

Audubon Area Community Services, Inc.
Head Start Program

Community Needs Assessment Update

2020

I. EXECUTIVE SUMMARY

A. Introduction

This Community Assessment is in fulfillment of the requirements of Head Start Performance Standards (45 CFR 1302.11) which requires an assessment of the needs of the communities served every five years. The objective is to provide a snapshot of the service region for Audubon Area Head Start and identify characteristics which may have a significant impact on agency planning and program development.

The Head Start Program Performance Standards and Other Regulations (45 CFR 1302.11 (b)) specify the information that must be included in the Community Assessment and submitted with the grant application.

To summarize, the grantee agency is required to collect and analyze information in the Community Assessment about:

1. The number of eligible children 0-5, and expectant mothers, including their geographic location, race, ethnicity, and languages spoken, including:
 - a. Children experiencing homelessness;
 - b. Children in foster care; and
 - c. Children with disabilities, including types and relevant services/resources provided by community agencies;
2. The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;
3. Typical work, school, and training schedules of parents with eligible children;
4. Other child development, child care centers, and or family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of children served;
5. Resources that are available in the community to address the needs of eligible children and their families; and
6. Strengths of the community.

Head Start promotes the school readiness of young children from low-income families through agencies in their local community. The Head Start program is authorized by the Improving Head Start for School Readiness Act of 2007. Head Start and Early Head Start programs support the mental, social, and emotional development of children from birth to age 5. In addition to education services, programs provide children and their families with health, nutrition, social, and other services. Head Start services are responsive to each child and family's ethnic, cultural, and linguistic heritage.

Head Start encourages the role of parents as their child's first and most important teachers. Programs build relationships with families that support positive parent-child relationships, family well-being, and connections to peers and community. Head Start began as a program for preschoolers. Three and four year-olds made up over 80 percent of the children served by Head Start last year. Early Head Start serves pregnant women, infants, and toddlers. Early Head start programs are available to the family until the child turns 3 years old and is ready to transition into Head Start or another pre-K program. Early Head Start helps families care for their infants and toddlers through early, continuous, intensive, and comprehensive services.

Local services are delivered by about 1,700 public and private nonprofit and for-profit agencies. These agencies receive grants from the U.S. Department of Health and Human Services (HHS). Head Start agencies design services for children and families that meet the needs of their local community and the Head Start Program Performance Standards. Some cities, states, and federal programs offer funding to expand Head Start and Early Head Start to include more children within their communities.

<https://eclkc.ohs.acf.hhs.gov/hslc/hs/about>

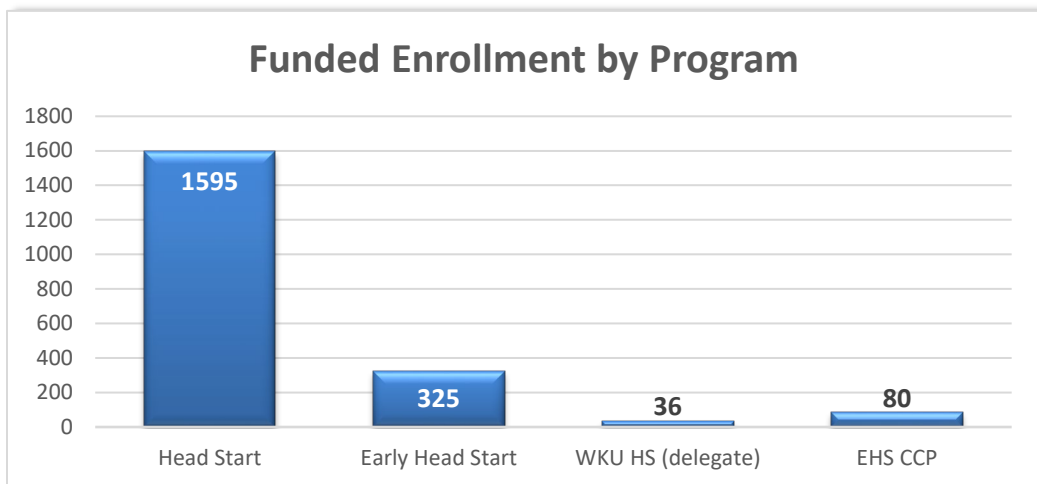
The Head Start Program Performance Standards and Other Regulations (45 CFR 1302.102) state that the information gathered in the Community Assessment (CA) must guide decisions based on the status of eligible families and the community setting(s) within the service area. Specifically, they state that:

The information in the Community Assessment will be used to:

1. Help determine the grantee’s philosophy, and its long-range and short-range program objectives;
2. Determine the type of component services that are most needed and the program option or options that will be implemented;
3. Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area.
4. If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency.
5. Determine appropriate locations for centers and the areas to be served by home based programs; and
6. Set criteria that define the types of children and families who will be given priority for recruitment and selection.

State of the Grantee

Audubon Area Head Start offers a variety of program models for children from birth to five years old in order to meet the needs of the communities it serves. Audubon is the grantee for the Head Start and Early Head Start programs, which is where most of the children are served. Audubon is also the grantee for the Early Childcare Partnership (EHS CCP) grant which began in August of 2015, and is a delegate for Western Kentucky University (WKU).



Audubon makes available a variety of program options. For example, in the Head Start program, Audubon partners with 18 school districts in all 16 counties of the service area as well as offers stand-alone centers.

Head Start 2019-2020		
Program Option	Classes Available	Funded Enrollment
Double Session	71	818
Single Session	12	177
Full Day	48	600
Head Start Totals	131	1595

In Early Head Start, children ages birth to three may receive services in either center-based full day/full year programs, home based programs as well as a combination of center based and home based such as our Teen Parenting programs.

Early Head Start 2019-2020		
Program Option	Classes Available	Funded Enrollment
Home-Based	10	117
Standard Full Day	26	208
Early Head Start Totals	36	325

The majority of classrooms utilize the Creative Curriculum as their curriculum, and all classrooms use the Teaching Strategies Gold Assessment System as their ongoing-assessment tool. The curriculum and assessment work in conjunction to help teachers prepare meaningful activities based on children’s interests as well as their individual levels of development. The curriculum is also aligned with the Kentucky Early Childhood Standards to ensure the skills assessed are the most important skills in preparing children to enter into the K-12 system.

As of April 27, 2020, in the 2019-2020 Program Year, Head Start and Early Head Start have served a cumulative total of 2,398 children. The Head Start program has served 1,853 children while the Early Head Start program has served 545 children, including 24 Pregnant Mothers served.

These programs, although diverse in scheduling and approach to service delivery, share the common goal of preparing children to be ready to enter kindergarten - academically, physically, and socially.

The mission of Audubon Area Head Start is as follows:

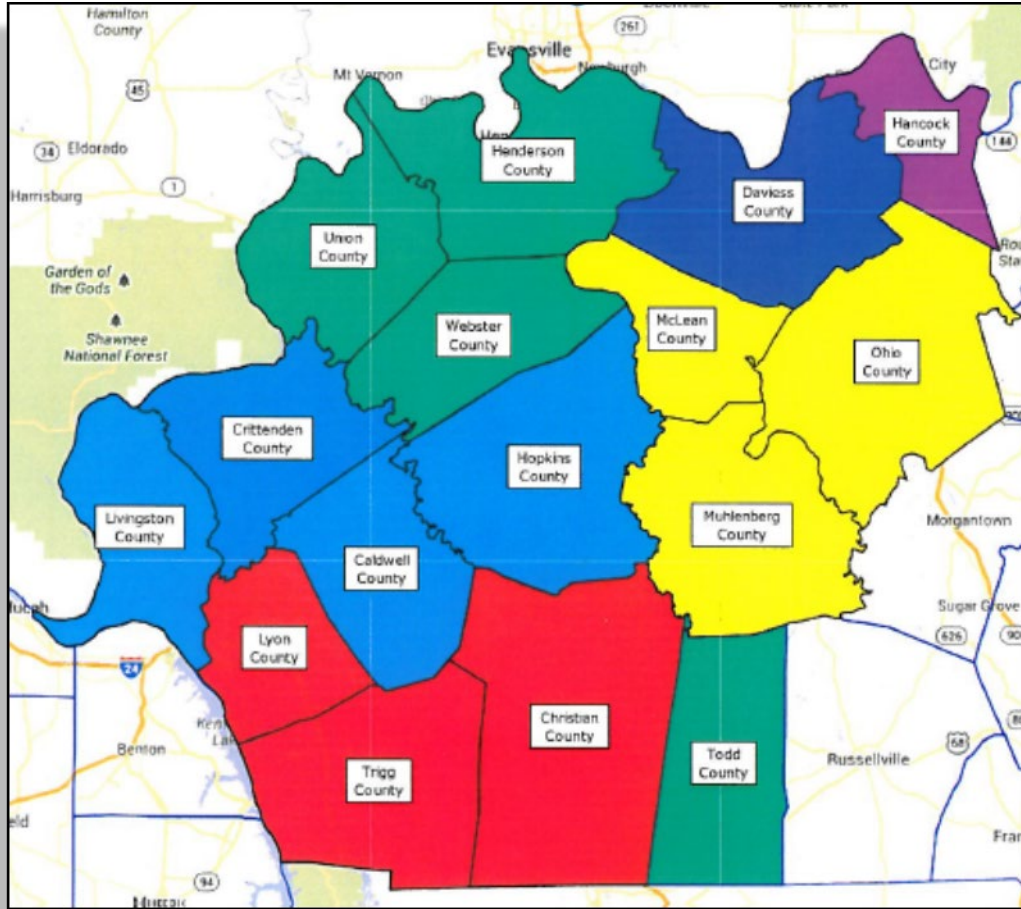
The mission of Audubon Area Head Start is as follows:

- Excitement in children through learning
- Empowerment in families through strengths
- Enhancement in communities through participation
- Enrichment in staff through experiences

Each of the components of the mission statement is accompanied by the following outcome statements:

- All participating children will be excited about learning and equipped with appropriate skills based on their individual needs.
- All participating families will be empowered with the ability to identify their needs and build upon their strengths to achieve their goals.
- All communities served by Head Start will be enhanced through ongoing collaborations and by the active participation of families.
- All staff will be enriched with a sense of accomplishment both professionally and personally through their Head Start experience.

Service Area



Caldwell County	Hancock County	Lyon County	Todd County
Christian county	Henderson County	McLean County	Trigg County
Crittenden County	Hopkins County	Muhlenberg County	Union County
Daviess County	Livingston County	Ohio County	Webster County

Our central office is located in Daviess County at:

Audubon Area Community Services Inc.

Head Start Program (2nd Floor)

1700 West Fifth Street

Owensboro, KY 42301

B. Methodology

A Head Start Community Assessment not only fulfills a federal requirement, it becomes the cornerstone of the program's evaluation and planning process. Every five years the program conducts a comprehensive collection and analysis of key indicators to evaluate the needs and characteristics of eligible Head Start/Early Head Start children and families. Once the comprehensive analysis is complete, an update is written annually for the next four years and becomes the synopsis of current community needs, and is used to: design new plans, choose additional community partners, develop strategic collaborations, evaluate progress of past recommendations, and make relevant decisions about program improvement changes expeditiously.

Multiple sources of quantitative and qualitative data were utilized in the creation of this Community Assessment. The community assessment methodology focuses on different levels of analysis to further enhance Head Start program staff understanding and optimize services to children and families.

- 1) **Quantitative data** included governmental statistics such as: 2000 & 2010 decennial census, American Community Survey, Current Population Survey, Federal Reserve, Bureau of Labor Statistics, USDA Rural Atlas, along with numerous state, local and agency databases.
- 2) **Qualitative data** was used in the form of surveys of current Head Start parents and families which is conducted biannually by the Family and Community Services team. The results are analyzed by geographic location in our service area to quantify the level of satisfaction within the program and highlight those areas which may need to be strengthened.

The Community Assessment Update was researched and updated by William Logsdon, Data Analysis Specialist for Audubon Area Head Start.

C. Identification & Prioritization of Issues or Problems

Once data was compiled and collected for each of the 16 counties in our service area, a thorough review of the findings was conducted.

Challenge: Extending Duration of Services

Current research links increasing the length of the program day and program year to improved children's outcomes. Research suggests that attending high-quality full school day and full school year care is particularly important for low-income children to succeed in kindergarten and beyond. Based on this research, the Head Start Program Performance Standards (45 CFR 1302.21 (c) (2)), released September 2016, established standards of a minimum of 6 hours a day, for a minimum of 160 days per year. This is an increase from a minimum of 3.5 hours a day for a minimum of 128 days per year.

This also established the required 1,020 hours of planned class operations over the course of at least eight months per year for at least 50 percent of its Head Start center-based funded enrollment by August 1, 2019, and 100% by August 1, 2021. This has led to some extension of both the program day and the program year.

Extending the duration of services to a minimum of 1,020 hours has created some major challenges for our program over the past few years. Currently, 818 (51.3%) of our 1,595 Head Start slots are in double session (3.5 hours per day) in a total of 37 classrooms. The challenges associated with extending duration of services for these children are as follows:

- **Facilities:** The need for more classrooms has been the largest hindrance. With the majority of our double-session classrooms being located in already crowded elementary schools, the ability to convert/add new classrooms is sometimes impossible. This creates a tremendous challenge for our program.
- **Qualified Teachers:** This challenge will be addressed in more detail below, however it is important to note that extending duration of services for our children in double-session classrooms, would of course require additional teaching staff for the additional rooms. Once teachers and teacher associates are hired, additional challenges will arise such as ensuring all staff are adequately trained on components of the program such as the CLASS tool and the curriculum. Additionally, the number of support staff for teachers (i.e. Education Specialists) would create a challenge for our program. Currently each Education Specialist has an average case load of twenty-five classrooms.
- **Additional Challenges:** A multitude of additional challenges such as transportation, meal service, and adequate planning time for teachers will need to be addressed when considering how to extend duration of services.

Recommendations: Extending Duration of Services

- Use the information from this current Community Assessment to identify areas to begin transitioning to full day/school year program models.
- Communicate with school district personnel to discover which districts have space available and are willing to convert to the full day/school year model.
- In cases where districts are unable or unwilling to extend duration of services, consider other alternatives to serving Head Start children in those districts or reassign the slots available depending upon need and availability of facilities and qualified classroom staff.
- Research and locate additional facilities for the additional classrooms that will be needed.
- Develop a comprehensive plan for extending duration of services over the next 2 program years. Include in this plan the following:
 - Timeline for converting 100% double session classrooms to full day/school year
 - Onboarding plan for new teachers and teacher associates
 - Plans for hiring additional support staff for teachers (i.e. Education Specialists)
 - Plans for addressing transportation, meal service and planning time for teachers.
 - Address the need to better compete with local school districts for better recruitment and retention of qualified teachers to fill the slots and hours needed.

Update: Extending Duration of Services

As of January 30, 2020, the Office of Head Start authorized the lowering of the required percentage of center-based funded enrollment slots for which Head Start programs must provide 1,020 annual hours of planned classroom operations, from 100% to 45% of a Head Start program's center-based slots.

This translates to a minimum 718 of the 1595 Head Start funded enrollment slots that need to be provided the 1,020 annual hours of planned classroom operations. Currently, 818 (51.3%) of our 1,595 Head Start slots are in double session (3.5 hours per day) in a total of 37 classrooms, while 600 HS slots are in 48 Full Day/Full Year classrooms. The remaining 177 slots are in 12 Single Session classrooms. These slots and figures do not cover all information needed to figure the actual classrooms needed to reach the required 45%.

Currently 600 students are enrolled in Full Day/Full Year classrooms, while an additional 38 students are in Single Session, 6 hour, classrooms - Meaning we are currently at 638, or 40% receiving the required 1,020 annual hours of planned classroom operations - Leaving us needing classrooms for at least an additional 80 students.

AAHS is on track to be in full compliance for the 2020-2021 academic year. The remaining challenges associated with extending duration of services for these children are as follows:

- **Facilities:**

- Several classrooms have been converted from double session to single session classrooms, reducing the need for classrooms already.
- Construction is ongoing on an additional facility at the center in Christian County, and is scheduled to be available for the 2020-2021 academic year. The additional 4 classrooms added through this new construction will allow all Head Start slots at the center to be converted from double session to Full Day/Full Year classrooms, bringing the total slots in FD/FY to 800 (50.2%)
- The 200 students in the converted classrooms will bring the total students receiving the required 1,020 annual hours of planned classroom operations to 838, or 52.5% - thus exceeding the requirement.
 - With the Covid-19 pandemic causing major delays and out of routine happenings in America and across the world – it is unsure if this is still feasible for the 2020-2021 academic year.

Challenge: Qualified Teacher Shortage

The conversion to full day/school year programming would require additional classrooms to be staffed which includes Lead Teachers and Teacher Assistants to be hired over the next two years. It is important to note, that this number does not take into consideration the number of districts who may be unable or unwilling to convert to the full day/school year model which would increase the need.

Even without transitioning to the full day/school year program model, there is evidence of a shortage of qualified teachers in our service area. A report released by the U.S Department of Education, Office of Postsecondary Education in March of 2015 indicates a shortage of Interdisciplinary Early Childhood Education teachers for the 2015-2016 school year. Additionally, a report released in October of 2012 by the Kentucky Legislative Research Commission, shows 1.4 ratio of individuals completing early childhood programs to projected vacancies between the years of 2008 and 2012. The reports also noted that turnover for teaching staff is significantly higher in classrooms that have a high percentage of students in poverty. Neither of these reports take into consideration the effects of converting to a full day/school year programming model.

Recommendations: Qualified Teacher Shortage

- Explore budgeting options which will allow for a more comparable rate of pay for Head Start teachers and District Pre-K teachers. Many times these teachers leave to go work for the school district due to higher salaries offered by the districts.
 - Address the need to better compete with local school districts for better recruitment and retention of qualified teachers to fill the slots and hours needed.
- Partner with area colleges and universities to actively recruit graduates from Early Childhood programs. (preferably before they graduate)
- Study patterns in teacher turnover to identify trends to be addressed.
- Partner with local colleges to create an internship program for those students who plan on entering the early childhood profession.
- Create a pathway for our current classroom staff that are not Lead Teachers to advance through the personnel ranks with the ultimate goal of becoming a Lead Teacher.
- Utilize the Learning Lab for a successful orientation of new teachers and aides.
 - The Learning Lab is a learning community where staff attend an intensive training seminar for three weeks. These trainings are conducted face to face, on-line, and through actual classroom shadowing. The goal is for staff to be “classroom ready” by attending the following training topics:
 - Creative Curriculum
 - Childplus
 - Conscious Discipline
 - Classroom Environment
 - Teaching Practices
 - CLASS/MERIT
 - Lesson Planning/Individualization
 - Disability Services
 - Teaching Strategies

Update: Qualified Teacher Shortage

- AAHS continues to work to improve wages/salaries, and strives to recruit qualified individuals from colleges/universities before graduation or shortly thereafter.
- Continue to utilize the Learning Lab for a successful orientation of new teachers and aides.
 - All areas have been established and are continually updated if needed for improvement.
 - Conscious Discipline Academy has had qualified graduates of the program, that have gone back to their respective centers, and taught many of the practices to their colleagues – this has helped to reduce turnover, as the practices taught help all staff to better handle issues that arise in the classroom.

Challenge: Access to Dentists

The data available regarding the access to dentists in our service area was truly surprising. It has been an ongoing struggle to meet the health performance standards as they relate to dental exams and treatment. The following chart speaks for itself and the severity of the shortage of dental providers. The chart represents the number of dentists in each county, relative to the population.

There is a wide variance in the data as we compare the ratio of each county. Christian County has the highest access to dentists and ranks extremely well relative to the state of Kentucky. However, most of the 16 counties in the service area, have a serious lack of dentists locally.

Population per Available Dentist – 2015		
County	# Dentists	Ratio
Todd	1	12295:1
McLean	1	9475:1
Livingston	1	9269:1
Crittenden	1	9188:1
Trigg	2	7132:1
Webster	3	4439:1
Ohio	6	4063:1
Lyon	2	4035:1
Caldwell	4	3142:1
Muhlenberg	10	3103:1
Union	6	2480:1
Hopkins	21	2186:1
Henderson	24	1927:1
Hancock	5	1762:1
Daviess	58	1719:1
Christian	115	629:1

Population per Available Dentist - 2020		
County	# Dentists	Ratio
Todd	1	12,310:1
McLean	1	9,250:1
Livingston	1	9,240:1
Crittenden	1	8,920:1
Trigg	2	7,320:1
Ohio	5	4,820:1
Webster	3	4,370:1
Lyon	2	4,000:1
Caldwell	4	3,180:1
Muhlenberg	11	2,800:1
Union	6	2,420:1
Henderson	22	2070:1
Hopkins	23	1,960:1
Daviess	61	1,660:1
Hancock	6	1,460:1
Christian	116	749:1

* <https://www.countyhealthrankings.org/app/kentucky/2020/measure/factors/88/data?sort=sc-0>

Unfortunately, the reality is actually much worse than the data appears. All too often dentists do not provide services to the very young unless they specialize in Pediatric Dentistry. Another issue is the fact that many dentists do not accept Medicaid for payment which narrows the available options even more. Of the 56 practices/dentist that are listed in Kentucky that actively see children and accept Medicaid, only 8 are located within 3 counties of the service area (Daviess (4), Henderson (3), and Union (1)).

Another barrier is if the parents/family of a child are not on Medicaid, but have private health insurance, many times they do not have dental insurance. We already utilize UK Dental when possible, but it is apparent we need some new and creative approaches.

Recommendations: Access to Dentists

- Expand our search into new areas in order to contract with dentists
 - While recruiting dentists to partner with, become more visible and nurture the relationship with the dentist and his staff.
- Increase parent/family education regarding the importance of dental hygiene at a young age
- Community Partnerships Program
 - The following suggestions came from: “Working with Health Professionals to Improve Access to Oral Health Care” from National Maternal & Child Resource Center for Oral Health
 - Partner with community organizations (for example, community health centers, dental clinics, WIC, health departments, dental schools and societies, and dental hygiene schools and societies) to promote oral health concepts and address oral health issues.
 - Involve oral health professionals in our Health Services Advisory Committee (HSAC) to promote community linkages.
 - Build relationships with oral health professionals; inform them about the oral health needs and barriers to care for pregnant women, infants, and children enrolled in Head Start.
 - Invite oral health professionals to visit our program to meet staff and children and their families.
 - Recognize oral health professionals who provide care for children enrolled in our program.
 - Provide certificates of appreciation and/or program materials (for example, photographs or thank you letters from children and their families) that can be displayed in the dental offices.
 - Develop press releases describing the oral health professionals’ contribution, and submit the releases to local media.

Update: Access to Dentists

- Updated practices for Screenings have shown an improvement in the percentages of children with dental homes and a marked improvement of those receiving dental treatment.
 - In 2017-18, 79.4% received treatment for dental issues – In 2018-19, this number improved to 93.8%
 - 2019-2020 was on track for at least a similar percentage before the shutdown for the Covid-19 pandemic in March 2020.
- Increased number of Health Services Advisory Committee meetings from 1 to 2 per year in both Green River and Pennyryle service areas.
- Investigating contract with Sky Dental, as well as 2 new dentists in Muhlenberg County.

New Concerns/Requirements for Reporting:

The release of the Head Start Program Performance Standards also brings to light some new/updated reporting elements that have been added to the Community Assessments.

- 45 CFR 1302.11 (b)(1) outlines the elements required to be included in the community assessment. Most of the elements have been included in the community assessment for many years, without it being a requirement, as it only served to help illustrate a better understanding of the communities we serve. More information will need to be added about the following areas, but all information available on the following categories has been included:
 - Expectant Mothers – specifically: race, ethnicity, and languages spoken
 - Homeless Children
 - Children in Foster Care
 - Grandparents raising Grandchildren – Included, but not a requirement
 - Typical work, school, and training schedules of parents with eligible children
 - Opioid Epidemic – Included, but not a requirement

Expectant Mothers

Annual births, as well as the teen birth rate are included in the current Community Assessment, but does not cover the other aspects requested.

- To date for the 2019-2020 school year we have served 24 Pregnant Women.

Pregnant Women Served by Race & Language				
Race	Primarily English Speaking	Primarily Spanish Speaking	African Language	Total
African American	1		1	2
Hispanic/Latino	1	1		2
White	20			20
Two or more races	0			0
Total	22	1	1	24

*Two Non-English speaking listed no proficiency in English with:
1 speaking only Spanish, and the other speaking moderate Spanish, French, and other languages

- The PIR also tracks services provided to expectant mothers:

PIR Questions regarding services:

Pregnant Women - Services (EHS Programs)	2015	2016	2017	2018	2019
C.14 Indicate the number of pregnant women who received the following services while enrolled in EHS: - # of pregnant women					
a. Prenatal health care	26	26	22	34	22
b. Postpartum health care	19	20	18	22	13
c. Mental health interventions and follow up	5	3	9	18	6
d. Substance abuse prevention	11	8	8	17	12
e. Substance abuse treatment	3	4	4	9	5
f. Prenatal education on fetal development	23	26	20	30	20
g. Information on the benefits of breastfeeding	23	23	21	29	20
Pregnant Women - Prenatal Health (EHS Programs)	2015	2016	2017	2018	2019
C.15 Trimester of pregnancy in which the pregnant women served were enrolled: - # of pregnant women					
a. 1st trimester (0-3 months)	6	9	4	8	4
b. 2nd trimester (3-6 months)	11	9	10	13	10
c. 3rd trimester (6-9 months)	9	9	8	12	9
C.16 Of the total served, the number whose pregnancies were identified as medically high risk by a physician or health care provider	10	9	9	9	6

Homeless Children

Data regarding the homeless population by: Unsheltered, Emergency Shelter, Transitional Housing, and by age group – are currently included. Collaboration with the required liaisons is not included. The count of children and families experiencing homelessness is tracked in the PIR.

- A 5 year study of the information in the PIR, on a national, regional, state and program level was conducted internally, and several issues were noticed – the amount of homeless children AAHS has assisted was of great concern, as the number has steadily decreased to almost nothing in 5 years, while all other levels looked at had only revealed a slight decrease or negligible variations.
- This revelation lead AAHS to conduct several meetings, involving all upper level staff and administrators to discern what has brought about the decline in numbers.
 - Focus groups reviewed all available information and determined that a change in definition for Homeless had led to confusion and therefor, a change in reporting.
 - Trainings were completed on the Definition and proper reporting for Homeless Children, leading to a more accurate count in recent years.

Homelessness Services	2015	2016	2017	2018	2019
C.53 Total number of families experiencing homelessness that were served during the enrollment year	23	15	37	88	64
C.54 Total number of children experiencing homelessness that were served during the enrollment year	23	16	38	96	65
C.55 Total number of families experiencing homelessness that acquired housing during the enrollment year	8	5	12	30	16

KDE Homeless Students 2018-19 School Year

(2019-2020 not available at publishing)

County	District Name	Preschool	Kindergarten	Grade 1 - 12	Grand Total
Caldwell	Caldwell County	1	2	19	22
Christian	Christian County	4	23	189	216
Crittenden	Crittenden County	31	28	257	316
Daviess	Daviess County	3	5	84	92
Daviess	Owensboro Ind	0	9	102	111
Hancock	Hancock County	0	0	6	6
Henderson	Henderson County	18	30	194	242
Hopkins	Hopkins County	0	18	93	111
Hopkins	Dawson Springs Ind	0	0	2	2
Livingston	Livingston County	1	3	33	37
Lyon	Lyon County	0	0	12	12
McLean	McLean County	0	0	0	0
Muhlenberg	Muhlenberg County	1	9	26	36
Ohio	Ohio County	0	7	36	43
Todd	Todd County	2	7	34	43
Trigg	Trigg County	0	1	52	53
Union	Union County	0	2	10	12
Webster	Webster County	11	34	365	410
AAHS	AAHS Total	72	178	1514	1764
Kentucky	KY Total	1094	2369	23111	26574

<https://education.ky.gov/federal/progs/txc/Pages/Homeless-Children-and-Youth-Data-Collection-and-Reporting.aspx>

Children in Foster Care

Foster Care and Child Welfare – PIR Questions	2015	2016	2017	2018	2019
C.56 Total number of enrolled children who were in foster care at any point during the program year	50	79	190	225	183
C.57 Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	57	24	48	59	49

The following have all been compiled from outside sources, and are as up to date as possible.

Information from KidsCount datacenter:

Children 0 - 17 in Foster Care						
Location	Data Type	2014	2015	2016	2017	2018
Kentucky	Number	7,481	7,507	7,795	8,069	9,347
	Rate per 1,000	7	7	8	8	9
United States	Number	396,099	410,459	420,360	428,133	424,653
	Rate per 1,000	5	6	6	6	6

<https://datacenter.kidscount.org/data/tables>

Children in Foster Care by Age Group (Kentucky)						
Age group	Data Type	2014	2015	2016	2017	2018
<1	Number	483	442	488	508	602
	Percent	6%	6%	6%	6%	6%
1 to 5	Number	2,190	2,233	2,287	2,291	2,676
	Percent	29%	30%	29%	28%	29%
6 to 10	Number	1,566	1,620	1,741	1,788	2,064
	Percent	21%	21%	22%	22%	22%
11 to 15	Number	1,936	1,881	1,890	2,099	2,464
	Percent	26%	25%	24%	26%	26%
16 to 20	Number	1,331	1,362	1,406	1,403	1,549
	Percent	18%	18%	18%	17%	17%
Total	Number	7,506	7,538	7,812	8,089	9,355
	Percent	100%	100%	100%	100%	100%

<https://datacenter.kidscount.org/data/tables>

Foster Care / Living with Grandparent						
Category	Christian	Daviess	Henderson	Hopkins	Kentucky	United States
Children under 18 years in household	20,580	23,975	10,800	10,703	1,010,375	73,366,146
Relationship to Householder						
Grandchild	7.20%	9.10%	10.00%	7.40%	9.10%	7.80%
Foster child or other unrelated child	1.80%	2.00%	0.60%	2.60%	2.40%	1.70%

*Estimates from 2012-2016 American Community Survey 5-Year Estimates, US Census Bureau

Grandparents Raising Grandchildren

The growing trend of children living with their grandparents is an area that AAHS intends to explore in the future. We will continue monitoring this area for potential areas of recruitment.

Grandchildren under 18 living with grandparent householder - U.S. Census Bureau, 2010 Census

	2015 Child Poverty Rate	Under 3 years	# Living in Poverty	3 and 4 years	# Living in Poverty	5 years	6 to 11 years	12 to 17 years	Total:
Caldwell	29.4	77	23	44	13	14	60	67	262
Christian	28.9	333	96	181	52	65	375	260	1,214
Crittenden	31.3	62	19	27	8	14	71	52	226
Daviess	20.9	496	104	240	50	103	508	379	1,726
Hancock	20	32	6	16	3	11	36	45	140
Henderson	24.2	285	69	122	30	73	335	228	1,043
Hopkins	26.6	260	69	138	37	50	271	236	955
Livingston	25	58	15	39	10	10	56	49	212
Lyon	22.4	31	7	16	4	6	32	32	117
McLean	26	50	13	21	5	9	58	50	188
Muhlenberg	26.2	187	49	92	24	48	249	161	737
Ohio	27.5	130	36	77	21	27	180	121	535
Todd	28.1	86	24	39	11	14	83	66	288
Trigg	26.5	84	22	29	8	14	87	72	286
Union	20.7	97	20	51	11	17	91	74	330
Webster	24.9	93	23	49	12	20	92	85	339
AAHS		2,361		1,181		495	2,584	1,977	8,598
Kentucky		22,874		11,725		5,150	26,647	20,392	86,788

United States

1,666,337

841,084

359,744

1,702,951

1,255,113

5,825,229

Grandchildren under 18 living with grandparent householder - U.S. Census Bureau, 2012-16 ACS 5-Year Estimates

	2015 Child Poverty Rate	Under 6 years	6 to 11 years	12 to 17 years	Total:	# Living in Poverty
Caldwell	29.4	93	146	54	293	86
Christian	28.9	682	483	315	1,480	428
Crittenden	31.3	78	122	25	225	70
Daviess	20.9	1,035	568	573	2,176	455
Hancock	20	82	54	41	177	35
Henderson	24.2	524	311	245	1,080	261
Hopkins	26.6	211	326	259	796	212
Livingston	25	216	146	76	438	110
Lyon	22.4	57	6	9	72	16
McLean	26	79	74	19	172	45
Muhlenberg	26.2	484	306	180	970	254
Ohio	27.5	251	200	163	614	169
Todd	28.1	40	29	41	110	31
Trigg	26.5	64	110	149	323	86
Union	20.7	51	111	104	266	55
Webster	24.9	90	127	76	293	73
AAHS		4,037	3,119	2,329	9,485	
Kentucky		37,950	30,260	23,483	91,693	
United States		2,627,933	1,789,678	1,305,386	5,722,997	

Schedules

Information about typical work, school, and training schedules of parents with eligible children is not currently included in the Community Assessment.

- This information will need to be gathered as it is not currently a tracked set of data by AAHS.
 - Establishing plan to track this information in our current systems.
 - Investigating possible outside sources of information for possible extrapolation and inclusion in the Community Assessment.

Opioid Epidemic

Kentucky has the third highest mortality rate from opioid overdoses in the nation. Luckily, the areas covered by AAHS are not in the majority of those counties affected by these numbers. We will continue to monitor this dataset, and will work to have a contingency plan should the need for action present itself.

Drug Overdose Deaths 2016-2018	
	# Drug Overdose Deaths (Per 100K)
Christian	19
Daviess	40 (12.28% Mortality Rate)
Henderson	18
Hopkins	26
Muhlenberg	13
AAHS Total & Average	76

**Information for Mortality Rates on all counties but Daviess were suppressed for confidentiality

Drug Overdose Deaths in KY					
	2013	2014	2015	2016	2018
Caldwell	0	<5	<5	<5	<5
Christian	9	<5	<5	<5	<5
Crittenden	<5	<5	<5	0	0
Daviess	25	11	12	15	13
Hancock	0	<5	<5	<5	0
Henderson	6	5	<5	6	<5
Hopkins	20	8	<5	10	0
Livingston	<5	<5	<5	<5	<5
Lyon	<5	0	<5	0	<5
McLean	<5	0	0	<5	<5
Muhlenberg	7	9	<5	<5	<5
Ohio	7	<5	5	<5	<5
Todd	<5	<5	<5	0	<5
Trigg	<5	<5	6	<5	<5
Union	5	6	<5	<5	<5
Webster	<5	<5	<5	<5	<5
AAHS Total	79	39	23	31	13
Kentucky	1,010	1,088	1,249	1,404	1,333

Source: odcp.ky.gov **No report available for 2017