



TREC
BADLANDS HEAD START
PRENATAL TO FIVE

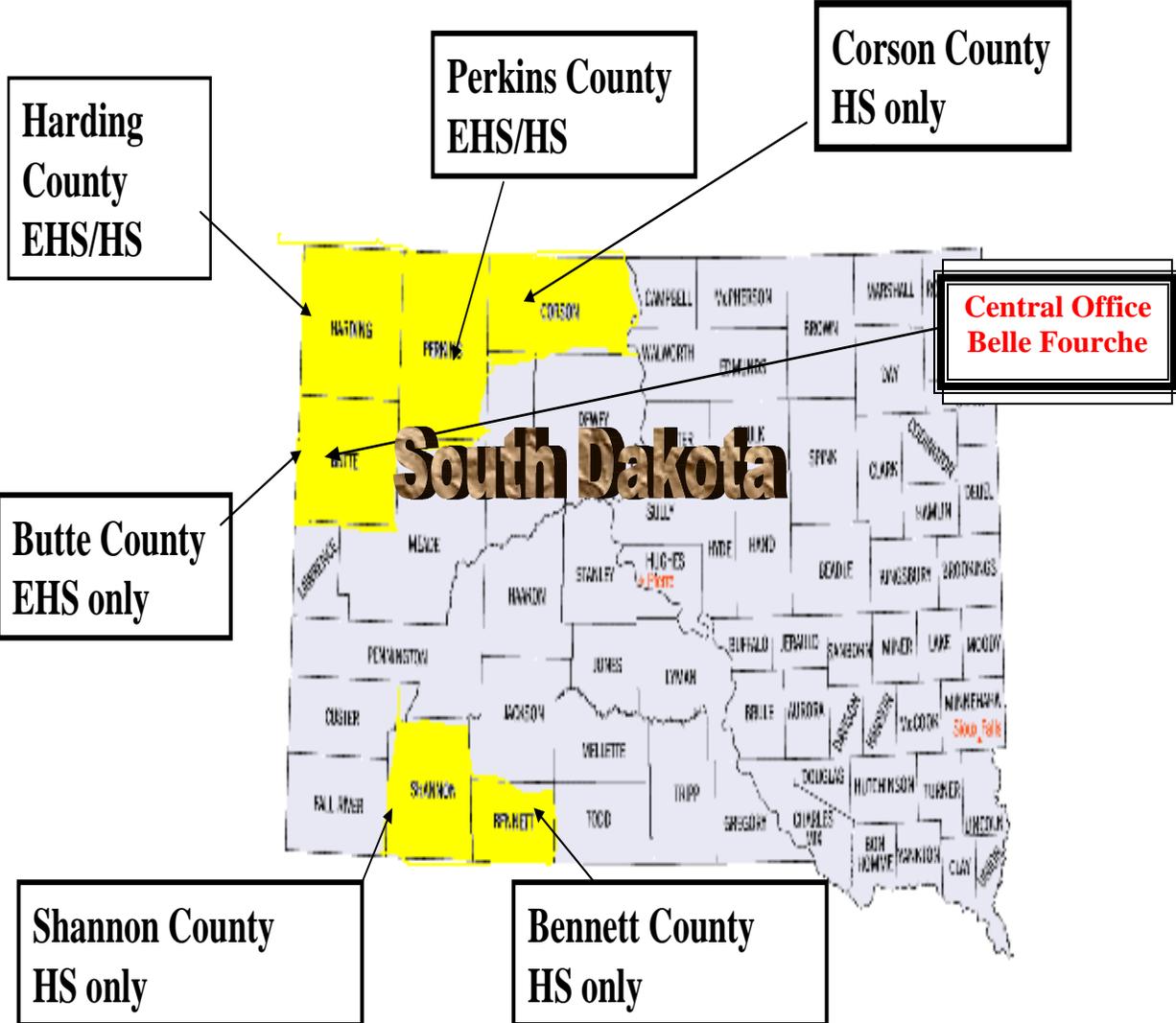
COMMUNITY ASSESSMENT
2014-15
GRANT YEAR

(Year 2)

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Geographic Area Served and Programs Offered

Counties Served



**TREC
BADLANDS HEAD START: PRENATAL TO FIVE
COUNTIES SERVED
2013-14, -15 and -16 GRANTS**

Map of South Dakota Reservations and Counties

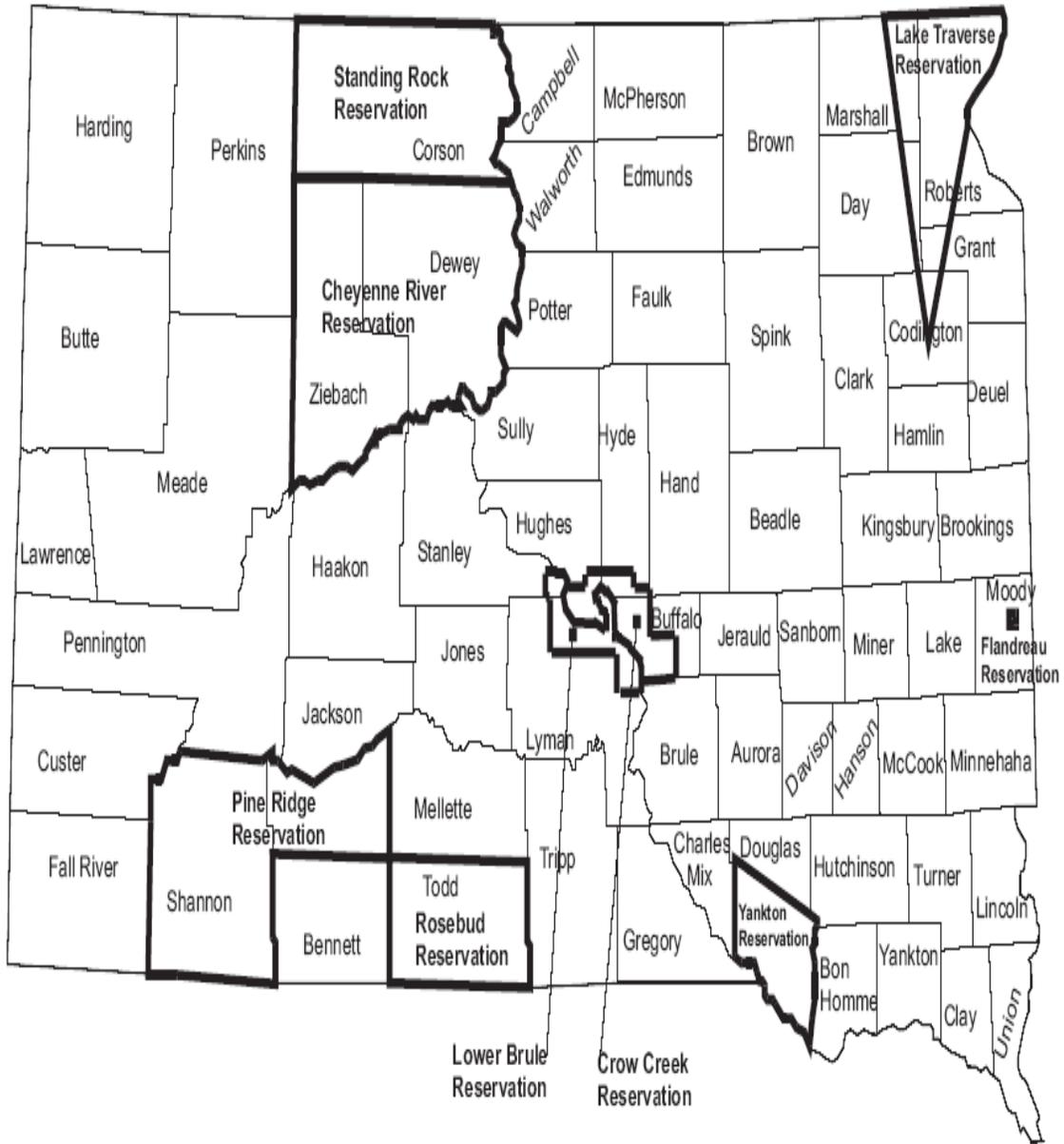


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EXECUTIVE SUMMARY

Completing the 2013-14 Community Assessment continues to revealing. The US Census is conducted every 10 years with the last one being conducted in 2010. This data is, for the most part, now available. During interim years, the American Community Survey (ACS) provides a 5-year average data set. These updates are often simply estimates based on previous trends which may not reflect present reality – i.e. the sudden changes in population due to the growth of the petroleum extraction industry in North Dakota. On the other hand, the US Census and ACS data contain a wealth of information. This Community Assessment has also drawn from other current sources. Combining the 2010 US Census and American Community Survey data with more current data from other sources produces a revealing portrait of the counties TREC serves.

The most important revelation continues to be the diversity between the counties served by TREC. Each county needs to be assessed on its own data and not by collective state data nor the combined data of the counties served by Badlands Head Start: Prenatal to Five (BHS: P-5). Only then can one understand the service needs and the barriers to service within a specific local.

Perkins and Harding counties are rural, sparsely populated ranching counties with small but determined communities often built and maintained by descendants of Euro-American western frontier settlers. This determination to build satisfying lifestyles and communities for their families continues despite: low population density; a high median age; income levels below the state average; unpredictable ranching income due to drought; and, lack of medical/dental services. The “can do and independent” frontier-pioneer spirit remains alive in these counties.

Butte County is a rural, ranching and farming county populated by many individuals with the same Euro-American western frontier-pioneer lineage mentioned above. However, it also has a larger community that has drawn more non-ranching/agricultural folks to settle there. In addition, it lies at the edge of the Northern Black Hills region which is popular for both working and retired families as well as tourists. As a result of its larger community of Belle Fourche (5,600 residents), Butte County has attracted retail, medical and dental services not found in Perkins or Harding counties.

TREC - BHS: P-5 also serves three counties with primarily Native American residents. Corson, Shannon and parts of Bennett counties are Native American Reservations. These counties have a growing number of young adults and children despite experiencing the extremes of poverty, high unemployment, reduced quality in healthcare services and deeply rooted, multi-generational, economic and cultural trauma that both impedes and supports economic progress and services.

The need for TREC - Badlands Head Start: Prenatal to Five services continues to exist in each of the counties it serves. In fact, the following document demonstrates that the need continues to grow as does the complexity of barriers inhibiting service delivery.

A BHS: P-5 parent wrote, “I cannot imagine what we would have done without all of these entities working together (like) a finely orchestrated group of caring people...Know this, if we ever become millionaires, you will all benefit. Until then, we will be your best advocates... Thank you for all you do to help this world’s children and their families. Blessings back!”

TREC – BADLANDS HEAD START: PRENATAL TO FIVE

Technology for the Rural Enhancement of Communities (TREC) is the grantee for the US Department of Health and Human Services: Administration for Children and Families – Office of Head Start Region VIII federal funding that supports the Badlands Head Start: Prenatal to Five (BHS: P-5) programs. BHS: P-5 provides home-based services for Early Head Start families in Perkins, Harding and Butte counties. Depending on the location, BHS: P-5 also provides either home-based option, combination-option classroom or classroom center Head Start services for families in Western Corson, Perkins, Harding, Shannon and Bennett counties.

The federal Head Start Program began in 1965 under the Lyndon Johnson presidential administration as part of the “War on Poverty” initiative. Elements of the program’s guiding philosophy are: 1) all children deserve equal opportunity to access the resources needed to support a healthy “head start” in life; 2) these resources are best provided early in life through empowering the family/local community; and, 3) parental, community and staff involvement through a multi-disciplinary team approach is the most effective way to accomplish this goal. During the 1960’s, the federal government assumed a stronger role in ensuring that all of the nation’s children, including the economically deprived, were provided access to the resources needed for a healthy developmental start in life.

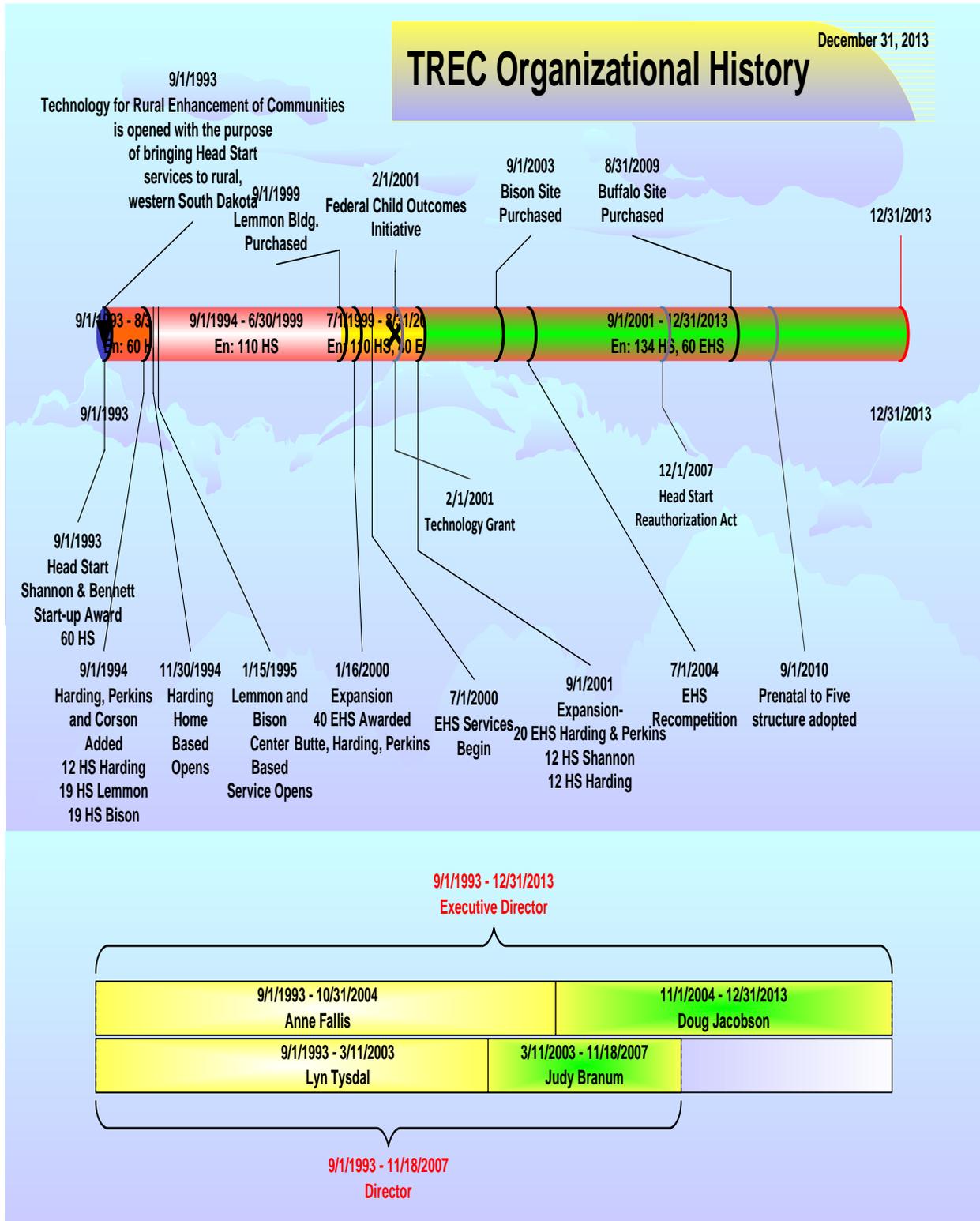
Badlands Head Start: Prenatal to Five programs were first funded in 1993 to serve 60 Head Start children in Shannon and Bennett counties. In 1994, Badlands Head Start: Prenatal to Five received additional funding to serve 50 Head Start eligible children (age 3 to five) in Western Corson, Perkins and Harding counties. In 1999, Badlands Head Start: Prenatal to Five was given an expansion grant to begin providing Early Head Start services to 40 children (ages prenatal to 3) in Butte County. In 2001, the Early Head Start program was expanded to include an additional 20 children in Harding and Perkins counties and the Head Start program was expanded to include an additional 24 children in Shannon and Bennett counties. Badlands Head Start: Prenatal to Five programs were in a state of expansion from 1993 through 2001 as they attempted to meet the needs of the families and children in “rural” Western South Dakota.

Badlands Head Start: Prenatal to Five receives federal funding through its grantee – TREC. In 2013-14, Badlands Head Start: Prenatal to Five was funded to provide services to 60 Early Head Start and 134 Head Start children. Enrolled children receive medical, dental, nutritional, educational, mental health and developmental services as well as family support from a multi-disciplinary staff of approximately 37 employees. All significant Badlands Head Start: Prenatal to Five funding is provided through its grantee.

TREC works in partnership with the residents of rural, western South Dakota and is committed to providing quality services as well as access to community resources through responding to the evolving needs of rural communities with Head Start: Prenatal to Five services, early childhood education, health and wellness programming, parent education and other needed community programs.

TREC – Badlands Head Start: Prenatal to Five’s mission is to “Honor and empower children, families, staff and rural communities.”

TREC ORGANIZATIONAL HISTORY TIMELINE



HEAD START COMMUNITY ASSESSMENT MANDATE

Under Federal Head Start regulation 1305.3 *Determining Community Strengths and Needs* section b, each Early Head Start and Head Start grantee agency must conduct a Community Assessment within its service area once every three years with updates “if needed” during interim years. The Community Assessment must include collection and analysis of the following information about the grantee’s service area:

- The demographic make-up of Early Head Start/Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
- Other child development and child care programs that are serving Early Head Start/Head Start eligible children, including publicly funded state and local preschool programs, and the approximate number of Early Head Start/Head Start eligible children served by each;
- The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by other community agencies;
- Data regarding the education, health, nutrition, and social service needs of Early Head Start/Head Start eligible children and their families;
- The education, health, nutrition, and social service needs of Early Head Start/Head Start eligible children and their families as defined by families of Early Head Start/Head Start eligible children and by institutions in the community that serve young children; and,
- Resources in the community that could be used to address the needs of Early Head Start/Head Start eligible children and their families, including assessments of their availability and accessibility.

By federal mandate, all of these elements need to be included in TREC-Badlands Head Start: Prenatal to Five programs’ annual Community Assessment.

Information gathered through the community assessment process is used to guide the Head Start grantee in determining its philosophy, program objectives and the design of its service delivery systems. The community assessment process helps to determine the best mix of services within the areas covered by the program and the program options that will be implemented in each service area. Identification of the existing resources that meet the needs of Early Head Start and Head Start families within the service area is part of the process so as to reduce duplication of efforts. The community assessment process aids in determining the best locations for service centers so as to increase accessibility for both families and staff. Finally, the community assessment process and subsequent document guides agency leadership in setting the criteria that define the types of children and families who will be given priority for recruitment and enrollment. Federal regulations require that the Head Start community assessment process and summary document be completed every 3 years with an update to critical areas completed during the interim years. In sum, the community assessment process serves as the foundation for the development and design of TREC - Badlands Head Start: Prenatal to Five programs and how they go about providing services to their families, children and communities.

TREC – BHS: P-5 COMMUNITY ASSESSMENT PROCESS

The process of assessing the needs of the TREC - Badlands Head Start: Prenatal to Five service community for the 2013-14 grant applications (Year 1 of 3) involved a number of steps. A “complete” Community Assessment was undertaken to support the 2013-14 Badlands Head Start: Prenatal to Five grant application. The steps included:

Phase I: Appointment of the CA Committee and Review of Previous CA:

The Community Assessment Committee was composed of Leadership Team members, BHS: P-5 Policy Council representatives and members of the TREC Board of Directors. BHS: P-5 Leadership Team members were appointed to the committee by the Executive Director. The initial task of the Community Assessment Committee was to review/approve the Community Assessment Calendar and Community Assessment Development Plan. The Committee then reviewed the previous Community Assessment in order to suggest improvements.

Phase II: Gathering Updated Data:

This phase involved research and review of statistical data from a variety of resources – i.e. national and state census data, private research foundation data, BHS: P-5 program records, community records, tribal records, state government data sources, etc. This step also involved surveying program families, agency staff, local daycare operators and community partners.

Phase III: Summarizing Data:

The information gathered from the multitude of statistical resources, survey instruments and BHS: P-5’s internal records were summarized during this phase. The Executive Director and Leadership Team members summarized the data.

Phase IV: Initial Draft Prepared and Presented:

The Executive Director then completed the draft Community Assessment and distributed it to the Community Assessment Committee for review.

Phase V: Analyzing Data and Identifying Issues and Trends:

During this phase, the Community Assessment Committee analyzed the data contained in the draft document as well as identified the major issues and trends.

Phase VI: Final Document Written and Distributed:

During this phase, the Executive Director completed the final 2013-14 Community Assessment document and distributed it to the Leadership Team members, Badlands Head Start: Prenatal to Five Policy Council and the TREC Board of Directors for review and final approval.

Interim Community Assessment Updates: 2014-15 and 2015-16 Grant Applications:

During interim years, the Community Assessment was/will be updated by the Executive Director with input from the Badlands Head Start: Prenatal to Five Leadership Team. The updated community assessment was/will then be distributed to the BHS: P-5 Policy Council and TREC Board of Directors for review and additional feedback through a group forum. [blue (2014-15) or tan (2015-16) highlighting indicates new and/or updated data added during interim years.]

REVIEW OF US CENSUS DATA WITH UPDATES

South Dakota Versus US Data

	SD	Percent	U.S.	Percent
Demographic Characteristics (2010 Census)				
Total population (2000 Census)	754,844	100	281,421,906	100
Total population (2010 Census)	814,180	100	308,745,538	100
Total population (2012)	833,354	100	313,914,040	100
Population change 2000 to 2010	59,336	7.9	27,323,632	9.7
Median age (years)	36.9	(X)	37.2	(X)
Under 5 years (2010)	59,621	7.3	20,201,362	6.5
Under 5 years (2012)	59,202	7.1	19,999,344	6.4
Under 18 years	202,797	24.9	74,181,467	24.0
18 years & over	611,383	75.1	234,564,071	76.0
65 years and over	116,581	14.3	40,267,984	13.0
One Race	796,897	97.9	299,736,465	97.1
White	699,392	85.9	223,553,265	72.4
Black or African American	10,207	1.3	38,929,319	12.6
American Indian & Alaska Native	71,817	8.8	2,932,248	0.9
Asian	7,610	0.9	14,674,252	4.8
Native Hawaiian & Other Pacific Islander	394	0.0	540,013	0.2
Some Other Race	7,477	0.9	19,107,368	6.2
Two or more races	17,283	2.1	9,009,073	2.92
Hispanic or Latino of any race	22,119	2.7	50,477,594	16.3
Average household size	2.42	(X)	2.58	(X)
Average family size	3.00	(X)	3.14	(X)
Total housing units	363,438	100	131,704,730	100
Occupied housing units	322,282	88.7	116,716,292	88.6
Owner-occupied housing units	219,558	68.1	75,986,074	65.1
Renter-occupied housing units	102,724	31.9	40,730,218	34.9
Vacant housing units	41,156	11.3	14,988,438	11.4
Social Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 25 years and over	525,090	100.0	202,048,123	100.0
High school graduate or higher	(X)	89.8	(X)	85.4
Bachelor's degree or higher	(X)	25.8	(X)	28.2
Disability number ages 18 to 64	47,498	9.7	19,582,613	10.2
With disability & employed ages 18 to 64	22,825	48.1	6,424,956	32.8
Foreign born	19,708	2.4	39,268,838	12.8
Speak language other than English at home	50,575	6.7	58,216,679	20.3
Economic Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 16 years and over in labor force	438,039	69.5	156,456,694	64.8
Mean travel time to work in minutes	16.7	(X)	25.4	(X)
Median household income (dollars)	48,010	(X)	52,762	(X)
Median family income (dollars)	61,412	(X)	64,293	(X)
Per capita income (dollars)	24,925	(X)	27,915	(X)
Families below poverty level	(X)	8.8	(X)	10.5
All people below poverty level	(X)	13.8	(X)	14.3

	<u>SD</u>	<u>Percent</u>	<u>U.S</u>	<u>Percent</u>
Housing Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Total housing units	361,057	100.0	131,034,946	100.0
Occupied housing units	318,466	88.2	114,761,359	87.6
Owner occupied units	218,894	60.6	75,896,759	57.9
Median value owner occupied units (\$)	127,000	(X)	186,200	(X)
With a mortgage	129,965	59.4	51,321,962	67.6
Not mortgaged	88,929	40.6	24,574,797	32.4
Grandparents As Caregivers (2007-11 American Community Survey 5 yr. Estimates)				
Grandparent living in household with one or more grandchildren under 18	10,843	(X)	6,663,614	(X)
Grandparent responsible for grandchildren	6,114	56.4	2,687,216	40.3

Geography Quick Facts*	South Dakota	USA
Land area (square miles)	75,885	3,537,438
Persons per square mile (2000)	9.95	79.6
Persons per square mile (2010)	10.73	87.3

* Source U.S. Census Bureau: State and County Quick Facts

Highlights from South Dakota Data:

- 2000 to 2010 (2012) SD population increase was 59,336 (78,510) or 7.9% (10.4%)
 - US Population increase 2000 to (2012) was 32,492,134 or (11.55%)
- SD Median age 2000 = 35.6 years
 - SD Median age 2010 = 36.9 years
 - US Population 2010 median age = 37.2 years
- SD Population under age 5 in 2000 = 6.8%
 - SD Population under age 5 in 2010 (2012) = 59,621 (59,202) or 7.3% (7.1%)
- SD Population age 65 and over in 2000 = 108,131 or 14.3%
 - SD Population age 65 or over in 2010 = 116,581 or 14.3%
- SD Caucasians in 2000 = 88.68% of total population
 - Caucasians in 2010 = 85.9%
- American Indian & Alaskan Native in 2000 = 8.25% of SD population
 - American Indian & Alaskan Native in 2010 = 8.8% of SD population
 - American Indian & Alaskan Native in 2010 = 0.9% of US population
- Hispanic or Latino of any race in 2000 = 1.44% of SD population
 - Hispanic or Latino of any race in 2010 = 2.7% of SD population
 - Hispanic or Latino of any race in 2010 = 16.3% of US population
- Average household size (2010): SD = 2.42 members; US = 2.58 members
- Average family size (2010): SD = 3.00 members; US = 3.14 members
- Of occupied housing units, owner occupied housing = 68.1% whereas US = 65.1%
- Renter occupied housing units (2010) = 31.9% whereas US = 34.9%
- High school graduate or higher (2011) = 89.8% whereas US = 85.4%
- Bachelor's Degree of higher (2011) = 25.8% whereas US = 28.2%
- Disability status ages 18 to 64 (2011) = 9.7% whereas US = 10.2%
 - Percent employed = 48.1% whereas US = 32.8%

- Speak a language other than English (2011) = 6.7% whereas US = 20.3%
- In labor force (population 16 years and over) (2011) = 69.5% whereas US = 64.8%
- Median household income (2011) = \$48,010 whereas US = \$52,762
- Median family income (2011) = \$61,412 whereas US = \$64,293
- Per capita income (2011) = \$24,925 whereas US = \$27,915
- Families below poverty level (2011) = 8.8% whereas US = 10.5%
- Individuals below poverty level (2011) = 13.8% whereas US = 14.3%
- SD grandparents living in household with 1 or more grandchildren (2011) = 10,843
 - Of these grandparents, 6,114 are responsible for the grandchildren = 56.4%
 - Of US grandparents living in the household with grandchildren, 40.3% are responsible for the children.
- Persons per square mile in 2010 = 9.947 whereas US = 79.6
 - Persons per square mile in 2010: SD = 10.73 whereas US = 87.3

Summary for South Dakota from 2000 to 2010 (2012):

- From 2000 to 2012 South Dakota's population increased at a slower rate than the US
 - South Dakota increased 7.9% (10.4%) while the US increased 9.7% (11.55%)
- South Dakota's median age increased by 1.3 years (35.6 to 36.9) and is lower than the US median age
 - SD median age is 36.9 versus US median age is 37.2 years
- Percentage of SD children under age 5 increased from 6.8% to 7.3% (7.1%) while the US has 6.5% (6.4%) of its population under age 5
- Percentage of SD population that identifies itself by a single race as American Indian or Alaskan Native increased from 8.3% to 8.8%
 - Percentage of individuals in the US identifying itself by a single race as American Indian or Alaskan Native (2010) is 0.9%
- Percentage of SD population that identifies itself as Hispanic or Latino of any race increased from 1.4% to 2.7%
 - Percentage of individuals in the US identifying themselves as Hispanic or Latino of any race increased from 15.4% to 16.3%
- SD residents are more likely than the US as a whole to own their home
- SD residents are more likely to graduate from high school but less likely to earn a bachelor's degree than the US as a whole
- SD has a lower percentage (9.7%) of disabled individuals ages 18 to 64 than the US (10.2%) as a whole with 48.1% of these employed versus the US has 32.8% employed
- Foreign born residents comprise 2.4% of SD's population while they make up 12.8% of the US population
- SD has a lower percentage (6.7%) of people that speak a language other than English, in their home, than the US (20.3%)
- SD median household, median family and per capita incomes are significantly below the US average – 91.0%, 95.5% and 89.2% respectively of US totals
- In SD, 8.8% of families and 13.8% of individuals live below the federal poverty rate
- Some 6,114 grandparents or 56.4% of those living in homes with 1 or more grandchildren are responsible for those children
- Persons per square mile SD = 10.73 versus persons per square mile in US = 87.3

Corson County US Census Data

	County	Percent	SD	Percent
Demographic Characteristics (2010 Census)				
Total population	4,050	100.0	814,180	100
Total Population (2012)	4,077	100.0	833,354	100
Male	2,067	51.0	407,381	50.0
Female	1,983	49.0	406,799	50.0
Median age (years)	29.7	(X)	36.9	(X)
Under 5 years	408	10.07	59,621	7.32
Under 5 years (2012)	357	8.76	59,202	7.10
18 years and over	2,660	65.7	611,383	75.1
65 years and over	423	10.4	116,581	14.3
One race	3,945	97.4	796,897	97.9
White	1,204	29.7	699,392	85.9
Black or African American	3	0.1	10,207	1.3
American Indian & Alaska Native	2,713	67.0	71,817	8.8
Asian	11	0.3	7,610	0.9
Native Hawaiian & Other Pacific Islander	2	0.0	394	0.0
Some other race	12	0.3	7,477	0.9
Two or more races	105	2.6	17,283	2.1
Hispanic or Latino (of any race)	106	2.6	22,119	2.7
Average household size	3.21	(X)	2.42	(X)
Average family size	3.73	(X)	3.00	(X)
Total housing units	1,540	100.0	363,438	100
Occupied housing units	1,260	81.8	322,282	88.7
Owner-occupied housing units	704	55.9	219,558	68.1
Renter-occupied housing units	556	44.1	102,724	31.9
Vacant housing units	280	18.2	41,156	11.3
Social Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 25 years and over	2,271	100.0	525,090	100.0
High school graduate or higher	(X)	84.3	(X)	89.8
Bachelor's degree or higher	(X)	13.2	(X)	25.8
Disability status ages 18 to 64	(X)	Unknown	47,498	9.7
With disability & employed ages 18 to 64	(X)	Unknown	22,825	48.1
Foreign born	25	0.6	19,708	2.4
Speak language other than English at home	646	17.7	50,575	6.7
Economic Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 16 years and over in labor force	1,541	54.6	438,039	69.5
Mean travel time to work in minutes	20.8	(X)	16.7	(X)
Median household income (dollars)	28,506	(X)	48,010	(X)
Median family income (dollars)	37,946	(X)	61,412	(X)
Per capita income (dollars)	13,323	(X)	24,925	(X)
Families below poverty level	(X)	26.4	(X)	8.8
All people below poverty level	(X)	38.8	(X)	13.8

	County	Percent	SD	Percent
Housing Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Total housing units	1,543	100.0	361,057	100.0
Occupied housing units	1,143	74.1	318,466	88.2
Owner occupied units	655	57.3	218,894	68.7
Median value owner occupied units (\$)	45,200	(X)	127,000	(X)
With a mortgage	184	28.1	129,965	59.4
Not mortgaged	471	71.9	88,929	40.6
Grandparents As Caregivers (2007-11 American Community Survey 5 yr. Estimates)				
Grandparent living in household with one or more grandchildren under 18	196	(X)	10,843	(X)
Grandparent responsible for grandchildren	149	76.0	6,114	56.4

Geography Quick Facts*	Corson County	South Dakota
Land area (square miles)	2,473	75,885
Persons per square mile, 2000	1.69	9.95
Persons per square mile, 2010	1.64	10.73

*Source U.S. Census Bureau: State and County Quick Facts

[Highlights from Corson County 2010 Census & 2007-11 \(12\) ACS Data:](#)

Criteria	Corson County	South Dakota
Total population	2010 = 4,050 2012 = 4,077 or +0.67%	2010 = 814,180 2012 = 833,354 or +2.36%
Population under age 5	2010 = 408 or 10.07% 2012 = 357 or 8.76%	2010 = 59,621 or 7.32% 2012 = 59,202 or 7.10%
Median age	29.7	36.9
% Caucasian	29.7	85.9
% AIAN	67.0	8.8
Average household size	3.21	2.42
Average family size	3.73	3.00
% Owner-occupied housing	55.9	68.1
% Renter-occupied housing	44.1	31.9
% HS graduate or higher	84.3	89.8
% Bachelor's degree or higher	13.2	25.8
% Disabled ages 18 to 64	Unknown	9.7
% In labor force (16+ years)	54.6	69.5
Median household income	\$28,506	\$48,010
Median family income	\$37,946	\$61,412
% Families below poverty	26.4	8.8
% Individuals below poverty	38.8	13.8
Grandparents as caregivers*	149 or 76.0%	6,114 or 56.4%
Persons/square mile in 2010	1.64	10.73

***Grandparents who are responsible for grandchildren living in the same home.
(US Census data accuracy for counties with large Native American populations is poor.)**

Summary: Corson County

Corson County comprises much of the Standing Rock Indian Reservation. It is located along the North Dakota border with the Missouri River on the eastern boundary, Perkins County on the western boundary and Dewey County on the southern boundary. The largest city is McLaughlin with a population of 663 (2010 Census) residents.

In 2010 (2012), SD had a total population of approximately 814,180 (833,354) with 59,621 (59,202) or 7.32% (7.10%) under age 5. The 2010 (2012) Census states that Corson County had 4,050 (4,077) residents, which is an increase of 0.67% from the 2010 Census, with 408 (357) or 10.07% (8.76%) being under age 5. The 2010 median age of county residents is 29.7 years while the median age for South Dakota is 36.9 years. In 2010, there were 1.64 persons per square mile in Corson County versus the average for SD is 10.73 persons per square mile.

In 2010, the majority (67%) of Corson County residents describe themselves as American Indian or Alaskan Natives. Caucasians comprise 29.7% of residents. The overall racial averages for South Dakota in 2010 were 8.8% American Indian or Alaskan Natives and 85.9% Caucasian.

Average household size for Corson County was 3.21 persons versus 2.42 for South Dakota. Average Corson County family size was 3.73 versus 3.0 for South Dakota.

Approximately 56% of Corson County occupied homes are owner occupied. The state average of occupied homes which are owner occupied is approximately 68%.

Census data shows 84.3% of Corson County residents are high school graduates or higher and 54.6% of the residents age 16 years or over are in the labor force. The state average is 89.8% having completed high school or higher and 69.5% age 16 or over in the labor force.

According to the 2010 census, median household income for Corson County residents is \$28,506 versus the statewide average is \$48,010. The median family income level also shows this inequality with \$37,946 for Corson County versus \$61,412 for the state.

*The 2010 Census data shows that **26.4%** of families and **38.8%** of individuals residing in Corson County have income below the federal poverty level. The statewide average for South Dakota citizens is 8.8% and 13.8% respectively.*

Finally, 76% (149) of Corson County grandparents living in households with 1 or more grandchildren under age 18 are acting as primary caregivers for these children.

To summarize, Corson County is a rural, reservation county with a low population density and 10.07% (8.76%) or 408 (357) under age 5. Most residents are American Indians. Corson County is below the state average for owner occupied housing. Only 54.6% of its residents age 16 or over are in the labor force while 84% of them have completed high school or higher. Median household income is 59.4% and the median family income is 61.8% of the statewide average. Over 26% of its families and 38% of its individuals live below the federal poverty level. Corson County can be described as a rural, sparsely populated, reservation county with residents who are economically struggling.

Perkins County US Census Data

	County	Percent	SD	Percent
Demographic Characteristics (2010 Census)				
Total population	2,982	100	814,180	100
Total Population (2012)	3,037	100	833,354	100
Male	1,498	50.2	407,381	50.0
Female	1,484	49.8	406,799	50.0
Median age (years)	47.3	(X)	36.9	(X)
Under 5 years	160	5.37	59,621	7.32
Under 5 years (2012)	153	5.04	59,202	7.10
18 years and over	2,343	78.6	611,383	75.1
65 years and over	690	23.1	116,581	14.3
One race	2,948	98.9	796,897	97.9
White	2,890	96.9	699,392	85.9
Black or African American	2	0.1	10,207	1.3
American Indian & Alaska Native	38	1.3	71,817	8.8
Asian	4	0.1	7,610	0.9
Native Hawaiian & Other Pacific Islander	0	0.0	394	0.0
Some other race	14	0.5	7,477	0.9
Two or more races	34	1.1	17,283	2.1
Hispanic or Latino (of any race)	20	0.7	22,119	2.7
Average household size	2.26	(X)	2.42	(X)
Average family size	2.85	(X)	3.00	(X)
Total housing units	1,739	100	363,438	100
Occupied housing units	1,291	74.2	322,282	88.7
Owner-occupied housing units	966	74.8	219,558	68.1
Renter-occupied housing units	325	25.2	102,724	31.9
Vacant housing units	448	25.8	41,156	11.3
Social Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 25 years and over	2,164	100	525,090	100.0
High school graduate or higher	(X)	87.4	(X)	89.8
Bachelor's degree or higher	(X)	18.3	(X)	25.8
Disability status ages 18 to 64	(X)	Unknown	47,498	9.7
With disability & employed ages 18 to 64	(X)	Unknown	22,825	48.1
Foreign born	26	0.9	19,708	2.4
Speak language other than English at home	43	1.6	50,575	6.7
Economic Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 16 years and over in labor force	1,491	63.7	438,039	69.5
Mean travel time to work in minutes	11.2	(X)	16.7	(X)
Median household income (dollars)	36,042	(X)	48,010	(X)
Median family income (dollars)	52,400	(X)	61,412	(X)
Per capita income (dollars)	23,325	(X)	24,925	(X)
Families below poverty level	(X)	7.5	(X)	8.8
All people below poverty level	(X)	13.5	(X)	13.8

	County	Percent	SD	Percent
Housing Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Total housing units	1,774	100	361,057	100.0
Occupied housing units	1,307	73.7	318,466	88.2
Owner occupied units	949	72.6	218,894	68.7
Median value owner occupied units (\$)	55,000	(X)	127,000	(X)
With a mortgage	317	33.4	129,965	59.4
Not mortgaged	632	66.6	88,929	40.6
Grandparents As Caregivers (2007-11 American Community Survey 5 yr. Estimates)				
Grandparent living in household with one or more grandchildren under 18	26	(X)	10,843	(X)
Grandparent responsible for grandchildren	13	50	6,114	56.4

Geography Quick Facts	Perkins County	South Dakota
Land area, 2000 (square miles)	2,872	75,885
Persons per square mile, 2000	1.2	9.947
Persons per square mile, 2010	1.04	10.73

* Source U.S. Census Bureau: State and County Quick Facts

Highlights from Perkins County 2010 Census & 2007-11 ACS (12) Data:

Criteria	Perkins County	South Dakota
Total population	2010 = 2,982 2012 = 3,037 or +1.84%	2010 = 814,180 2012 = 833,354 or +2.36%
Population under age 5	2010 = 160 or 5.37% 2012 = 153 or 5.04%	2010 = 59,621 or 7.32% 2012 = 59,202 or 7.10%
Median age	47.3	36.9
% Caucasian	96.9	85.9
% AIAN	1.3	8.8
Average household size	2.26	2.42
Average family size	2.85	3.00
% Owner-occupied housing	74.8	68.1
% Renter-occupied housing	25.2	31.9
% HS graduate or higher	87.4	89.8
% Bachelor's degree or higher	18.3	25.8
% Disabled ages 18 to 64	Unknown	9.7
% In labor force (16+ years)	63.7	69.5
Median household income	\$36,042	\$48,010
Median family income	\$52,400	\$61,412
% Families below poverty	7.5	8.8
% Individuals below poverty	13.5	13.8
Grandparents as caregivers*	13 or 50%	6,114 or 56.4%
Persons/square mile in 2010	1.04	10.73

*Grandparents who are responsible for grandchildren living in the same home.

Summary: Perkins County

Perkins County is located in the northwestern corner of South Dakota along the North Dakota border with Harding or Butte Counties to the west, Corson County to the east, and Meade County to the south. Its largest city is Lemmon, SD with a population of 1,227 (2010 Census).

In 2010 (2012), SD had a total population of approximately 814,180 (833,354) with 59,621 (59,202) or 7.32% (7.10%) under age 5. The 2010 (2012) Census states that Perkins County had 2,982 (3,037) residents, which is an increase of 1.84% from the 2010 Census, with 160 (153) or 5.37% (5.04%) being children under age 5. The 2010 median age of county residents is 47.3 years while the median age for South Dakota is 36.9 years. In 2010, there were 1.04 persons per square mile in Perkins County versus the average for SD is 10.73 persons per square mile.

In 2010, the majority (96.9%) of Perkins County residents describe themselves as Caucasian. American Indians comprise 1.3% of Perkins County residents. The racial averages for South Dakota in 2010 are 85.9% Caucasian and 8.8% American Indian or Alaskan Natives.

Average household size for Perkins County was 2.26 persons versus 2.42 for South Dakota. The average Perkins County family size was 2.85 versus 3.0 for South Dakota.

Approximately 75% of Perkins County occupied homes are owner occupied. The state average of occupied homes which are owner occupied is approximately 68%.

Census data shows 87% of Perkins County residents are high school graduates or higher and 63.7% of the residents age 16 or over are in the labor force. The state average is 89.8% having completed high school or higher and 69.5% of residents age 16 or over in the labor force.

According to the 2010 census, median household income for Perkins County residents is \$36,042 versus the statewide average is \$48,010. The median family income level also shows this inequality with \$52,400 for Perkins County versus \$61,412 for the state.

The 2010 Census data shows that 7.5% of families and 13.5% of individuals residing in Perkins County have income below the federal poverty level. The statewide average for South Dakota citizens is 8.8% and 13.8% respectively.

Finally, 50% (13) of Perkins County grandparents living in households with 1 or more grandchildren under age 18 are acting as primary caregivers for these children.

To summarize, Perkins County is a rural, agricultural ranching area with a very low population density and 5.37% (5.04%) or 160 (153) children under age 5. Most of its residents are Caucasian. Perkins County is above the state average for owner occupied housing. Approximately 64% of its residents age 16 or over are in the labor force while 87% of them have completed high school or higher. Median household income is 75.1% and the median family income is 85.3% of the respective statewide averages. Approximately 7.5% of its families and 13.5% of the individuals live below the federal poverty level. Perkins County can be described as a rural, sparsely populated, agricultural, ranching county with mostly Caucasian residents living on 15-25% less income than the state average.

Harding County US Census Data

	County	Percent	SD	Percent
Demographic Characteristics (2010 Census)				
Total population	1,255	100	814,180	100
Total Population (2012)	1,316	100	833,354	100
Male	659	52.5	407,381	50.0
Female	596	47.5	406,799	50.0
Median age (years)	43.3	(X)	36.9	(X)
Under 5 years	65	5.18	59,621	7.32
Under 5 years (2012)	85	6.46	59,202	7.10
18 years and over	963	76.7	611,383	75.1
65 years and over	182	14.5	116,581	14.3
One race	1,234	98.3	796,897	97.9
White	1,204	95.9	699,392	85.9
Black or African American	1	0.1	10,207	1.3
American Indian & Alaska Native	19	1.5	71,817	8.8
Asian	1	0.1	7,610	0.9
Native Hawaiian & Other Pacific Islander	0	0.0	394	0.0
Some other race	9	0.7	7,477	0.9
Two or more races	21	1.7	17,283	2.1
Hispanic or Latino (of any race)	20	1.0	22,119	2.7
Average household size	2.27	(X)	2.42	(X)
Average family size	2.87	(X)	3.00	(X)
Total housing units	731	100	363,438	100
Occupied housing units	539	73.7	322,282	88.7
Owner-occupied housing units	396	73.5	219,558	68.1
Renter-occupied housing units	143	26.5	102,724	31.9
Vacant housing units	192	26.3	41,156	11.3
Social Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 25 years and over	898	100	525,090	100.0
High school graduate or higher	(X)	88.0	(X)	89.8
Bachelor's degree or higher	(X)	31.2	(X)	25.8
Disability status ages 18 to 64	(X)	Unknown	47,498	9.7
With disability & employed ages 18 to 64	(X)	Unknown	22,825	48.1
Foreign born	21	1.6	19,708	2.4
Speak language other than English at home	48	3.8	50,575	6.7
Economic Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 16 years and over in labor force	706	67.2	438,039	69.5
Mean travel time to work in minutes	16.5	(X)	16.7	(X)
Median household income (dollars)	46,797	(X)	48,010	(X)
Median family income (dollars)	57,250	(X)	61,412	(X)
Per capita income (dollars)	22,717	(X)	24,925	(X)
Families below poverty level	(X)	10.3	(X)	8.8
All people below poverty level	(X)	12.8	(X)	13.8

	County	Percent	SD	Percent
Housing Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Total housing units	701	100	361,057	100.0
Occupied housing units	515	73.5	318,466	88.2
Owner occupied units	382	74.2	218,894	68.7
Median value owner occupied units (\$)	66,200	(X)	127,000	(X)
With a mortgage	126	33.0	129,965	59.4
Not mortgaged	256	67.0	88,929	40.6
Grandparents As Caregivers (2007-11 American Community Survey 5 yr. Estimates)				
Grandparent living in household with one or more grandchildren under 18	0	(X)	10,843	(X)
Grandparent responsible for grandchildren	0	0.0	6,114	56.4

Geography Quick Facts	Harding County	South Dakota
Land area, 2000 (square miles)	2,670	75,885
Persons per square mile, 2000	0.5	9.947
Persons per square mile, 2010	0.47	10.73

* Source U.S. Census Bureau: State and County Quick Facts

Highlights from Harding County 2010 Census & 2007-11 ACS (12) Data:

Criteria	Harding County	South Dakota
Total population	2010 = 1,255 2012 = 1,316 or +4.64%	2010 = 814,180 2012 = 833,354 or +2.36%
Population under age 5	2010 = 65 or 5.18% 2012 = 85 or 6.46%	2010 = 59,621 or 7.32% 2012 = 59,202 or 7.10%
Median age	43.3	36.9
% Caucasian	95.9	85.9
% AIAN	1.5	8.8
Average household size	2.27	2.42
Average family size	2.87	3.00
% Owner-occupied housing	73.5	68.1
% Renter-occupied housing	26.5	31.9
% HS graduate or higher	88.0	89.8
% Bachelor's degree or higher	31.2	25.8
% Disabled ages 18 to 64	Unknown	9.7
% In labor force (16+ years)	67.2	69.5
Median household income	\$46,797	\$48,010
Median family income	\$57,250	\$61,412
% Families below poverty	10.3	8.8
% Individuals below poverty	12.8	13.8
Grandparents as caregivers*	0	6,114 or 56.4%
Persons/square mile in 2010	0.47	10.73

*Grandparents who are responsible for grandchildren living in the same home.

Summary: Harding County

Harding County is located in the northwest corner of South Dakota along the North Dakota and Wyoming borders with Perkins County to the east and Butte County on the south. Its largest city is Buffalo, SD with a population of 330 (2010 Census). Harding County is a sparsely populated rural, ranching county.

In 2010 (2012), SD had a total population of approximately 814,180 (833,354) with 59,621 (59,202) or 7.32% (7.10%) under age 5. The 2010 (2012) Census states that Harding County had 1,255 (1,316) residents, which is an increase of (4.64%) from the 2010 Census, with 65 (85) or 5.18% (6.46%) being under age 5. The 2010 median age of county residents is 43.3 years while the median age for South Dakota is 36.9 years. In 2010, there were 0.47 persons per square mile in Harding County versus the average for SD is 10.73 persons per square mile.

In 2010, the majority (95.9%) of Harding County residents describe themselves as Caucasian. American Indians comprise 1.5% of Harding County residents. The racial averages for South Dakota in 2010 are 85.9% Caucasian and 8.8% American Indian or Alaskan Natives.

Average household size for Harding County was 2.27 persons versus 2.42 for South Dakota. The average Harding County family size was 2.87 versus 3.0 for South Dakota.

Approximately 73.5% of Harding County occupied homes are owner occupied. The state average of occupied homes which are owner occupied is approximately 68%.

Census data shows 88% of Harding County residents are high school graduates or higher and 67.2% of the residents age 16 or over are in the labor force. The state average is 89.8% having completed high school or higher and 69.5% of residents age 16 or over in the labor force.

According to the 2010 census, median household income for Harding County residents is \$46,797 versus the statewide average is \$48,010. The median family income level is \$57,250 for Harding County versus \$61,412 for the state.

The 2010 Census data shows that 10.3% of families and 1.8% of individuals residing in Harding County have income below the federal poverty level. The statewide average for South Dakota citizens is 8.8% and 13.8% respectively.

Finally, Harding County Census data shows that no grandparents living in households with 1 or more grandchildren under age 18 are acting as primary caregivers for these children.

To summarize, Harding County is a rural, ranching area with a very low population density and 5.18% (6.46%) or 65 (85) children under age 5. Most of its residents are Caucasians. Harding County is above the state average for owner occupied housing. Approximately 67.2% of residents age 16 and over are in the labor force while 88% have completed high school or higher. Median household income is 97.5% that of the statewide average and the median family income is 93.2% of the statewide average. Approximately 10.3% of its families and 12.8% of the individuals live below the federal poverty level. Harding County is a rural, ranching, sparsely populated county with mostly Caucasian residents and income levels near state averages.

Butte County US Census Data

	County	Percent	SD	Percent
Demographic Characteristics (2010 Census)				
Total population	10,110	100	814,180	100
Total Population (2012)	10,228	100	833,354	100
Male	5,086	50.3	407,381	50.0
Female	5,024	49.7	406,799	50.0
Median age (years)	41.1	(X)	36.9	(X)
Under 5 years	756	7.48	59,621	7.32
Under 5 years (2012)	681	6.66	59,202	7.10
18 years and over	7,583	75.0	611,383	75.1
65 years and over	1,591	15.7	116,581	14.3
One race	9,849	97.4	796,897	97.9
White	9,526	94.2	699,392	85.9
Black or African American	22	0.2	10,207	1.3
American Indian & Alaska Native	189	1.9	71,817	8.8
Asian	22	0.2	7,610	0.9
Native Hawaiian & Other Pacific Islander	8	0.1	394	0.0
Some other race	82	0.8	7,477	0.9
Two or more races	261	2.6	17,283	2.1
Hispanic or Latino (of any race)	306	3.0	22,119	2.7
Average household size	2.40	(X)	2.42	(X)
Average family size	2.92	(X)	3.00	(X)
Total housing units	4,621	100	363,438	100
Occupied housing units	4,160	90.0	322,282	88.7
Owner-occupied housing units	3,016	72.5	219,558	68.1
Renter-occupied housing units	1,144	27.5	102,724	31.9
Vacant housing units	461	10.0	41,156	11.3
Social Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 25 years and over	6,792	100	525,090	100.0
High school graduate or higher	(X)	86.5	(X)	89.8
Bachelor's degree or higher	(X)	16.9	(X)	25.8
Disability status ages 18 to 64	(X)	Unknown	47,498	9.7
With disability & employed ages 18 to 64	(X)	Unknown	22,825	48.1
Foreign born	70	0.7	19,708	2.4
Speak language other than English at home	267	2.9	50,575	6.7
Economic Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 16 years and over in labor force	5,066	65.2	438,039	69.5
Mean travel time to work in minutes	21.2	(X)	16.7	(X)
Median household income (dollars)	41,145	(X)	48,010	(X)
Median family income (dollars)	53,377	(X)	61,412	(X)
Per capita income (dollars)	20,921	(X)	24,925	(X)
Families below poverty level	(X)	12.7	(X)	8.8
All people below poverty level	(X)	15.0	(X)	13.8

	County	Percent	SD	Percent
Housing Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Total housing units	4,589	100	361,057	100.0
Occupied housing units	3,989	86.9	318,466	88.2
Owner occupied units	2,982	74.8	218,894	68.7
Median value owner occupied units (\$)	117,600	(X)	127,000	(X)
With a mortgage	1,695	56.8	129,965	59.4
Not mortgaged	1,287	43.2	88,929	40.6
Grandparents As Caregivers (2007-11 American Community Survey 5 yr. Estimates)				
Grandparent living in household with one or more grandchildren under 18	155	(X)	10,843	(X)
Grandparent responsible for grandchildren	56	36.1	6,114	56.4

Geography Quick Facts	Butte County	South Dakota
Land area, 2000 (square miles)	2,249	75,885
Persons per square mile, 2000	4.0	9.947
Persons per square mile, 2010	4.50	10.73

* Source U.S. Census Bureau: State and County Quick Facts

Highlights from Butte County 2010 Census & 2007-11 ACS (12) Data:

Criteria	Butte County	South Dakota
Total population	2010 = 10,110 2012 = 10,228 or +1.17%	2010 = 814,180 2012 = 833,354 or +2.36%
Population under age 5	2010 = 756 or 7.48% 2012 = 681 or 6.66%	2010 = 59,621 or 7.32% 2012 = 59,202 or 7.10%
Median age	41.1	36.9
% Caucasian	94.2	85.9
% AIAN	1.9	8.8
Average household size	2.40	2.42
Average family size	2.92	3.00
% Owner-occupied housing	72.5	68.1
% Renter-occupied housing	27.5	31.9
% HS graduate or higher	86.5	89.8
% Bachelor's degree or higher	16.9	25.8
% Disabled ages 18 to 64	Unknown	9.7
% In labor force (16+ years)	65.2	69.5
Median household income	\$41,145	\$48,010
Median family income	\$53,377	\$61,412
% Families below poverty	12.7	8.8
% Individuals below poverty	15.0	13.8
Grandparents as caregivers*	56 or 36.1%	6,114 or 56.4%
Persons/square mile in 2010	4.5	10.73

*Grandparents who are responsible for grandchildren living in the same home.

Summary: Butte County

Butte County is located in West Central South Dakota along the Wyoming border with Harding County to the north, Perkins County to the Northeast, Meade County to the Southeast and Lawrence County to the south. The county seat is Belle Fourche with a population of 5,594 (2010) residents. Butte County is a rural, agricultural/ranching county with a large county seat.

In 2010 (2012), SD had a total population of approximately 814,180 (833,354) with 59,621 (59,202) or 7.32% (7.10%) under age 5. The 2010 (2012) Census states that Butte County had 10,110 (10,228) residents, which is an increase of (1.17%) from the 2010 Census, with 756 (681) or 7.48% (6.66%) being under age 5. The 2010 median age of county residents is 41.1 years while the median age for South Dakota is 36.9 years. In 2010, there were 4.5 persons per square mile in Butte County versus the average for South Dakota is 10.73 persons per square mile.

In 2010, the majority (94.2%) of Butte County residents describe themselves as Caucasian. American Indians comprise 1.9% of Butte County residents. The racial averages for South Dakota in 2010 are 85.9% Caucasian and 8.8% American Indian or Alaskan Natives.

Average household size for Butte County was 2.40 persons versus 2.42 for South Dakota. The average Butte County family size was 2.92 versus 3.0 for South Dakota.

Approximately 72.5% of Butte County occupied homes are owner occupied. The state average of occupied homes which are owner occupied is approximately 68%.

Census data shows 86.5% of Butte County residents are high school graduates or higher and 65.2% of residents age 16 or over are in the labor force. The state average is 89.8% having completed high school or higher and 69.5% of residents age 16 or over in the labor force.

According to the 2010 census, median household income for Butte County residents is \$41,145 versus the statewide average is \$48,010. The median family income level for Butte County is \$53,377 versus \$61,412 for the state.

The 2010 Census data shows that 12.7% of families and 15.0% of individuals residing in Butte County have income below the federal poverty level. The statewide average for South Dakota citizens is 8.8% and 13.8% respectively.

Finally, 36% (56) of Butte County grandparents living in households with 1 or more grandchildren under age 18 are acting as primary caregivers for these children.

To summarize, Butte County is a rural, agricultural area with a low population density and 7.5% (6.66%) or 756 (681) children under age 5. Most of its residents are Caucasians. Butte County is above the state average for owner occupied housing. Approximately 65.2% of its residents age 16 and over are in the labor force while 86.5% have completed high school or higher. Median household income is 85.7% that of the statewide average and the median family income is 86.9% of the statewide average. Approximately 12.7% of its families and 15% of the individuals live below the federal poverty level. Butte County is a rural, agricultural/ranching area with mostly Caucasian residents and income levels about 15% below state averages.

Shannon County US Census Data

	County	Percent	SD	Percent
Demographic Characteristics (2010 Census)				
Total population	13,586	100	814,180	100
Total Population (2012)	14,059	100	833,354	100
Male	6,701	49.3	407,381	50.0
Female	6,885	50.7	406,799	50.0
Median age (years)	23.5	(X)	36.9	(X)
Under 5 years	1,602	11.79	59,621	7.32
Under 5 years (2012)	1,634	11.62	59,202	7.10
18 years and over	8,244	60.7	611,383	75.1
65 years and over	799	5.9	116,581	14.3
One race	13,469	99.1	796,897	97.9
White	397	2.9	699,392	85.9
Black or African American	4	0.0	10,207	1.3
American Indian & Alaska Native	13,036	96.0	71,817	8.8
Asian	14	0.1	7,610	0.9
Native Hawaiian & Other Pacific Islander	2	0.0	394	0.0
Some other race	16	0.1	7,477	0.9
Two or more races	117	0.9	17,283	2.1
Hispanic or Latino (of any race)	298	2.2	22,119	2.7
Average household size	4.29	(X)	2.42	(X)
Average family size	4.73	(X)	3.00	(X)
Total housing units	3,593	100	363,438	100
Occupied housing units	3,144	87.5	322,282	88.7
Owner-occupied housing units	1,707	54.3	219,558	68.1
Renter-occupied housing units	1,437	45.7	102,724	31.9
Vacant housing units	449	12.5	41,156	11.3
Social Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 25 years and over	6,295	100	525,090	100.0
High school graduate or higher	(X)	78.0	(X)	89.8
Bachelor's degree or higher	(X)	13.0	(X)	25.8
Disability status ages 18 to 64	(X)	Unknown	47,498	9.7
With disability & employed ages 18 to 64	(X)	Unknown	22,825	48.1
Foreign born	8	0.1	19,708	2.4
Speak language other than English at home	2,792	23.2	50,575	6.7
Economic Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 16 years and over in labor force	4,195	46.9	438,039	69.5
Mean travel time to work in minutes	16.1	(X)	16.7	(X)
Median household income (dollars)	25,288	(X)	48,010	(X)
Median family income (dollars)	25,857	(X)	61,412	(X)
Per capita income (dollars)	7,887	(X)	24,925	(X)
Families below poverty level	(X)	43.7	(X)	8.8
All people below poverty level	(X)	53.5	(X)	13.8

	County	Percent	SD	Percent
Housing Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Total housing units	3,572	100	361,057	100.0
Occupied housing units	2,753	77.1	318,466	88.2
Owner occupied units	1,429	51.9	218,894	68.7
Median value owner occupied units (\$)	16,800	(X)	127,000	(X)
With a mortgage	144	10.1	129,965	59.4
Not mortgaged	1,285	89.9	88,929	40.6
Grandparents As Caregivers (2007-11 American Community Survey 5 yr. Estimates)				
Grandparent living in household with one or more grandchildren under 18	1,349	(X)	10,843	(X)
Grandparent responsible for grandchildren	901	66.8	6,114	56.4

Geography Quick Facts	Shannon County	South Dakota
Land area, 2000 (square miles)	2,094	75,885
Persons per square mile, 2000	6.0	9.947
Persons per square mile, 2010	6.49	10.73

* Source U.S. Census Bureau: State and County Quick Facts

Highlights from Shannon County 2010 Census & 2007-11 ACS (12) Data:

Criteria	Shannon County	South Dakota
Total population	2010 = 13,586 2012 = 14,059 or +3.48%	2010 = 814,180 2012 = 833,354 or +2.36%
Population under age 5	2010 = 1,602 or 11.79% 2012 = 1,634 or 11.62%	2010 = 59,621 or 7.32% 2012 = 59,202 or 7.10%
Median age	23.5	36.9
% Caucasian	2.9	85.9
% AIAN	96.0	8.8
Average household size	4.29	2.42
Average family size	4.73	3.00
% Owner-occupied housing	54.3	68.1
% Renter-occupied housing	45.7	31.9
% HS graduate or higher	78.0	89.8
% Bachelor's degree or higher	13.0	25.8
% Disabled ages 18 to 64	Unknown	9.7
% In labor force (16+ years)	46.9	69.5
Median household income	\$25,288	\$48,010
Median family income	\$25,857	\$61,412
% Families below poverty	43.7	8.8
% Individuals below poverty	53.5	13.8
Grandparents as caregivers*	901 or 66.8%	6,114 or 56.4%
Persons/square mile in 2010	6.49	10.73

***Grandparents who are responsible for grandchildren living in the same home.
(Census data accuracy for counties with large Native American populations is poor.)**

Summary: Shannon County

Shannon County South Dakota comprises approximately two-thirds of the Pine Ridge Indian Reservation (Oglala Sioux Nation). It borders Nebraska to the south, with Jackson and Bennett Counties on the eastern boundary, Pennington County on the north and Custer or Fall River Counties on the western boundary. The largest city is Pine Ridge (pop. 3,308).

In 2010 (2012), SD had a total population of approximately 814,180 (833,354) with 59,621 (59,202) or 7.32% (7.10%) under age 5. The 2010 (2012) Census states that Shannon County had 13,586 (14,059) residents, which is an increase of (3.48%) from the 2010 Census, with 1,602 (1,634) or 11.79% (11.62%) being under age 5. The 2010 median age of county residents is 23.5 years while the median age for South Dakota is 36.9 years. In 2010, there were 6.49 persons per square mile in Shannon County versus the average for SD is 10.73 persons per square mile.

In 2010, the majority (96.0%) of Shannon County residents describe themselves as American Indian or Alaskan Natives. Caucasians comprise 2.9% and Hispanic/Latino 2.2%. The racial averages for SD in 2010 are 8.8% AIAN, 85.9% Caucasian and 3.6% Hispanic/Latino.

Average household size for Shannon County was 4.29 persons versus 2.42 for South Dakota. The average Shannon County family size was 4.73 versus 3.0 for South Dakota.

Approximately 54.3% of Shannon County occupied homes are owner occupied. The state average of occupied homes which are owner occupied is approximately 68%.

Census data shows 78% of Shannon County residents are high school graduates or higher and 46.9% of the residents age 16 or over are in the labor force. The state average is 89.8% having completed high school or higher and 69.5% of residents age 16 or over in the labor force.

According to the 2010 census, median household income for Shannon County residents is \$25,288 versus the statewide average is \$48,010. The median family income level for Shannon County is \$25,857 versus \$61,412 for the state.

The 2010 Census data shows that 43.7% of families and 53.5% of individuals residing in Shannon County have income below the federal poverty level. The statewide average for South Dakota citizens is 8.8% and 13.8% respectively.

Finally, 66.8% (901) of Shannon County grandparents living in households with 1 or more grandchildren under age 18 are acting as primary caregivers for these children.

To summarize, Shannon County is a rural, ranching county with a low median age (23.5) and 11.79% (11.62%) or 1,602 (1,634) under age 5. Most of its residents are American Indians. Shannon County is way below the state average for owner occupied housing. Approximately 46.9% of its residents age 16 or over are in the labor force while 78% have completed high school or higher. Median household income is 52.7% that of the state average and the median family income is 42.1% of the state average. Approximately 43.7% of its families and 53.5% of the individuals live below the federal poverty level. Shannon County is a rural, ranching county with mostly Native American residents and income levels severely below state averages.

Bennett County US Census Data

	County	Percent	SD	Percent
Demographic Characteristics (2010 Census)				
Total population	3,431	100	814,180	100
Total Population (2012)	3,436	100	833,354	100
Male	1,684	49.1	407,381	50.0
Female	1,747	50.9	406,799	50.0
Median age (years)	28.7	(X)	36.9	(X)
Under 5 years	344	10.03	59,621	7.32
Under 5 years (2012)	329	9.58	59,202	7.10
18 years and over	2,242	65.3	611,383	75.1
65 years and over	384	11.2	116,581	14.3
One race	3,293	96.0	796,897	97.9
White	1,157	33.7	699,392	85.9
Black or African American	4	0.1	10,207	1.3
American Indian & Alaska Native	2,109	61.5	71,817	8.8
Asian	13	0.4	7,610	0.9
Native Hawaiian & Other Pacific Islander	3	0.1	394	0.0
Some other race	7	0.2	7,477	0.9
Two or more races	138	4.0	17,283	2.1
Hispanic or Latino (of any race)	67	2.0	22,119	2.7
Average household size	3.11	(X)	2.42	(X)
Average family size	3.73	(X)	3.00	(X)
Total housing units	1,263	100	363,438	100
Occupied housing units	1,090	86.3	322,282	88.7
Owner-occupied housing units	630	57.8	219,558	68.1
Renter-occupied housing units	460	42.2	102,724	31.9
Vacant housing units	173	13.7	41,156	11.3
Social Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 25 years and over	1,874	100	525,090	100.0
High school graduate or higher	(X)	80.7	(X)	89.8
Bachelor's degree or higher	(X)	15.6	(X)	25.8
Disability status ages 18 to 64	(X)	Unknown	47,498	9.7
Percent employed	(X)	Unknown	22,825	48.1
Foreign born	20	0.6	19,708	2.4
Speak language other than English at home	583	19.4	50,575	6.7
Economic Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Population 16 years and over in labor force	1,304	54.3	438,039	69.5
Mean travel time to work in minutes	17.7	(X)	16.7	(X)
Median household income (dollars)	34,500	(X)	48,010	(X)
Median family income (dollars)	34,980	(X)	61,412	(X)
Per capita income (dollars)	17,285	(X)	24,925	(X)
Families below poverty level	(X)	24.5	(X)	8.8
All people below poverty level	(X)	35.5	(X)	13.8

	County	Percent	SD	Percent
Housing Characteristics (2007-11 American Community Survey 5 yr. Estimates)				
Total housing units	1,306	100	361,057	100.0
Occupied housing units	1,138	87.1	318,466	88.2
Owner occupied units	673	59.1	218,894	68.7
Median value owner occupied units (\$)	47,600	(X)	127,000	(X)
With a mortgage	283	42.1	129,965	59.4
Not mortgaged	390	57.9	88,929	40.6
Grandparents As Caregivers (2007-11 American Community Survey 5 yr. Estimates)				
Grandparent living in household with one or more grandchildren under 18	246	(X)	10,843	(X)
Grandparent responsible for grandchildren	159	64.6	6,114	56.4

Geography Quick Facts	Bennett County	South Dakota
Land area, 2000 (square miles)	1,185	75,885
Persons per square mile, 2000	3.0	9.947
Persons per square mile, 2010	2.90	10.73

* Source U.S. Census Bureau: State and County Quick Facts

Highlights from Bennett County 2010 Census & 2007-11 ACS (12) Data:

Criteria	Bennett County	South Dakota
Total population	2010 = 3,431 2012 = 3,436 or +0.015%	2010 = 814,180 2012 = 833,354 or +2.36%
Population under age 5	2010 = 344 or 10.03% 2012 = 329 or 9.58%	2010 = 59,621 or 7.32% 2012 = 59,202 or 7.10%
Median age	28.7	36.9
% Caucasian	33.7	85.9
% AIAN	61.5	8.8
Average household size	3.11	2.42
Average family size	3.73	3.00
% Owner-occupied housing	57.8	68.1
% Renter-occupied housing	42.2	31.9
% HS graduate or higher	80.7	89.8
% Bachelor's degree or higher	15.6	25.8
% Disabled ages 18 to 64	Unknown	9.7
% In labor force (16+ years)	54.3	69.5
Median household income	\$34,500	\$48,010
Median family income	\$34,980	\$61,412
% Families below poverty	24.5	8.8
% Individuals below poverty	35.5	13.8
Grandparents as caregivers*	159 or 64.6%	6,114 or 56.4%
Persons/square mile in 2010	2.90	10.73

***Grandparents who are responsible for grandchildren living in the same home.**

(Census data accuracy for counties with large Native American populations is poor.)

Summary: Bennett County

Bennett County is located along the Northern Nebraska border. Shannon County is to the West and Jackson County is to the North. Todd County is on the East. These bordering counties are all Native American Reservation counties. The county seat is Martin with a population of 1,071. Bennett County is a sparsely populated, rural, ranching/agricultural county.

In 2010 (2012), SD had a total population of approximately 814,180 (833,354) with 59,621 (59,202) or 7.32% (7.10%) under age 5. The 2010 (2012) Census states that Bennett County had 3,431 (3,436) residents, which is an increase of (0.015%) from the 2010 Census, with 344 (329) or 10.03% (9.58%) being children under age 5. The 2010 median age of county residents is 28.7 years while the median age for South Dakota is 36.9 years. In 2010, there were 2.99 persons per square mile in Bennett County versus the average for SD is 10.73 persons per square mile.

In 2010, the majority (61.5%) of Bennett County residents describe themselves as American Indian or Alaskan Natives, Caucasians comprise 33.7% and Hispanic/Latino 2.2%. The racial averages for SD in 2010 are 8.8% AIAN, 85.9% Caucasian and 3.6% Hispanic/Latino.

Average household size for Bennett County was 3.11 persons versus 2.42 for South Dakota. The average Bennett County family size was 3.73 versus 3.0 for South Dakota.

Approximately 57.8% of Bennett County occupied homes are owner occupied. The state average of occupied homes which are owner occupied is approximately 68%.

Census data shows 80.7% of Bennett County residents are high school graduates or higher and 54.3% of the residents age 16 or over are in the labor force. The state average is 89.8% having completed high school or higher and 69.5% of residents age 16 or over in the labor force.

According to the 2010 census, median household income for Bennett County residents is \$34,500 versus the statewide average is \$48,010. The median family income level for Bennett County is \$34,980 versus \$61,412 for the state.

The 2010 Census data shows that 24.5% of families and 35.5% of individuals residing in Bennett County have income below the federal poverty level. The statewide average for South Dakota citizens is 8.8% and 13.8% respectively.

Finally, 64.6% (159) of Bennett County grandparents living in households with 1 or more grandchildren under age 18 are acting as primary caregivers for these children.

To summarize, Bennett County is a rural, ranching/agricultural county with a low median age (28.7) and 10.03% (9.58%) or 344 (329) under age 5. Most residents are American Indians. Bennett County is below the state average for owner occupied housing. Approximately 54.3% of its residents age 16 or over are in the labor force while 80.7% have completed high school or higher. Median household income is 71.9% that of the state average and the median family income is 57.0% of the state average. Approximately 24.5% of its families and 34.5% of the individuals live below the federal poverty level. Bennett County is a rural, ranching/agricultural county with mostly Native American residents and income levels below state averages.

CHILDREN WITH DISABILITIES/SPECIAL NEEDS

Definition of “developmental disability”:

According to South Dakota law, a “developmental disability” is defined in state statute (SDCL 27B-1-18), as any severe, chronic disability of a person that: 1) Is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) Is manifested before the person attains age twenty-two; 3) Is likely to continue indefinitely; 4) Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and, 5) Reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

Percentage of Special Needs Children by County and School District 2011-12:

County	School District	Percentage of Special Needs Children	Number Special Needs Students Pre-K through 12	Number Special Needs Children Ages 4-5
SD	All	14.0%	17,888	2,726
Corson	McIntosh 15-1	13.7%	25	6
	McLaughlin 15-2	18.9%	79	24
	Smee 15-3	26.3%	52	9
Perkins	Bison 52-1	14.7%	21	6
	Lemmon 52-2	13.6%	34	6
Harding	Harding County 31-1	11.7%	21	2
Butte	Belle Fourche 09-1	16.8%	230	45
	Newell 09-2	17.3%	61	7
Shannon	Shannon County 65-1	20.3%	284	66
Bennett	Bennett County 03-1	12.1%	65	5

(Statistical Digest – South Dakota Department of Education) <http://doe.sd.gov/ofm/statdigest.aspx>

Types of Special Needs by County and School District 2011-12:

Special Need	SD	15-1	15-2	15-3	52-1	52-2	31-1	09-1	09-2	65-1	3-1
Deaf-Blind	<4	0	0	0	0	0	0	0	0	0	0
Emotionally Disturbed	1,089	0	0	0	0	0	0	0	0	14	0
Cognitive Disability	1,471	0	12	0	0	0	0	12	0	34	0
Hearing Impaired	103	0	0	0	0	0	0	0	0	0	0
Specific Learning	6,246	10	29	24	0	16	0	80	31	94	33
Multiple Disability	540	0	0	0	0	0	0	14	0	0	0
Orthopedic Impairment	81	0	0	0	0	0	0	0	0	0	0
Vision Loss	48	0	0	0	0	0	0	0	0	0	0
Deafness	53	0	0	0	0	0	0	0	0	0	0
Speech Language	4,210	0	22	17	0	12	0	46	0	69	14
Other Health Impairments	1,810	0	0		0	0	0	38	0	0	0
Autism	825	0	0	0	0	0	0	0	0	0	0
Traumatic Brain Injury	64	0	0	0	0	0	0	0	0	0	0
Develop Delay	1,285	0	0	0	0	0	0	21	0	47	0
Not Categorized		15	16	11	21	6	21	19	30	26	18
Total	17,825	25	79	52	21	34	21	230	61	284	65

<http://doe.sd.gov/ofm/statdigest.aspx> and 2012 Kids Count Factbook

Summary of Children with Disabilities - Special Needs:

According to public school statistics (BIA and parochial school data was not available.), the public school districts with the highest percentages of children with disabilities/special needs are McLaughlin, Smee and Shannon. Each of these reservation areas is severely economically depressed. The differing percentages may be the result of such factors as: 1) the availability of medical/social service professionals to accurately identify the need – i.e. Harding County typically has the lowest percentage and is also medically underserved; 2) local attitudes about acknowledging a child's disability/special need – i.e. some parents view the child's disability as a negative statement about themselves as parents, especially in smaller rural communities while others want their child to have such a diagnosis as it allows them access to multiple services not otherwise available; 3) a desire by families with children who have a disability/special need to live in or near larger communities which have more resources to serve the child; 4) a particular school district's level of effort to identify children with special needs; and, 5) multi-generational economic poverty that promotes less attention to prenatal care thus lower infant health at birth, slower cognitive as well as social/emotional development, more accidents involving children, etc. Each of these factors helps to explain the differences between counties in the percentage of children identified with disabilities/special needs.

An analysis of the types of disabilities in each county reveals specific areas of disabilities/special needs with the greatest numbers. All counties have need for professionals with experience in addressing learning and speech/language disabilities. Butte County's Belle Fourche school district also has a high need for professionals that are skilled in working with developmental delays. Shannon County schools also need professionals trained to serve children with mental retardation and developmental delays. This data can help direct professional resources to areas of greatest needs.

Because this data is from pre-K (age 4) to grade 12 school age children, it may not be "directly" correlated to the very young children with disabilities/special needs. However, we have defined a developmental disability as a "severe, chronic, disability of a person that is attributable to physical or mental impairments that are likely to continue indefinitely and result in significant functional limitations in 3 or more areas of one's life." In examining the types of disabilities listed and with this definition in mind, it is reasonable to conclude that many of these disabilities/special needs have their beginnings during the periods of a child's life covered under the Early Head Start and Head Start programs (prenatal to kindergarten). Therefore, it is reasonable to use similar percentages in calculating the number of very young children with a particular disability as long as one also factors in the degree to which a particular disability cannot be attributed to a very young child – i.e. if the definition requires it to be a chronic condition.

The 2010 Birth to Three: Part C Child Count shows the following numbers of children birth to three with disabilities: Corson = 9; Perkins = 1; Harding = 2; Butte = 9; Shannon = 54; and, Bennett = 3. This data comes from the South Dakota Head Start State Collaboration Office at the South Dakota Department of Education.

**ECONOMIC, EDUCATION, HEALTH, NUTRITION & SOCIAL SERVICE
INDICATORS OF NEED**

Economic Indicators of Need – Poverty:

South Dakota Poverty Status by Age Group – 2010 Census & 2012 Kids Count Factbook

Age Group	Number	Percent
All ages in poverty (SD population = 814,180)	98,248	12.7%
Population under age 18 in poverty	38,736	19.1%
Ages 5 through 17 in poverty	23,779	16.6%
Under age 5 in poverty	14,957	25.09%
<i>(South Dakota Population Under Age 18 by 2010 Census</i>		202,797)
<i>(South Dakota Population 5 Through 17 by 2010 Census</i>		143,176)
<i>(South Dakota Population Under Age 5 by 2010 Census</i>		59,621)
<i>(SD female headed households with children under age 18 in poverty</i>		39.2%)
<i>(SD female headed households with children under age 5 living in poverty</i>		53.0%)

*2010 US Census and Kids Count Factbook using 2007-2011 American Community Survey 5-Year Estimates

Children/Adolescents under Age 18 in Poverty (2007-11 American Community Survey)

County	Percentage	Number
Corson – Standing Rock Reservation	40.3%	617
Perkins	10.9%	76
Harding	15.2%	50
Butte	21.9%	609
Shannon – Pine Ridge Reservation	48.6%	2,880
Bennett – Pine Ridge Reservation	37.0%	482
South Dakota	14.5%	32,877

Est. Children under Age 5 in Poverty (2007-11 American Community Survey)

County	Percentage	Number
Corson – Standing Rock Reservation	37.1%	151
Perkins	27.5%	44
Harding	11.5%	8
Butte	9.7%	73
Shannon – Pine Ridge Reservation	27.8%	445
Bennett – Pine Ridge Reservation	27.7%	95

Est. Number of Children under Age 5 by Race & Ethnicity (2007-11 ACS & US Census)

County	Caucasian	Native Amer.	Other	Total	Hispanic	Non-Hispanic
Corson	82	318	8	408	11	397
Perkins	154	6	0	160	1	159
Harding	64	0	0	65	1	64
Butte	721	5	30	756	23	733
Shannon	22	1,517	63	1,602	35	1,567
Bennett	45	276	23	344	7	337

Est. Children under Age 5 by Race & Ethnicity in Poverty (2007-11 ACS & US Census)

County	Caucasian	Native American	Other Race	Total	Hispanic	Non-Hispanic
Corson	30	118	3	151	4	147
Perkins	42	2	0	44	0	44
Harding	8	0	0	8	0	8
Butte	70	0	3	73	2	71
Shannon	6	422	17	445	9	336
Bennett	12	77	6	95	2	93

South Dakota Percentages of Women in the Workforce - 2000

Women In The Workforce	SD	US
Total:	63.7%	57.5%
With children under 6 only :	77.5%	63.5%
With children under 6 and 6-17:	75.4%	60.0%
With children 6-17 only :	85.8%	75.0%

*Source: U.S. Census Bureau, 2000 Census Summary File 3

TANF & SNAP 2012 Participation:

	TANF Families	TANF Children	Average Monthly Payment	SNAP Households	Total Households	Households Receiving SNAP
Statewide	3,217	5,593	\$395	44,936	318,466	14.1%
Corson	132	218	\$371	569	1,143	49.8%
Perkins	<5	<5	\$...	95	1,307	7.3%
Harding	<5	<5	\$...	17	515	3.3%
Butte	25	38	\$405	673	3,989	16.9%
Shannon	579	1,073	\$411	3,424	2,753	124.4%
Bennett	105	205	\$409	510	1,138	44.9%

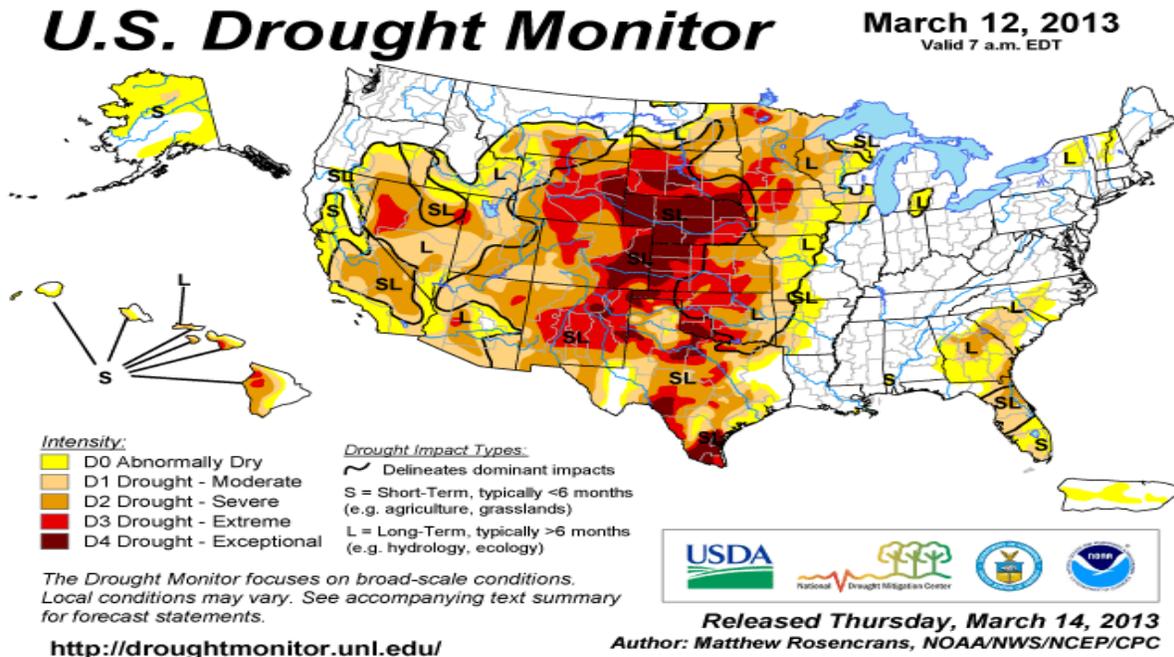
<http://datacenter.kidscount.org/data/bystate/>

Female vs. Male (Single parent) Headed Households with Children under 18

County	1980	1990	2000	2010	1980	1990	2000	2010
Corson	113	138	137	117	14	48	51	18
Perkins	47	52	46	19	9	14	20	15
Harding	8	12	18	18	0	LNE	9	6
Butte	127	160	220	145	28	54	77	130
Shannon	430	639	597	583	133	193	201	121
Bennett	58	100	127	175	LNE	32	51	81

2007-2011 American Community Survey 5-Year Estimates

Economic Indicators of Need – Significant Weather Data:



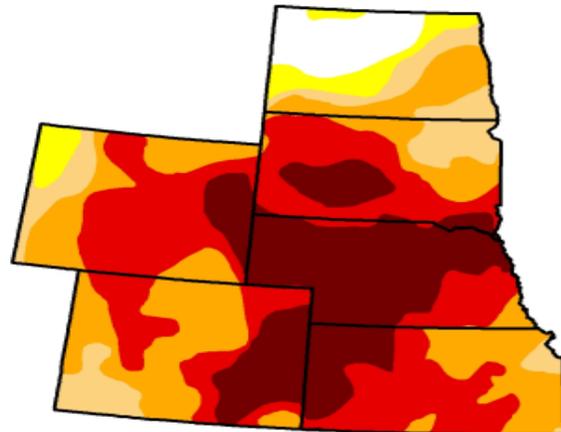
U.S. Drought Monitor

High Plains

March 12, 2013
Valid 7 a.m. EST

Drought Conditions (Percent Area)

	None	D0-D4	D1-D4	D2-D4	D3-D4	D4
Current	4.65	95.35	91.29	81.46	55.58	24.37
Last Week (03/05/2013 map)	4.65	95.35	91.30	82.03	55.76	25.87
3 Months Ago (12/11/2012 map)	1.54	98.46	93.01	86.12	58.39	26.91
Start of Calendar Year (01/01/2013 map)	1.54	98.46	93.01	86.20	60.25	26.99
Start of Water Year (09/25/2012 map)	0.00	100.00	98.91	83.80	61.28	24.35
One Year Ago (03/06/2012 map)	45.82	54.18	20.38	5.17	1.56	0.04



Intensity:

- D0 Abnormally Dry
- D1 Drought - Moderate
- D2 Drought - Severe
- D3 Drought - Extreme
- D4 Drought - Exceptional

The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. See accompanying text summary for forecast statements.

<http://droughtmonitor.unl.edu>



Released Thursday, March 14, 2013
Matthew Rosencrans, NOAA/NWS/NCEP/Climate Prediction Center

Summary: The six rural ranching counties served by Badlands Head Start: Prenatal to Five programs continue to suffer the effects of a widespread, extended drought from 2000 through 2012 thus the economy of these ranching dependent counties has suffered. This drought saw some relief during 2008 and even more during 2009 and 2010. However, 2011 and 2012 saw **extreme** and **exceptional** drought conditions return. All six BHS: P-5 counties continue to experience moderate to severe drought conditions and economic recovery will take years.

Summary of Economic Indicators of Need:

*According to the 2010 census estimates, South Dakota had 202,797 residents under age 18. Of this group under age 18, there were 38,726 children living in poverty. Further, South Dakota had 14,957 children under age 5 living below the federal poverty level. **In sum, 19.1% of South Dakota children under age 18 and 25.09% of South Dakota children under age 5 lived below the federal poverty level in 2010.***

The number of SD children under age 5 living in poverty is consistently increasing. From 2003 to 2011, these numbers climbed from approximately 11,000 to 15,000 (2007-2011 American Community Survey 5-Year Estimates) children. This trend shows no sign of changing.

In 2010, American Indians/Alaska Natives made up only 8.48% of South Dakota's population. From 2005 to 2011, the number of South Dakota Native American children under age 18 and living in poverty grew from approximately 12,000 to 16,000 children. This minority group is disproportionately represented amongst children under age 18 living in poverty in South Dakota and it is reflected in the counties served by BHS: P-5.

US Census 2000 data also showed that South Dakota was above the national average in percentage of women with children who work outside the home. Statistics show that 77.5% of SD women with only children under age 6 worked outside the home. This figure decreases slightly to 75.4% when one includes SD mothers with children under age 6 and children ages 6 through 17. It increases to 85.8% of South Dakota women with only children ages 6-17 in the home. The national averages for these same groups were 63.5%, 60.0%, and 75% respectively. This trend is clearly evident in the counties served by Badlands Head Start: Prenatal to Five.

TANF (Temporary Assistance for Needy Families) and SNAP (Supplemental Nutrition Assistance Program) participation is an indicator of "economic" need as a means of maintaining families when a parent is incapable of doing so. The greatest participation in these programs is found in those counties with the lowest per capita income level. However, demand cannot be explained solely by median income level as can be seen by the statistics for Perkins and Harding counties. Each of these counties is below the state average for family/individual income while their participation in TANF and SNAP programs is almost non-existent.

It was also noted in the South Dakota Kids Count Factbook, that female headed families (no spouse present) in South Dakota are the most likely to live below the federal poverty guidelines. In 2010, 39% of female headed South Dakota families (no spouse present) with children under age 18 were living below the federal poverty level. At the same time, 53% of female headed South Dakota families with children under age 5 and no spouse present in the home were living below the federal poverty level. The number of female headed families with children rose dramatically in Shannon (430 to 583) and Bennett (58 to 175) counties from 1980 through 2010. Of the counties served by BHS: P-5, Shannon and Bennett counties have the highest rate of female single parent headed households, with no spouse present, and these are the counties with the lowest median household and family incomes when compared to the statewide average: Shannon County median household income is 52.7% of the state average and median family income is 42.1% of the state average while Bennett County median household income is 71.9% of the state average and median family income is 57% of the state average.

Educational Indicators of Need: *SD Department of Ed & 2008-12 ACS 5 yr. Est.*

School Dropout Rates						
Corson County	Drop Out Rate			Poverty Rates - Family		
	2011-12	2012-13	2013-14	2010	2012	2013
<i>McIntosh 15-1</i>	1.4%	1.4%		26.4%	29.7%	
<i>McLaughlin 15-2</i>	8.3%	12.2%				
<i>Smee 15-3</i>	9.8%	4.3%				

Perkins County	Drop Out Rate			Poverty Rates - Family		
	2011-12	2012-13	2013-14	2010	2012	2013
<i>Bison 52-1</i>	0.0%	0.0%		7.5%	7.4%	
<i>Lemmon 52-2</i>	1.4%	0.0%				

Harding County	Drop Out Rate			Poverty Rates - Family		
	2011-12	2012-13	2013-14	2010	2012	2013
<i>Harding Cty. 31-1</i>	3.3%	0.0%		10.3%	11.4%	

Butte County	Drop Out Rate			Poverty Rates - Family		
	2011-12	2012-13	2013-14	2010	2012	2013
<i>Belle Fourche 09-1</i>	1.0%	1.2%		12.7%	10.5%	
<i>Newell 09-2</i>	0.0%	5.3%				

Shannon County	Drop Out Rate			Poverty Rates - Family		
	2011-12	2012-13	2013-14	2010	2012	2013
<i>Shannon Cty. 65-1</i>	1.0%	3.1%		43.7%	40.2%	

Bennett County	Drop Out Rate			Poverty Rates - Family		
	2011-12	2012-13	2013-14	2010	2012	2013
<i>Bennett County 03-1</i>	9.1%	5.0%		24.5%	26.5%	

Summary of Educational Indicators of Need:

According to the 2011-12 (2012-13) South Dakota Department of Education statistics, the highest school dropout rates are found in two (three) of Badlands Head Start: Prenatal to Five's counties with the greatest poverty rates – i.e. *Newell*, *Corson* and *Bennett* Counties. *Shannon County Public School District 65-1* is an exception to this correlation. This exception may be explained by the district's intervention efforts to support those students most likely to dropout. It may also be explained by which students attend the *Shannon County School* versus the *BIA* or *contract schools*, within the county, for which data is not available. It appears that the higher the poverty level in the county, the more likely children will drop out of school unless there are strong efforts to support those students most likely to drop out. While we cannot determine causality from this data, it would be logical to assume that the factors are directly related – i.e. if one doesn't see an economic benefit in finishing high school due to multi-generational poverty and high area unemployment, one is more likely to drop out of school. The other *Badlands Head Start: Pre-natal to Five* counties have low high school dropout rates. The financial rewards for such are often immediate in these counties. (2012 SD Family Poverty Rate = 8.7%)

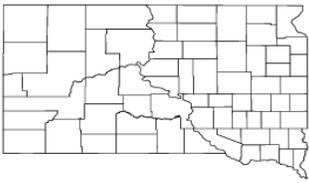
Health Indicators of Need:

SD Department of Health: Health Status Indicators 2006-10:

United States

Demographic Information	Health Status Indicators ²	
2010 Population Information		
Subject	Number	Percent
Total population	308,745,938	100.0
One Race	299,736,465	97.1
White	223,553,265	72.4
Black or African American	38,929,319	12.6
American Indian and Alaska Native	2,932,248	0.9
Asian	14,674,252	4.8
Native Hawaiian and Other Pacific Islander	40,013	0.2
Some Other Race	19,107,368	6.2
Two or More Races	9,009,073	2.9
Race alone or in combination with one or more other races: ¹		
White	231,040,398	74.8
Black or African American	42,020,743	13.6
American Indian and Alaska Native	5,220,579	1.7
Asian	17,320,856	5.6
Native Hawaiian and Other Pacific Islander	1,225,195	0.4
Some Other Race	21,748,084	7.0
Under 5 years	20,201,362	6.5
65 years and over	40,267,984	13.0
<p>Nativity - 2009</p> <p>Percent Low Birth Weight Infants 8.2</p> <p>Percent of Mothers Receiving Care in 1st Trimester³ (2008) 71.0</p> <p>Percent of Mothers Who Used Tobacco While Pregnant⁴ (2008) 9.7</p> <p>Births Less Than 37 Weeks of Gestation 12.2</p> <p>Average Age of Mother 27.5</p> <p>Teenage Birth Rate⁵ 20.1</p>		
<p>Mortality - 2008⁶</p> <p>ALL CAUSES 758.3</p> <p>Heart Disease 186.5</p> <p>Acute Myocardial Infarction 40.7</p> <p>Atherosclerotic Heart Disease **</p> <p>Heart Failure 16.9</p> <p>Malignant Neoplasms (cancer) 175.3</p> <p>Trachea, Bronchus, & Lung 49.5</p> <p>Colon, Rectum, & Anus 16.4</p> <p>Female Breast 22.5</p> <p>Prostate 22.3</p> <p>Pancreas 10.9</p> <p>Leukemia 7.0</p> <p>Non-Hodgkin's Lymphoma 6.3</p> <p>Cerebrovascular Disease 40.7</p> <p>Chronic Lower Respiratory Diseases 44.0</p> <p>Accidents 38.8</p> <p>Motor Vehicle Accidents 12.9</p> <p>Alzheimer's Disease 24.4</p> <p>Diabetes Mellitus 21.8</p> <p>Influenza & Pneumonia 16.9</p> <p>Intentional Self-Harm (suicide) 11.6</p> <p>Chronic Liver Disease and Cirrhosis 9.2</p> <p>Infant Mortality 6.61</p>		
<p>¹ In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.</p> <p>² Only one year of U.S. data are given to compare with five years of state and county data because the numbers on the national level are much greater and do not fluctuate as much annually.</p> <p>³ The U.S. percent of mothers receiving care in 1st trimester is based on 27 states that were using the 2003 standard birth certificate, including South Dakota. The latest year available for prenatal care was 2008.</p> <p>⁴ Data for mothers who used tobacco while pregnant are self-reported. The U.S. percent of mothers who used tobacco is based on 24 states using the 2003 standard birth certificate, including South Dakota. The latest year available for tobacco use was 2008.</p> <p>⁵ Teenage birth rate is live births per 1,000 females age 15-17.</p> <p>⁶ The mortality rates, except infant mortality are age-adjusted death rates per 100,000 population. Age-adjusting to the standard million population eliminates differences between populations, making them easier to compare. Infant mortality is calculated as the number of infants (less than one year old) deaths per 1,000 live births. ** Atherosclerotic Heart Disease I25.1 was not broken out in the national data, therefore no age-adjusted rate is displayed.</p> <p>Source: National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Hyattsville, Maryland.</p> <p>See Technical Notes for more information.</p> <p>Source: South Dakota Department of Health, Office of Health Statistics</p>		

South Dakota

Demographic Information	Health Status Indicators 2006-2010	
 <p>South Dakota is located in the north central portion of the United States and averages 10.7 persons per square mile.</p>		
2010 Population Information		
Subject	Number	Percent
Total population	814,180	100.0
One Race	796,897	97.9
White	699,392	85.9
Black or African American	10,207	1.3
American Indian and Alaska Native	71,817	8.8
Asian	7,610	0.9
Native Hawaiian and Other Pacific Islander	394	0.0
Some Other Race	7,477	0.9
Two or More Races	17,283	2.1
Race alone or in combination with one or more other races: ¹		
White	715,167	87.8
Black or African American	14,705	1.8
American Indian and Alaska Native	82,073	10.1
Asian	10,216	1.3
Native Hawaiian and Other Pacific Islander	920	0.1
Some Other Race	9,318	1.1
Under 5 years	59,621	7.3
65 years and over	116,581	14.3
<p>Nativity</p> <p>•Percent of Low Birth Weight Infants 6.6</p> <p>*Percent of Mothers Receiving Care in 1st Trimester 69.6</p> <p>*Percent of Mothers Who Used Tobacco While Pregnant² 18.6</p> <p>•Percent of Births Less Than 37 Weeks of Gestation 8.8</p> <p>*Average Age of Mother 26.9</p> <p>•Teenage Birth Rate³ 18.7</p>		
<p>Mortality⁴</p> <p>•ALL CAUSES 708.0</p> <p>•Heart Disease 163.9</p> <p>◦Acute Myocardial Infarction 57.1</p> <p>**Atherosclerotic Heart Disease 52.0</p> <p>•Heart Failure 7.4</p> <p>•Malignant Neoplasms (cancer) 166.3</p> <p>•Trachea, Bronchus, & Lung 45.5</p> <p>Colon, Rectum, & Anus 16.4</p> <p>•Female Breast 20.1</p> <p>Prostate 22.7</p> <p>Pancreas 9.9</p> <p>Leukemia 7.1</p> <p>Non-Hodgkin's Lymphoma 6.3</p> <p>Cerebrovascular Disease 39.3</p> <p>Chronic Lower Respiratory Diseases 45.0</p> <p>◦Accidents 43.7</p> <p>◦Motor Vehicle Accidents 17.9</p> <p>◦Alzheimer's Disease 33.6</p> <p>◦Diabetes Mellitus 23.8</p> <p>Influenza & Pneumonia 16.0</p> <p>◦Intentional Self-Harm (suicide) 15.4</p> <p>Chronic Liver Disease and Cirrhosis 10.3</p> <p>Infant Mortality 7.07</p>		
<p>¹In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.</p> <p>•Denotes a health status indicator which is significantly lower than the national average.</p> <p>◦Denotes a health status indicator which is significantly higher than the national average.</p> <p>*Due to lack of comparable data from all 50 states, significant differences cannot be calculated.</p> <p>²Data for mothers who used tobacco are self-reported.</p> <p>³Teenage Birth rate is live births per 1,000 females age 15-17.</p> <p>⁴All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. **Atherosclerotic Heart Disease I25.1 was not broken out in the national data, therefore, significant differences cannot be calculated.</p> <p>See Technical Notes for more information.</p> <p>Source: South Dakota Department of Health, Office of Health Statistics</p>		

<http://doh.sd.gov/Statistics/2010Vital/HealthStatusByCounty.pdf>

Corson County

Demographic Information	Health Status Indicators 2006-2010																															
	Nativity Percent of Low Birth Weight Infants 6.0 •Percent of Mothers Receiving Care in 1st Trimester 49.4 ◦Percent of Mothers Who Used Tobacco While Pregnant ² 26.5 Percent of Births Less Than 37 Weeks of Gestation 11.2 •Average Age of Mother 24.6 ◦Teenage Birth Rate ³ 42.5	Mortality⁴ ◦ALL CAUSES 1,188.9 ◦Heart Disease 292.9 Acute Myocardial Infarction 95.0 Atherosclerotic Heart Disease 86.1 ◦Heart Failure 55.8 Malignant Neoplasms (cancer) 201.6 Trachea, Bronchus, & Lung 53.6 Colon, Rectum, & Anus LNE Female Breast 78.8 Prostate LNE Pancreas LNE Leukemia LNE Non-Hodgkin's Lymphoma LNE Cerebrovascular Disease 26.5 Chronic Lower Respiratory Diseases 38.2 ◦Accidents 141.1 ◦Motor Vehicle Accidents 82.2 Alzheimer's Disease LNE ◦Diabetes Mellitus 85.1 Influenza & Pneumonia LNE ◦Intentional Self-Harm (suicide) 71.6 Chronic Liver Disease and Cirrhosis 34.0 Infant Mortality 16.24																														
Corson County is located in the north central portion of the state and averages 1.6 persons per square mile.	•Denotes a health status indicator which is significantly lower than the state average. ◦Denotes a health status indicator which is significantly higher than the state average. LNE (Low Number of Events): is used because the rate or percent may be unreliable. ² Data for mothers who used tobacco are self-reported. ³ Teenage Birth rate is live births per 1,000 females age 15-17.	•Denotes a health status indicator which is significantly lower than the state average. ◦Denotes a health status indicator which is significantly higher than the state average. ⁴ All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.																														
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	Nativity Percent of Low Birth Weight Infants 3.9 Percent of Mothers Receiving Care in 1st Trimester 64.7 •Percent of Mothers Who Used Tobacco While Pregnant ² 10.9 Percent of Births Less Than 37 Weeks of Gestation 9.1 Average Age of Mother 27.8 Teenage Birth Rate ³ LNE	Mortality⁴ ALL CAUSES 734.2 Heart Disease 151.9 Acute Myocardial Infarction 52.1 Atherosclerotic Heart Disease 50.8 Heart Failure 13.6 Malignant Neoplasms (cancer) 146.6 Trachea, Bronchus, & Lung 33.2 Colon, Rectum, & Anus 21.3 Female Breast 27.5 Prostate 27.8 Pancreas LNE Leukemia LNE Non-Hodgkin's Lymphoma LNE Cerebrovascular Disease 29.1 Chronic Lower Respiratory Diseases 61.8 Accidents 68.9 Motor Vehicle Accidents 22.5 Alzheimer's Disease 29.9 Diabetes Mellitus 28.4 Influenza & Pneumonia 22.5 Intentional Self-Harm (suicide) LNE Chronic Liver Disease and Cirrhosis LNE Infant Mortality LNE																														
Perkins County is located in northwestern South Dakota and averages 1.0 persons per square mile.	•Denotes a health status indicator which is significantly lower than the state average. ◦Denotes a health status indicator which is significantly higher than the state average. LNE (Low Number of Events): is used because the rate or percent may be unreliable. ² Data for mothers who used tobacco are self-reported. ³ Teenage Birth rate is live births per 1,000 females age 15-17.	•Denotes a health status indicator which is significantly lower than the state average. ◦Denotes a health status indicator which is significantly higher than the state average. ⁴ All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.																														
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Harding County

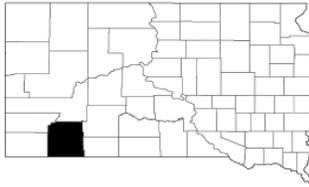
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Shannon County

Demographic Information



Shannon County is located in the southwestern part of the state, along the Nebraska border and averages 6.5 persons per square mile.

2010 Population Information

Subject	Number	Percent
Total population	13,586	100.0
One Race	13,469	99.1
White	397	2.9
Black or African American	4	0.0
American Indian and Alaska Native	13,036	96.0
Asian	14	0.1
Native Hawaiian and Other Pacific Islander	2	0.0
Some Other Race	16	0.1
Two or More Races	117	0.9
Race alone or in combination with one or more other races: ¹		
White	478	3.5
Black or African American	16	0.1
American Indian and Alaska Native	13,146	96.8
Asian	32	0.2
Native Hawaiian and Other Pacific Islander	9	0.1
Some Other Race	23	0.2
Under 5 years	1,602	11.8
65 years and over	799	5.9

¹In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

Health Status Indicators 2006-2010

Natality

Percent of Low Birth Weight Infants	6.9
•Percent of Mothers Receiving Care in 1st Trimester	52.2
◦Percent of Mothers Who Used Tobacco While Pregnant ²	23.6
Percent of Births Less Than 37 Weeks of Gestation	10.0
•Average Age of Mother	24.1
◦Teenage Birth Rate ³	75.8

•Denotes a health status indicator which is significantly lower than the state average.
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 LNE (Low Number of Events): is used because the rate or percent may be unreliable.
²Data for mothers who used tobacco are self-reported.
³Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality⁴

◦ALL CAUSES	1,575.8
◦Heart Disease	255.6
◦Acute Myocardial Infarction	102.2
Atherosclerotic Heart Disease	73.5
Heart Failure	LNE
◦Malignant Neoplasms (cancer)	231.2
Trachea, Bronchus, & Lung	65.1
Colon, Rectum, & Anus	25.1
Female Breast	15.9
Prostate	LNE
Pancreas	13.7
Leukemia	18.8
Non-Hodgkin's Lymphoma	LNE
◦Cerebrovascular Disease	80.8
◦Chronic Lower Respiratory Diseases	111.4
◦Accidents	178.1
◦Motor Vehicle Accidents	108.9
Alzheimer's Disease	LNE
◦Diabetes Mellitus	135.6
◦Influenza & Pneumonia	44.4
◦Intentional Self-Harm (suicide)	25.5
◦Chronic Liver Disease and Cirrhosis	105.5
◦Infant Mortality	15.30

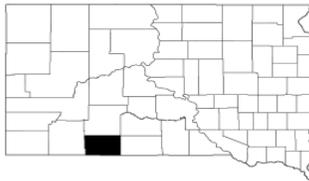
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See Technical Notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

Bennett County

Demographic Information



Bennett County is located on the southern border in western South Dakota and averages 2.9 persons per square mile.

2010 Population Information

Subject	Number	Percent
Total population	3,431	100.0
One Race	3,293	96.0
White	1,157	33.7
Black or African American	4	0.1
American Indian and Alaska Native	2,109	61.5
Asian	13	0.4
Native Hawaiian and Other Pacific Islander	3	0.1
Some Other Race	7	0.2
Two or More Races	138	4.0
Race alone or in combination with one or more other races: ¹		
White	1,291	37.6
Black or African American	17	0.5
American Indian and Alaska Native	2,239	65.3
Asian	13	0.4
Native Hawaiian and Other Pacific Islander	3	0.1
Some Other Race	7	0.2
Under 5 years	344	10.0
65 years and over	384	11.2

¹In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

Health Status Indicators 2006-2010

Natality

Percent of Low Birth Weight Infants	6.9
•Percent of Mothers Receiving Care in 1st Trimester	44.7
◦Percent of Mothers Who Used Tobacco While Pregnant ²	19.5
Percent of Births Less Than 37 Weeks of Gestation	10.8
•Average Age of Mother	24.7
◦Teenage Birth Rate ³	38.0

•Denotes a health status indicator which is significantly lower than the state average.
 ◦Denotes a health status indicator which is significantly higher than the state average.
 LNE (Low Number of Events): is used because the rate or percent may be unreliable.
²Data for mothers who used tobacco are self-reported.
³Teenage Birth rate is live births per 1,000 females age 15-17.

Mortality⁴

◦ALL CAUSES	933.4
Heart Disease	171.5
Acute Myocardial Infarction	83.5
Atherosclerotic Heart Disease	41.3
Heart Failure	LNE
Malignant Neoplasms (cancer)	178.7
Trachea, Bronchus, & Lung	45.4
Colon, Rectum, & Anus	26.4
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	31.2
Chronic Lower Respiratory Diseases	55.5
Accidents	83.4
Motor Vehicle Accidents	54.9
Alzheimer's Disease	LNE
Diabetes Mellitus	54.6
Influenza & Pneumonia	43.3
Intentional Self-Harm (suicide)	22.3
◦Chronic Liver Disease and Cirrhosis	47.5
Infant Mortality	12.58

•Denotes a health status indicator which is significantly lower than the state average.
 ◦Denotes a health status indicator which is significantly higher than the state average.
⁴All mortality rates except infant mortality are age-adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births.

See Technical Notes for more information.

Source: South Dakota Department of Health, Office of Health Statistics

South Dakota Department of Health Indicators of Need for Health Providers:

Many South Dakota counties are underserved with regards to medical, dental and mental health services per statistics provided by the South Dakota Department of Health. The following summarizes this information for the counties served by TREC – Badlands Head Start: Prenatal to Five:

Workforce

	Corson	Perkins	Harding	Butte	Shannon	Bennett
<i>Physicians</i>	1	None	0	0	1	1
<i>PA</i>	0	2	0	0	0	2
<i>NP/RN</i>	4	7	0	7	11	15
<i>Dentists</i>	0	0	0	4	5	1

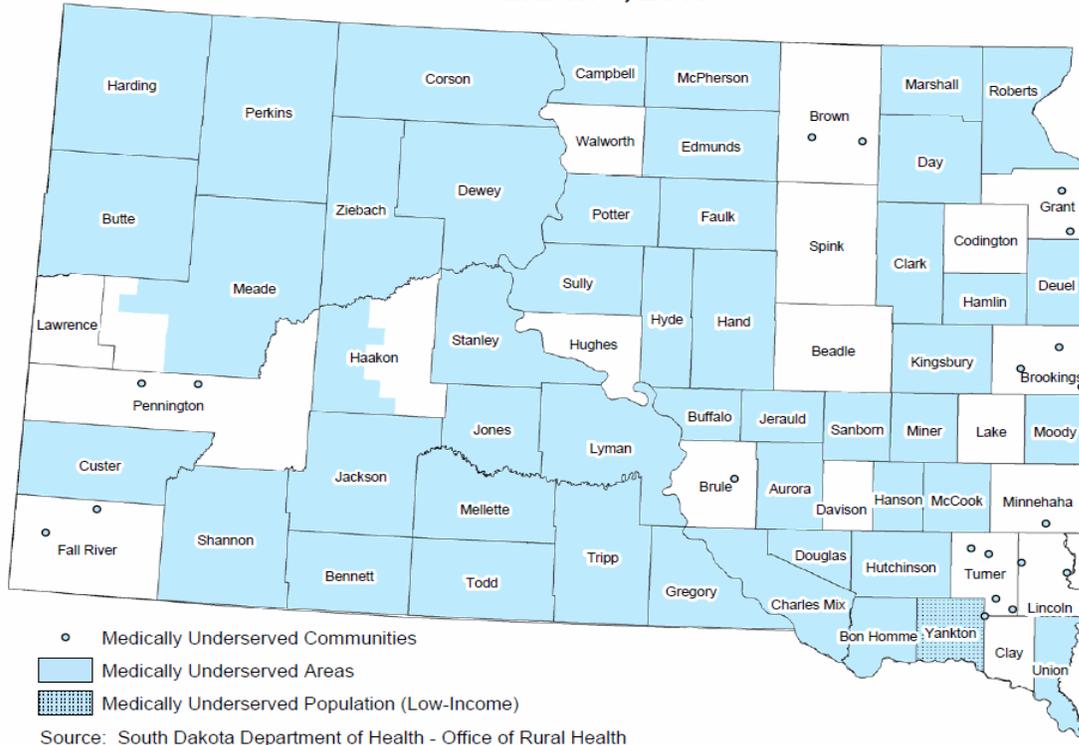
Workforce numbers do not include IHS employees

Facilities

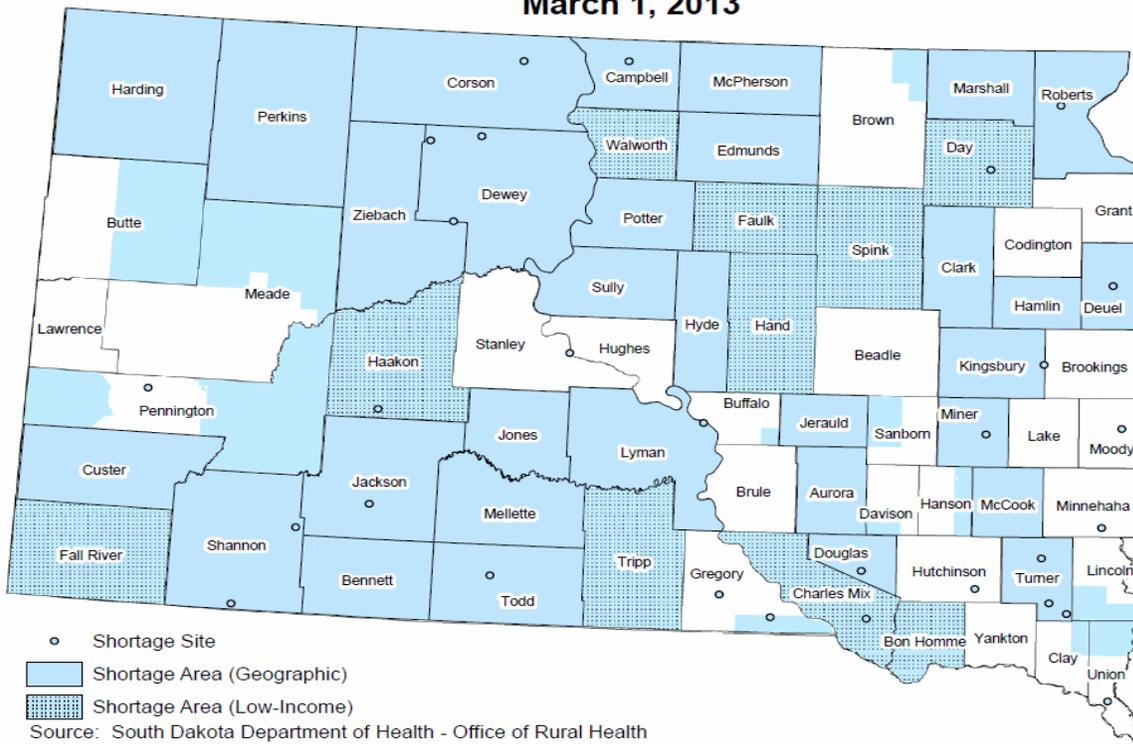
	Corson	Perkins	Harding	Butte	Shannon	Bennett
<i>Federally Qualified Health Care Center</i>	McIntosh Community Clinic	Bison Community Clinic	None	None	None	Bennett County Healthcare Clinic
<i>Rural Health Clinic</i>	West River Health Association McLaughlin	West River Health Association Lemmon	Buffalo Regional Medical Clinic	Regional Medical Centers in Belle Fourche & Newell	IHS Pine Ridge	Weber Health Services
<i>Hospitals</i>	None	None	None	None	IHS Pine Ridge	Bennett County Healthcare
<i>Nursing Facilities</i>	None	40 beds	None	83 beds	None	40 beds
<i>Assisted Living</i>	None	4 beds	None	62 beds	None	2 beds
<i>Residential Living Center</i>	None	None	None	None	None	None
<i>Home Health Agency</i>	None	None	None	None	None	Bennett County Home Health

In sum, the above table demonstrates that Corson, Perkins, Harding, Butte, Shannon and Bennett counties all lack at least one element of a comprehensive healthcare system.

SOUTH DAKOTA MEDICALLY UNDERSERVED AREAS/POPULATIONS March 1, 2013



SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS PRIMARY MEDICAL CARE March 1, 2013



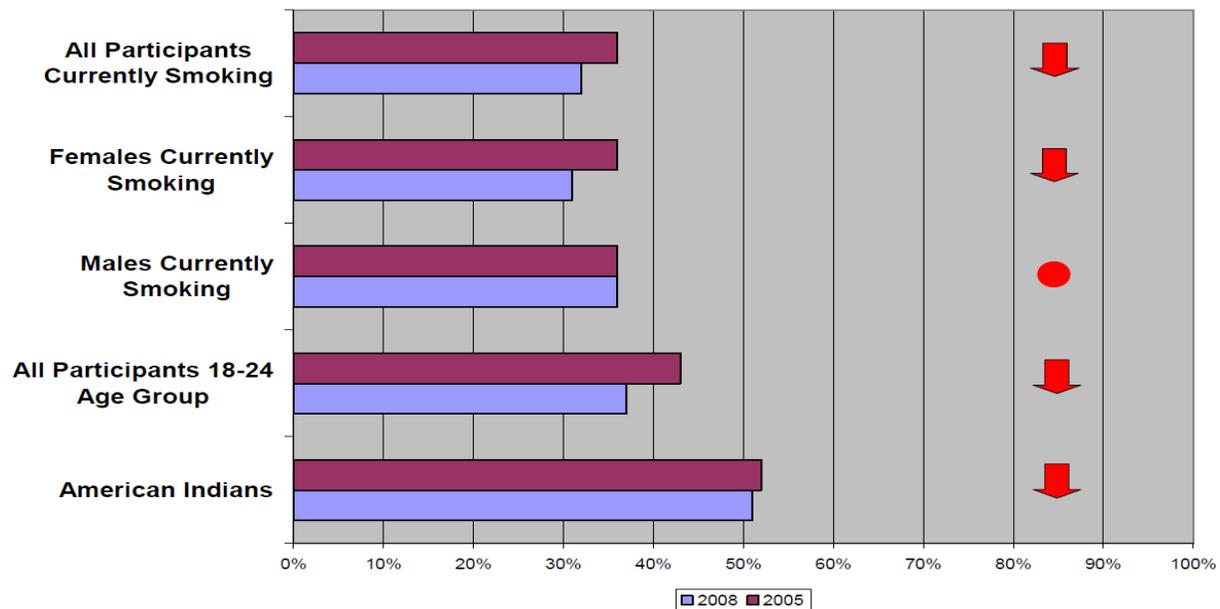
SD Department of Health: Smoking in South Dakota:

**Table 8
Respondents Who Currently Smoke Cigarettes, 2010**

	Total			Male			Female		
	# Resp.	%	95% CI	# Resp.	%	95% CI	# Resp.	%	95% CI
Total	6,695	15.4	(14.0-16.9)	2,644	17.1	(14.9-19.5)	4,051	13.7	(12.1-15.5)
Age									
18-24	210	24.1	(17.6-32.0)	102	26.5	(17.1-38.5)	108	21.5	(13.6-32.2)
25-34	578	19.2	(15.5-23.4)	241	22.5	(16.9-29.3)	337	15.7	(11.5-20.9)
35-44	779	13.8	(11.0-17.2)	308	15.2	(10.7-21.1)	471	12.3	(9.4-16.0)
45-54	1,288	16.5	(14.2-19.2)	548	16.3	(12.9-20.4)	740	16.8	(13.7-20.4)
55-64	1,458	14.3	(12.2-16.7)	613	16.1	(12.7-20.1)	845	12.5	(10.0-15.5)
65-74	1,165	9.8	(8.0-12.1)	467	10.0	(7.2-13.7)	698	9.7	(7.4-12.6)
75+	1,181	4.5	(3.3-6.1)	357	4.4	(2.5-7.6)	824	4.5	(3.1-6.6)
Race									
White	5,675	13.4	(12.0-14.9)	2,249	15.3	(13.1-17.9)	3,426	11.6	(10.0-13.3)
American Indian	776	51.1	(43.9-58.3)	298	54.1	(44.3-63.5)	478	48.5	(38.0-59.1)
Region									
Southeast	1,345	11.9	(9.7-14.5)	527	12.8	(9.3-17.5)	818	10.9	(8.6-13.8)
Northeast	1,438	13.2	(10.9-15.8)	563	15.5	(11.9-20.0)	875	11.0	(8.6-14.1)
Central	1,288	14.2	(10.7-18.6)	505	13.4	(9.5-18.6)	783	14.9	(9.7-22.3)
West	1,327	19.1	(15.9-22.7)	539	21.4	(16.5-27.1)	788	16.6	(12.8-21.2)
American Indian Counties	1,297	38.4	(33.5-43.5)	510	42.7	(35.0-50.8)	787	33.8	(28.5-39.5)
Household Income									
Less than \$15,000	654	31.7	(25.4-38.7)	228	34.5	(24.0-46.7)	426	29.1	(22.6-36.6)
\$15,000-\$19,999	420	32.5	(25.6-40.2)	151	37.9	(26.0-51.4)	269	27.8	(20.4-36.5)
\$20,000-\$24,999	562	25.3	(19.6-32.0)	216	24.9	(16.8-35.1)	346	25.6	(18.1-34.9)
\$25,000-\$34,999	771	23.9	(18.5-30.3)	335	29.1	(20.8-39.1)	436	17.1	(12.1-23.4)
\$35,000-\$49,999	1,005	15.1	(11.9-19.0)	424	15.6	(11.0-21.7)	581	14.6	(10.5-19.9)
\$50,000-\$74,999	1,023	8.6	(6.7-10.9)	438	9.4	(6.7-13.1)	585	7.7	(5.4-10.9)
\$75,000+	1,175	7.8	(5.7-10.4)	557	9.0	(5.9-13.5)	618	6.4	(4.3-9.4)
Education									
Less than High School	604	30.6	(24.0-38.0)	271	33.7	(24.6-44.3)	333	25.3	(18.0-34.2)
High School or G.E.D.	2,176	20.4	(17.5-23.6)	890	24.0	(19.4-29.3)	1,286	16.6	(13.5-20.1)
Some Post-High School	1,870	15.6	(13.2-18.4)	687	14.9	(11.5-19.1)	1,183	16.2	(12.9-20.1)
College Graduate	2,035	7.1	(5.7-8.7)	793	7.1	(5.1-9.8)	1,242	7.0	(5.2-9.3)
Marital Status									
Married/Unmarried Couple	4,034	11.1	(9.8-12.5)	1,728	12.3	(10.3-14.6)	2,306	9.9	(8.3-11.7)
Divorced/Separated	848	36.9	(32.1-42.1)	343	40.1	(32.0-48.7)	505	34.1	(28.7-40.0)
Widowed	1,061	10.1	(7.9-12.9)	165	10.5	(6.2-17.2)	896	10.1	(7.6-13.2)
Never Married	742	25.6	(20.5-31.5)	404	26.7	(19.8-34.9)	338	24.1	(17.1-32.9)
Children Status									
Children in Household	1,167	18.0	(15.1-21.2)	439	18.8	(14.6-23.8)	728	17.3	(13.6-21.7)
No Children in Household	399	20.9	(15.5-27.6)	211	26.1	(18.1-36.1)	188	12.6	(8.2-19.0)

Note: *Results based on sample sizes less than 100 have been suppressed.
Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2010

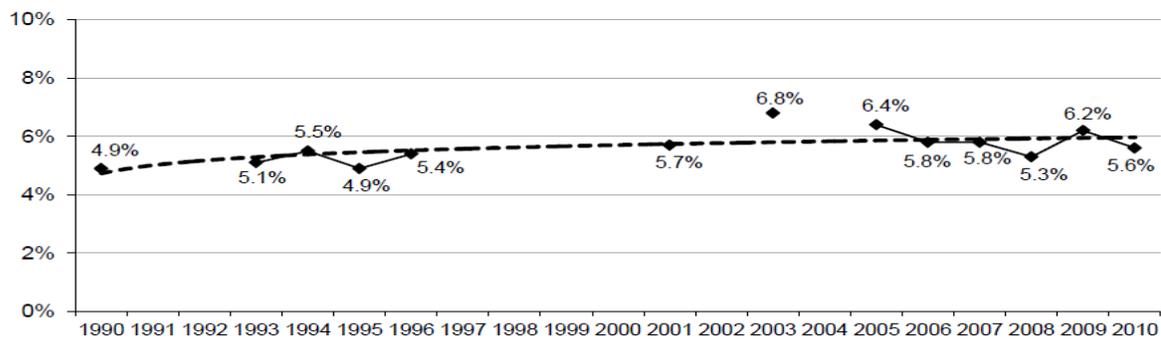
Cigarette Smoking



Trend Analysis

Overall, the percent of respondents who use smokeless tobacco has been increasing since the question was first asked in 1987. From 2008 to 2009 there was a sharp increase in smokeless tobacco use from 5.3 percent to 6.2 percent, respectively.

Figure 13
Percent of Respondents Who Use Smokeless Tobacco,
1990, 1993-1996, 2001, 2003, and 2005-2010



Source: The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 1990, 1993-1996, 2001, 2003, and 2005-2010

Demographics regarding smoking 2010:

Gender: Females are generally less likely to smoke.

Age: The prevalence of cigarette smoking generally decreases as age increases with the exception being the 45-54 age group.

Race: American Indians demonstrate a significantly higher prevalence of cigarette smoking than other racial groups in South Dakota. The Indian Health Service 2008 reports show that 51% of its patients age 18 through 64 smoke.

Region: American Indian reservation counties exhibit a higher prevalence of smoking.

Household Income: Cigarette smoking is negatively correlated with income in that the higher income groups are less likely to engage in smoking.

Education: The prevalence of cigarette smoking decreases as the education level increases. This includes a significant decrease at the college graduate level.

Marital Status: Individuals who are divorced or separated and those who never married demonstrate a very high prevalence of cigarette smoking.

Children Status: Homes with children present had only a 2% reduction in the rate of smokers in the home.

Smokeless Tobacco Use: The trend is towards greater use of smokeless tobacco.

Summary on Smoking in South Dakota: *Some of the populations served by Badlands Head Start: Prenatal to Five are high risk for the use of cigarettes. Native American populations have a significantly higher percentage of smokers. Lower education levels, unemployment and separated/divorced marital status all correlate with higher levels of smoking. Unfortunately, having children in the home does not appear to significantly affect the rate of smoking in the home. Numerous medical studies have concluded that both primary and secondary consumption of tobacco smoke increases an individual's risk for developing long-term illnesses – i.e. high blood pressure, heart attacks, strokes, diabetes, pulmonary diseases and cancer.*

SD Department of Health and 2012 Kids Count Health Indicators of Need:

Infant Mortality: The infant mortality rate for South Dakota is 7.0 deaths per 1,000 live births. BHS: P-5 counties have the following infant mortality rates per 1,000 live births within the 1st year of life: Corson 11.8; Perkins 0.0, Harding 0.0, Butte 10.2, Shannon 14.8, and Bennett 15.0.

Low Birth Weight Babies: South Dakota's average for low birth weight babies (less than 5.5 lbs.) is 6.8%. BHS: P-5 counties have the following low birth weight rates: Corson 6.0%; Perkins 3.0%, Harding LNE, Butte 4.0%, Shannon 6.0%, and Bennett 7.0%.

Child Deaths: (Ages 1-14): South Dakota's average for child deaths (Ages 1-14) per 100,000 is 21.4 deaths. BHS: P-5 counties have the following child death rates for this age group: Corson LNE; Perkins 0.0, Harding 0.0, Butte LNE, Shannon 65.6, and Bennett 106.2.

Births to Single Teens: South Dakota's births to single teens rate is 8.1%. BHS: P-5 counties have the following rates births to single teens: Corson 20.3%; Perkins 2.0%, Harding 0.0, Butte 6.7%, Shannon 23.0%, and Bennett 14.1%.

Teen Violent Deaths (Ages 15-19): The SD average for teen violent deaths per 100,000 ages 15 to 19 is 66.9. BHS: P-5 counties have the following teen violent death rates for this age group: Corson 552.8; Perkins 0.0, Harding 0.0, Butte LNE, Shannon 280, and Bennett 193.4.

Prenatal Care: The rate of South Dakota women receiving prenatal care during the 1st trimester is 69.4%. In the counties served by BHS: P-5, the rate of prenatal care is: Corson 48.7%, Perkins 66.4%, Harding 77.4%, Butte 77.2%, Shannon 51.6%, and Bennett 41.8%.

Immunization Rates: The immunization rate for 2 yr. old South Dakota children is 73.5%. Within the counties served by BHS: P-5, the immunization rates for 2 year olds are: Corson 73%; Perkins 85%; Harding 100%; Butte 74%; Shannon 75%; and Bennett 70%.

Health Insurance: Amongst South Dakota families whose family income is below 100% of poverty, approximately 13% lack health insurance coverage for their children.

Binge Alcohol Drinking for Youths: The 2011 SD Department of Education Youth at Risk survey shows that 26% of senior high youth engaged in binge drinking within the last 30 days. More specifically, 28% of South Dakota males and 24% of females in grades 9-12 engaged in binge drinking of alcohol in the last 30 days.

Illegal Drug Use by Youth: Another finding of the Youth at Risk survey was a decrease in the percentage of senior high students who ever used marijuana from 36.5% in 2005 to 33% in 2011. Also, approximately 3% of senior high youth (9th – 12th grades) use other illegal drugs – i.e. cocaine, heroine, meth, ecstasy, etc. – and 12% use inhalants.

Suicides: The percentage of South Dakota students who considered attempting suicide has remained steady at 18%. Unfortunately, 8% of respondents reported actually attempting suicide in the last 12 months.

SD Community Water Fluoridation:

The South Dakota Department of Health issued a report entitled “Snapshot of Oral health in South Dakota” for 2012. One of the elements of the report addresses the use of fluoride in the public water systems.

The report states, “Fluoridation is recognized as one of the ten greatest public health achievements of the 20th century and is a safe and cost-effective means of preventing tooth decay.” It also states that, “According to the Department of Environment and Natural Resources (DENR), nearly 90% of South Dakotan’s live in communities that fluoridate their drinking water. Municipalities larger than 500 residents are mandated to fluoridate the drinking water (EPA guidelines). South Dakota communities began fluoridating their drinking water supplies in the early 1970’s. Today, over 82% of those served by public water systems have optimal levels of fluoride (on average, one part per million). In 2002 the Aberdeen Area Indian Health Service, which serves South Dakota, North Dakota, Iowa, and Nebraska, began a water fluoridation initiative. As rural water systems expand their distribution lines, the number of tribally owned and operated public water systems continues to grow, more people get fluoridated water and the need for private wells diminishes. The goal of DENR is to have all areas connected to rural water systems by 2017.”

Fluoride Data from South Dakota DENR Community Annual Water Quality Reports

Community	Highest Level Detected	Range	Date Tested	Highest Level Allowed	Ideal Goal	Units
Perkins County	1.21	Not Available	2010	4	4	ppm
Buffalo	0.5	0.4 – 0.5	8/1/11	4	4	ppm
Belle Fourche	2.47	0.42 - 2.47	10/23/12	4	4	ppm
Kyle	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Pine Ridge	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Martin	1.74	0.35 – 1.74	10/1/12	4	4	ppm

The South Dakota Department of Environment and Natural Resources will test private wells for contaminants and fluoride at the request of the well owners. The cost of testing is paid by the submitting party.

Summary of Health Indicators of Need:

TREC Badlands Head Start: Prenatal to Five serves geographic areas that classify as medical, dental and mental health underserved areas. The criteria to be designated an underserved area are set forth by the Gravel Amendment. These criteria are: 1) a population of less than 1,000; 2) unavailability of preschools; 3) health professional shortage area status; and, 4) the community is in a location that by reason of remoteness does not permit access to medical services. Underserved areas for Early Head Start are: all of Harding County; all of Perkins County excluding the city of Lemmon; and, the eastern half of Butte County. Underserved areas for Head Start are: Western Corson County; Perkins County excluding the city of Lemmon; all of Harding County; and, Bennett County excluding the city of Martin. (Shannon County is served by the Indian Health Service.) This designation is important to BHS: P-5 as it allows the programs to enroll up to 50% of its families from the over income category once all income eligible families have been offered services.

According to Annie E. Casey Foundation's Kids Count Factbooks and the SD Department of Health website, the counties served by BHS: P-5's programs rate better than the South Dakota state average on a number of child health indicators despite being classified as medically, dentally and health professionally underserved areas.

There are some exceptions to the preceding statement. The exceptions are:

- *Higher infant mortality rates in Corson, Butte, Shannon and Bennett counties;*
- *Corson and Shannon counties have significantly more child deaths ages 1-14 per 100,000 than the state average;*
- *Corson (20.3), Shannon(23) and Bennett (14.1) counties have higher rates of births to single teens than South Dakota (8.1) as a whole;*
- *Corson (552.8), Shannon (280) and Bennett (193.4) counties have teen violent death rates that were well above the state average(66.9) with Corson County having an 826% higher rate of violent deaths to teens ages 15-19; and,*
- *Corson, Shannon and Bennett counties have significantly lower rates of women receiving adequate pre-natal care during their 1st trimester.*

In sum, the above health statistics offer a mixture of good and bad news for the counties served by BHS: P-5 programs.

The rates of births to single teen birth are of particular long-term concern as they have been shown to diminish the opportunities of both the child and the mother. The statistics show that Perkins, Harding and Butte counties rate average or better when compared to South Dakota (8.1%) as a whole for the number of births to single teens. Corson (20.3%), Shannon (23%) and Bennett (14.1%) counties continue to have significantly higher rates of births to single teens. Single teen birth rates indicate a high need for EHS and HS services in these three BHS: P-5 counties as well as a need for economic intervention that provides young people with hope for a better future if they delay having children.

Statewide statistics regarding: 1) health insurance for low-income families; 2) binge drinking of alcohol by youth; 3) illegal drug and tobacco use by youth; and, 4) suicides by all ages also raise health related concerns for South Dakota. Statistics for specific BHS: P-5 counties were

not analyzed in these areas of concern but it is safe to assume that these concerns do apply to all BHS: P-5 counties given the economic factors discussed in this community assessment.

Families with income below 100% of the poverty level are less likely to have health insurance than other South Dakota families. The 2012 Kids Count Factbook states that 13% of families at or below 100% of poverty have no health insurance. “Qualifying” for Medicaid and “enrolling” in the Medicaid program are not the same due to such factors as individual shame, community pressure, resistance to being identified as economically poor, etc.

Many South Dakota youth and young adults are likely to engage in binge drinking of alcohol – i.e. 28% of males and 24% of females in 9th through 12th grades have had 5 or more alcoholic drinks within 2 hours in the last 30 days. The percentage of South Dakota youth (9th – 12th grades) reporting that they have smoked marijuana has decreased from 36.5% (2005) to 33% (2011). Approximately 3% of South Dakota youth also use illegal drugs other than inhalants. Lastly, almost 25% of young adults between the ages of 18-24 smoke tobacco products. This is a higher rate than any other age group. (Fortunately, prevention funding, which used to be directed primarily at the 3% who abuse illegal hard drugs and inhalants, is now being directed at those youth who abuse alcohol and use tobacco. These changing priorities are likely a reflection of a gradual change in parental attitudes around the abuse of alcohol and tobacco versus illegal drugs.)

National statistics regarding suicide are frightening. In 2009, there were more than 4,630 fatal suicides in the U.S. among youth and young adults (ages 10-24). In South Dakota, 18% of youth and young adults consider committing suicide and 8% actually attempt suicide. Depending on the age group, this translates into national suicide rates of 1.3 (ages 10-14), 7.8 (ages 15-19) and 12.5 (ages 20-24) per 100,000. Males take their lives at 4 times the rate of females because they tend to use more violent means – i.e. firearms. For youth and young adults ages 15-24, suicide is the third highest cause of deaths behind homicides (#2) and accidents (#1). Native American/Alaskan Native youth have the highest rate of successful suicides with 17.4 per 100,000. Caucasian youth are the next highest with 7.5 per 100,000. It is estimated that for every successful suicide, there are 25 suicide attempts. These statistics are cause for alarm.

Many of the factors discussed in this community assessment have been shown to contribute to suicide attempts amongst youth and young adults. These factors, which contribute to teen and young adult suicide attempts as well as the other negative behaviors discussed herein, include:

- Divorce of parents.*
- Violence in the home.*
- Inability to find success at school.*
- Feelings of worthlessness.*
- Rejection by friends or peers.*
- Substance abuse.*
- Death of someone close to the teenager/young adult.*
- The suicide of a friend or someone he or she "knows" online.*

While Head Start: Prenatal to Five programs provide opportunities for children to develop the skills and knowledge that support success throughout life, efforts to address these factors will also increase children’s success rates.

Nutritional Indicators of Need:

Participation in Free and Reduced Price School Lunch Programs:

The University of South Dakota Kids Count Factbook shows the following levels of participation by the enrolled population in the free or reduced cost school lunch programs within the counties served by BHS: P-5:

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
SD	37%	44%	41%	41%	41%
Corson	88%	87%	86%	87%	88%
Perkins	46%	45%	48%	47%	50%
Harding	47%	56%	50%	40%	37%
Butte	38%	41%	48%	48%	46%
Shannon	92%	91.0%	92%	90%	79%
Bennett	79%	79%	81%	82%	80%

Participation in these programs is indicative of both family economics and the theory that participating children would not receive adequate nutrition during the school day if the families had to pay full price for the school lunches.

School Height and Weight Report for SD Students: SD Dept. of Health:

Underweight Children

Children falling below the 5th percentile in BMI-for-age, when compared to children of the same gender and age, are considered underweight. The conditions contributing to a low BMI are inadequate dietary intake, failure to thrive, chronic and infectious diseases, and variations within a population. Please note that even though BMI is an effective screening tool used to identify individuals who are underweight or overweight, it is not a diagnostic tool. For example, a relatively heavy child may have a high BMI for his or her age. Healthcare providers must make further assessments to determine whether the child has excess fat or is truly obese. This may include triceps skin fold measurements, assessments of diet, health, and physical activity. The following table indicates that South Dakota and BHS: P-5 counties had less than the expected number of children below the 5th percentile for preschool children. On average, preschool children in South Dakota are not considered to be underweight when compared to their peers.

January 1, 2008 to December 31, 2008 Records for Children Birth to 5:

County	Number of Students	Body Mass Index =< 5th Percentile
Corson	Insufficient data	-
Perkins	113	4.4%
Harding	Insufficient data	-
Butte	361	3.6%
Shannon	1,467	2.2%
Bennett	206	1.9%
Statewide	21,386	3.0%
United States		4.5%

Source: South Dakota Department of Health

Overweight Children

The SD Department of Health used BMI-for-age as the criteria for determining if a child was obese. If a child's BMI-for-age is above the 95th percentile in the CDC reference population of children matched for age and gender, the child is considered to be obese. The following table provides the BMI-for-age statistics for the South Dakota counties served by BHS: P-5. These data show the percentage of obese children age birth to five years old. The statistics provide evidence that Badlands Head Start: Prenatal to Five enrolled families could benefit by nutritional education and access to healthier food choices.

January 1, 2008 to December 31, 2008 Records for Children Birth to 5:

County	Number of Students	Body Mass Index => 95 th Percentile
Corson	Insufficient data	-
Perkins	113	14.2%
Harding	Insufficient data	-
Butte	361	10.0%
Shannon	1,467	21.5%
Bennett	206	21.8%
Statewide	21,386	14.7%
United States		13.9%

Source: South Dakota Department of Health

Supplemental Nutrition Assistance Program Use in South Dakota:

	FY2010	FY2011	FY2012
Households	38,327	42,923	44,936
Recipients	91,507	100,782	103,717
Aver. \$/Month/Recipient	\$134	\$133	\$133

According to USDA studies, only 64% of individuals eligible for food stamp assistance and 62% of the working poor participate in the program. Per USDA statistics, Shannon County leads the nation in percentage of residents using the SNAP program and Corson County usage is 75th of all US counties. This reliance on food stamps demonstrates that many BHS: P-5 enrolled families struggle to economically provide adequate nutrition for their members.

WIC (Women, Infants, and Children) Program Participation in South Dakota:

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
SD	22,609	22,962	22,778	22,583	22,153

<http://www.fns.usda.gov/pd/26wifypart.htm>

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. WIC provides nutritious foods (primarily through retail grocery stores), nutrition counseling, and referrals to health care and social services. WIC serves low-income pregnant, postpartum and breastfeeding women, infants and children up to age 5 who are at nutritional risk. Nationally, nearly 9 million people get WIC benefits each month.

Summary of Nutritional Indicators of Need:

Many children from South Dakota families participate in the USDA free and reduced price school lunch program. This program is based on the theory that the participating children, who qualify based on their family's income, would not receive adequate nutrition for optimizing learning during the school day if the families had to pay full price for the school lunches. Except for Harding County, participation in this program has remained relatively constant over the past 5 years within those counties served by BHS: P-5. Because of economic factors identified previously, Corson, Shannon and Bennett counties have the highest levels of participation in the free and reduced price school lunch program.

To summarize weight as an indicator of nutritional health, preschool children in the counties served by BHS: P-5 are not underweight when compared to the national averages. The same is true for being identified as overweight except for those children in Shannon and Bennett counties. A high percentage of children in these counties are above the 95% percentile target which classifies them as being overweight. These statistics can be seen as an indicator of diets that are based on the "cheaper" high carbohydrate, high fat and high sugar content foods which often comprise a higher proportion of the diet for low-income families. When a family lives on minimal economic resources, it is more likely to produce overweight children than underweight children because it consumes cheaper but nutritionally poor quality food.

Many South Dakota families need assistance from governmental programs to adequately provide for the nutritional needs of family members. In the counties served by Badlands Head Start: Prenatal to Five, 41% to over 90% of the children enrolled in public schools participate in the federally funded free or reduced price school lunch program. While South Dakota school age children are within the national average for being underweight, Shannon and Bennett county school age children are at higher risk of being overweight or obese. While starvation is not an issue for most South Dakota children, many South Dakota residents receive SNAP benefits, Commodities or WIC products in order to get adequate nutrition for their families – i.e. Shannon County leads the nation in percentage of residents using the SNAP (food stamp) program.

Social Service Indicators of Need:**Affordable Housing and Homelessness:**

Per Federal definition, the term “homeless” or “homeless individual” includes: 1) an individual who lacks a fixed, regular, and adequate nighttime residence; and, 2) an individual who has a primary nighttime residence that is either: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; b) an institution that provides a temporary residence for individuals intended to be institutionalized; or, c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Typically, homelessness is a temporary condition. (Obtaining adequate and affordable housing is often more of an issue than actual homelessness in BHS: P-5’s counties.)

Homelessness in South Dakota - SD Homeless Coalition Annual Count:**South Dakota Homeless Count:**

	2009	2010	2011	2012
Total individuals surveyed	578	714	597	463
Total homeless counted	727	568	479	367
Total children counted	429	446	377	336
TOTAL:	1,734	1,728	1,453	1,166

South Dakota Homeless Count by Race:

Homeless By Race	2010	2011
White	40%	48%
Native American	42%	39%
Hispanic	3%	3%
African American	5%	6%
Other	2%	2%
No Response	8%	2%
TOTAL:	100%	100%

South Dakota Homeless by Family Breakdown:

Family Breakdown	2010		2011	
	Count	Percentage	Count	Percentage
Single Parent Families	112	16	91	15
Married Couple/No Children	36	5	16	3
Married Couple/With Children	31	4	33	6
Individuals	529	74	451	75
No Response	6	1	6	1
TOTAL:	714	100	597	100

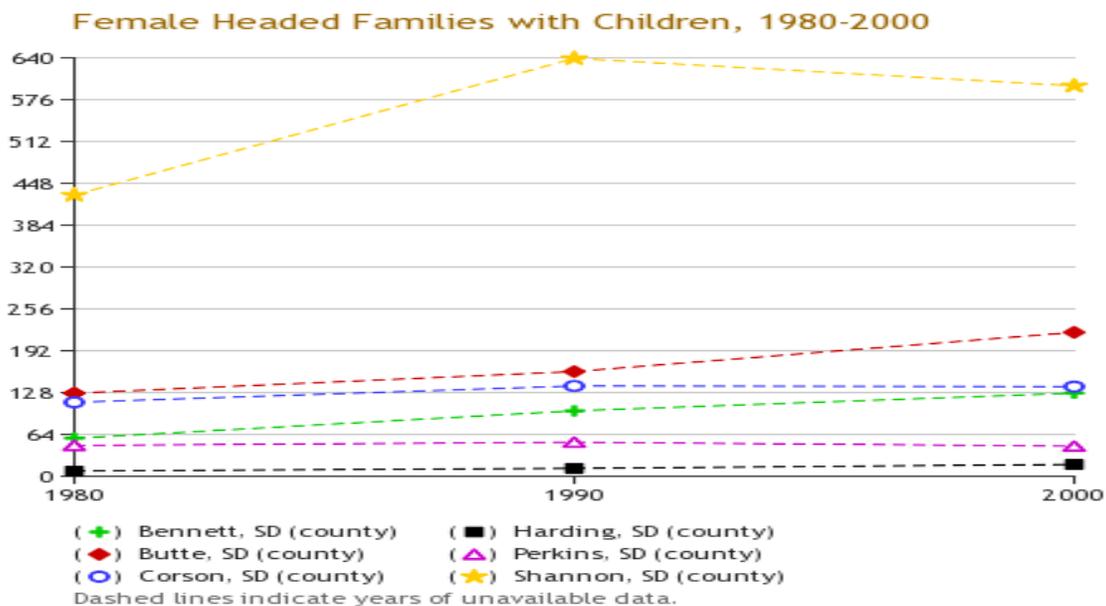
Child Abuse and Neglect:

During 2011, Initial Family Assessments were completed and terminated by the South Dakota Department of Social Services for 6,111 (6,421) children during state fiscal year 2011 (2012). Of the children for whom an Initial Family Assessment was completed and substantiated abuse was determined to exist, there were safety concerns for 1,294 children. Statistics on terminated Initial Family Assessments, where substantiated abuse was determined to exist, show the following breakdown by type of abuse or neglect:

Type of Finding	Number
Physical Abuse	159/142
Sexual Abuse	38/42
Physical Neglect	1,671/1,529
Emotional Maltreatment	10/20

2011 South Dakota Department of Social Services Annual Report

Female Headed Families with Children:



Grandparents As Caregivers:

County	Number Grandparents Living in Same Home with Grandchildren Under 18	Number & % Responsible for Grandchildren
SD	10,843	6,114 or 56.4%
Corson	196	149 or 76%
Perkins	26	13 or 50%
Harding	0	0 or 0%
Butte	155	56 or 36.1%
Shannon	1,349	901 or 66.8%
Bennett	246	159 or 64.6%

2010 Census

Crime in South Dakota:

Group A Offenses	Number of Offenses
09A - Murder & Non-Negligent Manslaughter	15
09B - Negligent Manslaughter	1
09C - Justifiable Homicide	4
11A - Forcible Rape	386
11B - Forcible Sodomy	22
11C - Sexual Assault With An Object	9
11D - Forcible Fondling	306
13A - Aggravated Assault	1,015
13B - Simple Assault	6,334
13C - Intimidation	477
23A - Pocket-picking	40
23B - Purse-snatching	23
23C - Shoplifting	2,451
23D - Theft From Building	1,360
23E - Theft From Coin-Operated Machine or Device	24
23F - Theft From Motor Vehicle	2,232
23G - Theft of Motor Vehicle Parts or Accessories	164
23H - All Other Larceny	4,613
26A - False Pretenses/Swindle/Confidence Game	598
26B - Credit Card/Automatic Teller Machine Fraud	421
26C - Impersonation	467
26D - Welfare Fraud	3
26E - Wire Fraud	18
35A - Drug/Narcotic Violations	3,786
35B - Drug Equipment Violations	2,291
36A - Incest	21
36B - Statutory Rape	137
39A - Betting/Wagering	5
39B - Operating/Promoting/Assisting Gambling	-
39C - Gambling Equipment Violations	2
39D - Sports Tampering	-
40A - Prostitution	21
40B - Assisting or Promoting Prostitution	9
100 - Kidnapping/Abduction	54
120 - Robbery	163
200 - Arson	109
210 - Extortion/Blackmail	1
220 - Burglary/Breaking & Entering	2,566
240 - Motor Vehicle Theft	787
250 - Counterfeiting/Forgery	515
270 - Embezzlement	153
280 - Stolen Property Offenses	153
290 - Destruction/Damage/Vandalism of Property	5,038
370 - Pornography/Obscene Material	151
510 - Bribery	3
520 - Weapon Law Violations	254
Total	37,202

Types and Numbers of Crime in South Dakota:

Year	Population	Violent	Property	Murder	Forced Rape	Robbery	Aggravated Assault	Burglary	Larceny	Vehicle Theft
2002	760,437	1,350	15,992	11	361	117	861	3,034	12,139	819
2003	764,905	1,329	15,324	10	356	104	859	2,878	11,572	874
2004	770,621	1,319	14,885	17	336	112	854	3,148	10,890	847
2005	774,883	1,387	13,694	18	377	145	847	2,505	10,350	839
2006	781,919	1,370	12,664	9	366	119	876	2,605	9,296	718
2007	796,214	1,347	13,347	17	308	112	910	2,378	10,043	735
2008	804,194	1,620	13,234	26	432	120	1,042	2,430	10,004	800
2009	812,383	1,777	14,378	30	501	117	1,129	2,621	10,891	866
2010	816,598	2,196	15,188	23	385	154	1,634	3,192	11,196	800
2011	824,082	2,094	14,979	21	496	167	1,410	2,899	11,134	946

<http://www.disastercenter.com/crime/sdcrime.htm>

Crime in South Dakota Indexed to all Other States and DC:

Year	Population	Violent	Property	Murder	Forced Rape	Robbery	Aggravated Assault	Burglary	Larceny	Vehicle Theft
2005	46	47	51	41	4	47	47	49	51	48
2006	46	47	51	50	9	49	47	49	51	51
2007	46	47	51	42	13	49	47	51	51	51
2008	46	47	51	35	3	49	47	51	51	49
2009	No ranking data available									
2010	No ranking data available									
2011	No ranking data available									

**51 is the lowest ranking*

<http://www.disastercenter.com/crime/sdcrime.htm>

Alcohol Related Arrests in South Dakota:

	Number of All Arrests	Alcohol Related Arrests	Percent Of Total Arrests	DUI Arrests	Liquor Law Violations	Drunkenness	Disorderly Conduct	Vagrancy
2008	27,721	13,867	50.02%	6,190	5,745	53	1,746	133
2009	No data found							
2010	No data found							
2011	No data found							

FBI Uniform Crime Reporting Program at <http://www.fbi.gov/stats-services/crimestats>

Summary of Social Service Indicators of Need:

It is difficult to get an accurate measure of the number of homeless people in South Dakota. Firstly, there is debate on how to define homeless. For example, if two or more families elect to live in the same dwelling, are the additional families considered homeless? The reclusive nature of many homeless, their mobility and their personal shame also make it difficult to get an accurate count of the homeless. In addition, some social groups place a high degree of personal blame on those who are homeless. Never-the-less, the South Dakota Homeless Coalition continues to gather data on the size of the state's homeless population. For many reasons, the completeness of the "homeless count" is certainly open to. It is clear that female headed single parent families and racial minorities compose a disproportionate number amongst the homeless when compared to their percentage of South Dakota's population.

A lack of adequate and affordable housing and the limited scale of housing assistance programs, in combination with low-income levels, high unemployment levels and addictive behaviors, are the primary causes of homelessness. The growing gap between the number of affordable housing units and the number of people needing them has created a housing crisis for economically depressed people. This crisis is evident in the counties served by Badlands Head Start: Prenatal to Five programs, especially in reservation counties.

The level of child abuse and neglect is a social service indicator of need. According to US Census Bureau estimates, South Dakota had 814,180 residents with 202,793 under age 18 in 2010. The SD Department of Social Services reported safety concerns for 1,294 children during its 2011 operating year. Concern for physical neglect was the most common finding followed by physical abuse.

The rates of female headed families with children have dramatically increased in Shannon County since 1980. Correspondingly, Shannon County has the largest number and percentage of grandparents living in the home with their grandchildren and being responsible for their care.

With regards to crime per 100,000 residents, South Dakota ranks as the 47th to 51st safest state depending on the category of crime. The exceptions to this statement are the murder and the forcible rape categories. During 2008, the most recent year with ranking available, there were 26 murders in South Dakota. This ranked the state at 41st of 51 states and Washington, DC. There were 21 murders in 2011. With regards to forcible rapes in 2008, South Dakota ranked as the 3rd highest of all 51 states and Washington, DC. In almost every category, crime rates in South Dakota have been rising since 2008.

Finally, South Dakota law enforcement made 27,721 arrests in 2008. Of this total, 13,867 were alcohol related arrests. In other words, 50% of South Dakota law enforcement arrests were alcohol related. When you combine this total with the self-reported statistics taken from the Youth at Risk Survey (see health section) which show that 26% of senior high youth engaged in binge drinking within the last 30 days, one begins to get a clearer picture of the consequences of alcohol abuse over time and how adolescence is the time to intervene. The abuse of alcohol results in a large expenditure of resources by South Dakota law enforcement personnel.

SUMMARY OF MAJOR ISSUES & TRENDS

Issues and Trends in Statistical Data for South Dakota:

- SD's population has increased by 59,336 (78,510) (7.9%) (10.4%) from 2000 to 2010 (2012).
- In 2010 (2012), there were 59,621 (59,202) children under age 5.
 - From 2000 to 2010 (2012), the number of children under age 5 increased from 51,069 to 59,621 (59,202) which is a 16.7% (15.9%) increase.
- The percentage of total SD residents that describe themselves as Native American has increased from 62,283 (2000) to 71,817 (2010) which is a 15.3% increase.
- The percentage of total SD residents that describe themselves as Hispanic/Latino of any race has increased from 10,903 (2000) to 22,119 (2010) which is a 102.9% increase.
- The public school districts served by BHS: P-5 with the highest percentages of children with disabilities/special needs (2 points or more above state average of 14.0%) are:
 - McLaughlin (Corson) 18.9% 79 Students
 - Smee (Corson) 26.3% 52 Students
 - Belle Fourche (Butte) 16.8% 230 Students
 - Newell (Butte) 17.3% 61 Students
 - Shannon (Bennett) 20.3% 284 Students
- In 2010, 19.1% of SD children under age 18 (38,736) lived below the federal poverty level.
 - Corson = 54.1%
 - Perkins = 23.7%
 - Harding = 28.5%
 - Butte = 22.5%
 - Shannon = 48.9%
 - Bennett = 46.8%
- Over 25% of South Dakota children under age 5 (14,957) live in economic poverty.
- Approximately 16,000 of these children under age 18 living in poverty are American Indian.
 - An increasing percentage of children under age 5 live on tribal reservations.
- Over 39% of single parent, female headed households with children under age 18 live below the federal poverty level.
- Some 53% of single-parent, female headed households with children under age 5 live below the federal poverty level.
- South Dakota has the highest percentage amongst all 50 states, of women with children, who also work outside the home to provide family income.
 - With children under 6 **only**: 77.5% versus 63.5% for US
 - With children under 6 **and** 6-17: 75.4% versus 60.0% for US
 - With children 6-17 **only**: 85.8% versus 75.0% for US
- Corson, Shannon and Bennett counties have much higher TANF family participation rates than the other BHS: P-5 counties.
- The number of female headed single parent households in SD increased dramatically from 1980 through 2010 in Shannon (430 to 583) and Bennett (58 to 175) counties.
- A large number of South Dakota grandparents live in the same home as their grandchildren under age 18 and are responsible for their care.

2013-14 TREC Community Assessment with updates

- All counties served by BHS: P-5 have suffered economically from an extended drought for 12 years. (This cycle offered some relief from 2008 through 2010 before returning.)
- The higher the poverty level in the county, the more likely children will drop out of high school. (This can be offset by efforts to support those students most likely to drop out.)
- According to the South Dakota Department of Health, all BHS: P-5 counties are medical, dental and mental health professional underserved areas except for the areas close to a city of over 1,000 residents – i.e. Lemmon and Martin.
 - The Department of Health appears to ignore the existence of the IHS.
- Cigarette smoking rates are highest among low income groups and males.
 - The 18-24 year old age group has the highest rates of usage.
 - There is significantly higher usage of smoking products amongst Native Americans.
 - Divorced, separated and never married individuals have the highest smoking rates.
- Two BHS: P-5 counties rate as average or below for infant mortality compared to South Dakota's statewide average of 7.0 infant deaths per 1,000 live births.
 - Corson (11.8), Butte (10.2), Shannon (14.8) and Bennett (15.0) rank higher.
- BHS: P-5 counties rate near or below the state average (6.8%) for low birth weight babies.
- Perkins, Harding, Butte and Bennett counties rate as average for South Dakota (21.4) in the rates of child deaths (age 1–14 yrs.) per 100,000. Shannon (65.6) and Bennett (106.2) counties continue to rate significantly worse than the state average.
- Perkins, Harding, and Butte counties rate average or lower when compared to South Dakota (8.1%) as a whole for the number of births to single teens. Corson (20.3%), Shannon (23.0%) and Bennett (14.1%) continue to have higher rates of births to single teens.
- The South Dakota average for teen violent deaths per 100,000 ages 15 to 19 is 67. Perkins, Harding and Butte counties were all below the state average but Corson (553), Shannon (280), and Bennett (193) were greatly above the state average.
- The rate of South Dakota women receiving prenatal care during their 1st trimester is 69.4%. The rates of women receiving prenatal care in the counties served by BHS: P-5 programs are average for Perkins, Harding and Butte counties. Corson (48.7%), Perkins, Shannon (51.6%) and Bennett (41.8%) counties continue to rate significantly below the state average.
- Approximately 13% of families living below 100% of poverty lack child health insurance.
- Statistics show that 26% of SD senior high youths engage in binge drinking of alcohol.
 - 28% of males and 24% of females engaged in binge drinking within the last 30 days.
- From 2005 to 2011 the percentage of students who ever used marijuana decreased 2.5%.
- The percentage of students who ever considered attempting suicide remains steady at 18%.
- Approximately 41% of SD students participate in the free or reduced price school lunches.
- Approximately 14.7% of South Dakota preschool age children are rated as obese.
- The number of eligible SD households receiving SNAP benefits continues to increase.
- In 2012, some 22,153 SD households participated in the WIC program.
- In South Dakota, 39% of homeless families are headed by Native Americans.
- Of the 6,111 children for whom a DSS Initial Family Assessment was completed (2011), 1,294 were found to have substantiated abuse with physical neglect being the largest group.
- Overall statistics, which may not accurately measure specific geographic areas, show that crime rates in South Dakota, as a whole, are very low when compared to the other states except for the categories of murders (35th of 51) and forcible rapes (3rd of 51) in the nation.
- Over 50% of South Dakota law enforcement arrests are alcohol related.

Issues and Trends in Statistical Data by BHS: P-5 County Served:

Corson: (Native American Reservation thus accuracy of US Census data is questioned)

- 2000 (4,181) to 2010 (4,050) (2012) (4,077), Corson Cty's pop. decreased 3.1% (2.49%)
- Above state average for percentage of population under age 5
 - Corson = 10.1% versus SD = 7.3%
 - Number of children under age 5: 2000 (379) to 2010 (408) 2012 (357)
- Median age is 29.1 years whereas median age for South Dakota is 36.9
- Above state average for percentage of American Indian or Alaskan Native residents
 - Corson has 67% AIAN versus the SD average is 8.8% AIAN
- Above state averages for household and family size
 - Corson average household size = 3.2 versus SD = 2.4
 - Corson average family size = 3.7 versus SD = 3.0
- Below state average in owner occupied housing: Corson = 55.9% versus SD = 68.1%
- Below the state average in percentage of population that are high school graduates or higher
 - Corson = 84.3% versus SD = 89.8%
- Above state average for percentage of disabled population ages 21 to 64
 - Corson = 22.8% versus SD = 15.6%
- Below state average for percentage of population over age 16 that is in the labor force
 - Corson = 54.6% versus SD = 69.5%
- Median household income is 59.4% of the state average
 - Corson = \$28,506 versus SD = \$48,010
- Median family income is 61.8% of the state average
 - Corson = \$37,946 versus SD = \$61,412
- Significantly higher than the state average for percentage of families with income below the federal poverty level: Corson = 26.4% versus SD = 8.8%
- Significantly higher than the state average for percentage of individuals with income below the federal poverty level: Corson = 38.8% versus SD = 13.8%
- There are 149 households where a grandparent is responsible for the children
- Very low population density when compared to the state average
 - Corson = 1.64 persons per square mile versus SD = 10.73 persons per square mile
- 156 school age children are identified as having special needs (No BIA schools reporting)
- Above SD average of children under age 18 living in economic poverty
 - Corson = 54.1% (758 children) versus SD = 19.4%
- High level of TANF recipients and 49.8% of households receiving SNAP benefits
- Corson (8.3% & 9.8%) is above the SD average (2%) for percentage of high school dropouts
- Medical, dental and mental health services/professional underserved county
- Infant mortality worse than state average: Corson = 11.8 vs. SD = 7.0 deaths/1,000 live births
- Percentage of births to single teens is above state average: Corson = 20.3% and SD = 8.1%
- Rates worse than state average for percentage of teen violent deaths (Ages 15-19)
 - Corson = 553 versus SD = 67 teen violent deaths per 100,000 population
- Significantly lower rates of women receiving adequate prenatal care during the 1st trimester when compared to the state average: Corson = 48.7% versus SD = 69.4%
- Schools report a high rate of children participating in the reduced or free school lunch program: Corson = 88% versus SD = 41%

Issues and Trends Identified in Statistical Data by BHS: P-5 County Served:

Perkins:

- 2000 (3,363) to 2010 (2,982) (2012) (3,037) Perkins Cty's pop. decreased 11.33% (9.69%)
- Below state average for percentage of population under age 5
 - Perkins = 5.4% versus SD = 7.3%
 - Number of children under age 5: 2000 (195) to 2010 (160) 2012 (153)
- Median age is 47.3 years whereas median age for South Dakota is 36.9
- Above state average for percentage of Caucasian residents
 - Perkins has 96.9% Caucasians versus the SD average is 85.9% Caucasian
- Below state averages for household and family size
 - Perkins average household size = 2.3 versus SD = 2.4
 - Perkins average family size = 2.9 versus SD = 3.0
- Above state average in owner occupied housing: Perkins = 74.8% versus SD = 68.1%
- Below the state average in percentage of population that are high school graduates or higher
 - Perkins = 87.4% versus SD = 89.8%
- Below state average for percentage of disabled population ages 21 to 64
 - Perkins = 12.4% versus SD = 15.6%
- Below state average for percentage of population over age 16 that is in the labor force
 - Perkins = 54.6% versus SD = 69.5%
- Median household income is 75.1% of the state average:
 - Perkins = \$36,042 versus SD = \$48,010
- Median family income is 85.3% of the state average:
 - Perkins = \$52,400 versus SD = \$61,412
- Somewhat lower than the state average for percentage of families with income below the federal poverty level: Perkins = 7.5% versus SD = 8.8%
- Equivalent to the state average for percentage of individuals with income below the federal poverty level: Perkins = 13.5% versus SD = 13.8%
- There are 13 households where a grandparent is responsible for the children
- Very, very low population density when compared to the state average
 - Perkins = 1.04 persons per square mile versus SD = 10.73 persons per square mile
- 55 school age children are identified as having special needs
- Above SD average of children under age 18 living in economic poverty
 - Perkins = 23.7% (172 children) versus SD = 19.4%
- Low level of TANF recipients and 7.3% of households receiving SNAP benefits
- Perkins (1.4%) is below the SD average (2%) for percentage of high school dropouts
- Medical, dental and mental health services/professional underserved county except Lemmon
- Infant mortality better than state average: Perkins = 0.0 vs. SD = 7.0 deaths/1,000 live births
- Percentage of births to single teens is below state average: Perkins = 2.0% and SD = 8.1%
- Rates lower than state average for percentage of teen violent deaths (Ages 15-19)
 - Perkins = 0.0 versus SD = 67 teen violent deaths per 100,000 population
- Slightly lower rates of women receiving adequate prenatal care during the 1st trimester when compared to the state average: Perkins = 66.4% versus SD = 69.4%
- Schools report a high rate of children participating in the reduced or free school lunch program than the state average: Perkins = 50% versus SD = 41%

Issues and Trends Identified in Statistical Data by BHS: P-5 County Served:

Harding:

- 2000 (1,353) to 2010 (1,255) (2012) (1,316) Harding Cty's pop. decreased by 7.2% (2.74%)
- Below state average for percentage of population under age 5
 - Harding = 5.2% versus SD = 7.3%
 - Increasing number of children under age 5: 2000 (57) to 2010 (65) 2012 (85)
- Median age is 43.3 years whereas median age for South Dakota is 36.9
- Above state average for percentage of Caucasian residents
 - Harding has 95.6% Caucasians versus the SD average is 85.9% Caucasian
- Near state averages for household and family size
 - Harding average household size = 2.3 versus SD = 2.4
 - Harding average family size = 2.9 versus SD = 3.0
- Above state average in owner occupied housing: Harding = 73.5% versus SD = 68.1%
- Near the state average in percentage of population that are high school graduates or higher
 - Harding = 88.0% versus SD = 89.8%
- Below state average for percentage of disabled population ages 21 to 64
 - Harding = 11.0% versus SD = 15.6%
- Below state average for percentage of population over age 16 that is in the labor force
 - Harding = 67.2% versus SD = 69.5%
- Median household income is 97.5% of the state average:
 - Harding = \$46,797 versus SD = \$48,010
- Median family income is 93.2% of the state average:
 - Harding = \$57,250 versus SD = \$61,412
- Somewhat higher than the state average for percentage of families with income below the federal poverty level: Harding = 10.3% versus SD = 8.8%
- Lower than the state average for percentage of individuals with income below the federal poverty level: Harding = 12.8% versus SD = 13.8%
- There are no households where a grandparent is responsible for the children
- Very, very low population density when compared to the state average
 - Harding = 0.47 persons per square mile versus SD = 10.73 persons per square mile
- 21 school age children are identified as having special needs
- Above SD average of children under age 18 living in economic poverty
 - Harding = 28.5% (77 children) versus SD = 19.4%
- Low level of TANF recipients and 3.3% of households receiving SNAP benefits
- Harding (3.3%) is above the SD average (2%) for percentage of high school dropouts
- Medical, dental and mental health services/professional underserved county
- Infant mortality better than state average: Harding = 0.0 vs. SD = 7.0 deaths/1,000 live births
- Percentage of births to single teens is below state average: Harding = 0.0% and SD = 8.1%
- Rates lower than state average for percentage of teen violent deaths (Ages 15-19)
 - Harding = 0.0 versus SD = 67 teen violent deaths per 100,000 population
- Higher rates of women receiving adequate prenatal care during the 1st trimester when compared to the state average: Harding = 77.4% versus SD = 69.4%
- Schools report a lower rate of children participating in the reduced or free school lunch program than the state average: Harding = 37% versus SD = 41%

Issues and Trends Identified in Statistical Data by BHS: P-5 County Served:

Butte:

- 2000 (9,094) to 2010 (10,110) (2012) (10,228) Butte Cty's pop. increased 11.2% (12.47%)
- Above state average for percentage of population under age 5
 - Butte = 7.5% versus SD = 7.3%
 - Increased number of children under age 5: 2000 (555) to 2010 (686) 2012 (681)
- Median age is 41.1 years whereas median age for South Dakota is 36.9
- Above state average for percentage of Caucasian residents
 - Butte has 94.2% Caucasians versus the SD average is 85.9% Caucasian
- Near state averages for household and family size
 - Butte average household size = 2.4 versus SD = 2.4
 - Butte average family size = 2.9 versus SD = 3.0
- Above state average in owner occupied housing: Butte = 72.5% versus SD = 68.1%
- Near the state average in percentage of population that are high school graduates or higher
 - Butte = 86.5% versus SD = 89.8%
- Above state average for percentage of disabled population ages 21 to 64
 - Butte = 23.4% versus SD = 15.6%
- Below state average for percentage of population over age 16 that is in the labor force
 - Butte = 65.2% versus SD = 69.5%
- Median household income is 85.7% of the state average:
 - Butte = \$41,145 versus SD = \$48,010
- Median family income is 86.9% of the state average:
 - Butte = \$53,377 versus SD = \$61,412
- Higher than the state average for percentage of families with income below the federal poverty level: Butte = 12.7% versus SD = 8.8%
- Higher than the state average for percentage of individuals with income below the federal poverty level: Butte = 15.0% versus SD = 13.8%
- There are 56 households where a grandparent is responsible for the children
- Low population density when compared to the state average
 - Butte = 4.5 persons per square mile versus SD = 10.73 persons per square mile
- 291 school age children are identified as having special needs
- Above SD average of children under age 18 living in economic poverty
 - Butte = 22.5% (17%) versus SD = 19.4% (14.5%)
- Low level of TANF recipients and 16.9% of households receiving SNAP benefits
- Butte (1.0%) is below the SD average (2%) for percentage of high school dropouts
- Medical, dental and mental health services/professional underserved in Eastern half of county
- Infant mortality worse than state average: Butte = 10.2 vs. SD = 7.0 deaths/1,000 live births
- Percentage of births to single teens is below state average: Butte = 6.7% and SD = 8.1%
- Rates lower than state average for percentage of teen violent deaths (Ages 15-19)
 - Butte = LNE versus SD = 67 teen violent deaths per 100,000 population
- Higher rates of women receiving adequate prenatal care during the 1st trimester when compared to the state average: Butte = 77.2% versus SD = 69.4%
- Schools report a higher rate of children participating in the reduced or free school lunch program than the state average: Butte = 46% versus SD = 41%

Issues and Trends Identified in Statistical Data by BHS: P-5 County Served:

Shannon: (Native American Reservation thus accuracy of US Census data is questioned)

- 2000 (12,466) to 2010 (13,586) (2012) (14,059) Shannon Cty's pop. increased 9.0% (12.8%)
- Above state average for percentage of population under age 5
 - Shannon = 11.8% versus SD = 7.3%
 - Increasing number children under age 5: 2000 (1,360) to 2010 (1,602) 2012 (1,634)
- Median age is 23.5 years whereas median age for South Dakota is 36.9
- Above state average for percentage of American Indian or Alaskan Native residents
 - Shannon has 96% AIAN versus the SD average is 8.8% AIAN
- Above state averages for household and family size
 - Shannon average household size = 4.29 versus SD = 2.4
 - Shannon average family size = 4.73 versus SD = 3.0
- Below state average in owner occupied housing: Shannon = 54.3% versus SD = 68.1%
- Below the state average in percentage of population that are high school graduates or higher
 - Shannon = 78.0% versus SD = 89.8%
- Above state average for percentage of disabled population ages 21 to 64
 - Shannon = 24.5% versus SD = 15.6%
- Well below state average for percentage of population over age 16 that is in the labor force
 - Shannon = 46.9% versus SD = 69.5%
- Median household income is 52.7% of the state average: Shannon = \$28,506 versus SD = \$48,010
- Median family income is 42.1% of state average: Shannon = \$37,946 versus SD = \$61,412
- Significantly higher than the state average for percentage of families with income below the federal poverty level: Shannon = 43.7% versus SD = 8.8%
- Significantly higher than the state average for percentage of individuals with income below the federal poverty level: Shannon = 53.5% versus SD = 13.8%
- There are 901 households where a grandparent is responsible for the children
- Lower population density when compared to the state average
 - Shannon = 6.49 persons per square mile versus SD = 10.73 persons per square mile
- 284 school age children are identified as having special needs (No BIA schools reporting)
- Above SD average of children under age 18 living in economic poverty
 - Shannon = 48.9% (2,631 children) versus SD = 19.4%
- High level of TANF recipients and 124.4% of households receiving SNAP benefits
- Shannon (1.0%) is below the SD average (2%) for percentage of high school dropouts
- Medical, dental and mental health services underserved (Excludes Kyle & Pine Ridge)
- Infant mortality double state average: Shannon = 14.8 vs. SD = 7.0 deaths/1,000 live births
- Child death rate (Ages 1-14) per 100,000 is much greater: Shannon = 65.6 versus SD = 21.4
- Percentage of births to single teens 250% of state average: Shannon = 20.3% and SD = 8.1%
- Rates worse than state average for percentage of teen violent deaths (Ages 15-19)
 - Shannon = 280 versus SD = 67 teen violent deaths per 100,000 population
- Significantly lower rates of women receiving adequate prenatal care during the 1st trimester when compared to the state average: Shannon = 51.6% versus SD = 69.4%
- Schools report a high rate of children participating in the reduced or free school lunch program: Shannon = 79% versus SD = 41%

Issues and Trends Identified in Statistical Data by BHS: P-5 County Served:

Bennett: (Large Native American population thus accuracy of US Census data is limited)

- 2000 (3,574) to 2010 (3,431) (2012) (3,436) Bennett Cty's pop. decreased 4.0% (3.86%)
- Above state average for percentage of population under age 5
 - Bennett = 10.0% versus SD = 7.3%
 - Increasing number of children under age 5: 2000 (317) to 2010 (344) 2012 (329)
- Median age is 28.7 years whereas median age for South Dakota is 36.9
- Above state average for percentage of American Indian or Alaskan Native residents
 - Bennett has 61.5% AIAN versus the SD average is 8.8% AIAN
- Above state averages for household and family size
 - Bennett average household size = 3.1 versus SD = 2.4
 - Bennett average family size = 3.7 versus SD = 3.0
- Below state average in owner occupied housing: Bennett = 57.8% versus SD = 68.1%
- Below the state average in percentage of population that are high school graduates or higher
 - Bennett = 80.7% versus SD = 89.8%
- Above state average for percentage of disabled population ages 21 to 64
 - Bennett = 23.0% versus SD = 15.6%
- Below state average for percentage of population over age 16 that is in the labor force
 - Bennett = 54.3% versus SD = 69.5%
- Median household income is 71.9% of the state average: Bennett = \$34,500 versus SD = \$48,010
- Median family income is 57.0% of the state average: Bennett = \$34,980 versus SD = \$61,412
- Significantly higher than the state average for percentage of families with income below the federal poverty level: Bennett = 24.5% versus SD = 8.8%
- Significantly higher than the state average for percentage of individuals with income below the federal poverty level: Bennett = 35.5% versus SD = 13.8%
- There are 159 households where a grandparent is responsible for the children
- Very low population density when compared to the state average
 - Bennett = 2.9 persons per square mile versus SD = 10.73 persons per square mile
- 65 school age children are identified as having special needs (No BIA schools reporting)
- Above SD average of children under age 18 living in economic poverty
 - Bennett = 46.8% (558 children) versus SD = 19.4%
- High level of TANF recipients and 44.9% of households receiving SNAP benefits
- Bennett (9.1%) is well above the SD average (2%) for percentage of high school dropouts
- Medical, dental and mental health services/professional underserved except for Martin
- Infant mortality worse than state average: Bennett = 15 vs. SD = 7.0 deaths/1,000 live births
- Child death rate (Ages 1-14) per 100,000 is much greater: Bennett = 106.2 versus SD = 21.4
- Percentage of births to single teens is above state average: Bennett = 14.1% and SD = 8.1%
- Rates worse than state average for percentage of teen violent deaths (Ages 15-19)
 - Bennett = 193.4 versus SD = 67 teen violent deaths per 100,000 population
- Significantly lower rates of women receiving adequate prenatal care during the 1st trimester when compared to the state average: Bennett = 41.8% versus SD = 69.4%
- Schools report a high rate of children participating in the reduced or free school lunch program: Bennett = 80% versus SD = 41%

OTHER PROGRAMS SERVING BHS: P-5 ELIGIBLE CHILDREN

The following is a listing of other programs within the Badlands Head Start: Prenatal to Five service area that also provide services to Early Head Start & Head Start children:

Bennett County Schools District Preschool – Martin: (Children served = 20)

- Center-based preschool that serves district 4 year olds.

Bennett & Jackson County Public Schools Birth to Three Programs (Bennett & Jackson): (Children served = 17)

- Serve children from birth to three with disabilities/special needs.
- Provides disability/special needs services in the home.

Birth to Three Connections (Butte): (Children served = 16)

- Serves children with disabilities/special needs birth through 3.
- Provides disability/special needs services in the home.
- BHS: P-5 refers Early Head start children with disabilities/special needs to them and collaborates with them.

Bison and Lemmon Public Schools (Perkins): (Children served = 8)

- Serve children with disabilities/special needs from birth through 5.
- Provides disability/special needs services in the home.
- BHS: P-5 collaborates with Bison and Lemmon Public Schools in serving referred children with disabilities/special needs.

Kadoka School District Special Education Program: (Children served = 56)

- Serves children ages 0 – 5 with special education needs.
- Their home based services extend to Potato Creek area in Shannon County.

Little Wound School FACE Program (Shannon): (Children served = 65)

- Family literacy program working through preschools and home visits.

Newell Independent School District Preschool (Butte): (Children served = 22)

- Center based services to 4 year olds with disabilities/special needs.

Northwest Area Birth to Three Connections (Corson/Perkins): (Children served = 2)

- Serves children with disabilities/special needs birth through 3.
- Provides disability/special needs services in the home.
- BHS: P-5 collaborates with Northwest Area Birth to Three Connections in serving referred children with disabilities/special needs.

Oglala Lakota College Head Start (Shannon, Bennett and Jackson): (Children served = 581)

- Center based (31) Head Start programs serving the Pine Ridge Reservation.

Other programs serving BHS: P-5 eligible children: (continued)

Oglala Lakota College Early Head Start (Shannon & Jackson): (Children served = 100)

- OLC-EHS serves Pine Ridge Reservation children birth to 3 in center-based services.

Oglala Sioux Tribe Childcare Program (Shannon & Jackson): (Children served = 180 max.)

- Serves children ages 0 – 11 in a childcare setting.
- Not Early Head Start or Head Start program.

Parents as Teachers: SD Parent Resource Network (Butte County): (Children served = 40)

- Monthly home visits with parents.
- Some parenting and preschool classes.

Shannon County Schools Birth to Three and Preschool (Shannon): (Children served = 95)

- Center based preschool at all of their schools except Red Shirt.
- Also serve birth to three children with disabilities/special needs - home based.

Standing Rock Sioux Tribe (Corson County): (Children served = 332)

- Home and center based Early Head Start and Head Start programs.

Women, Infants, & Children (2006):

- (Average children served monthly: Harding = 13; Butte = 337; Perkins = 86; Corson = 10; Shannon = 1,258; Bennett = 202)
- Provides food subsidies for pregnant women and mothers with infants.
- Offers breast feeding coaching and support.

~~Youth and Family Services Head Start Program (Butte County Only): (Children served = 24)~~

- ~~• Provides home based Head Start services to Butte County children.~~

These are the primary programs that also serve the Badlands Head Start: Prenatal to Five populations within the six counties served by BHS: P-5. Whenever appropriate and feasible, BHS: P-5 collaborates with these programs in order to better serve the needs of the children.

Licensed Childcare Centers by County and Number Children Under Age 5 by County

County	Licensed Group Family Child Care Homes (Max = 20)	Registered Family Child Care Homes (Max. = 12)	Licensed Child Care Centers (Max. = 21+)	Maximum Number Children Served	Number Children Under Age 5 (2012)	Number Under Age 5 In Poverty (2012)
Corson	0	1	0	12	357	151
Perkins	1	1	0	32	153	44
Harding	0	1	0	12	85	8
Butte	2	10	1	181+	681	73
Shannon	4	2	0	104	1,634	445
Bennett	1	4	0	68	329	95

COMMUNITY PARTNERS AVAILABLE TO ADDRESS NEEDS

The following is a listing of Badlands Head Start: Prenatal to Five interagency agreements, contracts and partnerships that have been established with other national, state and local agencies in order that BHS: P-5 may better serve its families:

NATIONAL:

Council for Early Childhood Recognition
National Head Start Association
Reading is Fundamental (RIF)

STATE:

South Dakota Department of Education – Head Start Collaboration Office
South Dakota Department of Health
South Dakota Department of Labor
South Dakota Department of Social Services
South Dakota Head Start Association
South Dakota Human Services Administration
South Dakota Interagency Agreement to Children with Disabilities
South Dakota Literacy Council
South Dakota Nonprofit Association
South Dakota Public Broadcasting
South Dakota State Library

LOCAL:

Children with Disabilities/Special Needs (Non-LEA)

Black Hills Birth to Three Connections*
Northwest Area Birth to Three Connections*
Oglala Sioux Tribe Early Intervention*
SD State HS and EHS Interagency Agreements*
Western Resources for dis-Abled Independence*

Homeless Liaisons

Belle Fourche School District*
Bennett School District*
Bison School District*
Faith School District*
Harding County School District*
Kadoka School District*
Lemmon School District*
McIntosh School District*
McLaughlin School District*
Newell school District*
Shannon County School District*
Smee School District*

LEAs:

Bennett County Schools*
Bison School District*
Faith School District*
Harding County School District*
Kadoka Area School District*
Lemmon School District*
Shannon County School District*

Food Service:

Bison School District*
Lemmon School District*

Job Service Agencies:

Green Thumb
Oglala Sioux Tribe Native Employment Work Program
South Dakota One-stop Career Center

Medical, Dental and Mental Health:

Behavior Management Systems*
Belle Fourche Regional Medical Clinic*
Bennett County Health Care Center*
Bison Clinic*
Black Hills Pediatric Dental & Oral Surgery Center*
Black Hills Pediatric Medical Clinic*
Bonnie Anderson, DDS*
Buffalo Regional Medical Clinic*
Crosswait Dental*
Dakota Hills Regional*
Dana Dental Arts*
Dentistry with TLC*
Early Childhood Hearing Outreach (ECHO)*
Faith Community Health Care Center*
Family Practice Residency Clinic*
IHS Behavioral Health
Jackson Dental*
Kelly Dental Clinic*
Kyle Dental Clinic*
Kyle Health Center*
Kyle Health Center: Behavioral Health
Loftus Dental*
Massa Berry Clinic*
McClellan and Swanson Dental*
Nehl Dental*
Nelson Dental*
Newell Regional Medical*

Medical, Dental and Mental Health (continued)

Pine Ridge IHS Dental
Pine Ridge IHS Medical*
Queen City Medical Center*
Ronald McDonald Care Mobile*
South Dakota State Medicaid EPSTD Services*
Spearfish Eye Care Center*
Spearfish Family Dentistry*
Spearfish Regional Medical Clinic*
Three Rivers Mental Health and Chemical Dependency Treatment Center*
West River Health Clinic*
WIC Interagency Agreement*

Transitions

American Horse School*
Crazy Horse School*
Interior School*
Little Wound School*
Loneman School*
Our Lady of Lourdes School*
Pine Ridge School*
Porcupine Day School*
Red Cloud Academy*
Wounded Knee School*

Other Community Partners:

Artemis House*
Butte County Department of Social Services*
Community Action Agencies Statewide Agreement*
Early Childhood Connections*
HOPE - Newell after School Program*
Lakota Oyate Wakanyeja Owicakiyapi*
Oglala Lakota College*
Oglala Lakota College Head Start
Rural America Initiatives – Tokahe Waonspe Early Head Start*
SD Voices for Children*
YFS Head Start*

Each of these Community Partners offers services to the Badlands Head Start: Prenatal to Five programs' families. Those with an asterisk "*" are ones which have a formal MOA/MOU on file with BHS: P-5. These Community Partners are committed to being available and accessible to low-income residents of the service area.

AGENCY SURVEYS SUMMARY DATA BY COUNTY

(See Appendix for Survey Instruments)

Corson & Perkins Counties:

Family Survey – Summary of Responses:

There were 11 of 44 (25%) Corson/Perkins County families that responded to the Family Partnership Community Assessment survey. All but 1 response came from the birth mother/step-mother of the enrolled children. The single exception was a grandparent who was raising the child. Responses included:

- **Health Insurance:** 9 families had private health insurance, 3 had Title 19 health coverage, and 1 had Indian Health Service
- **Dental Insurance:** 3 families had no dental insurance, 5 had private dental insurance, 3 had Title 19 dental coverage, and 1 had Indian Health Service
- **Economic Social Services:** 1 family received Food Stamps, 1 received energy assistance, and 7 families participated in WIC
- **Family Transitions:** 1 family separated from spouse/boyfriend/girlfriend, 1 obtained a new job, 1 moved from their home, 1 experienced the death of a close family member, and 3 indicated “other” family transitions
- **Effects of Illegal Drug Use or Alcohol Abuse:** 3 responding families reported that their family unit had *not* been negatively affected by drug/alcohol abuse and the remainder did not answer this question
- **Raising Grandchildren/Nieces/Nephews:** 10 respondents reported they were not raising grandchildren, nieces or nephews and the other respondent reported they were doing so as the legal guardian
- **Health Issues in Last Year:** None reported
- **Child Resides with Mother:** 10 mothers lived in the same home as their child and 1 lived in a different town than the child
- **Child Resides with Father:** 9 fathers were identified as living in the same home as their child, 1 father was in the same town but a different home, and 1 lived in a different town than the child
- **Maternal Time with Child:** 10 mothers spent time with their children daily and 1 does so 1-2 times per week
- **Quality of Maternal Relationship:** All 11 mothers were described as having very healthy, strong relationships with their children
- **Paternal Time with Child:** 9 fathers spend daily time with their child and 2 respondents listed other/no reply
- **Quality of Paternal Relationship:** 9 fathers were described as having very healthy, strong relationships with their children and 1 respondent listed that the father had an average relationship with the child that could be improved
- **Maternal Employment:** 1 mother is attending school part time, 6 of the mothers are working full time outside the home, 2 are working part time outside the home and 3 described themselves as full-time homemakers not working outside the home
- **Paternal Employment:** 7 fathers work full time outside the home

Corson and Perkins Counties (continued):

(Family Surveys continued):

- **Childcare Provider:** Childcare was quite evenly divided amongst each of the following: child's parent (2), home daycare (3), HS/EHS (2), family member other than the child's parent (1) and child daycare center (2)
- **Licensed Daycare:** 5 families used licensed child care centers when they went outside the family for childcare
- **Need for Additional Licensed Childcare Services:** 5 families said there was a need for additional childcare services in their communities and 1 said there wasn't
- **Head Start Daycare:** 3 of the families indicated that they would use child care services provided by BHS: P-5 if they were available, 2 said they would not and 6 were unsure
- **Other BHS: P-5 Services Received:** Only 2 families identified having received nutrition, speech, OT, PT, special education or mental health services from BHS: P-5, and 2 families believed the services were appropriate and they were satisfied with the location where the service was provided
- **Participation in Lesson Planning:** 9 respondents believed they had adequate participation in their child's lesson planning, and 1 did not
- **Cultural Elements in Lesson Planning:** 8 parents expressed satisfaction with their level of participation in deciding the cultural elements to be included in the lesson plans, and 1 was unsure
- **Newsletter:** 8 respondents indicated that the BHS: P-5 newsletter had articles of interest and a 4 felt it should be published monthly
- **Volunteer Participation:** 8 of the respondents volunteered through home visits, 4 through field trips, 4 assisted in the classroom, 1 volunteered through parent group participation, 1 by serving on the Policy Council, 1 through preparing meals and 1 through helping prepare materials
- **Important Aspects of BHS: P-5 Programs:** The most important aspects of the BHS: P-5 programs were identified as:
 - The way my child learns (9)
 - Classroom environment (9)
 - Staff at the center (8)
 - Social experiences (5)
 - Home visits (5)
 - Learning more about how my child learns (5)
 - Parent involvement (2)
 - Parent/Teacher conferences (2)
- **Elements That Could Be Improved:** The program elements that were identified as needing improvement were:
 - Classroom environment (4)
 - Staff at the center (4)
 - The way my child learns (2)
 - Parent involvement (1)
 - Home visits (1)
 - Social experiences (1)

Corson and Perkins Counties (continued):

(Family Surveys continued):

- **Level of Satisfaction:** Overall satisfaction ratings were as follows:
 - Services:
 - Satisfied (11)
 - Unsatisfied (0)
 - Teacher/Home Visitor performance:
 - Satisfied (8)
 - Unsatisfied (2)
 - Days per week:
 - Satisfied (11)
 - Unsatisfied (0)
 - Length & time of day:
 - Satisfied (10)
 - Unsatisfied (1)
- **Additional TREC Programs:** Other programs that respondents thought TREC or BHS: P-5 should offer to the community:
 - Center for children to play indoors year around
 - Elder care services
 - More services for special needs children and a faster process of identifying the special needs child
- **Additional comments:**
 - One teacher was seen as very warm and welcoming while one was not warm and welcoming
 - Both teachers need to actively carry the workload
 - One teacher is not motivated or there for the right reasons

Corson and Perkins Counties (continued):

Staff Survey – Summary of Responses:

There were 6 of 8 (75%) Corson/Perkins County staff members that responded to the Staff Community Assessment survey. Responses included:

- **Increases:** During the past year staff had observed increases in:
 - Number of low-income families over guidelines (3)
 - Average household income (3)
 - Need for licensed childcare providers (2)
 - Number of low income families contacting the agency (1)
 - Number of teen pregnancies (1)
 - Services you offer (1)
 - Homelessness (1)
 - Transportation issues (1)
- **Decreases:** During the past year staff had observed decreases in:
 - Job availability in the community (3)
 - Number of low-income families contacting the agency (2)
 - Number of licensed childcare providers (1)
 - Need for licensed childcare providers (1)
 - Transportation issues (1)
- **Program Strengths:** BHS: P-5 program strengths were identified as:
 - BHS: P-5's policies and procedures
 - Availability and flexibility of services provided
 - Connections made with families which provide them support
 - Staff work to strengthen the family as a whole
- **Obstacles:** BHS: P-5 program obstacles were identified as:
 - Over-income families are not able to get services (income eligibility)
 - Training new employees on job specific tasks
 - Balancing the needs of 10 families at once
 - Getting families to accept support
- **Other Programs:** Other programs that staff thought TREC or BHS: P-5 should offer to the community and other comments:
 - Full-day childcare services
 - Full year Head Start programming
 - Early Head Start center based option
- **Other Comments:**
 - None

Corson and Perkins Counties (continued):

Childcare Providers Survey – Summary of Responses:

There were 3 Perkins County childcare providers that responded to the Childcare Providers Community Assessment survey. Responses included:

- **Size:** One respondent provides private childcare for family/friends, one provides childcare care for up to 10 children and 1 provides childcare for 11 to 15 children
- **Ages Served:** Almost all children are preschool age
- **Need for More Childcare:** Two respondents thought there is a need for more childcare services in the county and one did not
- **Licensing Requirements:** 1 respondent believed that she was affected by childcare licensing requirements while 2 did not believe this was an issue
- **CEUs:** One respondent was interested in obtaining CEUs through BHS: P-5 training
- **Other Childcare Needs:** The community would benefit by an indoor-outdoor play center for children ages 1-4

Corson and Perkins Counties (continued):

Community Partners Survey – Summary of Responses:

There were 7 Corson/Perkins County Community Partners that responded to the Community Partners Community Assessment survey. Responses included:

- **Increases:** During the past year they had observed increases in:
 - Number of low-income families contacting the agency (3)
 - Need for licensed childcare providers (3)
 - Job availability on the community (3)
 - Drug abuse in the community (3)
 - Number of low income families over guidelines (2)
 - Number of multigenerational families (2)
 - Average household income (2)
 - Number of licensed childcare providers (1)
 - Services their agency offers (1)
 - Availability of health services (1)
 - Transportation issues (1)
- **Decreases:** During the past year they had observed decreases in:
 - Average household income (2)
 - Number of low-income families contacting the agency (1)
 - Number of low income families over guidelines (1)
 - Low income housing availability (1)
 - Availability of health services (1)
- **Fees:** Are your services or fees based on income?
 - Two respondents indicated that their fees were based on income.
- **Strengths:** Agency's strengths in working with low-income families:
 - Proactive approach on making contacts and follow through with services
 - Ability to offer free or reduced meals
 - Being welcoming, flexible, patient and caring
- **Obstacles:** Agency's largest obstacles in working with low-income families:
 - Remoteness of the community to other services
 - Family pride and rural attitudes regarding accepting assistance
 - Client resistance to accepting responsibility
 - Over use of modern social media
- **Community Concerns:** Community concerns were identified as:
 - Inadequate family income (5)
 - Illegal drug use (4)
 - Children with no male role models (4)
 - Lack of quality licensed childcare (2)
 - Grandparents raising grandchildren (1)
 - Unemployment (1)
- **Other Programs:** Other programs they would like to see TREC or BHS: P-5 offer:
 - Increase the number served with larger center or split groups (AM & PM)
- **Other Comments:** Additional comments that were offered:
 - Lemmon Clinic wants a copy of the Community Assessment

Harding County:

Family Survey – Summary of Responses:

There were 20 of 32 (62.5%) Harding County families that responded to the Family Partnership Community Assessment survey. Nineteen responses came from the birth mother/step-mother of the enrolled children and 1 came from birth father/step-father of the child. Responses included:

- **Health Insurance:** 1 family had no health insurance, 15 had private health insurance, 3 had Title 19 health coverage and 1 had CHIPS coverage
- **Dental Insurance:** 6 families had no dental insurance, 10 had private dental insurance, 3 had Title 19 dental coverage and 1 had CHIPS coverage
- **Economic Social Services:** 2 families received food stamps, 1 received energy assistance and 4 families participated in WIC
- **Family Transitions:** 1 family experienced marriage, 1 moved in with family/friends as no housing, 1 obtained a new job, 1 moved from their home and 1 experienced the death of a close family member
- **Effects of Illegal Drug Use or Alcohol Abuse:** 4 families reported that their family unit had *not* been negatively affected by drug/alcohol abuse, 1 reported being in counseling/drug rehabilitation and the remainder did not answer this question
- **Raising Grandchildren/Nieces/Nephews:** None of the respondent families were raising grandchildren, nieces or nephews
- **Health Issues in Last Year:** 2 families identified high blood pressure as an issue, 1 family was diagnosed with mental health concerns, 1 family lost health/dental insurance and 1 family identified having a family member diagnosed with diabetes
- **Child Resides with Mother:** All 20 mothers lived in the same home as their child
- **Child Resides with Father:** 19 fathers were identified as living in the same home as their child and 1 father was identified as living in a different town than the child
- **Maternal Time with Child:** All 20 mothers spent time with their children daily
- **Quality of Maternal Relationship:** 19 mothers were described as having very healthy, strong relationships with their children and 1 described her relationship with the child as average/could be improved
- **Paternal Time with Child:** 18 fathers spend daily time with their child, 1 is with his child 1-2 times per month and 1 respondent checked “other/no reply”
- **Quality of Paternal Relationship:** 18 fathers were described as having very healthy, strong relationships with their children, 1 was described as average/could be improved, and 1 was described as unhealthy/do not enjoy time together
- **Maternal Employment:** 5 mothers are working outside the home full time, 1 is working outside the home part time and 3 described themselves as full-time homemakers not working outside the home
- **Paternal Employment:** 15 fathers are working full time and 1 works part-time outside the home
- **Childcare Provider:** Childcare was divided amongst each of the following: child’s parent (6), home daycare (7), family member other than the child’s parent (5), childcare center/day care center (1) and other (1)

Harding County (continued):

(Family Surveys continued):

- **Licensed Daycare:** 7 of the families used licensed child care providers
- **Need for Additional Licensed Childcare Services:** 7 families said there was a need for additional childcare services in their communities, 8 families said there was not a need for more licensed childcare providers, and 4 said they weren't sure
- **Head Start Daycare:** 10 of the families said they would use child care services provided by BHS: P-5 if they were available, 5 would not and 4 were unsure
- **Other BHS: P-5 Services Received:** Only 2 families identified their child as having received nutrition, speech, OT, PT, special ed., or mental health services from BHS: P-5, they believed the service was appropriate, and they were satisfied with the location where the service was provided
- **Participation in Lesson Planning:** All 20 respondents believed they had adequate participation in their child's lesson planning
- **Cultural Elements in Lesson Planning:** 19 respondents expressed satisfaction with their level of participation in deciding the cultural elements in the lesson plans and 1 was unsure
- **Newsletter:** 16 respondents indicated that the BHS: P-5 newsletter had articles of interest and 12 felt it should be published monthly
- **Volunteer Participation:** 5 families volunteered through parent group participation, 11 assisted with field trips, 6 served on the Policy Council, 16 indicated that they volunteered in the program through home visits, 1 assisted in the classroom, and 4 volunteered at special events
- **Important Aspects of BHS: P-5 Programs:** The most important aspects of the BHS: P-5 programs were identified as:
 - Social experiences (16)
 - The way my child learns (15)
 - Home visits (15)
 - Learning more about how my child learns (7)
 - Staff at the center (7)
 - Parent involvement (6)
 - Classroom environment (4)
 - Parent/Teacher conferences (1)
 - Other (1)
- **Elements That Could Be Improved:** The program elements that were identified as needing improvement were:
 - Classroom environment (3)
 - The way my child learns (2)
 - Parent involvement (2)
 - Learning more about how my child learns (2)
 - Social experiences (2)
 - Parent teacher conferences (2)
 - Staff at the center (2)
 - Home visits (1)
 - Other (1)

Harding County (continued):

(Family Surveys continued):

- **Level of Satisfaction:** Overall satisfaction ratings were as follows:
 - Services:
 - Satisfied (20)
 - Unsatisfied (0)
 - Teacher/Home Visitor performance:
 - Satisfied (19)
 - Unsatisfied (1)
 - Days per week:
 - Satisfied (19)
 - Unsatisfied (1)
 - Length & time of day:
 - Satisfied (19)
 - Unsatisfied (1)
- **Additional TREC Programs:** Other programs that respondents thought TREC or BHS: P-5 should offer to the community:
 - Elderly care services – i.e. meals on wheels
 - Daycare services
 - Head Start classroom center
- **Additional comments:**
 - We love Head Start and hope services continue.
 - My daughter's teacher is wonderful and always makes sure she is having fun as she learns.
 - My home visitor is irreplaceable.

Harding County (continued):

Staff Survey – Summary of Responses:

There were 3 of 3 (100%) Harding County staff members that responded to the Staff Community Assessment survey. Responses included:

- **Increases:** During the past year they had observed increases in:
 - Number of families/applicants over income guidelines (2)
 - Number of families contacting the agency (1)
 - Number of multigenerational families (1)
 - Need for licensed childcare providers (1)
 - Services you offer (1)
 - Drug abuse in the community (1)
- **Decreases:** During the past year they had observed decreases in:
 - Average household income (2)
 - Number of low income families contacting the agency (1)
 - Job availability in the community (1)
 - Low income housing availability (1)
- **Program Strengths:** BHS: P-5 program strengths were identified as:
 - Community partnerships
 - Strength of the relationships with the families.
- **Obstacles:** BHS: P-5 program obstacles were identified as:
 - Access to health and dental services
 - Isolation of families and distances to everything
- **Other Programs:** Other programs that staff thought TREC or BHS: P-5 should offer to the community and other comments:
 - No suggestions offered
- **Other Comments:**
 - None

Harding County (continued):

Childcare Providers Survey – Summary of Responses:

There were 2 Harding County childcare providers that responded to the Childcare Providers Community Assessment survey. Responses included:

- **Size:** Both respondents provide private childcare for 11 to 15 children
- **Ages Served:** Almost all children are preschool age
- **Need for More Childcare:** One respondent thought there is a need for more childcare services in the county and one did not
- **Licensing Requirements:** Neither respondent believed that she was affected by childcare licensing requirements
- **CEUs:** Both respondents were having difficulty obtaining CEUs but only 1 was interested in obtaining CEUs through BHS: P-5 training
- **Other Childcare Needs:** The community would benefit by a Head Start classroom center.

Harding County (continued):

Community Partners Survey – Summary of Responses:

There was 2 Harding County Community Partners that responded to the Community Partners Community Assessment survey. Responses included:

- **Increases:** During the past year they had observed increases in:
 - Number of families contacting the agency (2)
 - Number of families/applicants over income guidelines (1)
 - Number of licensed childcare providers (1)
 - Need for licensed childcare providers (1)
 - Job availability in the community (1)
 - Drug abuse in the community (1)
 - Transportation issues (1)
- **Decreases:** During the past year they had observed decreases in:
 - Average household income (1)
- **Fees:** Are your services or fees based on income?
 - No respondents indicated that their fees were based on income.
- **Strengths:** Agency’s strengths in working with low-income families:
 - Information on a family’s needs is available quickly
 - Churches, community organizations and neighbors help out
- **Obstacles:** Agency’s largest obstacles in working with low-income families:
 - Understanding the “culture” of poverty
 - Need more time after school to provide extended learning opportunities.
- **Community Concerns:** Community concerns were identified as:
 - Illegal drug use (1)
 - Inadequate family income (1)
 - Other (transportation) (1)
- **Other Programs:** Other programs they would like to see TREC or BHS: P-5 offer:
 - Elderly transportation to medical appointments and such things as groceries.
 - Post office in town.
- **Other Comments:** Additional comments that were offered:
 - I am very concerned about the lack of a summer program for middle school children and their younger siblings.

Butte County:

Family Survey – Summary of Responses:

There were 18 of 30 (60%) Butte County families that responded to the Family Partnership Community Assessment survey. Fourteen responses came from the birth mother/step-mother of the enrolled children, 1 from a birth father/step-father, 1 from a legal guardian, 1 from a grandparent and 1 did not identify the parental relationship. Responses included:

- **Health Insurance:** Two families had private health insurance and 16 had Title 19 health coverage.
- **Dental Insurance:** One family had no dental insurance, 2 had private dental insurance, and 15 had Title 19 dental coverage.
- **Economic Social Services:** 13 families received Food Stamps, 2 received Food Bank/commodities, 1 received emergency assistance, 9 received energy assistance, 5 received housing assistance, 12 families participated in WIC and 1 received other economic assistance
- **Family Transitions:** 3 respondents were married within the past year, 3 respondents were divorced within the last year, 1 respondent separated from their spouse/boyfriend, 1 moved in with their spouse/boyfriend, 3 were living with family/friends as no housing was available, 4 obtained new jobs, 4 became unemployed, and 2 indicated “other” family transitions
- **Effects of Illegal Drug Use or Alcohol Abuse:** Seven respondents reported that their families had *not* been affected by illegal drug use or alcohol abuse and the others failed to answer this question
- **Raising Grandchildren/Nieces/Nephews:** Three of the respondents were raising grandchildren, nieces or nephews and they all had legal guardianship with 2 of these children having contact with their mothers and all having contact with their fathers
- **Health Issues in Last Year:** 2 families identified having diagnosed mental health concerns in the last year, 3 identified high blood pressure as an issue, 2 were unable to obtain medical/dental care, 1 lost health/dental insurance coverage, 2 identified diabetes as a health problem and 4 answered that there were other health related concerns
- **Child Resides with Mother:** 15 mothers lived in the same home as their child, 1 lived in a different town, and 1 was deceased
- **Child Resides with Father:** 10 fathers were identified as living in the same home as their child, 2 live in the same town, 4 fathers were identified as living in a different town than the child and 2 answered “Other/No Reply/Unknown” to this question
- **Maternal Time with Child:** 15 mothers spent time with their children daily, 1 reported spending time with their child 1-2x per week, and 2 answered “other/No Reply”
- **Quality of Maternal Relationship:** 16 mothers were described as having very healthy, strong relationships with their children, and 1 was described as having an average/could be improved relationship with her child
- **Paternal Time with Child:** 8 fathers spend daily time with their child, 2 spend time with their child 1-2 times per week, 1 spends time with his child 1-2 times per month and 4 respondents indicated other/no reply

Butte County (continued):

(Family Surveys continued):

- **Quality of Paternal Relationship:** 11 fathers were described as having very healthy, strong relationships with their children, 3 were described as having an average relationship, and 3 were described as having an unhealthy relationship with their children
- **Maternal Employment:** 2 of the mothers are attending school part time, 3 of the mothers are working full time outside the home, 4 are working part time outside the home, 4 respondents described themselves as full-time homemakers not working outside the home and 4 respondents said they were unemployed
- **Paternal Employment:** 1 father is attending school part-time, 10 fathers work full time outside the home, 1 is working part time outside the home, 1 is a full-time homemaker not working outside the home and 3 are unemployed
- **Childcare Provider:** Childcare was divided amongst each of the following: child's parent (7), family member other than the child's parent (5), and daycare center (1)
- **Licensed Daycare:** 4 families used licensed child care centers when they went outside the family for childcare
- **Need for Additional Licensed Childcare Services:** 3 families said there was a need for additional childcare services in their communities and 5 said there wasn't
- **Head Start Daycare:** 9 of the families indicated that they would use child care services provided by BHS: P-5 if they were available, 4 indicated that they would not use such services and 5 were unsure
- **Other BHS: P-5 Services Received:** 3 families were identified as having received nutrition, speech, OT, PT, special ed., or mental health services from BHS: P-5 and the families believed the services were appropriate and they were satisfied with the location where the services were provided
- **Participation in Lesson Planning:** 17 respondents believed they had adequate participation in their child's lesson planning and 1 was unsure
- **Cultural Elements in Lesson Planning:** 17 respondents expressed satisfaction with their level of participation in deciding the cultural elements to be included in the lesson plans
- **Newsletter:** 14 respondents indicated that the BHS: P-5 newsletter had articles of interest and 12 felt it should be published monthly
- **Volunteer Participation:** 7 of the respondents indicated that they volunteered in the program through home visits, 3 served on the Policy Council, 3 volunteered on parent groups, and 1 helped with field trips
- **Important Aspects of BHS: P-5 Programs:** The most important aspects of the BHS: P-5 programs were identified as:
 - The way my child learns (15)
 - Social experiences (12)
 - Home visits (11)
 - Learning more about how my child learns (6)
 - Parent involvement (5)
 - Staff at the center (1)
 - Parent/Teacher conferences (1)
 - Other (1)

Butte County (continued):

(Family Surveys continued):

- **Elements That Could Be Improved:** The program elements that were identified as needing improvement were:
 - Classroom environment (2)
 - Parent involvement (2)
 - Learning more about how my child learns (1)
 - Social experiences (1)
 - Other (1)
- **Level of Satisfaction:** Overall satisfaction ratings were as follows:
 - Services:
 - Satisfied (18)
 - Unsatisfied (0)
 - Teacher/Home Visitor performance:
 - Satisfied (18)
 - Unsatisfied (0)
 - Days per week:
 - Satisfied (18)
 - Unsatisfied (0)
 - Length & time of day:
 - Satisfied (18)
 - Unsatisfied (0)
- **Additional TREC Programs:** Other programs that respondents thought TREC or BHS: P-5 should offer to the community:
 - Additional services for pregnant women are needed.
 - Daycare services during Policy Council meetings would be helpful.
 - Daycare services for enrolled and previously enrolled children are needed.
- **Additional comments:**
 - I have the best home visitor.
 - I want the home visitor to come more often and stay longer

Butte County (continued):

Staff Survey – Summary of Responses:

There were 12 of 17 (70%) Butte County staff members that responded to the Staff Community Assessment survey. (Numbers include administrative center staff.) Responses included:

- **Increases:** During the past year they had observed increases in:
 - Homelessness (8)
 - Number of families/applicants over income guidelines (7)
 - Need for licensed childcare providers (7)
 - Drug abuse in the community (6)
 - Number of multigenerational families (5)
 - Services you offer (5)
 - Job availability in the community (5)
 - Transportation issues (5)
 - Number of teen pregnancies (3)
 - Availability of health services (3)
- **Decreases:** During the past year they had observed decreases in:
 - Job availability in the community (5)
 - Low income housing availability (5)
 - Average household income (4)
 - Number of low-income families contacting agency (2)
 - Number of families/applicants over income guidelines (2)
 - Number of licensed childcare providers (2)
 - Availability of health services (2)
- **Program Strengths:** BHS: P-5 program strengths were identified as:
 - Commitment to meeting each family's needs
 - Treating every family with respect
 - BHS: P-5 is a “well oiled” system that supports families well
 - Empowering families to move forward
 - Resources/support that we can direct to help others
 - Strong professional staff that are non-judgmental with genuine empathy
 - Long-term and dedicated Leadership Team members
 - Ability to provide multiple healthcare services to children
 - Personal understanding of the families situations
 - Family friendly staff with strong family participation
 - Dedicated, well trained staff
- **Obstacles:** BHS: P-5 program obstacles were identified as:
 - Federal income guidelines that are too low
 - Head Start federal rules and regulations
 - Family mobility due to a lack of economic opportunities
 - Enrolling sufficient income-eligible families in Harding County
 - Lack of family follow through and recognition of the child's health needs
 - Multigenerational poverty and lack of role models for something different
 - Few healthcare resources in communities and resistance to accepting Medicaid
 - Staff turnover, especially in Shannon/Bennett

Butte County (continued):

(Staff Surveys continued):

- **Other Programs:**
 - Networking with local daycare programs
 - Health services for adults in enrolled families
 - Some way to assist families monetarily outside of Head Start regulations
 - Mental health services in the small rural communities
 - System of Board interaction with our communities
 - Transportation services
 - Dedicated office/social site in Shannon/Bennett
 - BHS: P-5 owned social site for Belle EHS
 - Full-day/full-year HS services in Lemmon
- **Other Comments:** Other programs that staff thought TREC or BHS: P-5 should offer to the community and other comments:
 - Decrease maximum class size to 17

Butte County (continued):

Childcare Providers Survey – Summary of Responses:

There was 1 Butte County childcare provider that responded to the Childcare Providers Community Assessment survey. Responses included:

- **Size:** The respondent provides childcare care for 16 or more children
- **Ages Served:** Birth to school age
- **Need for More Childcare:** Yes
 - Especially for infants
- **Licensing Requirements:** Respondent did not believe that she was negatively affected by childcare licensing requirements
- **CEUs:** Respondent was interested in obtaining CEUs through BHS: P-5 sponsored training
- **Other Childcare Needs:** None

Butte County (continued):

Community Partners Survey – Summary of Responses:

There were 6 Butte County Community Partners that responded to the Community Partners Community Assessment survey. Responses included:

- **Increases:** During the past year they had observed increases in:
 - Number of low-income families contacting agency (6)
 - Transportation issues (6)
 - Number of multigenerational families (5)
 - Drug abuse in the community (5)
 - Number of teen pregnancies (3)
 - Need for licensed childcare providers (3)
 - Services offered (3)
 - Homelessness (3)
 - Services offered (2)
- **Decreases:** During the past year they had observed decreases in:
 - Low income housing availability (2)
 - Average household income (2)
- **Fees:** Are your services or fees based on income?
 - Only 2 respondents indicated that their fees were based on income.
- **Strengths:** Agency's strengths in working with low-income families:
 - Transportation and free meals are available
 - Offering a sliding fee based on income including free services
 - Availability of healthcare assistance
 - Ability to assist families when they do not qualify for state assistance
 - Knowledge of available services
 - Ability to provide a wide range of birth to three services
- **Obstacles:** Agency's largest obstacles in working with low-income families:
 - Families are resistant to reporting income status
 - Making contact is often difficult
 - Finding professionals to service sparsely populated rural areas
 - Lack of legal assistance for low income families
 - Lack of public transportation
- **Community Concerns:** Community concerns were identified as:
 - Inadequate family income (6)
 - Grandparents raising children (4)
 - Unemployment (4)
 - Illegal drug use (4)
 - Children with no role models (3)
- **Other Programs:** Other programs they would like to see TREC or BHS: P-5 offer:
 - Dental mobile for the elderly
 - Programs for low-income parents not just the children
 - Mental health services and parenting classes
- **Other Comments:** Additional comments that were offered:
 - None

Shannon & Bennett Counties:

Family Survey – Summary of Responses:

There were 12 of 62 (19.3%) Shannon and Bennett County families that responded to the Family Partnership Community Assessment survey. Seven responses came from the birth mother/step-mother of the enrolled children, 1 from the birth father/step-father, 1 from legal guardians, and 3 from a grandparent. Responses included:

- **Health Insurance:** 9 families had Title 19 health coverage, 4 had Indian Health Service coverage, and 1 had CHIPS
- **Dental Insurance:** 8 families had Title 19 health coverage, 4 had Indian Health Service coverage, and 1 had CHIPS
- **Economic Social Services:** 8 families received Food Stamps, 3 families received Food Bank/Commodities, 1 family received emergency assistance, 7 families received energy assistance, 2 received housing assistance and 8 families participated in WIC
- **Family Transitions:** 1 respondent got divorced, 3 respondents separated from their spouse/boyfriend/girlfriend, 1 respondent moved in with their spouse/boyfriend, 7 lived with family/friends as no housing was available, 2 obtained a new job, 3 respondents became unemployed, 2 ran out of unemployment benefits, 2 moved from their home, 6 experienced the death of a close family member and 1 reported experiencing another family transition
- **Effects of Illegal Drug Use or Alcohol Abuse:** 5 families reported that they were *not* affected by drug/alcohol abuse, 2 respondents reported DSS involvement due to this issue, 2 respondents reported incarceration of a family member due to drug/alcohol abuse in the last year, 1 respondent reported entering counseling/drug rehabilitation, 1 experienced the death of a family member due to this issue, and 1 respondent was arrested for this issue
- **Raising Grandchildren/Nieces/Nephews:** Five respondents are raising grandchildren, nieces or nephews and 3 were doing so with legal guardianship
 - Of these 5 children, 2 typically have contact with their mother and 3 have regular contact with their father
- **Health Issues in Last Year:** 2 families had a member diagnosed with a mental health concern in the last year and no other health related issues were identified
- **Child Resides with Mother:** 8 mothers lived in the same home as their children, 1 lived in a different town, and 3 replied other/no reply
- **Child Resides with Father:** 5 fathers were identified as living in the same home as their children, 1 in the same town but different home, 5 fathers live in a different town, and 3 replied other/no reply
- **Maternal Time with Child:** 8 mothers spent time with their children daily, 1 spends time with her child 1-2 times per week, 1 spends time 1-2 times per month, and 2 other
- **Quality of Maternal Relationship:** 5 mothers were described as having very healthy, strong relationships with their children, 4 reported an average relationship, and 1 reported an unhealthy relationship

Shannon & Bennett Counties (continued):

(Family Surveys continued):

- **Paternal Time with Child:** 6 fathers spend daily time with their children, 1 spends time with his child 1-2 times per week, 1 has contact 1-2 times per month and 4 respondents checked other/no reply
- **Quality of Paternal Relationship:** 7 fathers were described as having very healthy, strong relationships with their children, 1 was described as having an average relationship and 4 were described as having an unhealthy relationship with their child
- **Maternal Employment:** 3 mothers are attending school full time, 1 is attending school part time, 2 mothers are working outside the home and attending school, 0 mothers are working outside the home full time, 1 mother is working outside the home part time, 3 mothers described themselves as full time homemakers and 3 mothers were unemployed
- **Paternal Employment:** 1 father is attending school part time, 4 fathers were identified as working outside the home full time, 2 fathers work outside the home part time, 1 is a full-time homemaker not working outside the home and 3 fathers are unemployed
- **Childcare Provider:** Childcare was divided amongst each of the following: child's parent (4) and family member other than the child's parent (7)
- **Licensed Daycare:** No families used licensed child care centers when they went outside the family for childcare
- **Need for Additional Licensed Childcare Services:** 9 families said there was a need for additional childcare services in their communities and 2 said there wasn't
- **Head Start Daycare:** 11 of the families indicated that they would use child care services provided by BHS: P-5 if they were available and 1 indicated that they would not use such services
- **Other BHS: P-5 Services Received:** 10 families were identified as not having received nutrition, speech, OT, PT, special ed., or mental health services from BHS: P-5 and two were unsure
- **Participation in Lesson Planning:** 10 respondents believed they had adequate participation in their child's lesson planning and 2 were unsure
- **Cultural Elements in Lesson Planning:** 7 respondents expressed satisfaction with their level of participation in deciding the cultural elements to be included in the lesson plans and 5 were not sure
- **Newsletter:** 12 respondents indicated that the BHS: P-5 newsletter had articles of interest and the majority felt it should be published monthly or bi-weekly
- **Volunteer Participation:** 10 of the respondents indicated that they volunteered in the program through home visits, 1 helped to prepare materials, 1 assisted at socials, and 1 volunteer assists at special events
- **Important Aspects of BHS: P-5 Programs:** The most important aspects of the BHS: P-5 programs were identified as:
 - The way my child learns (11)
 - Home visits (9)
 - Learning more about how my child learns (7)
 - Parent involvement (5)
 - Social experiences (5)
 - Parent/Teacher conferences (2)

Shannon & Bennett Counties (continued):

(Family Surveys continued):

- **Elements That Could Be Improved:** The program elements that were identified as needing improvement were:
 - Parent involvement (5)
 - Learning more about how my child learns (3)
 - Parent/teacher conferences (2)
 - Social experiences (1)
 - Home visits (1)
- **Level of Satisfaction:** Overall satisfaction ratings were as follows:
 - Services:
 - Satisfied (11)
 - Unsatisfied (0)
 - Teacher/Home Visitor performance:
 - Satisfied (11)
 - Unsatisfied (0)
 - Days per week:
 - Satisfied (11)
 - Unsatisfied (0)
 - Length & time of day:
 - Satisfied (11)
 - Unsatisfied (0)
- **Additional TREC Programs:** Other programs that respondents thought TREC or BHS: P-5 should offer to the community:
 - Eldercare services
 - Provide childcare services
 - Entertainment for children – i.e. swimming pool, theater, etc.
- **Additional comments:**
 - My enrolled child and her siblings really like the home visitor.
 - Wish I could be more involved.

Shannon & Bennett Counties (continued):

Staff Survey – Summary of Responses:

There were 2 Shannon and Bennett County staff members that responded to the Staff Community Assessment survey. Responses included:

- **Increases:** During the past year they had observed increases in:
 - Number of low-income families contacting agency (1)
 - Number of licensed childcare providers (1)
 - Low income housing availability (1)
 - Homelessness (2)
- **Decreases:** During the past year they had observed decreases in:
 - Services offered (1)
 - Job availability in the community (1)
 - Transportation issues (1)
- **Program Strengths:** BHS: P-5 program strengths were identified as:
 - Ability to travel to remote locations
 - Resources/support that we can direct to help others
 - Experienced, knowledgeable, compassionate, caring staff
 - Ability to provide transportation to physicals and dentals
- **Obstacles:** BHS: P-5 program obstacles were identified as:
 - High levels of family stress due to multigenerational poverty
 - Families not being available for home visits/not understanding the commitment they make
 - Families lacking transportation
- **Other Programs:** Other programs that staff thought TREC or BHS: P-5 should offer to the community and other comments:
 - Mental health services
 - Parenting classes
 - Elderly services
 - Ways to involve siblings
 - Daycare services
- **Other Comments:**
 - Stability of staff has greatly affected the growing understanding of program requirements thus producing better performance
 - Having ASM position filled with a competent person is critical

Shannon & Bennett Counties (continued):

Childcare Providers Survey – Summary of Responses:

There were 3 Shannon/Bennett County childcare providers that responded to the Childcare Providers Community Assessment survey. Responses included:

- **Size:** The respondents all provide private childcare care for family members
- **Ages Served:** All children served were identified as preschool age
- **Need for More Childcare:** Yes for infants and toddlers
- **Licensing Requirements:** Respondents did not believe that they were negatively affected by childcare licensing requirements
- **CEUs:** Respondents were not interested in obtaining child development CEUs.
- **BHS: P-5 Training:**
 - 2 respondents would like BHS: P-5 sponsored training on childcare issues and CPR
- **Other Childcare Needs:** “We need better, more reliable and trustworthy people caring for our children in our community.

Community Partners Survey – Summary of Responses:

There were 0 Shannon/Bennett County Community Partners that responded to the Community Partners Community Assessment survey. Responses included:

SUMMARY OF AGENCY SURVEYS OF FAMILY PARTNERS

61 Total Respondents

Question	Responses	Percentage of Respondents
Person completing questionnaire?	Birth Mother/Step-mother	82
	Birth Father/Step-father	5
	Legal Guardian	3
	Grandparent	8
	Foster Parent	0
	Other/No Answer	2
Type of health insurance?	No Health Insurance	2
	Private Health Insurance	43
	Medicaid Title 19	51
	Indian Health Service	8
	CHIPS	3
	Other Health Insurance	0
Type of dental insurance?	No Dental Insurance	16
	Private Dental Insurance	28
	Medicaid Title 19	48
	Indian Health Service	8
	CHIPS	3
	Other Health Insurance	0
Services the family currently receives?	SNAP Benefits (Food stamps)	39
	Food Bank/Commodities	8
	Emergency Assistance	3
	DFS Assistance with Childcare	0
	Energy Assistance	30
	Housing Assistance	11
	WIC	51
	Other	2
Items that affected family in last year?	Marriage	7
	Divorce	7
	Separated from Spouse/Partner	8
	Moved in With Spouse/Partner	3
	Lived With Family/Friends As No Housing	18
	Started a New Job	13
	Became Unemployed	11
	Ran Out Of Employment Benefits	3
	Moved From Home	7
	Death of Close Family Member	13
Other	11	

2013-14 TREC Community Assessment with updates

Question	Responses	Percentage of Respondents
Items that have affected family due to illegal drug use or alcohol abuse?	DFS Involvement	3
	Jail or Prison	3
	Family Violence	0
	Foster Care	0
	Counseling/Drug Rehabilitation	3
	Death of Family Member	2
	Arrests	2
	Neglect of Children	0
	Homelessness	0
	Family not affected by drug/alcohol abuse	31
Are you raising grandchildren, nieces, or nephews?	Yes (% of total respondents)	15
Do you have legal guardianship?	Yes (% of those raising	56
Do the children have visitation/contact with their mother?	Yes (% of those raising	56
Do the children have visitation/contact with their father?	Yes (% of those raising	67
Has anyone in family experienced any of the following health issues in the last year?	Diagnosed Mental Health Concerns	8
	High Blood Pressure	8
	Unable To Obtain Medical/Dental Care	3
	Lost Health/Dental Insurance Benefits	3
	Diabetes	5
	Other	7
Where does the children's mother live?	Same Home As Child	87
	Same Town As Child - Different Home	0
	Different Town Than Child	5
	Deceased	2
	Jail/Prison In The Same Town As Child	0
	Jail/Prison In A Different Town As Child	0
	Deployed In Military	0
	Other/No Reply/Unknown	5
Where does the children's father live?	Same Home As Child	70
	Same Town As Child - Different Home	7
	Different Town Than Child	18
	Deceased	0
	Jail/Prison In The Same Town As Child	0
	Jail/Prison In A Different Town As Child	0
	Deployed In Military	0
	Other/No Reply/Unknown	8

2013-14 TREC Community Assessment with updates

Question	Responses	Percentage of Respondents
How often does your child spend time with his/her mother?	Every Day	87
	1-2 Times Per Week	5
	1-2 Times Per Month	2
	Other/No Reply	7
How would you rate your child's relationship with his/her mother?	Very Healthy/Strong/Enjoy Each Other	84
	Average/Could Be Improved	10
	Unhealthy/Do Not Enjoy Time Together	2
How often does your child spend time with his/her father?	Every Day	67
	1-2 Times Per Week	5
	1-2 Times Per Month	5
	Other/No Reply	18
How would you rate your child's relationship with his/her father?	Very Healthy/Strong/Enjoy Each Other	74
	Average/Could Be Improved	10
	Unhealthy/Do Not Enjoy Time Together	13
Is the mother doing any of the following?	Attending School Full Time	5
	Attending School Part Time	7
	Working Outside the Home & Attending School	3
	Working Outside the Home Full Time	23
	Working Outside the Home Part Time	16
	Full Time Homemaker Not Working Outside	31
	Unemployed	11
Is the father doing any of the following?	Attending School Full Time	0
	Attending School Part Time	3
	Working Outside the Home & Attending School	0
	Working Outside the Home Full Time	59
	Working Outside the Home Part Time	7
	Full Time Homemaker Not Working Outside	8
	Unemployed	10

2013-14 TREC Community Assessment with updates

Question	Responses	Percentage of Respondents
Who provides care for your child while you are at work or attending school?	Child's Parent	31
	Home Day Care	16
	Head Start/Early Head Start	3
	Family Member Other Than Child's Parent	30
	Child Care Center/Day Care Center	7
	Other	2
Is your non-family childcare provider licensed by the state?	Yes	13
	No	38
	Not Sure	10
Is there a need for more licensed childcare?	Yes	39
	No	26
	Not Sure	30
Would you use childcare offered through BHS: P-5?	Yes	54
	No	20
	Not Sure	25
Has your child received any of these BHS/EHS services: Nutrition, Speech, OT, PT, Special Ed, Mental Health, etc.	Yes	11
	No	69
	Not Sure	13
Do you believe that you had adequate participation in developing your child's lesson plans?	Yes	92
	No	2
	Not Sure	7
Do you believe that you had adequate participation in deciding the level of cultural elements in your child's lesson plan?	Yes	84
	No	0
	Not Sure	11
Does the BHS/EHS Newsletter have information of interest for you?	Yes	82
	No	11
	Not Sure	3

2013-14 TREC Community Assessment with updates

Question	Responses	Percentage of Respondents
How often do you believe the BHS/EHS Newsletter should be published?	Bi-weekly	8
	Monthly	56
	Bi-monthly	10
	Quarterly	16
	Other	2
Check the ways you have volunteered in your child's program.	Parent Group	15
	Field Trips	26
	Policy Council	16
	Home Visits	67
	Helping Prepare Materials	3
	Preparing Meals	2
	Assist In Classroom	13
	Special Events	8
Which items do you rate as VERY IMPORTANT in your child's BHS/EHS program?	The Way My Child Learns	82
	Classroom Environment	25
	Parent Involvement	30
	Learning More About How My Child Learns	41
	Social Experiences	62
	Parent/Teacher Conferences	10
	Staff At The Center	26
	Home Visits	66
	Other	3
	Check the items that you think COULD BE IMPROVED in your child's BHS/EHS program.	The Way My Child Learns
Classroom Environment		16
Parent Involvement		16
Learning More About How My Child Learns		10
Social Experiences		8
Parent/Teacher Conferences		7
Staff At The Center		10
Home Visits		5
Other	3	

2013-14 TREC Community Assessment with updates

Question	Responses		Percentage of Respondents
Overall are you satisfied or unsatisfied with the following items?	Services:	Satisfied	98
		Unsatisfied	0
	T/HV Performance:	Satisfied	92
		Unsatisfied	5
	Days per Week:	Satisfied	97
		Unsatisfied	2
	Length & Time of Day?	Satisfied	95
		Unsatisfied	3

SUMMARY OF CHANGES to MAJOR ISSUES & TRENDS

2014-15 Updates

2015-16 Updates

APPENDIX

CODE OF FEDERAL REGULATIONS :

[Title 45, Volume 4]

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TITLE 45--PUBLIC WELFARE

**CHAPTER XIII--OFFICE OF HUMAN DEVELOPMENT SERVICES, DEPARTMENT
OF HEALTH AND HUMAN SERVICES**

**PART 1305 ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND
ATTENDANCE IN HEAD START**

Section 1305.3 Determining community strengths and needs.

(a) Each Early Head Start grantee and Head Start grantee must identify its proposed service area in its Head Start grant application and define it by county or sub-county area, such as a municipality, town or census tract or a federally-recognized Indian reservation. With regard to Indian Tribes, the service area may include areas designated as near-reservation by the Bureau of Indian Affairs (BIA) or, in the absence of such a designation, a Tribe may propose to define its service area to include nearby areas where Indian children and families native to the reservation reside, provided that the service area is approved by the Tribe's governing council. Where the service area of a Tribe includes a non-reservation area, and that area is also served by another Head Start grantee, the Tribe will be authorized to serve children from families native to the reservation residing in the non-reservation area as well as children from families residing on the reservation.

(b) The grantee's service area must be approved, in writing, by the responsible HHS official in order to assure that the service area is of reasonable size and, except in situations where a near-reservation designation or other expanded service area has been approved for a Tribe, does not overlap with that of other Head Start grantees.

(c) Each Early Head Start and Head Start grantee must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area:

(1) The demographic make-up of Head Start eligible children and families, including the estimated number, geographic location, and racial and ethnic composition;

(2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;

(3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;

(4) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;

(5) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;

(6) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.

(d) The Early Head Start and Head Start grantee and delegate agency must use information from the Community Assessment to:

(1) Help determine the grantee's philosophy, and its long-range and short-range program objectives;

(2) Determine the type of component services that are most needed and the program option or options that will be implemented;

(3) Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area.

(4) If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency.

(5) Determine appropriate locations for centers and the areas to be served by home-based programs; and

(6) Set criteria that define the types of children and families who will be given priority for recruitment and selection.

(e) In each of the two years following completion of the Community Assessment, the grantee must conduct a review to determine whether there have been significant changes. If so, the Community Assessment must be updated and the decisions described in paragraph (c).

(f) The recruitment area must include the entire service area, unless the resources available to the Head Start grantee are inadequate to serve the entire area.

(g) In determining the recruitment area when it does not include the entire service area, the grantee must:

(1) Select an area or areas that are among those having the greatest need for Early Head Start or Head Start services as determined by the Community Assessment; and

(2) Include as many Head Start eligible children as possible within the recruitment area, so that:(a) The greatest number of Head Start eligible children can be recruited and have an opportunity to be considered for selection and enrollment in the Head Start program, and (b), the Head Start program can enroll the children and families with the greatest need for services.

MEASURES OF POVERTY:

“Following the Office of Management and Budget’s (OMB) *Statistical Policy Directive 14*, the Census Bureau used a set of money income thresholds that vary by family size and composition to determine who is poor. If a family’s total income is less than that family’s threshold, than that family, and every individual in it, is considered (economically) poor. The poverty thresholds do not vary geographically, but they are updated annually for inflation using the Consumer price Index (CPI-U).....While the thresholds in some sense represent families’ needs, the official poverty measure should be interpreted as a statistical yardstick rather than as a complete description of what people and families need to live.” (U.S. Census Bureau)

The following figures are the 2013 HHS poverty guidelines established by the Secretary of Health and Human Services

Persons in family/household	Poverty guideline	130%
1	\$11,490	\$14,937
2	15,510	20,163
3	19,530	25,389
4	23,550	30,615
5	27,570	35,841
6	31,590	41,067
7	35,610	46,293
8	39,630	51,519
For families/households with more than 8 persons, add \$4,020 for each additional person.		

Federal definition of income:

Income means total cash receipts before taxes from all sources, with the exceptions noted below. Income includes money wages or salary before deductions; net income from non-farm self-employment; net income from farm self-employment; regular payments from Social Security or railroad retirement; payments from unemployment compensation, strike benefits from union funds, workers’ compensation, veterans benefits (with the exception noted below), public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, Emergency Assistance money payments, and non-Federally funded General Assistance or General Relief money payments); training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts; and net gambling or lottery winnings.

As defined here, income does not include capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; or tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; food or housing received in lieu of wages; the value of food and fuel produced and consumed on farms; the imputed value of rent from owner-occupied non-farm or farm housing; and such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance, and certain disability payments made to disabled children of Vietnam veterans as prescribed by the Secretary of Veterans Affairs.

**TREC – BADLANDS HEAD START: PRENATAL TO FIVE
COMMUNITY ASSESSMENT SURVEY
FAMILY PARTNERS**

Badlands Head Start: Prenatal to Five (BHS: P-5) would like to learn more about the families we serve and how beneficial our services are to families. Your answers will be summarized with other completed surveys from your area and included as part of the tri-annual Community Assessment. Please complete the following questionnaire and return it in the postage paid, self-addressed envelope that has been provided. **There is no need to sign the survey but we do need to know your county and community.** Thank you for doing your part in strengthening your community.

COUNTY: _____ **COMMUNITY:** _____

1. As the person completing this questionnaire, what is your relationship to the child/children enrolled in the Badlands Head Start: Prenatal to Five (BHS: P-5) program?
 Birth Mother or Step-mother Legal Guardian Foster Parent
 Birth Father or Step-father Grandparent Other _____
2. What type of health insurance does your BHS: P-5 enrolled child(ren) have?
 My child does not have health insurance Medicaid (Title 19) CHIPS
 Private Health Insurance Indian Health Service Other Health
3. What type of dental insurance does your BHS: P-5 enrolled child(ren) have?
 My child does not have health insurance Medicaid (Title 19) CHIPS
 Private Health Insurance Indian Health Service Other Health
4. Please check all the services your family currently receives.
 Food Stamps Emergency Assistance Energy Assistance WIC
 Food Bank/Commodities DFS Assistance with Childcare Housing Assistance Other
5. Please check any of the following items that have affected your family in the last year.
 Marriage Started a New Job
 Divorce Became Unemployed
 Separated From Spouse/Boyfriend/Girlfriend Ran Out Of Unemployment Benefits
 Moved In With Spouse/Boyfriend/Girlfriend Moved From Home
 Lived With Family/Friends Because We Were Death of Close Family Member
 Unable To Find Affordable Housing Other _____
6. Check any item that has affected your family due to illegal drug use or abuse of alcohol by a family member.
 DSS Involvement (case/family plan) Foster Care Arrests
 Jail or Imprisonment of Family Member Counseling/Drug Rehab Neglect of Children
 Family Violence Death of Family Member Homelessness
 Our family has not been affected by drug or alcohol abuse/addiction. Other _____
7. Are you raising your grandchildren, nieces or nephews? YES NO
If you answered “no” please go to question 8:
If you answered “yes” to the above question, please reply to the following;
 - Do you have legal guardianship of the grandchildren, nieces or nephews? YES NO
 - Do the children have visitation/contact with their biological mother? YES NO
 - Do the children have visitation/contact with their biological father? YES NO

2013-14 TREC Community Assessment with updates

8. Please check if anyone in your family has experienced any of the health issues listed below in the last year.
- | | |
|--|--|
| <input type="checkbox"/> Diagnosed Mental Health Concerns | <input type="checkbox"/> Lost Health/Dental Insurance Benefits |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Unable to Obtain Medical or Dental Care | <input type="checkbox"/> Other _____ |
9. Where do the BHS: P-5 enrolled child's parents live? (Check one for each parent)
- | <u>Mom</u> | <u>Dad</u> | <u>Mom</u> | <u>Dad</u> |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Same Home As Child | <input type="checkbox"/> | <input type="checkbox"/> Jail/Prison In The Same Town |
| <input type="checkbox"/> | <input type="checkbox"/> Same Town As Child - Different Home | <input type="checkbox"/> | <input type="checkbox"/> Jail/Prison In A Different Town |
| <input type="checkbox"/> | <input type="checkbox"/> Different Town Than Child | <input type="checkbox"/> | <input type="checkbox"/> Deployed In The Military |
| <input type="checkbox"/> | <input type="checkbox"/> Deceased | <input type="checkbox"/> | <input type="checkbox"/> Other/Unknown: _____ |
10. How often does your BHS: P-5 enrolled child spend time with his/her mother?
- Every Day 1-2 Times A Week 1-2 Times A Month Other _____
11. How would you rate your BHS: P-5 enrolled child's relationship with his/her mother?
- Very Healthy / Strong Relationship Where They Enjoy Each Other's Company
 Average / Could Be Improved
 Unhealthy / Child or Mother Do Not Enjoy Each Other's Company or Plan Time Together
12. How often does your BHS: P-5 enrolled child spend time with his/her father?
- Every Day 1-2 Times A Week 1-2 Times A Month Other _____
13. How would you rate your BHS: P-5 enrolled child's relationship with his/her father?
- Very Healthy / Strong Relationship Where They Enjoy Each Other's Company
 Average / Could Be Improved
 Unhealthy / Child or Father Do Not Enjoy Each Other's Company or Plan Time Together
14. Is the father and/or mother currently doing any of the following:
- | | <u>Mother</u> | <u>Father</u> |
|--|--------------------------|--------------------------|
| Attending school full time | <input type="checkbox"/> | <input type="checkbox"/> |
| Attending school part time | <input type="checkbox"/> | <input type="checkbox"/> |
| Working outside the home and attending school full or part time | <input type="checkbox"/> | <input type="checkbox"/> |
| Working outside the home full time (30+ hours a week) | <input type="checkbox"/> | <input type="checkbox"/> |
| Working outside the home part time (under 30 hours a week) | <input type="checkbox"/> | <input type="checkbox"/> |
| A full time homemaker not working outside the home | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> | <input type="checkbox"/> |
15. Who provides care for your BHS: P-5 enrolled child while you are at work or attending school?
- | | |
|--|--|
| <input type="checkbox"/> Child's Parent | <input type="checkbox"/> Family Member Other Than Child's Parent |
| <input type="checkbox"/> Home Day Care | <input type="checkbox"/> Child Care Center/Day Care Center |
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Other _____ |
16. Is your **non-family** childcare provider licensed by the Department of Family Services (DFS)?
- YES NO NOT SURE
17. Do you believe there is a need for more licensed childcare providers in your community?
- YES NO NOT SURE
18. If available, would you use childcare offered by the Badlands Head Start/Early Head Start program?
- YES NO NOT SURE

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19. Has your family received any of these additional Badlands Head Start: Prenatal to Five services: nutrition counseling, speech therapy, special education assistance, mental health services, etc.?
 YES (**Go to #20**) NO (**Go to #22**) NOT SURE (**Go to #22**)
20. Do you believe the above listed services were appropriate for your child/family?
 YES NO NOT SURE
21. Do you believe the above listed services were provided in an appropriate location (home, classroom)?
 YES NO NOT SURE
22. Do you believe that you have had adequate participation in developing your child's lesson plans?
 YES NO NOT SURE
23. Do you believe that you have had adequate participation in deciding the level of cultural elements in your child's lesson plans?
 YES NO NOT SURE
24. Does Badlands Head Start: Prenatal to Five's newsletter have information of interest to you?
 YES NO NOT SURE
25. How often do you believe the BHS: P-5 Newsletters should be published?
 Bi-weekly Monthly Bi-monthly Quarterly Other _____
26. Check the ways you have volunteered in your BHS: P-5 enrolled child's program?
 Parent Group Policy Council Helping Prepare Materials Assist In Class
 Field Trips Home Visits Meal Preparation Special Events
27. Check the items that you rate **VERY IMPORTANT** in your child's Badlands Head Start/Early Head Start program experience?
 The Way My Child Learns Social Experiences Staff At The Center
 Classroom Environment Parent/Teacher Conferences Home Visits
 Parent Involvement – i.e. parent groups, special events, Policy Council, parenting classes, etc.
 Learning More About How My Child Learns & Develops Other _____
28. Check the items that you think **COULD BE IMPROVED** in your child's Badlands Head Start/Early Head Start program experience?
 The Way My Child Learns Social Experiences Staff At The Center
 Classroom Environment Parent/Teacher Conferences Home Visits
 Parent Involvement – i.e. parent groups, special events, Policy Council, parenting classes, etc.
 Learning More About How My Child Learns & Develops Other _____
29. Overall are you satisfied/unsatisfied with the items below:
Services Offered By The Program SATISFIED UNSATISFIED
Teacher/Home Visitor/Family Advocate Job Performance SATISFIED UNSATISFIED
Number Of Days Per Week Receive Services SATISFIED UNSATISFIED
Length of Session and Time of Day SATISFIED UNSATISFIED
30. Because TREC has the ability to sponsor other programs needed by communities, what additional programs or services do you believe that **TREC** or Badlands Head Start/Early Head Start could offer in your community to better meet the needs of its members – i.e. mental health or elderly care services?

31. Additional Comments: Please add any additional comments you wish to make.

**TREC – BADLANDS HEAD START: PRENATAL TO FIVE
COMMUNITY ASSESSMENT SURVEY
STAFF**

TREC Badlands Head Start: Prenatal to Five is currently conducting its tri-annual Community Assessment. This process looks at all the available local services as well as the services we currently provide to TREC – Badlands Head Start: Prenatal to Five families. We are asking that you please complete this brief staff questionnaire and return it in the self-addressed envelope:

COUNTY: _____ **JOB TITLE:** _____

1. From your observations during the last year, have you seen changes in the following:

	Increase	Decrease	No Change	Not Applicable
Number of low income families contacting your agency				
Number of individuals or families slightly over your income guidelines				
Number of multi-generational families you serve				
Number of teen pregnancies				
Number of licensed childcare providers				
Need for licensed childcare providers				
Services you offer				
Job availability in community				
Drug abuse in community				
Availability of low-income housing in the community				
Homelessness				
Availability of health services				

2. When working with BHS: P-5's families, what do you believe are BHS: P-5's strengths?

3. What are BHS: P-5's largest obstacles when working with BHS: P-5's families?

4. What other programs/services do you believe that **TREC or BHS: P-5** could offer to better serve your local community – i.e. mental health or elderly services?

5. Other comments?

**TREC – BADLANDS HEAD START: PRENATAL TO FIVE
COMMUNITY ASSESSMENT SURVEY
CHILDCARE PROVIDERS**

Badlands Head Start: Prenatal to Five is currently conducting its tri-annual Community Assessment. This process looks at the local child care services as well as the services we provide to families. We are asking that you please assist us by taking time to complete this brief questionnaire and return it in the enclosed self-addressed envelope:

COUNTY: _____ COMMUNITY: _____

1. What type of childcare do you provide?
 - Private - Care for only children of family or friend(s) in home.
 - Care for up to 10 children in family home or commercial structure.
 - Care for 11 to 15 children in family home or commercial structure.
 - Care for 16 or more children in family home or commercial structure.

2. Give the average **number** of children in each age group that you provide childcare for:
_____ Birth to 2 Years _____ 2 and 3 Years _____ 4 and 5 Years _____ School Age

3. Do you believe there is a need for additional childcare in your service community? YES NO
If yes, please comment below, indicating what age groups or types of childcare you believe need to be improved:

4. Have childcare licensing regulations affected your services? YES NO
If yes, please comment below:

5. Are you having any difficulty obtaining needed licensed childcare provider Continuing Education Units CEUs? YES NO

6. Are you interested in child development training for CEU credit if offered by our agency? YES NO
Please specify what trainings you would be interested in:

7. Are there other comments you would like to share with us regarding the childcare needs of your community? YES NO
Comments:

**TREC – BADLANDS HEAD START: PRENATAL TO FIVE
COMMUNITY ASSESSMENT SURVEY
COMMUNITY PARTNERS**

Badlands Head Start: Prenatal to Five is currently conducting its tri-annual Community Assessment. This process looks at all the local community services as well as the services we provide to families. We are asking that you please assist us by taking time to complete this brief questionnaire and return it in the self-addressed and stamped envelope:

COUNTY: _____ COMMUNITY: _____
 AGENCY: _____

6. In the last year, has your agency seen changes in the following:

	Increase	Decrease	No Change	Not Applicable
Number of low income families contacting your agency				
Number of individuals or families slightly over your income guidelines				
Number of multi-generational families you serve				
Number of teen pregnancies				
Number of licensed childcare providers				
Need for licensed childcare providers				
Services you offer				
Job availability in community				
Drug abuse in community				
Availability of low-income housing in the community				
Homelessness				
Availability of health services				
Transportation issues				
Average household income				

7. Are your agency's services or fees based on income? NA YES NO

8. What do you believe are your agency's strengths when working with low-income families?

9. What do you believe are your agency's obstacles when working with low-income families?

10. Please check any of these issues that you believe are concerns for your community?

- | | |
|---|--|
| <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Illegal drug use |
| <input type="checkbox"/> Grandparents raising grandchildren | <input type="checkbox"/> Children with no male role models |
| <input type="checkbox"/> Lack of quality licensed childcare | <input type="checkbox"/> Inadequate family income |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other _____ |

11. What other programs/services do you believe that **TREC or** Badlands Head Start: Prenatal to Five could offer to better serve your community – i.e. mental health or elderly services?

12. Other comments?