

2023 Head Start Community Needs Assessment

Friends of Children and Families, Inc.



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1. Introduction

Based on the Head Start Program Performance Standards, Friends of Children and Families (FOCAF) is required to complete a comprehensive community needs assessment once within a five-year grant cycle. During the remaining four years, FOCAF needs to review and update its community needs assessment annually. The annual review identifies changes in community data that may inform its Early Head Start (EHS) and Head Start (HS) federally-funded grant programs and services in Ada and Elmore Counties in Idaho.

FOCAF contracted with Transform Consulting Group (TCG) for assistance in completing the five-year community needs assessment and annual community assessment update. These reports will help FOCAF strengthen its community partnerships, manage its programs and services, and provide high-quality comprehensive early care and education services for children and families.

The annual community needs assessment update is structured similarly to the comprehensive report to more easily compare data and any changes. It includes information in three main sections:

1. **Community Needs** - provides the most recent data available regarding targeted geographic service delivery areas for population, demographics, early learning programs, disabilities, health and nutrition, and social services for children and families.
2. **FOCAF Meeting the Needs** - includes a profile of the services and activities FOCAF has provided through its EHS and HS programs to meet the community's needs.
3. **Recommendations** - includes a summary of the recommendations previously outlined in the comprehensive assessment, how FOCAF has begun to approach the recommendations, and any new recommendations based on the updated data outlined in this report.

2. Data Collection Methodology

TCG completed a mixed methods design by assessing qualitative and quantitative data from multiple sources. TCG sought publicly-sourced data for FOCAF's service area, Ada and Elmore counties. TCG pulled publicly-sourced population data from the U.S. Census Bureau 2021 American Community Survey (ACS) 5-Year Estimates. Data from the Idaho State Department of Education and other government agencies were used when it was unavailable through the ACS. TCG also used FOCAF's 2022 Head Start Program Information Report (PIR) and analyzed stakeholder feedback from staff, community partners, and families.

3. Community Needs

Population Demographics

POPULATION

FOCAF's EHS and HS programs serve children and families in Ada and Elmore counties. Ada County represents one of the largest metropolitan areas in Idaho, including the cities of Boise, Garden City, and Meridian. Elmore County has cities, including Mountain Home and Glenns Ferry.

Ada County has 32,670 young children under 6, including 15,100 ages 0-2 and 17,570 ages 3-5. Elmore County has +2,535 young children, including 1,241 ages 0-2 and 1,294 ages 3-5.

Friends of Children & Families Service Area



Single Age Population for Children Under Six Years							
Location	Infant	One	Two	Three	Four	Five	Total Ages 0-5
Ada County	4,898	4,977	5,225	5,490	5,885	6,195	32,670
	15,100			17,570			
Elmore County	414	404	423	442	427	425	2,535
	1,241			1,294			
Source: Puzzanchera, C., Sladky, A. and Kang, W. (2020). Easy Access to Juvenile Populations: 1990-2020.							

Source: Puzzanchera, C., Sladky, A. and Kang, W. (2020). Easy Access to Juvenile Populations: 1990-2020.

From 2010 to 2020, the total population of young children decreased across the state, including in Ada and Elmore counties. Ada County's population decreased at a similar rate (4.3%) compared to Idaho (4.8%), but Elmore County's decreased at a higher percentage (15%).

Change in the Population Under 6 Years			
Location	2010	2020	Change
Idaho	146,054	138,995	▼ -4.8%
Ada County	34,140	32,670	▼ -4.3%
Elmore County	2,982	2,535	▼ -15.0%

Source: Puzzanchera, C., Sladky, A. and Kang, W. (2020). Easy Access to Juvenile Populations: 1990-2020.

GENDER

Ada and Elmore counties are nearly evenly split between the male and female population of children under 5 years old. Ada County's population under 5 is 51% male and 49% female. Elmore County's population under 5 is 55% male and 45% female.¹

RACE/ ETHNICITY

Ada and Elmore counties have similar racial and ethnic compositions. Approximately nine tenths (88%) of the population in Ada County are White. The remaining population is relatively evenly spread among other racial compositions. Black and American Indian and Alaska Native individuals represent less than 2% of the population. Asian individuals represent 3% of the population. The remainder of the Ada County population comprises individuals identifying as some other race (2%) and two or more races (6%). Nine percent of Ada County's population identifies as Hispanic or Latino.

More than three quarters (79%) of children in Elmore County are White. Black and Asian individuals each represent 3% of the population. American Indian individuals represent 2% of the population, and Native Hawaiian and Other Pacific Islanders represent 1%. The remaining population in Elmore County identifies as some other race (4%) or two or more races (10%). Approximately one in five (18%) of Elmore County's population identifies as Hispanic or Latino.²

LANGUAGES SPOKEN

English is the only language spoken at home for more than nine in ten (91%) of Ada County's population. Of the population who speaks a language other than English (9%), the majority speak Spanish, followed by Indo-European, Asian and Pacific Islander, or another language. The city of Kuna has the highest concentration of Spanish-speaking households (11%).

Elmore County follows a similar pattern, with 86% of the population speaking only English at home. Of the 14% who speak another language at home, the majority speak Spanish, followed by Indo-European, Asian and Pacific Islander, or another language. The city of Glens Ferry has the highest concentration of Spanish-speaking households (16%).³

HOUSEHOLD COMPOSITION

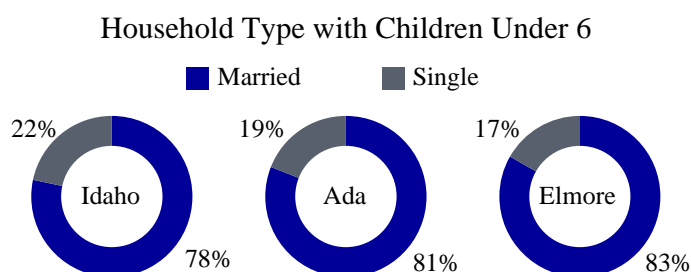
Ada and Elmore counties have a higher percentage of married-couple households compared to the state (78%). Ada County has over 11,600 family households with children under 6 years, while Elmore County has over 930. In Ada County, more than four in five (81%) of these families are married-couple households. Eight percent of these families are male householders with no spouse present, and 11% are female householders with no spouse present.

¹ U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table S0101.

² U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table DP05.

³ U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table DP02.

Of the 938 families in Elmore County with children under 6 years, 83% are married-couple households. Female householders with no spouse present represent the remaining 17% of families. There are no reported data on single-male householders in Elmore County.



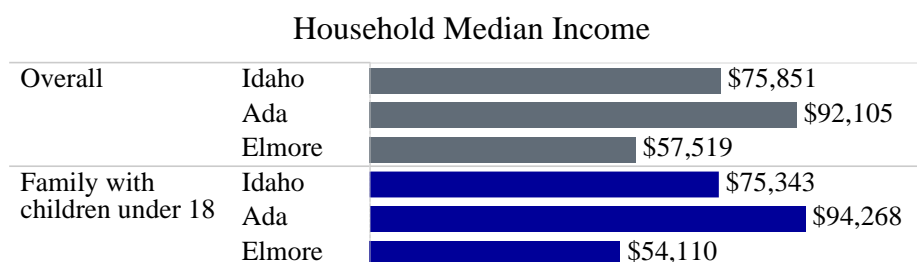
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table S1101.

In Ada County, more than 5,100 children under 18 are living in a household where a grandparent is present. For three quarters (76%) of these children, a parent is also present in the home. A grandparent is responsible for less than half (46%) of these children, whether a parent is present or not.

In Elmore County, over 530 children under 18 live in a home with a grandparent present. Four in five (81%) of these children also have a parent present in the home. The grandparent is responsible for the majority (85%) of these children have a grandparent householder responsible for them. The child's parent is also present for approximately four in five (81%) of these children.⁴

MEDIAN INCOME

The 2021 overall median family income in Ada County was \$92,105, which exceeds Idaho's overall median income of \$75,851. Elmore County's overall median family income is lower than Ada County and Idaho at \$57,519. For families with children under 18 years, the median household income was higher than the overall median income in Ada County and lower in Elmore County and Idaho.⁵



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table S1101.

⁴ U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B10002.

⁵ U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B19125.

Eligible Children and Families

EHS and HS programs use various factors to determine the need and eligibility for services. These factors include income level, participation in foster care, homelessness, disability, and other needs. Additional data for eligible populations for EHS and HS services are listed below based on these factors.

POVERTY AND ELIGIBILITY INCOME CUT-OFF

According to the 2023 Federal Poverty Guidelines that went into effect on January 19, 2023, an individual's federal poverty level (FPL) is an annual income of less than \$14,580. For households, each additional person adds \$5,140 to that number. This means a family of three would have an annual income below \$30,000.

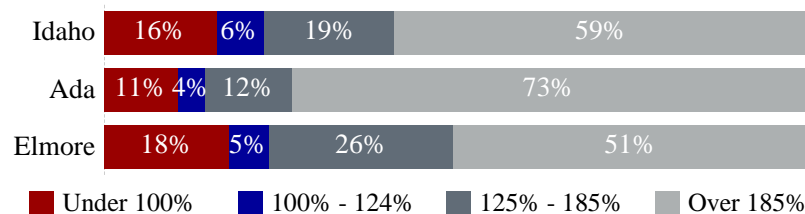
2023 Federal Poverty Guidelines			
	Family of 2	Family of 3	Family of 4
100% FPL (Poverty)	\$19,720	\$24,860	\$30,000
125% FPL	\$24,650	\$31,075	\$37,500
130% FPL	\$25,636	\$32,318	\$39,000

Source: U.S. Department of Health and Human Services. (2023, January 19). HHS Poverty Guidelines for 2023. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

The income eligibility cut-off for EHS and HS is 100% FPL. Each program has a 10% initial allowance for enrolled children and pregnant women who may be over income at any level above 100% FPL, provided there is a justifiable need that the program may help meet. If a program is still not fully enrolled despite best efforts at recruiting eligible families, there is an additional over-income allowance of 35% of enrollment for children and pregnant women whose annual incomes exceed 100% FPL but fall below 130% of the FPL.

More than one in 10 (11%) of young children in Ada County live in poverty, while approximately one in five (18%) in Elmore County live in poverty. In the state, 16% of young children are living in poverty. Due to limited federal resources, there

Percentage of Children Under 6 by Federal Poverty Level



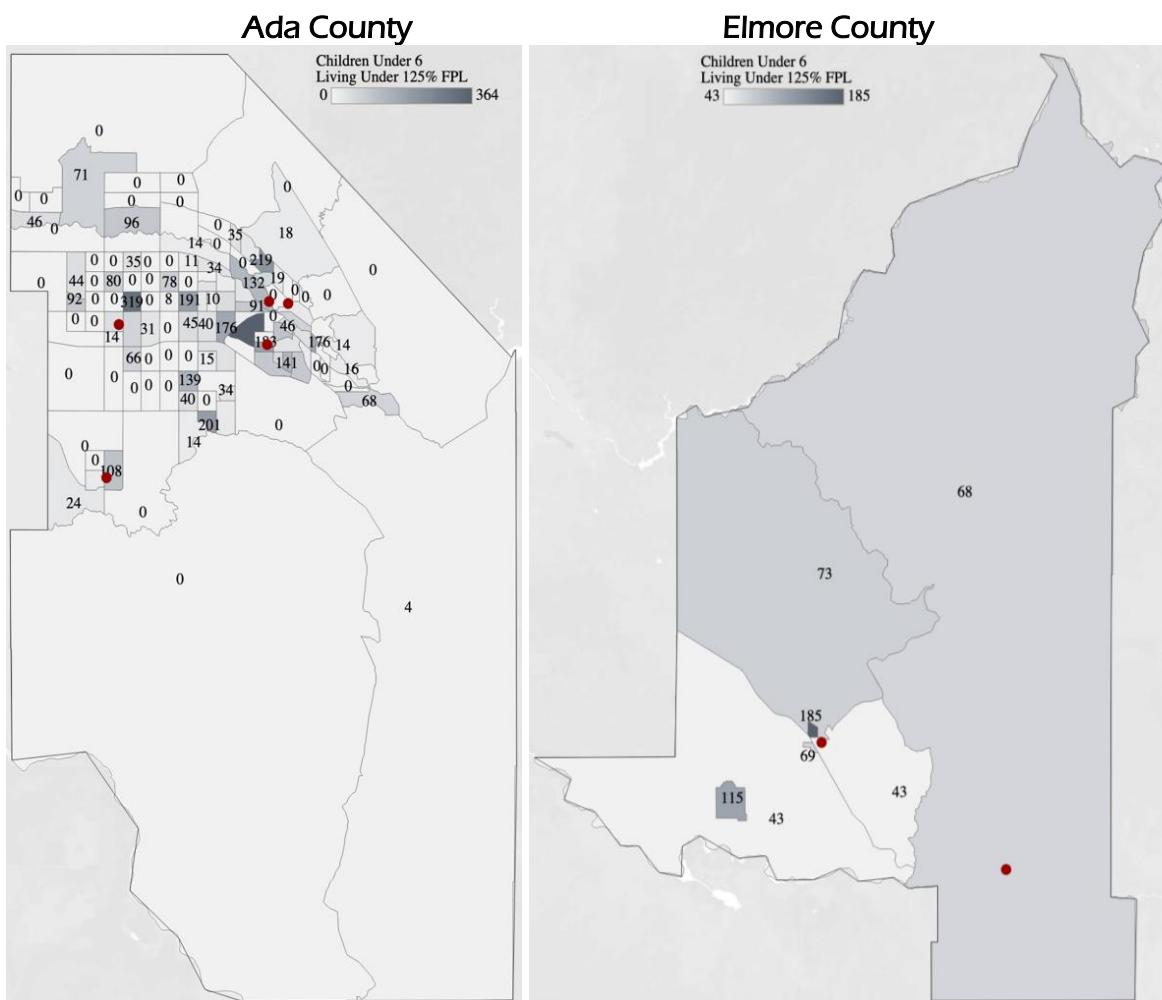
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B17024.

were unmet service needs identified in Ada and Elmore Counties. In Ada County, 11% or 3,369 of children under the age of six live in poverty and are eligible for Head Start and Early Head Start services. In Elmore County, 18% or 456 of children under the age of six live in poverty and are eligible for Head Start and Early Head Start services. FOCAP

serves 11% of eligible children in Ada County and 14% of eligible children in Elmore County.

The population under 6 years living below 125% of the FPL varies by Census Tracts across Ada and Elmore counties. The FOCAF centers are in areas with higher concentrations of eligible young children based on income. There is not a center located in the southwest region of Elmore County where an area has 115 children living under 125% FPL. There is also an opportunity to look at providing accessible services and/or locations for young children in northwest Ada County.

Population Under 6 Years Living Below 125% of the Federal Poverty Level by Census Tracts



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B17024.

PUBLIC ASSISTANCE FOR LOW-INCOME FAMILIES

Children from families receiving public assistance (such as Temporary Assistance for Needy Families [TANF] or Supplemental Security Income [SSI]) or who are eligible for the Supplemental Nutrition Assistance Program (SNAP) become eligible to receive HS and

EHS services. According to the Idaho Department of Health & Welfare, in June 2022 a total of 451,487 people in Idaho received assistance in Medicaid, food stamps, childcare, and cash assistance. Ada and Elmore counties are two of four counties in Region 4 within Idaho. Region 4 had the lowest use of benefit programs (18% of the population).⁶

TANF is a federal government program that assists families and caregivers. The Department of Health and Welfare is responsible for the TANF program, which is known in Idaho as the Temporary Assistance for Families (TAFI). Idaho distributes the funds to support families with children under 18 years by providing cash assistance and support services, ultimately helping them reach economic self-sufficiency.

In 2021, 1,677 Idaho families received TANF. Of these families, approximately one third (32%) received medical assistance, and 3% received subsidized childcare.⁷

SNAP is a federally funded program administered by the Idaho Department of Health and Welfare. The program provides nutrition benefits to supplement the food budget of low-income families. Households may use SNAP benefits to purchase foods such as bread, cereals, fruits, vegetables, meats, and dairy products.⁸

In 2021, Idaho reported over half (54%) of households with children under 18 years received food stamps/SNAP. In Ada County, nearly half (49%, 5,391) of families received food stamps/SNAP compared to three out of five (60%, 647) families in Elmore County.⁹

HOMELESSNESS

A homeless point-in-time count was conducted in January 2022 in Idaho. At that time, 1,998 individuals were experiencing homelessness. Elmore County is included in Region 3 with eight other counties. Region 3 reported 571 (41%) homeless individuals. Nearly four in five (79%) households experiencing homelessness had children. Of the individuals experiencing homelessness, 216 were 17 years old and younger. The Boise/Ada County Continuum of Care's point-in-time count reported 620 individuals were homeless on any given night in 2022. Individuals within families account for at least 15% of the total.¹⁰

CHILDREN IN FOSTER CARE

The 2021 annual report from the Idaho Department of Health and Welfare reported the department's child and family services team placed 2,867 children in foster care following safety assessments. They also reunited 759 children with their families and

⁶ Idaho Department of Health & Welfare (June 2022). 2022-2023 Facts, Figures, & Trends. Retrieved from <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=24088&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

⁷ U.S. Department of Health and Human Services (2021). Characteristics and Financial Circumstances of TANF Recipients. Retrieved from <https://www.acf.hhs.gov/ofa/data/characteristics-and-financial-circumstances-tanf-recipients-fiscal-year-2021>

⁸ Idaho Department of Health & Welfare (June 2022). 2022-2023 Facts, Figures, & Trends. Retrieved from <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=24088&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

⁹ U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table S2201.

¹⁰ Idaho Housing and Finance Association (2022). 2022 Idaho Point-in-Time Homelessness Count. Retrieved from <https://www.idahohousing.com/documents/ihfa-2022-pit-balance-of-state.pdf> and <https://www.idahohousing.com/documents/ihfa-2022-pit-region-3.pdf>; National Alliance to End Homelessness (2022). State of Homeless dashboard. Retrieved <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-dashboards/?State=Idaho>.

worked with 1,198 licensed foster families to ensure the safety of children in Idaho.¹¹ The number of children placed in foster care decreased over the last four years by 11%.

Number of Children Placed in Foster Care in Idaho			
FY 2019	FY 2020	FY 2021	FY 2022
3,111	2,933	2,867	2,756
Source: Idaho Department of Health and Welfare, <i>2022 Performance Measure Report</i> , Retrieved https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=23159&dbid=0&repo=PUBLIC-DOCUMENTS .			

From October 2021 through September 2022, there were 620 children served in foster care in Ada County and 51 children in Elmore County.¹²

Education Needs of Eligible Families

EHS and HS programs emphasize the importance of school readiness, meaning children are ready for school, and their families are ready to support their children's learning. Programs need an understanding of their community's educational needs, such as adult educational attainment, on-time graduation rates, and functional literacy levels, to inform the curriculum and services to offer children and their families.

FUNCTIONAL LITERACY LEVELS

Idaho's public schools administer the Idaho Reading Indicator (IRI) to all K-3 students. The IRI is an early reading screener and diagnostic assessment. Students take the assessment in the fall and spring semesters. In Fall 2021, approximately half (51%) of K-3 students were proficient in reading based on the assessment. This percentage grew to more than two thirds (69%) in the spring semester.

GRADUATION RATE

Four in five (80%) Idaho high school students graduated on time (in four years) in the 2021 academic year. This percentage is a two percent decrease from the cohort class of 2020 and far below the state's target goal of 95%. The 2021 graduation rate is lower for students from low-income families (70%).¹³

EDUCATIONAL ATTAINMENT

Lumina's Stronger Nation reported adult educational attainment has been on the rise nationally. Educational attainment is determined by adults ages 25 to 64 with a certification or college degree beyond high school graduation. In 2021, Idaho's adult educational attainment was 52%, slightly lower than the national average of 54%.

¹¹ Idaho Department of Health and Welfare, 2021 Annual Report. Retrieved <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=21566&dbid=0&repo=PUBLIC-DOCUMENTS>

¹² Fostering Court Improvement. Children in Foster Care During October 2021 through September 2022. Retrieved <https://fosteringcourtimprovement.org/id/>

¹³ Idaho State Department of Education (n.d.). Graduation. Retrieved from <https://idahoschools.org/state/ID/graduation>

Attainment is reported at the county level as the percentage of people with an associate degree or higher (excludes certifications). Ada and Elmore counties' adult educational attainment is below the national and state averages but has increased overall by more than five percentage points since 2009. In 2021, approximately one third (32%) of Elmore County residents ages 25 to 64 and half (51%) of residents in Ada County held an associate degree or higher.¹⁴

Adults (Ages 25 to 64) with an Associate's Degree or Higher



Source: Lumina Foundation (2021). *Idaho Stronger Nation Report*. Retrieved from <https://www.luminafoundation.org/stronger-nation/report/#/progress/state/ID&county-highlight=Elmore&anchor-id=state-time>

Health and Social Service Needs of Eligible Families

EHS and HS programs provide services to promote health, behavioral health, and safety for children and families. Programs use various factors to determine the need for services, including the number of young children with a known disability, incidents of drug use, maternal and infant health outcomes, and other prevalent health problems in the community.

YOUTH WITH A KNOWN DISABILITY STATUS

In the 2021-2022 academic year, the Idaho State Department of Education reported 2,303 early childhood students (ages 3, 4, and 5 years enrolled in preschool) with a known disability. Of the children with a known disability, approximately half (47%) were diagnosed with a developmental delay, and less than two fifths (38%) had a speech or language impairment.

Percentage of Early Childhood Students with Disabilities by Type of Disability	
Autism	8%
Deaf or Hard of Hearing	1%
Deaf/Blindness	N/A
Developmental Delay	47%
Emotional Behavioral Disorder	N/A
Intellectual Disability	0.3%

¹⁴ Lumina Foundation (2021). *Idaho Stronger Nation Report*. Retrieved from <https://www.luminafoundation.org/stronger-nation/report/#/progress/state/ID&county-highlight=Elmore&anchor-id=state-time>

Percentage of Early Childhood Students with Disabilities by Type of Disability	
Multiple Disabilities	1%
Orthopedic Impairment	1%
Other Health Impairment	3%
Specific Learning Disability	N/A
Speech or Language Impairment	38%
Traumatic Brain Injury	N/A
Visual Impairment	0.4%
Source: Idaho State Department of Education (2022). <i>Special Education</i> . Retrieved from https://www.sde.idaho.gov/sped/public-reporting/	

INCIDENCE OF DRUG ABUSE

In 2021, the Idaho Department of Health and Welfare reported 353 deaths related to a drug overdose. Approximately two thirds (68%) of Idaho's fatal overdose cases were related to an opioid. Ada, Elmore, Boise, and Valley counties are included in public health district 4, where the drug overdose death rate is 17.3 per 100,000 residents. This district is ranked third lowest out of seven districts.¹⁵

MATERNAL AND INFANT HEALTH

Number of Expectant Mothers

In 2021, there were over 5,000 births in Ada County and over 400 in Elmore County. Birth rates were highest among mothers ages 20 to 34. Over the last five years, the number of births in Idaho has fluctuated between 21,000 and 22,000.¹⁶

Teen Pregnancy Rates

In Idaho, the teen birth rate (ages 15-19) has generally decreased since 2010. In 2021, Idaho saw 15.5 teen births for every 1,000 women aged 15 to 19 compared to 18.5 the previous year.¹⁷

Health Outcomes

Idaho's Public Health District 4 (containing Ada, Elmore, Boise, and Valley counties) is lower compared to Idaho in all six maternal and infant health outcomes.

¹⁵ Get Healthy Idaho. Drug Overdose Prevention Program Dashboard. Online: <https://www.gethealthy.dhw.idaho.gov/drug-overdose-dashboard>.

¹⁶ Get Healthy Idaho. Idaho Vital Statistics Natality Dashboard. Online: <https://www.gethealthy.dhw.idaho.gov/idaho-births-vital-statistics>

¹⁷ Get Healthy Idaho. Idaho Vital Statistics Natality Dashboard. Online: <https://www.gethealthy.dhw.idaho.gov/idaho-births-vital-statistics>

2021 Maternal and Infant Health Outcomes						
	% Low Birth Weight (<2,500 G)	% Preterm (<37 weeks gestation)	% No Early Prenatal Care (1st Trimester)	% Smoking	% Not Breastfeeding	% Mother on Medicaid
Idaho	6.6%	9%	0.8%	5.5%	9.4%	33.3%
Public Health District 4 (contains Ada and Elmore counties)	6.3%	8.3%	0.3%	3.9%	6.5%	26.2%
Source: Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, <i>Idaho Vital Statistics- Natality</i> , November 2022.						

Prenatal Care

Prenatal care helps prevent complications and informs parents of the appropriate steps to take during pregnancy. Timely prenatal care helps with three main areas: (1) reduce the risk of pregnancy complications, (2) reduce the fetus' and infant's risk for complications, and (3) help ensure the medications women take are safe.¹⁸ Approximately one in five (18%) pregnant women in Idaho did not receive prenatal care in their first trimester. Public Health District 4 was lower than the overall state percentage, with approximately one in ten (12%) not receiving care in their first trimester.

Infant Mortality

The infant mortality rate in Idaho was 5.1 (infant deaths per 1,000 live births) in 2020, an increase from 2019's rate of 4.4.

Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a nutrition program that provides:

- Nutrition and health assessments
- Nutrition education and counseling
- Breastfeeding support
- Referrals to other related support and social services
- Supplemental healthy foods to meet needs

In 2021, more than one fifth (21%) of Idaho mothers participated in WIC during their pregnancy. Public Health District 4 had fewer participants in the program (8%).¹⁹

¹⁸ U.S. Department of Health and Human Services (n.d.). What is prenatal care and why is it important? Retrieved from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>

¹⁹ Get Healthy Idaho. Idaho PRATS Dashboard. Online: <https://www.gethealthy.dhw.idaho.gov/idaho-prats>

PREVALENT HEALTH PROBLEMS

Childhood Obesity

Over 29,900 Idaho residents participate in WIC. Of the children ages 2 to 4 participating in WIC, more than one in 10 are obese. Idaho is ranked 46 among the 50 states for children participating in WIC who have obesity.²⁰

Communicable Diseases

The Idaho Department of Health and Welfare reported less than three in four (72%) children up to 24 months of age who were born in 2018 had received the full vaccine series.

Mental Health

According to the National Survey on Drug Use and Health from 2018 to 2019, approximately one in four (23%) of Idaho adults reported a mental illness in the past year. Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder other than a developmental or substance use disorder.²¹

Idaho ranked 39th in the United States for the state of adult mental health by Mental Health America. This indicates a higher prevalence of mental illness and a lower rate of access to care for adults. Idaho ranks lower, at 50th, for youth mental health when evaluating similar measures.²²

Elmore County is taking steps to support prevalent health problems within their community. The Western Idaho Community Health Collaborative (WICHHC) in partnership with Elmore County Health Coalition (EHC) was selected as the first Get Healthy Idaho 2021-2024 funded community.

This initiative will focus on helping families navigate the healthcare system and access resources through the following action steps.

- Increase Community Health Workers (CHWs) and pilot Community Health EMS (CHEMS)
- Coordinate and connect community programs
- Improve Cultural Competency
- Increase Active Transportation Opportunities

Read more about the funding initiative here:

<https://www.gethealthy.dhw.idaho.gov/funding-application>

²⁰ State of Childhood Obesity (2021). Idaho. Retrieved from <https://stateofchildhoodobesity.org/state-data/?state=id>

²¹ KFF (2019). Adults Reporting Mental Illness in the Past Year. Retrieved from <https://www.kff.org/other/state-indicator/adults-reporting-any-mental-illness-in-the-past-year>

²² Mental Health America (2022). The State of Mental Health in America. Retrieved from <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

Nutrition Needs of Eligible Families

In addition to health services, EHS and HS programs emphasize the importance of good nutrition in maintaining a healthy lifestyle for children and families. Programs may assist families in exploring resources to support healthy eating habits and find nutrition assistance information. Factors such as food insecurity and the availability of low-cost food determine the nutritional needs of families.

FOOD INSECURITY

Food insecurity is associated with various adverse social and health outcomes. The United States Department of Agriculture defines food insecurity as the lack of access, at times, to enough food for an active, healthy life. According to the most recent data (2021) from Feeding America, 9% of Idaho adults were food insecure, and a higher percentage (11%) of children were food insecure. Ada County's numbers were lower than the state and Elmore County, with 8% of adults and 8% of children who experienced food insecurity. Elmore County exceeded the state and Ada County, with 11% of adults and 14% of children who experienced food insecurity.²³

The local economy is also seeing the impacts of food insecurity through adverse health outcomes. Idaho has over \$221.4 million in health care costs due to the adult food insecurity rate. Ada County has \$56.1 million, and Elmore County has \$3.8 million from the impacts of food-insecure adults.²⁴

AVAILABILITY OF LOW-COST FOOD

The Idaho Food Bank has an online resource for individuals to locate food pantries, free meal sites, and mobile pantries. There are approximately 78 locations accessible across Ada County and 63 locations accessible across Elmore County. Based on the maps below, residents in the northeast and southwest parts of these counties may not have easy access to these food pantries and sites due to travel distance and means of transportation.

Accessible Food and Mobile Pantries and Free Meal Sites in Ada and Elmore Counties

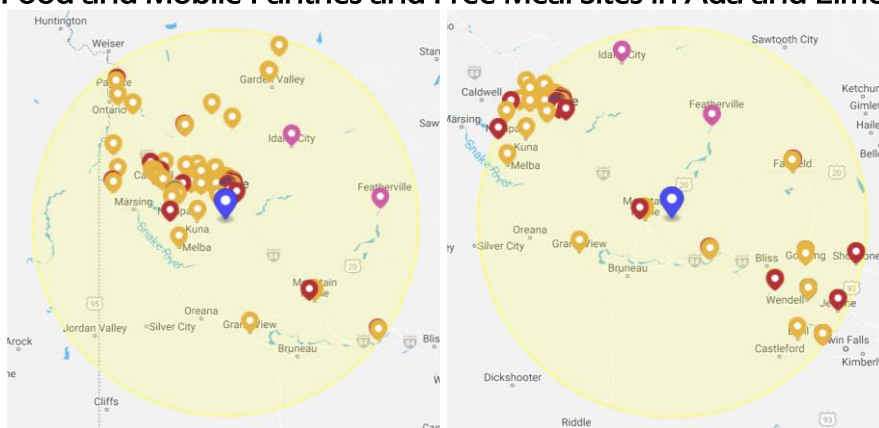


Image and Data Source: Idaho Food Bank, May 2023, <https://idahofoodbank.org/get-help/getfood/>

²³ Feeding America (2021) Map the Meal Gap. Retrieved from <https://map.feedingamerica.org/county/2021/overall/idaho>

²⁴ Feeding America, The Healthcare Costs of Food Insecurity, <https://public.tableau.com/app/profile/feeding.america.research/viz/TheHealthcareCostsofFoodInsecurity/HealthcareCosts>

Housing, Transportation, and Communication

Family well-being occurs when all family members are safe, healthy, and have chances for educational advancement and economic mobility. EHS and HS programs can help families overcome barriers to economic stability by providing support services such as early care and education, housing and food assistance, and physical and mental health care. HS reviews the needs and availability of housing, transportation, and communication to determine services.

HOUSING

In Idaho, 14% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Ada and Elmore counties have a slightly lower percentage of households experiencing housing problems compared to the state (13% and 11%, respectively).²⁵

Renting vs. Home Ownership

Less than three in ten (29%) housing units in Ada County are renter-occupied, compared to more than one third (37%) in Elmore County. The remaining housing units are owner-occupied.²⁶

Approximately one in ten (11%) of Idaho and Ada County households spend half or more of their income on housing, compared to 8% in Elmore County.²⁷

Commuting Patterns

According to the most recent data from 2020, 83% of 224,348 Ada County residents were employed within the county. Less than one in five (18%) Ada County residents were employed outside the county. An additional 79,839 people are residents of counties outside of Ada County but commute to work within Ada County. Less than half (43%) of Elmore County's 9,500 residents worked in the county, while the remaining residents were employed outside the county (58%). An additional 2,129 workers commuted from outside counties into Elmore County to work.²⁸

²⁵ County Health Rankings and Roadmaps (2023). Idaho. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/idaho?year=2023&measure=Severe+Housing+Problems&tab=1>

²⁶ County Health Rankings and Roadmaps (2023). Idaho.

²⁷ *ibid.*

²⁸ U.S. Census Bureau (2020). OnTheMap. Retrieved from <https://onthemap.ces.census.gov/>

Commuting Patterns of Ada and Elmore County Residents and Workforce

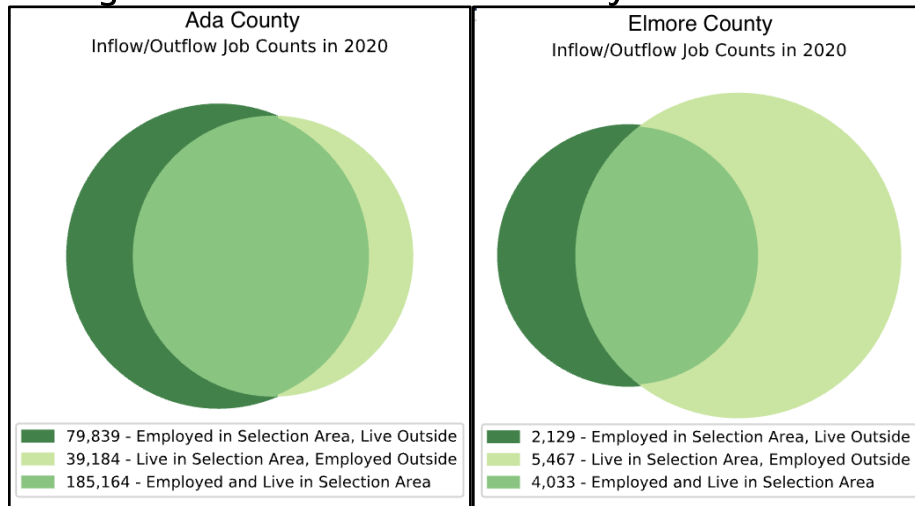


Image and Data Source: U.S. Census Bureau (2020). OnTheMap. Retrieved from <https://onthemap.ces.census.gov/>

TRANSPORTATION

Of the occupied housing units in Idaho, 3.8% do not have an available vehicle. Compared to the state, Ada County has fewer households without a vehicle (3.5%), and Elmore County has slightly more (5.5%).²⁹

Valley Regional Transit operates public transportation bus routes throughout Ada County, but none of the stops are close in proximity to the various HS locations. These routes are specifically within Boise City, and the outlying areas do not have a busing system. Ada and Elmore counties are areas where access to a car is necessary to work, shop, attend school, etc. This lack of other transportation options adds a burden to families already living in poverty.³⁰

ACCESS TO INTERNET

Nearly all Ada County households have a personal computer (96%) and an internet subscription (91%), which is slightly higher than the statewide average (94% and 88%, respectively). In Elmore County, nearly all residents have a computer (94%), and approximately four fifths (88%) of households have an internet subscription, which is the same as the state average.³¹

Child Care Availability

EHS and HS programs deliver services to children and families in areas of early learning, health, and family well-being. Programs help to fill a growing need for childcare in the community. HS reviews the childcare needs of families and the gaps in services in their community to determine how to adapt or grow their services.

²⁹ U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table DP04.

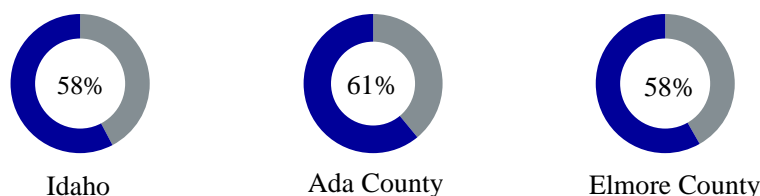
³⁰ View more about available transportation routes here: <https://www.valleyregionaltransit.org/>

³¹ U.S. Census Bureau, QuickFacts, Retrieved from <https://www.census.gov/quickfacts/fact/table/adacountyidaho,ID,elmorecountyidaho/BZA010221>

CHILD CARE NEED

In 2021, 20,639 young children in Ada and Elmore counties needed care because their parents were in the workforce (both parents in a two-parent household or one in a single-parent household). Over half (58%) of Idaho's young children needed care, the same need in Elmore County (58%). Ada County had a slightly higher need for care at nearly two thirds of children (61%).³²

Percentage of Young Children in Need of Care



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B23008.

COMMUNITY CHILD CARE PROGRAMS

In Idaho, half (49%) of residents live in childcare deserts.³³ As of December 2020, Idaho had 1,019 childcare centers and family childcare homes, which is a decrease from 2018 when there were 1,077 known childcare centers and family childcare homes. These programs had the capacity to serve over 29,000 children.³⁴

According to the 2020 *Child Care Gaps Assessment*, Ada County is one of two counties with the largest childcare gap (2,047 seats) based on the number of seats. This amounts to one tenth (10%) of the children that need care.³⁵ Elmore County has a gap of 240 seats or one quarter (24%) of children that need care.³⁶

Child Care Gap by County (2020)

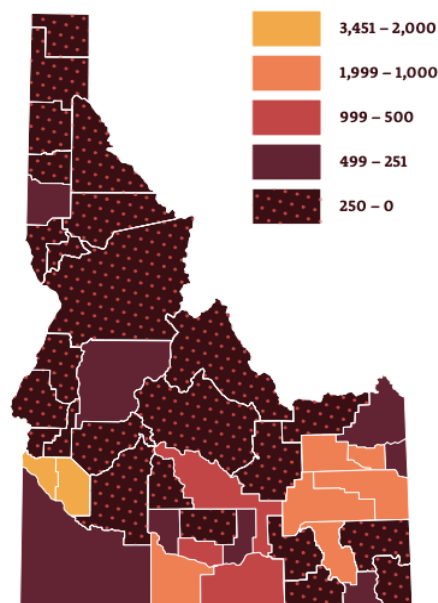


Image and Data Source: Early Childhood Care and Education in Idaho, Retrieved from https://dev-idahoaeyc-org.pantheonsite.io/sites/default/files/imce/Statewide_Needs_Assessment_Early_Childhood_Care_And_Education_In_Idaho.pdf

³² U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B23008.

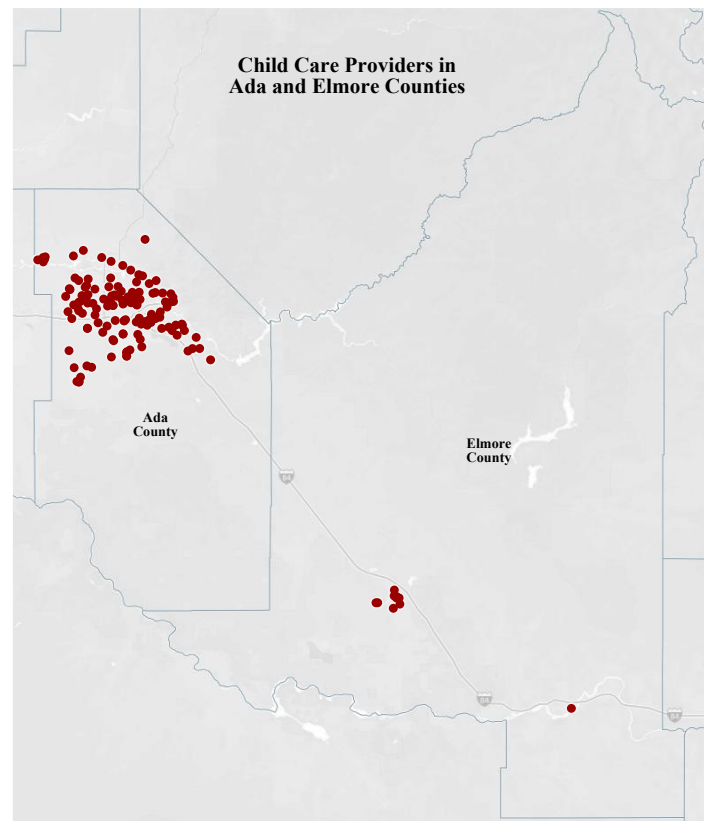
³³ Early Childhood Care and Education in Idaho, Retrieved from https://dev-idahoaeyc-org.pantheonsite.io/sites/default/files/imce/Statewide_Needs_Assessment_Early_Childhood_Care_And_Education_In_Idaho.pdf

³⁴ Child Care Aware of America (n.d.). 2021 State Fact Sheet Idaho. Retrieved from <https://www.childcareaware.org/our-issues/research/ccdc/>

³⁵ The percentage gap is calculated by taking the estimated number of seats needed divided by the total children under 6 years who need care because all parents in the home work.

³⁶ Bipartisan Policy Center (2020) Child Care Gaps Assessment, Idaho. Retrieved from <https://childcaregap.org/>

In Ada and Elmore counties, there are about 145 childcare programs. Families can use the Family Portal on Idaho Stars to search for local childcare programs by city or zip code and view more about the program (contact information, type, quality, inspection reports, etc.).³⁷

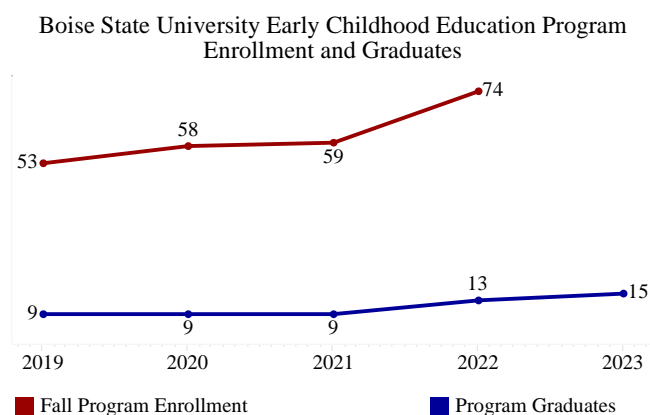


CHILD CARE STAFF

Ada and Elmore counties are experiencing a shortage of early childhood educators. The lack of qualified staff is a contributing factor to the large childcare gap in these communities. However, Boise State University (BSU) reported an increase in early childhood education degree seekers and graduates in the past few years.

In Fall 2019, 53 students enrolled in an early childhood education program, with 42 of these students pursuing a certification and bachelor's degree. The number of students enrolled increased each year from Fall 2019 to Fall 2022.

Unfortunately, out of those 53 students that enrolled in 2019 only 15 graduated in 2023. However, the number of graduates has



³⁷ Idaho Stars, Family Portal, Online <https://idahostars.org/Families?page13735=2&size13735=48#Search>

increased. In the 2019 to 2020 academic year, nine students graduated from an early childhood education program. This number increased in the 2022 to 2023 academic year to 15 students. The increase of students graduating does not address the significant gap in Head Start and Early Head Start workers.

Although there is an increase in the number of enrolled and graduated students from the early childhood education programs, there is a lag between the number of workers entering the field between enrollment and graduation. The high volume of enrollment also tends to drop off in relation to the number of graduates. Childcare staff continue to be in high demand across Idaho.

Upon graduation, early childhood professionals may be inclined to seek jobs within public school systems because they offer pay and benefits similar to those that elementary teachers receive. In a 2022 Idaho Stars report, *Early Childhood Care and Education Workforce*, Elementary and Kindergarten teachers were earning more than \$22 per hour, while childcare professionals were earning less than \$13 per hour. The wages of childcare professionals are lower than the overall median hourly wage for Idahoans and qualifies many childcare professionals for government assistance programs.³⁸

Resources Available to Address Needs

EHS and HS programs partner with community agencies to refer families to services. They may also adapt their services offered to address gaps in the community. These services range from emergency and crisis intervention to preventative health resources.

SOCIAL SERVICES

Emergency and crisis intervention (such as meeting immediate needs for food, clothing, or shelter) is a growing need for families across the country. These services were among the top five most used by families enrolled in Head Start.

The 2-1-1 Idaho Careline and Find Help Idaho are free, statewide community information and referral services used to guide individuals and families to the support they need. According to Careline and Find Help Idaho, the following resources are available for families seeking emergency and crisis intervention in Ada and Elmore counties.

Emergency and Crisis Intervention Resources		
Organization	Services	Address
Agape in Action	Food pantry, formula/baby food, diapers, clothing	5232 Fairview Ave Boise, ID 83706
Community Ministries Center	Food pantry, formula/baby food, diapers, baby	3000 Esquire Dr Boise, ID, 83704

³⁸ Idaho Stars, Early Childhood Care & Education Workforce Report, 2022.

	furniture	
The Idaho Foodbank Warehouse - Boise	Food pantry, summer food services	3630 E Commercial Ct Meridian, ID 83642
City Light Home for Women and Children	Emergency shelter, transitional housing	1404 W Jefferson St Boise, ID 83702
Cathedral of the Rockies First United Methodist Church	Nutrition site, diapers, support groups	717 N 11th St Boise, ID 83702
St. Vincent De Paul - Meridian	Clothing, furniture	213 N Main St Meridian, ID 83642
Source: 2-1-1 Idaho Careline. Retrieved from https://211-idaho.communityos.org/ ; Find Help Idaho. Retrieved from: https://findhelpidaho.org/		

HEALTH, DENTAL HEALTH, AND NUTRITION RESOURCES

The number of Idaho residents far outweighs the number of available health providers. Ada County's ratios of population to a single provider are smaller compared to Elmore County and Idaho, meaning Ada County residents have more options for care. Elmore County residents may have challenges accessing care due to the larger proportion of the population to single providers.

Ratio of Population to Health Providers			
	Ada County	Elmore County	Idaho
Primary Care Physicians	1,060:1	1,720:1	1,560:1
Dentists	1,230:1	1,310:1	1,530:1
Mental Health Providers	300:1	600:1	340:1
Source: County Health Rankings and Roadmaps (2023). <i>Idaho</i> . Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/idaho?measure=Health+Outcomes			

Mental health services are a growing need for children and families. The following six organizations provide services on a sliding-scale fee system.

Mental Health Resources		
Organization	Services	Address
Family Counseling Services	Counseling services, psychiatric rehabilitation, case/care management, mental health expense assistance	1799 N Lakes Place Meridian, ID 83646

Lifepath Counseling & Wellness	Counseling services	10112 W Overland Rd Boise, ID 83709
Brighter Future Health	Counseling services	9196 W Emerald St, Ste 130 Boise, ID 83704
Children's Therapy Place Inc.	Counseling services, development disabilities	101 S Allumbaugh St Boise, ID 83709
A New Beginning Counseling Center	Mental health related prevention programs, mental health associations, mental health related support groups	1025 S Bridgeway Pl Suite 280 Eagle, ID 83616
Ascent Behavioral Health Services	Alcoholism counseling, alcohol abuse education/prevention, counseling services, substance abuse treatment programs	366 SW 5th Ave Suite 100 Meridian, ID 83642
Source: 2-1-1 Idaho Careline. Retrieved from https://211-idaho.communityos.org/ ; Find Help Idaho. Retrieved from: https://findhelpidaho.org/		

4. Stakeholder Feedback

The following stakeholder feedback was analyzed by TCG based on 377 survey responses from parents and guardians from FOCAF programs, 52 survey responses from FOCAF staff, and 22 survey responses from community partners.

Common themes between the stakeholder groups include the following:

Parents and Guardians

- Families feel that they are their child's first and most important teacher.
- Families feel their experiences with FOCAF are meaningful, informative, and enjoyable.
- Families feel their children are kindergarten ready after participating in Head Start.

Staff Members

- Staff members feel satisfied with their employment with FOCAF and would recommend a position with the organization to a friend.
- Staff members feel FOCAF needs to improve its public awareness, organizational structure, and community outreach.
- Staff would like to see FOCAF focus its efforts on recruitment and retention. The need for additional staff is a concern among staff and the organization.

Community Partners

- Community partners identified providing and receiving referrals as the most common type of collaboration with FOCAF.
- Community partners identified early childhood education as one of the critical challenges or gaps in the community.
- Community partners reported the biggest barrier for individuals accessing their services is the lack of knowledge (unawareness).

PARENTS/ GUARDIANS

FOCAF conducted a family survey at the beginning, middle, and end of the 2021-2022 program year. The number of respondents increased from the beginning (38) to middle (120), and to the end (219) of the program year. TCG reviewed the surveys to inform the Community Needs Assessment.

The survey administered at the beginning of the program year focused on parents' experiences with events and whether or not they felt their child was prepared to start school. When asked to describe their open house, registration, and teacher home visit experience, families most commonly used the words informative, inviting, meaningful, and organized. More than nine in 10 families (92%) who responded felt their child was prepared to start school after their experience with the open house, registration, and home visit.

In the middle of the program year, FOCAF asked families their preferences on program structure. Currently, the model is four days a week, four hours a day, from September through Mid-May. FOCAF proposed to families a duration model of five days a week, six hours a day, from August to the end of June.

FOCAF has not received a conclusive response on duration due to the lack of family survey responses. However, families identified the benefits and limitations of a duration model, as listed below. FOCAF did survey staff to see if they would participate in a duration model and 100% of them said they would not be open to working in a duration model and would quit.

Top Reasons for Wanting Duration	Top Reasons for NOT Wanting Duration
Increased hours for learning	My school-aged children would be out of school in the summer
Better outcomes for school readiness	5 days a week would be too much for my child
5 days a week would work better for my child/family	My child is having great outcomes in the current model
6 hours a day would work better for my child/family	6-hour days would not work for my child/family
Decrease in summer learning loss	I don't want my child taking a nap at school
This would help lower my childcare costs	I don't think this model will do more for my child's education

At the end of the program year, FOCAF asked families about their experiences in HS. Overall, families felt positive about their experiences for themselves and their children.

Nearly all families identified the following:

- Felt their home visits were meaningful (99%)
- Felt better informed about the resources available in their community (99%)
- Found the family and staff conferences informative and enjoyable (99%)
- Felt the food served met their child's nutritional needs (98%)
- Felt their child will be kindergarten ready (98%)

In addition, nearly all families said their Family Advocate shared the importance of healthy habits and supported them in getting a referral for hearing or vision if needed (98% and 97%, respectively).

Nearly all (97%) families said their child's teacher shared how their child's development and learning progressed during the school year. Staff also made families feel they were their child's first and most important teacher (99%).

Most importantly, all families (100%) felt their child was safe at the center.

HEAD START STAFF

In partnership with FOCAF, TCG developed a survey for all staff across FOCAF programs. FOCAF collected 52 responses out of approximately 80 staff members.

Respondents represented various roles within the organization. Staff members included teachers (22%), family advocates (12%), coordinators (12%), specialists (8%), center supervisors (8%), assistant teachers (8%), and more.

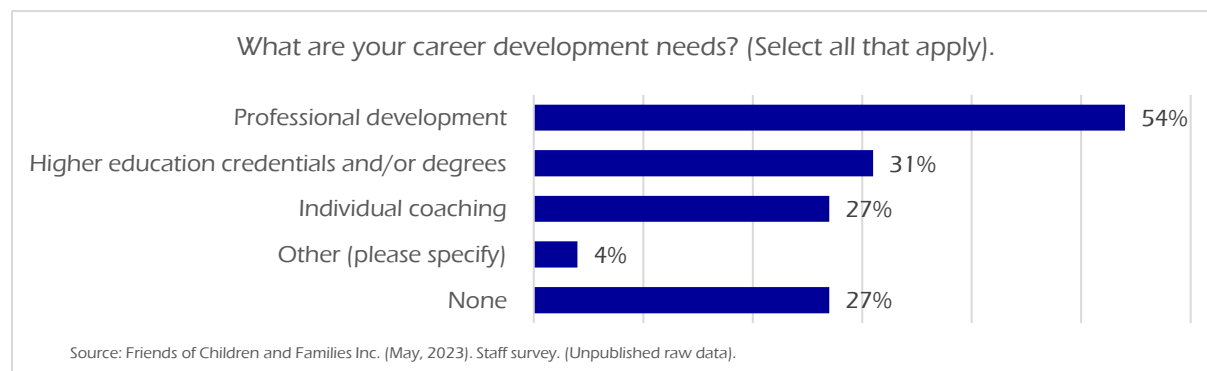
Staff's length of employment ranged from less than one year to more than 10 years. Approximately one third (34%) of respondents have worked for FOCAF for over 10 years, while more than one third (36%) joined the team five to ten years ago, and the remaining one third (30%) have worked with FOCAF for less than 5 years.

More than four in five (82%) staff members are satisfied or very satisfied with their employment with FOCAF. Only 4% of respondents were very dissatisfied with their employment, and the remaining felt neutral (14%).

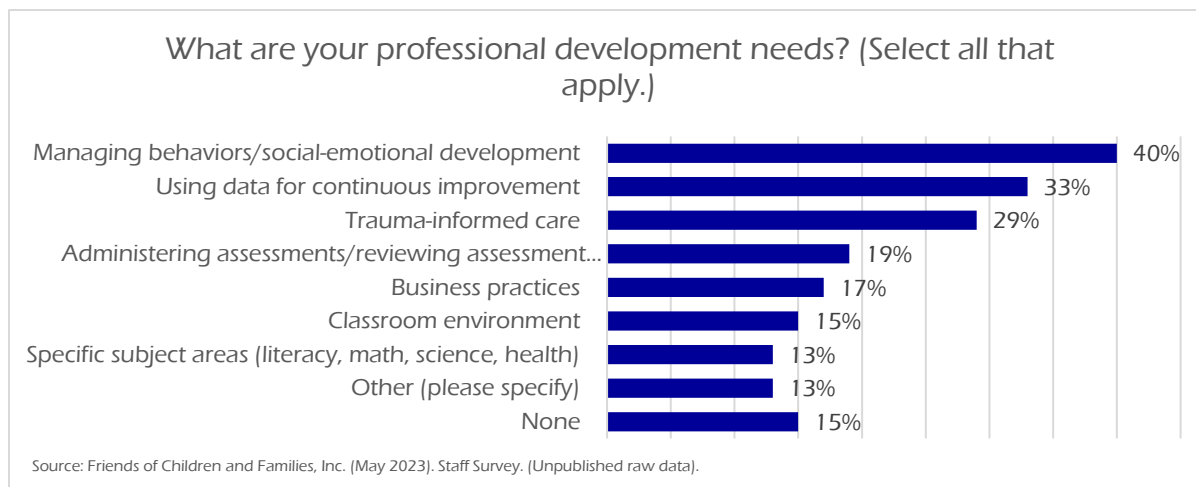
More than three quarters (79%) of FOCAF staff are likely or very likely to recommend a position with FOCAF to a friend or colleague. In contrast, 8% stated recommending a position unlikely or very unlikely. The remaining respondents felt neutral toward recommending a position (13%).

Staff commonly identified terms such as passionate, supportive, dedicated, caring, and adaptive terms when describing FOCAF's greatest strengths.

FOCAF desired to learn more about the career development needs of their staff. More than half (54%) identified the need for professional development, followed by higher education credentials and/or degrees (31%) and individual coaching (27%).

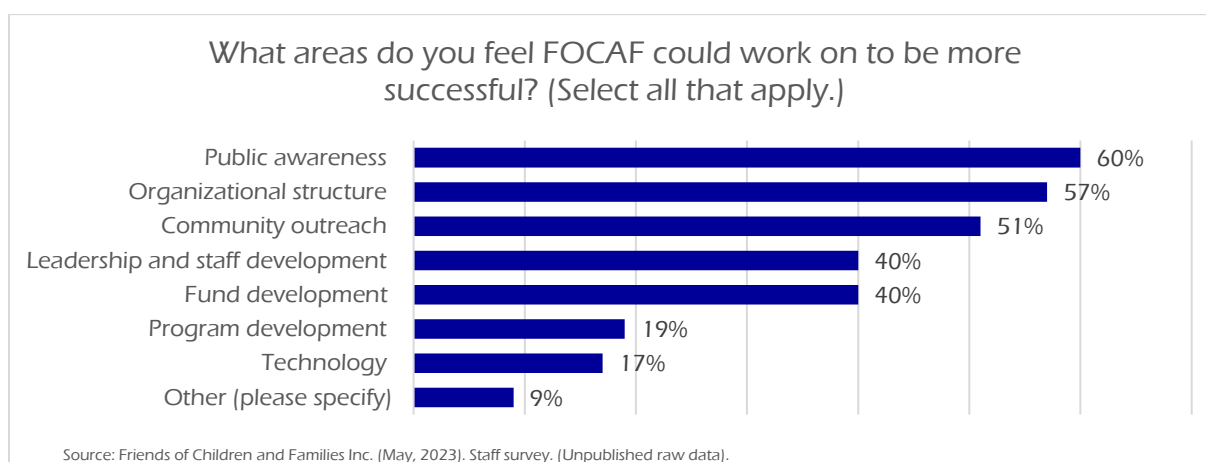


In addition to career development, staff identified their professional development needs. Managing behaviors/social-emotional development (40%), using data for continuous improvement (33%), and trauma-informed care (29%) were staff's top identified professional development needs.



When asked to identify resources to support them, staff most commonly mentioned training opportunities. Some topics included technological support and behavioral management.

FOCAF staff feel the organization could improve on its public awareness (60%), organizational structure (57%), and community outreach (51%).



In addition to improvement areas, staff identified where they would like FOCAF to focus its work. Recruitment and retention were common themes among responses. Many also cited increased wages and opportunities for continued education and training.

COMMUNITY PARTNERS

Stakeholders play a major role in partnering with HS programs to support access to quality early care and education programs and other comprehensive services. FOCAF contacted various community partners to ask them about their collaboration with FOCAF, services to children and families, and opinions on the strengths and challenges of the community.

FOCAF received 28 responses from community partners, however, only 22 completed the full survey. The respondents provided various services such as child education, food assistance, health service, advocacy, translation, and more.

Of the 28 respondents, 86% already had general information about FOCAF. There were four respondents who were not familiar with FOCAF, and half of them said they were interested; the other half already collaborate with FOCAF in some way. Community partners collaborate with FOCAF in several ways, including:

- Provide referrals to FOCAF (45%)
- Get referrals from FOCAF (41%)
- Distribute FCF fliers to clientele (27%)
- Provide training to FOCAF staff (9%)
- Serve on an advisory council (5%)
- Volunteer Services (i.e., dental screenings at centers) (5%)
- Donate supplies (5%)
- Other (36%)

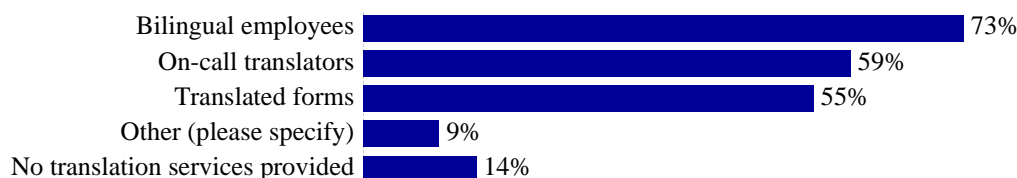
Others include offering a classroom for HS within the school district, offering the training and/or space for FOCAF staff and families, and providing reading/literacy opportunities for HS programs. Two partners reported they do not collaborate with FOCAF.

“You guys are such an asset to the community, and we love working with the kiddos you send to us.” - Community Partner

More than three in five (62%) respondents estimated half or more of the population they serve are from low-income households. Therefore, these individuals are potentially eligible for HS services.

Community partners providing services to non-English speakers identified their options for support. Three fourths (73%) have bilingual employees, nearly three in five (59%) offer on-call translators, and over half (55%) offer translated forms. Only three (14%) of the community partners do not provide translation services.

If providing services to individuals who are non-English speaking, what options does your business/agency provide? (Select all that apply.)



Source: Friends of Children and Families, Inc. (May 2023). Community partner survey. [Unpublished raw data].

Partners identified the community's areas of strength. The top five most frequently identified strengths were:

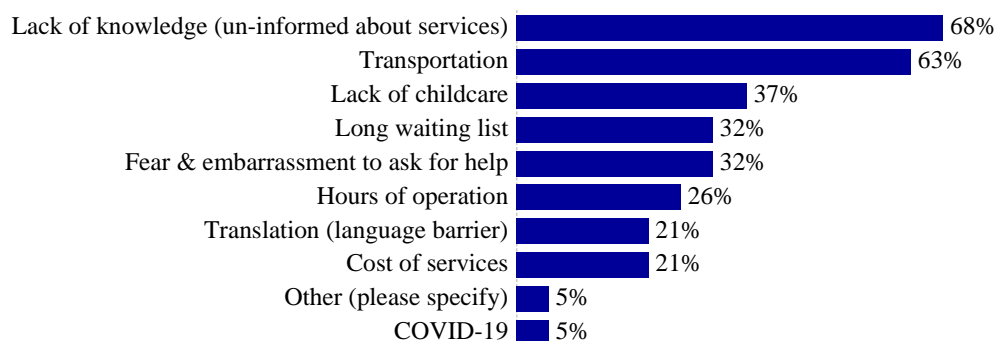
- Schools (71%)
- Youth programs (57%)
- Recreation (52%)
- Safety (48%)
- Economic growth (43%)

Partners also identified the 10 most critical challenges or gaps in services for the community. Housing, mental health, early childhood education, health, and transportation were the most commonly identified themes among respondents. Each topic encompassed several responses.

- Housing: Affordable rentals, low-cost homes, and subsidized housing
- Mental Health: Individual and family counseling, clinics, and services for young children
- Early Childhood Education: Infant care, kindergarten readiness, and licensed facilities
- Health: Health education, insurance, dental providers, and health care providers
- Transportation: Buses

Partners listed the biggest barrier for clients in accessing their services. The lack of knowledge of services (68%) and transportation (63%) were the top barriers, followed by lack of childcare (37%), fear and embarrassment to ask for help (32%), and long waiting lists (32%).

What do you feel are the biggest barriers for clients in accessing your business or services? (Select all that apply.)



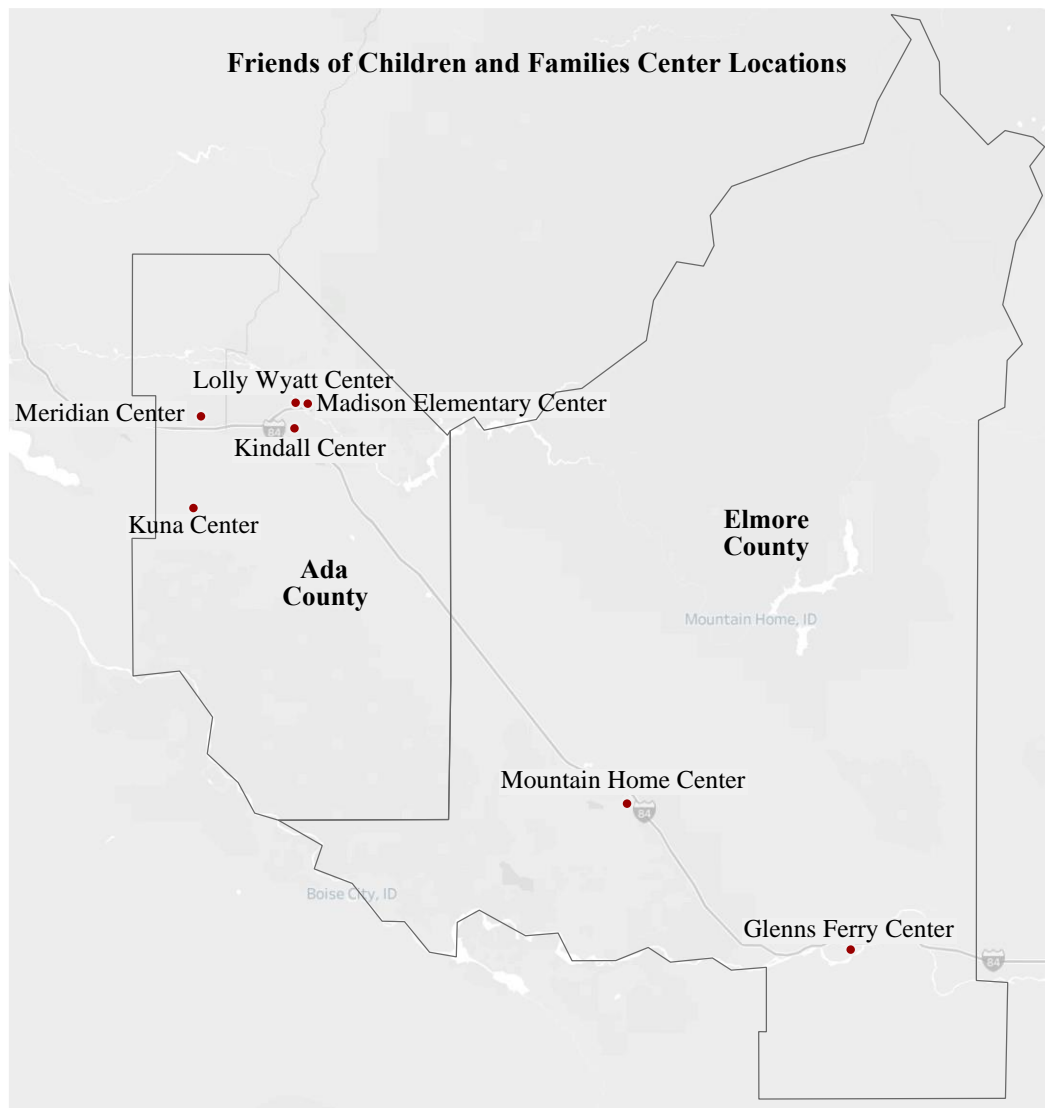
Source: Friends of Children and Families, Inc. (May 2023). Community partner survey. [Unpublished raw data].

5. Head Start Meeting the Needs

The information in this section is pulled from the 2021-22 Program Information Report (PIR) summaries provided by FOCAF EHS and HS programs.

PROFILE OF FOCAF PROGRAMS

In the 2021-22 program year, FOCAF offered EHS and HS services in seven locations throughout Ada and Elmore counties. FOCAF programs operated 18 classrooms across their sites during the program year.



ELIGIBILITY

EHS serves pregnant women, infants, and toddlers to age 3, and HS serves children ages 3 to 5 (age determined as of the state's kindergarten entry date). Federal eligibility guidelines state that most children and pregnant women must also fall into one of the following categories:

- Children from families with incomes below the U.S. Department of Health and Human Services poverty guidelines (100% Federal Poverty Level [FPL])
- Children from families experiencing homelessness
- Children from families receiving public assistance (such as Temporary Assistance for Needy Families [TANF] or Supplemental Security Income [SSI])
- Children in foster care regardless of foster family's income
- Children from families eligible for the Supplemental Nutrition Assistance Program (SNAP)

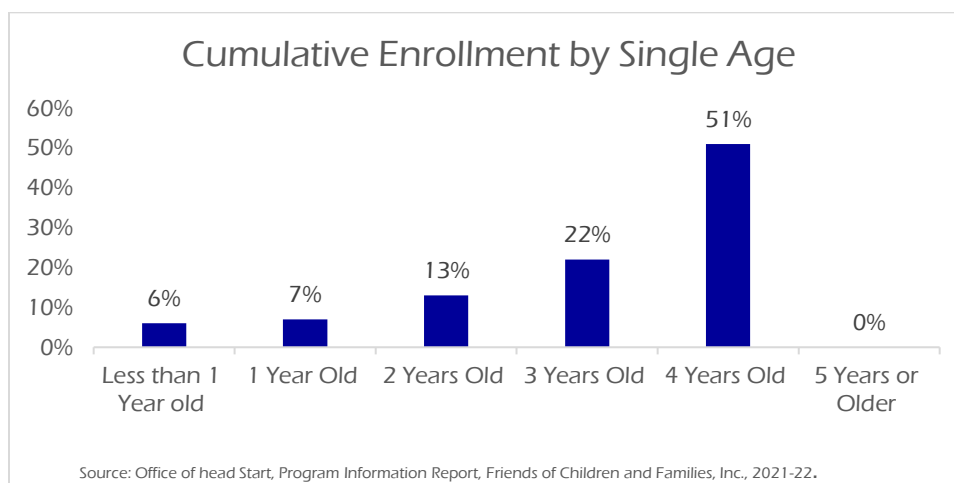
FUNDED ENROLLMENT

FOCAF's total funded enrollment is 461. The total funded enrollment did not change from the previous year. EHS is funded to serve 76 children ages birth through two years and pregnant women in home-based programming; HS is funded to serve 385 children ages three through five in center-based programming.

CUMULATIVE ENROLLMENT

FOCAF cumulatively served 527 children and 6 pregnant women in the 2021-22 program year. One quarter (126 children and six pregnant women) of children and women were served in EHS, and the remaining three quarters (401; 76%) were served in HS programs.

There was a mix of ages served by HS and EHS throughout the program year. Over half (51%) of children served were 4-year-olds, one fifth (22%) of children were 3-year-olds, over one tenth (13%) were 2-year-olds, less than one tenth were 1-year-olds (7%) and infants (6%).



HS and EHS programs intentionally support underserved children in their communities through free and accessible services. In the 2021-22 program year, FOCAF served the following breakdown of traditionally underserved populations.

Head Start and Early Head Start Meeting the Need of Underserved Populations				
	Children Experiencing Homelessness	Children Living in Foster Care*	Children with an IFSP or IEP	Dual Language Learners
Total Served	45	14	70	202
Percentage of Cumulative Enrollment	9%	3%	13%	38%
*Children in EHS are served with an Individualized Family Service Plan (IFSP) and children in HS are served with an Individualized Education Plan (IEP).				

FAMILY SERVICES

In the 2021-22 program year, FOCAF's HS and EHS programs served 490 families. This is slightly more families served than the previous year (474).

During the 2021-22 program year, more than nine in 10 (92%) families received at least one service through the FOCAF HS and EHS programs. The top five and lowest five services families received were the following:

Percentage of Families that Received a Family Service by Type			
Top Five Services Received		Lowest Five Services Received	
Education on preventative medical and oral health	89%	Substance abuse prevention	2%
Involvement in discussing their child's screening and assessment results and their child's progress	88%	Assistance to families of incarcerated individuals	2%
Emergency/crisis intervention	72%	Substance abuse treatment	3%
Research-based parenting curriculum	60%	Education on postpartum care	3%
Supporting transition between programs	47%	Education on relationship/marriage	5%

HEALTH SERVICES

Per performance standard requirements, HS/EHS programs are required to review the accessibility of healthcare and insurance for children enrolled in a program. Nearly all (99%) students had health insurance and an ongoing source of continuous, accessible healthcare by the end of the program year. More than three-quarters (79%) of EHS students were up-to-date with immunizations, and more than four in five (86%) HS students were up-to-date. More than half of HS children received preventative care during the program year. More than four in five (80%) EHS and nearly all HS children had continuous, accessible dental care.

2021-22 Student Health Services Percentage of Students By the End of the Enrollment Year				
	Continuous, accessible healthcare	Health Insurance	Up-to-date on immunizations	Continuous, accessible dental care
Early Head Start	93%	99%	79%	87%
Head Start	100%	99%	86%	97%
Overall	98%	99%	84%	95%
Source: 2021-22 Program Information Report.				

MATERNAL HEALTH

FOCAF served six pregnant women during the 2021-22 program year through EHS home-based services. Two women enrolled during the second trimester of pregnancy and the remaining four women enrolled during the third trimester. Half of the women experienced medically high-risk pregnancies. All of these women continued with services throughout the birth of their infant and went on to enroll their infant in the FOCAF EHS programming.

HEAD START STAFF

In the 2021-22 program year, approximately one in four (31, 24%) staff served EHS and three in four (100, 76%) served HS. EHS had seven home visitor staff and HS programs employed 36 classroom and assistant teachers. All home visitor staff and teachers were White. One EHS home visitor and eight HS teachers are proficient in a language other than English.

More than one third (13, 36%) of FOCAF's HS teachers had a bachelor's degree and one quarter (9, 25%) had an associate degree.

6. Recommendations

Based on this comprehensive community needs assessment, TCG recommends the following to FOCAF for consideration:

1. Identify ways to increase awareness and partnership with community partners.
2. Identify partners to best support Head Start families based on unmet needs identified through family assessments and goal setting.
3. Continue to research and explore the need to increase program duration to meet the needs of families.
4. Increase recruitment and retention efforts to address staff shortages.
5. Expand programs to serve families in southwest Elmore County or Northwest Ada County.
6. Continue high quality service delivery to maintain family satisfaction.