely, family childcare slots saw a 5% decrease. As unemployment rates remain high, childcare options will be important to maintain. Parents will need childcare options that support their ability to not only sustain a work schedule but also attend job training or a school 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 16, Childcare Supply in Kern County

Age and Type	Licensed Childcare Centers			Licensed Childcare Family Homes		
	2021	2023	Change	2021	2023	Change
Total number of slots	11,753	12,353	5%	7,454	7,114	-5%
Infant slots (under 2 years old)	599	693	16%	n/a	n/a	n/a
Preschool slots (2-5 years old)	9,836	10,274	4%	n/a	n/a	n/a
School-age slots (6 years & older)	1,318	1,386	5%	n/a	n/a	n/a
Total number of sites	174	183	5%	674	626	-7%

Source: Child Care Portfolio, 2023

Early education has a great impact on a child’s future by preparing them for success in school and life. The *2023 Childcare Portfolio* also provided insight into the nature of childcare requests countywide. Annual infant care costs at both childcare centers and family childcare homes ranked the highest at \$18,336 and \$12,360 respectively. Toddler care for childcare center costs were \$10,716 and family childcare homes cost \$10,680. Preschool care costs ranked slightly lower with \$8,868 for childcare centers and \$9,924 family childcare homes. In 2023, there were 599 licensed center slots in Kern County for children under the age of 2 years.

Table 17, Annual Cost of Childcare by Type

Age Group	Child Care Center	Family Child Care Homes
Infant Care (Under 2 years old)	\$18,336	\$12,360
Toddler Care (2 years old)	\$10,716	\$10,680
Preschool Care (3 to 4.5 years old)	\$8,868	\$9,924

Source: California Resource and Referral Network, *2023 Childcare Portfolio*

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 financially insecure 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 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 5. 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 18, Kern Children by Childcare Type

Type of Care	Percent of Children	Number of Children
Center	62%	46,406
Relative	38%	28,443
Non-Relative	20%	14,970
No Regular Weekly Arrangement	41%	30,688

Source: National Household Education Survey, 2019

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 28,000 children with relative caregivers and over 14,000 children with non-relative caregivers. There are also over 30,000 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 19, 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 Program services though they are eligible given their income level. 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 Program 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 special needs as Head Start Program. 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 versus the early childhood specific credential that better serves children in the TK age group (as required by Head Start Program).

Head Start Preschool locations are seeing an impact from transitional kindergarten with fewer children ages 4-5 years and have re-focused their efforts on recruiting younger children for Early Head Start. As noted previously in this report, there is a high level of unmet need for childcare for children ages 0 to 3. The Early Head Start programs help to bridge that gap. This can be demonstrated by an increased enrollment of 17.5% in Kern County public schools' pre-kindergarten classes (California Department of Education, Data Quest).

Table 20, Kern Public School Transitional Kindergarten Enrollments

	2021/22	2022/23	2023/24	2024/25
Hispanic or Latino of any Background	1,351	2,745	3,469	4,057
American Indian or Alaska Native	7	15	12	17
Asian	32	151	175	246
Pacific Islander	1	11	9	4
Filipino	17	42	48	69
African American	84	210	232	262
White	394	825	1,085	1,276
Two or More Backgrounds	51	99	142	148
Not Reported	177	64	104	120
Total	1,952	4,162	5,276	6,199

Source: California Department of Education, 2024 Data Quest

CAPK 2024-2025 COMMUNITY NEEDS SURVEY

Every two years, Community Action Partnership of Kern completes the Community Action Plan (CAP) as a two-year roadmap demonstrating how Community Services Block Grant (CSBG) eligible entities plan to deliver CSBG services. Like the Head Start 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 2026-2027 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 and community members; partners and community agencies; and CAPK Board Members. A total of 1,887 surveys were completed.

Table 21, Survey Completion by Group

Survey	Response
CAPK Clients	1,617
Partners/Community Agencies	256
Board Members	14
Total Responses	1,887

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

The brief survey had a list of 14 services. Respondents were asked to rank each service on a scale from Most needed, Somewhat Needed, or Not Needed and then assigned a weighted score from 1 to 3. The following table shows the results, with the top five scores for each survey group.

Table 22, Survey Results

Rank	Clients	Partners and Community Agencies	CAPK Board
1	Food Assistance	Food Assistance	Food Assistance
2	Paying Utility Bills	Substance Abuse/Mental Health Assistance	Housing/Rental Assistance
3	Housing/Rental Assistance	Skills for a Job	Paying Utility Bills
4	Substance Abuse/Mental Health Assistance	Housing/Rental Assistance	Education on Pregnancy & Childbirth
5	Skills for a Job	Paying Utility Bills	Substance Abuse/Mental Health Assistance

Source: CAPK 2026-2027 Community Needs Survey

In all three groups, **food assistance**, **housing/rental assistance**, and **paying utility bills** were identified as top needs. Among all categories, **food assistance** was identified by all survey respondents as a top need. Clients and the CAPK Board identified **paying utility bills** and **housing/rental assistance** as their top needs, while partners and community agencies prioritized **substance abuse/mental health assistance** and **skills for a job**.

Due to the vast geographic and demographic differences across Kern County, CAPK expanded its focus groups to include residents from urban and rural areas such as Bakersfield, Wasco, Ridgecrest, Tehachapi, Lake Isabella/Kern Valley and Arvin. Participants were asked to choose and prioritize the top needs for their community. After completing the individual lists, the small groups identified their top concerns and shared them with the larger group. The following lists show the top needs identified by each focus group area.

- **Friendship House Community Center (Southeast Bakersfield):** Affordable childcare, high food costs, job security, language barriers in healthcare
- **Arvin:** Affordable housing, transportation for university students, childcare, food assistance, healthcare access
- **Wasco:** Low wages, childcare, domestic violence services, healthcare access, transportation issues
- **Ridgecrest:** Need for a centralized resource hub, affordable housing, vocational training, long wait times for services
- **Kern Valley:** Affordable housing for seniors, food access, lack of transportation, childcare, healthcare for children

- **Tehachapi:** Limited job opportunities, high food costs, childcare waitlists, need for more education and business training

Based on the results, affordable childcare and childcare options were top concerns for almost all focus group areas. Affordable childcare was a top priority in multiple communities, including Arvin, Southeast Bakersfield, and Wasco while limited early education options and long waitlists were reported in Tehachapi.

Compared to the CAPK 2024-2025 Community Needs Survey, the most recent Community Needs Survey shows a continued need for housing/rental assistance while replacing affordable childcare and mental health needs with food assistance and utility payment assistance as the top three needs for 2026-2027. However, the availability of childcare programs remains an essential need among all respondents surveyed. Six out of the seven focus groups identified affordable childcare and/or childcare availability among their top five needs while the CAPK Board also ranked education on pregnancy and childbirth in their top five.

2026 HEAD START PROGRAM ANNUAL REVIEW AND UPDATE

Communities and Families in Poverty

Kern County faces consistently high levels of poverty that disproportionately impact children, single-parent households, and rural agricultural communities. With nearly one in four young children living in poverty and cities such as Taft and McFarland exceeding 40% poverty rates, families struggle to meet essential needs for housing, food, childcare, and healthcare. Single female-headed households with children under five carry the greatest financial burden, experiencing poverty at eight times the rate of married couples. With 74,849 children ages 0–5, and 18,487 children living in poverty, county’s early childhood population shows a clear need for early childhood education services like those offered by Head Start.

Health Access Gaps

Although 94% of Kern County residents have health insurance, access to care remains limited due to ongoing provider shortages. The residents-per-doctor ratio has increased by roughly 50 people compared to figures reported for 2024, creating an additional barrier for those seeking timely medical services. Furthermore, high rates of asthma, obesity risk, and diabetes among both children and adults underscore the continued need for consistent healthcare access as well as expanded health and nutrition education for the community.

Linguistic Characteristics

Kern County’s linguistic needs is a defining feature of its population, with nearly half of residents speaking primarily Spanish at home. This diversity is also reflected within Head Start, where 34% of families primarily speak another language in the home. Coupled with the fact that 23% of residents have less than a high school education, the need for strong linguistic and academic

support is clear. Programs that provide bilingual staff, ESL instruction, parent education, and culturally responsive family engagement can play a critical role in reducing language barriers, supporting families' participation in early learning environments, and strengthening pathways toward higher educational attainment for both children and adults.

Childcare Capacity and Shortages

Although the number of licensed childcare slots in Kern County increased in 2023, the supply still falls short of meeting the needs of families with children under age 5. Infant care (0-2 years) continues to be especially limited, representing only 6.3% of all available childcare slots for children ages 0–5. As a result, families seeking infant care often face both reduced availability and significant financial pressure. In 2023, infant care was the most expensive childcare category, with costs nearly double those of toddler and preschool care. While family childcare homes offer a comparatively more affordable option, their availability has declined, with total slots decreasing by 5% between 2021 and 2023.

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

The annual review of the Kern County Community Needs Assessment (CNA) highlights critical difficulties 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 difficulties and gaps identified, followed by our agency's efforts to address them.

Gaps Identified:

1. Homelessness and Housing Instability

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

2. Access to Transitional Kindergarten (TK)

- Disparities in TK availability persist, with Universal TK programs concentrated in urban districts like Bakersfield City, while rural areas, including Lamont, Mojave, and Shafter, have limited options.
- Families in rural areas often rely solely on Head Start 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 95.3% health insurance coverage, access to primary care remains limited with a ratio of one physician per 2,050 residents (County Health Rankings).
- Linguistic limitations 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 (20.3% of children aged 2-11) and asthma (9% prevalence among children).
- Limited integration of nutrition education and physical activity programs into early childhood education exacerbates these health challenges.

6. Language Gaps

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

7. Childcare and Early Learning Shortages

- Kern County has a significant shortage of childcare slots, with only 693 infant slots and 10,274 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 18.9% 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 12.2% of Kern residents holding a bachelor's degree or higher, compared to 23.2% statewide.

Agency Goals and Efforts to Address Gaps

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 collaboration with school districts to promote the expansion of Universal TK, particularly in disadvantaged rural areas.
- Enhanced communication with families to facilitate smoother transitions from Head Start Preschool 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 responsive 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 Difficulties

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

7. Expanding Childcare and Early Learning Opportunities

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

8. Supporting Economic and Educational Advancement

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

Conclusion

Kern Head Start Program is committed to addressing these difficulties and gaps through collaborative, evidence-based strategies. By leveraging partnerships and promoting foundational 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.

REFERENCES

- American Automobile Club. (2026, January 29). *Fuel prices: California*. <https://gasprices.aaa.com/>
- American Lung Association. (2025). *State of the air, California: Kern*. <https://www.lung.org/research/sota/city-rankings/states/california/kern>
- Bartlett, J. D., & Steber, K. (2019, May 9). *How to implement trauma-informed care to build resilience to childhood trauma*. Child Trends. <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>
- Cahan, E.D. (2017). *Past caring: A history of U.S. preschool care and education for the poor, 1820-1965*. Columbia University, National Center for Children in Poverty. <https://www.researchconnections.org/childcare/resources/2088/pdf>.
- California Child Care Resources & Referral Network. (2023). *Childcare portfolio*. https://rrnetwork.org/research/child_care_portfolio
- California Child Welfare Indicators Project. (2025). *Point in time/in care*. <https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s>
- California Department of Education. (2024-2025). *Data and Statistics: DataQuest (QuickQuest)*. <https://www.cde.ca.gov/ds/sd/cb/dataquest.asp>
- California Department of Public Health. (2025, June 18). *California asthma dashboard: prevalence by county*. <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingCountyAsthmaProfiles.aspx>
- California Department of Public Health. (2020-2022). *Maternal and Infant Health Assessments (MIHA): County and regional reports*. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx>
- California Department of Public Health. (2025, September 29). *Nutritional and physical activity branch: Kern*. <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/SNAPEdCountyProfileDashboard.aspx>
- California Department of Social Services. (2024). *CalFresh Data Dashboard*. <https://public.tableau.com/app/profile/california.department.of.social.services/viz/CFdashboard-PUBLIC/Home>

California Health Care Foundation. (2025). *Substance use in California: a look at addiction and treatment*. <https://www.chcf.org/resource/substance-use-in-california-almanac/>

California Health Interview Survey. (2021-2022). *Adult Health Profiles*. <https://healthpolicy.ucla.edu/our-work/health-profiles/adult-health-profiles>

California Unemployment Development Department. (2025). *California Labor Force & Unemployment Rates by County*. <https://labormarketinfo.edd.ca.gov/data/interactive-labor-market-data-tools.html>

Centers for Disease Control and Prevention. (2024, April 2). *Childhood obesity facts*. <https://www.cdc.gov/obesity/childhood-obesity-facts/childhood-obesity-facts.html>

Coffman, J., Bates, T., Geyn, I., & Spetz, J. (2018). *California's current and future behavioral health workforce*. Healthforce Center at UCSF. <https://www.chcf.org/publication/californias-current-future-behavioral-health-workforce/>

Community Action Partnership of Kern. (2024). *Head Start Preschool and Early Head Start Program Information Reports (PIR) 2023-2024*.

Community Action Partnership of Kern. (2025). *Head Start Preschool and Early Head Start Program Information Reports (PIR) 2024-2025*.

Corcoran, L., Steinley, K. (2017). *Early childhood program participation, results from the National Household Education Surveys Program of 2016, first look*. National Center for Education Statistics. <https://nces.ed.gov/pubs2017/2017101REV.pdf>

Childcare Aware of America. (2024). *California state fact sheet, 2024. 2024-2025-price-fact-sheet-child-care-affordability-California.pdf*

Feeding America. (2023). *Map the meal gap*. <https://map.feedingamerica.org/county/2023/child/california/county/kern>

Food Research and Action Center. (2018). *How hungry is America*. <https://frac.org/wp-content/uploads/food-hardship-july-2018.pdf>

Fryar, C. D., Carroll, M. D., & Afful, J. (2021, January 29). *Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018*. Centers for Disease Control and Prevention, National Center for Health Statistics. <https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/obesity-child.htm>

Industry Today. (2019). *Kern County: California's next major logistics hub*.
<https://industrytoday.com/kern-county-californias-next-major-logistics-hub/>

JAMA Network, SEARCH for Diabetes Youth Study, Dabelea, Mayer-Davis, Saydah, et.al., 2014 <https://jamanetwork.com/journals/jama/fullarticle/1866098>

Karpyn, A. E., Riser, D., Tracy, T., Wang, R., & Shen, Y. E. (2019). *The changing landscape of food deserts*. *UNSCN nutrition*, 44, 46–53.

Kern County Homeless Collaborative. (2025). *Point-in-Time Count*.
<https://endkernhomeless.org/>

Kern County Network for Children. (2021). *Child Report Card*. <https://kern.org/kcnc/>

Kern Economic Development Corporation. (n.d.). *2025-2026 Kern County market overview*.
<https://kernedc.com/market-overview/>

kidsdata.org. (2020). *Data by Topic, Region, Demographic*. <https://www.kidsdata.org/>

Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. (2017). *Understanding California's early care and education system*. Learning Policy Institute.
https://learningpolicyinstitute.org/sites/default/files/product-files/Understanding_CA_Early_Care_Education_System_REPORT.pdf

National Mental Health Services Survey, 2020
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NMHSS-2018.pdf>

Public Policy Institute of California. (2025, May 23). *Who is unemployed in California today?*
<https://www.ppic.org/blog/who-is-unemployed-in-california-today/>

Reich, R., (2014). National Community Action Partnership Mega Trends Learning Cluster.
Inequality in america.

United States Department of Housing and Urban Development. (2019). *Affordable housing*.
www.hud.gov/program_offices/comm_planning/affordablehousing/

United States Environmental Protection Agency. (2019). *America's children and the environment (3rd ed.)*. <https://www.epa.gov/sites/production/files/2019-10/documents/ace2019-v17s.pdf>

United States Census Bureau American Community Survey 2020-2024; 5-Year Estimates
<https://www.census.gov/programs-surveys/acs>

United States Census Bureau American Community Survey 2024; 1 Year Estimates
<https://www.census.gov/programs-surveys/acs>

U.S. Census Small Area Health Insurance Estimates, 2021
<https://www.census.gov/library/publications/2019/demo/p30-05.html>

United States Department of Agriculture. (2019). *Mapping food deserts in the United States*.
<https://www.ers.usda.gov/amber-waves/2011/december/data-feature-mapping-food-deserts-in-the-us/>

United States Department of Health and Human Services. (2018). *Children's bureau*.
<https://aspe.hhs.gov/basic-search/children>

University of California at Davis. (2017). *Kern County Food Assessment*.
<https://asi.ucdavis.edu/programs/ucsarep/research-initiatives/fs/assessment/kern-county-food-system-assessment>

DRAFT



Community Assessment San Joaquin County

2026



TABLE OF CONTENTS

Executive Summary.....	4
Methods.....	5
Determinants of Need.....	7
Needs and Resources of Eligible Children and their Families	17
Early Head Start Eligible Children and Families	22
CAPK Early Head Start Enrolled Children	27
Childcare and Preschool.....	29
Strengths of the Community	34
CAPK 2025-2026 Annual Review and Update	34
Head Start Can: Barriers, Gaps, and Agency Goals.....	35
References	38

DRAFT

TABLES

#	Title	Page
1	CAPK San Joaquin County Early Head Start Locations, 2025-2026	7
2	Population Growth Comparison.....	9
3	San Joaquin County Population by Race/Ethnicity.....	9
4	San Joaquin Population Change by Race/Ethnicity, 2020-2024.....	10
5	San Joaquin and California Mental Health Indicators Comparison.....	16
6	San Joaquin County Health Rankings, 2025.....	19
7	San Joaquin Children Ages 0-5 by Race/Ethnicity	23
8	Number of Foster Care Children 5 and Under, 2020-2025.....	25
9	Early Head Start Enrollment.....	27
10	Early Head Start Enrollment by Age.....	27
11	Early Head Start Enrollment by Race/Ethnicity.....	27
12	Annual Cost of Childcare by Type.....	30
13	Childcare Supply in San Joaquin County.....	31
14	San Joaquin Public School Transitional Kindergarten Enrollments.....	33

FIGURES

#	Title	Page
1	San Joaquin County Location.....	7
2	San Joaquin Population Age Distribution.....	8
3	San Joaquin County Workers by Industry	11
4	5-Year Unemployment Rate Comparison, Not Seasonally Adjusted.....	11
5	5-Year Median Income Comparison.....	12
6	San Joaquin Poverty Comparison by City.....	13
7	San Joaquin Gross Rent as a Percentage of Household Income	15
8	Educational Attainment Comparison, 2024.....	17
9	San Joaquin County Median Income by Household Type.....	22
10	San Joaquin County Poverty by Household Type with Children Under 5	23

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 Preschool/Early Head Start (HSP/EHS) program plays a crucial role in the fight against poverty by giving children and families the support the 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. Also, to 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 full-day/full-year and home-based options.

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

In accordance with the requirements of 45 CFR Part 1302 Subpart J – Program Management and Quality Improvement, the CAPK San Joaquin 2025 Community Assessment Update was completed and presented to the Head Start Policy Council Planning Committee on March 11, 2025, and the CAPK PRE Committee on April 9, 2025.

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 approach to help them meet their emotional, social, health, nutritional and psychological needs. All data points listed below reflect 2024 data unless noted otherwise. Some key findings for San Joaquin include:

- Approximately 49.1% of children ages 0-5 are in the 0-2 years age group. The total population of children ages 0-5 living in San Joaquin County is 59,564.
- 45.1% of San Joaquin residents ages 5 and over speak a language other than English at home; the most common language being Spanish (27.9%), followed by Asian and Pacific Islander languages (9.7%).

- The median household income in San Joaquin County is \$93,038 and has grown approximately 25.8% from 2020-2024.
- 11.9% of San Joaquin residents live in poverty.
- Large disparities in poverty exist 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 across various income categories. Of them, 1,257 are needed for those in the extremely low-income category, 1,153 are needed for the very low-income category, 779 are needed for the low-income category, 1,290 are needed for the moderate-income category, and 3,822 are needed for the above moderate-income category.
- In 2025, mental health, including substance use, was a high prioritized need throughout the County.
- Asthma, obesity, and diabetes continue to be the most prevalent health conditions in the County, with rates exceeding those of the State.
- 9.6% of the homeless population are families with children.
- 30.6% of the total foster care population in the County were ages 0-5 in 2025.
- 89% of pregnant women had a regular source of care pre-pregnancy and 86.1% of initiated pre-natal care during their first trimester.
- 8.6% 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.
- 56% of Early Head Start parents are employed.
- In 2023, licensed childcare was available for an estimated 23% of California children ages 0-12 with working parents.
- Center-based costs for infants (under 2) in the county are the highest (\$20,112) among all childcare costs for children 0 to 4.5 years of age.
- Infant care slots experienced the greatest 2-year decrease among 0-5 age groups, by 13% (2023)

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, special needs, 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 (EHS) for future planning and program decision-making.

The primary data source (unless otherwise cited) for the 2026 San Joaquin Community Assessment Update is the U.S. Census Bureau American Community Survey, 2024 ACS 1-year Estimates and 2020-2024 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 2024/2025 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 address poverty through direct services, advocacy, and locally driven solutions that promote dignity and self-sufficiency in the communities served, CAPK develops and implements programs that meet specific needs of low-income individuals and families.

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

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

As Kern County's federally designated Community Action Agency in the fight against poverty, CAPK provides assistance to over 100,000 low-income individuals annually through various direct-service programs including Energy, Volunteer Income Tax Assistance (VITA), East Kern and Oasis Family Resource Centers, Friendship House Community Center, Cal AIM, M Street Navigation Center, Adult Re-Entry Grant, Coordinated Entry System, 2-1-1 Kern County, Migrant Childcare Assistance Program (MCAP), Women, Infants, and Children (WIC), Veteran Support Services, and the Food Bank.

CAPK has offices located in 27 cities/communities in Kern County and offers services at over 100 sites. The Agency also operates programs in other counties in the San Joaquin Valley including Migrant Childcare Alternative Payment (MCAP) Program, enrolling families through six Central Valley counties that include Kern, Madera, Merced, Tulare, Kings, and Fresno; WIC program services in the communities of Big Bear City, Phelan, Adelanto, Crestline, and Needles in San Bernardino County; and 2-1-1 Information and Referral Helpline in Kings, Tulare, and Stanislaus Counties. In 2015, CAPK's EHS program expanded to San Joaquin County. 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 self-reliant providers for their children through EHS Parent Policy Council and Family Engagement programs. *CAPK San Joaquin Early Head Start served 366 children and their families in 2024/2025 at seven locations and in home-based setting.*

Table 1, CAPK San Joaquin County Early Head Start Locations, 2025-2025

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
Marci Massei	215 W. 5 th St., Stockton, CA 95206-2605
Tiny Powers	115 S. Powers Ave., Manteca, CA 95337

DETERMINANTS OF NEED

SAN JOAQUIN COUNTY OVERVIEW

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

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

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.

Figure 1, San Joaquin County Location

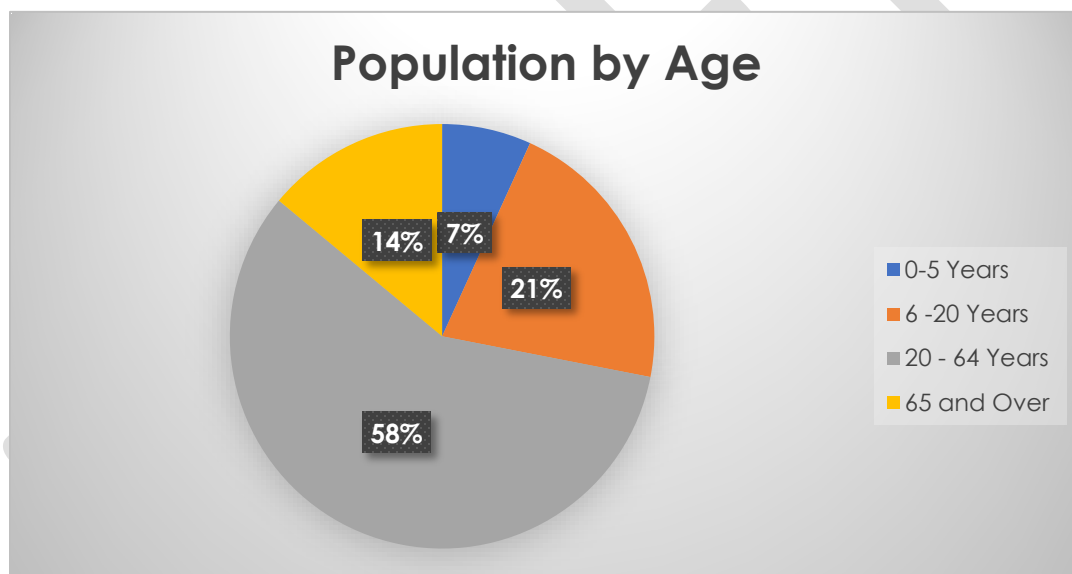


The County is interlaced with a complex network of creeks, rivers, and canals. The County's major rivers, the San Joaquin, the Mokelumne, the Calaveras, and the Stanislaus, all lead to the Sacramento-San Joaquin Delta in the western half of the County. It is in this region, at the confluence of the Sacramento 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 (San Joaquin County, 2023).

POPULATION

There are 816,108 people living in San Joaquin County with 326,765 residents (40%) living in the City of Stockton, the County's major metropolitan area. The next five largest cities, Tracy, Manteca, Lodi and Lathrop, contain approximately 41% of the County's population. The remaining residents live in small Census designated places with populations of less than 8,000 people (World Population Review, 2026).

Figure 2, San Joaquin Population Age Distribution



Source: US Census 2024; kidsdata.org

Approximately **59,564** of the County's residents are **ages 5 and under**; 173,570 are between the ages of 6 and 19; 473,044 are ages 20 – 64; and 113,930 are ages 65 and over. Of the estimated **59,564** children ages 0 to 5 in San Joaquin County, approximately **49.1% (29,280) are in the 0-2 years age group** (kidsdata.org). Gender for children in the 0-5 age group is close to even with 49% female and 51% male.

POPULATION GROWTH

The County's overall population growth from 2020-2024 was higher than both the State and Nation. San Joaquin's total population grew by 8.6%. The United States' overall population grew by 4.1% while California's decreased by 2.2%. Conversely, the 0 to 5 age range in all categories

greatly decreased during this time. San Joaquin had a moderate decrease in children ages 0 to 5 (-10.5%), followed by California (-12.3%). Estimates for this age group in the United States wasn't available for 2024, but a 5-year comparison from 2023 shows a 5.1 decrease (Kids Data, 2024).

Table 2, Population Growth Comparison

Location	2020	2024	Growth
San Joaquin	751,615	816,108	8.6%
California	39,346,023	39,431,263	2.2%
United States	326,569,308	340,110,990	4.1%
Children Ages 0-5			
San Joaquin	66,561	59,564	-10.5%
California	2,886,105	2,530,217	-12.3
United States	23,366,214	N/A	N/A

Source: US Census, 2024

RACE/ETHNICITY

In San Joaquin County, the largest racial/ethnic group were Hispanics/Latino (42.5%), about 2% more than California and 23% more than the United States. The smallest group are Native Hawaiian or Other, Pacific Islander (0.6%). There are almost three times as many people of Asian descent in the County and State, then the Nation.

Table 3, San Joaquin County Population by Race/Ethnicity

Race/Ethnicity	San Joaquin	California	United States
White	31.9%	39.7%	61%
Black or African American	6.9%	5.4%	12.2%
American Indian or Alaska Native	1.5%	1.3%	0.9%
Asian	18.6%	15.5%	6%
Native Hawaiian or Other, Pacific Islander	0.6%	0.3%	0.2%
Hispanic or Latino	42.5%	40.2%	19.3%

Source: US Census, 2024

From 2020 to 2024, the County has grown by 750,799 people. However, growth varies among race/ethnicity. Most notably, there was a 36% decrease in the White population in this region and a 223% increase in American Indian or Alaska Native population.

Table 4, San Joaquin Population Change by Race/Ethnicity, 2020-2024

Race/Ethnicity	Population Change Percent
White	-36%
Black or African American	-4.1%
American Indian or Alaska Native	223%
Asian	36.6%
Native Hawaiian and Other Pacific Islander	31.5%
Hispanic or Latino (of any race)	12%
Some Other Race	62.6%

Source: US Census, 2020-2024

NATIVE AND FOREIGN BORN

Of San Joaquin County’s population, 74.8% (596,391) were born in the United States. Of the 200,943 residents that are foreign born, 51.7% are naturalized citizens (US Census American Community Survey Estimates, 2024).

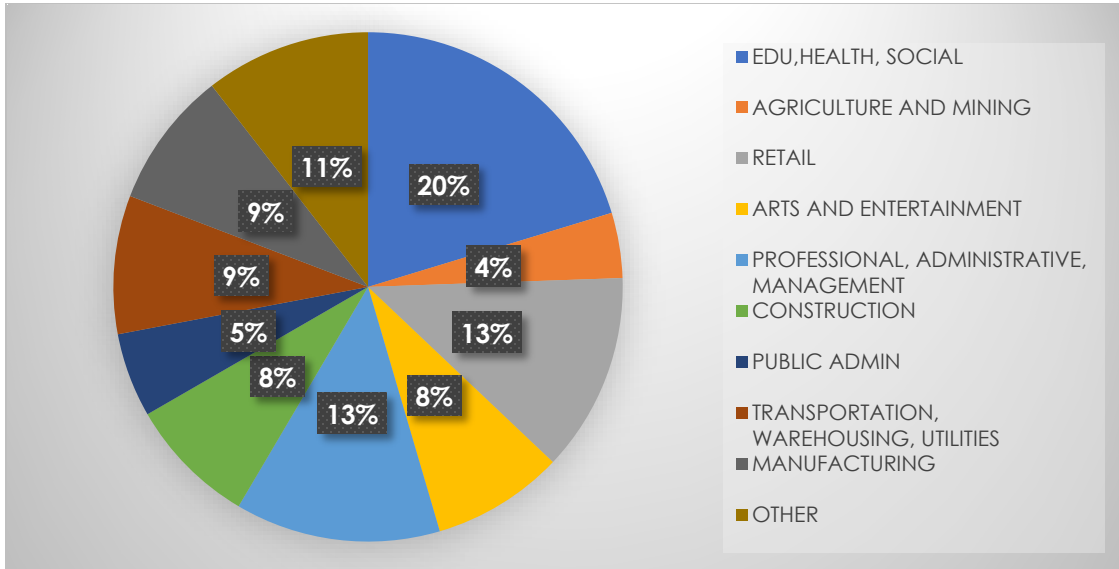
LANGUAGE

Approximately 43% 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 (27.1%) followed by Asian and Pacific Islander languages (9.2%). California’s language trends nearly mirror that of San Joaquin County with 28.3% of Spanish-speakers and 10% who speak Asian and Pacific Islander languages (US Census American Community Survey Estimates, 2024).

EMPLOYMENT

San Joaquin County’s economy is varied 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, Trincherro-Sutter Home Winery and Crate & Barrel. There are an estimated 362,111 employed San Joaquin residents ages 16 and over. The occupations comprising the most employees is “Educational Services, and health Care and Social Assistance” followed by Retail Trade and Professional, Management and Administrative Services.

Figure 3, San Joaquin County Workers by Industry

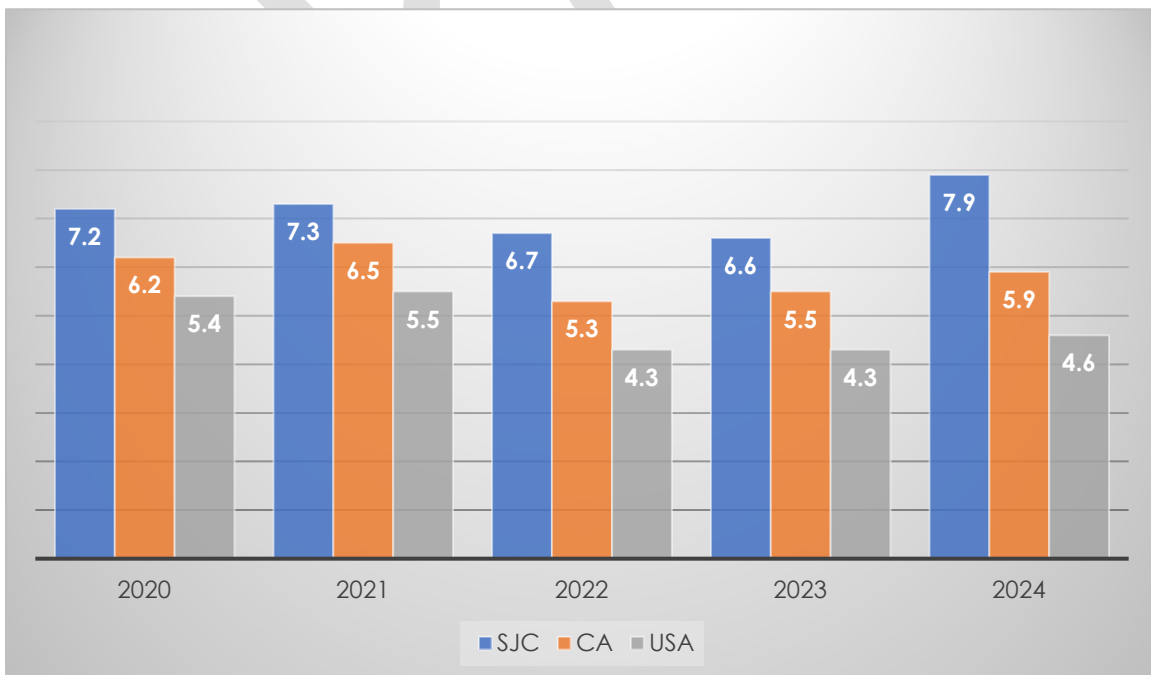


Source: US Census, 2024

UNEMPLOYMENT

Although the County, State, and Nation have seen decreases in unemployment since the pandemic, San Joaquin consistently has higher rates of unemployment than the State and Nation. Notably, San Joaquin's unemployment rate in 2024 is the highest in recent years, surpassing unemployment levels held during the pandemic.

Figure 4, 5-Year Unemployment Rate Comparison, Not Seasonally Adjusted

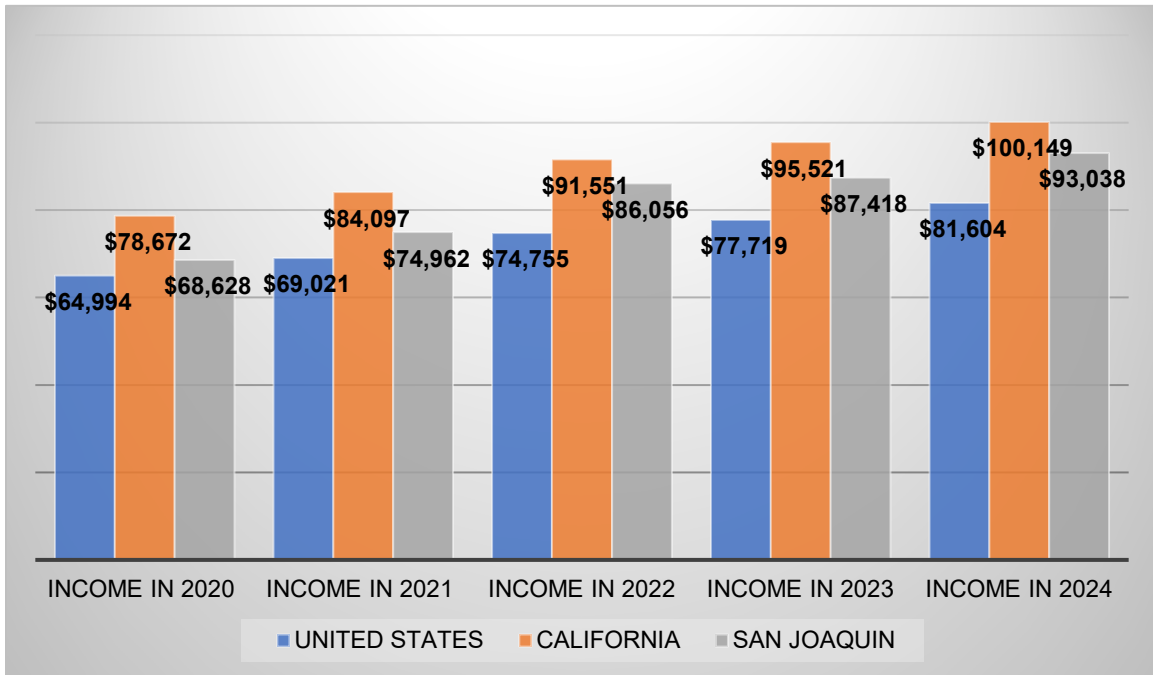


Source: US Census, 2020-2024

INCOME

The median household income in San Joaquin County (\$93,038) has grown approximately 25.8% from 2020 to 2024. Although the US median income (\$81,604) in 2024 was lower than the County, the State of California median income was still higher at \$100,149.

Figure 5, 5-Year Median Income Comparison

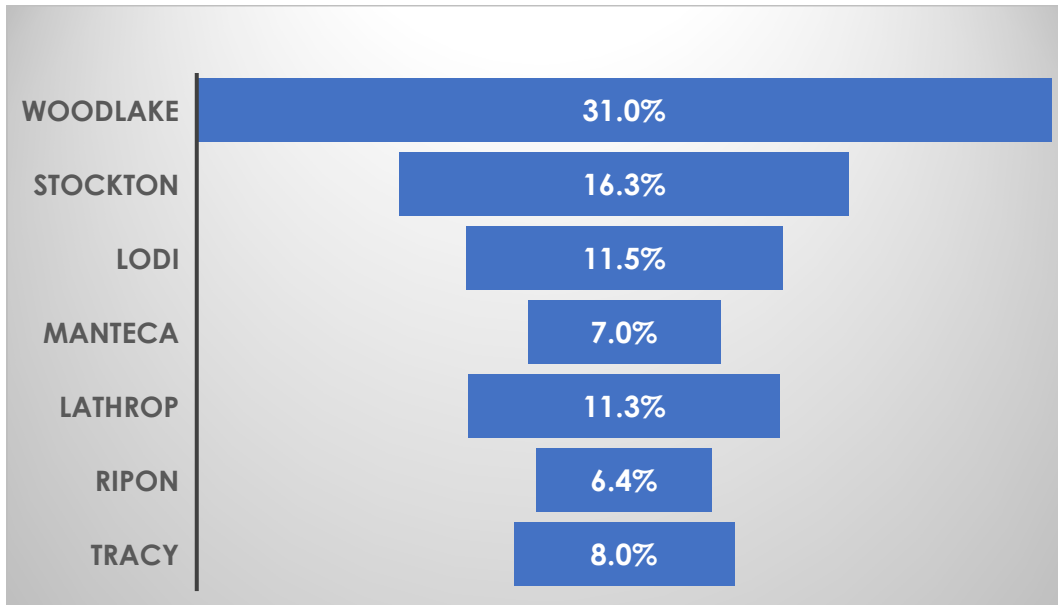


Source: US Census, 2020-2024

POVERTY

According to the US Census, 12.4% of San Joaquin residents live in poverty. When looking at poverty data in the 7 most populated cities, there are large disparities between communities ranging from 8% in Tracy to 31% in Woodlake.

Figure 6, San Joaquin Poverty Comparison by City



Source: US Census, 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, 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 (2014, pg. 3). 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 (2024), of the 266,936 housing units in San Joaquin County, 252,693 are occupied and 14,243 are vacant.

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

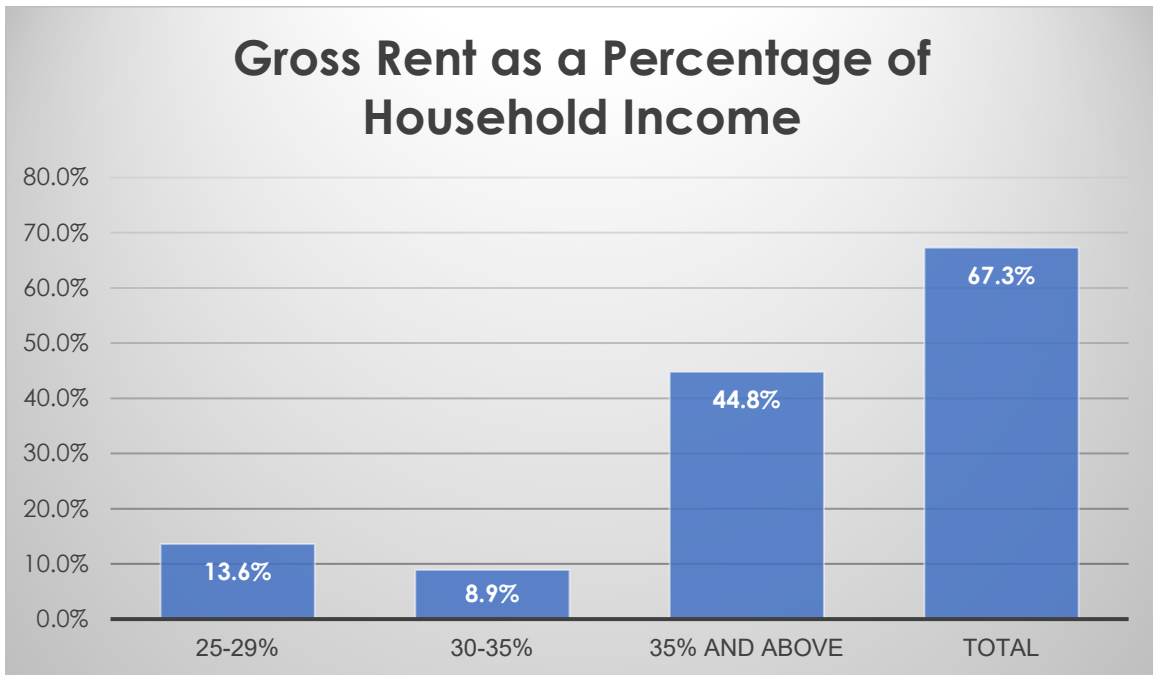
Other key San Joaquin County Housing issues cited in the report include:

- 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 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 2024 American Community Survey estimates, 29.3% of all San Joaquin homeowners with a mortgage used 35% or more of their household income on housing. For renters, over 44.8% used 35% or more of their household income on rent.

Figure 7, San Joaquin Gross Rent as a Percentage of Household Income



Source: U.S. Census 2024

MENTAL HEALTH AND SUBSTANCE ABUSE

A 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 leaders and resident input, nine health needs were identified. According to the 2025 SJ CHNA, mental health including substance use 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 %)
Mental health providers per 100,000 population	273.7	425.5
Deaths of despair per 100,000 population	6.5	56.4
Suicide deaths	10.8	10.5
Poor Mental Health (days per month)	4.7	4.7
Current smokers	13.1%	8.8%
Opioid-related overdose per deaths per 100,000	14.5	18.7
Alcohol-impaired driving deaths	29.5%	26.6%
Excessive drinking	16.5%	17.2%

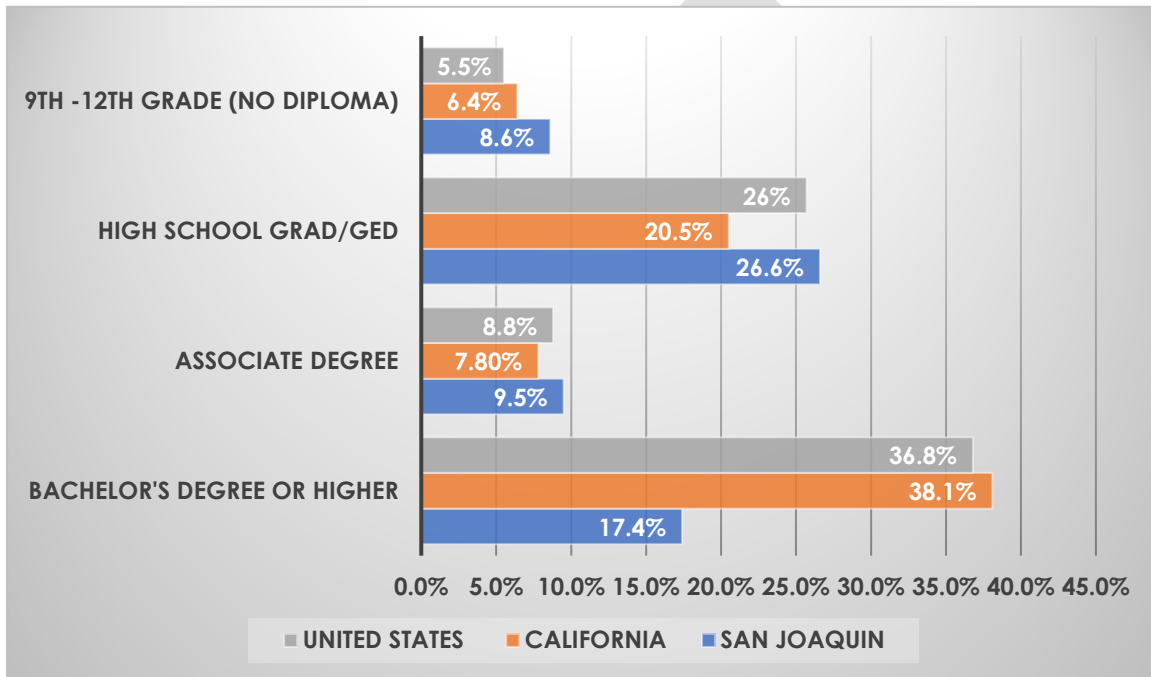
Source: San Joaquin Community Health Needs Assessments (CHNA) 2025

DRAFT

EDUCATIONAL ATTAINMENT

In 2024, 8.6% of people ages 25 and older in San Joaquin had a 9th to 12th grade education (no diploma), 2.2% 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 residents have a bachelor’s degree or higher than the state or nation. Today, college is the new high school, with many entry level jobs requiring higher levels of education and skills than can be acquired as a high school graduate.

Figure 8, Educational Attainment Comparison, 2024



Source: US Census 2024

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, 19.4% of residents over age 25 lack a high school diploma. Of this population, 10.8% of residents have less than a 9th grade education. Among families enrolling in San Joaquin’s Early Head Start program the figure is even higher with 27% (approximately 83)

of parents not having a high school diploma. According to the Library and Literacy Foundation for San Joaquin County, 52% of residents read below a third-grade level.

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

Very few undergraduate education opportunities exist in San Joaquin County with 4-year degrees offered on-campus at two private universities in Stockton. Over time there have been a few for-profit colleges and technical schools but those are now closed. San Joaquin Delta College offers 2-year/vocational/associates degrees offered at the Stockton and Mountain House campuses. Both locations suffered greatly during the 2008 economic downturn but have maintained their place in higher education in the county. Among two-parent and single parent families, 30.5% 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 366 enrollees, 56% (205) parents are employed, 14.5% are in job training, and 2.1% were in school. These totals include two-parent and single-parent families.

FOREIGN BORN

Of San Joaquin County's population, 73.2% (583,381) were born in the United States, and 25.2% (200,943) were foreign born. Of the country's foreign-born population, 48.3% are not U.S. citizens. Of the foreign-born population, the majority (49.9%) were born in Latin America, and the second-largest group (43.6%) were born in Asia.

ENGLISH AS A SECOND LANGUAGE

There is a high need for English as a second language (ESL) education in San Joaquin with many residents (43%) speaking a language other than English at home and 17.5% of these speak English "less than very well" (ACS Survey, 2024). Among Early Head Start families in San Joaquin, 63% 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, 2025, 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, also falling below national and state averages.

Table 6, San Joaquin County Health Rankings, 2025

Outcomes	San Joaquin	California	United States
Population Health and Well-Being			
Life Expectancy (years)	77.1	79.7	77.6
Poor Physical Health Days (of previous 30 days)	4.8	3.9	3.9
Low Birth Weight	8%	7%	8%
Poor Mental Health Days (of previous 30 days)	5.3	4.7	5.7
Poor or Fair Health	20%	18%	17%

Source: County Health Rankings.org, 2025

Every three years, San Joaquin County conducts a Community Health Needs Assessment to identify the top health needs for the County. Data on chronic health conditions from the most recent assessment (2025) reveal that asthma, obesity, and diabetes continue to be the most prevalent conditions among San Joaquin residents.

Asthma: San Joaquin, like most of California’s Central Valley, has very poor air quality—a key contributor to asthma and other lung diseases. According to the American Lung Association, the county gets an “F” in particulate matter with an average of 9.2 high particle days a year (2025).

- Approximately 18.4% of all San Joaquin adults ages 18+ and **23.7% of San Joaquin children** ages 0-17 suffer from asthma (San Joaquin Community Health Needs Assessment, 2025).

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, the prevalence of obesity for children and adolescents aged 2-19 years old on a national level was 19.7% and affected about 14.7 million children and adolescents (Centers for Disease Control and Prevention, 2024).

- 35.5% of San Joaquin adults are obese compared to 28.1% of the state's adults (San Joaquin Community Health Needs Assessment, 2025).
- For children in 5th, 7th and 9th grade, 43.3% were obese/overweight compared to 39.7% of the children in California in similar grades (San Joaquin Community Health Needs Assessment, 2025).

Diabetes: Over 3.2 million California adults report having been diagnosed with diabetes, representing 10.8% of the population, and 19.7% were estimated to have prediabetes in 2021. The prevalence in diabetes, and prediabetes, tends to be higher among ethnic/racial minorities and Californians with low education attainment and/or family income. Compared with non-Hispanic Whites, Hispanics African Americans, and American Indian or Alaska Natives have twice the prevalence of diabetes (California Department of Public Health).

- 14.9% of San Joaquin adults have been diagnosed with diabetes (San Joaquin Community Health Needs Assessment, 2025).

HEALTH INSURANCE

Each year, the US census reports the number of county residents with health insurance coverage. In San Joaquin County, 93.1% of the population is insured, including 41% covered by public health insurance. Approximately 6.9% of residents lack health insurance coverage.

In 2024, approximately 3.8% of children in San Joaquin County and 3.1% of children in California under the age of 19 did not have health insurance (U.S. Census). Along these same lines, the California Department of Public Health, Maternal and Infant Health Assessment (2020-2022) found that 1.4% of pregnant women were uninsured during pregnancy. The survey also reported that 5.4% were uninsured post-partum and that 3% had no infant health insurance. Fortunately, San Joaquin County's Early Head Start program is well-positioned to help families gain access to health insurance as shown as information from PIR shows all (100%) enrolled children have health insurance at the end of the reporting period.

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 (1,650:1) compared to a ratio of 1,200:1 for the State of California (County Health Rankings and Roadmaps, 2025). Where a family lives in the county also plays a crucial

role in access. Portions of Stockton and West Modesto are severely under-resourced areas (California Healthy Places Index, 2022). The other parts of the county seem to be better served. Expectant mothers are a priority in the health care system but continue to face access issues. The California Maternal and Infant Health Assessment (2020-2022) reported several important findings for pregnant clients in the County:

- 83.8% had a postpartum medical visit; and
- 12.2% had gaps in insurance during pregnancy

Access to high quality, 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, there is a significant number of residents 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 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 2020-2022 approximately 89% of pregnant clients in SJ had a regular source of care pre-pregnancy and 86.1% of pregnant clients 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 TANF/CalWORKs assistance, are given priority.

Unless otherwise indicated in this section, the data source for the CAPK Early Head Start programs are the 2024-2025 CAPK SJ Early Head Start Program Information Reports (PIR).

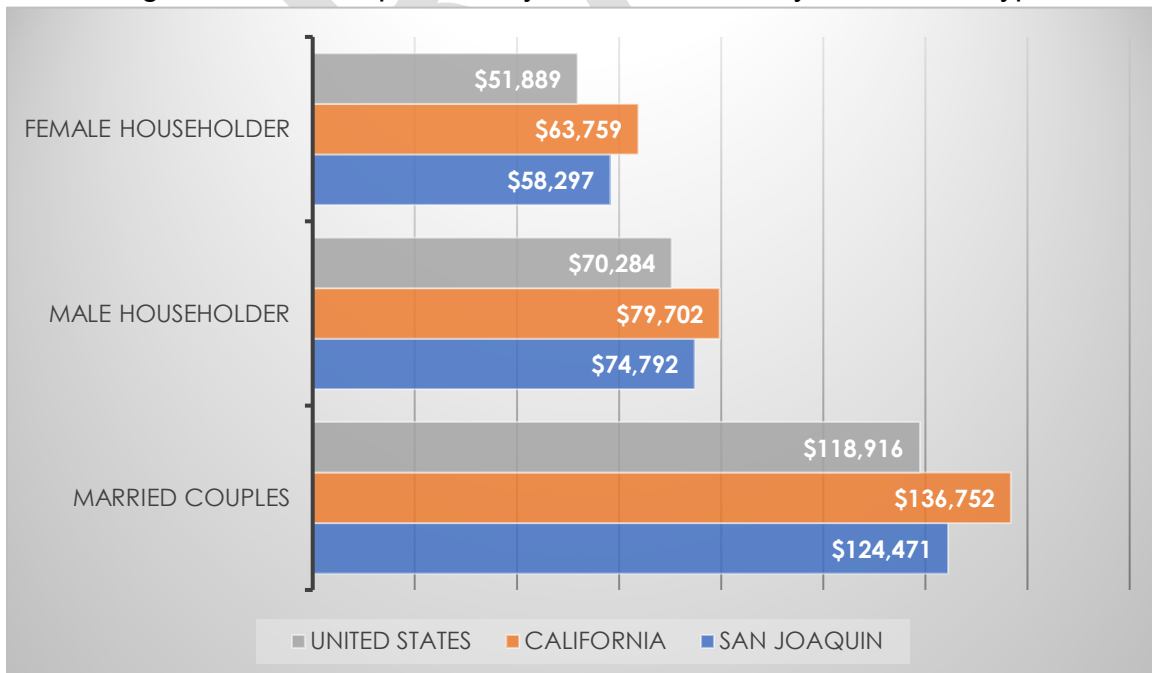
HOUSEHOLDS AND FAMILIES

In 2024, there were an estimated 245,250 households in San Joaquin County. Married-couple households were over half of all households (68.8%), with female-householders (no spouse) making up 20.2% of households and male-householders with no spouse totaling 11%. Approximately 48.3% of all families have children under 18 years of age (US Census 2024).

HOUSEHOLD INCOME

There are large disparities in income levels among different types of families in the county. In San Joaquin County, female householders, with no spouse, earn 79% (\$58,297) of the male householder’s median income (\$74,792) and 47% of married couples’ income (\$124,471). Overall, median household incomes in the county fare better than the United States but fall behind State figures.

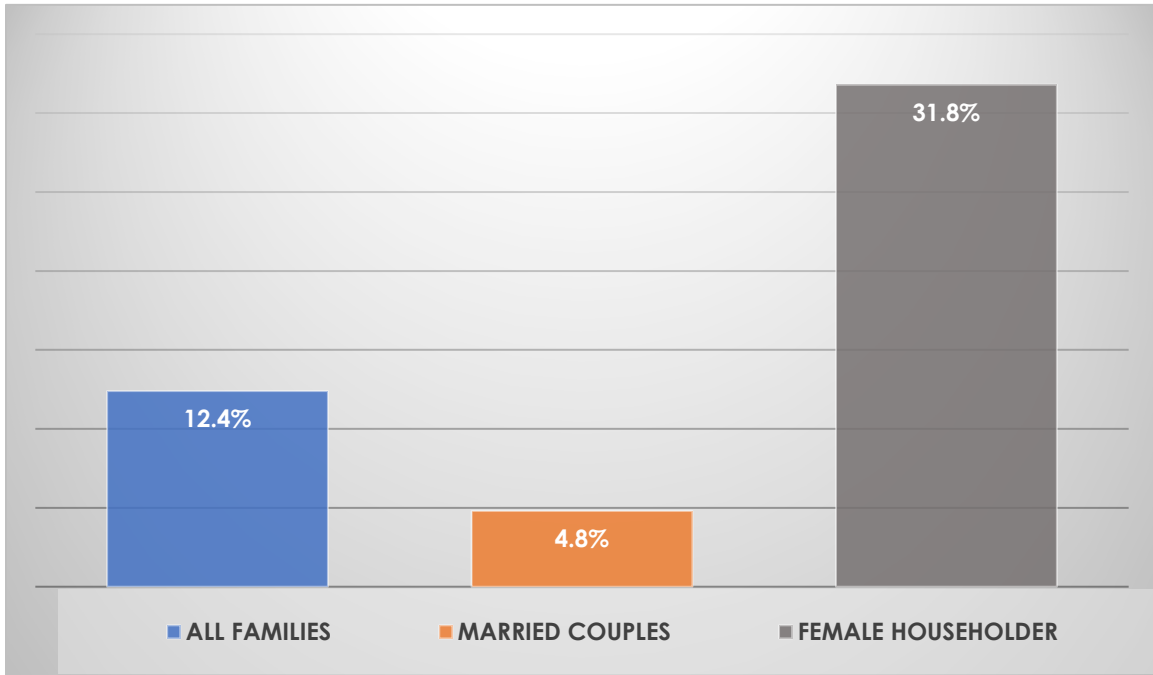
Figure 9, San Joaquin County Median Income by Household Type



Source: US Census, 2024

These imbalances in poverty among family types continue when accounting for households with children under 5 years old. Within these household categories, single female headed households with children under 5 years old experience poverty at about seven times the rate experienced by married couples and two and half times the rate of all families.

Figure 10, San Joaquin County Poverty by Household with Children Under 5 Years



Source: US Census, 2024

AGE AND INCOME ELIGIBLE CHILDREN

There are approximately 59,564 children under 5 years of age in San Joaquin, of these, 54% (29,280) are ages 0-2 (kidsdata.org). With a poverty rate of approximately 20%, 11,913 children under 5 are age and income eligible for services under the Head Start Program.

HEAD START CHILDREN – RACE/ETHNICITY

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

Table 7, San Joaquin Children ages 0-5 by Race/Ethnicity

Race/Ethnicity	Number	%
African American/Black	3,980	6.8%
American Indian/Alaska Native	176	0.3%
Asian	8,721	14.9%
Hispanic/Latino	30,844	52.7%
Native Hawaiian/Pacific Islander	293	0.5%
White	10,769	18.4%

Source: kidsdata.org, 2025

HOMELESS CHILDREN

According to the annual San Joaquin Continuum of Care Homeless Point-in-Time Count, in 2024 there were an estimated 4,732 people living in homelessness in the county, a 104% increase from 2022. Families with children 18 and younger accounted for 9.6% of the homeless population. Of this subpopulation, 97% were sheltered and 3% were unsheltered.

KINSHIP CARE

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

CHILDREN IN FOSTER CARE

According to the most recent Point-In-Time count, there were a total of 999 children living in foster care in San Joaquin on October 1st, 2025 (California Child Welfare Indicators Project). Of this population, 306 were ages 0-5. Foster care is intended to provide temporary, safe living arrangements and therapeutic services for children who cannot remain safely at home due to 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 special needs. 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, mental, and academic problems, with outcomes generally worse for children in group homes. Recognizing this, 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.

Table 8, Number of Foster Care Children 5 and Under, 2020-2025

Age Group	2021	2022	2023	2024	2025
Under 1	85	120	89	83	73
1-2	146	165	177	126	125
3-5	135	142	152	120	108
Total	366	427	418	329	306

Source: California Child Welfare Indicators Project, 2025

CHILDREN WITH DISABILITIES

For 2024, among the civilian non-institutionalized population in San Joaquin, 12.7% reported a special need (US Census). The likelihood of having a disability varied by age; people under 18 years were least likely to have a disability while those 65 and over had the highest rates. According to Kidsdata.org, between 2016 and 2020, approximately 3.5% of San Joaquin children had a major disability.

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 2025, 43.3% of children in 5th, 7th, and 9th grade were overweight or obese in San Joaquin according to Kidsdata.org, compared to 39.7% of children in the same range 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 (Bartlett & Steber, 2019, para.1).

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 EARLY HEAD START ENROLLED CHILDREN

During the 2024/25 school year, CAPK EHS had cumulative enrollment of 366 in San Joaquin County.

Table 9, EHS Enrollment

	Head Start	Early Head Start	Total Enrollment
Funded Enrollment	N/A	224	224
Cumulative Enrollment	N/A	366	366

AGE

Of the children enrolled in EHS during the 2024-25 school year, the majority, (39.6%) were 2 years of age, closely followed by 1-year-olds (35%).

Table 10, EHS Enrollment by Age

Age	Number	%
Under 1	67	18.3%
1 Year	128	35%
2 Years	145	39.6%
3 Years	12	3.3%
Pregnant Women	14	3.8%

RACE/ETHNICITY

The majority of children (81.4%) enrolled in San Joaquin County's EHS are of Hispanic or Latino origin.

Table 11, EHS Enrollment by Race/Ethnicity

Race/Ethnicity	EHS
American Indian/Alaska Native	0.82%
Asian	6%
Black or African American	9%
Hispanic/Latino Origin (Single Section)	81.4%
White	76.5%
Biracial/Multi-Race/Ethnicity	7.1%
Other Race	0.27%

LANGUAGE

Spanish was the primary language spoken at home (52.5%), with English being the next most common at 42.3%.

Other languages reported in the 2024–2025 PIR included Middle Eastern, South Asian, East Asian, and African languages, each of which accounted for 4% or less of the total.

HOMELESS CHILDREN

In the 2024/25 school year, EHS had 25 children who were “homeless,” approximately 7%.

FOSTER CARE

According to the Community Action Partnership of Kern’s 2024-2025 Early Head Start Program Information Report (PIR), the number of children in San Joaquin County’s Early Head Start categorized as a “foster child,” were 15 approximately 4%.

DISABLED

CAPK’s San Joaquin County’s Early Head Start had 66 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 and income. These costs often require that low-income families compromise on basic expenses when choosing childcare for their children. In 2024, licensed childcare was available for an estimated 26% of California children ages 0-12 with working parents (California Child Care Resources and Referral Network). Center-based infant care costs in California made up an estimated 16% of the median annual income for married couples and 50% for single parents in 2024 (Child Care Aware). Head Start operates within the context of California's early childcare and education system, described by the Learning Policy Institute as a "patchwork of programs" and one that "can be difficult for policymakers, providers, and families to understand because of its complexity" (Melnick, Tinubu Ali, Gardner, Maier, & Wechsler, 2017, pg. v). 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 the 2023 Childcare Portfolio, the annual average for infant care ranked the highest for both center-based childcare, \$20,112, and family childcare home, \$17,604 in San Joaquin County. While infant care costs were greater under center-based care, toddler and preschool care costs were higher under family childcare.

Table 12, Annual Cost of Childcare by Type

Age Group	Child Care Center	Family Child Care Homes
Infant Care (Under 2 years old)	\$20,112	\$17,064
Toddler Care (2 years old)	\$12,288	\$14,352
Preschool Care (3 to 4.5 years old)	\$9,624	\$13,464

Source: California Childcare Resource and Referral Network, *2023 Childcare Portfolio*

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

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

Full-day programs are particularly limited in scope. Many of California’s largest early learning programs offer mostly part-day slots, despite a demand for full-day services, which is challenging for working families. Furthermore, few of California’s ECE programs are available during the nontraditional hours that many low-income working parents need. Obtaining childcare for evening, weekend, or overnight hours are especially challenging. 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 that this care is more available in licensed family childcare homes at 35% (California Child Care Resource & Referral, 2023).

Per the report from the Learning Policy Institute, 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 (Melnick, Tinubu Ali, Gardner, Maier, & Wechsler, 2017, p.vi).

EARLY CHILDHOOD EDUCATION

Overall, childcare supply as it relates to number of licensed sites, both center and family based, has increased between 2021 to 2023. However, the number of slots among children ages 0-5

varies substantially. Whereas Preschool slots supersede the average rate of slots, the number of infant slots has dropped significantly, by 13%.

Table 13, Childcare Supply in San Joaquin County

Age and Type	Licensed Childcare Centers			Licensed Childcare Family Homes		
	2021	2023	Change	2021	2023	Change
Total number of sites	195	226	16%	56	626	11%
Total number of slots	11,873	12,528	6%	5,758	6,562	14%
Infant slots (under 2 years old)	1,036	904	-13%	n/a	n/a	n/a
Preschool slots (2-5 years old)	8,373	9,301	11%	n/a	n/a	n/a
School-age slots (6 years & older)	2,464	2,323	-6%	n/a	n/a	n/a

Source: California Childcare Resource and Referral Network, 2023 *Childcare Portfolio*

CHILDCARE WORKFORCE SHORTAGE

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

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

According to Kidsdata.org (2016-2020), 47% of San Joaquin County children who are eligible are not enrolled in Preschool or Kindergarten.

PRE- KINDERGARTEN

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

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

Head Start-eligible families may choose to enroll their children in TK instead of Head Start because TK is a more convenient option for them. TK has no income eligibility requirements, transportation is often provided, and families may have older children already attending the same school site. TK, however, cannot provide the same level of service to low-income families and children with special needs as Head Start. This lack of focus on low-income and disabled children and their families means that disadvantaged children enrolled in TK may not receive the specialized services needed to prepare them to perform at or above the level of their peers when entering the K-12 system. In addition, while TK teachers must be credentialed, legislation allows the credentialing to be undetermined versus the early childhood specific credential that better serves children in the TK age group (as required by Head Start).

Head Start locations are seeing an impact from transitional kindergarten with fewer children ages 4-5 years and have re-focused their efforts on recruiting younger children for Early Head Start. As noted previously in this report, there is a high level of unmet need for childcare for children ages 0 to 3. The Early Head Start programs help to bridge that gap. This can be demonstrated by an increased enrollment of 38% in Kern County public schools' pre-kindergarten classes (California Department of Education, 2024).

Table 14, San Joaquin Public School Transitional Kindergarten Enrollments

Ethnicity	2021/22	2022/23	2023/24	2024/25
Hispanic or Latino of any Race/Ethnicity	728	1,027	1,499	2,075
American Indian or Alaska Native	9	12	34	22
Asian	240	363	657	861
Pacific Islander	11	11	20	26
Filipino	56	61	89	145
African American	99	135	191	259
White	217	299	400	492
Two or More Race/Ethnicity	77	98	191	214
Not Reported	7	35	41	30
Total	1,444	2,041	3,122	4,124

Source: California Department of Education, 2024 Data Quest

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 2025-2026 ANNUAL REVIEW AND UPDATE

Essential Early Intervention Opportunities

Vulnerabilities among Early Head Start eligible children and families in San Joaquin County identified through this assessment that may require additional early intervention include family instability due to homelessness as well as high obesity and asthma rate. In 2024, the Point-In-Time Count identified 9.6% of the homeless population as families with children ages 18 and younger. Seeing as homelessness increased by 104% since 2022, the program should also anticipate an increase in supportive services towards these families. Lastly, high rates of obesity (43.3%) and asthma (23.7%) among children 0-5 and beyond also show the need for continued nutritional education and assistance in navigating healthcare access.

Linguistic Characteristics

The majority of children in San Joaquin County are Hispanic/Latino (52.7%) with the most common non-English language spoken at home by residents ages 5+ being Spanish (27.9%). With 63% of EHS families speaking a language other than English at home, and almost half primarily speaking Spanish, bilingual services and accessible communication remain a high need for Head Start Program recipients.

Childcare Capacity and Shortages

While licensed childcare sites and total slots increased in 2023, infant care continues to face disproportionately higher costs and limited availability compared to preschool-age slots. Not only did infant childcare center slots decline by 13% between 2021 to 2023, but childcare costs were also the most expensive, averaging \$20,112 annually. Overall, these trends can pose substantial challenges for families with limited financial resources. Reduced accessibility for infant care can also threaten job stability and financial security for employed families seeking childcare (91%).

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 Special Needs:** Families face challenges in accessing specialized services.
5. **Non-English Speaking and Immigrant Families:** Language 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 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**
 - Supporting 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 attainable 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 Barriers**
 - Recruiting bilingual staff and fortifying training.
 - Developing attainable communication strategies to provide resources in families' preferred languages.
- 7. Expanding Childcare and Early Learning Opportunities**
 - Support 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 requesting structural 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.

DRAFT

REFERENCES

- American Diabetes Association. (2026, February). *The burden of diabetes in California*. <https://diabetes.org/about-diabetes/statistics/by-state>
- American Lung Association. (2025). *State of the air, California: San Joaquin*. <https://www.lung.org/research/sota/city-rankings/states/california/san-joaquin>
- Anderson, L. (2015, August 5). *Five facts everyone should know about poverty*. California Budget and Policy Center. https://calbudgetcenter.org/wp-content/uploads/Five-Facts-Everyone-Should-Know-About-Deep-Poverty_Issue-Brief_06.05.2015.pdf
- Bartlett, J. D., & Steber, K. (2019, May 9). *How to implement trauma-informed care to build resilience to childhood trauma*. Child Trends. <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>
- California Childcare Resources and Referral Network. (2023). *Child care data*. https://rrnetwork.org/research/child_care_portfolio
- California Child Welfare Indicators Project. (2025). *Point in time/in care*. <https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s>
- California Department of Education (2024). *Enrollment by ethnicity and grade: 2024-25 (County level)*. Data Quest. <https://dq.cde.ca.gov/dataquest/>
- California Department of Public Health. (2024, June 10). *Chronic disease control branch: diabetes prevention*. <https://www.cdph.ca.gov/programs/ccdphp/dcdic/cdcb/pages/diabetesprevention.aspx>
- California Department of Public Health. (2025). *Maternal and infant health assessment (MIHA): County and regional reports*. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx>
- Centers for Disease Control and Prevention. (n.d.). *Childhood obesity data*. <https://www.cdc.gov/obesity/data/childhood.html>
- Centers for Disease Control and Prevention. (2024, April 2). *Childhood obesity facts*. <https://www.cdc.gov/obesity/childhood-obesity-facts/childhood-obesity-facts.html>
- Center for the Study of Child Care Employment. (2020). *Early Childhood Workforce Index 2020*. UC Berkeley. Retrieved from <https://cscce.berkeley.edu/workforce-index-2020/>

Childcare Aware of America. (2022). *Economic impacts of early care and education in California*.

Christopher, B., (2020). *Early childhood workforce index*. CalMatters. <https://calmatters.org/>

Community Action Partnership of Kern. (2025). *Head Start and Early Head Start Program Information Reports (PIR), 2024/2025*.

County Health Rankings & Roadmaps. (2025). *County health rankings*. Retrieved from <https://www.countyhealthrankings.org/>

KidsData. (2025). *Children ages 3-5 enrolled in preschool or kindergarten (regions of 10,000 residents or more)*. <https://www.kidsdata.org/topic#cat=6,7>

KidsData. (2025). *Child population, by age group and gender*. <https://www.kidsdata.org/topic#cat=6,7>

KidsData. (2025). *Child population, by race/ethnicity*. <https://www.kidsdata.org/topic#cat=6,7>

KidsData. (2025). *Children with major disabilities (regions of 10,000 residents or more)*. <https://www.kidsdata.org/topic#cat=6,7>

[Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. \(2017\). *Understanding California's early care and education system*. Learning Policy Institute. \[https://learningpolicyinstitute.org/sites/default/files/product-files/Understanding CA Early Care Education System REPORT.pdf\]\(https://learningpolicyinstitute.org/sites/default/files/product-files/Understanding_CA_Early_Care_Education_System_REPORT.pdf\)](https://learningpolicyinstitute.org/sites/default/files/product-files/Understanding_CA_Early_Care_Education_System_REPORT.pdf)

Public Health Alliance of Southern California. (2022). *California healthy places index*. <https://map.healthyplacesindex.org/?redirect=false>

Reich, R. (2014). *Inequality in America*. National Community Action Partnership Mega Trends Learning Cluster.

San Joaquin County. (2024). <https://www.sjgov.org/>

San Joaquin County Public Health Services. (2025). *San Joaquin County 2025 Community Health Needs Assessment*. <https://www.sjcphs.org/phs/about-us/phs-assessments-plans>

San Joaquin Continuum of Care. (2024). *2024 San Joaquin County Point-in-Time Count report*. <http://www.sanjoaquincoc.org/wp-content/uploads/2024/09/2024-San-Joaquin-County-Point-In-Time-Count-Report.pdf>

United States Census Bureau. (2023). *American Community Survey 2019-2023: 5-Year Estimates*. <https://www.census.gov/programs-surveys/acs>

United States Census Bureau. (2024). *American Community Survey 2020-2024: 5-Year Estimates*. <https://www.census.gov/programs-surveys/acs>

United States Census Bureau. (2024). *American Community Survey 2024: 1-Year Estimates*. <https://www.census.gov/programs-surveys/acs>

World Population Review. (2026). *San Joaquin County, California cities*. <https://worldpopulationreview.com/us-cities/california/by-county/san-joaquin-county>

DRAFT