

Audubon Area Community Services, Inc.
Head Start Program

Community Needs Assessment Update

2021 - 2022

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>

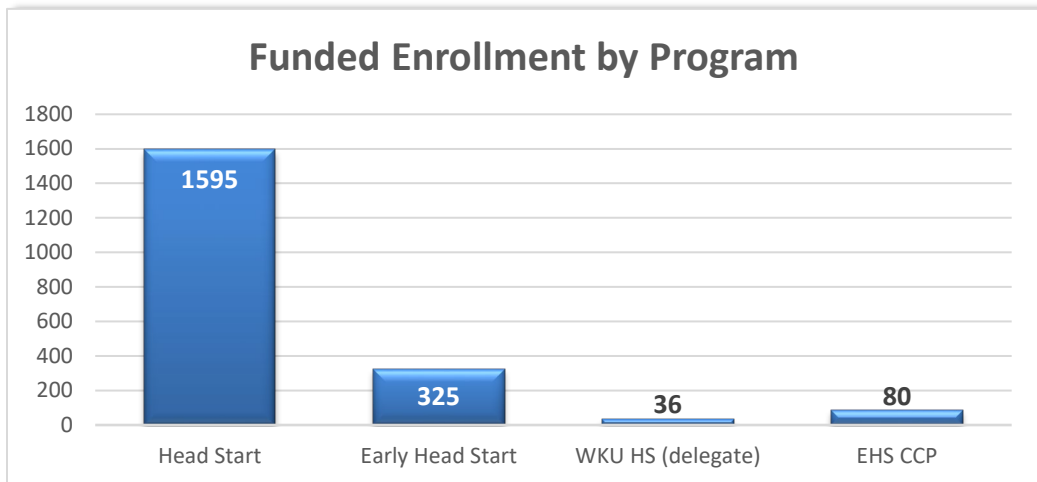
The Head Start Program Performance Standards and Other Regulations (45 CFR 1302.102) state that the information gathered in the Community Assessment (CA) must guide decisions based on the status of eligible families and the community setting(s) within the service area. Specifically, they state that:

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 offering enrollment in stand-alone centers.

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.

Head Start 2020-2021	
Program Option	Classes Available
Double Session	62
Single Session	10
Full Day	53
Head Start Totals	125

Early Head Start 2020-2021	
Program Option	Classes Available
Home-Based	10
Standard Full Day	26
Early Head Start Totals	36

Due to the hardships incurred during the pandemic, modification of the majority of delivery methods, was necessary.

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 July 31, 2022, in the 2021-2022 Program Year, Head Start and Early Head Start have served a cumulative total of 2,195 children. The Head Start program has served 1,727 children while the Early Head Start program has served 468 children, including 27 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:

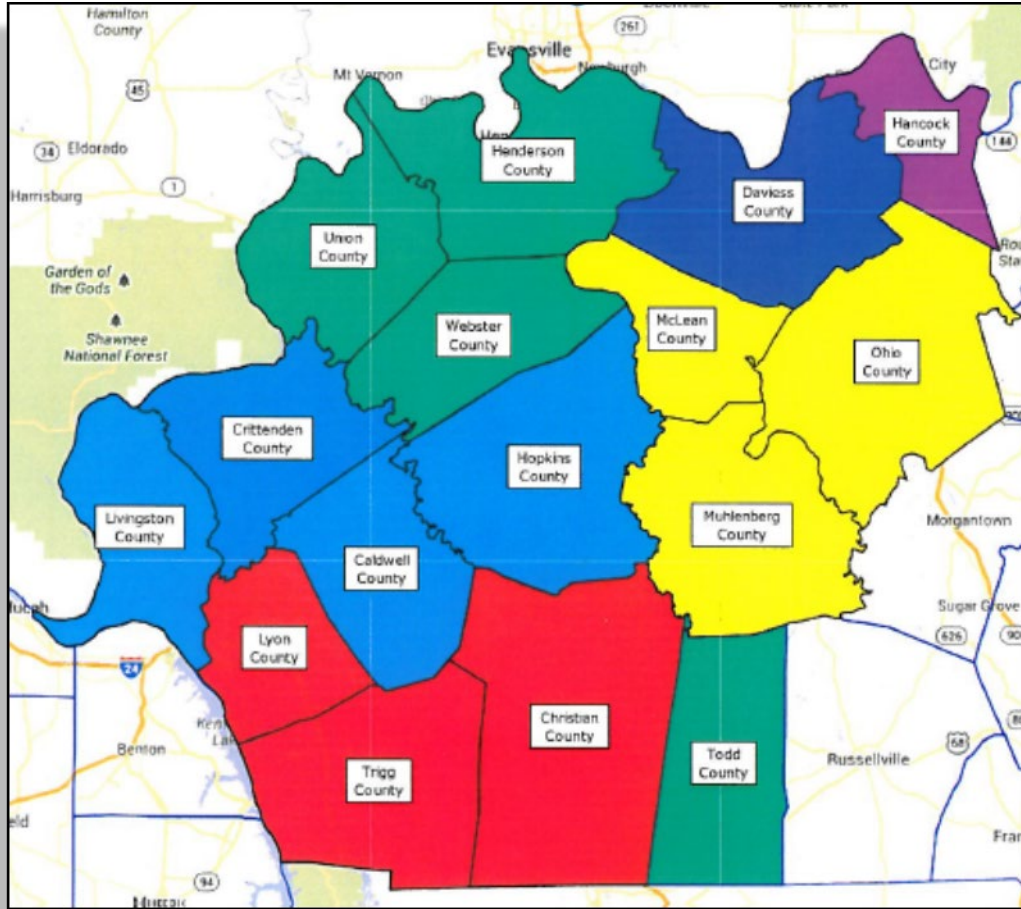
The mission of Audubon Area Head Start is as follows:

- 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 160 days per year for programs attending 5 days per week, or at least 128 days per year for 4 day programs.

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, 666 (41.76%) of our 1,595 Head Start slots are in double session (3.5 hours per day) in a total of 31 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. AAHS is in full compliance for the 2021-2022 academic year, with 841 funded enrollment slots receiving the required 1,020 annual hours of planned classroom operations.

The remaining challenges associated with extending duration of services for the remainder of the children are as follows:

- **Facilities:**
 - Several classrooms have been converted from double session to single session classrooms, reducing the need for classrooms already.
 - The addition to the facility in Christian County was available for the 2021-2022 academic year. The additional 4 classrooms added through this new construction has allowed all Head Start slots at the center to be converted from double session to Full Day/Full Year classrooms.
 - The students in the converted classrooms brought the total of students receiving the required 1,020 annual hours of planned classroom operations to a level exceeding the requirement.

- Chapel Hill Head Start:
 - AAHS will open a new center in September 2022 in Crittenden County. Chapel Hill Head Start was built with a 7.1 million dollar grant from the disaster relief funds because of flooding in the area in 2017. We will house 3 Head Start rooms and 3 Early Head Start rooms. This is a state-of-the-art building that will use solar energy to be very close to a net zero building.
- Churchill Park Head Start:
 - With the loss of space in the Daviess County School System, we were able to partner with the Housing Authority to open 2 classrooms at Churchill Park. The space went through a renovation over the summer to allow the 2 classrooms. We hope to open in the middle to late August.
- Dawson Springs:
 - December 10, 2021, the community of Dawson Springs was devastated by an EF4 tornado. The Dawson Springs Child Development Center was damaged and later demolished. With the large amount of damage to the city, there is no place to rent to reopen, and the purchase of property has been difficult. The 18 Head Start full day full year slots had to be moved to another location, Jesse Stuart Elementary, in a double session sitting.
- With the Covid-19 pandemic causing major delays and out of routine happenings in America and across the world – AAHS met the requirement for the 2021-2022 academic year through innovative use of technology and outdoor spaces when available.

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.
- Staff shortages forced Audubon Area Head Start to make difficult decisions regarding service delivery. In some instances, classrooms were never opened because shortages in staffing would

not allow the program to operate safely. Many times, shortages resulted in last minute closures that were very inconvenient for families to endure, especially for working parents. AAHS adjusted hours of operation in some areas to allow managers to operate safely with fewer staff. Shorting operating times caused issues for our working families as well.

- To help offset severe staff shortages, AAHS updated policy 1302.91 in August of 2022 to allow hiring candidates with an out of field Associate degree or one-year prior experience in a credible childcare setting, accompanied by an active professional development plan with continuous progress shown, working toward a qualifying degree. The professional development plan cannot be longer than 3 years and must be approved by the Head Start Director and the CEO.

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 - 2022		
County	# Dentists	Ratio
Todd	1	12,450:1
McLean	1	9,080:1
Livingston	1	9,040:1
Crittenden	1	8,850:1
Trigg	2	7,390:1
Webster	2	6,460:1
Lyon	2	4,070:1
Ohio	6	3,980:1
Muhlenberg	11	2,770:1
Caldwell	5	2,540:1
Hopkins	22	2,030:1
Henderson	23	1,950:1
Union	8	1,810:1
Daviess	62	1,640:1
Hancock	6	1,460:1
Christian	117	610:1

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

Unfortunately, the reality is 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.

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, reaching 88% before shutdown.
 - In 2020-2021, 91% received treatment for dental issues.
 - In 2021-2022, 98.9% of Head Start children had a dental home.
 - Of the 106 children needing treatment, 76% (81) were able to receive the needed treatment.
- Increased number of Health Services Advisory Committee meetings from 1 to 2 per year in both Green River and Pennyryle service areas.

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
 - Speech-Language Pathologists – included, but not a requirement
 - Disability Services – included, but not a requirement
 - COVID-19 Pandemic – Included, but not a requirement
 - Child maltreatment/abuse rates increasing

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.

- For the 2021-2022 school year, we served 27 Pregnant Women.

Pregnant Women Served by Race & Language				
Race	Primarily English Speaking	Primarily Spanish Speaking	Language Unknown	Total
African American	1			1
Hispanic/Latino		2		2
White	23			23
Two or more races	1			1
Total	25	2	0	27

- The PIR also tracks services provided to expectant mothers:

Pregnant Women - Services (EHS Programs)	2015	2016	2017	2018	2019	2020	2021
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	25	26
b. Postpartum health care	19	20	18	22	13	14	17
c. Mental health interventions and follow up	5	3	9	18	6	11	21
d. Substance abuse prevention	11	8	8	17	12	15	17
e. Substance abuse treatment	3	4	4	9	5	5	3
f. Prenatal education on fetal development	23	26	20	30	20	21	23
g. Information on the benefits of breastfeeding	23	23	21	29	20	18	21
Pregnant Women - Prenatal Health (EHS Programs)	2015	2016	2017	2018	2019	2020	2021
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	8	4
b. 2nd trimester (3-6 months)	11	9	10	13	10	7	10
c. 3rd trimester (6-9 months)	9	9	8	12	9	10	12
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	7	9

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.

PIR questions regarding services:

Homelessness Services	2015	2016	2017	2018	2019	2020	2021
Total number of families experiencing homelessness that were served during the enrollment year	23	15	37	88	64	103	169
Total number of children experiencing homelessness that were served during the enrollment year	23	16	38	96	65	119	185
Total number of families experiencing homelessness that acquired housing during the enrollment year	8	5	12	30	16	21	38

KDE Homeless Students 2020-2021 School Year

(2021-2022 not available at publishing)

County	District Name	Preschool	Kindergarten	Grade 1 - 12	Grand Total
Caldwell	Caldwell County	0	3	10	13
Christian	Christian County	4	9	45	58
Crittenden	Crittenden County	0	5	33	38
Daviess	Daviess County	0	3	49	52
Daviess	Owensboro Ind	0	3	15	18
Hancock	Hancock County	0	0	5	5
Henderson	Henderson County	4	9	93	106
Hopkins	Hopkins County	0	6	34	40
Hopkins	Dawson Springs Ind	0	0	0	0
Livingston	Livingston County	0	2	21	23
Lyon	Lyon County	0	1	20	21
McLean	McLean County	0	0	0	0
Muhlenberg	Muhlenberg County	0	0	0	0
Ohio	Ohio County	0	5	39	44
Todd	Todd County	0	1	15	16
Trigg	Trigg County	0	1	24	25
Union	Union County	0	1	1	2
Webster	Webster County	0	29	457	488
AAHS	AAHS Total	8	78	861	949
Kentucky	KY Total	592	1410	16978	18990

<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	2015	2016	2017	2018	2019	2020	2021
Total number of enrolled children who were in foster care at any point during the program year	50	79	190	225	183	222	242
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	39	43

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	2019	2020
Kentucky	Number	7,481	7,507	7,795	8,069	9,347	9,121	9,148
	Rate per 1,000	7	7	8	8	9	9	9
United States	Number	396,099	410,459	420,360	428,133	424,653	413,780	407,383
	Rate per 1,000	5	6	6	6	6	6	6

Children in Foster Care by Age Group (Kentucky)								
Age group	Data Type	2014	2015	2016	2017	2018	2019	2020
<1	Number	483	442	488	508	602	571	505
	Percent	6%	6%	6%	6%	6%	6%	6%
1 to 5	Number	2,190	2,233	2,287	2,291	2,676	2,667	2,489
	Percent	29%	30%	29%	28%	29%	29%	29%
6 to 10	Number	1,566	1,620	1,741	1,788	2,064	1,952	1,938
	Percent	21%	21%	22%	22%	22%	21%	22%
11 to 15	Number	1,936	1,881	1,890	2,099	2,464	2,436	2,332
	Percent	26%	25%	24%	26%	26%	27%	27%
16 to 20	Number	1,331	1,362	1,406	1,403	1,549	1,522	1,411
	Percent	18%	18%	18%	17%	17%	17%	16%
Total	Number	7,506	7,538	7,812	8,089	9,355	9,148	8,675
	Percent	100%	100%	100%	100%	100%	100%	100%

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, 2019 ACS 5-Year Estimates

	Child Poverty Rate	Under 6 years	6 to 11 years	12 to 17 years	Total:	# Living in Poverty
Caldwell	22.5	53	100	70	223	50
Christian	25.2	738	441	377	1,556	392
Crittenden	21.3	27	17	26	70	15
Daviess	23.3	625	596	591	1,812	422
Hancock	16.5	123	51	144	318	52
Henderson	25.5	366	413	336	1,115	284
Hopkins	29.4	483	735	481	1,699	500
Livingston	20.3	141	54	37	232	47
Lyon	28.7	75	20	82	177	51
McLean	24.3	73	18	65	156	38
Muhlenberg	15.5	288	213	83	584	91
Ohio	31.9	176	180	122	478	152
Todd	21	60	37	121	218	46
Trigg	13.4	55	42	25	122	16
Union	17.9	215	34	40	289	52
Webster	33.2	197	117	80	394	131
AAHS Totals		3,695	3,068	2,680	9,443	2,339
Kentucky	23.5	36,830	33,218	27,364	97,412	22,892
United States	18.5	2,627,933	1,789,678	1,305,386	5,722,997	1,058,754

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 in KY									
	2013	2014	2015	2016	2017	2018	2019	2020	2021
Caldwell	0	<5	<5	<5	<5	<5	<5	<5	<5
Christian	9	<5	<5	<5	7	<5	7	18	18
Crittenden	<5	<5	<5	0	<5	0	0	<5	<5
Daviess	25	11	12	15	11	13	10	21	20
Hancock	0	<5	<5	<5	<5	0	<5	<5	<5
Henderson	6	5	<5	6	8	<5	0	8	8
Hopkins	20	8	<5	10	12	0	5	6	5
Livingston	<5	<5	<5	<5	<5	<5	<5	<5	<5
Lyon	<5	0	<5	0	<5	<5	<5	<5	<5
McLean	<5	0	0	<5	0	<5	<5	0	<5
Muhlenberg	7	9	<5	<5	6	<5	<5	<5	7
Ohio	7	<5	5	<5	<5	<5	<5	<5	<5
Todd	<5	<5	<5	0	0	<5	<5	5	<5
Trigg	<5	<5	6	<5	<5	<5	<5	<5	<5
Union	5	6	<5	<5	<5	<5	<5	<5	<5
Webster	<5	<5	<5	<5	<5	<5	0	0	0
AAHS Total	79	39	23	31	44	13	22	58	58
Kentucky	1,010	1,088	1,249	1,404	1,468	1,333	1,316	1,964	2,250

Source: odcp.ky.gov

Speech-Language Pathologist Shortage

Kentucky, like many states, is experiencing a shortage of Speech-Language Pathologists. This trend will continue to grow much faster than the average for other occupations, as the large baby-boom population grows older. The instances of health conditions that can cause speech or language impairments will continue to increase, with strokes or dementia adding to the numbers. The employment of SLP's is projected to grow 25 percent from 2019 to 2029.

Salaries for Speech-Language Pathologists in Kentucky's Major Cities and Its Rural Areas

Area name	2019			2029
	Employment	Average Hourly Wage	Average Annual Wage	Projected Employment
Bowling Green KY	50	37.54	\$78,080	63
Elizabethtown-Fort Knox KY	40	39.83	\$82,850	50
Lexington-Fayette KY	300	36.15	\$75,190	375
Louisville/Jefferson County KY-IN	670	38.88	\$80,870	838
Owensboro KY	50	30.47	\$63,390	63
West Kentucky nonmetropolitan area	160	29	\$60,330	200
South Central Kentucky nonmetropolitan area	240	27.43	\$57,050	300
Central Kentucky nonmetropolitan area	170	27.95	\$58,130	213
East Kentucky nonmetropolitan area	150	29.66	\$61,690	188
Total Employment / Average Wages	1830	32.99	\$68,620	2288

This situation is compounded by the large area that AAHS serves. Covering 13.33% of Kentucky's counties, encompassing 16.14% of the land area, and 9.97% of it's population. The need for SLP's is already a difficult situation faced on a regular basis, and will undoubtedly continue to become a larger hurdle in the future.

AAHS Coverage Info by County

Counties Covered	16
KY Counties	120
% Covered	13.33%

All figures from 2020 Census. Density is people/sq
mile.

County	Formed In	County Seat	Land Area - Square Miles	Population	Density
Caldwell	1809	Princeton	345	12,649	38
Christian	1797	Hopkinsville	718	72,748	101
Crittenden	1842	Marion	360	8,990	25
Davies	1815	Owensboro	458	103,312	226
Hancock	1829	Hawesville	188	9,095	48
Henderson	1799	Henderson	437	44,793	103
Hopkins	1807	Madisonville	542	45,423	84
Livingston	1799	Smithland	313	8,888	28
Lyon	1854	Eddyville	214	8,314	39
McLean	1854	Calhoun	252	9,152	36
Muhlenberg	1799	Greenville	467	30,928	66
Ohio	1799	Hartford	587	23,772	40
Todd	1820	Elkton	375	12,243	33
Trigg	1820	Cadiz	441	14,061	32
Union	1811	Morganfield	343	13,668	40
Webster	1860	Dixon	332	13,017	39
AAHS Total			6,372	431,053	68
KY Total			39,486	4,505,836	114
AAHS % of KY Total			16.14%	9.57%	59.28%

Disability Services

- AAHS met several barriers in the 2021-2022 school year when it came to disability services for the Early Head Start children.
 - In many of our areas, First Steps has struggled with adequate staffing of service providers, communicating with families, and providing assessments in a timely manner.
 - In several counties, there was only access to one speech/language provider. Families were asked to transport children for these services, up to an hour away.
 - The lack of staffing for First steps, has also led to delays in referrals and extended paperwork processing times. It is not uncommon for our families to reach out to First Steps multiple times before their referral paperwork gets started.
 - During the pandemic, First Steps providers were only offering virtual services for children. This often resulted in a parent or classroom teacher following a child around with an electronic device for 45 minutes to an hour, while trying to take direction from the service provider.
 - Some families decided not to renew their child's IFSP because they could no longer see the benefits for their child.

Disability Services – Steps taken

- Audubon has worked hard to combat these challenges in several ways:
 - AAHS has referred families to outside private service providers.
 - In some areas, these service providers come to our sites on a regular basis to serve our children.
 - When children receive outside services, or when we have serious developmental concerns that are not being followed upon in a timely manner, we work to create an Individualized Support Plan for the child.
 - This plan outlines each child's areas of concern, strengths, and goals.
 - Classroom staff then individualize for each child based on these goals.

COVID – 19 Pandemic Issues

Abstract from the Urban Institute: <https://www.urban.org/research/publication/stories-hardship-families-young-children-covid-19-pandemic-persists>

As the COVID-19 pandemic wears on, many families with young children have faced and continue to experience an overwhelming amount of material and economic hardship and food insecurity. This not only creates distress in the short term but has significant implications for children’s longer-term well-being and development. Although data may show a recovering economy and decreases in unemployment, stories from parents with young children highlight how hardship endures because of instability in work hours, disruptions to child care, and barriers to food access. Since the start of the COVID-19 pandemic, the following issues have been major talking points:

- Although some parents had experienced job loss, families more commonly struggled with reduced work hours, and underemployment had become the norm for many families.
- Reduced income and children spending more time at home takes a toll on family food budgets. Parents navigated additional barriers to buying enough food for their families, including store closures, transportation challenges, and rising food prices.
- Families utilized common food-coping strategies, such as reducing dietary variety, relying on shelf-stable foods, and using charitable food resources such as food pantries, a resource some newly food insecure families used for the first time during the pandemic. Some families faced more severe food hardship, resulting in parents reducing their intake so that their children could eat.
- Adaptations to federal nutrition programs made a positive impact on some families experiencing food insecurity, but others continued to experience challenges in accessing program benefits. Difficulty getting to school meal pick-ups, fear of public-charge rules, lack of funds to pay for delivery fees for online Supplemental Nutrition Assistance Program grocery purchases, and delays in Pandemic-EBT rollout limited the resources available for some families.
- Families’ lives have been altered significantly by the pandemic, leading to more limited environments for children and increased parental stress.

Not included in the abstract, are several other issues that AAHS has experienced with the families served:

- Internet capabilities in rural areas, and even in urban areas, especially for those affected by economic hardships. Many are unable to get coverage in their area, and some that can, simply cannot afford what is offered.
- Possible Domestic issues/Child maltreatment or abuse.
- Educational Passing Rates: With most of the country going to online learning, many students that previously did well struggled to succeed academically.
- Mental Health Issues: Rates of depression and anxiety for many skyrocketed, but were left with limited access to help during the pandemic.

The following charts illustrate some of the impacts of COVID-19 in Kentucky:

Households with children that lost employment income in Kentucky

Location	Apr 23 - May 12, 2020	May 7 - May 19, 2020	May 14 - May 26, 2020	May 21 - Jun 2, 2020	May 28 - Jun 9, 2020
Kentucky	53%	53%	49%	49%	49%
United States	51%	52%	53%	53%	53%
Difference	2%	1%	-4%	-4%	-4%
Location	Jun 4 - Jun 16, 2020	Jun 11 - Jun 23, 2020	Jun 18 - Jun 30, 2020	Jun 25 - Jul 7, 2020	Jul 2 - Jul 14, 2020
Kentucky	47%	50%	55%	51%	51%
United States	52%	53%	54%	55%	55%
Difference	-5%	-3%	1%	-4%	-4%
Location	Jul 9 - Jul 21, 2020	Aug 19 - Sep 14, 2020	Sep 2 - Sep 28, 2020	Sep 16 - Oct 12, 2020	Sep 30 - Oct 26, 2020
Kentucky	54%	50%	51%	50%	49%
United States	56%	49%	50%	50%	49%
Difference	-2%	1%	1%	0%	0%
Location	Oct 14 - Nov 9, 2020	Oct 28 - Nov 23, 2020	Nov 11 - Dec 7, 2020	Nov 25 - Dec 21, 2020	Jan 6 - Feb 1, 2021
Kentucky	49%	48%	51%	56%	52%
United States	50%	52%	53%	53%	52%
Difference	-1%	-4%	-2%	3%	0%
Location	Jan 20 - Feb 15, 2021	Feb 3 - Mar 1, 2021	Feb 17 - Mar 15, 2021	Mar 3 - Mar 29, 2021	Apr 14 - May 10, 2021
Kentucky	53%	56%	57%	51%	23%
United States	52%	51%	51%	49%	24%
Difference	1%	5%	6%	2%	-1%
Location	Apr 28 - May 24, 2021	May 12 - Jun 07, 2021	May 26 - Jun 21, 2021	Jun 09 - Jul 05, 2021	
Kentucky	23%	22%	22%	22%	
United States	22%	17%	17%	18%	
Difference	1%	5%	5%	4%	

Relation to 0%	Red	Yellow	Green	Total Months
Count	14	3	12	29
% of Total	48.28%	10.34%	41.38%	
At or Above 0%	58.62%			

Of the 29 months of data, Kentucky was higher than the national average 14 times, with an additional 3 months being at the national average.

- Though unemployment insurance did help to ease some issues, it was common to hear stories of lag times in approval for benefits, as well as receiving payments once approved.
- Many families exhausted all savings, others sold items they would rather not, if given the choice.

Child Maltreatment/Abuse Rates

Although it can be shown that reports of suspected child abuse fell more than 24% in the first 8 months of the pandemic, the confirmed evidence of abuse rose by more than 30%. The proportion of suspected child abuse cases that were considered severe enough to need medical evaluations and intervention rose from 10% pre-pandemic to 17% during it.

- This has led to more severe abuse than it would have been otherwise, as it has continued much longer than it normally would during non-pandemic years.
- Less contact between students and teachers due to closures and remote learning led to a decrease in reporting – Summer months typically show a dip in reporting due to this, as they are trained to look for indicators of abuse.
- An increase in reporting is expected as many students return to in-person learning during the 2021-2022 academic year.

<https://www.edweek.org/leadership/child-abuse-cases-got-more-severe-during-covid-19-could-teachers-have-prevented-it/2021/06>

All indicators point to an under-reporting of the issues during the pandemic. As such, we will continue to monitor this area diligently.