Created in 1992, the Kern County Network for Children (KCNC) harnesses the power of community action to improve the lives of children and build strong families. KCNC takes pride in assisting local community collaboratives and family service agencies in developing integrated service delivery models to help identify and address the most critical children’s issues in Kern County.

We believe in:
* Personal responsibility and family self-sufficiency as the cornerstones of resilient, stable communities;
* Grassroots solutions to local problems;
* Empowering local residents to address common concerns;
* Locally-based, accessible services;
* Program accountability and delivery of cost-effective services.

KCNC programs and initiatives serve many functions benefitting children and families in Kern County and are carried out through the active involvement of local collaboratives, community leaders, public and private agencies, businesses, parents and schools.

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The mission of the Kern County Network for Children is to protect and enrich the lives of children in Kern County through the commitment of all community partners by helping to build and sustain healthy families.

Contents

Welcome Letter
2 County Population
3 Family Economics
   Families Raising Children
   Income
4 Employment
5 Kern Cares—Young Children in Poverty
6 Poverty
7 Child Support
8 Housing
9 Food Security
10 Early Care & Education
   Child Care Supply & Demand
11 Cost of Early Care & Education
   Kern Cares—Children Home Alone
12 K-12 Education
   Enrollment
13 Special Education
   Student Testing
14 High School Exit Exam
   College Preparation
15 Graduation
   High School Dropout Rate
   Kern Cares—Bullying
16 Child & Adolescent Health
   Prenatal Care
   Prematurity & Low Birthweight
   Kern Cares—Sleep-Related Infant Deaths
17 Safely Surrendered Babies
   Infant Death
   Breastfeeding
   Immunizations
18 Childhood Obesity
19 Asthma
20 Oral Health
21 Health Care
Contents (cont.)

24  Sexually Transmitted Disease
25  Mental Health
25  Kern Cares—Teen Pregnancy
26  Suicide
27  Smoking, Alcohol & Substance Abuse
28  Child Well-Being
      Child Abuse & Neglect Overview
29  CPS Referral Rates
29  Child Abuse Rates
30  Kern Cares—Child Sexual Abuse
31  Severe Injury to Children
      Child Near Fatalities
      Child Fatalities
33  Foster Care
34  Preserved Family Relationships
      Reunification
      Recurrence After Reunification
      Emancipation
35  Child Safety
      Missing Children
      Childhood Unintentional Injury
36  Child Deaths
37  Youth Violence
38  Kern Cares—Youth In Gangs
39  Gun Violence
      Crime Rates
40  Domestic Violence
41  2011 Community Collaboratives
42  2011 Governing Board
43  Data Sources

Back Inside Cover - Kern Cares Calendar
The Kern County Network for Children is honored to present to the community Report Card 2011, an important report on the condition of children in Kern County. With nearly one out of every three residents in Kern County under the age of 18, the report provides insight into not only how our community values children but also a glimpse of what our future will look like.

Continuing a trend from the last few report cards, the struggling economy continues to impact the well-being of Kern County children and families. In the last three years, the annual average unemployment rate has nearly doubled to 15.9%. Three out of ten children currently live in poverty in our community. In addition, 73,712 Kern County children live with just one parent.

Despite the economic downturn, real progress is occurring in key indicators of child well being. The number of children in foster care has decreased by one third since 2003. Juvenile arrest rates have declined for three straight years and the teen birth rate continues to drop. Standardized test scores are increasing and more pregnant mothers in Kern County are obtaining prenatal care. Innovative efforts are underway to stop children from entering gangs, further reducing teen pregnancy and preventing child abuse.

While the encouraging improvement in indicators of child well being is a testament to the efforts of many dedicated individuals serving our children and the unprecedented collaboration of organizations through the Network for Children, we know there is much work to be done. At the same time, reductions in funding at the federal, state and local level are impacting services to children and families. As a community, we must continue to respond with creativity and thoughtful resolve as we put the needs of children ahead of our own. Anything less is not acceptable.

Sincerely,

Stephen M. Pelz,
KCNC Governing Board President
Kern County is one of the youngest counties in California. The county's child population in 2010 made up 31 percent of its total population, the seventh largest percentage in the state. In California, 26 percent of the population statewide were younger than 18 years old.

-- The California Department of Finance
Kern County’s population has increased by nearly 180,000 people over the past decade, but that growth has slowed in recent years, and the number of people in the county grew by less than two percent between 2009 and 2010. Demographers point to a sluggish economy and high unemployment as factors contributing to this change.

-- California Department of Finance

Located in the southern Central Valley, Kern County is California’s third-largest county in land area and covers 8,170 square miles of valley, mountains, and desert. According to the California Department of Finance, Kern County added 10,709 new residents from July 2009 to July 2010 – a 1.28 percent increase – bringing the total population to 844,642. Largely in response to the poor performance of the state’s economy, Kern County’s population growth slowed dramatically starting in 2008. Nevertheless, the county’s rate of population continues to outpace California, which grew at 0.9 percent from 2009 to 2010. Kern County had the fifth highest growth rate among California’s 58 counties.

Since 2007, natural increase (births minus deaths) has been the primary source of the growth in Kern County. During the 2009-10 fiscal year, the natural increase of 9,507 individuals accounted for 89 percent of the county’s growth. Net migration contributed 1,202 new residents, 11 percent of the population growth.

The chart below provides a breakdown of child population by age and ethnicity. This information is taken from the California Department of Finance’s most recent population projections, which combine a base population from the 2000 Census with additional data based on birth/death rates, school enrollment, migration patterns, and other factors. Population figures reported elsewhere in this document may differ slightly, as they are based on the US Census Bureau’s annual American Community Survey.

<table>
<thead>
<tr>
<th>Kern County Child Population by Ethnicity &amp; Age (2010)</th>
<th>African American</th>
<th>Caucasian</th>
<th>Latino</th>
<th>Asian/Pac Islander</th>
<th>Native American</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Children (0-17)</td>
<td>14,102</td>
<td>87,749</td>
<td>143,632</td>
<td>8,221</td>
<td>1,367</td>
<td>5,404</td>
<td>260,475</td>
</tr>
<tr>
<td>Percentage of Total Children</td>
<td>5.4%</td>
<td>33.7%</td>
<td>55.1%</td>
<td>3.2%</td>
<td>0.5%</td>
<td>2.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Under 1</td>
<td>869</td>
<td>5,433</td>
<td>9,756</td>
<td>504</td>
<td>70</td>
<td>205</td>
<td>16,837</td>
</tr>
<tr>
<td>1-2</td>
<td>1,693</td>
<td>10,609</td>
<td>18,860</td>
<td>992</td>
<td>139</td>
<td>384</td>
<td>32,677</td>
</tr>
<tr>
<td>3-5</td>
<td>2,368</td>
<td>14,470</td>
<td>26,374</td>
<td>1,375</td>
<td>162</td>
<td>961</td>
<td>45,710</td>
</tr>
<tr>
<td>6-10</td>
<td>3,497</td>
<td>21,617</td>
<td>37,720</td>
<td>1,935</td>
<td>203</td>
<td>2,434</td>
<td>67,406</td>
</tr>
<tr>
<td>11-15</td>
<td>3,873</td>
<td>24,750</td>
<td>36,061</td>
<td>2,346</td>
<td>535</td>
<td>1,008</td>
<td>68,573</td>
</tr>
<tr>
<td>16-17</td>
<td>1,802</td>
<td>10,870</td>
<td>14,861</td>
<td>1,069</td>
<td>258</td>
<td>412</td>
<td>29,272</td>
</tr>
</tbody>
</table>
A recession is a significant slowdown in economic activity that lasts more than a few months. Economists mark December 2007 as when the United States economy entered into the worst recession since the Great Depression. In Kern County, the economic downturn has resulted in high rates of unemployment, bankruptcies and housing foreclosures. Economic recovery continues to be slow in Kern County placing more families and their children at risk of poverty, homelessness and hunger.

**Families Raising Children**

In 2009, 41 percent (98,462) of households in Kern County were families with children, compared to 33 percent across the state. Over half of Kern's children lived in married couple families (56%), a total of 139,215 children.

Children growing up in single-parent households are more vulnerable to the negative impact of the current economic downturn than children in married-couple families. In 2009, 73,712 Kern County children lived with just one parent (30% of the total child population). The number of children in single parent homes has increased 15 percent from the previous year. Children living in single parent homes were more likely to live with their mothers than their fathers (75% versus 25%) in Kern County.

In 2009, 9,732 Kern County children lived in their grandparents' homes. This represents four percent of all children under age 18 in the county. Economists believe that difficult economic times, home foreclosures and unemployment has resulted in more families “doubling up” with family to save money or prevent homelessness. In 2009, six out of ten children living with their grandparents also lived with at least one of their parents in the grandparents' home.

The percentage of children being raised by immigrant parents is increasing in Kern County. In 2009, 105,664, or 42 percent of the children less than 18 years of age, lived with either one or both parents who were foreign born, compared to 40 percent during 2008.

**Income**

The Census Bureau estimates the median income for Kern County families with children was $44,166 in 2009. By comparison, the median income for families raising children in California was $61,035 and $58,314 nationwide. Kern County's median family income was 27.6 percent less than the state and 24.3 percent less than the nation.

Median income varies by type of family. The median family income for single fathers in Kern County in 2009 was higher than the median income for single mothers ($24,953 versus $20,663), but far lower than the income of a married-couple family with children ($61,530).

The per capita income figure is often used to measure the economic health of counties and other regions. It is calculated by dividing an area's total income by the number of residents. According to the 2009 American Community Survey, the Kern County per capita income was $19,341 in 2009. By comparison, the per capita income in California was $27,885 and in the nation was $26,409 during the same year. Using the Census measure, Kern County's per capita income was 30.6 percent below the state and 26.8 percent less than the nation.
Employment
A community’s unemployment rate is an important indicator in determining the health of its economy. From 2007 to 2010, Kern County’s annual average unemployment rate nearly doubled from 8.1 percent to 15.9 percent. In comparison, the annual average unemployment rate in 2010 was 12.4 percent for California and 9.6 percent for the nation. During 2010, an average of 368,400 Kern County residents were available for work during 2010. Of these residents, 58,600 were seeking employment, 5,800 more individuals than 2009.

Unemployment rates in Kern County fluctuate throughout the year, especially in regions with seasonal economies like agriculture. The county’s highest monthly unemployment rates during 2010 occurred in March (17.8%) and February (17.5%), respectively. Outlying communities have higher unemployment rates than Bakersfield, with some areas exceeding 30 percent unemployment rates. Arvin (39.9%), Delano (38.7%) and Onyx (38.0%) had the highest unemployment rates in the county in December 2010.

Kern County’s troubled economy has increased the number of children with an unemployed parent. In 2009, 26,345 children, about one in nine children, lived with parents who were unemployed, an increase of 16 percent from the previous year. Unemployment places children at higher risk of poverty, homelessness, lower academic performance and child maltreatment, especially among single parent families who have fewer resources. In 2009, 24 percent of the children in single parent families were being raised by an unemployed single parent.
Poverty

Poverty can impede every aspect of child well-being including physical, social emotional health and ability to learn. The current recession has resulted in double-digit unemployment rates, budget shortfalls and declining family incomes. Child advocates warn that as we move through this economic crisis and into recovery, poor children and families will not recover at the same pace as those who were able to avoid poverty during the recession.

For 2009, the federal poverty level was $22,050 for a family of four. According to the Census Bureau, 75,076 children in Kern County (30% of all children) lived in families with incomes below the federal poverty line, an increase of 11,358 children from the previous year. By comparison, 20 percent of children in California lived in poverty during the past year.

In Kern County, 27,865 families (25% of all families) were raising their children with incomes below the poverty line in 2009. Children raised in single parent families were most likely to be poor in Kern County. Fifty-one percent of children in single families were poor, compared with 18 percent of children in married-couple families in 2009.

Additionally, 82 percent of the single parent families living in poverty were headed by mothers. Children being raised by single mothers make up 51 percent of the total number of children in poverty in Kern County.

Educational attainment is an important factor in rates of poverty. Among families whose householder had less than a high school diploma, 36 percent lived in poverty in 2009. Of those families whose householder had a high school diploma, the rate of poverty dropped to 18 percent. For those families with householders having at least a bachelor’s degree, the poverty rate fell dramatically to 4 percent.

Child Support

Child support can make a significant impact on the life of a child, especially a child living in poverty. In continued efforts to improve the economic well being of the children in the community, Kern County Department of Child Support Services (KCDCSS) worked to establish, collect and distribute child support for 62,533 children, represented by 54,233 open child support cases during Federal Fiscal Year (FFY) 2009-10. In 2009, 74 percent of the open cases had a formal child support order. In 2010, KCDCSS was able to increase this percentage by 10 percent, reflecting 83 percent of the open child support cases having a formal order for support. This considerable increase in order establishment reflects that many more children in the county are being supported by both parents.

Despite the challenging economic climate that the mothers and fathers of Kern County are currently facing, KCDCSS was still able to collect and distribute $39.2 million dollars (54%) of the child support owed ($72.3 million) from a noncustodial parent. This 2 percent increase over the prior year demonstrates KCDCSS’s commitment to improving a child’s life through child support during difficult economic times.
The most sensitive time for a child’s health and development is before the age of five making very young children especially vulnerable to the effects of poverty. Even before the financial crisis began in late 2007, Kern County’s youngest children were the most likely to live in poverty than any other age group. According to U.S. Census Bureau estimates, 36 percent of Kern County’s children less than five years old (26,158 children) were living in poverty in 2009. Kern’s poverty rate among its youngest children was up from 29 percent just two years before, which means 6,228 more young children have lived in poverty since the recession began.

Poverty rates among young children were highest among African-American children. In 2009, nearly seven out of every ten African-American child under the age of five lived in poverty (66%). During the same year, the poverty rate among young Latino children was 40 percent, compared to 23 percent of Caucasian children and 30 percent of Asian children.

Comparing all families, young children being raised by single mothers were the most at risk of growing up in poverty in Kern County. The 2009 poverty rate for children in families headed by single mothers was 63 percent compared to 38 percent in single father homes and 18 percent in married-couple families.

What Can We Do About Young Children Living In Poverty

The effects of the economic decline will have a variety of negative impacts on all Kern County children. However, younger children are more likely than older children to have health, social and emotional difficulties and perform poorly in school as they grow up in poverty. With continued investment in prevention programs and support for families within the community, many of the negative impacts can be mitigated.

- Support your local food bank or church food pantry.
- Donate items to a Family Resource Center in your community.
- Encourage help. If you know a family that is experiencing stress and in need of food, financial aid, utility assistance, housing, clothing, etc., encourage them to call 2-1-1, Kern’s comprehensive information and referral service, so they can be linked with helping agencies.

Young Child Poverty Rates
Kern County, California & United States
2003-2009
Housing
Families paying more than 30 percent of their gross income for housing are cost burdened and often have difficulty meeting other important financial obligations. In 2009, 56 percent of renting households spent 30 percent or more of their household income on rent, a rate slightly higher than the state’s figure of 55 percent.

The current Fair Market Rent for a two-bedroom apartment in Kern County is $789 a month. The National Low Income Housing Coalition calculates a housing wage, which is the amount a household must earn to afford a two-bedroom unit. For 2011, the monthly housing wage is $2,630; the full-time hourly housing wage is $15.17. Kern County’s housing wage represents 190 percent of the current minimum wage.

According to 2009 American Community Survey, there were 108,854 housing units in Kern County with a median monthly mortgage of $1,580. In recent years, the combination of overbuilding, the subprime mortgage crisis, and high unemployment rates has resulted in Kern County having some of the highest rates of foreclosure (i.e., loss to lender) in the country. During 2010, Bakersfield ranked 12th nationally with 16,439 properties in Bakersfield, or six percent of housing units, received a foreclosure filing.

The loss of a home from foreclosure is especially disruptive for families with children. The Census Bureau estimates that 40 percent of all owner-occupied housing units have children living in the home. The financial and residential instability produced by a home foreclosure can affect a child’s educational progress and emotional development. In February 2011, one in every 166 housing units in Kern County received a foreclosure notice, a total of 1,658 properties. In comparison, the foreclosure rate is one in 239 in California and one in 577 nationwide.

Food Security
As defined by the U.S. Department of Agriculture (USDA), food security for a household means all family members at all times have access to enough food for an active, healthy lifestyle. Several food and nutrition assistance programs are in place to help low-income families and their children avoid hunger and poor nutrition.

CalFresh Program Participation (Formerly Food Stamps)
The CalFresh Program, formerly known as Food Stamps, provides monthly electronic benefits to increase the food budgets to eligible low-income households so that they are able to purchase healthy and nutritious food. In December 2010, 51,013 households in Kern County participated in CalFresh, administered locally by the Kern County Department of Human Services. Since the recession began in late 2007, the number of Kern County households participating in this food assistance program has increased 66 percent, a total of 20,227 more households.
**Women, Infants & Children (WIC)**

Women, Infants and Children (WIC) is a federally-funded health and nutrition program for low-income (up to 185% of the federal poverty level) pregnant, breastfeeding, and postpartum women and their children under age five. WIC provides vouchers for specific nutritious foods, counseling, nutrition education, breastfeeding support and referrals to other needed services.

In November 2009, 53,975 participants in Kern County received WIC services administered by Community Action Partnership of Kern and Clinica Sierra Vista. The California Department of Health Services estimates that 89 percent of Kern County’s eligible women, infants and young children were enrolled in the WIC program, a figure higher than the state rate of 82 percent.

In 2009, there were 181 WIC-authorized stores throughout Kern County, a rate of 0.22 WIC-authorized stores per 1,000 population.

**Free & Reduced School Meals**

The National School Lunch Program is a federal meal program that assists schools in providing nutritionally balanced, low-cost or free breakfasts and lunches to students from income-eligible families. More than half of California students were enrolled in the school meal program (54%) in October 2010. School meal programs are important social safety nets in communities with high poverty and unemployment. According to research, free/reduced meals at schools improve the academic performance, nutrition, health and food security status of low-income children.

In Kern County, the free/reduced meal enrollment reached its highest level in the 2010-11 school year with seven out of ten K-12 public school students participating in the program. The percentage of students enrolled ranged from 7 percent to 100 percent in Kern County school districts. The majority of Kern's public schools had 70 percent or more of their students receiving free or reduced-price meals (63%). Kern County students were more likely to receive free meals (89%) than reduced price meals (11%).

Over the past 10 years, the enrollment of students in their school’s free/reduced meal programs has steadily increased in Kern County. The total number of students participating in the free/reduced meals program has grown 33 percent from 85,659 in 2000-01 to 113,756 in 2010-11.

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High unemployment has forced more Kern County residents to turn to emergency food programs and government sponsored nutrition programs to feed their families. During 2010, the Community Action Partnership of Kern Food Bank provided over 7.9 million pounds of food to 95,736 Kern residents, a 45% increase in the number of recipients from the previous year.

--Community Action Partnership of Kern Food Bank
Early Care & Education

Kern County’s troubled economy has left fewer families able to afford child care creating a domino effect on the child care industry. Parents who have either lost their jobs, scaled back their hours or took lower paying jobs can no longer afford the high price of child care and have pulled their children out of child care. At the same time, the state of California has slashed child care subsidies that allow low-income families to work. Low enrollment and diminishing revenues forced nine percent of Kern County child care providers to close their businesses during 2010.

In good and bad economic times, the need for quality child care remains constant. Studies show that the quality of child care and early education programs is linked to improved language, academic skills and social development when children enter school. As they look for less costly child care options, some parents may choose an unlicensed provider such as a friend, family member or neighbor over a more structured setting. These caregivers are not required to meet state health and safety regulations and may lack experience in child development. Families may also string together multiple child care arrangements to allow them to work or attend school.

According to child care advocates, quality child care is now even more important than ever as families feel the impact of a struggling economy. A safe, reliable and nurturing child care environment assists families so they can work or go to school and supports the healthy development of young children with nutritious meals, school readiness and social skills.

Child Care Supply & Demand
Child care is an essential work support for families. In 2010, an estimated 105,350 children under the age of 14 in Kern County were in need of some kind of care—whether for part or all of the day—while their parents worked. This number represents 52 percent of the child 0-13 population.

<table>
<thead>
<tr>
<th>Kern County Child Care Supply By Provider/Setting &amp; Spaces (March, 2011)</th>
<th>Number of Providers/Settings</th>
<th>Percentage of Total Providers/Settings</th>
<th>Number of Spaces</th>
<th>Percentage of Total Spaces</th>
<th>Average Number of Spaces Per Provider/Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Child Care Homes</td>
<td>911</td>
<td>72%</td>
<td>9,238</td>
<td>26%</td>
<td>10.1</td>
</tr>
<tr>
<td>Licensed Child Care Centers/ Half-Day Enrichment Programs</td>
<td>199</td>
<td>16%</td>
<td>13,161</td>
<td>37%</td>
<td>66.1</td>
</tr>
<tr>
<td>License-Exempt Programs (School-Age: 6 years and up)</td>
<td>148</td>
<td>12%</td>
<td>13,283</td>
<td>37%</td>
<td>89.8</td>
</tr>
<tr>
<td>Total*</td>
<td>1,258</td>
<td>100%</td>
<td>35,682</td>
<td>100%</td>
<td>28.4</td>
</tr>
</tbody>
</table>

-- Community Connection for Child Care

Licensed care and school age programs in Kern County are available for only 34% of children with working parents compared to 37% in the previous year. This decline means parents who head back to work as the economy recovers will have difficulty finding care that best fits the needs of their families.

-- Community Connection for Child Care
A total of 911 licensed family child care providers and 199 licensed child care centers/half-day child development programs are located throughout Kern County. There are also 148 programs with a capacity to supervise 13,283 school-age children before and after school. Combined, these providers and programs have the capacity to serve less than one-third of Kern’s estimated child care need (34%).*

For more than a decade, family child care homes have filled important gaps in child care services throughout Kern County, especially for those parents who have infants lived in outlying communities or work nontraditional hours. From 2006 to 2007, fueled by an expanding economy, the number of family child care homes reached its peak with 1,138 caregivers able to serve nearly 10,900 children in their homes. In 2011, there are 227 fewer family child care homes which translates in a loss of child care slots for 1,636 infants and children.

*Footnote: Kern County’s reported capacity does not include license-exempt care provided by relatives, friends, neighbors, and nannies. This type of care is not required to meet the State’s child care licensing requirements and the extent to which families choose license-exempt care is unknown.

Cost of Early Care & Education
Quality child care is unaffordable for many Kern County families. In each county, a Centralized Eligibility List (CEL) program provides low-income families with financial assistance to help them access child care and child development programs. In the summer of 2010, there were 3,933 families waiting to enroll 6,233 children in subsidized child care or child development programs through the Kern County CEL.

The majority of these families need financial assistance with child care in order to work (70%) and 73 percent of the children required full time care. Unfortunately, limited funding offers very few subsidized slots to meet this need, and even fewer opportunities for children under two years of age.

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**Child Care & Family Budgets**

<table>
<thead>
<tr>
<th>One Minimum Wage Earner</th>
<th>$16,640 Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>59% Housing*</td>
<td>36% Toddler in family child care home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Median Family Income with Children</th>
<th>$44,166 Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>21% Housing</td>
<td>36% Preschooler &amp; infant in child care center</td>
</tr>
</tbody>
</table>

*Housing (rent for 2 bedroom unit)
Eventually, all parents will decide to leave their child home alone for the first time. The term “self-care” refers to elementary and middle school children who are without adult supervision during the after-school hours. California, like most states, does not specify any age at which a child can be left at home alone.

When leaving a child at home alone, a parent should consider a number of factors, including: child’s emotional maturity level, ability to take care of his/her basic needs, availability of friends or neighbors to assist in case of emergency, ability to use the telephone to call emergency numbers and length of time the parent or caregiver intends to be away from home.

Advocates for child safety fear that more children today are staying home alone or together with other young children because of the troubled economy. Families with limited finances or who live in a community with a declining supply of child care providers may choose to leave their children at home alone.

The National Institute on Out-of-School Time reports that children spend up to 20–25 hours per week without adult supervision between the time school is dismissed and when parents return home from work. Staying home alone can help an older child feel self-confident and promote responsibility. However, children can face real risks to their safety and emotional well-being when left unsupervised. If you are concerned about a child who appears to be neglected or inadequately supervised, contact Child Protection Services (CPS) at (661) 631-6011, or if there is imminent risk to a child, call 9-1-1.

What Can We Do About Leaving Children Safely At Home Alone

• Have a trial period. Leave the child home alone for a short time while staying close to home. This is a good way to see how he or she will manage.

• Stay in touch with your children throughout the day. Ask how they are and what they are doing.

• Keep children connected with important numbers by the telephone including parent’s work and cell phone, doctor’s office and a neighbor or a nearby relative who can help children quickly if they need it.

• Act out potentially unsafe situations (e.g. medical emergencies, fire, alcohol, drugs, strangers, guns). Teach children what to do in an emergency and how to dial 9-1-1.

• Establish firm rules and expectations. Make sure your child knows what is (and is not) allowed when you are not home including use of computer (internet), friends coming to the house, handling sibling conflict and access to “adult” cable TV.

• Do not do it. Even a mature, responsible child should not be left home alone too much. To look for after school care or programs offered by schools, community centers, youth organizations, or churches to help keep your child busy and involved, contact Community Connection for Child Care at (661) 861-5200.
The statewide economic decline in 2008 had an especially strong impact on Kern County’s teachers and students within its 47 public school districts. Kern’s school districts have seen their tax bases over the past two years erode. To close budget shortfalls, districts have been forced to make deep reductions in personnel, education programs, and prevention/intervention services putting more Kern County students at risk of falling behind academically.

In the fall of 2009, 7,916 full-time-equivalent (FTE) elementary and secondary school teachers were engaged in classroom instruction, 441 fewer teachers than two years earlier. The number of public school teachers has declined faster than the number of public school students since 2007, resulting in gradually increases in the pupil/teacher ratio. Between the 2008-09 and 2009-10 school years, the number of Kern County students per teacher has risen from 20.7 to 21.7. California's ratio also increased to 21.3 students per teacher during the academic year 2009-10.

Advocates in education link smaller class size to improved academic achievement among students. In Kern County, the average class size for public schools ranged from a low of 6.0 students (Blake Elementary) to a high of 30.4 students (Maple Elementary) in the 2008–09 school year. Overall, Kern County averaged 24.5 students in each classroom, a figure lower than the state's average of 25.4 students.

Enrollment
In the 2009-10 school year, 174,099 students were enrolled in the county's 260 public schools. Trends in student enrollment are critical when it comes to predicting local

Total Enrollment & Special Education Enrollment* by Ethnicity
Kern County, 2009-10

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Positive teacher-student relationships that convey high expectations help students become successful in school and later in life. Of the 5th grade students surveyed in Kern County, 80% believed there was a teacher or other adult who cared about them all or most of the time and 85% reported that there was a teacher or other adult who believed they could do a good job.

--California Healthy Kids Survey, 2007-09
education funding. Throughout the decade, Kern County schools have added an average of 3,500 students each year, culminating in a high of 174,180 students during the 2007-08 school year. However, during the 2009-10 school year, Kern County’s total school enrollment experienced no growth for the second consecutive year and, in fact, enrolled 33 fewer students. The county’s economic downturn has been linked to declining school enrollment as high unemployment drives more families to move out of county.

During the 2009-10 school year, Latino students comprised 60 percent of Kern’s total student enrollment, a three percent increase from the previous school year. In contrast, 27 percent of students in Kern County schools were Caucasian students, a decrease of five percent from 2008-09. The percentages of students of African-American (6%), Asian/Pacific Islander (2%), Philippine (2%) and Native American (1%) descent stayed relatively unchanged from the previous school year.

Kern schools are linguistically diverse, with 39 languages or dialects represented by students countywide. During the 2009-10 academic year, 37,554 students (22% of total county enrollment) were English Learners. Most English Learner students were in the earlier grade levels, and nearly all spoke Spanish as their first language (96%).

Special Education
Kern County’s Special Education system served 16,812 children and young adults from newborn to age 22 during the 2009-10 school year. Of these students, 14,339 children were between the ages of five and 17 and 929 young adult students between the ages of 18 and 22 years continued to receive educational and transitional services. Overall, 9 percent of the total public school enrollment (age 5-22 years) were enrolled in special education services in 2009-10, compared to 10 percent statewide.

The most common disabilities among children and youth receiving special education services in Kern County public schools were learning disabilities (49%), speech or language impairments (23%), mental retardation (9%), autism (6%), health impairments (5%) and emotional disturbance (3%).

There were an additional 1,544 children under the age of five years old receiving special education services during the 2009-10 school year. Of these young children, 50 percent were receiving speech and language services, 20 percent had a developmental delay, 13 percent had a health impairment and 8 percent had an autism spectrum disorder.

Autism Spectrum Disorders (ASD) is the fastest growing serious developmental disability in California. In the 2009-10 school year, 985 or 6 percent of children/youth ages 1-22 years who received special education services in Kern County had autism. Kern’s student population with autism has increased 154 percent since the 2004-05 school year.

Student Testing
The Standardized Testing and Reporting Program (STAR) uses several tests to measure student performance in California schools. The California Standards Tests (CST) are used to measure mastery of state-adopted standards.

3rd Grade Reading and Math
In Kern County during the 2009-10 school year, 34 percent of 3rd graders were proficient or above in English Language Arts and 57 percent were proficient or above in Mathematics. Statewide, 44 percent of 3rd grade students were proficient or above in English Language Arts and 65 percent were proficient or above in Mathematics.

7th Grade Reading and Math
In Kern County during the 2009-10 school year, 45 percent of 7th graders were proficient or above in English Language Arts and 42 percent were proficient or above in mathematics. Statewide, 55 percent of 7th grade students were proficient.
### California

#### 3rd Grade Test Scores (CST)
<table>
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#### Graduation Rates
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### Kern County

#### 3rd Grade Test Scores (CST)
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#### 7th Grade Test Scores (CST)
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#### Out-of-School Youth
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#### Graduation Rates
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#### College Prepared Youth
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<td>25.1%</td>
<td>27.2%</td>
</tr>
<tr>
<td>% 12th Graders Taking SAT</td>
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<td>21.6%</td>
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#### Community Education Levels
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<td>29.8%</td>
<td>28.5%</td>
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or above in English Language Arts and 49 percent were proficient or above in Mathematics.

High School Exit Exam
The purpose of the California High School Exit Exam (CAHSEE) is to make sure that every California student that receives a high school diploma has a basic understanding of English-Language Arts and mathematics.

CAHSEE Exam data from the 2009-10 school year show that the majority of Kern County students pass the exam on their first opportunity in the tenth grade. Seventy-seven percent of the Class of 2012 passed the English Language Arts portion and 79 percent passed the exam’s Mathematics section. Statewide, 81 percent of California’s 10th graders tested passed the English Language Arts portion and 81 percent passed the exam’s Mathematics section.

College Preparation
One of the goals of Kern County’s public education system is to help students access higher education and succeed in college. The Advanced Placement Program (AP) allows high school students to participate in a college level course and possibly earn college credit before they graduate high school. Secondary schools and colleges participate in this program to give students the opportunity to show mastery in college-level courses by taking the AP exam in May of each school year.

During the 2008-09 school year, Kern County high schools offered 219 AP courses to 5,606 students. In May of 2009, 51 percent of the 3,538 Kern County high school students who took AP examinations scored a 3 or higher -- the score typically needed to earn college credit for the course -- on AP exams, compared with 47 percent in 2008. Statewide, 69 percent of California’s students taking the AP test scored well enough on the exams to earn college credit.

In California, students are believed to be fully prepared for a four-year college when they have completed all of the “A-G” class requirements for entering the California State University (CSU)/University of California (UC) system with a grade

Students (Grades 2-7) Scoring Proficient or Higher on English Language Arts & Mathematics CST
Kern County, 2010

A family’s ability to send their children to college has been hampered by the poor economy. From 2008 to 2009, the rate of public high school students from Kern County attending any California public college or university plummeted from 44% to 33%.

-- California Postsecondary Education Commission
of “C” or better. In the 2008-09 school year, 27.2 percent of Kern County students graduated with all “A-G” classes completed, a figure higher than the previous school year rate of 25.1 percent. At the same time, 35.3 percent of seniors statewide completed these requirements.

In Kern County, female graduates (32%) had a much higher likelihood of graduating with CSU and UC college prep classes than male graduates (23%) during the 2008-09 school year. Filipino (55%), Asian/Pacific Islander (46%), Caucasian (31%) and Native American (30%) graduates exceeded the County’s A-G requirement completion rate. In contrast, Latino (24%) and African-American (22%) graduates each had a completion rate lower than the Kern’s overall rate.

Most college bound students take the SAT college admissions exam, now called SAT Reasoning Test. The SAT contains three sections with scores of 200 to 800 for a maximum score of 2,400. During the 2008-09 school year, 21.6 percent of Kern’s 12th graders took the SAT exam, compared to 34.7 percent of 12th graders statewide. Kern County students averaged 478 in Math, 460 in Writing and 465 in Critical Reading. Kern’s average scores were below the state’s scores of 513 in Math, 494 in Writing and 495 in Critical Reading.

Graduation
Few would debate the importance of graduating high school. A high school diploma can be the gateway to a postsecondary education and better employment opportunities. High school graduation rates can also measure the health of a community’s economy and the skill level of its future workforce. In Kern County, 9,980 students met graduation requirements during the 2008-09 school year, a rate of 72.9 per 100 students. Kern County’s high school graduation rate declined slightly from 73.5 in 2007-08 and remains lower than California’s graduation rate of 78.6 per 100 students.

High School Dropout Rates
High dropout rates impact the economy and public safety of a community. In 2009, an estimated 29 percent of Kern County’s residents (age 25 and older) did not have a high school diploma or GED. Kern’s percentage of adults with low educational attainment is 9 points higher than California and 14 points higher than the nation.

During the 2008-09 school year, 3,786 students, or 25.9 percent of the students in grades 9 through 12, dropped out of Kern County high schools, compared to 26.9 percent during the previous school year. The county’s drop-out rate remains higher than California’s drop-out rate of 21.5 percent in the 2008-09 academic year.

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Kern County residents who did not complete high school earned a median annual income of $16,657 in 2009. By comparison, the median income of those who completed high school (including GED) was $24,787 and those with a bachelor’s degree was $50,468.

American Community Survey, 2009
The California Department of Education defines “bullying” as aggressive behavior repeated over time that intends to harm or distress an individual or group. Bullying involves either a real or perceived imbalance of power, with the more powerful child or group attacking those who are less powerful. Bullying may be physical (hitting, kicking, spitting, pushing), verbal (taunting, teasing, racial slurs, verbal harassment), or emotional (spreading rumors, purposely excluding someone from a group or activity, extorting, or intimidating). With more youth accessing the Internet and cell phones, bullies can now spread rumors, harass, threatened or stalk their targets at all times of the day.

According to the 2007-09 California Healthy Kids Survey, 39 percent of Kern County’s students in grades 5, 7, 9 and 11 reported they were pushed, hit or kicked in the past year by someone at school who was not just kidding around. In addition, almost half of these students have had mean rumors or lies about themselves spread by other students at their schools (47%).

Survey data show physical bullying and harassment are greater problems in the elementary and junior high years, and decrease as students move into high school. Over half of 5th and 7th graders reported being physically bullied (51%) or had rumors/lies told about them (52%) at least one time as school.

Older students were more often bullied through rumor-spreading than physically bullied in school. Of the high school students who reported having mean rumors and lies told about them, 39 percent were 9th graders and 43 percent were 11th graders. In comparison, 31 percent of 9th graders and 23 percent of 11th graders reported being pushed, hit, or kicked in the past year by someone at school.

Bullying has severe academic, health and safety consequences for students. Not only does it harm victims, bullying creates a climate of violence and intimidation within the school. Overall, fewer than one-third of surveyed students reported feeling very safe at school at all times (28%).

What Can We Do About Bullying

• Know the school policies on bullying. Ask for a copy or check the student handbook to see whether your school has standards in place that will help resolve the situation.

• Help your child understand bullying. Explain what bullying is. It is more than physical; it can be done in person or over the phone or computer.

• Teach your child to take a stand against bullying. Give guidance about how to stand up to those who bully if it is safe to do so.

• Talk to your child about seeking help from a trusted adult when feeling threatened by a bully. Talk about whom they should go to for help and role-play what they should say. Assure your child that they should not be afraid to tell an adult when someone they know is being bullied.
In comparison to other California counties, Kern County ranks near or at the bottom of several health indicators. Kern currently leads all other counties in the rates of births to teen mothers, cases of chlamydia, and deaths from coronary heart disease. Unfortunately, in the wake of the worst economic crisis in 70 years, budget cuts either threaten or severely limit the community's ability to provide primary and/or preventive health care services for its residents, affecting a wide range of services including chronic disease and injury prevention, health education, maternal, child, and adolescent health and teen pregnancy prevention programs.

The impact of these cuts will be felt by all of Kern County. First and foremost, Kern County’s low-income families, young children and the uninsured would move from preventive care to acute care, conceivably overloading local emergency room and/or urgent care systems due to a lack of a medical home or primary prevention strategies (e.g. nutrition counseling, mentor programs to prevent teen pregnancies, or reduced access to prenatal care). Advocates from the health and social services fields are concerned that this will lead to increased illness and preventable deaths. However, the concern also lies in the reality that, in both the short and long run, the economic cost related to this shift in care paradigm will be devastating as Kern County attempts to move into economic recovery.

Prenatal Care
Adequate and accessible prenatal health care is vital to the well being of both mother and baby. According to the California Department of Public Health, the percentage of pregnant mothers in Kern County who obtained prenatal care services during the first trimester increased between 2008 and 2009, from 68.8 percent to 72.2 percent. In California overall, 81.3 percent of mothers received care during their first trimester during 2009.

In Kern County, Caucasian babies (77.6%) were most likely to have mothers who received prenatal care in the first trimester of their pregnancies, followed by Asian (75.9%) and Native American (75.0%) babies. In contrast, Pacific Islander (45.8%), Latina (69.7%), and African-American (68.1%) women were least likely to receive prenatal care during their first three months of pregnancy.

Prematurity & Low Birthweight
During 2009, 14,827 babies were born in Kern County. Babies born too soon or too small are at greater risk of disability and dying during infancy. From 2008 to 2009, the percent of babies born prior to 37 weeks declined from 13.9 percent to 13.5 percent. By comparison, 10.4 percent of California’s babies were premature during 2009.

Newborns have a low birthweight when they weigh less than 5.5 pounds (2,500 grams). These infants have increased risk of health complications. In 2009, the percentage of low birthweight babies has risen to 7.4 percent of all live births, its highest point during the decade. In California, 6.8 percent of live births were low birthweight.

African-American and Asian infants are more likely to weigh less than 5.5 pounds at birth than babies of other major race and ethnic groups. In 2009, 13.9 percent of African-American infants and 12.8 percent of Asian infants were low birthweight, compared with 8.3...
Sleep-related deaths include Sudden Infant Death Syndrome (SIDS), unintentional suffocation in bed and those in which the cause was undetermined but investigations found that the infant died during sleep.

Asphyxia from an unsafe sleeping environment was the second leading cause of infant death in cases reviewed in Kern County from 2005 to 2009. Positional asphyxia occurs when an infant cannot move out of a sleeping position in which his/her mouth and nose is blocked, or where his/her chest may be unable to fully expand, and suffocates. Positional asphyxia differs from SIDS, the unexpected, sudden death of a child under age 1, in which normal autopsy procedures indicate no other cause of death. Almost all SIDS deaths occur without any warning or symptoms when the infant is thought to be sleeping.

From 2005 through 2009, the Kern County Child Death Review Team reviewed the reports of 17 infants who died in their sleep, representing 19 percent of deaths among infants ages birth through one year with a determined cause. Of these, two (15%) were diagnosed as SIDS. The remaining 15 infant deaths were linked to asphyxia from unsafe sleeping environments.

Some parents choose to co-sleep with their babies, also called the “family bed,” because of cultural or social conventions. Infants who sleep in the same bed as an adult are more likely to suffer injury, even death when a person who is sleeping with a child rolls onto the child and unintentionally smothers the child. Poverty, limited education, lack of prenatal care and substance abuse also place infants at risk of unsafe sleep environments.

**What Can We Do About Sleep-Related Infant Deaths**

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.
- Set a good example — realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When placing babies to sleep, be sure to always place them on their backs.
- Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.
- If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.
percent of Pacific Islanders, 6.9 percent of Latinos, 6.6 percent of Native Americans and 6.3 percent of Caucasians.

**Safely Surrendered Babies**
California’s Safely Surrendered Baby Law was enacted in 2001 in response to the increasing number of abandoned baby deaths in California. The law allows distressed birth parents to confidentially surrender their baby (up to 3 days old) into the hands of any Emergency Room staff or Fire Station personnel without fear of arrest for abandonment. Since 2006, a total of 21 newborns in Kern County have been delivered to a “safe surrender site.” Moreover, nine of these babies were safely surrendered in 2010 alone.

**Infant Death**
During 2008, 110 Kern County babies died before their first birthday. The three-year (2005-2007) average mortality rate for infants in Kern County was 6.5 per 1,000 live births. Kern’s figure was higher than the rate for California (5.3 per 1,000) but lower than the United States (6.7 per 1,000).

African-American infants die more frequently than those of any other race/ethnicity. In Kern County, the three-year (2005-2007) average mortality rate for African-American infants was 17.0* per 1,000 live births. Infant mortality figures were 12.4 per 1,000 in California and 13.3 nationwide.

*Unreliable, relative standard error greater than or equal to 23 percent.

**Breastfeeding**
The Centers for Disease Control and Prevention promotes breastfeeding as one of the most highly effective preventive measures a mother can take to protect the health of her infant and herself. In California, 89.6 percent of mothers breastfed in the hospital after giving birth and 51.9 percent of mothers breastfed exclusively after giving birth during 2009. In comparison, 83.9 percent of Kern County mothers breastfed in the hospital after giving birth, however only 31.7 percent of mothers breastfed exclusively after giving birth. Caucasian mothers were more likely to breastfeed exclusively than other racial/ethnic groups (51.8%). African American and Latina mothers were almost half as likely as Caucasian mothers to breastfeed their newborns exclusively after giving birth, 23.8 percent and 24.1 percent, respectively.

**Immunizations**
Vaccination coverage in California is at or near all-time high levels. California’s goal for the year 2010 is 90 percent coverage for all individual vaccines. The Immunization Branch, local health departments, and physicians are working together to get more children vaccinated in time and to protect them from vaccine-preventable disease such as hepatitis, polio, measles, tetanus and pertussis (whooping cough).

The California Department of Health Services conducts an immunization assessment of enrolling Kindergartners to monitor compliance with California’s School Immunization Law. In 2010, 91.7 percent of children enrolling in Kindergarten had all required immunizations. California’s rate for the same year was 90.8 percent.

Pertussis (whooping cough) is a highly contagious respiratory infection spread by coughs and sneezes. The illness is especially dangerous to the very young because it can lead to pneumonia, convulsions, brain damage or death. In California, Latino infants under six months of age had the highest rates of pertussis with onset (581.0 cases/100,000) in 2010. The California Department of Public Health recommends that all Californians make sure that they are immunized against pertussis, especially if they are in contact with infants.

-- Immunization Branch, California Department of Public Health
### Late or No Prenatal Care (Percentage of live births)

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<td>2009</td>
<td>5.4%</td>
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### Infant Mortality Rate (Rate per 1,000 live births)

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### Births to Teen Mothers 15-19 (Percentage of live births)

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<tr>
<td>2008</td>
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<tr>
<td>2009</td>
<td>14.3%</td>
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### Births to Teen Mothers 15-19 (Rate per 1,000 population)

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<td>2009</td>
<td>59.7</td>
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### Overweight Youth (Percentage of 5th/7th/9th grade)

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<td>36.6%</td>
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<td>38.3%</td>
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<td>2008-2009</td>
<td>35.8%</td>
<td>31.0%</td>
</tr>
</tbody>
</table>

### Chlamydia Infection in Female Youth (Ages 15-19) (Rate per 100,000 population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Kern County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3189.8</td>
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<tr>
<td>2008</td>
<td>3341.3</td>
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<tr>
<td>2009</td>
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</table>

### Kern County Births to Teens 15-19 (2009)

<table>
<thead>
<tr>
<th>Category</th>
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<th>Caucasian</th>
<th>Latino</th>
<th>Asian/Pac Islander</th>
<th>Native American</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Live Births</td>
<td>151</td>
<td>468</td>
<td>1,440</td>
<td>23</td>
<td>10</td>
<td>2,127</td>
</tr>
<tr>
<td>Teen Birth Rate per 1,000 females in race/ethnicity group</td>
<td>68.5</td>
<td>34.6</td>
<td>80.8</td>
<td>18.1</td>
<td>31.5</td>
<td>59.7</td>
</tr>
</tbody>
</table>

* Figures will not total 100 percent as unknown or multiple races are excluded from these tables.
Childhood Obesity & Fitness
A healthy lifestyle, including good nutrition and fitness levels, can significantly reduce an adult’s risk of developing heart disease, stroke, diabetes, and cancer. For the best lifelong health, good nutrition and activity habits must begin in childhood.

During the 2008-09 school year, 39,058 Kern County 5th, 7th and 9th graders completed California Physical Fitness Testing. Among these students, 35.8 percent had unhealthy body composition based on individual Body Mass Index (BMI) scores. This is a decrease from the previous year’s score of 38.3 percent, but remains higher than California rate of 31.0 percent.

The rates of students with unhealthy body composition declined among all racial and ethnic groups. However, Latino (40.3%), Native American (38.5%) and African-American (36.3%) students continue to have the highest percentages of unhealthy body composition. On average, boys (40.8%) had poorer body composition than girls (30.7%).

According to the 2009 California Health Interview Survey, 14 percent of Kern County school-age youth drink more than two glasses of soda each day and 53 percent had eaten fast food more than once during the last week. The Survey also found that 29 percent of Kern County elementary school age children and 35 percent of high school youth were not physically active for at least an hour for three days or less during the week.
Asthma
Asthma is a chronic respiratory disease characterized by temporary coughing, wheezing, shortness of breath and chest tightness. Childhood asthma is widespread in the Central Valley and is often linked to the Valley’s poor air quality, heavy trucking corridors, and physical geography. Results from the 2009 California Health Interview Survey estimate that 13 percent of children (ages 1-17 years) in Kern County have been diagnosed with asthma during their lifetime.

Approximately, 35 percent of the Kern County students diagnosed with asthma missed between five and ten days of school in the past year. Children with asthma need proper support at school to keep their asthma under control. About, 95 percent of students with asthma experienced one or more asthma attacks during the last year.

Asthma can be life threatening and is one of California’s most common causes for emergency room visits of children. During 2009, there were 2,052 emergency room visits by Kern County children and youth due to asthma. Children under age five accounted for 44 percent of all emergency room visits. Health advocates believe that the number of emergency room visits can be reduced by improving family access to primary care physicians, preventive medicine, and health education.

Oral Health
Tooth decay is the most prevalent chronic disease of childhood and can lead to problems with a child’s nutrition, growth and academic performance. The American Academy of Pediatric Dentistry recommends a dental check-up at least twice a year for children. According to the 2007 California Health Interview Survey, 85 percent of Kern County’s children, ages 2-17 years, had visited a dentist at least one time in the last 12 months. Further, an estimated 13,000 Kern County children, ages 2-17, had never seen a dentist.

As of 2007, seven percent of Kern County children between the ages of 2 and 17 years lived in families that could not afford dental care they needed. In addition, 22 percent of children in this age group did not have dental insurance in Kern County. When compared, 72 percent of uninsured children visited a dentist at least once during the last year versus 87 percent of insured children.

Health Care
Every child has different health care needs throughout childhood. Consistent healthcare and access to health insurance increases the likelihood that children remain healthy by providing early identification and treatment of health problems. As of 2009, 11 percent of Kern County’s children under 18 years of age had not visited a physician within the past year, according to the California Health Interview Survey.

In 2009, a doctor’s office or health maintenance organization (HMO) was the usual place for sick care for 57 percent of children in Kern County. One in three children went to either a community clinic or hospital in Kern County for their health care (33%).
two percent of Kern County children rely on emergency rooms or urgent care for care and eight percent do not have any place to go when sick or need health advice.

An estimated 14,000 Kern County children, or 5.8 percent of the 2009 child population, were uninsured. When compared, 16 percent of uninsured children had not visited a physician during the last year versus 11 percent of insured children.

**Sexually Transmitted Disease**

Chlamydia is the most common sexually transmitted communicable disease in the United States. It is referred to as a “silent” disease because about 75 percent of infected women and 50 percent of infected men have no symptoms. Chlamydia, if left untreated, can cause irreversible damage to female reproductive organs and can be transmitted to newborn babies.

For the second consecutive year, Kern County reported the highest rate of chlamydia infection among California counties despite having 420 fewer cases documented than during the previous year. Kern County had a total of 5,194 confirmed cases of chlamydia during 2009, a rate of 622.8 cases per 100,000. The rate of diagnosed infection in females of all ages decreased six percent from 752.3 in 2008 to 707.3 per 100,000 population in 2009. For males, the rate per 100,000 population fell 25 percent from 410.3 in 2008 to 314.7 in 2009. By comparison, California rates were 522.0 and 232.1 for females and males, respectively.

Chlamydia mainly affects adolescents and young adults in Kern County. Young women between the ages of 20-24 (3,130.6 per 100,000) and 15-19 (3,069.5 per 100,000) are at highest risk for chlamydia infection in the county. These rates were significantly higher than the California rates of 2,777.4 and 2,216.6 for females in the same age groups, respectively.

The highest rates of chlamydia in 2009 were within the African-American and Latino populations. The rate of chlamydia infection was highest for African-American women (2,073.0 per 100,000 population); African-American men (1,414.2 per 100,000 population); Latina women (718.8 per 100,000 population); and Latino men (480.5 per 100,000 population).

**Mental Health**

Depression is one of the most frequently diagnosed mood disorders in children and adolescents. Stress and experiencing a loss as well as attention, learning, conduct and anxiety disorders place youth at a higher risk for depression. Moreover, growing research strongly suggests a genetic link to depression.

**Chlamydia, Rates by Age & Gender**

Kern County, 2009

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<th>1000</th>
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<th>2500</th>
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<tr>
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</table>

STO Control Branch, California Department of Public Health
Teen mothers and their babies are at greater risk of birth complications and long term health issues. Young mothers are less likely to complete high school and their babies are more likely to experience poverty, abuse and neglect during their childhood. Moreover, infants born to teenage mothers are at higher risk of being born prematurely, born at a low birth weight, and dying before their first birthday, compared to babies born to mothers ages 20 and older.

In 2009, 2,127 babies were born to mothers between the ages of 15 and 19 years in Kern County, a birth rate of 59.7 per 1,000 females in this age group. During the same year, California’s teen birth rate was 32.1 per 1,000 females.

Kern County’s teen birth data from 2009 show a 8 percent decrease from the previous year, however, its three year average of 62.8 per 1,000 females ranks the county first in the state for highest rate of teen births. From 2008 to 2009, Kern County’s teen birth rates decreased for all racial/ethnic groups with the exception of Native American females (31.5 births per 1,000 females), which increased by 23.5 percent.

Teen birth rates among African-American females (68.5 births per 1,000 females) decreased by 13.4 percent; Latinas (80.8 per 1,000 females) dropped by 10.2 percent; Asian/Pacific Islanders (18.1 per 1,000 females) declined by 3.7 percent; and Caucasians (34.6 per 1,000 females) decreased by 0.9 percent.

Young mothers in their teens are less likely than older mothers to receive timely prenatal care. In 2009, 62 percent of teen births were to mothers who received prenatal care during the first trimester compared to 74 percent among mothers ages 20 and older. Early and continuous prenatal care helps identify medical issues and behavior that can result in babies born at a low birthweight. Of the babies born to teen mothers during 2009, 8.4 percent were born weighing less than 2,500 grams (5 pounds, 5 ounces) in contrast with 7.2 percent among babies born to older mothers.

What Can We Do About Teen Pregnancy

- Talk with your teen early and often about sex, contraception, your morals and values.
- Make their future attractive by teaching your teen to dream.
- Encourage good health care. Take your child to the physician for regular appointments.
Findings from the 2007-09 California Healthy Kids Survey show older students and female students were most likely to report feeling sad or hopeless almost every day for two or more consecutive weeks in the last year. Thirty-two percent of 7th graders, 34 percent of 9th graders and 37 percent of 11th graders admitted feeling sad or hopeless. Almost half of Kern’s community school students (46%) reported that they stopped some of their usual activities during the past year because of feelings of sadness or hopelessness.

In California, 29 percent of 7th graders, 32 percent of 9th graders, 33 percent of 11th graders and 39 percent of students in non-traditional schools reported feeling sad or hopeless almost every day for two or more consecutive weeks during the past 12 months.

For youth experiencing mental health issues, the transition to adulthood can be particularly challenging. According to a 2009 study from the Urban Institute, youth with depression engage in more risk-taking behaviors by age 18 such as using drugs, early sexual activity, stealing, fighting and running away than youth experiencing less or no depression. Youth with depression were also twice as unlikely to complete high school than peers with less or no depression.

The early diagnosis of depression and its treatment are critical to a youth’s emotional, social, and behavioral development. Even though the recovery rate from a single episode of major depression is high, future episodes are likely to recur among children and adolescents. Left untreated, depression can increase a youth’s risk of suicide.

Suicide
From 2000 to 2006, Kern County lost 21 youth between the ages of 15 and 19 years to suicide. Male youth accounted for 81 percent of Kern's suicides in this age group, a figure 4.3 times higher than the female rate. Youth committed suicide with either a firearm (62%) or by hanging/suffocation (38%) during 2000 to 2006. The annual number of youth suicides fluctuated throughout the 2000 decade with a high of 6 suicides in 2001 and a low of 1 suicide in the years 2000 and 2002.

Between the years 2000 to 2006, 1,993 Kern County residents of all ages were hospitalized for suicide attempts. A total of 244, or 12 percent, of these suicide attempts were youth between the ages of 15 and 19 years. Among these youth, females (68%) had a higher rate of attempted suicide than males (32%). The attempted suicide rate for Caucasian youth (75%) was considerably higher than any other racial or ethnic group. Latino (18%), African American (4%) and Asian (1%) comprised the remaining racial/ethnic groups.

Most youth attempted suicide by poisoning themselves (82%). The remaining methods used by youth during suicide attempts were cutting/piercing (11%), firearms (2%) and hanging/suffocation (1%). In addition, there were seven attempts in which the method was unknown and one that was by jumping.
Smoking, Alcohol & Substance Abuse

The California Healthy Kids Survey (CHKS) is administered every two years in order to meet the requirements of the federal Safe and Drug Free Schools and Communities Act. Between the fall of 2007 and spring of 2009, the Survey asked 7th, 9th, 11th graders and community school students health and behavior questions to find out what problems students face in regards to substance abuse and violence to help put programs in place to effectively address problems.

Overall, the 2007-09 survey found the rates of smoking, alcohol and marijuana use among Kern's 7th, 9th, 11th graders and community school students were higher among older students, males and community school students with the exception of alcohol use which was higher among female students than males.

Cigarette Smoking

Individuals who begin smoking at a young age are more likely to become strongly addicted to nicotine than those individuals who start smoking at older ages. In Kern County, 8 percent of 7th graders, 10 percent of 9th graders and 14 percent of 11th graders responded that they had smoked cigarettes during the past 30 days. More than half of Kern's community school students (51%) admitted they smoked cigarettes during the past month. In California, 5 percent of 7th graders, 9 percent of 9th graders, 13 percent of 11th graders and 39 percent of students in non-traditional schools reported use of cigarettes in the past 30 days during the same school year.

Alcohol Use

Alcohol is the most abused drug among teenagers. In Kern County, alcohol had a higher rate of use by responding students when compared to other problem substances such as smoking and marijuana. Survey results showed 18 percent of 7th graders, 27 percent of 9th graders and 35 percent of 11th graders self-reported they had drank alcohol during the past 30 days. Among community school respondents, 62 percent responded that they had drank alcohol during the past month. In California, 15 percent of 7th graders, 27 percent of 9th graders, 36 percent of 11th graders and 56 percent of students in non-traditional schools reported use of alcohol in the past 30 days during the same school year.

The Centers for Disease Control and Prevention reports that 25 percent of drivers between the ages of 15 to 20 who died in motor-vehicle crashes during 2008 had a blood alcohol concentration (BAC) of 0.08 grams (g) per deciliter (dL) or higher. According to the 2007-09 California Healthy Kids Survey, nearly one-third (31%) of Kern County 11th grade respondents, and 25 percent of 9th grade respondents said they had either driven a car after consuming alcohol or been a passenger in a car when the driver (a friend) had been drinking.

Marijuana Use

Regular marijuana use can interfere with a youth's learning in school by affecting the parts of the brain that controls memory and attention. The 2007-09 survey showed that 7 percent of 7th graders, 11 percent of 9th graders and 15 percent of 11th graders had used marijuana in the past 30 days. The highest rate of marijuana use was among Kern's youth in community schools (41%). In California, 6 percent of 7th graders, 13 percent of 9th graders, 19 percent of 11th graders and 45 percent of students in non-traditional schools reported use of marijuana in the past 30 days during the same school year.

A highly addictive and dangerous drug, methamphetamine is used by Kern County teens much less frequently than alcohol or marijuana. Survey results show that 5% of 11th graders in Kern County have tried methamphetamine, and 2% are regular users.

--California Healthy Kids Survey, 2007-09
Child Well-Being

Child Abuse and Neglect Overview
Child abuse and neglect affect children of every age, race and income level. Mandated reporters and other concerned adults often refer potentially dangerous situations to Child Protective Services (CPS) for investigation. While the number of reports to CPS can indicate about how many children in the county are potentially at risk of abuse and neglect, referral rates also demonstrate the willingness of community members to report events where children may be in danger. Given anticipated further reductions in child welfare and social service program funding, and the increased stress that difficult economic times are placing on families, it is crucial that community members, public and private agencies, schools, community-based organizations, churches and businesses rally to help build and sustain healthy families.

Kern County’s Differential Response (DR) program is an effective, research-based strategy to prevent abuse -- an outstanding example of how CPS, the Kern County Network for Children, Clinica Sierra Vista and the Kernville Union, Taft City and Richland School Districts are working to improve child safety. DR expands the ability of CPS to respond differently to suspected reports of child abuse/neglect, by assisting families at the first signs of trouble with counseling, parenting education, job training, food and housing assistance to prevent future problems. To assist these families with groceries, clothing and household items, Chevron, Kaiser Permanente and The Bridge Church have made generous donations. Another partner is First 5 Kern, which will provide the fiscal year funds for DR that are necessary to maintain service levels despite state and local budget cuts.

During 2009-10 funding year, 1,370 families and 3,618 children throughout the county received DR services. Analysis of follow-up records shows that these families are less likely to have further contact with CPS. Moreover, since 2007--the year DR services were expanded countywide--Kern’s foster care entry rate has decreased 225 percent more than the average decline experienced by other California counties.

Despite the availability of child abuse prevention services, the reality is that some families will not use them in time. Kern County children need individuals to decide to make a difference. The box on the right gives examples of ways we can all prevent child abuse and neglect.

It’s Our Responsibility

* Know what child abuse is, and what the signs are. Physical and sexual abuse clearly constitute maltreatment, but so does neglect, the failure of parents or others to provide food, clothing and care. Children can also be emotionally abused when they are rejected, berated or continuously isolated. Unexplained injuries are not the only signs of abuse. Depression, fear of a certain adult, difficulty trusting others or making friends, sudden changes in eating or sleeping patterns, inappropriate sexual behavior, poor hygiene, secrecy and hostility are often signs.

* Report abuse. If you witness a child being harmed, if a child tells you about abuse, or if you merely suspect abuse, call the CPS hotline at (661) 631-6011, or 9-1-1.

* Encourage help. If you know a family that is experiencing stress and is in need of food, financial aid, utility assistance, housing, counseling, parent education, child care, clothing, etc., encourage them to call 2-1-1, Kern’s comprehensive information and referral service.

* Support prevention efforts. Share your time and concern by volunteering with agencies and organizations throughout Kern County. Sign up to mentor a teen mom, become a foster parent, donate items children and families need, assist at a Family Resource Center or share your talents.
CPS Referral Rates
During 2009, (CPS) received reports of suspected child abuse or neglect on 17,682 Kern County children, a referral rate of 69.0 per 1,000 children. Statewide, referrals for investigation were made on 471,776 children, a referral rate of 47.2 per 1,000 children. Forty percent of suspected abuse and neglect cases in 2009 were later determined as unfounded during the investigative phase.

Child Abuse Rates
In 2009, 5,219 Kern County children were found to have been victims of abuse and neglect—an average of 100 children per week. Child abuse rates per 1,000 children in California counties ranged from 2.4 to 49.1 during 2009. Kern County's substantiated child abuse rate of 20.4 children per 1,000 children was more than twice California's child abuse rate of 9.3. Kern County had the 10th highest substantiated child abuse rate in the state.

Most victims of maltreatment in Kern experienced general or severe neglect (86%), meaning a caretaker failed to provide for the child's basic needs. Fewer children had substantiated referrals for physical abuse (5%), caretaker absence/incapacity (3%) or sexual abuse (2%).

Children of all ages experience abuse and neglect, but the youngest children are the most vulnerable. In 2009, children younger than a year old had the highest rate of substantiated abuse with 47.8 per 1,000 children, 2.3 times higher than Kern's overall rate of substantiated abuse and neglect.

During 2009, African-American children had the highest rate of substantiated abuse reports in Kern County with 56.4 per 1,000 children. Caucasian (19.7 per 1,000), Native American (18.4 per 1,000) and Latino (18.0 per 1,000) children had the next highest rates of substantiated abuse. Asian/Pacific Islander children had the lowest rate of abuse with 5.8 per 1,000 children.
For many, the sexual abuse of children can be very difficult to talk about. It may be even more difficult to acknowledge that children, regardless of age, gender or socioeconomic status, are sexually abused every day in Kern County. Child sexual abuse includes both sexual assault (sex acts with children, masturbation in the presence of children and child molestation) and sexual exploitation (allowing children to engage in prostitution or in the production of child pornography).

Research shows that sexual abuse negatively interferes with a child’s attitude toward self, trusting relationships, and sexuality. Without intervention, these children are likely to experience psychological problems as they become older, including post-traumatic stress disorder, anger, depression, inappropriate sexual behavior, poor self-esteem, difficulty with close relationships and substance abuse.

Kern County’s Child Protection Services (CPS) responds to the needs of children who are alleged to have been sexually abused and ensure they are safe. In 2009, sexual abuse comprised nine percent of Kern County’s total allegations of child maltreatment. CPS investigated the allegations of sexual abuse involving 1,020 children during 2009. Of these children, 90 children (9%) were found to have been victimized and 80 children (8%) had cases with insufficient evidence after investigation. In 2009, the major reporters of sexual abuse during 2009 were non-child welfare professionals, law enforcement/legal personnel, counselors/therapists, and medical professionals.

When compared to other abuse, sexually abused children were more likely to have an outcome of “assessment only” -- 48 percent vs. 16 percent of cases of neglect and physical abuse in 2009. At times, CPS services may not be required because the alleged perpetrator may not currently be involved with the family and pose no current or potential threat to the child. Additionally, the referral may be transferred to another social service program to deliver services to the family, and law enforcement is always informed about each case of child sexual abuse.

**What Can We Do About Sexual Abuse**

- Learn the warning signs so you can get past the fears and silence that prevent us from taking actions to protect kids.
- Understand that children may recant due to fear or embarrassment, but this does not mean they were not initially being honest.
- If you suspect sexual abuse or if a child tells you about abuse, call the Child Abuse Hotline (661) 631-6011. Remember that you may be the only person in a position to help a child who is being sexually abused.
Severe Injury To Children
In Kern County, the practice is to have the Department of Human Services (DHS) Ombudsman review social work practice, policy, training and personnel issues for each child fatality and near fatality brought to the attention of CPS.

In late 2009, DHS initiated an additional practice of having the Department Ombudsman review all incidents that involve severe injuries of children even though the State does not require that information be tracked or reported. Kern County defines severe injury as any injury that includes, but is not limited to, multiple fractures, amputation of limbs, burns requiring hospitalization, severe sexual abuse, torture, etc. Although these injuries are of a severe nature but do not fit the state’s definition of near fatality, it is imperative to recognize this category of injuries as it relates to the condition of children in our community.

The data for severe injuries of children in Kern County is limited for 2009. However it is consistent with state and national trends that reflect the most vulnerable population were children four years of age or younger, with the majority of those children less than one-year old. Further noted was that the majority of children suffered from injuries sustained from blunt force trauma. An additional trend identified in the review of the cases that involved severe injury was that the perpetrator of the abuse was most often the parent or caretaker responsible for the safety and well-being of the child. This is also true for child fatalities and near-fatality injuries.

Although this data is alarming, it is important to share this information. It is only through the combined efforts of the entire community that we can work effectively to address the issues related to child abuse and neglect. Identifying and reporting incidents of suspected abuse or neglect is critical to ensuring the safety and well-being of our children.

Child Near Fatalities
The California Department of Social Services (CDSS) requires the reporting of near child fatalities that are a direct result of child abuse or neglect. A near fatality is defined by the state as: a severe childhood injury or condition caused by abuse or neglect which results in the child receiving critical care for at least 24 hours following the child’s admission to a critical care unit. In 2009 there were five (5) near fatalities resultant from abuse or neglect reported to CDSS. The data gathered for these cases indicates the most vulnerable population were children four years of age or younger. Trends found in the data gathered for near fatalities in Kern County are consistent with state and national trends, as well as, the causes of child near fatalities as illustrated in the chart below.

Child Fatalities
County social service departments are required to report to CDSS all cases of child fatalities where there is reasonable suspicion that the child died as a direct result of abuse or neglect. In 2009 there

Child Near Fatality Causes Determined to be Result of Abuse/Neglect
Kern County, 2009

--Center for Social Services Research, UC Berkeley
### CPS Referral Rates per 1,000 Children

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### Substantiated Child Abuse Rates per 1,000 Children

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### Foster Care Rates per 1,000 Children (Entry + Re-Entry)

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### Substantiated Child Abuse Rates per 1,000 Children (2009)

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<td>3.4</td>
<td>19.0</td>
<td>9.3</td>
</tr>
</tbody>
</table>

### Substantiated Child Abuse Rates per 1,000 Children (2009) by Age Group

<table>
<thead>
<tr>
<th></th>
<th>Under 1</th>
<th>1-2 yrs</th>
<th>3-5 yrs</th>
<th>6-10 yrs</th>
<th>11-15 yrs</th>
<th>16-17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kern County</td>
<td>47.8</td>
<td>28.2</td>
<td>23.3</td>
<td>19.4</td>
<td>14.0</td>
<td>9.1</td>
</tr>
<tr>
<td>California</td>
<td>20.0</td>
<td>11.9</td>
<td>10.0</td>
<td>8.8</td>
<td>7.7</td>
<td>5.7</td>
</tr>
</tbody>
</table>

### Foster Care Prevalence Rate per 1,000 Children (Children in care on 7/1/10)

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Caucasian</th>
<th>Latino</th>
<th>Asian/Pac Islander</th>
<th>Native American</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kern County</td>
<td>19.5</td>
<td>7.8</td>
<td>7.1</td>
<td>1.3</td>
<td>8.0</td>
<td>7.7</td>
</tr>
<tr>
<td>California</td>
<td>24.4</td>
<td>4.6</td>
<td>5.1</td>
<td>1.4</td>
<td>16.5</td>
<td>5.5</td>
</tr>
</tbody>
</table>

### Foster Care Prevalence Rate per 1,000 Children (Children in care on 7/1/10) by Age Group

<table>
<thead>
<tr>
<th></th>
<th>Under 1</th>
<th>1-2 yrs</th>
<th>3-5 yrs</th>
<th>6-10 yrs</th>
<th>11-15 yrs</th>
<th>16-17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kern County</td>
<td>9.4</td>
<td>9.1</td>
<td>7.2</td>
<td>6.4</td>
<td>7.7</td>
<td>8.6</td>
</tr>
<tr>
<td>California</td>
<td>5.5</td>
<td>6.6</td>
<td>5.3</td>
<td>4.4</td>
<td>5.6</td>
<td>7.4</td>
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</tbody>
</table>

### Foster Care Population (2005-10)

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kern County</td>
<td>2,659</td>
<td>2,475</td>
<td>2,478</td>
<td>2,236</td>
<td>2,112</td>
<td>2,030</td>
</tr>
<tr>
<td>California</td>
<td>79,130</td>
<td>76,866</td>
<td>75,089</td>
<td>68,182</td>
<td>62,305</td>
<td>57,877</td>
</tr>
</tbody>
</table>
were eleven (11) child fatalities resultant from abuse or neglect reported to CDSS. The data gathered for these cases indicates the most vulnerable population were children four years of age or younger, with the majority of that number less than one-year old. Trends found in the data gathered for child fatalities in Kern County are consistent with state and national trends, as well as, the causes of death as illustrated in the chart below.

The number of children in foster care is always changing. However, a point-in-time count is taken on July 1 of each year. On July 1, 2010, there were 2,030 children in the foster care system across Kern County, 82 fewer children than the previous year’s count.

In 2009, African-American children (19.5 per 1,000) were in foster care at a rate greater than children in any other racial/ethnic group. Infants (9.4 per 1,000) and toddlers (9.1 per 1,000) experienced the highest in-care rates in Kern’s foster care system.

Research shows that placement stability in foster care is essential for a child’s healthy development. However, a higher percentage of children in the Kern County foster care system experienced more than two placements in less than 12 months in 2009 than in 2008 (33% versus 29%). Statewide, this rate was 16 percent in 2009.

Foster Care

Of the 5,219 Kern County children with substantiated reports of abuse and neglect during 2009, 1,347 were placed into foster care (26% of substantiated cases). The rate of foster care placement was 5.3 per 1,000 children, a slight increase from 2008 rate of 5.2 children per 1,000 children. Kern’s entry rate into foster care was higher than California’s rate of 3.2 entries per 1,000 children.

During 2009, 1,062 children entered the Kern County foster care system for the first time, a figure of 79 percent of all entries, comparable to California’s 80 percent.
Preserved Family Relationships
For those children living in foster care, the preservation of natural family relationships is important in maintaining a child’s positive sense of identity and knowledge of cultural, personal, and familial histories. Whenever possible, sibling units are placed in the same foster home. Between 2004 and 2010, the share of Kern County’s foster youth placed with at least one sibling has steadily increased each year from 61 percent to 73 percent.

Kinship care is the full time care of children by relatives, godparents, stepparents, or any adult who has a kinship bond with a child. On July 1, 2010, 32 percent of the Kern County children in out-of-home care lived with relatives; this is comparable to the statewide rate. Among children placed with kin, 46 percent were between the ages of 0 and 5 years and 55 percent were Latino.

Reunification
During 2009, 1,088 children and youth exited foster care in Kern County. Returning children safely to their home is the primary goal of CPS. Sixty-seven percent of these children and youth were reunified with their families in less than 12 months. In comparison, California’s reunification rate was 64 percent.

During 2009, the median length of time before Kern County children in foster care were reunified with their families was 7.6 months, less time than the state’s 8.1 months. Throughout Kern County, youth ages 16 to 17 years were in care longest before reunification (12.5 months), and infants were in care the shortest amount of time (4.0 months).

Recurrence After Reunification
Even when reunification is initially successful, some children must be placed again into foster care when another abuse/neglect event occurs. Between October 2008 and September 2009, 96 of the 878 children who reunified with their families returned to foster care in less than 12 months (11%). Kern’s reentry-after-reunification rate was below the state’s rate of 12 percent. Compared to other age groups, children younger than six years old (67%) were most likely to re-enter foster care after being reunified with their families.

Emancipation
Some children remain in foster care until they are 18 or have graduated from high school. These youth are often referred to as “aging out” or emancipating from foster care. In Kern County, 123 youth were either discharged to emancipation or turned 18 while still in foster care in 2009. More than half of these youth (58%) had been in foster care for three years or longer.

Because the transition from foster care to adulthood is very difficult, DHS offers foster youth (ages 16-21) voluntary services through Independent Living Program (ILP) to help youth with money management skills, educational assistance, household management and employment preparation.

During 2009, 87 percent of Kern County foster youth offered ILP services accepted those services. Statewide, 87 percent of foster youth accepted ILP services as well. Of the youth contacted by the Independent Living Program during this 12 month period, 17 percent had obtained employment, 89 percent had housing arrangements, 60 percent had completed high school/GED and 87 percent had a permanency connection.

Because they often lack systems of social support and affordable housing, up to 50% of former foster youth will experience homelessness within their first year of emancipation.

--Life after Foster Care, League of Women Voters of California
Child Safety

Missing Children
In 2009, 4,709 children were reported missing in Kern County. Of these, 4,591 were suspected runaways, 9 were lost, 31 were suspected family abduction, 15 were missing under suspicious circumstances and 62 were reported under unknown circumstances.

Law enforcement officers log missing children reports into the Department of Justice Missing Persons System. Statistics taken from this database include the number of children entered into and canceled in the system during the given year.

During 2009, 4,500 of the missing child reports previously noted were canceled: 3,498 children were returned, 696 were located, 150 were arrested, 2 were deceased, 2 became emancipated and 152 were removed from the system for other reasons. A total of 91 children remained missing at year end.

Childhood Unintentional Injury
During 2006, 525 children in Kern County were hospitalized for accidental injury. Additionally, 40 children died from accidental injuries. In both county and state, the most common nonfatal accidental injuries among children are fall-related. Thirty percent of Kern County’s hospitalizations for injury were due to falls. Regardless of age, the most common non-fatal injuries among children in Kern County were caused by falls and automobile-related accidents.

Drowning
In California, drowning is the second leading cause of injury-related death among children of all ages. From 2000 to 2006, there were 73 children who were hospitalized with non-fatal injuries caused by a near-drowning in Kern County. Kern County averages 10.4 near-drowning accidents annually.

Male children (64%) and children under the age of six years were most likely to be injured by near-drowning accidents (88%) from 2000 to 2006. Of these young children, 63 percent were Caucasian and 30 percent were Latino. In contrast, African-American youth (67%), had the highest rates of injury caused by drowning among older children.
Fire & Burn Injury
From 2000 to 2006, there were 120 children who were hospitalized with burn injuries in Kern County. On average, 10 children each year were burn victims in the county since 2000. Children under the age of six years were most likely to be injured by accidents involving fires and hot objects (86%) during these years. Latino and Caucasian children had the highest rates of fire/burn injuries, 47 percent and 42 percent, respectively.

Motor-Vehicle–Traffic Injury
From 2000 to 2006, 131 children died and 983 children were hospitalized from injuries caused by motor-vehicle related accidents in Kern County. The number of children with non-fatal injuries has declined since 2004 from a decade high of 179 children to 119 in 2006. On average, 140 children were hospitalized with injuries from motor-vehicle accidents each year from 2000 to 2006.

Most children injured in motor-vehicle related accidents between 2000 and 2006 were occupants in a motor vehicle (60%). In addition, 22% of children that received injuries in motor-vehicle related accidents were pedestrians. Children injured in motor-vehicle related accidents as bicyclists and as motorcyclists each comprised eight percent. Children under the age of six years were most likely to be injured in motor-vehicle accidents as an occupant (57%) and as a pedestrian (39%) from 2000 to 2006. Caucasian children had the highest rates of injuries in motor-vehicle accidents as occupants (68%), pedestrians (67%), bicyclists (73%) and motorcyclists (78%).

Child Deaths
During 2009, 146 children died in Kern County. The Kern County Child Death Review Team investigated 61 of those deaths to better understand the circumstances of the child's death and recommend local action to prevent other deaths. The cases reviewed included 30 accidental deaths, 7 deaths from natural causes, 7 homicides, 5 suicides and 12 deaths of undetermined manner.

Between 2005 and 2009, deaths involving motor vehicle accidents represented 55 percent of the accidental death cases reviewed by CDRT members. Motor vehicle related accidents continue to be the leading cause of unnatural death in cases reviewed for 2009 with a total of 15 children killed in motor vehicle accidents. For crash deaths, eight of the children killed were unrestrained (73%). Of the remaining cases reviewed involving motor vehicles, two children died as pedestrians in motor vehicle accidents and two children died in motorcycle/ATV accidents.

Death from a natural cause (11%) was the second leading cause of mortality among the child deaths in 2009 reviewed in Kern County followed by drowning (10%). Among homicide victims, four children died from being beaten or by blunt force trauma and three children died from gunshot wounds. Of the five children who committed suicide, three died from hanging and two died from self-inflicted gunshot wounds.

Survey results show that 51% of seventh-graders in Kern County had ridden in a car driven by someone who had been drinking alcohol thus placing them at a much higher risk of dying in a motor vehicle collision.

--California Healthy Kids Survey, 2007-09
More than one-third of the cases reviewed in 2009 involved the deaths of infants (36%). The cases reviewed included six accidental deaths, two natural causes, two homicides from beating/blunt force trauma, and 12 deaths of undetermined manner.

The Child Death Review Team identified any family issues that occurred prior to the child’s death with local agencies. Seventy-seven percent of the 61 cases reviewed had at least one reported family issue preceding the child’s death. Inadequate supervision (51%), substance abuse (18%), law enforcement (15%), family violence (10%), and mental health (10%) were most frequently identified. Three of the child deaths involved gang related circumstances.

Youth Violence
Youth violence is a process that happens over time. The 2007-09 California Healthy Kids Survey shows 23 percent of Kern County 7th, 9th 11th graders and community school students surveyed had been in a physical fight one or more times at school and 15 percent admitted they had damaged school property on purpose. Moreover, six percent of students had carried a gun onto school property and 12 percent had brought another type of weapon to school.

In Kern County schools, there were 33,488 suspensions and another 2,630 expulsions during the 2009-2010 school year. Thirty-eight percent of the suspensions and 70 percent of the expulsions were incidents related to drugs and violence.

---Kern County Child Death Review Report, 2009

### Kern County

<table>
<thead>
<tr>
<th>Submersion / Drowning (Number of children 0-17 killed or injured)</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal Injury</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Non-Fatal Hospitalization</td>
<td>8</td>
<td>12</td>
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<table>
<thead>
<tr>
<th>Motor Vehicle Related (Number of children 0-17 killed or injured)</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal Injury</td>
<td>20</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Non-Fatal Hospitalization</td>
<td>166</td>
<td>119</td>
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</table>

<table>
<thead>
<tr>
<th>Self-Inflicted Injury / Suicide (Number of children 0-17 killed or injured)</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal Injury</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-Fatal Hospitalization</td>
<td>25</td>
<td>19</td>
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<table>
<thead>
<tr>
<th>Assault/Homicide (Number of children 0-17 killed or injured)</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal Injury</td>
<td>10</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Non-Fatal Hospitalization</td>
<td>35</td>
<td>31</td>
<td>n/a</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Domestic Violence (Calls for Assistance to Law Enforcement)</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Calls</td>
<td>4,151</td>
<td>4,066</td>
<td>4,650</td>
</tr>
<tr>
<td>Rate per 1,000 pop.</td>
<td>8.0</td>
<td>7.6</td>
<td>8.5</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Crime Rates (Number of crimes per 100,000 pop)</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crimes</td>
<td>566.7</td>
<td>562.3</td>
<td>586.5</td>
</tr>
<tr>
<td>Property Crimes</td>
<td>2,416.7</td>
<td>2,480.0</td>
<td>2,415.7</td>
</tr>
</tbody>
</table>
Gang entry is considered one of the next developmental steps in escalating delinquent behavior. Youth who are members of gangs are much more likely to commit serious and violent crimes at their schools and in their communities. Thirteen percent of Kern’s seventh grade students considered themselves as gang members.

Among high school students, 10 percent of 9th grade students and 8 percent of 11th graders acknowledged they were gang members. In addition, 21 percent of students served by Kern’s community schools identified themselves as gang members.

When older teens are not connected to school or jobs, idle time is abundant and supervision is reduced. These youth are at greater risk of youth violence and joining a gang. In 2009, about 3,350 Kern County youths age 16 to 19 without high school diplomas were not enrolled in school and were not employed, a rate of 6.1 percent. Kern’s figure remains higher than state (3.5%) and national (4.2%) figures.

Over a seven year period, Kern County has seen a significant rise in the number of documented gang members, from 3,447 in 2001 to over 6,300 in 2008. By number of gang members alone, Kern County ranks among the twelve highest in California, consistent with its population. The Bakersfield Police Department (BPD) reports that there are 27 identified criminal street gangs active in Bakersfield. BPD gang validation files indicate that 42 percent (2,700) of the city’s identified gang members are under the age of 25.

What Can We Do About Youths In Gangs

• Community members can become a mentor to a youth in need and get involved with local anti-violence groups.

• Gang prevention begins with parents and guardians. Do the work now by arming yourself with the tools necessary to raise a healthy, obedient, and respectful child:
  o Be actively involved in your children’s life before, during, and after school.
  o Learn the issues that teens are faced with on a daily bases (gangs, sex, alcohol, drugs, inappropriate music and clothing) and have real conversations with those issues.
  o Establish house rules and chores.
  o Promote the importance of volunteering and community service to your child.
  o Remember, it’s never too late! If your child appears lost, you can help them find their way again. Get involved with Parent Education (www.kernparentproject.org) to find the best practices on how to prevent your child from joining gangs, juvenile delinquency, runaways, drugs, and much more.
Without appropriate actions or prevention services to address early violent acts, negative life experiences and subsequent involvement in crime will only reinforce the path towards continued delinquency. In 2009, juveniles accounted for seven percent of all violent felony arrests within Kern County. This figure translates into over 300 arrests of youth between the ages of 10 and 17 which includes 219 arrests for aggravated assault, 85 arrests for robbery, 6 arrests for homicide, 5 arrests for forcible rape and 1 arrest for kidnapping.

**Gun Violence**

The causes of youth violence are complex, however, easy access to guns demands special attention. In Kern County, 26 children and youth died from firearm-related injuries between 2000 and 2006 and 110 others were treated in local hospitals for non-fatal gunshot wounds. These include homicides, assaults, suicides and unintentional injuries.

Between the years 2000 and 2006, deaths as a result of firearm-related injuries were the third leading cause of injury mortality among Kern County children after motor-vehicle-related incidents and drowning. Homicide accounted for 65 percent of the deaths; 23 percent were the result of suicide and 12 percent were the result of accidents. Male children and youth were nearly eight times more likely to be killed from firearms than females. The average youth who died as a victim of homicide or from an accidental shooting was 15.5 years old. Younger children were more likely to be injured accidentally with firearms and averaged in age 11.5 years.

Almost half of the victims of nonfatal gunshot wounds from assault and attempted homicide from the years 2000 to 2006 were African-American youth followed by Caucasian (40%) and Latino (7%) youth. In contrast, Caucasian (54%) and Latino (43%) youth comprised nearly all of the accidental shootings in Kern County during the same time period.

A national study from RAND reported that 34 percent of children in the United States live in homes with at least one firearm. In addition, in 69 percent of homes with firearms and children, more than one firearm was present. Research continually shows that the presence of a gun in the home will increase the risk of intentional and unintentional shootings and suicide among youth.

Child safety advocates believe safely storing all guns is the most important thing parents and gun owners can do to protect children from firearm related injuries. They also encourage community partners to increase public awareness of the role of firearms in accidental injuries and youth suicides.

**Crime Rates**

**Violent & Property Crime**

In 2009, 4,892 violent crimes were reported to Kern County's law enforcement agencies countywide. Kern's violent crime rate was 586.6 per 100,000 population, an increase of 4.3 percent from the previous year. By comparison, California's rate was 453.6 per 100,000 population during the same year. All violent crimes in Kern County increased over the year with the exception of rape (24.6 per 100,000 population), which had a 13.1 percent decrease. Homicide (9.0 per 100,000 population) increased by 30.4 percent; robbery (159.6 per 100,000 population) increased 2.0 percent; and aggravated assault (393.4 per 100,000 population) increased 6.2 percent.
Property crime in Kern County had a reported incident rate of 2,415.7 per 100,000 people in 2009, a decrease of 2.6 percent from the previous year. California's rate in 2009 was 1,548.1 per 100,000 population. When compared to 2008 rates, burglary (1,128.7 per 100,000 population) increased slightly by 0.5 percent; larceny theft (over $400) (687.8 per 100,000 population) decreased 4.6 percent; and motor vehicle theft (599.3 per 100,000 population) decreased 5.7 percent.

**Juvenile Arrests**
Kern County’s felony arrest rate among juveniles has declined again for the third consecutive year. The 2009 juvenile felony arrest rate was 1,359.0 per 100,000 youths between the ages of 10 and 17 years, a 17.3 percent decrease from the previous year rate. California’s rate in 2009 was 1,290.2 per 100,000 youth population.

Arrests for violent crimes (282.9 per 100,000 population) decreased by 29.6 percent; property crimes (612.4 per 100,000 population) decreased 14.2 percent; sex offenses (18.8 per 100,000 population) decreased 36.1 percent and drug offenses (76.1 per 100,000 population) increased 33.5 percent.

Sixty-five percent of the juvenile arrests in Kern County were for misdemeanor offenses in 2009. Kern County’s juvenile arrest rate for misdemeanor crimes decreased from 2,825.5 per 100,000 youth in 2008 to 2,557.7 per 100,000 youth in 2009. Kern’s 2009 rate is close to California’s rate of 2,554.9 per 100,000.

**Domestic Violence**
All family members are affected by domestic violence. Children who live with domestic violence in their homes are at greater risk of experiencing neglect or abuse. During 2009, Kern County law enforcement officers recorded 4,650 calls for assistance in domestic violence situations, a rate of 8.5 calls per 1,000 population. This rate increased from 7.6 calls per 1,000 population in 2008. The California rate of calls for assistance declined slightly from 6.6 calls per 1,000 in 2008 to 6.5 calls per 1,000 in 2009.

In total, 51 percent of these calls for assistance involved weapons. Fifteen percent involved the use of firearms, knives, or other dangerous weapons. The remaining 85 percent involved personal weapons, such as hands, fists or feet.
# 2011 Community Collaboratives

Since 1992, Kern County communities have partnered together as Community Collaboratives to better care for children and families. Twenty of these partnerships have completed an in-depth application process and review by Kern County Network for Children and have been designated Accredited Community Collaboratives. Most Community Collaboratives host a Family Resource Center (FRC) or Community Resource Center (CRC). The following list can be used to refer individuals or families to needed services within their own community.

## Accredited Community Collaboratives

<table>
<thead>
<tr>
<th>Community Collaborative</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arvin</td>
<td>Arvin Collaborative and FRC 661.854.6526</td>
</tr>
<tr>
<td>Bakersfield</td>
<td>34th Street Neighborhood Partnership 661.852.5025</td>
</tr>
<tr>
<td></td>
<td>East Bakersfield Community Collaborative and CRC 661.326-3922</td>
</tr>
<tr>
<td></td>
<td>Greenfield H.E.L.P.S. Collaborative and FRC 661.837.3720</td>
</tr>
<tr>
<td></td>
<td>Rosedale Collaborative 661.868-1219</td>
</tr>
<tr>
<td></td>
<td>South Chester Collaborative and FRC 661.631.5945</td>
</tr>
<tr>
<td></td>
<td>Southeast Neighborhood Partnership and FRC 661.322.3276</td>
</tr>
<tr>
<td>Buttonwillow</td>
<td>Buttonwillow Community Collaborative and CRC 661.764.9405</td>
</tr>
<tr>
<td>Frazier Park Area</td>
<td>Mountain Communities Collaborative and FRC 661.245.4303</td>
</tr>
<tr>
<td>Lake Isabella Area</td>
<td>Kern River Valley Collaborative and FRC 760.379.2556 ext. 601</td>
</tr>
<tr>
<td>Lamont/Weedpatch</td>
<td>Lamont/Weedpatch Collaborative and FRC 661.845.2724 ext. 300</td>
</tr>
<tr>
<td>Lost Hills</td>
<td>Lost Hills Collaborative 661.797.3042</td>
</tr>
<tr>
<td>McFarland</td>
<td>McFarland Community Collaborative and FRC 661.792.1883</td>
</tr>
<tr>
<td>Mojave Area</td>
<td>East Kern Collaborative and FRC 661.824.4118</td>
</tr>
<tr>
<td>Ridgecrest Area</td>
<td>Indian Wells Valley Collaborative and FRC 760.375.4357</td>
</tr>
<tr>
<td>Shafter</td>
<td>Shafter Healthy Start Collaborative and FRC 661.746.8690</td>
</tr>
<tr>
<td>Taft Area</td>
<td>Greater Westside “Together We Can” Collaborative and CRC 661.765.7281</td>
</tr>
<tr>
<td>Wasco</td>
<td>Wasco Collaborative 661.758-7190</td>
</tr>
<tr>
<td>Kern County</td>
<td>Kern Senior Network 661.377-0377</td>
</tr>
<tr>
<td></td>
<td>Richardson Special Needs Collaborative and FRC 661.336.5482</td>
</tr>
</tbody>
</table>

## Other Community Collaboratives

<table>
<thead>
<tr>
<th>Community Collaborative</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakersfield</td>
<td>Oildale Collaborative and CRCs 661.392.2110 ext. 118 or 661.392-8758 ext. 1</td>
</tr>
<tr>
<td></td>
<td>Fairfax/Edison Community Collaborative 661.366.6783</td>
</tr>
<tr>
<td>Delano</td>
<td>Delano Neighborhood Partnership and CRC 661.721.5000</td>
</tr>
</tbody>
</table>

Family Resource Centers are “one-stop” centers that provide multiple resources for individuals and families in need within their own community.
2011 Governing Board

John Nilon
Kern County Administrative Officer

Stephen Pelz
Housing Authority of the County of Kern

Bill Phelps
Clinica Sierra Vista

Kimberly Shipp
Greenfield Family Resource Center

Judge Jon Stuebbe
Kern County Juvenile Justice Center

Art Titus
Kern County Public Defender

Vernon Valenzuela
Veterans Services

Dr. James Waterman
Kern County Department of Mental Health

Chief Greg Williamson
Bakersfield Police Department

Sheriff Donny Youngblood
Kern County Sheriff-Coroner

Thomas J. Corson
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- Households Raising Children ....... 3
- Income ................................ 3
- Employment ............................ 4
- Kern Cares: Young Children in Poverty .... 5
- Poverty ................................. 6
- Housing ................................. 7
- College Preparation ................. 15
- Graduation ............................ 16
- High School Dropout Rates .......... 16

Bakersfield Police Department
Special tabulation request
- Kern Cares: Youth In Gangs ... 38

California Child Care Resource & Referral Network
www.rrnetwork.org

- Cost of Care .......................... 10

California Department of Finance
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- California County Population Estimates ...... 2
- Child Care Supply & Demand .... 9

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- Employment .......................... 4

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- Kern Cares: Children Home Alone ... 11
- Kern Cares: Bullying .................... 17
- Mental Health .......................... 24
- Youth Violence ......................... 37
- Kern Cares: Youth In Gangs .... 38

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www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx

- Breastfeeding .......................... 20

Center for Health Statistics,
California Department of Public Health
www.cdph.ca.gov/data/statistics

- Prenatal Care ......................... 18
- Prematurity & Low Birth Weight .... 18
- Kern Cares Teen Pregnancy ........ 25

California Health Interview Survey
www.chis.ucla.edu

- Childhood Obesity & Fitness .... 22
- Oral Care .............................. 23
- Health Care ............................ 23
- Asthma ................................. 23

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California Department of Justice
stats.doj.ca.gov/cjsc_stats/prof09

- Violent & Property Crime .... 39
- Domestic Violence ................. 40
- Juvenile Arrests ..................... 40

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California Department of Education
www.cde.ca.gov/sp/ed/ci/cdceels.asp

- Cost of Care .......................... 10

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Special tabulation request

- Child Care Supply & Demand 9

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  • CPS Referral Rates .................................. 29
  • Child Abuse Rates .................................. 29
  • Kern Cares: Child Sexual Abuse .................... 30
  • Foster Care ........................................... 33
  • Preserved Family Relationships ................... 34
  • Reunification .......................................... 34
  • Recurrence After Reunification .................... 34
  • Emancipation .......................................... 34

Kern County Child Death Review Report
www.kcnc.org/Tools
  • Kern Cares: Sleep-Related Infant Deaths .......... 19
  • Child Deaths ......................................... 36

DataQuest, California Department of Education
dq.cde.ca.gov/dataquest/
  • K-12 Education ...................................... 12
  • Enrollment .......................................... 12
  • Special Education .................................. 13
  • Student Testing ..................................... 13
  • High School Exit Exam ................................. 15
  • College Preparation .................................. 15
  • Graduation ............................................. 16
  • High School Dropout Rates ......................... 16
  • Childhood Obesity & Fitness ....................... 22
  • Youth Violence ....................................... 37

EdData
www.ed-data.k12.ca.us
  • K-12 Education ...................................... 12
  • Enrollment .......................................... 12

Environmental Health Investigation Branch
www.ehib.org
  • Asthma .................................................. 23

EPICenter California Injury Data Online
www.applications.dhs.ca.gov/epicdata/
  • Drowning .............................................. 35
  • Fire & Burn Injury .................................. 36
  • Motor-Vehicle–Traffic Injury ....................... 36
  • Suicide ............................................... 37
  • Gun Violence ....................................... 39
  • Assault/Homicide .................................. 37

Immunization Branch,
California Department of Health Services
www.dhs.ca.gov/ps/dcdc/izgroup/shared/levels.htm
  • Immunizations ....................................... 20

Kern County Department of Child Support Services
Special tabulation request
  • Child Support ....................................... 6

Kern County Department of Human Services
Special tabulation request
  • Safely Surrendered Babies ......................... 20
  • Severe Injury To Children ......................... 31
  • Child Near Fatalities .............................. 31
  • Child Fatalities .................................... 32

Kern County Child Death Review Report
www.kcnc.org/Tools
  • Kern Cares: Sleep-Related Infant Deaths .......... 19
  • Child Deaths ......................................... 36

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  • Free & Reduced School Meals ..................... 8

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Kern County Department of Child Support Services
Special tabulation request
  • Child Support ....................................... 6

Kern County Department of Human Services
Special tabulation request
  • Safely Surrendered Babies ......................... 20
  • Severe Injury To Children ......................... 31
  • Child Near Fatalities .............................. 31
  • Child Fatalities .................................... 32

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California Office of the Attorney General
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  • Housing ................................................. 7

Suicide
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  • Housing ................................................. 7

Gun Violence
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  • Housing ................................................. 7

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Housing
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  • Housing ................................................. 7

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California Office of the Attorney General
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  • Missing Children ................................. 35

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  • K-12 Education ...................................... 12
  • Enrollment .......................................... 12

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  • K-12 Education ...................................... 12
  • Enrollment .......................................... 12

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  • Housing ................................................. 7

Kern County Child Death Review Report
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  • Kern Cares: Sleep-Related Infant Deaths .......... 19
  • Child Deaths ......................................... 36

Kern County Department of Child Support Services
Special tabulation request
  • Child Support ....................................... 6

Kern County Department of Human Services
Special tabulation request
  • Safely Surrendered Babies ......................... 20
  • Severe Injury To Children ......................... 31
  • Child Near Fatalities .............................. 31
  • Child Fatalities .................................... 32

Missing Persons,
California Office of the Attorney General
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  • Missing Children ................................. 35

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  • CPS Referral Rates .................................. 29
  • Child Abuse Rates .................................. 29
  • Kern Cares: Child Sexual Abuse .................... 30
  • Foster Care ........................................... 33
  • Preserved Family Relationships ................... 34
  • Reunification .......................................... 34
  • Recurrence After Reunification .................... 34
  • Emancipation .......................................... 34

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  • Kern Cares: Sleep-Related Infant Deaths .......... 19
  • Child Deaths ......................................... 36

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  • K-12 Education ...................................... 12
  • Enrollment .......................................... 12

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  • Enrollment .......................................... 12

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  • Motor-Vehicle–Traffic Injury ....................... 36
  • Suicide ............................................... 37
  • Gun Violence ....................................... 39
  • Assault/Homicide .................................. 37

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  • Gun Violence ....................................... 39

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  • Free & Reduced School Meals ..................... 8

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  • Women, Infants & Children (WIC) ................ 8

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  • Immunizations ....................................... 20

Hud User, United States Department of Housing
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www.huduser.org
  • Housing ................................................. 7

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  • Kern Cares: Sleep-Related Infant Deaths .......... 19
  • Child Deaths ......................................... 36

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Special tabulation request
  • Child Support ....................................... 6

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Special tabulation request
  • Safely Surrendered Babies ......................... 20
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  • Child Near Fatalities .............................. 31
  • Child Fatalities .................................... 32

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  • CPS Referral Rates .................................. 29
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  • Kern Cares: Child Sexual Abuse .................... 30
  • Foster Care ........................................... 33
  • Preserved Family Relationships ................... 34
  • Reunification .......................................... 34
  • Recurrence After Reunification .................... 34
  • Emancipation .......................................... 34

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  • Child Deaths ......................................... 36

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  • Immunizations ....................................... 20

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  • Housing ................................................. 7

Kern County Child Death Review Report
www.kcnc.org/Tools
  • Kern Cares: Sleep-Related Infant Deaths .......... 19
  • Child Deaths ......................................... 36

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  • Child Support ....................................... 6

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  • Safely Surrendered Babies ......................... 20
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  • Child Near Fatalities .............................. 31
  • Child Fatalities .................................... 32

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  • Housing ........................................ 7

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California Department of Public Health
www.std.ca.gov
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and Human Services
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and the Transition to Adulthood
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  • Mental Health ................................. 24
## 2011/2012 Prevention Calendar

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>Child Abuse Prevention</td>
</tr>
<tr>
<td>May</td>
<td>Teen Pregnancy Prevention</td>
</tr>
<tr>
<td>June</td>
<td>Severe Injuries to Children</td>
</tr>
<tr>
<td>July</td>
<td>Gang &amp; Youth Violence</td>
</tr>
<tr>
<td>August</td>
<td>Keeping Kids Safe in and Around Cars</td>
</tr>
<tr>
<td>September</td>
<td>Suicide Prevention</td>
</tr>
<tr>
<td>October</td>
<td>Safe Sleeping for Infants</td>
</tr>
<tr>
<td>November</td>
<td>Methamphetaminines &amp; Youth</td>
</tr>
<tr>
<td>December</td>
<td>Foster Parent Support</td>
</tr>
<tr>
<td>January</td>
<td>Sexual Abuse Awareness</td>
</tr>
<tr>
<td>February</td>
<td>Safely Surrender Baby</td>
</tr>
<tr>
<td>March</td>
<td>Kids Home Alone /Safety Tips</td>
</tr>
</tbody>
</table>

### Who We Are
The mission of the Kern County Network for Children (KCNC) is to protect and enrich the lives of children in Kern County through the commitment of all community partners by helping to build and sustain healthy families.

### What We Do
The prevention of child abuse requires the involvement of the entire community. In an effort to involve our community, the Children’s Advocacy Committee was formed to help guide our outreach and education efforts. This committee of private business, faith-based, non-profit, education and public service organizations assist in development of the Kern Cares calendar of themes to promote child safety and well being.

### How You Can Help
We all can do small things every day that help children have healthy, safe lives. Anything you do to support kids and parents can help reduce the stress that often leads to abuse and neglect.

Visit [www.kerncares.org](http://www.kerncares.org) to access information and resources for each monthly topic and ways to get involved.

**What is Child Abuse and Neglect?**
Child abuse is the purposeful physical injury inflicted on a child by a parent, guardian or other adult. Child neglect is any treatment or mistreatment that threatens the child’s health, safety or welfare.

Report suspected abuse or neglect.
Child Abuse Hotline: (661) 631-6011

Visit [www.kerncares.org](http://www.kerncares.org) each month to learn important prevention information and access free resources.

It’s Our Responsibility!