

2016-2017 Community Assessment Update Summary

Kids Are First Inc. is dedicated to quality services to low-income families utilized client interviews, focus groups, parent and community surveys and community resource interviews. Additional information collected for this assessment were gathered from a review of PIR data, Self-Assessment results, planning activities, KAF's internal data system (PROMIS), formal and informal communication with parents, staff, community leaders, literature reviews, and other external research. *Five Steps to Community Assessment– A Workbook for Head Start and Early Head Start Programs Serving Hispanic and Other Emerging Populations* was used to guide data collection and analysis through the use of the worksheets, and to develop the final report following the evaluation checklist and report format design.

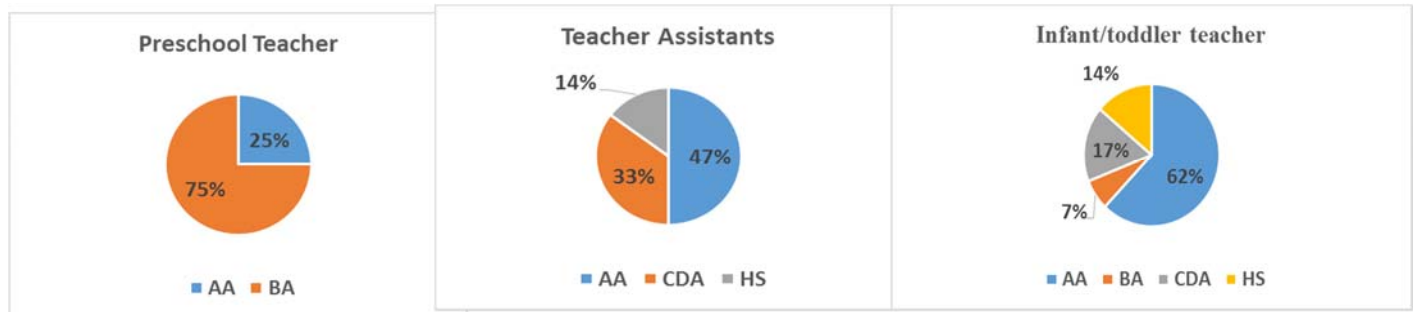
Location and Slots of KAF Head Start and Early Head Start Centers

County	City	Number of Head Start	Number of Early Head	Total Children by County and
Dimmit				
	Carrizo Springs	53	32	85
Frio				
	Pearsall	69	16	85
La Salle				
	Cotulla	34	12	46
Maverick				
	Las Colonias	187	40	227
	LB Johnson	83	16	99
	Seco Mines	89	0	89
	Rosita Valley	71	0	71
KAF		586	116	702

KAF, PROMIS, 2017

Kids Are First, Inc., Teaching Staff Qualifications

KAF, PROMIS, 2017



Based on 2010 census information, three of the counties – Maverick, Dimmit, and La Salle - are among the poorest counties in the United States.

Our programs Overall outcome reflects the majority of our families and children are Hispanic and speak the Spanish language as their primary language. The program served a greater number of single parent household families with a lower percentage of two parent households. The families are working, attending school/college and a small percentage were in job training yet there is a need for continued job training and GED attainment by the families. Also, Families are identifying Parenting Skills training/ workshops as their highest interest and need for both program groups.

Information from the 2016 Community Assessment from The Texas Department State Health Services reported that the number of children enrolled in Medicaid September 2015 under 5 year was the following: Dimmit County 1718, Frio County 2450, La Salle County 834 and Maverick County 9562. Although Maverick County shows the highest number of birth, historically because it border Mexico a significant number of children born are from non-US citizen who have traditionally crossed the border in the early stages of labor to have their children born as US citizens.

The chart below reflects the total number of births by counties from 2011-2014.

<u>County</u>	<u>Total Birth</u> <u>2011</u>	<u>Total Birth</u> <u>2012</u>	<u>Total Births</u> <u>2013</u>	<u>Total Births</u> <u>2014</u>
<u>Dimmit</u>	168	189	<u>195</u>	<u>190</u>
<u>Frio</u>	231	253	<u>263</u>	<u>273</u>
<u>La Salle</u>	81	98	<u>99</u>	<u>104</u>
<u>Maverick</u>	1040	1096	<u>1093</u>	<u>1171</u>

The State of Texas House Bill (HB) 4 was passed by the 84th Texas Legislature, 2015, and signed into law by Governor Abbott on May 28, 2015. HB 4 establishes additional state support for high-quality prekindergarten programs including authorization for a grant program and expansion of early childhood education reporting requirements for all Texas public schools.

The Carrizo Springs ISD was awarded 6 classroom of 22 children for a total of 132. This population is the same as the Head Start eligibility and continue to impact our enrollment of 4 year old population in Dimmit County. In addition, The Pearsall ISD have no plans to reduce the number of 4 year old that they provided full day/full year. This has impacted the Pearsall Center for the past two years. In August each year two classroom of 4 years after being enrolled in our Pearsall Center choose to attend school at the Pearsall ISD after being enrolled due to the extended hours and one stop location of siblings. In Maverick (Eagle Pass) and La Salle Counties there is no impact to recruitment as these Local Education Agencies (Eagle Pass ISD and Cotulla ISD) provide half day/full year for the 4 year children.

Early Childhood Intervention Data on children Birth-3 years old. FY 2015 ECI reported the following County information served by KAF.

Dimmit County had a total 669 birth to 3 population and in 2015 ECI served 79 children of that population. In Frio there was a total of 1026 birth to 3 population and ECI served 73. La Salle

County had total of 420 birth to 3 population and ECI served 22. Maverick County had a total of 4547 birth to 3 population and ECI served 288 of that population.

KAF center showed a significant number of children on the enrollment waiting list for children birth to three Carrizo 62, Cotulla 12, Pearsall 49, and Eagle Pass Centers 57.

This Community Assessment data collected and current birth to three center waiting list revealed an increase of children birth to three and an additional need for affordable, quality child care for children birth to three in Dimmit, Frio, La Salle and Maverick counties. There has been significant increase of children born in all four counties within the past five year. There is high number of these children born into poverty and Medicaid eligible from the information obtained by the Texas Department of Health and Human Services. It is further noted from information gather by The Early Childhood Intervention Program has significant number of children age's birth to three in the four counties served with disabilities within the past two years.

Child Care. Within the four county service area, there is a total of 22 licensed child care centers. Of those child care centers 17 were interviewed. Analysis of the interview results showed that the majority of the licensed child care centers five out of 17 have a waiting list. The results also showed that it is a mixture of ages that are on the waiting list. One out of five centers had infants on the waiting list, Two out of Five centers had toddlers on the waiting list, and three out of five had preschool aged children on the waiting list. All licensed child care centers indicated that they are accepting children that are low in-come and qualify for the Child Care Provider Services (CCPS) subsidy program when in other years they would rather accept fee for services. Although the Middle Rio Grande Development Council Inc. is serving Families in the four counties there continues to be a waiting list due to the lack of child care facilities in the four counties to meet demands of the

number of eligible families and recently increase of the population of children birth to three. In May 2017 Middle Rio Grande Development Council Inc. received information that this program will possibly be affected by governmental cuts.

Usually, families that are enrolled in the CCPS pay 9% of their monthly gross income for 1 eligible child and 11% of their monthly gross income for 2 children. In addition upon reviewing the Child Care Provider Services the poverty guideline of families they serve families begin at the 85% poverty level versus the 100% to 129% poverty level that KAF is currently serving that is the Federal poverty level. Parents that are on KAF waiting list often resort to obtaining CCPS services to meet child care needs. CCPS services allow for families to use in home non licensed homes for these services.

The number of slots of CCPS for children birth to 4 by County is: Dimmit 465, Frio 549, La Salle 167 and Maverick 2094. Middle Rio Grande is unable to serve the total number slots generated by Texas Early Childhood Education Needs Assessment which looks at the Gaps between need and available of Early Care and Education. This further impacts the gap of need for full-time, stable, high-quality comprehensive child development services for working families.

Health and Obesity Rate:

The diabetes rate for this county is 9.0% versus the state rate of 8.9%; the low income preschool obesity rate was 21% for Carrizo Springs versus the 15.7% of the State rate. The average overall health of teeth and gum for this city is 43.8% versus 46.4% for the State. Cotulla's data revealed low income preschool obesity rate at 18 for La Salle County versus the state at 15.7%. The average overall health of teeth and gums were at 45.7% below the State average of 46.7%, the average BMI for Cotulla is 28.6% and Texas was 28.5%, overweight people in Cotulla was at

34.6% to the state 33%. The average overall health of teeth and gums for Pearsall was 45.2% to 48% for the State. Pearsall had 33.1% percent overweight population versus the 33% for Texas. In Eagle Pass, the adult obesity rate was 26.6% equal to the State rate. The low-income preschool obesity rate was 16.5% above the State 15.7%. The average overall health of teeth and gums was 50.5% above the State rate of 46.4%. The average BMI was 28.6% versus the State at 28.5. The percentage of overweight people in Eagle Pass was 36.1% compared to the State of 33%.

Medical Coverage

As per Texas Department of State Health Service for the community of Carrizo Springs in September 2015 there was a total of 1718 children enrolled in Medicaid, 118 pregnant women, 164 newborns, and 488 children ages 1-5. In Pearsall September 2015, there was a total of 3596 individuals receiving Medicaid September 2015 reflected for Frio County; total number of children enrolled 2450, 41 pregnant women, 163 newborns and 192 children ages 1-5. In Cotulla there was a total number of 834 children enrolled in Medicaid, 59 pregnant women, 65 newborns, and 231 children ages 1-5. In Eagle Pass for there was a total of 9,562 children enrolled in Medicaid, 521 pregnant women, 809 newborn and 2,847 children ages 1 to 5.

KAF's Content Area Impact

EDUCATION

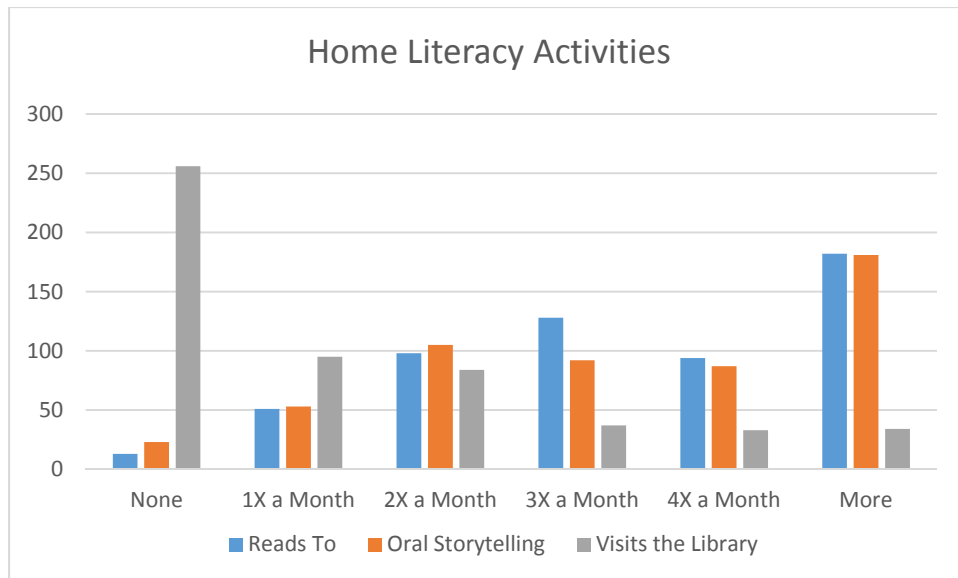
KAF's educational program is sensitive to children's particular educational challenges while at the same time fostering and building on their strengths. KAF surveyed parents to determine their strengths and needs related to education of their child and analyzed the results and information from child's outcomes to identify a range of strengths and needs as well as challenges notes as important for continuity of quality services for families and children. (KAF's Parent Survey)

The implementation of KAF's School Readiness Plan developed in alignment with the Head Start Child Development Early Learning Framework, Texas Pre-K Guidelines, Little Texans-Bright Futures Infant and Toddler Guidelines, and Kindergarten TEKs, Creative Curriculum, and ongoing assessment, Teaching Strategies GOLD has assisted parents in becoming an integral participant in the development of goals for their children. Parents have expressed pleasure with the opportunities to develop goals for their child's goals. (KAF Parent Survey, 2017)

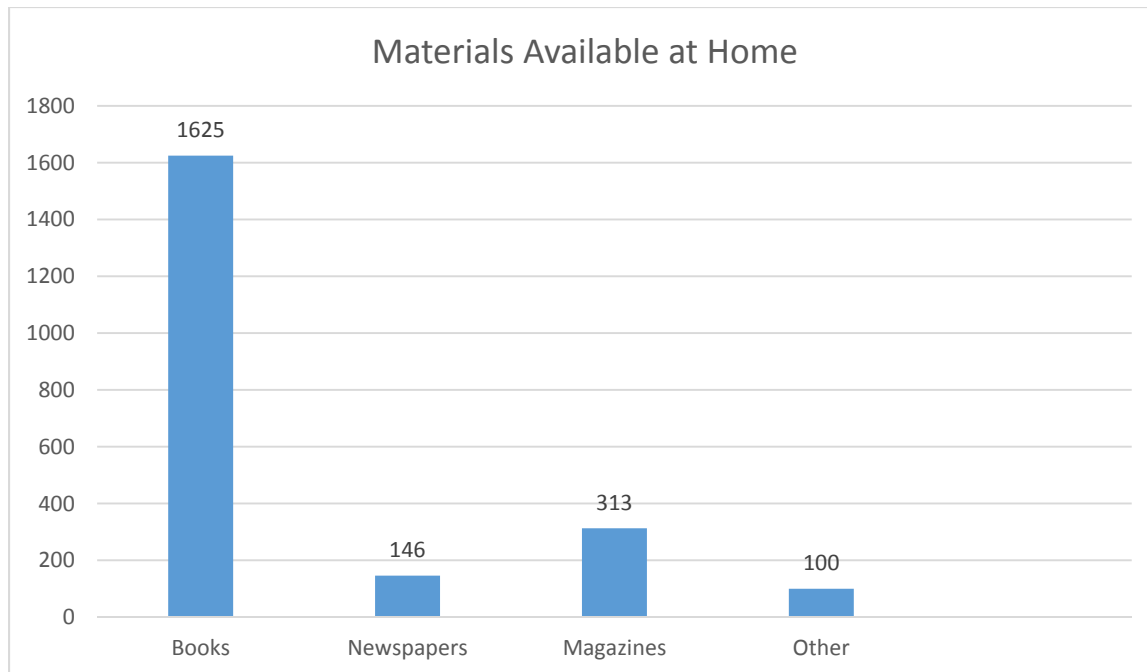
Ongoing communication among center staff and parents provide for a strong and close relationship between center and home. Parents also stated that they received training on child development which was of value in supporting their involvement in their child's learning and development. According to the parent surveys, parents feel that KAF is providing high quality services to children and families.

Parents were also surveyed to evaluate if families had access and/or resources available in order to help support their children in the development of language and literacy. The following graph represents how many times a month parents read to their children, participated in oral storytelling, and visited the library.

An analysis of the results from the 606 parent surveys showed that a large number of parents did not visit the local library with their children, but a majority did read to their children at home three times or more times a month. Oral storytelling was also happening in the homes of the parents that were surveyed.



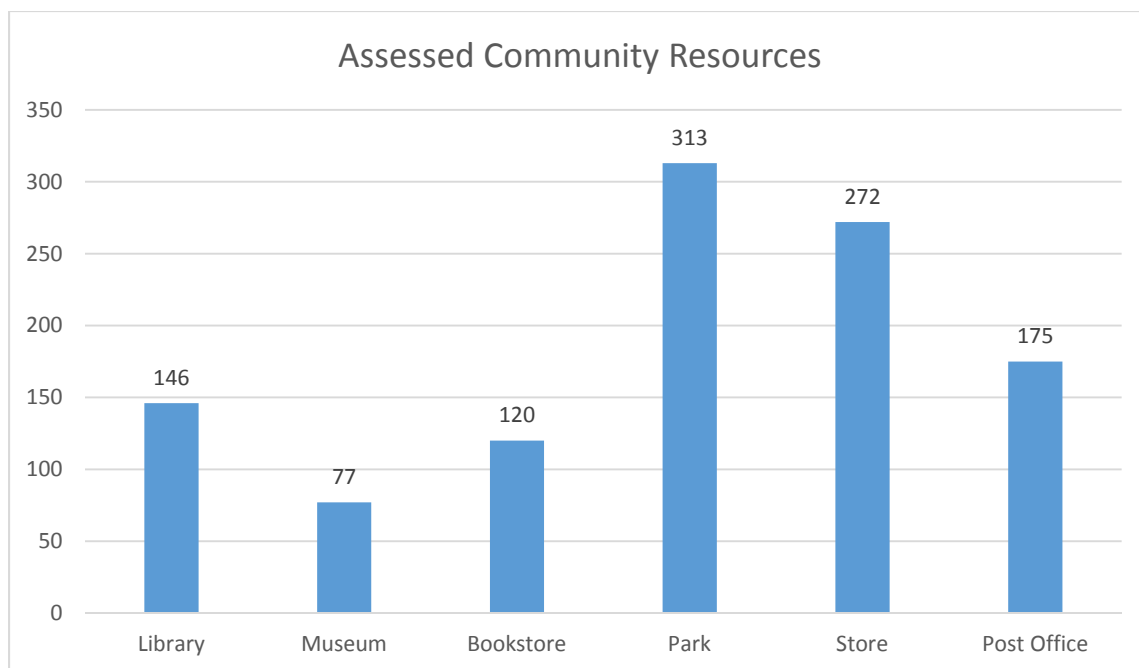
In the same parent survey, 606 parents were asked if they had any literacy materials available to the family at home. The next chart indicates the parent's responses about the literacy materials in both English and Spanish that are available to the family at home. The chart indicates that families have materials available at home with books being the more common literacy material. Of the 606 parents surveyed, they stated that they had 1625 books, 146 newspapers, 313 magazines, and 100 other literacy materials available in their homes.



606 EHS Parents were asked to provide feedback on community resources that they had accessed on their own or with the assistance of KAF; analyzed results are displayed in the table below.

Parents used parks, stores, and libraries at a higher rate than post office, museum, and book store.

There are few museums and book stores in the area. Out of the 606 parents surveyed, 146 accessed the library, 77 accessed the museum, 120 accessed the bookstore, 313 accessed the park, 272 accessed the store, and 175 accessed the post office.



2016-2017

County	Children Served	Physicals	Dentals	Medical Home	Dental Home	Immunizations	Insurance
La Salle	60	59	60	60	60	60	60
Frio	131	128	128	131	131	127	131
Dimmit	143	140	142	140	140	137	143
Maverick	627	615	618	622	622	618	618
Total	961	942	948	953	953	942	952

Health of the 961 children served program year 2016-2017

942 children (98%) had a current physical exam

948 children (99%) had a current dental oral exam

953 children (99%) had a medical provider

953 children (99%) had dental provider

942 children (98%) had immunization up to date

952 children (99%) had insurance

The chart above illustrates areas of strengths base on the outcome of the PIR Results for program year 2016-2017.

Mental Health

In the four county service area, Camino Real Community Services provides comprehensive services to: person with psychiatric needs, individuals with intellectual or developmental disabilities and infants and toddlers with developmental delays and disabilities. Managing from a main office in Lytle, Texas, Camino Real had a branch in Zavala County that serves Dimmit, and La Salle County and one in Eagle Pass that serves Maverick County.

Many of the License Professional Counselors (LPC's) are contracted with Camino Real. The remaining License Professional Counselors (LPC's) are in private practice and charge a fee for their services and extremely limited in our program service area. KAF has on contract a bilingual mental health provider to do mandated classroom observations and parent support meetings and provided individual services as needed by families and staff.

South Texas Rural Health Systems operates medical clinics which also offer mental health and substance abuse services. Requiring payment on a sliding scale, the clinics have counselors in every county. (*South Texas Rural Health Systems, 2016.*)

Mental Health and the criminal justice system are closely interrelated, with substances abuse adding even more complexity to the system. Texas ranks towards the bottom of the list in per capita mental health stated funding, well below the national average. Counties are mandated to provide minimum levels of care, including mental health. However providing for certain services is discretionary and depends in the amount of revenue available in the county general funds each fiscal year.

County have the option of providing funds to the local mental health center or other community programs when budgets allow. (Leg. Ad. Texas Association of Counties)

Based on PIR outcomes for 2016-2017 of total of 861 families were serve in Head Start and Early Head Start. Only 365 families (42%) participated in the Mental Health trainings, workshop, and support group “Las Platicas” or “Let’s Talk” including Mental Wellness trainings.

In order to reach the majority of the families in our program at Center level will be continue to collaborate with community services provides to continue increasing our families’ awareness on mental health and mental wellness.

NUTRITION

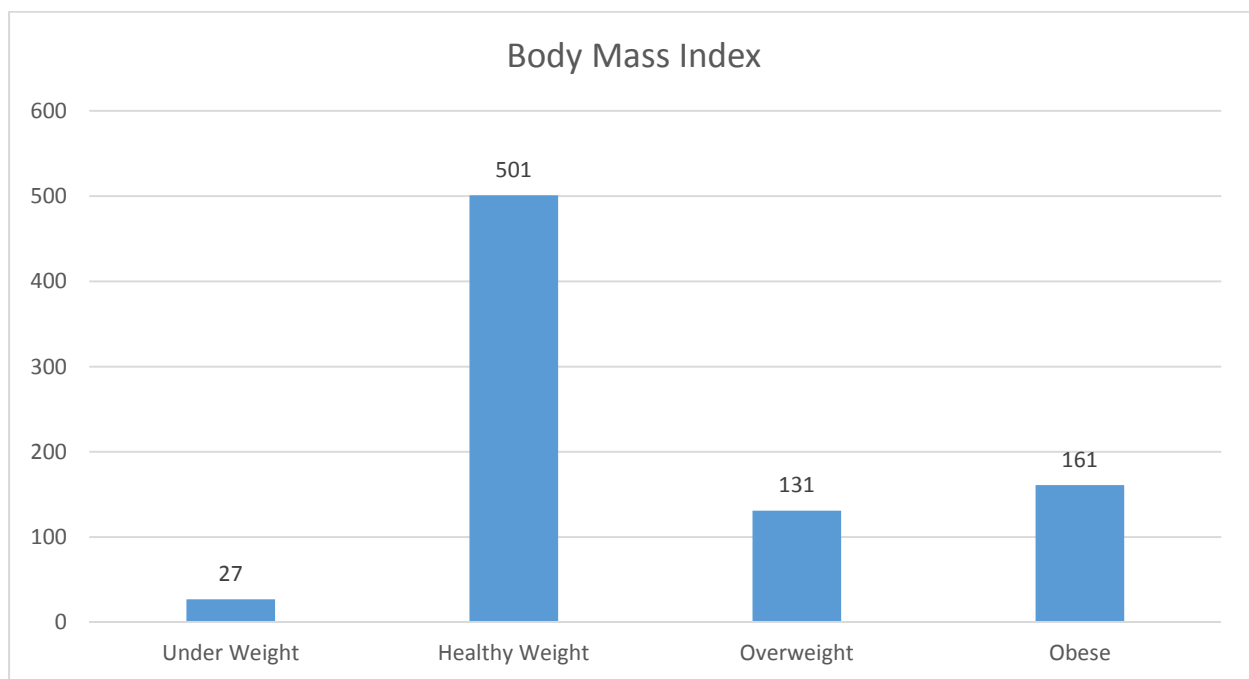
KAF completes nutrition assessments that include dietary intake questionnaire, height and weight measurements, growth charts, and hemoglobin or hematocrit readings (KAF PROMIS, 2017). Families enrolled in WIC receive services such as hemoglobin testing, height and weight measurements and nutritional education on making healthy foods choices for their families.

Through KAF HS/EHS programs, parents receive additional information about their child’s nutritional status and have access to training on healthy eating, exercise, and budgeting. KAF will also make any necessary dietary changes for children with food allergies or intolerances with a physician medical statement and provides special dietary guidance when needed by a contracted registered dietitian at no cost to the families.

Obesity in Children

Based on the 2007-2009 County Obesity Prevalence, more than 15-20% of two to four year olds in the KAF service area are considered obese. In 2016, 19% of KAF’s enrolled children were overweight, and 25% were obese. (KAF PIR, 2017) Body Mass Index (BMI) are only counted

for Head start children the high rate of overweight and obese continue to be a concern for our families and community.



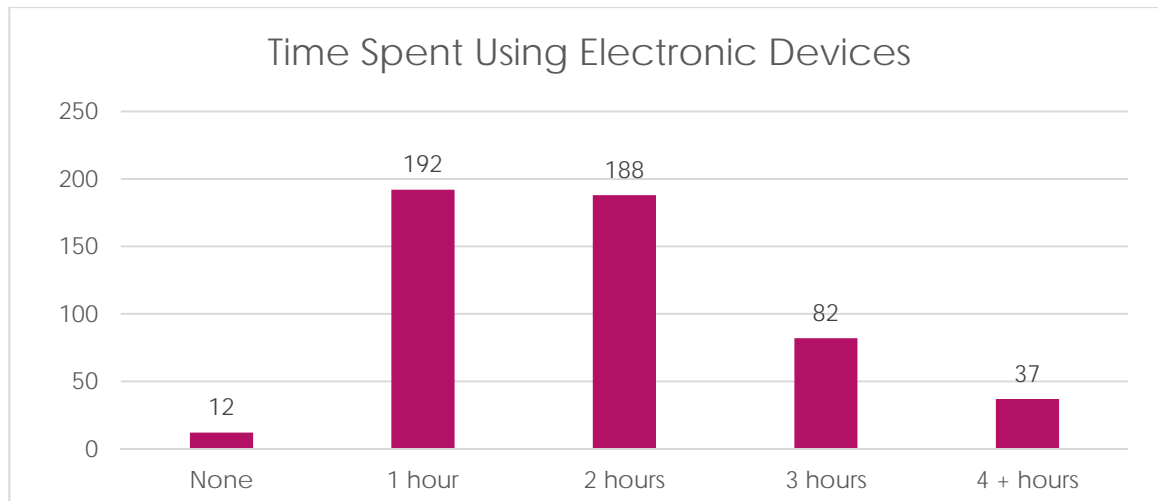
Physical Activity

Increasing physical activity promotes a healthy lifestyle for both children and adults. Although there is a lack of physical fitness programs in the area, KAF teachers encourage nutritional and physical education in the classroom by conducting a weekly nutritional lesson and a monthly nutritional activity. Outdoor activities are conducted to encourage and increase the level of physical fitness during outdoor times. Children in KAF HS/EHS are beginning participation in the physical activity program, *I Am Moving, Am Learning*. Physical Activities are integrated into the research-based educational curriculum, Teaching Strategies GOLD, providing movement opportunities throughout the day both indoors and outdoors. Parents can participate

in nutritional and physical education training opportunities and integration of physical activities in their homes and communities.

Screen Time

Analysis of the data results collected from 606 parent surveys showed that 60% of the families their children spent between two and four hours a day watching television or using some type of electronic device at home. Although screen time is a contributing factor to obesity in children and adults the American Academy of Pediatrics released the new policy statements on October 21, 2016 that parents and caregivers develop a family media plan that takes into account the health, education and entertainment needs of each child as well as the whole family. “Families should proactively think about their children’s media use and talk with children about it, because too much media use can mean that children don’t have enough time during the day to play, study, talk, or sleep,” said Jenny Radesky, MD, FAAP, lead author of the policy statement, “Media and Young Minds,” which focuses on infants, toddlers and pre-school children. “What’s most important is that parents be their child’s ‘media mentor.’ That means teaching them how to use it as a tool to create, connect and learn.” A second policy statement, “Media Use in School-Aged Children and Adolescents,” offers recommendations for children ages 5 to 18, and a technical report, “Children, Adolescents and Digital Media,” provides a review of the scientific literature to support both policies. All three documents were published in the November 2016 Pediatrics (online October 21).



Food Banks

Increasing rates of food insecurity has increased the need for food banks but there are only two that serve the four counties and each Food Bank provides services for up to sixteen counties. The San Antonio Food Bank, serves Frio and La Salle Counties, distributed more than 63 million pounds of food in FY 2016. South Texas Food Bank which serves Dimmit and Maverick Counties distributed 10.1 million pounds of food for FY 2016 through their 150 member non-profit agencies like food pantries, soup kitchens, and homeless shelters.

(www.southtexasfoodbank.org)

WIC Services

The Supplement Feeding Program for Women, Infants, and Children (WIC) provides services to most of these children living in poverty in all four county areas. Some families choose to not participate in WIC services for a variety of reasons including challenges with transportation, language barriers, literacy levels, and time spent waiting to be seen. (KAF Parent Survey, 2017) WIC is facing challenges due cuts and staff members anticipate increases in case load sizes, new delivery methods, increased waiting lists, and staff reductions. (KAF Community Partner Interviews, 2017)

Poverty, Food Stamps, and WIC

County	Children 0-17	Children 0-17	Children Served
	Living in Poverty	Served by Food	by WIC
Dimmit	1,167	1,308	402
Frio	1,437	1,767	621
La Salle	334	658	86
Maverick	6,418	7,085	2,861

2015 KIDS COUNT,

(<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=TX&loct=5&by=a&ind=3148&dtm=10199&ft=133>)

All children receiving HS/EHS services from KAF lived in families below the poverty level.

The majority of families participated in SNAP and received services through WIC.

Supplemental social services are a necessity for families in the KAF program.

Collaborations with Children's Nutrition Research Center at Baylor College of Medicine

Study to Examine Proposed Meal Changes for CACFP: Impact on Child Food Intake and Costs

The Children's Nutrition Research Center at Baylor College of Medicine, in Houston, Texas has been awarded a grant to review the proposed meal changes for CACFP and their impact on child food intake and costs associated with the mandated foods in your communities. KAF centers in Dimmit and Frio Counties are participating in the study. The study was submitted to the National Institute of Health (NIH) in response to PA-11-104, Reducing Health Disparities among Minority and Underserved Children, to investigate these 2 questions using a multilevel approach. The overall objective of the study is to implement the IOM meal pattern requirements for CACFP meals in day homes and centers in Texas. A multidisciplinary team focuses on nutrition, economics, and provider outcomes.

The specific data to be conducted to evaluate the impact of the new meal pattern requirements include: Daily meal participation rates; Provider food service costs (food, labor, total meals); Mealtime environment; Barriers to change at the day care site; Child dietary intake via

observations; and interview data from parents of children participating at the CACFP sites to obtain their opinions on the CACFP meals prior to the implementation of the new guidelines. Childhood obesity and food insecurity are two important public health issues disproportionately affecting the racial and ethnic minority populations. It increases the risk of being overweight/obese as adults and of chronic diseases such as cardiovascular diseases. As food insecurity increases, the nutritional adequacy of the household's diet declines, with lower intakes of fruit, vegetables, and whole grains, and higher intakes of energy-dense foods. Such dietary patterns lead to a net positive energy balance and weight gain. Thus, improving child nutrition is an urgent public health challenge in the US. The USDA's Child and Adult Care Food Program (CACFP) helps meet this challenge for low-income children. CACFP plays a vital role in improving the quality of day care and making it more affordable for many low-income families. In 2010, the USDA commissioned the Institute of Medicine (IOM) to provide recommendations that align the CACFP with the US Dietary Guidelines to ensure that the CACFP meals promote health and reduce both inadequate and excessive intakes. The 2011 IOM report recommended increasing the variety of fruits and vegetables, increasing the proportion of whole grains to 50% of total grains, and decreasing the content of solid fats, added sugars, trans fats, and sodium in the CACFP meals. These added components will likely increase costs, but should improve children's dietary intake.

Because of the slow legislative process, the IOM recommendations will not be mandated until Fall of 2017. Two of the IOM report recommendations call for research identifying how the new meal requirements would change children's program-related dietary intakes and whether food service costs change. If children reject the new meal patterns based on these requirements, participation, and therefore revenue, would drop, impacting the financial health of the program

providers. Plus, children's intakes could be compromised if they make less healthy food choices from alternate sources. These are important questions, and answers are needed to inform policy and future technical and educational assistance.

ERSEA/Family and Community Partnership

Early Head Start

The outcome of the Program Information Report for Program Year 2016-2017 is illustrated in the Early Head Start ERSEA / Family and Community Partnerships graph illustrations. The ages of the children served (61%) were between the ages of 24-36 months. The race / ethnicity is 96% Hispanic yet the parents of the children select English (57%) and their primary language verses (39%) Spanish. A total of 141 Families were served with the majority (74%) single parent and 26% two parent households. Employment status reflects parents unemployed (23%) combined for both single and two parent household, these are the families who were enrolled in high school and college including job training. The Educational levels of the families were 49% with Advanced BA, AA/ some college degrees and High School graduate / GED were at the same level average (33%) and less than High School at (18%) . Outcomes for the Family Needs Identified reflect Parenting Education as the highest need overall at (32%), 2nd need Job Training (16%) while Adult GED programs / college selection as the third need at (14%).

Head Start

The outcome of the Program Information Report for Program Year 2016-17 is illustrated in the Head Start ERSEA / Family and Community Partnership graph illustrations. The ages of the children served (59%) were between the ages of 3-4 years old and (41%) were 4 year olds. Their Race/Ethnicity is Hispanic at (97%) with White at 1%. Spanish is the language with the higher percentage of (53%) while English was at (47%). The total number of Families served were 720 with a majority of Single Parent households at

65% and 35% were two Parent households. The Employment status for both Single Parent Households (67%) and Two Parent households (29%) reflect higher employment status verses unemployment. The Educational levels of the families reflect (6%) Advanced Degree/BA, Associate/some college at 38% and High School Graduate/GED at (34%) and less than High School reflects (22%).

Analysis

As previously stated of the data of birth by county for 2011 to 2014 there continues to be an increase of the number of total birth each year. This provides the necessary information to support the need for birth to three population continues to rise in the current catchment service area.

After a review of data collected for the Community Assessment by County and KAF data it is noted that the continued need for affordable, quality child care in Dimmit, Frio, La Salle and Maverick counties for children birth to three. There has been significant increase of children born in all four counties within the past five year. There is high number of these children born into poverty and Medicaid eligible from the information obtained by the Texas Department of Health and Human Services. There has been an increase in children identified with a disability as gather from the collaboration of The Early Childhood Intervention Program and Local Education Agencies. Agency PROMIS data reveled continuous increase trend of obesity within the four counties of enrolled children and parent concerns childhood obesity.