



TREC: Badlands Head Start

Community Needs Assessment 2020 – 21



CONTENTS

Introduction	4
Demographics of Head Start/Early Head Start Eligible Children & Families	6
Geographic makeup and overall population	6
Race/Ethnicity of TREC’s service area	8
Community Growth	9
Area Employment Trends	9
Employment Work Trends	10
School Schedules	11
Estimated Head Start/Early Head Start Population	12
Family Dynamics	14
Foster Care and HOmelessness In The Service Area.....	15
Conclusions	16
Other Childcare providers serving TREC Children.....	18
Licensed Childcare Centers by County and Number Children Under Age 5 by County	19
Children with Disabilities and Services provided	21
Education, Health, Nutrition, and Social Service Needs	23
Education	23
Head Start/Early Head Start Assessments	23
Nutrition	28
Health	31
Mental Health	35
Social Services.....	37
Conclusions	39
Community Resources (Partnerships)	40
Education	41
Students with Disabilities	41

Health and Dental Partners	42
Social Service Partners.....	43
Conclusions	44
Summary of Key Findings (overall)	45

INTRODUCTION

In order to properly align goals and aspirations of Head Start Agencies with community needs, the agencies must conduct community assessments to figure out, in an evidence-based manner, what the 'real' needs are for the communities they seek to serve. As it relates to Badlands Head Start, there are a variety of educational and community needs that were identified to best serve the communities in Western South Dakota.

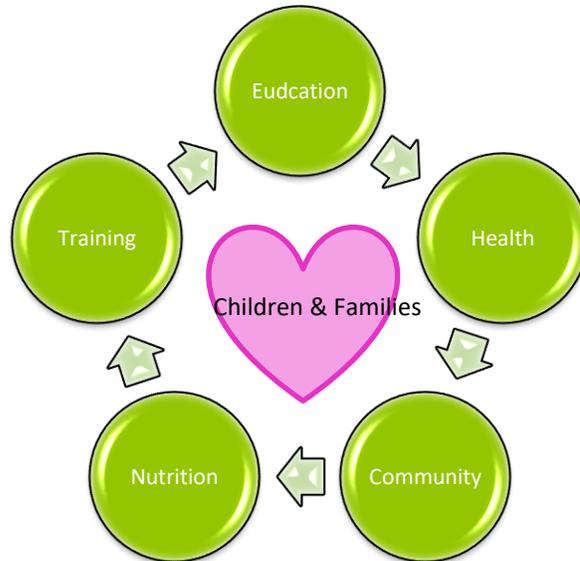
Ultimately, data and information gathered through the Community Assessment process will inform the program goals and operations in the coming years. This is by no means a strategic plan, but it allows the agency to program and think strategically in the short-term.

In this document we shall cover many areas. First, the demographic and family dynamics of our estimated number of Head Start and Early Head Start children and families will be discussed. After discussing the people who make up TREC communities, we shall transition to topics related to community needs in regards to education, health, social services, child care, and community resources. Other items, such as employment trends and community growth will also receive attention in the assessment as they are important indicators related to community needs. Last, the assessment will take time to profile each of our counties and present data outlining critical success factors.

The Community Assessment must be completed every five years. Also, per Head Start Program Performance Standards,

“(1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum: (i) The number of eligible infants, toddlers, preschool age

children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including: (A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A)); (B) Children in foster care; and (C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies; (ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being; (iii) Typical work, school, and training schedules of parents with eligible children; (iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served; (v) Resources that are available in the community to address the needs of eligible children and their families; and, (vi) Strengths of the community. (2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten- (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.



DEMOGRAPHICS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN & FAMILIES

The first section of the Community Assessment for TREC – Badlands Head Start seeks to focus on the overall demographics of our service area. Demographics allow us to get a general gauge on the makeup of our families, tailor needs with regard to culture, and better understand certain needs or issues associated with the given populous.

GEOGRAPHIC MAKEUP AND OVERALL POPULATION

To better understand the communities TREC serves, it is important to conduct some baseline analysis on the geography and population trends that impact the area. The section below will allow the reader to have a better understanding of the challenges TREC faces related to serving a wide geographic region and the general sparsity that goes along with residing in rural communities. In prior versions of the Community Assessment, TREC served a much more expansive service area. However, because of emerging employment trends and heightened need in Butte County, TREC redefined its service area in 2019.

What you see below is an updated map to reflect the current dynamics of services administered by our organization. Most notably, although we are authorized to provide services in Oglala Lakota and Bennett Counties, TREC is not currently allotting any funded enrollment slots to these areas.

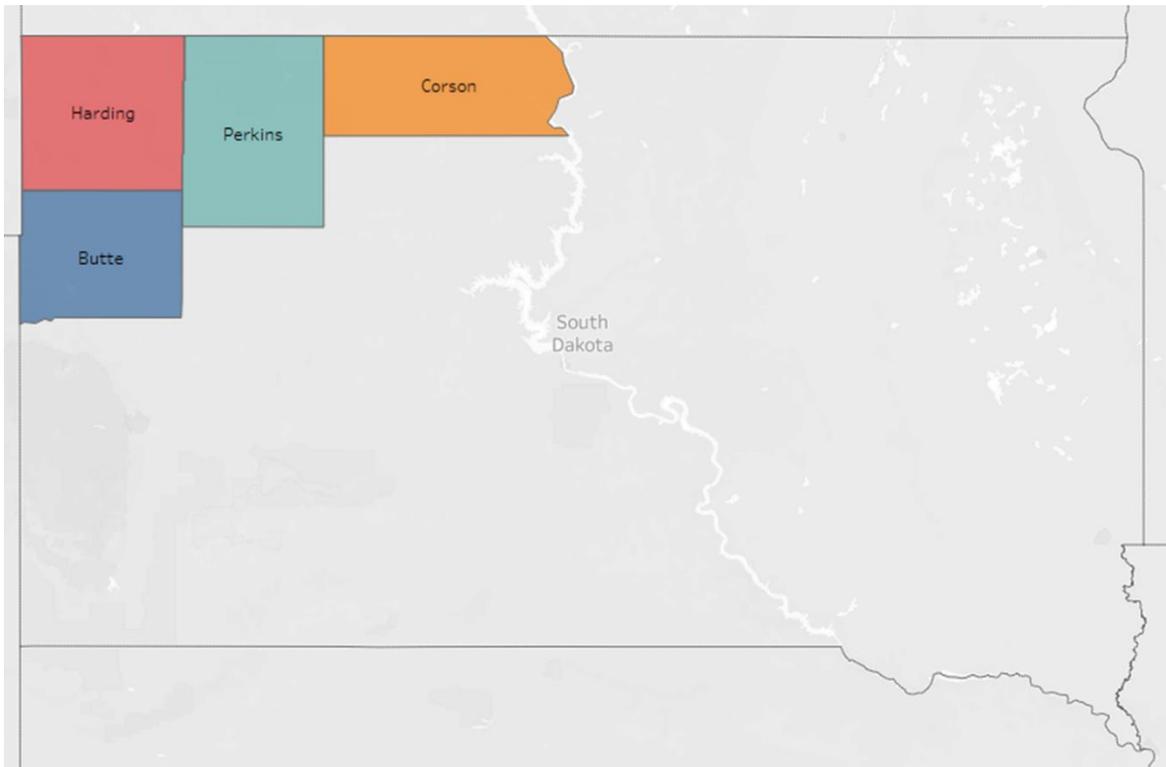


Figure 1.1

The TREC administrative offices are located in the city of Belle Fourche. Belle Fourche is centrally located in the service area and has a population of approximately 5,700 people.

As we discuss the population and demographic indicators of the service area, it will become very clear as to the rural nature of the communities and families receiving services from TREC – BHS.

RACE/ETHNICITY OF TREC'S SERVICE AREA

Currently, TREC serves 3 main counties. Butte, Harding, and Perkins Counties are where the vast majority of TREC's service are provided to children and families. See figure 1.2 for clarification.

While these data are representative of the entire population, it tells us an important programmatic lesson. The makeup of our service area's inhabitants is diverse. As a result, TREC – BHS must be conscious of these differences when it comes to tailoring our program around cultural and customary elements of the children and families.

Race/Ethnicity	Butte	Corson	Harding	Perkins
White alone, percent, July 1, 2019	93.90%	30.20%	94.00%	95.00%
Black or African American alone, percent, July 1, 2019	0.50%	0.50%	1.30%	0.50%
American Indian and Alaska Native alone, percent, July 1, 2019	2.50%	65.40%	2.50%	2.60%
Asian alone, percent, July 1, 2019	0.40%	0.60%	0.20%	0.40%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2019	0.10%	Z	0.00%	0.10%
Two or More Races, percent, July 1, 2019	2.60%		1.90%	1.40%
Hispanic or Latino, percent, July 1, 2019	3.80%	5.30%	2.60%	1.70%
White alone, not Hispanic or Latino, percent, July 1, 2019	91.00%	29.00%	91.80%	93.60%

Figure 1.2

Data obtained from the U.S. Census Bureau (2019) illustrate that, with the exception of Western, Corson County, it is clear from the data above that the area TREC serves is rather homogenous in nature. Much like other rural locales in South Dakota, the population is predominantly Caucasian. Minority populations are not well represented in this area when it comes to demographic indicators like race and ethnicity. Although there is a good degree of homogeneity, TREC does stay mindful of cultural norms and traditions of those who are not well represented in our service area. This is done in the spirit of multiculturalism and manifested through individualized services to those families.

COMMUNITY GROWTH

Monitoring the community growth of our area proves pragmatic but challenging when examining our estimated eligible Head Start and Early Head Start populations for program services. The most current data show us that there are, on average 1.9 inhabitants per square mile in our service area. This supports the statements above regarding the rural nature of our program. Additionally, when focusing on population changes one must be aware that population figures, per the U.S. Census, have remained relatively stable over the past 10 years. The table below illustrates a healthy upward trend in terms of county population. This is good news for every county except Perkins County. Although the downward shift in population is not as dramatic as it seems. Smaller populations can cause more variance in terms of percentages. Therefore, one should be mindful of this fact when reviewing the growth and decline of certain counties within our service area. TREC is, however, monitoring the community of Bison closely on an annual basis to help determine if population trends and changes will necessitate revisiting relevant program options for Head Start age children.

Community Growth – Longitudinal Trends

Population Changes 2010 – 2019			
Butte	Corson	Harding	Perkins
3.40%	1.10%	3.40%	-4.20%

Figure 1.3

AREA EMPLOYMENT TRENDS

As it relates to employment within TREC’s service areas, most of the region has roots in the agricultural sectors. To be clear, farming and ranching are staples of life in the areas we operate. According to data obtained from the American Community Survey, aside from agriculture, Public Administration and Education seem to be the primary employment providers for those residing within TREC’s service area. These assumptions are validated by the data shown below. Individual communities and counties will be discussed at greater detail later in the assessment.

As with past Community Needs Assessments, TREC examines the employment trends of the service area. Often times, this is a stable metric for counties and communities. To be clear, barring any large change in infrastructure or technology, the labor market does not see many substantive changes. Data regarding employment by industry was difficult to gather for this version of the assessment as the original source for industry-level data, the American FactFinder, was decommissioned in 2019. Although good data were not readily available for consumption, it is plausible to assume that the employment trends have not changed drastically since 2019. TREC consulted Community Assessments longitudinally to gain more insight and found that Agriculture, Education/Health/Social services, and Retail Trade have been the dominant industries over a period of 10 years. This trend has gone unchanged without substantial deviation in terms of percentages of individuals employed in these labor market sectors.

Because of the make-up and culture in our region, many people still choose to call the agricultural sector their home in terms of employment. This is true for the majority of communities and outlying areas in our service area. As you can see from the table above, education, healthcare, and social assistance come in at a close second as it relates to where people are working in our communities.

As you can tell, this type of distribution highlights the rural nature of our area and highlights some of the limitations in terms of economic development. Only 21% of those over 25 possess a bachelor's degree. Therefore, the number of workers with higher education experience does have its limitations. In turn, higher numbers of people take jobs in retail areas and construction as well.

EMPLOYMENT WORK TRENDS

Planning for community needs takes careful thought and consideration. Given the working nature of families that comprise our participants, it is important that TREC – BHS takes into account their working hours during a typical week. By doing so, TREC – BHS can more effectively plan all organizational events and happenings. For example, if most families are working traditional (8 – 5)

hours, it would make sense to plan home visits or socializations in the evening hours – or on days when a parent is off.

Understanding the staffing and scheduling trends of our families is not only helpful, but it is required by the Office of Head Start.

This year the survey was limited in its capacity. Because of the COVID-19 pandemic, TREC is serving less families than a normal program year. The validity and reliability of a distributed survey instrument would surely yield questionable data. Therefore, TREC did not do a formal polling of families. The work hours survey will be revisited once communities are widely vaccinated in order to get a more accurate picture of scheduling considerations for families.

In order to gather some reliable information, though, TREC consulted our student data to paint an overall picture of the employment landscape for families. Knowing most families work in the service industry (which has remained largely open during the pandemic), we can surmise that most families are working scheduled shifts at their place of employment. This did not play a significant role during the current year as the organization did not host any socializations due to health and safety concerns.

In summary, although formal data were not collected through a survey instrument, anecdotal evidence, county employment information, and data from our student information system give us a fairly accurate look at what our families are doing for work. In addition, knowing these industries allows us to run hypotheses regarding scheduled hours. Using this information, we are able to remain flexible and plan around family schedules in a way that creates meaningful opportunities for families to truly engage in program activities.

School scheduling is much simpler to decipher than parental work schedules. By and large, LEAs in our service area provide K-12 schooling from mid-August until mid-May. School hours vary; although, one can generalize from the schedules available that a typical school day is from 8am until 3:30pm. The only caveat worth interest, and potentially impactful for center-based services, is the normal days in attendance. To be clear, most LEAs in our service area conduct a “modified 4 day schedule”. Whereas, the students are normally in session from Monday through Thursday. This may alternate on some months in order to attain the number of instructional minutes required by the State Education Agency. TREC – BHS leans towards following our LEA schedules because most of our center-based nutrition is contracted through the LEA.

ESTIMATED HEAD START/EARLY HEAD START POPULATION

Estimating the eligible number of children for Head Start and Early Head Start program can be a tricky endeavor. Most calculations fall short of the required variables to accurately account for those families who may potentially be eligible for the program. Over the years, TREC has undertaken a multi-faceted approach to allow us to provide a “continuum of eligibility”. To be clear, our approach considers multiple factors when projecting numbers of eligible children. On one end, estimates are very conservative and take into account only those who responded to the American Community Survey (ACS) as “being in poverty” during the past 12 months. On the opposite end of the spectrum, we also consider those who routinely qualify for meal assistance in the school districts. Last, the community poverty rates are also analyzed to determine the real depth of poverty in a given community. This gives TREC a more expansive and complete view of the situation. In turn, we are better equipped to accurately assess the eligibility landscape.

The table below provides 4 indicators the agency regularly looks at and gives the reader a good idea as to the varying estimates in terms of eligible children in our service area.

Estimated Number of Eligible Children				
	Butte	Corson	Harding	Perkins
# Children in Poverty	122	82	17	37
#Children receiving SNAP	136	231	<6	10
#Children receiving TANF	27	194	<6	<6
#WIC Participants	264	0	10	81
#Children on Medicaid	368	367	25	51

Figure 1.5

It is also worth noting that TREC – BHS serves an area that is medically underserved. Therefore, much of the eligible population can be above the income thresholds (provided there is an income eligible match).

Because examining poverty requires looking at several variables, TREC also takes into account the free and reduced lunch percentage in our local school districts. Using the Kids Count fact book, the table below helps examine familial need through the financial and food-security lens.

Percentage of Children – Free/Reduced Lunch			
Butte	Corson	Harding	Perkins
47.4%	>90%	26.1%	36.0%

The table figures clearly add credence to the information above regarding the number of eligible children for the Head Start and Early Head Start children in our service area. It also, helps us better understand issues around food security.

In sum, the data in this section clearly provide evidence that there are ample opportunities for serving the amount of Federally funded slots (159) currently awarded to our program. Additionally, as mentioned above, TREC must remain vigilant in monitoring our smaller communities to determine the best program options for our counties and communities.

FAMILY DYNAMICS

Because we serve the whole family, TREC looks deeply at the family dynamics that make up the participants we serve. Therefore, we use various sources (e.g., PIR, Kids Count, and the American Community Survey) in order to provide the reader with greater detail about the families we serve in the area. Topics such as single-parent families, family education, and homelessness are discussed. When providing services to families within the TREC boundaries, it is important to consider the dynamics of past families we have traditionally served. The Program Information Report (PIR) gives us valuable insight as to how our families are made up, and the data can help to drive our programming needs. In this section, we will discuss topics ranging from single parent families, levels of education, and homelessness.

Understanding the full family unit is important to tailoring the proper services to individuals in our program. To be clear, providing services to a family that possesses both parents can look somewhat different than those who are in a single parent family. Some supports and resources will change to find the best mix of services and support for individual families. Therefore, TREC takes a close look at the most recent Program Information Report (PIR) data to get a good picture as to the dynamics of the families we serve. Because of the COVID-19 pandemic, TREC was limited to using data from 2019. The data from our PIR in 2019 indicated that a majority of the families we serve are two-parent families. However, there is a large percentage of families (42%) of program participants are coming from families with only one parent. Most children in the single-parent families we serve were residing with their mother.

According to research, there is a higher likelihood of poverty for single-parent families. In turn, a number of additional risk factors emerge for these families. Smaller incomes coupled with lack of available subsidy can add social and emotional stressors into the family's life.

Family makeup is not the only factor we consider when analyzing the family dynamic. Among the socioeconomic factors, educational attainment plays a big role in determining family needs. Among TREC families, most had at least a High School Diploma or educational equivalent (89.4% on average). Therefore, county-wide data paints a picture that approximately 10% of residents possess less than a high school diploma. Digging deeper, TREC also consulted the PIR for a more granular focus at program data. The data point out that program participants often had higher rates (14%) that had not achieved a high school diploma or equivalent. This is somewhat higher than overall county census data, but it does remain somewhat consistent. Additionally, there are a number of TREC families that possess a baccalaureate degree or higher. In fact, 21% have a baccalaureate, and approximately 9% possess an advanced degree. Sociological research draws strong correlations between educational attainment and a family's income level. To add clarity, the higher one's education, typically their earnings are higher, too.

TREC must focus on providing resources and support for those who have not completed the high school diploma or its equivalency. Doing so would strengthen our partnerships with those families and enable them to leave the program in a better position than when they first enrolled. It is our job to develop families to be successful in life.

FOSTER CARE AND HOMELESSNESS IN THE SERVICE AREA

Traditionally, Head Start has been an advocate for the “neediest of the needy” within communities and municipalities. Therefore, it is imperative that TREC – BHS make an examination, with the data available, regarding homelessness and foster care within our service area. First, we'll take a look at the availability of foster care in the area where TREC – BHS serves.

According to the South Dakota Department of Social Services (DSS), the Sturgis DSS office currently has case files for approximately 50 children in the foster care system. This figure is fairly

consistent on a year-to-year basis. In fact, over the past 5 years – the estimated number of children in the foster care system has not changed demonstrably.

Sturgis' DSS office covers the Counties of Butte, Lawrence, Harding, and Meade Counties. It is difficult to discern from this information exactly how many children reside in foster care for Butte and Harding Counties, respectively. As a result, TREC – BHS turned to our PIR data to dig deeper into foster care within the service area. PIR data states that TREC only served 6 families that were involved with the foster care system. In sum, the data on foster care in our service is somewhat sparse and paints the picture that there are not many children in foster care around our service area.

Like foster care data, homelessness can be difficult to gather and analyze for agency. The South Dakota Department of Education submits McKinney Vento data files to the Federal Government via the ED Facts system on an annual basis. Their data is mostly suppressed because of low homeless numbers in Local Education Agencies and with respect to student privacy laws. Upon submitting a request to the SDDOE, it was deemed that, for all locations submitted, the sample size was too small to release any data to TREC – BHS. In turn, TREC – BHS turned again to the PIR data. While individual County weren't available, the data show that TREC – BHS served approximately 42 families that experienced homelessness over the past year. These data were gathered from the 2019 PIR report. Of those experiencing homelessness, approximately 38% (16 families) acquired housing during the program year. The gains in housing provide hope and assurance that TREC is doing their job in partnering with families to create a brighter future. While this information is good, TREC also realizes that the work must continue to create sustainable success for the families we serve. We accomplish this by guiding families towards resources and programs that enable them to pursue housing in a resourceful manner.

CONCLUSIONS

As mentioned before, demographics of our service area plan an important part in how we plan and design our program operations. It is increasingly clear from the information presented above that a number of program options must be employed to meet the needs of children and families within the six counties. Both center and home-based head start options are appropriate for our service areas. The more rural areas may benefit greatly from the home-based Head Start and Early Head Start option; whereas, regions with a higher population base (e.g., Belle Fourche and Lemmon) might have more success with a center-based approach to services (with expanded home visits). Although the population estimates paint a promising picture, TREC must pay close attention to our smaller communities, such as Bison, to determine if the center-based (locally designed) option is the best fit for the community. Also, recruitment and retention of families in a post-COVID community will prove to be interesting for the organization.

Race and ethnicity in our region helps us plan and tailor our program approach to the needs of each individual and their respective culture. As you can see, there is a need to plan for approaches that are sensitive to both the Anglo-Saxon (Caucasian) and Native American cultures. It is imperative that we respect each culture and incorporate traditions and norms to build relationships.

Family dynamics also help us plan around the needs of our families. We spoke about the estimated number of children eligible for services and find that there is a great need for Head Start and Early Head Start services in each of the counties we serve. Based on the numbers, there is an explicit need for comprehensive services in the communities within Butte County.

There is a definite need for a variety of program options in our communities. Our blend of very rural and smaller communities makes us a model agency for the center-based and home-based options, depending on the community. Also, the services provided and lessons taught need to be culturally diverse and pay respect to the individuals that embrace the mentioned cultures. Last, family

composition (dynamics) give us valuable information when it comes to making referrals for additional family services. In other words, it spells out a path for utilizing our community partners to fulfill that health, medical, and social service needs that Head Start may not be able to fill.

OTHER CHILDCARE PROVIDERS SERVING TREC CHILDREN

In addition to TREC, there are other providers offering childcare and educational services to children and families in the area we serve. This helps paint the most accurate picture as to the level of services one can expect when either moving to the area or starting a family.

The tables below illustrate additional providers in the area. These include both preschool/educational providers and licensed childcare facilities.

Entity Name	City/County	Number of Children	Services Provided
Birth to 3 Connections	Butte County	16	Serves Birth to 3 Special Education students and provides home-based services
Bison and Lemmon Public Schools	Bison and Lemmon	8	Serve children with disabilities/special needs from birth through 5. Provides disability/special needs services in the home
Newell School District Preschool	Butte County	22	Center based services to 4 year olds with disabilities/special needs.
NW Area Birth to 3 Connections	Corson/Perkins County	2	Serves children with disabilities/special needs birth through 3. Provides disability/special needs services in the home.
Standing Rock Sioux Tribe	Corson County	332	Home and center based Early Head Start and Head Start programs.

Figure 2.1

The data in this table were provided by area organizations. They represent the most accurate count of children receiving additional early childhood and special education services within our area.

Beyond this, there are other organizations that serve children while their parents are at work. These agencies are licensed providers, and the following section helps provide more information on these groups.

LICENSED CHILDCARE CENTERS BY COUNTY AND NUMBER CHILDREN UNDER AGE 5 BY COUNTY

Rural communities often struggle with access to high quality, reliable childcare. Given the demographics of many rural communities, this should not be a surprise to the reader. With lower rates of individuals possessing a baccalaureate degree, there are naturally smaller numbers of individuals who possess the professional training to provide licensed educational services to young children. Our communities are no different. Additionally, lower wages in this sector also play a role in organizations' ability to recruit and retain professionally prepared staff to care for and educate young children.

As you can see from the table below, there are not many options for childcare in the communities TREC serves. Not only is the dearth of services an issue for families, but the cost of services is also a consideration that comes into account. The availability of high-quality, affordable care is beyond the reach of most individuals within these communities. To compound this, childcare subsidies are not readily available for those who earn a living wage. To be clear, although some families make a decent earning, they make too much to be eligible for any financial help as it relates to childcare services for their children. This makes access even more difficult and costly.

As a state, South Dakota currently offers no funding or legislative support for public pre-kindergarten at this point in time. In addition, there is no early learning council to support the exploration and implementation of standard guidelines for Early Childhood. Quality Rating Improvement

Systems are also non-existent within the state. Therefore, parents are unable to adequately conduct comprehensive research on childcare facilities that may be a good fit for their children’s needs. The state has, however, implemented Early Learning Guidelines (ELGs) to serve as a guidepost for agencies seeking to provide families with pre-kindergarten services. Last, in lieu of a QRIS, the state has implemented a rating system that allows for early childhood programs to achieve levels of certification in terms of quality. This system is called the “Preschool Levels of Excellence”. It is a good starting place in the absence of a robust, reliable QRIS.

In addition, the financial implications on families receiving childcare is something we need to examine and consider. There is no uniform rate for childcare in South Dakota. Therefore, families are at the mercy of the provider when it comes to a payment schedule. There are programs available to help families pay for childcare, but the rate of reimbursement may not lend itself to enroll a child in a quality program. Families should not choose between quality and affordability.

Figure 2.2 below illustrates the dearth of providers within our service region. The table is based on estimates provided by the Department of Social Services. Over the past 5 years, there have been substantial changes to the licensed childcare landscape. In fact, Perkins County lost all its licensed providers in that time. In addition, Butte County has seen its licensed providers dwindle over the last decade. The table below illustrates the dearth of licensed providers in the area. This makes Head Start and Early Head Start services to children imperative.

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
Corson	0	0	0	0
Perkins	0	0	0	0
Harding	1	0	0	20
Butte	1	7	0	104

Figure 2.2

In sum, although there are a small number of childcare entities serving the counties where TREC provides Head Start and Early Head Start programs, it is unknown as to the relative quality and affordability that these programs give their children and families. The state of South Dakota does not currently possess the capacity to develop and implement a Quality Rating Improvement System (QRIS) for childcare providers at the current time. Without this key repository, understanding quality and affordability is limited to anecdotal evidence. This does present an opportunity for TREC as an organization to look into diversifying funding streams and placing high quality, affordable childcare options in our rural communities. It is an opportunity to set the standard for quality in our service area when it comes to providing daycare services to hardworking parents. As of April, 2021, South Dakota still has not implemented a QRIS, and current progress indicates there will not be a system implemented in the near future.

CHILDREN WITH DISABILITIES AND SERVICES PROVIDED

Children with disabilities are an important part of the population TREC serves. Unlike regular education students, children with disabilities require a special amount of care that often requires a specialized form of instruction, physical, and developmental services. While TREC does partner with many agencies to help with services (physical, counseling, etc.) for students with disabilities, we aim to meet the most essential needs of the child.

Determining the number of Students with Disabilities under the age of 5 years is key to planning for services within our counties. The table below illustrates the estimated number of Students with Disabilities in the counties, which TREC serves. We determined the number of Students with disabilities in our counties by multiplying the PK-12 Special Education percentage by the number of children less than 5 years of age in each county. Head Start Performance Standards indicate that at least 10% of

enrolled students must be students with disabilities. It is evident from the data that we can certainly fulfill these requirements if we are painstaking about our recruitment efforts. In addition, the data below are very helpful when it comes to deciding what program options work best in certain counties. It is clear from the data that a combination of home-based services and center-based services are necessary to fulfill the needs of our communities. Data from the Program Information Report (PIR) helps bring detail to light in terms of Students with Disabilities enrolled in Head Start and Early Head Start. This information is highlighted in the paragraphs below.

County	# Special Education Under 5
Butte	21
Corson	NA
Harding	4
Perkins	5

Figure 2.3

According to Program Information Report (PIR) data from the 2019 year, TREC had approximately 24 children enrolled in our programs that were either on an Individualized Education Program or Individual Family Service Plan. When you break it down by Head Start and Early Head Start, this equates to approximately 11% of Head Start and 13% of Early Head Start children receiving Special Education services. More often than not, Head Start children receiving services were categorized as needing help with speech and language. A smaller number of students received services relating to developmental delays.

Due to our size, TREC could not provide all services for Students with Disabilities on its own. Therefore, we rely heavily on many community partners to help facilitate the work. We discuss the partners in a more detailed fashion later in this assessment, but Birth to 3 Connections and many LEAs (e.g., Bison, Harding County, Belle Fourche, Newell, Lemmon, and Oglala Lakota County) provide much help with our Special Education population.

Data from the South Dakota DOE illustrate that between 12 and 22 percent of the school age population in our counties have disabilities. These data are helpful as they let us know how the PreK-12 numbers stack up in terms of Special Education students. In addition, these percentages were actually used to derive the estimated number of Head Start and Early Head Start eligible children who would potentially need Special Education services. This is explained in detail above. The data are as recent as December, 2020.

District Name	Total Special Education	% of PK-12 Students
Belle Fourche 09-1	239	17.38%
Bison 52-1	23	16.02%
Harding County 31-1	43	22.16%
Lemmon 52-4	56	21.62%
Newell 09-2	66	24.09%

Figure 2.4¹

EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS

EDUCATION

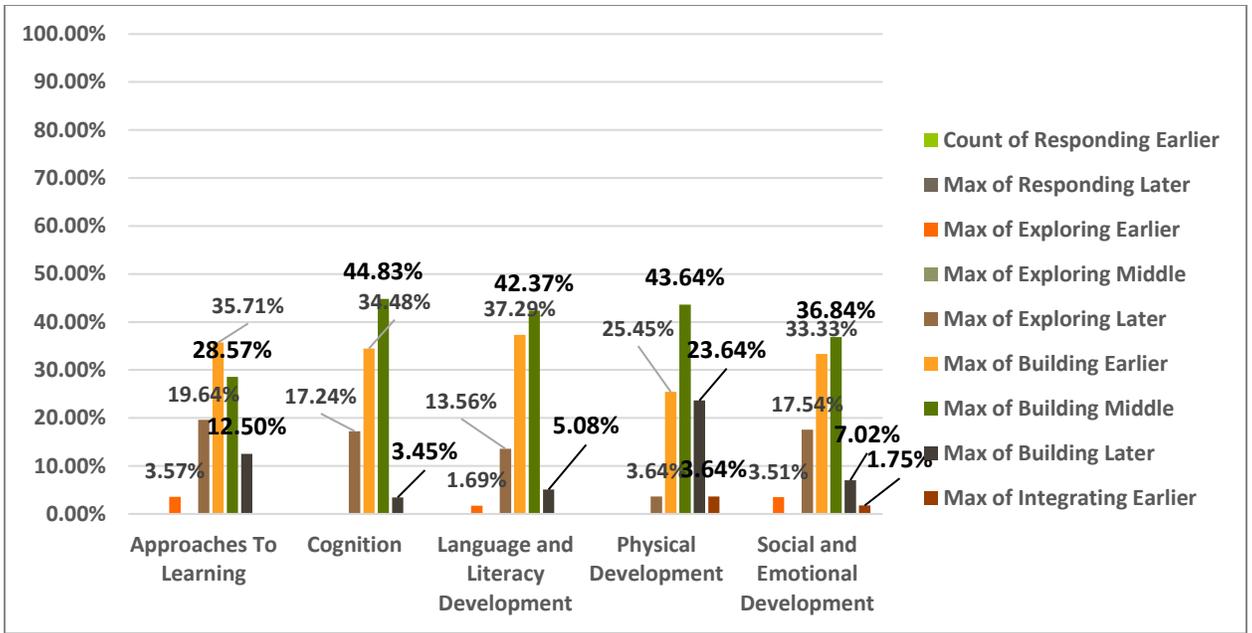
Education is an important piece of the holistic programming offered by TREC – Badlands Head Start. A sound education for children in our service area will prepare them for success later on in life. In addition, quality education programming as a result of Head Start attendance can better prepare our children for the successful transition into the K-12 education world. Currently, Head Start and Early Head Start programs offer a well-rounded curriculum to develop the whole child as well as empower the families in a variety of ways. This section shall focus on how TREC develops our children and families, strengths in program areas, and work that needs to be done.

HEAD START/EARLY HEAD START ASSESSMENTS

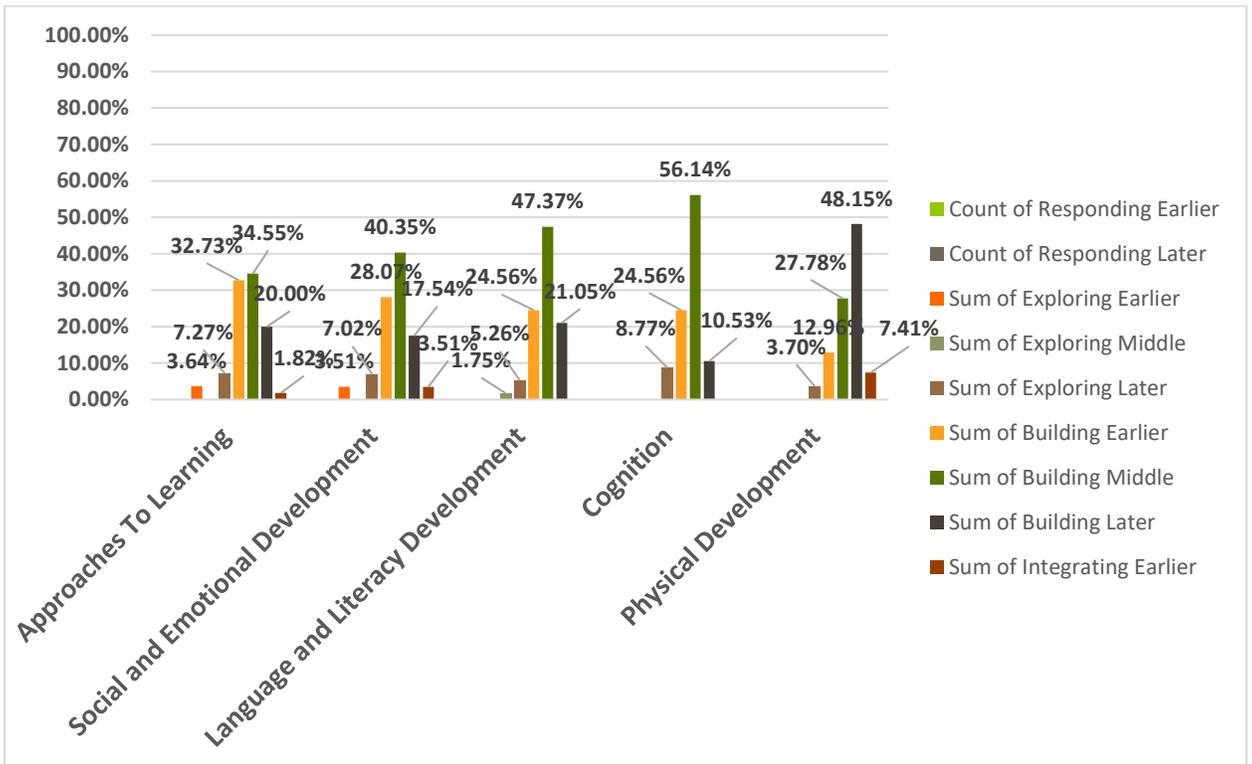
¹ Data are as recent as the 2020 – 21 school year.

TREC – Badlands Head Start utilizes the Desired Results Developmental Profile (DRDP) as our ongoing assessment to monitor a child’s progress throughout the program year. This is a departure from our previous assessment from Teaching Strategies GOLD. The DRDP assessment has proven to be more reliable and sensitive to Early Learners. The data we gather from the assessment prove to be helpful when individualizing education, adjusting our program goals, and also helping parents understand the progress of their child. In turn, this allows the agency to better prepare our participants for either Head Start services or entry into Kindergarten. Our agency noticed trends emerge over the years as a result of our assessment analysis. Therefore, we pay close attention to the areas of social emotional development, language and literacy, and mathematics.

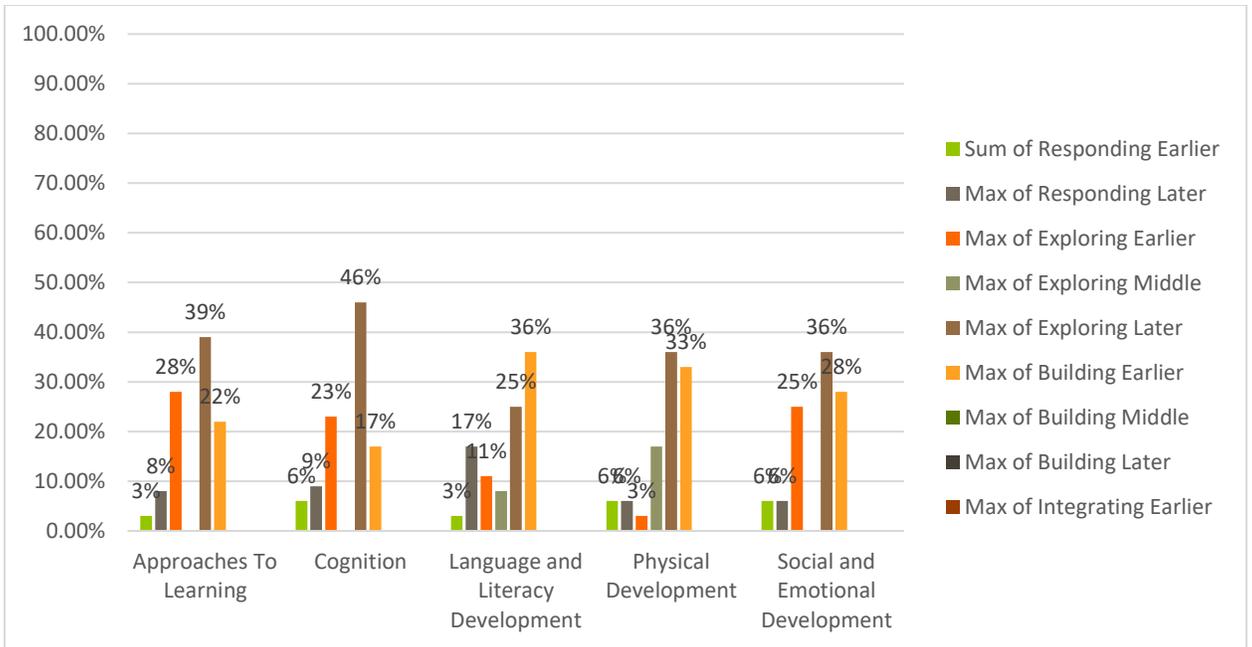
Our second checkpoint in the 2020 – 21 program year, our program is seeing a predictable longitudinal trend. Although the assessment measures progress differently than TS GOLD, it is clear that children are making demonstrable progress in all key domains of the Head Start Early Learning Outcomes Framework (HSELOF). The results of our winter checkpoint are evidenced below. For more information regarding progress, one should seek out TREC’s three part report on school readiness.



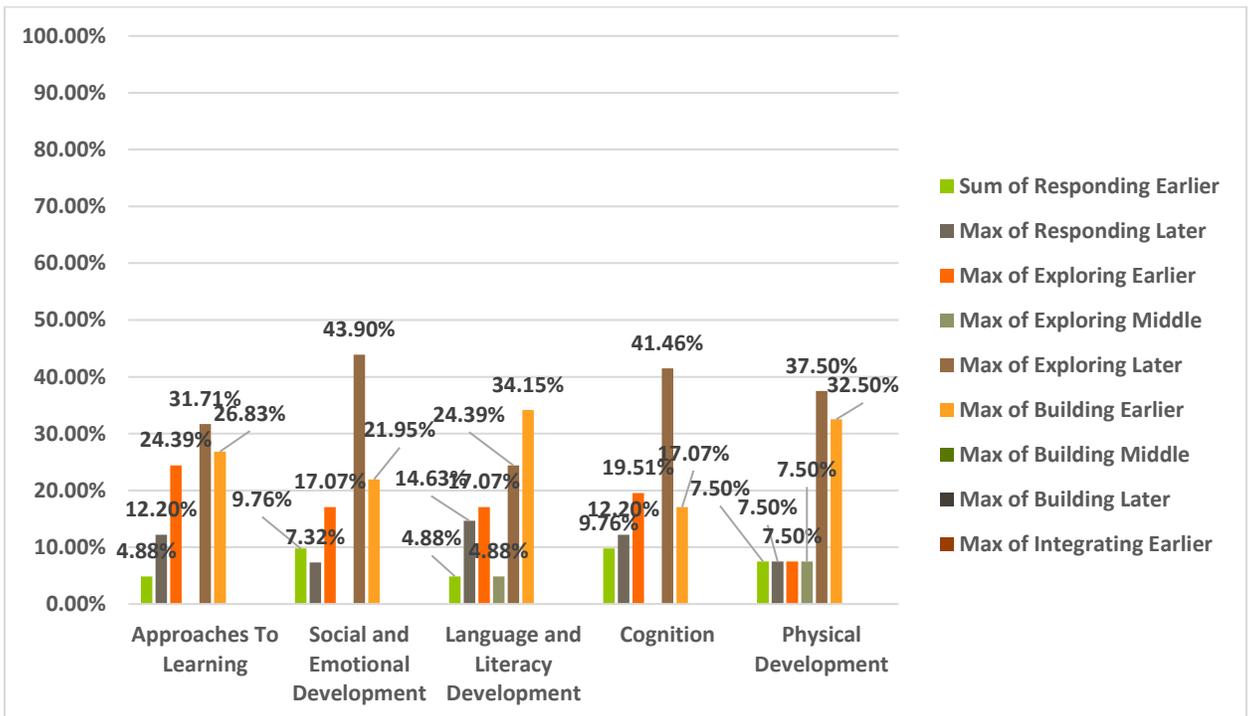
HS – Checkpoint 1



HS – Checkpoint 2



EHS – Checkpoint 1



EHS – Checkpoint 2

With the parent being the first and primary teacher of the child, it is imperative that we recognize their contribution to the child's success. It is clear from the data that our parents are putting in the effort necessary to ensure that their children are successful in the future.

Bridging the gap from Early Childhood to the K-12 environment, emphasis on the aforementioned skills becomes paramount in terms of relative importance. We shall highlight below, by using K-12 assessment data, how important our impact on learners in Early Childhood really is.

School accountability results for the 2019 – 2020 program year were not available because of the COVID – 19 global pandemic. In addition, the 2018 – 19 data were not readily available from the Department of Education's website. Therefore, the 2018 school year data were the most recent available for analysis. While this is not ideal, there are not generally significant changes in results from LEAs year over year. It's clear, however, from the data currently presented that our focus is properly directed. Areas of improvement outlined in the South Dakota Accountability Report Card mirrors those found in the DRDP data – with the exception of Social Emotional progress. This is not accounted for in the Report Card results.

Various research studies have shown that proficiency in key areas of learning (e.g., reading and math) during early grades is paramount to success further on in a student's academic career. Assessment data aside from 3rd grade Reading and Mathematics proficiency is unavailable at the current time.

2017 – 18 Accountability Results²

District Name	County Name	School Name	ELA Proficient Percentage	Math Proficient Percentage
Belle Fourche 09-1	Butte	North Park Elementary - 08	42%	50%
Belle Fourche 09-1	Butte	South Park Elementary - 03	42%	50%
Bennett County 03-1	Bennett	Martin Elementary - 03	41%	27%
Bison 52-1	Perkins	Bison Elementary - 02	49%	38%
Harding County 31-1	Harding	Buffalo Elementary - 02	49%	51%
Harding County 31-1	Harding	Camp Crook Elementary - 08	100%	**
Harding County 31-1	Harding	Ludlow Elementary - 06	**	**
Lemmon 52-4	Perkins	Lemmon Elementary - 02	46%	59%
Newell 09-2	Butte	Newell Elementary - 02	19%	23%

Figure 3.2

The above data and analysis help us to understand that TREC is proceeding in the right direction in terms of our focus areas. It is our goal to prepare children properly for the next stage in life – in all areas.

NUTRITION

Health and nutritional needs for children are the foundation of a successful learning experience in the classroom. In addition, a healthy mind and body are essential to a child’s longevity and overall quality of life. TREC firmly believes in taking care of the children’s health and nutritional needs by providing services directly related to the well-being of each individual served. This section seeks to explain and understand the positive things happening in each of the communities as well as highlight

² Source: South Dakota Department of Education.

some areas where we can improve our mission of helping communities recognize the importance of health and nutrition in the family.

Childhood obesity is a fairly common concern among health and nutrition professionals in South Dakota. In fact, the data published by the Department of Health (DOH) and Department of Education (DOE) point out that, as a state, 28.7% of children ages 5 -8 in the sample were either overweight or obese (South Dakota Department of Health, 2014). That is nearly one third of the sampling fall into either the obese or overweight category. While this is the case representative in South Dakota, a closer examination of TREC's service area is warranted to determine the health and nutritional needs of our communities.

The data below illustrate a comprehensive picture of Head Start and Early Head Start children in all counties which TREC serves. It is clear from the data the nutritional needs vary for the current cohort of children. We are still processing some of the data, but as one can see, both obesity and being underweight are legitimate areas where programming and resources must be provided to help tailor programming towards the needs of families.

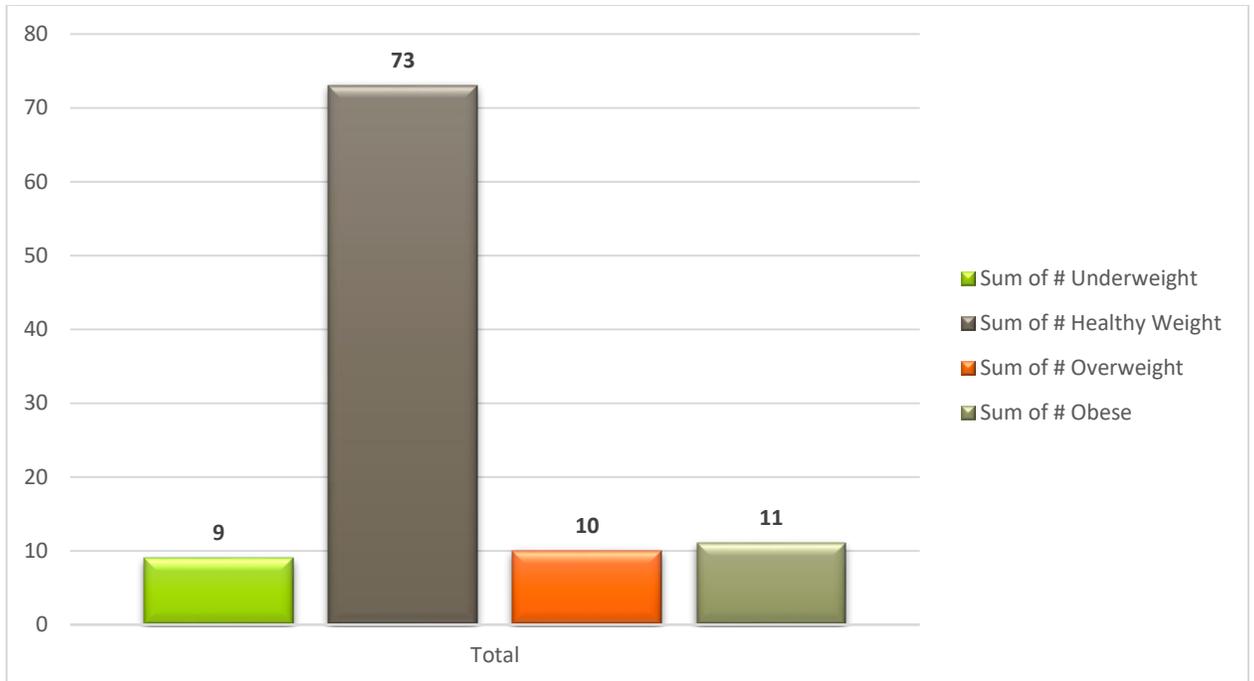


Figure 3.3

It is part of TREC’s mission to give the children in our area ample opportunities to be healthy and successful. After all, nutritional needs being satisfied are part of a healthy lifestyle. Bringing a healthy child to the classroom impacts their ability to be successful academically.

Data from the BMI can only help us to an extent, and they do not paint a picture of trends developing in terms of long-term nutrition considerations for TREC children and families. In fact, past data point out that this observation is somewhat cyclical. To be clear, weight patterns vary regularly and by cohort. Also, this is only part of the picture. Plentiful and nutritious food are certainly part of the overall equation, but proper hygiene habits and preventative healthcare also ensure that TREC’s children are in the best position possible to learn and develop. We shall discuss this next.

HEALTH

In the section above, we talked at length about the nutritional needs and education. In order to be successful in either of the aforementioned, children must be willing to enter the program healthy. A healthy body is the basis for successes in other areas of TREC's program.

TREC currently assesses each child entering the Head Start and Early Head Start programs according to the guidelines espoused under the Head Start Act and under Head Start Performance Standards. The findings in the data are telling in many ways. First, TREC's children are generally healthy overall. A general look at the Program Information Report (PIR) data serves to confirm this assumption.

Dental screenings are part and parcel of our programming. While the Head Start and Early Head Start screenings tell us the potential problems in regards to dental health, they are not entirely focused in the solution. In fact, the data from our Program Information Report (PIR), shows a good number of Head Start children require follow-up dental treatment. Many children are receiving preventative care prior to enrolling in the Head Start program. There are many children, however, that do require follow-up treatments that can include serious oral health surgeries. Dental follow-up appointments is an area where parents have struggled to follow through with the required care necessary to ensure proper oral health.

Prenatal health and overall checkups are integral to a child's health. From a program perspective, the PIR data illustrate a lack of enrollment in Early Head Start programs during the first trimester of pregnancy. The longitudinal history of low enrollment in the first trimester indicates this is a trend for TREC programs. These statistics are a little unsettling. The data do offer some solace, though. More women are enrolling in the second and third trimester in order to receive the prenatal services and education important to their child's well-being.

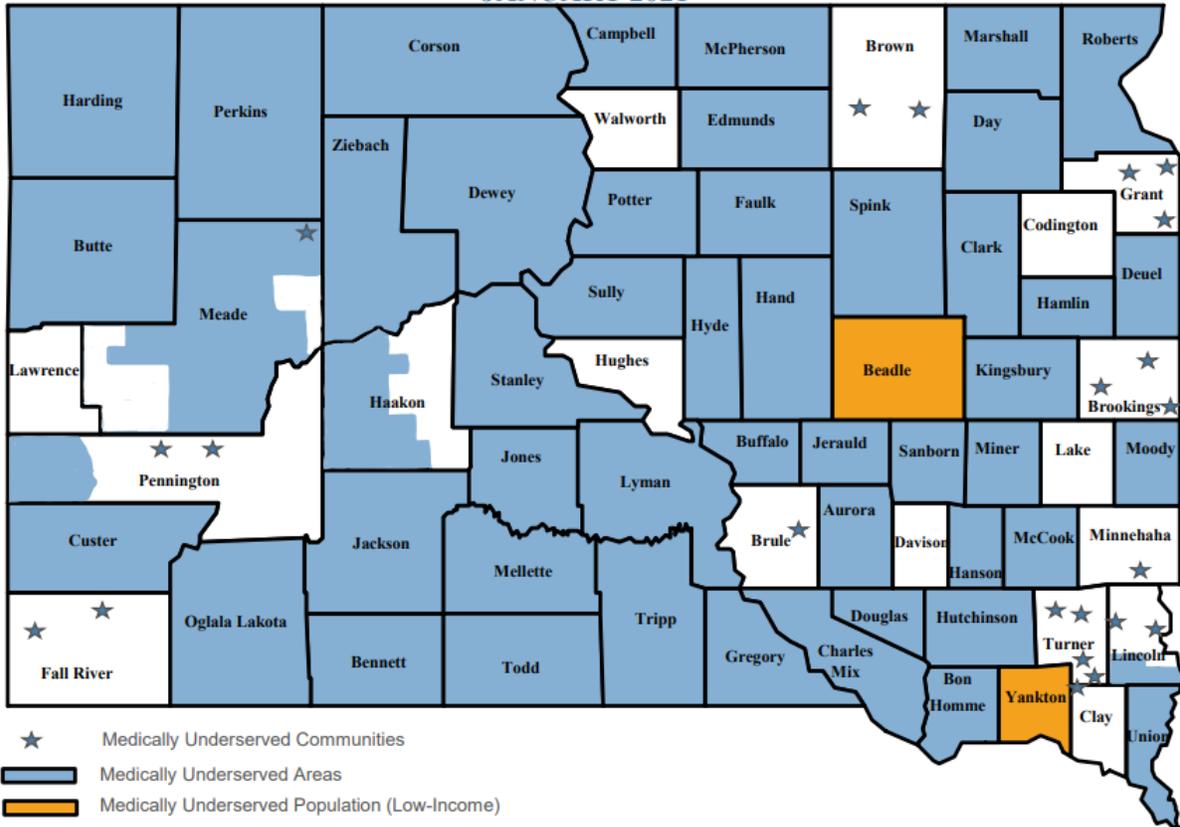
The most recent PIR data pointed out that 10 expectant mothers were enrolled in the program during the 2018 – 19 program year. Most pregnancies were classified as medically high risk for one reason or another. Additionally, the distribution of expectant mothers entering the program was fairly equal when looking at the trimester they entered the program in. While we would like to see mothers enrolling in our program during the first trimester of pregnancy, we recognize this is not always possible.

Enrollment Period	Year	Number	Percentage
Enrolled During 1st Trimester	2018 – 19	3	30.00%
Enrolled During 2nd Trimester	2018 – 19	4	40.00%
Enrolled During 3rd Trimester	2018 – 19	3	30.00%
Medically High Risk Pregnancies	2018 – 19	8	80.00%

Figure 3.4

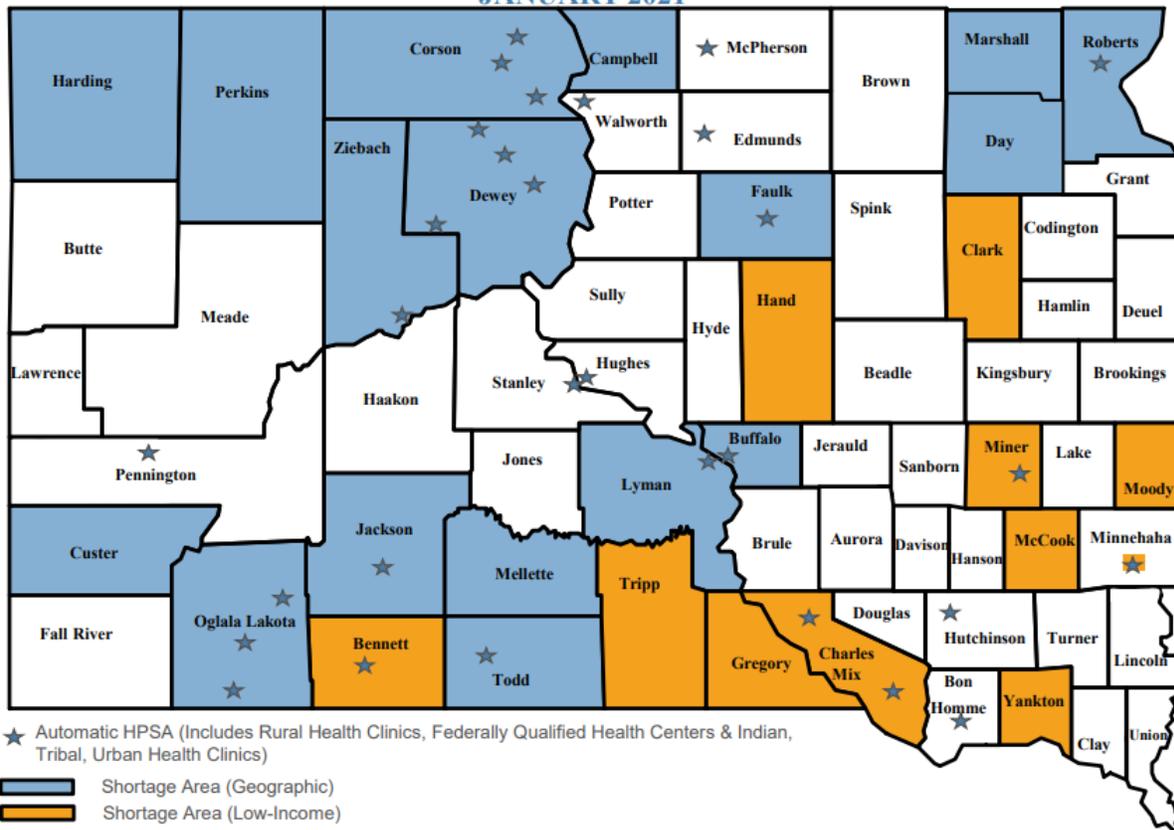
One cannot fully assess the health of our children without also looking at the availability of healthcare providers in the communities we serve. Being in a rural and somewhat isolated area, medical and dental services can be somewhat hard to find – as evidenced by the graphics below.

**SOUTH DAKOTA
MEDICALLY UNDERSERVED AREAS/POPULATIONS
JANUARY 2021**



Source: South Dakota Department of Health- Office of Rural Health

**SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
DENTAL HEALTHCARE
JANUARY 2021**



TREC 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 Gravell 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, Butte County (excluding Belle Fourche). 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. (Oglala Lakota 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.

MENTAL HEALTH

Mental health factors impacting the TREC service area warrant close consideration. While instances of mental health can be difficult to track with data currently available, it is a pervasive issue in some communities which TREC serves. This claim is backed up by data from the South Dakota Department of Health. The self-inflicted mortality rate for some of our counties is astonishing. In fact, the data below represent a serious mental health concern that has not been addressed in the state of South Dakota. The most recent report highlights a trend that South Dakota has experienced for many years. Per capital (per 100,000), South Dakota's self-inflicted mortality rate is much higher than the national average. The report, published in 2020, illustrates the data by state and county level. It also takes a very granular look at the various subgroups and methods of self-inflicted mortality.

The most current data (January, 2017) also indicate that self-inflicted mortality is more prevalent among those in the Native American community. This problem is compounded by the fact that all counties in the TREC area have a shortage of qualified mental health professionals.

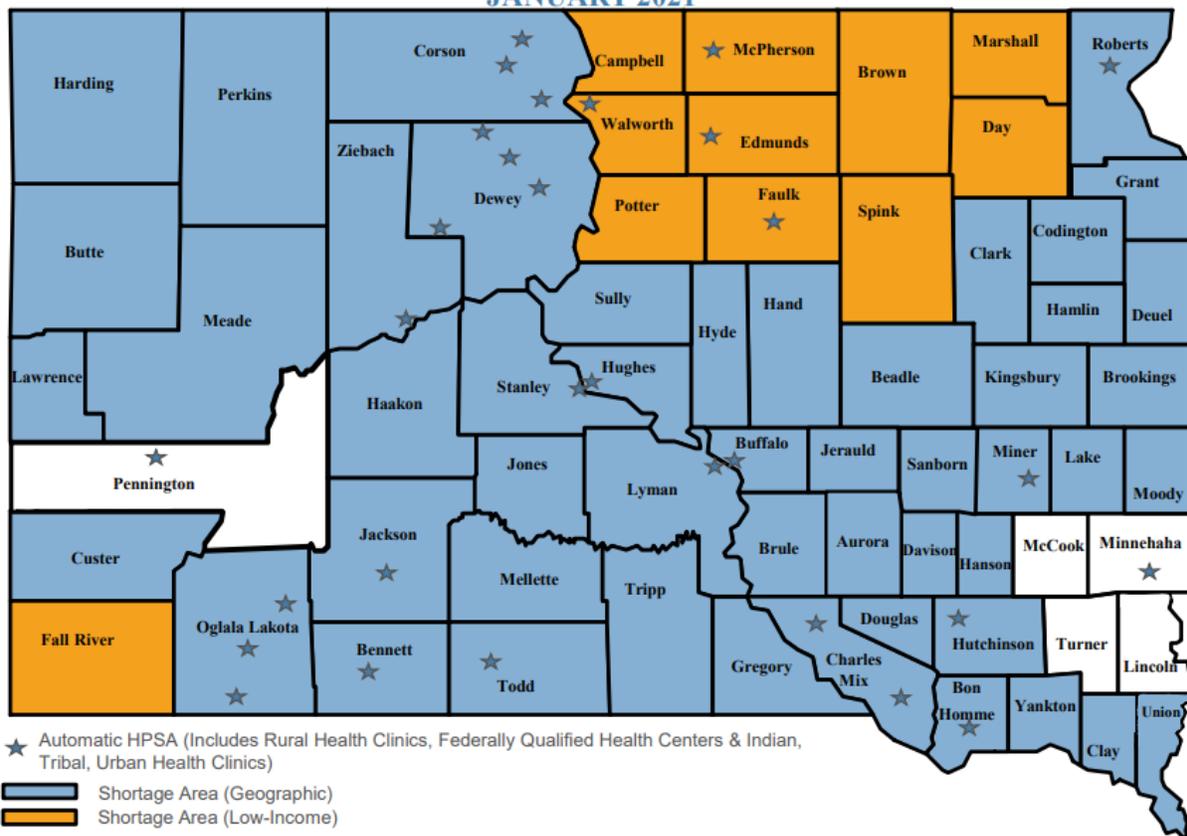
Self-Inflicted Mortality Rates by County			
Butte	Corson	Harding	Perkins
17.6	55.7	7.9	13.4

Figure 3.4

Self-inflicted mortality rates amongst the counties we serve has gone down considerably since the last reported data in 2017. The expanded data reported in 2020 offers some signs of progress and hope for the inhabitants of our communities, but it is clear that there is still work to do from a mental health standpoint.

The fact still remains that there is a dearth of qualified mental health providers in the area to help mitigate the occurrence of suicide in our communities. The shortage is evidenced by materials and information disseminated by the South Dakota Department of Health (DOH). Their figures represent official statistics as of January 2019.

**SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
MENTAL HEALTHCARE
JANUARY 2021**



SOCIAL SERVICES

Social services play an important role in the lives of families that are served by TREC. From nutritional assistance to family referrals, the impact of Social Services for TREC families is significant and helps day-to-day efforts.

Many of the families served by TREC receive some sort of benefit from agencies like the South Dakota Department of Social Services. In fact, many families in the TREC program are receiving nutritional assistance from the Supplemental Nutrition Assistance Program (SNAP). This enables them to purchase nutritious food for their families without severely impacting their economic situation. In

addition, the Women, Infants and Children (WIC) program administered by DSS provides mothers with extra help in purchasing essential food and baby items to make certain their children are receiving a well-balanced diet.

Let us be mindful that some of TREC’s families have fallen on very hard times. When this happens, DSS is able to help out by awarding Temporary Assistance to Needy Families (TANF). TANF benefits allow families the opportunity to get back on their feet and make ends meet in terms of finances, some childcare, and work support or employment programs.

Childcare can be one of the most expensive parts our families’ personal budget. DSS is available to help with this for growing families as well. They help subsidize childcare expenses by providing financial assistance for families who qualify. The chart below helps to highlight the number of families in each county receiving subsidies for their childcare costs. Subsidies are distributed to the provider and serve as payment for services rendered.

Type of Assistance	Butte	Corson	Harding	Perkins
Foster Care	16	0	0	0
Non-TANF	33	0	1	0
TANF/TCC	5	1	0	0
Total	54	1	1	0

Figure 3.5

One should note from the data above that, the childcare subsidy numbers can be somewhat misleading. Although poverty rates in many of the counties we serve are similar in one way

or another, the subsidies are only provided to caregivers who meet the minimum standards set forth by the State and Federal government. The absence of registered facilities in Perkins and Harding County also play a key role in the way the information is presented. As one will note, Harding County only has one registered provider. Perkins County, most notably, had no registered childcare facilities, according to DSS data.

It is clear from the information presented above that TREC and its families rely on DSS and other social service organizations in order to help them get a step ahead. In addition, DSS and other goodwill organizations can help ease financial burdens for goods and services that are expensive in any household budget. Later on in the assessment, detailed data are presented to help one understand how integral social service organizations are to families in need.

CONCLUSIONS

Education is only part of the comprehensive Head Start program. However, with respect to education, it is rather obvious that TREC must focus diligently on all aspects. In other words, we must improve on the social-emotional and developmental aspects of a child's education. Meeting expectations is simply not good enough. In addition, Mathematics, Language, and Literacy will also require close attention. The data above show us that, although K-12 students in our region have not done as well as compared to previous years because of a more rigorous assessment. Therefore, all subject areas must be focused on in order to lessen the gap in terms of academic performance.

Second, Health and Nutrition play an important role in the physical development and mental well-being of the children in our region. Making certain children are at healthy weights with minimal health concerns means we have students in the classroom who are healthy and ready to learn. As an organization, the data tell us we have needs in our region and must improve on our services to those children and families related to health and nutrition. This may mean beefing up partnerships and

developing more robust programming related to health and nutrition. This will ensure our students enter the classroom in good health, well nourished, and ready to excel.

Last, Social Service programs provide help when families fall on hard times. Data on SNAP/TANF recipients tell us that this is still a need in our region. In turn, our partnership with local Social Service agencies becomes crucial. In addition, because there are many families receiving traditional social service benefits, it points out the need for possible child care assistance. Ultimately, it could be a goal for TREC to work on applying for a Child Care Partnership in order to provide quality, affordable care in our communities.

To summarize, the needs in our service area are plentiful. Education must be worked on in a way that uses data to further individualize instruction. In addition, using measures of growth will help us determine progress of our students and make course corrections when needed. Health and nutrition prepares our children to be successful in the classroom. As explained, more robust planning and options should be presented to meet needs. Families also need to understand the importance of hygiene and preventative healthcare. Social services is really the glue that holds everything together. The families' livelihood needs are addressed by a number of social service programs and partners. We must continue to cultivate the relationships with our partners and offer the children and families as much as possible.

COMMUNITY RESOURCES (PARTNERSHIPS)

Community resources and partnerships are the engine that makes Head Start and Early Head Start successful in many of the communities we serve. TREC has taken a very holistic approach to partnering with community organizations in order to bolster our families knowledge base on certain topics, develop skillsets for successful living, and establish models of behavior that encourage growth and change within the families and the community. We shall address this section in a manner that

explains each area that Head Start and Early Head Start focuses on when educating and nurturing the physical and emotional development of the children who call our classroom and services home.

EDUCATION

First, let us discuss education. TREC's Head Start and Early Head Start education successes are dependent upon local partners aiding in services to our children. To put it simply, without our partners help, our programs would be much less successful. In regards to education, TREC currently partners with Local Education Agencies (LEAs) in a majority of the counties where services are provided. The aid delivered by LEAs focuses largely around the area of Special Education. LEAs also provide on-site programming for students receiving Special Education services. TREC has been able to work in concert with the LEAs to determine individual needs of children and tailor lessons and programming around the students. It is the essence of what Head Start programming should be. In addition to helping Students with Disabilities, the LEAs work with TREC to share resources and provide some training for our staff and Head Start/Early Head Start parents. TREC also leverages our relationship with Black Hills State University. This partnership seeks to pair center and home-based teachers/home visitors with college students in order to better prepare them for a career in education. These partnerships are all solidified with a Memorandum of Agreement (MOA). To date, there have been several practicum placements in both our classrooms and our home-based program. We will continue to cultivate and foster this relationship to help drive employee recruitment and volunteer help with our organization.

STUDENTS WITH DISABILITIES

To fill the gap for Students with Disabilities, additional partnerships were needed. TREC supplements LEA help with aid from other organizations. In each area of our service region, TREC has MOAs outlining the terms of service between TREC and a Birth to Three provider. Traditionally, Birth to Three providers have focused on Students with Disabilities. Because of its geographic span, TREC has

four providers³ that have agreed to help students in varying capacities. Since the last full community assessment, drastic changes have taken place with regard to South Dakota's Birth to 3 program. Instead of providing a wide variety of in-home services, providers are now conducting services in a virtual fashion. While the jury is still out on the impacts this has on families receiving services, it is a clear departure from an in-home model that garnered very positive results. In addition, Birth to Three providers collaborate with TREC on child screenings, multidisciplinary evaluations, and direct services. In short, the providers help with an area that TREC and the LEAs do not have the capacity to fully handle. Without them, TREC children would not have the level of quality needed for this special population.

HEALTH AND DENTAL PARTNERS

As mentioned in a prior section, a healthy body is the foundation of a healthy mind. In other words, to maximize the TREC's educational outcomes, the children we serve must be healthy. Because TREC is not a licensed medical provider, we rely heavily on several organizations to issue dental and health services to families receiving Head Start and Early Head Start services through TREC.

Currently, TREC has many partners in our communities that assist families with medical and dental services at little or no cost to the family. It is especially important to have strong working relationships with the medical and dental community. Our children's well-being depends on the availability of services at a rate that does not place them deeper in poverty.

Below is a table that accounts for our medical and dental partners in the communities we serve. In addition, the cost of services is also documented to illustrate how they are helping families from a cost standpoint:

³ TREC's Birth to Three partners are Black Hills Birth to Three Connections and Northwest Area Birth to Three Connections.

Provider	County	Profession	Services Provided	Cost
Jackson Dental Clinic	Butte	Dental	Dental Screenings and fluoride varnish	Free
Black Hills Pediatrics	All Counties	Dental	Exams, Cleaning, Screening, Dental Surgery, Fluoride	Insurance, Medicaid
Nehl Dental Clinic	Butte	Dental	Exams, Cleaning, Fluoride	Medicaid
Delta Dental Bus	All Counties	Dental	Fluoride, Cleaning, Exams, Treatment	Free
Horizon Health Care	Perkins	Medical	Physicals	Free
Regional Medical Clinic	Harding	Medical	Physicals, Lead tests, Hemoglobin	Free
Lemmon Clinic	Perkins	Medical	Physicals	Reduced Cost
Regional Medical Clinic	Butte	Medical	Physicals	Medicaid, Insurance
Regional Medical Clinic	Lawrence	Medical	Physicals, Lead tests, Hemoglobin	Medicaid, Insurance
Hearing for the Deaf	All Counties	Medical	Hearing Screening	Free

Aside from the healthcare agencies, mental and behavioral health organizations offer partnership to our families in TREC programs that require their services and expertise. Specifically, TREC partners with IHS Behavioral Health and Behavior Management Systems for families who are seeking crisis management and mental health services.

Health service providers and their efforts to help children in TREC – BHS’ service area have not seen any changes in the past year. Partnerships with these agencies remain strong, and their help to our families has been evidence of the relationship TREC – BHS has fostered with them.

SOCIAL SERVICE PARTNERS

As indicated in a prior section, Social Services are integral to our operations. TREC can provide much in terms of educational programming, referring for services, and teaching families new routines. However, it takes entire community and state efforts to foster the type of comprehensive change Head

Start envisions. This is where our Social Service partners enter the equation. Currently, TREC partners with a number of Social Service providers. The services provided to families range from providing cash benefits to assisting with food and child care services. Our partners, which are listed below, really help our families to make ends meet and become successful in other life endeavors.

Entity	Counties Served	Services
Department of Social Services	All	SNAP/TANF
Department of Labor	All	Employment
Green Thumb	All	Employment

CONCLUSIONS

TREC has enjoyed long-standing partnerships with many organizations, as evidenced above. The organization uses these partnerships to aid in filling gaps in services that we may not traditionally provide to families. Filling these gaps is essential for creating the proper mix of services for families who are in need. Many our partnerships, because of their longevity, are deeply rooted and effective. TREC, coupled with its partners, provide a very holistic approach to services for families in the communities we serve. The section above illustrated some highlights when it comes to our involvement with agencies that provide specialized education, social services, dental, and medical services.

SUMMARY OF KEY FINDINGS (OVERALL)

1. As with many of the previous updates and versions of the Community Assessment, TREC must place a concerted effort towards working with children and families on Social and Emotional skills. In recent years, more challenging behaviors have surfaced in the classroom. Therefore, TREC has placed distinct focus on using their curriculum and classroom tools to work on Social and Emotional skills. This practice will continue to prepare children for Kindergarten – even though our efforts are currently paying dividends.
2. The data show that TREC must remain diligent in their pursuit of deep, meaningful partnerships with our health providers. The lack of mental health, health, and oral care professionals in our service area are cause for concern. This highlights the need for strong partnerships in the healthcare industry. Focusing on the overall health of our children and families is integral to developing sustainable, healthy lifestyles.
3. Growth in most of our counties remains stable. Our communities and counties tend to be small and rural. Therefore, any growth or stagnation is seen as a positive sign. Additionally, birth rates have held steady over the past few years.
4. The data show that mental health is a concern in the areas we serve. Therefore, TREC has to fully utilize the services of our mental health consultant and community providers/partners to ensure the most vulnerable families are receiving the supports they need.
5. TREC must place increased emphasis on pre-natal mothers in order to have care provided in the first trimester of pregnancy. As noted in the most recent data, pregnant mothers often are not enrolled until the second or third trimester of pregnancy
6. Population data tell us that there are plenty of opportunities to provide services to children and families in our service area. Our agency must do an effective job at locating, recruiting, and retaining children and families into the program.
7. Community education levels do cause some areas of concern when it comes to recruiting Head Start and Early Head Start staff. The Head Start Program Performance Standards often have fairly rigorous requirements when it comes to staff qualifications. This can make recruiting and retaining quality staff challenging.
8. TREC has to continue monitoring our Perkins County enrollment projections, specifically in the community of Bison, in order to make decisions on a service model that would best benefit the community. To be clear, if our projected number of children in the community begin to decline, we have to seriously analyze our current program option (center-based) and review other options that may be more suitable for the Bison community