



2017-2018 Community Assessment

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I. Executive Summary

Highlights your methods of data collection and analysis, major finding, and recommendations.

The purpose of this community assessment is to provide a needs assessment of the West River Head Start Service (WRHS) area in the state of North Dakota in order to develop program goals for the 2018-2023 grant years and ensure goals developed match WRHS mission statement: **WRHS is committed to giving children and families the opportunity to grow within their communities by providing quality education and family services.**

The community assessment report begins with an overview of the state of the grantee and history of West River Head Start's location of program sites, staffing patterns, and other general information to include a map of the service area.

The methodology section describes the planning process, data collection, and data analysis used to complete the community assessment. In addition to gathering statistical data from online sources (e.g. US Census Bureau, North Dakota KIDS Count Data Center), a survey shared with community partners, WRHS staff, and parents was compiled to identify perceptual needs. Analysis of the survey results identified 23 themes. Top community needs expressed included transportation, daycare, preschool/Head Start, health/medical/emergency care, affordable youth and family activities (indoor and outdoor), and Spanish translation. The effects of these needs are described in the identified needs section of the community assessment.

Demographic features of the area revealed an increase in overall population growth. Like North Dakota, two of the four counties WRHS serves are getting younger. All four counties displayed steady increase of potentially eligible 0-4 year olds validating need for Head Start services in their communities. Along with the population increase, North Dakota and WRHS's service area is becoming more racially diverse. The percentage of minorities served by WRHS is

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more than North Dakota as a whole. WRHS is serving more Dual Language Learners with Spanish/English as the most prominent need.

The community resources and strengths section includes specific child development programs, service options, and community resource availability. The observation and recommendation section compiled the findings in the community assessment and aided the program with making decisions to identify trends in the service area and develop the five-year grant goals. Two broad program goals were recommended:

- Families will feel welcome at WRHS and in their local communities.
- Head Start will strengthen relationships and support families toward meaningful growth (family wellness).

II. Overview of the State of the Grantee

Summarizes the history, location of the program sites, staffing patterns, and other general information. A map may be included to show the service and recruitment areas as well as the program locations.

1983-1986: West River Head Start (aka Mandan Head Start) was established in 1983 as a home-based option through Community Action Partnership (CAP) in Mandan, North Dakota. It served 42 families residing in the Mandan, North Dakota. CAP relinquished the Head Start Grant to Mandan public schools at the end of the grant year in 1986.

1986-1990: Mandan Public school served as the grantee until 1990. The scope of service changed from home-based option to center-based services in Mandan. Mandan Public School established three classrooms continuing to serve 42 Head Start children and families. Mandan Public school relinquished the grant to HIT, Inc in 1990.

1990-1992: HIT, Inc became the grantee of Mandan Head Start in 1990. Due to increased need for services, HIT expanded the program increasing services from three center classrooms to four in Mandan. In 1991 the grant was expanded to include a home-base program that provided Head Start services to children in rural Morton County in addition to the Mandan center without any additional funding. In 1992 a community survey indicated a need to provide Head Start as a center-based option rather than home based. The first New Salem center started with 20 children in the basement of the city auditorium. HIT also expanded the Mandan Center to 5 classrooms totaling 100 Morton County children and their families.

From 1993-1997, Mandan Head Start remained at six classrooms, five in Mandan and one in New Salem. Five of the classrooms held morning sessions, and one classroom in Mandan held both a morning and afternoon session. The program in New Salem moved three times before residing in the New Salem Public Schools. During this time, 100 children and families continued to be served by West River Head Start and the program employed 20 staff members.

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1998: On March 26, 1998, the HIT, Inc Board of Directors approved the name change to West River Head Start, which promoted ownership for all communities served. “West River” is a common name for services, agencies and businesses on the west side of the Missouri River. On June 1, 1998, two new classrooms were opened in Grant County: one in Elgin and one in Carson. Each classroom had 17 children increasing WRHS’s service to 134 children and families.

In 2000, WRHS expanded opening a center in Hebron serving western Morton County with a classroom located in the Hebron Public School. Four staff members were hired, increasing services to 152 children and families with 5 centers and 9 classrooms.

In 2003, WRHS expanded to Mercer county opening two sites one in Beulah and one in Hazen. Five staff members were hired to serve an additional 16 children. At this time WRHS’s total enrollment increased service to 168 children and families in 11 classrooms and 7 centers spreading out over 5,354 square miles.

In 2006-2007, WRHS experienced its first funding cut of 1%. A budget committee consisting of representatives of staff, Policy Council, HIT Board of Directors, HIT fiscal and executive directors, and the WRHS director was formed. The impact on the program resulted in loss of all year-round Head Start classrooms. Over the next few years’ additional programmatic changes occurred. WRHS moved classrooms out of two standalone facilities into the local public schools in the communities of Carson (2007) and New Salem (2009). The public schools do not charge rent or any other fees for classroom use. The public school benefit for children and parents was that they were able to transition from Head Start to the public school more easily. The benefit for WRHS was savings in rent, utilities, and maintenance—allowing the program to maintain sites despite budget cuts.

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In 2010-2011 the population of Grant County decreased to the point that it could no longer support two Head Start classrooms. One classroom in Elgin was shut down and children were transported to the Carson center for Head Start services. Program funding was not decreased, but WRHS's enrollment decreased from 168 to 160.

In 2012-2013, WRHS suffered a 5% cut in funding due to federal budget sequestration. This led to the closure of the Beulah site. Eligible children served in the Beulah area were combined with the Hazen classroom.

2013-2014: WRHS continued to serve 160 children and families in Morton, Mercer, Oliver, and Grant counties in central North Dakota. One center with five classrooms was in Mandan, and one center with one classroom each were in Carson, Hebron, Hazen and New Salem.

2014-2015: WRHS grant requested to use replaced sequester funds for staff wage increases versus reopening the Beulah classroom. Though HIT gave WRHS a 9% increase for the 2014-2015 school year, salaries were still far below competitive wages. 152 children and families in Morton, Mercer, Oliver and Grant counties continued to be served by WRHS. Finding and retaining teaching staff continued to be difficult due to oil impact driving up the average cost of living. WRHS lost 14 staff resulting in 40% turnover. In addition to this challenge, WRHS endured an increase in transited population serving greater numbers of children and families that were with the program for only a short period of time.

2015-2016: HIT Board of Directors and Policy Council voted to close the Hebron center due to the inability to fill the vacant teaching positions. They also voted to close one of the Mandan classrooms. This reduction of slots did not affect any income-eligible families or WRHS's level of federal funding. It allowed HIT to increase staff salaries to assist with focusing

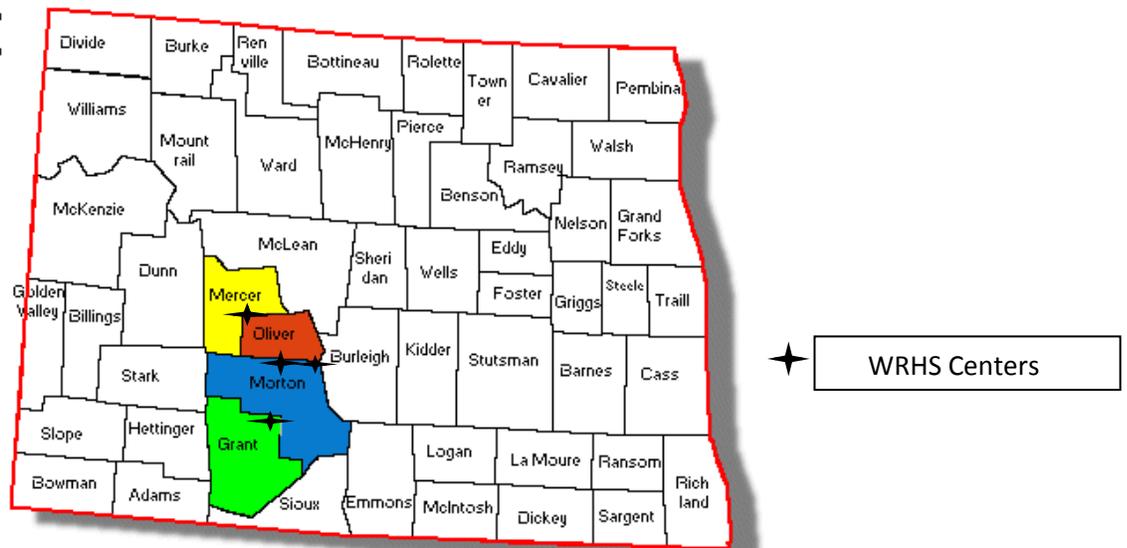
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on quality over quantity. Due to the closures WRHS decreased 5 staff positions and decreased its enrollment from 152 to 118.

2016-2017: WRHS received a duration supplement to increase school day hours in Carson and New Salem. Needs of the community cited difficulty with finding part-time daycare and difficulty with mid-day transportation. This need resulted in decreased enrollment of eligible families. The duration supplement increase allowed WRHS to continue to serve 118 children and families. Classroom hours increased from 6 to 8 in Carson and New Salem. Three rooms in Mandan and the one room in Hazen continued to provide preschool service for 6 hours a day and one room in Mandan provided preschool service for 7 hours.

West River Head Start

- - Morton County
- - Grant County
- - Oliver County
- - Mercer County



Source: diymaps.net (c)

III. Methodology

Describes the planning process, data collection, and data analysis.

WRHS began the community assessment process by reaching out for regional technical assistance. The Regional 8 Office of Head Start Program Specialist, Peggy (Margaret) Manley, suggested WRHS invite Kate Shreeve, Grantee Specialist for Region 8 Head Start Training and Technical Assistance, to come and meet with WRHS management staff and assist with the community assessment planning. Shreeve met with WRHS management staff on October 5-6, 2017 and provided community assessment resources to aid with the development of the community assessment. Together Shreeve and WRHS's management team identified information sources, sites, and deadlines for gathering needed data. The VP of Children and Family Services and WRHS co-directors met on October 18, 2017 to further develop a plan for gathering statistics and determined which resources could be gathered from community partners, parents, and/or WRHS management staff. Family Support Coordinators completed portions of the community assessment matrix that related to information they gather from families when identifying specific family needs, goals, and demographic data. Various online data gathering sites were used to gather state and county data: North Dakota Department of Health Fast Facts 2016, North Dakota KIDS Count Data Center, 2016 Statewide Housing Needs Assessment, Community Commons Health Needs Assessment, United States Census Bureau, and Child Care Resource and Referral, City data, Child Care Aware, etc. All data sites are referenced within the narrative.

Online survey questions were developed by the WRHS management team during a monthly MTM meeting on October 23, 2017. Questions were presented to and approved by Policy Council on October 24, 2017. Survey options were provided in hard copy and electronically to community members, WRHS staff, and Policy Council, and parents. Classroom

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teachers hand delivered the survey to families during a home visit the first week of November 2017. Returned survey numbers are displayed in the table below:

WRHS Community Assessment Participants		
Community Members	39	Community Members consisted of agencies: <ul style="list-style-type: none"> • Mandan Kiwanis • HES • Elementary principals (Custer, Fort Lincoln, Flasher, Carson, New Leipzig, Prairie View, New Salem-Almont) • Mandan Public Schools, Mandan High School, Hazen elementary, NSA public schools, Red Trail Elementary, New Salem school district • Morton-Sioux Special Ed, special ed teacher • Hazen Community Development • ND Department of Health—ND Infant and Child Death Services Program • Morton Mandan Library, Morton Mandan Book mobile • Custer Health • Dentist • NDSU Extension Parent and Family Resource Center Region 7 • Abused Adult Resource Center • Community Food Pantry • NDHFA • Community Works ND • ND Department of Public Instruction • Aid Inc • Tellman’s market
WRHS staff	31	
Parents	98	
New Salem Center Parents	14	
Hazen Center Parents	14	
Carson Center Parents	19	
Mandan Center Room 1	14	
Mandan Center Room 2	12	
Mandan Center Room 3	12	
Mandan Center Room 4	13	

Results of the surveys were coded and placed into 28 individual theme categories.

Duplicate themes were tallied in order to rank the most common needs referenced. Top themes were reviewed by WRHS management team at December 21, 2017 MTM meeting. A visual bar graph was created to display survey results and assist with analyzing results. Refer to Appendix

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A. for sample of online questions and Appendix B. for a table of the community assessment themes generated from participants.

WRHS Program Information Reports (PIR's) were used to support data for demographics and services of preschool aged children served by WRHS throughout the community assessment.

On January 9 and 10, 2018, the WRHS management team met with Kate Shreeve, Grantee Specialist, and Diane Lowery, Education Specialist, for support with developing the program goals needed for the next 5 year Head Start Grant. Suggested goals developed as part of this teamwork are found in the Observation and Recommendation section of this community assessment. The Community Assessment summary and prospective goals and objectives were presented for input and approval to Policy Council on January 23, 2018 and to HIT's Board of Directors on January 31, 2018. Refer to PC and BOD minutes for documented discussions. Suggested goals were approved by both parties with no change.

IV. Service Area Data

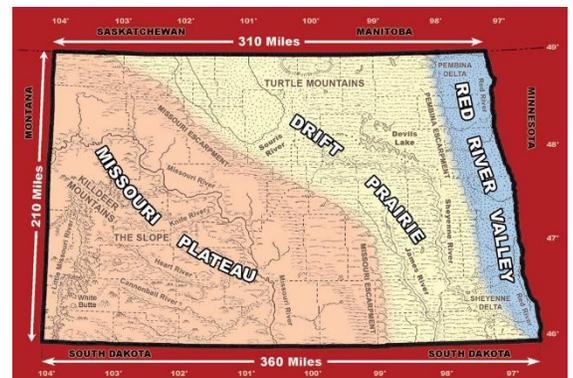
Includes basic geographic, economic, and demographic features—includes required data on number of eligible children, and expectant mother, children experiencing homelessness, children in foster care, and children with disabilities.

HIT, Inc is a private, non-profit organization that provides a wide variety of service in western North Dakota. The main office is located in Mandan, North Dakota and is the grantee for West River Head Start (WRHS). Established in 1979 by a group of parents who wanted better services for their children with disabilities, HIT, Inc. has become the 4th largest employer in Morton County Quarterly Census of Employment and Wages [QCEW]) and the 11th largest employer in the Bismarck-Mandan area (Bismarck-Mandan Development Association).

HIT, Inc’s mission states “HIT supports people with disabilities through self-directed services that promote independence, dignity, and respect.” Services and/or programs provided by HIT are designed for people with intellectual disabilities (ID) and/or physical disabilities, people with acquired brain injuries, children with developmental delays, and low-income families. There are 6 program categories and service types administered by HIT, Inc: Residential Services for People with ID, Day and Vocational Services for People with ID, Services for Children with Developmental Delays (KIDS Program and Right Track), Support Services, Brain Injury Services, and Services for Low-Income Families (West River Head Start).

Geographic, Population Demographics, and Economics

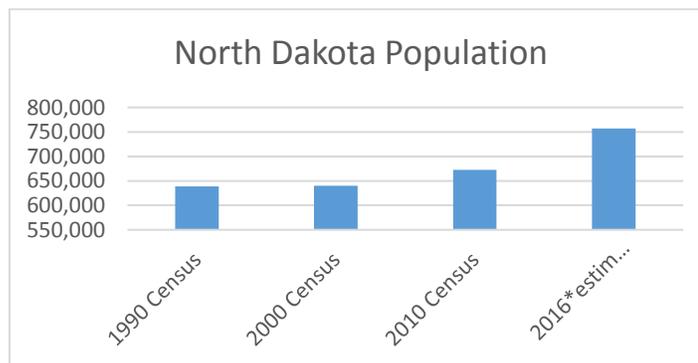
North Dakota: The geography of North Dakota consists of three major geographic regions: in the east is the Red River Valley, west of this, the Drift Prairie (Great Plains), and the central-southwestern part of North Dakota is covered by the Missouri Plateau, accentuated by the Badlands. West River Head Start counties all fall within the Missouri Plateau.



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According to the World Population Review and national census of 2010 confirmed statistics, North Dakota showed that there were 672,591 people residing in the state, and that reflected a modest rise of 4.7% on the numbers declared at the census of 2000. The July 1, 2017 US Census estimated the 2016 population of North Dakota at 756,927, up considerably from 672,000 recorded in 2010. Though the current growth rate is an astounding 1.99%, which ranks 2nd in the nation, North Dakota is still the 3rd least populous state in the country. In order to visualize the ruralness of the state and the population density in relation to land area, the whole state of North Dakota equates a city about the size of Seattle, Washington. North Dakota has a surface area of 70,700 square miles (183,272 square kilometers), and for every square mile of land, there is an average of around 10 people. Washington State has a surface area of 71,362 square miles, there is an average of 101 people.

Overall, the figures combine to make North Dakota only the 47th most densely populated state in the entire country. North Dakota is considered the most rural state, as over 90% of its land is used for farming—although petroleum, food processing, and technology are also major industries. In 2016 North Dakota had the lowest unemployment rate (3.2%) in the entire country. An oil boom in the Bakken fields in the far western edge of the state made North Dakota the fastest-growing state in 2012. Young families moved into the state in search of employment opportunities. Though the oil production has slowed, many families chose to stay.



Source: U.S. Census Bureau, www.quickfacts.gov

Counties Served by WRHS

All population demographic information below is conglomerated from the following sites: Community Commons, North Dakota KIDS Count, City Data, and US Census Bureau. According to the U.S. Census Bureau American Community Survey 2011-15 five-year estimates, a total of 41,799 people live in the 5,350.88 square mile report area defined for this assessment. The population density for this area, estimated at 7.81 persons per square mile, is less than the national average population density of 89.61 persons per square mile.

Morton County

Of the four counties served by WRHS, Morton County has the largest population-estimate base of 30,809 (up 12.2% from the April 1, 2010 United States Census count of 27,471) and is located in central North Dakota. Morton County is the 5th largest county in North Dakota by population. The towns of Mandan, New Salem, Almont, Glen Ullin, Hebron, and Flasher are located in Morton County with Mandan, New Salem and Hebron as the highest populated communities in the county. Current WRHS centers are located in Mandan and New Salem. The July 1, 2017 United States Census Bureau estimates Mandan's population at 21,769 up 18.1% from the April 1, 2010 census count of 18,330. Mandan is the largest city/town in Morton County and is located opposite the Missouri River from Bismarck, the state capital—population estimate is 72,417, also up 18.1% from the April 1, 2010 census count of 61,272. Though Bismarck and Mandan are separate cities, they are often combined and commonly known as the Bismarck-Mandan area. Outside of Mandan, Morton County meets the “Medically Underserved Area” criteria as established by Public Health Service Act. The remaining 9,040 Morton County residents live in approximately 1,900 square miles of Morton County, which equals 4.8 people per square mile. According to www.citydata.com, Mandan is primarily a transportation and

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farm-trade center, with a large livestock market. Manufacturers include refined petroleum and construction materials. Top industries providing employment in Morton County include agriculture, forestry, fishing and hunting, and mining (36.4%), education, health and social services (18.7%), finance, insurance, real estate, and rental and leasing (13.0%), and professional, scientific, management, administrative, and waste management services (11.5%).

Grant County

Grant County is located south of Morton County and north of the Standing Rock Sioux Indian Reservation. Carson and Elgin are the only towns located in Grant County and only Carson has a WRHS classroom. The total estimated population of Grant County is 2,362 (down 1.3% from the April 1, 2010 Census Count 2,394) and spreads out over 1,659 square miles with a total of 1.4 people per square mile. All of Grant County meets the “Medically Underserved Area” criteria as established by the Public Health Service Act. According to www.citydata.com, top industries providing employment in Grant County include agriculture, forestry, fishing and hunting, and mining (74.3%) and education, health, and social services make up (20.1%).

Oliver County

Oliver County is located north of Morton County, south and east of Mercer County and is bordered on the east by the Missouri River. Center is the only town in Oliver County, and there are no WRHS classrooms in Oliver County. Services are provided when parents transport their children to the other centers in Mercer or Morton County. All of Oliver County meets the “Medically Underserved Area” criteria as established by Public Health Service Act. Oliver County has an estimated population of 1,819 (up 1.5% from the April 1, 2010 census count 1,846) and spreads out over 722 square miles with an average of 2.5 people per square mile. According to www.citydata.com, top industries providing employment in Oliver County include

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agriculture, forestry, fishing and hunting, and mining (41.7%), education, health and social services (19.0%), construction (11.9%).

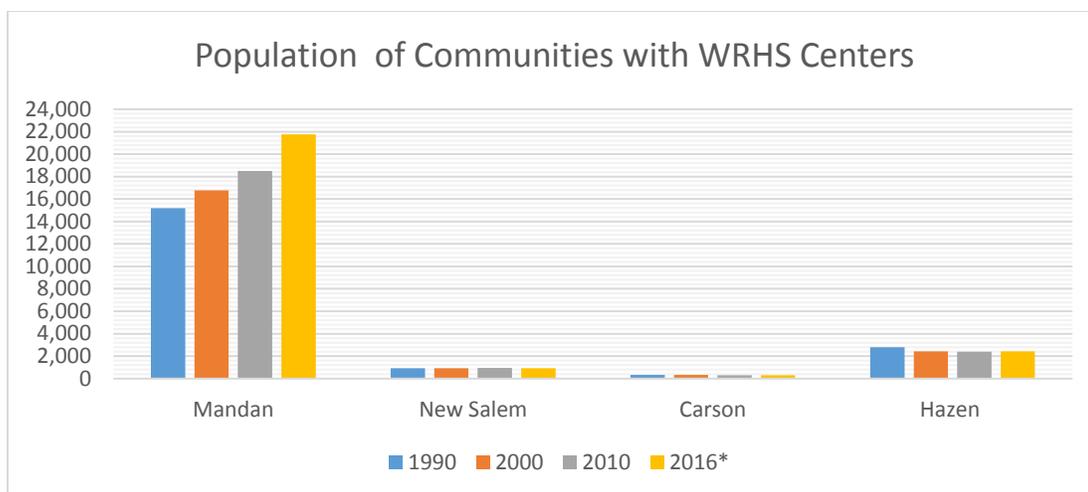
Mercer County

Mercer County is located north of Oliver County and borders Lake Sakakawea and part of the Missouri River on its eastern most boundary. Beulah, Hazen, Stanton, Zap, Riverdale and Pick City are located in Mercer County, which has one WRHS classroom in Hazen. The western one-third of Mercer County meets the “Medically Underserved Area” criteria as established by the Public Health Service Act. Mercer County has an estimated population of 8,633 (up 2.5% from the April 1, 2010 census count 8,424). Mercer County spreads out over 1,042 square miles with an average of 8.28 people per square mile. According to www.citydata.com, top industries providing employment in Mercer County include information (29.5%), education, health and social services (20.1%), and agriculture, forestry, fishing and hunting, and mining (16.5%).

Demographics

While the state’s overall population has been increasing steadily since 2000, the growth between 2010 and the anticipated 2016 US Census numbers, the state has increased more rapidly by 84,336 people at a 12.5% growth rate. Of the communities served by WRHS, the population increase is less than North Dakota’s average with the exception of the city of Mandan in Morton County. The bar graph below provides a visual representation of WRHS communities (Mandan, Carson, New Salem, and Hazen) from 1990 to the US Census estimation for 2016. Population comparison trends between WRHS communities and North Dakota as a state can be viewed by comparing the bar graph Population of Communities with WRHS centers below and the bar graph titled North Dakota Population on page 13.

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Source: U.S. Census Bureau, www.quickfacts.gov *Individual city population data estimates for 2016

Though the proportion of children is increasing in many of the larger communities of North Dakota, the elderly continue to remain high in smaller communities. For years North Dakota's population was referred to as the "Graying of North Dakota." North Dakota's young people were leaving the state. However the oil boom (2006-2012) brought jobs and young families back to the state. Many of these young families have chosen to stay in the state. For the first time, North Dakota as a whole is getting younger, unlike the nation whose median age continues to rise. According to the US Census Bureau (2010 and projected 2016), the median age in the United States rose from 35.3 to 37.9. North Dakota decreased its mean age from 36.2 years to 35 years and currently holds the ranking of 4th youngest in the nation. Only Utah (30.2), Alaska (33.2) and Texas (34) are estimated to be younger than North Dakota.

Mirroring North Dakota, Morton County decreased its mean age from 37 to 36.3. This may be linked to the increase in population bringing younger families into the larger communities of North Dakota. Grant County decreased its mean age slightly from 53.7 to 53.3, but is still quite bit older than North Dakota's mean average. Like Grant, Mercer County increased its mean age from 40 to 44.2, and Oliver increased its mean age from 42 to 48.9.

Along with younger families moving to North Dakota, the state, like the nation, is becoming more racially diverse. Comprising 15% of North Dakota’s children in 2015, the number of Black, Asian, and American Indian children combined grew twice as fast as White children from 2010-2015. The number of Hispanic youth (nearly 6% of all children in North Dakota) grew seven times faster than the number of non-Hispanic children. Race and ethnicity have important implications for culture, identity, and overall well-being. Children of different races and ethnicities often show large variation in well-being including, health, motility, school performance, and access to family resources. As North Dakota continues to expand its racial diversity, efforts to meet the specific needs of minority residents may become a greater need.

Racial/ethnic makeup						
	% Other/Not Identified	% of African American	% of White	% of American or Alaska Native	% of Bi-Racial Multi-Racial	% of Hispanic
Morton County*	.8%	2.4%	88.8%	8.1%	NA	4.9%
Grant County*	.2%	2.6%	93.3%	3.9%	NA	3%
Mercer County*	.6%	1.4%	94.2%	3.9%	NA	5.7%
Oliver County*	.2%	1.3%	91.8%	6.6%	NA	4.4%
North Dakota*	2.12%	2.12%	84.7%	9.6%	NA	5.7%
WRHS 2016-2017 Cumulative Total**	0%	5.1%	61.8%	11.8%	12.5%	8.8%

*Source ND Kids Count (2015); the numbers include children 0-18 years of age.

**Source WRHS cumulative totals from 2016-2017 Program Information Report

Except for Native Americans, the North Dakota population has a lesser percentage of minorities than in the nation as a whole, but, like the national trend, the percentage of minorities in the state is growing each year. According to the United States Census Bureau, as of 2011 most of the United States children under age one (50.4%) were minorities with Hispanic children as the most populous and fastest growing. Data analysisist’s state, “These little children are in the

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vanguard of all this change coming to the United State, and this trend will be an opportunity for more Americans to embrace diversity. Children are going to be exposed to a more diverse group of classmates, and that will affect attitudes and outlook. Census staff anticipate that the changes are going to be felt first in schools and hospitals where an increasingly diverse child population will need to be absorbed. More interpreters and translators will be needed, and English as a second language will be an educational priority” (www.cnn.com/2012/uscensuspopulation). WRHS has already felt some of the effects of increased Spanish speaking families (see Identified Needs for additional challenges).

Though WRHS serves a relative proportionate number of children according to race/ethnicity when compared to the percentages within the state and service area, the percentage of minorities served is greater than the percentage totals for North Dakota’s child population (ages 0-18). WRHS serves a greater percent of African American, American Indian, and Hispanic minorities than North Dakota as a whole. (Refer to table display above for Racial/Ethnic makeup). Like much of North Dakota, WRHS is serving more Dual Language Learners. Though one teaching staff is bilingual and often assists with Spanish interpretation, the task is daunting and tiresome. According to the 2016-2017 PIR, WRHS recorded that 5 of the 131 students spoke a language other than English. All five of those students primary language spoken in the home was Spanish. Support for teaching and interpreting the Spanish population was also a concern noted by WRHS staff and parents and ranked 9th as a need on the community assessment survey (see Appendix B. for graphed results).

According to the 2017 North Dakota KIDS Count Fact Book, teen births in North Dakota mirrors the nation with continued decreases in all racial/ethnicity teen births. Despite these

improvements, the teen birth rate is still 2-4 times higher for minority youth than for white youth in North Dakota. See teen pregnancy numbers under Expectant Mothers.

Eligible Children and Families

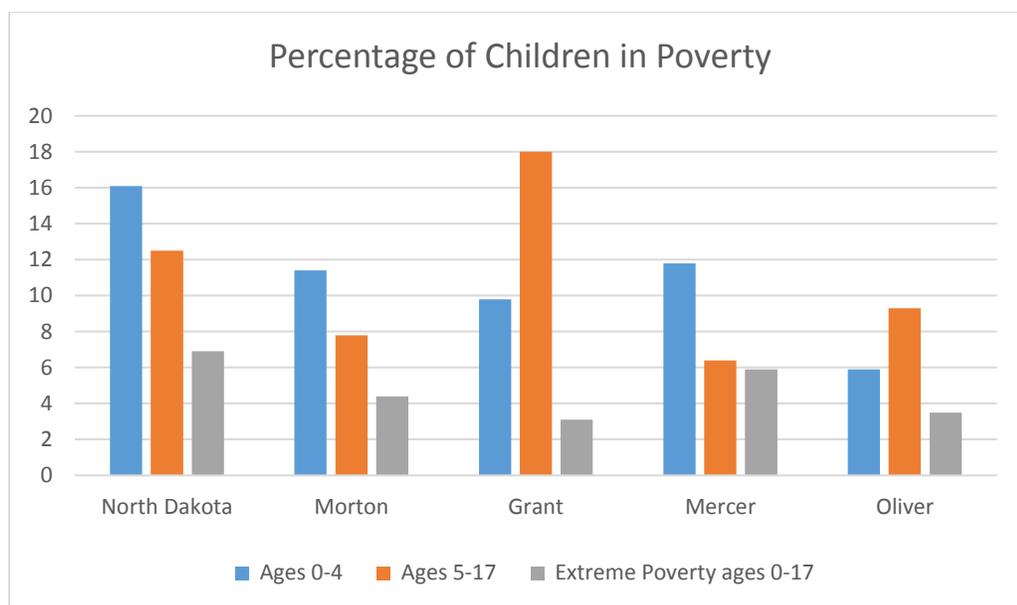
According to the Poverty Guidelines published by the Federal Government, children, ages 3-5 with low income, are eligible for Head Start services, and pregnant woman and children ages 0 through 2 with low income are eligible for Early Head Start. Children in foster care, homeless children, and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are categorically eligible for Head Start and Early Head Start services regardless of income. Head Start programs may enroll up to 10 percent of children from families that have incomes above the Poverty Guidelines. Programs may also serve up to an additional 35 percent of children from families whose incomes are above the Poverty Guidelines, but below 130 percent of the poverty line if the program can ensure that certain conditions have been met.

The extent of a family's poverty is defined according to a percent ranking. Poverty is measured at 100% of the Federal poverty guidelines. Near-poverty families earn between 100% and 150% of the Federal poverty guidelines. Families in extreme poverty are defined as earning less than 50% of the Federal poverty guidelines.

Poverty falls disproportionately on the backs of young children, but research has proven that poverty creates barriers to access health services, healthy food, and other necessities that contribute to poor health status. The November 2014 (www.homelesschildrenamerica.org) Report Card on Child Homelessness states, "Children facing homelessness were more often hungry, sick and worried where they next meal and bed would come; they wondered if they would have a roof over their head at night and what would happen to their families. Children

often developed more slowly. Many struggled in school, missing days, repeating grades and even dropping out of school entirely.”

Relative to other states, North Dakota has the third lowest child poverty rate in the nation at 14% in 2015 (behind New Hampshire and Maryland). Over the past five years, North Dakota has hovered around the 14% child poverty rate. According to North Dakota KIDS Count 2015 data, younger children in the state had a higher poverty rate (i.e. ages birth through 4—(16%) than older children (i.e. ages 5 through 17—(13%). WRHS mirrors the state in two of the four counties. Morton and Mercer have a higher percentage of 0-4 year olds living in poverty. County percentages of children living in poverty are displayed in bar graph titled Percentage of Children in Poverty below.

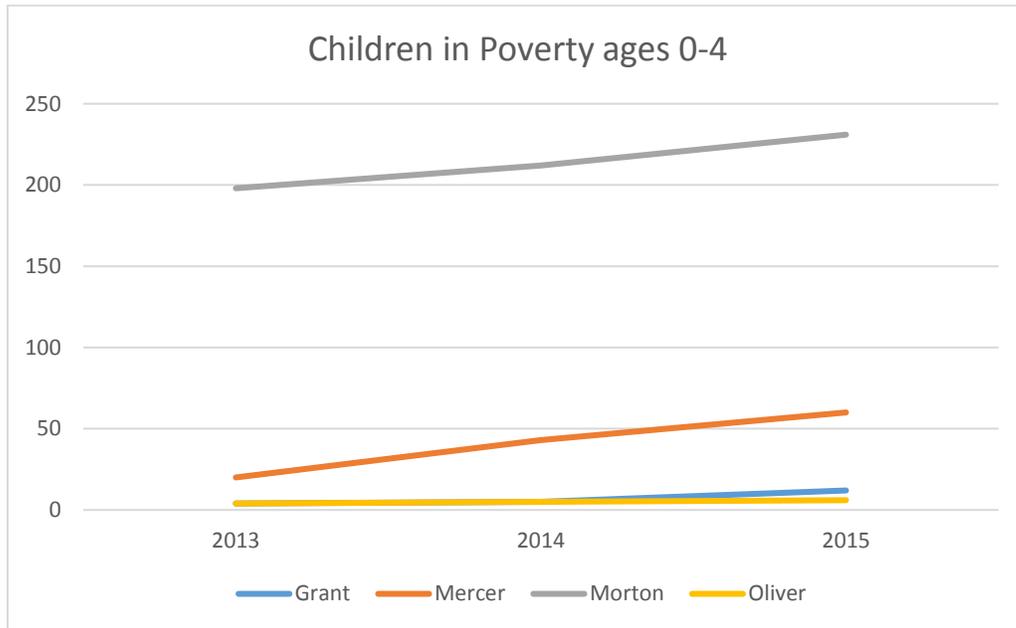


Source: North Dakota 2015 KIDS Count data: www.ndkidscount.org

The percentage of eligible children residing in WRHS’s service area is lower than North Dakota’s average according to the North Dakota 2015 KIDS Count data; however, there has been a steady increase of potentially eligible 0-4 years. The line graph below displays the yearly increases for each county from 2013-2015. Looking at 2015 KIDS Count data, a total of 309

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children ages 0-4 would meet eligibility for Head Start services. Assuming they all applied for Head Start, 191 children would go unserved and/or be on the waiting list for an opening in one of the 118 available slots.



Source: North Dakota 2015 KJDS Count data: www.ndkidscount.org

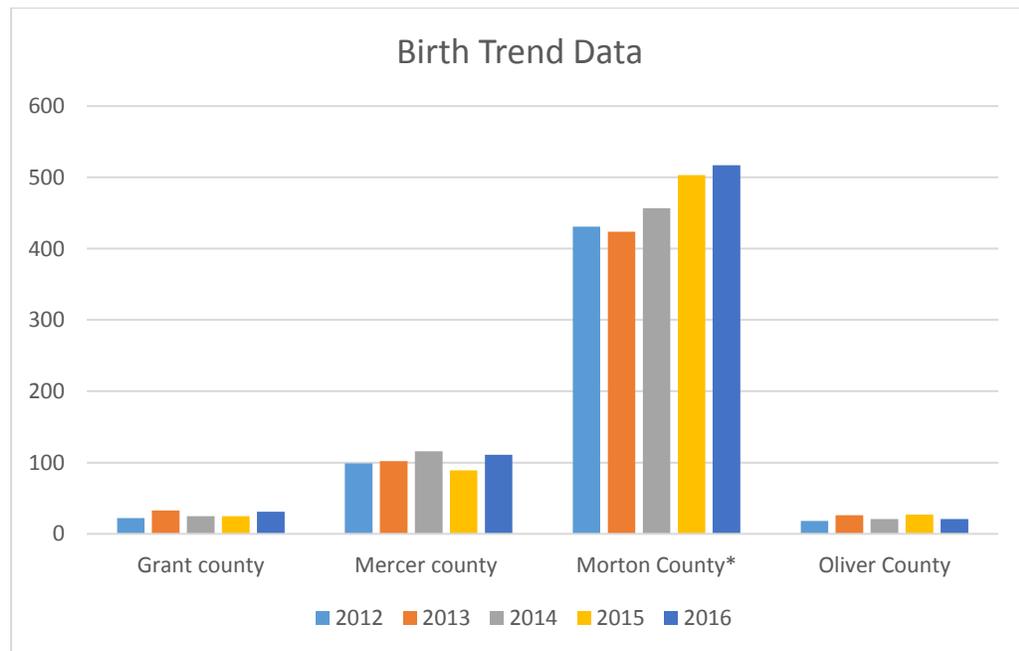
Certain segments in North Dakota's population are harder hit by poverty than others. According to Census 2010, 38.7% of non-white children in North Dakota lived in poverty (7,345 children). 44% of children living with single mothers lived in poverty (10,737 children). In addition, 40.3% of children living on American Indian reservations in North Dakota lived in poverty (5,426 children).

As of December, 2017, 67% of WRHS preschoolers (80 children) were eligible due to meeting 100% of the Federal government poverty guideline, 14% (17 children) were eligible at 130% of the poverty guideline, and 16% (20 children) were over income. In order to serve children in communities located in medically underserved areas with a population of less than 1,000 and no other preschool options in area, WRHS applies for qualification to serve up to 50%

over-income children in areas that meet the Gravel Amendment of the Head Start Act (New Salem and Carson)--chart available in Appendix C.

Expectant Mothers

After decades of decline, North Dakota's total births began to rise along with the population increase. Starting in 2002, North Dakota witnessed an increase in births with a total of 7,755 births. By 2014, there were 11,352 births recorded statewide by the North Dakota Department of Health. The 2017 North Dakota KIDS Count data reports from 2015, total births at 11,265. Morton County appears to be following North Dakota's trend with increasing births, but the outlying areas appear to be maintaining their birth rate with slight yearly differences (see Birth Trend bar graph below).



Source: North Dakota 2016 KIDS Count data: www.ndkidscount.org

As stated above, teen births in North Dakota is decreasing along with the nation. According to North Dakota Child Count 2016 data, North Dakota as a whole reports a low 4.1% for teen

births. Most counties served by WRHS are lower than the state with the exception of Morton County: Oliver 0%, Morton 5.6%, Mercer <6 no percent calculated, Grant 0%.

Children in Foster Care

According to North Dakota KIDS Count FFY 2016, 1.3% of children ages 0-18 were placed in foster care. Though the majority of children in foster care are in a family home (85%), approximately one in seven children in foster care are in a group home or institution (15%). Counties served by WRHS account for children in foster care residing in family homes. Oliver and Mercer counties both reported 0, Morton County reported a total of 17 (.2%), and Grant County reported the highest number with 23 (4.7%). According to PIR data for 2016-2017 school year, West River Head Start served 5 children who were placed in foster care: 1 in Hazen, 2 in Carson, 0 in New Salem, and 2 in Mandan. Foster care children identified upon 2017-2018 fall enrollment consisted of 4 in Hazen, 1 in Carson, 0 in New Salem, and 0 in Mandan. Suspected increase in 2015-2016 (displayed in table below) could be related to Carson in Grant County getting more foster parents, so children outside the region/county were placed with those families in Carson.

WRHS Yearly PIR	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Children Foster Care	6	6	8	4	14	5

Children Experiencing Homelessness

The definition for children experiencing homelessness is defined differently than for adults. The McKinney-Vento Act of 1987, which defines a homeless child as "individuals who lack a fixed, regular and adequate night-time residence," is designed to provide access to enrollment in school districts as well as educational stability for homeless children and youth. According to a

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report released by the National Center on Family Homelessness in November 2014, more than 4,000 children are homeless in North Dakota. North Dakota KIDS Count data differs reporting 2,715 students K-12 as homeless in 2014-2015 and 2,230 students K-12 as homeless in 2015-2016. There is no data for homeless children 0-5, which could account for the difference.

WRHS PIR for 2016-2017 recorded 9 children who experienced homelessness during the enrollment year. Homeless children identified upon 2017-2018 fall enrollment consisted of 0 Hazen, 0 in Carson, 3 in New Salem, and 3 in Mandan.

WRHS Yearly PIR	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Families Experiencing Homelessness	7	9	5	2	6	9
Children Experiencing Homelessness	6	9	7	2	7	9
Families who acquired housing during school year	3	6	3	0	2	4

Children with Disabilities

North Dakota's special education enrollments have increased along with the population with a trend hovering around 13-14% of the total public school enrollment. In 1996-1997, 12,985 children were enrolled in special education, representing 11% of total public school enrollment in the state. By 2002-2003, special education enrollment increased to 13,901 or 13.4% of total enrollment. During the 2006-2007 school year, 13,825 children were enrolled in special education services, or 13.8% of total enrollment; an increase of 0.4%. By 2009, 14% (13,261) of children ages 3 to 21 were enrolled in special education in public schools. The 2010 North Dakota KIDS Count data, listed 13,170 students as enrolled in special education from the ages 3-

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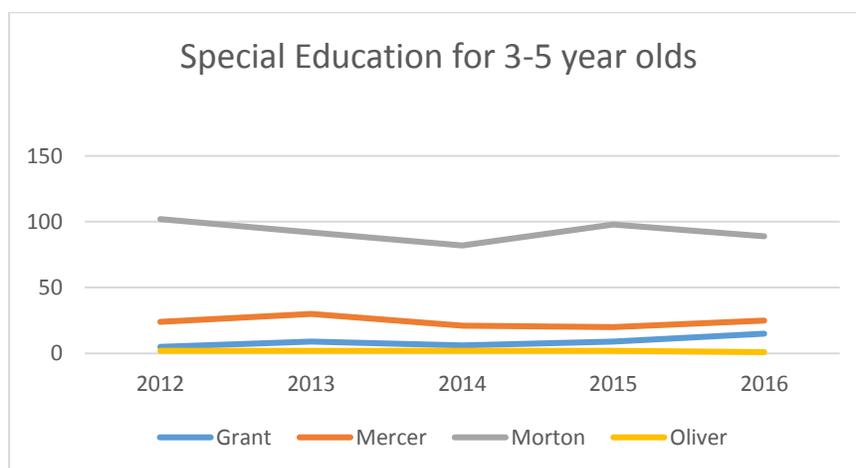
21 and the 2016 data listed 14,426 (13.2%). A higher percent is listed for children ages 3-5 (14%) with the highest percent served for students ages 6-11 (42.5%) and ages 12-17 (38.7%).

Statistics indicate children with identified disabilities are among the population of children at greatest risk. Bismarck Early Childhood Education Program (BECEP) and HIT, Inc's KIDS Program provide early intervention services for infants and toddlers with identified disabilities (Part C of Individuals with Disabilities Education Act (IDEA)) in WRHS's service area. Regional Right Track programs (ND's Part C child find for infants and toddlers) screen potentially eligible children in all four counties served by WRHS and refers those identified with developmental concerns to Part C early intervention for eligibility evaluation. According to BECEP, as of January 2018, Morton County is serving 67 infants and toddlers with identified disabilities; Mercer County has 17; Grant County has 2; Oliver County has 3. Of the children in the four counties who turned 3 during the 2016-2017 school year, only 16 did not qualify for early childhood special education (Part B) services, (Morton = 10; Oliver = 1; Mercer = 5). HIT, Inc's KIDS Program serves Region 7 children in the counties of Morton (5) and Grant (2), but also serves a couple children in Burleigh. The bulk of HIT, Inc's KIDS Program serves children residing in Region 8 in the counties of Adam, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark.

Part B—619 (IDEA preschool special needs age 3 -5) special education units serving the four county area report that a total of 130 children were enrolled as of December 2016 North Dakota Child Count. Oliver – Mercer Special Education – 26; Morton-Sioux Special Education – 89; Southwest Special Education (Grant County) –15. The increasing population, may or may not be affecting the special education units in WRHS service area. Some units are progressively

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serving more children, but there is still variability from year to year unlike North Dakota as a whole.



Source: North Dakota 2016 KJDS Count data: www.ndkidscount.org

Children enrolled in West River Head Start who had an Individualized Education Plan (IEP) from the respective special education units were jointly served in the following communities: Hazen --4 (2 non-categorical, 2 speech delay), New Salem --2 (1 speech delay, 1 non-categorical), Mandan --13 (2 non-categorical, 11 speech delay), Carson --3 (2 speech delay, 1 non-categorical).

According to the 2016-2017 PIR data, WRHS began the 2016 school year with 11 of 118 (9%) children enrolled with identified disabilities. By May 1, 2017, an additional 11 children were identified totaling 22 (16%) children identified with disabilities within the school year. The total amount of students enrolled throughout the year was 136 (this includes students that withdrew). The ability to find and identify children with disabilities is an enormous tribute to the collaboration between WRHS and the three special education units in the four counties and it also is an indicator of the expert skills and knowledge of the WRHS staff.

V. Identified Needs

The education, health, nutrition and social service needs of eligible children and their families – including prevalent social and economic factions that impact their well-being.

Based on the ranking of needs identified when surveying community partners, WRHS staff, and parents enrolled in WRHS, there were four predominant themes: Transportation, Child Care, Preschool, and Medical, Mental Health, Dental. Therapy care. Additional community needs referenced may be found under the Community Resources and Strengths section.

Transportation

Transportation was identified as the number one, top need of the region when community partners, WRHS staff, and parents were surveyed (see Appendix B. for graphed survey results). Though all communities recognize transportation challenges, efforts to address the transportation needs are complicated primarily due to the ruralness of the state. Communities do not have the resources to fully address the transportation needs for their citizens.

The Bismarck/Mandan area has the most transportation options (bus, taxi, uber) and has had some sort of public transportation since 2004. The greatest challenge for most families is cost of public transportation. To further complicate matters, many of the systems are challenging for families to use. The CAT (Capital Area Transit) bus has only six routes. The bus stops along the routes are not heated, and during the extreme cold winters, waiting outdoors could be dangerous—especially for children who do not regulate body temperature in the same way as adults. None of the routes travel to the WRHS center requiring families to walk several blocks from one of the bus stops if using the CAT as means to transport their child to school.

Bismarck/Mandan also has the “Para transit” that offers free rides covered by Medicaid, but it can only be used for medical appointments or if the rider has already set up a ride service with the company at least two days in advance. Many requested drop off/pickup locations are not approved. Taxi and Uber options are available but expensive for families living on limited

means. Families classified as “homeless” can receive vouchers for taxi services through the homeless liaison, but there is a verification process and restrictions that create additional barriers for families.

Hazen has city transportation available for purchase to help commute citizens to medical appointments. There is no public transportation available in any of the other rural communities (Carson, New Salem). Although each county has some transportation available to the elderly population to get to medical appointments in Bismarck/Mandan and/or Dickinson, this does not address the needs of families with small children who need to commute for medical, mental health, dental, or therapy treatment. This is even more challenging for children who need more frequent health/medical care such as weekly therapy sessions.

Child Care

North Dakota has the highest proportion of working adults in the nation (79% in 2015) and the lowest unemployment rate (2017 ND Child Count). In 2014, 87% of North Dakota parents were in the labor force, which is the 5th largest percentage amongst the states. This suggests that most children in the state are in need of quality early care and education opportunities. In fact, 75% of children ages 0-13 live in families where all the parents are in the labor force. With most parents working, reliable and affordable child care can help provide parents with great opportunity to be productive at work and school. In addition, high-quality child care nurtures, stimulates and supports children as they build confidence and critical capacities needed to thrive in life and school. Consistent with a growing population, North Dakota’s child care needs are increasing due to younger families with working parents. According to the 2017 National Association of Child Care Resource & Referral Agencies ((NACCRRA) <https://usa.childcareaware.org>), North Dakota has 39,844 children under the age

of 6 that have been identified as potentially needing child care in the state. That’s up nearly 6,000 from 2011. NACCRRRA (2017) further reports there are 12,714 single-parent families with children in the workforce.

As no surprise, child care was the second highest community need expressed by community partners, families, and WRHS staff when surveyed. While all communities are thankful for the child care options each community has, there is concern about the quality and availability to meet the child care needs. Specific requests identified on the survey included more daycare options, extended hours for shift work, quality daycare, more affordable daycare, and summer daycare coverage to name a few.

Child care is an identified need for four counties in WRHS region. The need for child care far outweighs the number of providers and openings available to meet that need. The Child Care Needs per County table below outlines the specific child care needs per county in addition to displaying the percentage difference for supply versus demand. According to Child Care Aware of North Dakota, national child care standards recommend that state/county licensed care should meet at least 50% of potential need. None of the counties served by WRHS meet that standard.

Child Care Needs per County

<i>Child Care</i>	<i>Grant County</i>	<i>Mercer County</i>	<i>Morton County</i>	<i>Oliver County</i>
<i>% Children 0-5 needing child care</i>	72.5%	65.6%	81.2%	68.9%
<i># of Providers</i>	4	12	55	1
<i># Capacity</i>	66	253	979	22
<i># Children 0-5</i>	172	710	2,466	150
<i># Children 0-5 needing child care</i>	125	466	2005	103
<i>% in which Supply meets Demand</i>	24%	24%	23%	11%

Source: www.ndchildcare.org

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Consistent with needs expressed on the survey, there is a significant need for services for child care in the four county area. According to the 2017 North Dakota Child Care annual report, the quality of child care in North Dakota needs improvement. The Quality Rating and Improvement System for 2015 and 2016 shows a decrease in center child care programs performing at top level from 11% to 5%. North Dakota home child care also decreased from 2015 (6%) to 2016 (5%).

According to 2017 North Dakota Child Care Aware the average cost for one infant in a center averages \$8,465 per year, 6.7% higher than a year's college tuition (i.e. North Dakota State University \$7,902). Unlike college tuition, families have not had years to save for child care costs. A family of four can earn no more than \$3,811 per month, totaling an annual salary of \$45,732 to qualify for the Child Care Assistance Program (CCAP). The North Dakota Department of Human Services reported that 2,013 families with low incomes took advantage of CCAP to help offset a portion of their child care costs – an average of \$346 per month supported care for approximately 3,077 children each month (ND Department of Human Services Quarterly Budget Insight July 2015 to June September 2016). In North Dakota a single parent spends 34.2% of their income on child care for one infant. The ruralness of North Dakota and sparse population provide for fewer job opportunities and even more difficulty in finding adequate child care (licensed or registered).

In the state of North Dakota, 4.8% of children ages 0-13 received child care assistance in 2016. Comparative county data is lower than the state with Oliver at 1.2%, Morton at 3.8%, Mercer at 1.5%, and Grant at 2.4%.

Preschool

WRHS strives to provide comprehensive services to low income families in the targeted service area. There are no state funded preschool programs for the working poor or for the income eligible families who remain on the Head Start waiting lists. The Hazen and Beulah communities each have one private preschool option outside of the WRHS classroom that is located in Hazen. The New Salem public school would like to start a public pre-school, but funding and affordable space present ongoing barriers. The challenge community providers report with WRHS is that Head Start is required to take income-eligible children first. This results in many over-income four year olds starting kindergarten without any preschool or school readiness experience. Only 37.4% of North Dakota's 3-4 year olds are enrolled in some type of early education program. Of those children residing in WRHS's service area: 39.3% are enrolled in Oliver county, 58.9 in Morton county, 26.5% in Mercer county, and 32% in Grant. Like New Salem, Head Start in Carson is the only pre-school in the area. Families with preschool-aged children living in Elgin and Flasher can choose to commute their eligible children to Carson using the public school bus or personal vehicles. There are no other preschool options for families living in Elgin or Flasher. Though public school busing is an option, the time change has been an additional barrier for these small children. These three communities are caught between two time zones (Mountain and Central). The loss and gain of an hour for getting to and from school has deterred some families from participating in WRHS service despite meeting income eligibility.

WRHS collaborates with the public school busing to transport eligible children when possible. WRHS received a Duration Grant in 2016-2017, which helped meet some of the transportation needs of children and families residing in the rural areas. Expanding to full day

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classrooms in Carson and New Salem helped ease some of the transportation issues as children are now able to ride the public school bus home at the end of the school day if they have an older sibling on the route. Otherwise, the family is required to meet the bus at a designated spot for pick up. WRHS transports children after school from the center in Carson to the towns of Flasher and Elgin so that the children can be picked up by their parents or get on the public school bus to ride to their rural home. In Hazen, WRHS transports children to and from Beulah where their parents either pick them up or the children stay at the school for Part B preschool special needs services.

In Mandan, there is no provided busing for children to attend WRHS. Although public transportation is offered, routes stop several blocks from WRHS building. Family Support Coordinators work closely with families to brainstorm transportation concerns with getting their children to and from school. (See Transportation section for additional community transportation resources/needs). Despite efforts to be creative and collaborative, parents and community members continue to report transportation as one of their top challenges in all four counties (see Appendix B. for graphed survey results).

Though the Mandan community has private preschool options in the community, many families cannot afford the private preschool cost. Preschool needs in all counties were identified as one of the top four community needs (see Appendix B. for graphed survey results).

Until April 2015, North Dakota did not provide direct funding to early childhood education. For the first time in its history, the North Dakota Congress approved a bill that would give \$3 million in grants to pre-K programs serving low-income children. This funding allowed for 2,000 new seats in early childhood education programs in 2016. Given that at the moment, only 30 percent of North Dakota's districts provide approved child care education options, and

classrooms aren't available in 21 of the 53 districts, this additional funding hoped to broaden early childhood education access across the state. To date, none of the school districts in communities served by WRHS have created public preschool opportunities described above.

Medical, Mental Health, Dental Care

Custer Health is the public health agency that aid health care in all four counties served by WRHS. Custer Health works with WRHS to provide physicals for all children who enter the program without a medical home. They also provide smoking cessation classes free of charge to the public. WRHS and Custer Health work together to provide quality services to the children and families in the four counties. Custer Health currently received a chronic illness grant that will include some health and nutrition trainings for the Mandan sites. Monitoring the BMI levels of children enrolled in Head Start is conducted three times a year (fall, winter and spring). BMI is a calculation based on a child's sex, age, height, and weight. It is used to identify possible weight problems in children. Statistics show a high BMI places a child at higher risk for developing health problems in the future. WRHS's school nurse reports WRHS continues to sit where they have in the past with BMI ratios. In the fall of 2017, 116 children were screened with the following results: 6 children were under weight (5%), 72 had BMI within normal limits (53%), 38 were over-weight or obese (28%), and 19 were obese (14%).

Custer Health's Chronic Illness grant is working to increase the proportion of healthy people by 2020. The grant goal states: "Custer Health will partner with Head Start to provide nutrition and physical activity sessions for students and their families." Data will be shared to measure any changes in BMI of students participating.

According to the Center for Disease Control (CDC) the prevalence of obesity in the nation has remained fairly stable at about 17% or (or 12.7 million) of children and adolescents

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aged 2-19 years are obese (Childhood Obesity Facts, 2011-2014), but the prevalence of obesity among children aged 2 to 5 years has decreased significantly from 13.9% in 2003-2004 to 9.4% in 2013-2014. This suggests efforts, such as those administered by Head Starts, may be working for younger children. Despite this progress, the Center of Disease Control reports that “1 of 3 children are obese or overweight before their 5th birthday” (CDC, 2012). In 2008, WRHS sent four staff to “I Am Moving, I Am Learning” train-the-trainer institute and the staff will work with the rest of the staff, parents, and children to promote movement in their day-to-day activities. WRHS teaching staff continue to implement this program as part of WRHS curriculum.

Health and medical care was one of the top four identified needs that surfaced in the survey sent out to community partners, WRHS staff and families. New Salem families need to travel to Bismarck/Mandan (25-30 miles) to meet any medical, dental, mental health or therapy need. New Salem has one chiropractor in town who offers services to residents on Tuesdays or Thursdays. Families struggling with transportation often elect to dismiss medical/health care need (see Transportation section). Like New Salem, there are no medical, dental, or mental health services in Carson or Flasher. Families will try to utilize service options in Elgin, but often resort to traveling to Bismarck/Mandan (72 miles) or Dickinson (80 miles) for greater variability with treatment care options. Elgin has a hospital with emergency/trauma, one dentist, and a medical clinic that some Carson, Elgin and Flasher families may choose to utilize. An ophthalmologist is also available 2 days a week and a mental health professional is available once a month. Hazen families expressed specific concern with the lack of female health care (e.g. obstetrics). Pregnant women travel from Beulah/Hazen have to Bismarck/Mandan for prenatal care (65-70 miles).

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Mandan families have more options related to medical, dental, mental health and therapy care, but transportation to and from appointments can be challenging even in the metro area. (See Transportation section).

Though Hazen and Elgin each have one dentist, families residing in Mandan have access to dentists in both the Bismarck/Mandan area. The challenge facing all potentially eligible families is that some of the dentists do not take patients on Medicaid. During the North Dakota Oral Health Symposium in October 2007, Dr. Mike Goebel, pediatric dentist from Bismarck, stated that his missionary work is not done in third world countries, but rather right here in North Dakota. He further added that the children in North Dakota are going too long without proper dental care, parents can't afford the cost, and the long-term implications are overwhelming for our children's future.

In order to prevent tooth decay, registered nurses and licensed practical nurses are now allowed to apply fluoride varnish to children's teeth. Data is maintained at the Dept. of Health to show if applying fluoride varnish is a cost-effective means to prevent tooth decay long-term. This statistical data is not yet available. As part of this effort WRHS' nurse was trained in fluoride treatment. Currently all WRHS children receive fluoride varnishes twice a year along with daily tooth brushing as part of their WRHS school day.

Morton, Grant and Mercer counties border American Indian reservations. WRHS serves children who are enrolled members of the Standing Rock Sioux Tribe and the children are eligible for health and medical care through Indian Health Services (HIS). Some families choose to use HIS, but most receive medical/health services in the Bismarck/Mandan area. WRHS 2016-2017 PIR data reports throughout the school year 127 of the 136 children had health insurance at the time of enrollment. By the end of the school year that number increased to 128,

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resulting in 94% of the students having some type of health insurance. Types of insurance coverage ranged from Medicaid and/or CHIP (89/89), State funded (2/2), and private (36/37).

In an effort to address the mental health professional shortage areas designated in Mercer, Oliver, and Grant Counties, WRHS contracts with a mental health consultant from Bismarck/Mandan to provide two classroom visits per year per site. Following classroom observations, the mental health consultant meets with WRHS staff to review observations and provide recommendations. Observation and recommendations are provided to parents in written form. Within the 2016-2017 school year, a total of 16 children were served by mental health consultation, 9 consultations followed with the mental health consultant meeting with the child's parents/guardian, 1 child met with the mental health consultant individually, and 4 children were referred for mental health services by the mental health consultant. A total of 10 mental health referrals were made by WRHS. Although referrals were made, some families chose not to follow through while others could not afford to pay for the cost of mental health service. In addition, not all mental health providers accept Medicaid patients.

In addition to already being a designated as a Medically Underserved Area, the reduction in medical services (medical clinic closures in outlying areas) and increase in population due to the oil boom only made access to services even more challenging and difficult for WRHS children and families.

All of Grant and Oliver Counties, all of Morton county except Mandan, and the western half of Mercer County are Medically Underserved Areas. All of the four county areas, except Mandan, are both Primary Care Health Professional Shortage Areas and Health Professional Shortage Areas Rural Hospitals, Clinics, CHCs and RHCs. Mercer, Oliver and Grant County are

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Mental Health Professional Shortage Areas. Grant County is a Dental Health Professional Shortage Area. (Refer to maps attached in the Appendix D.).

Referrals to outpatient therapy support is another resource available for children with identified delays/disabilities. However, the majority of therapy service options require families to travel to the Bismarck/Mandan area, which can make it difficult for children to obtain needed support.

VI. Community Resources and Strengths

Includes required information on other child development programs, resources available in the community, and strengths of the community—addresses issues of availability

Families with children identified as high-risk—those living at or near poverty and children identified with disabilities or developmental delays—are in need of supports that enhance their capacity to function in the context of their community networks. These programs work best when the children are young and parents are significantly involved in their care. West River Head Start (WRHS) has a proven track record of assisting agencies and organizations to identify children in poverty, children with disabilities, and to help families get out of poverty. Communities in all counties served by WRHS offer collaborative supports and join in efforts to help these families in need.

Expectant Mothers and Infant Toddler services

Optimal Pregnancy Outcome Program (OPOP), Right Track screening, Infant Development (Part C early intervention—BECEP and HIT Inc.’s KIDS Program) and Women, Infant and Children (WIC) are the only programs in WRHS service area’s communities that are specifically designed to assist pregnant women, infants and toddlers. OPOP is a primary prevention program designed to empower pregnant women to make informed, healthy lifestyle choices to ensure that they give birth to healthy babies. OPOP is available to all pregnant women free of charge. Currently, there are only four Optimal Pregnancy Outcome Program sites in the eight regions throughout the state (Grand Forks, Lisbon, Minot, and Bismarck). The sites were initially chosen due to the access of healthcare professionals and their expected client load. Travel and maintaining the required monthly appointments pose challenges for families residing outside the communities with OPOP sites.

WIC, a program for pregnant and breastfeeding women, infants, and children younger than 5, is available in all counties in North Dakota. ND KIDS Count data reports WIC recorded

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21,003 participants in FY 2016. With an income eligibility qualification of 185% of the Federal Poverty Guideline, more families are able to utilize WIC support than those eligible for Head Start. The WRHS service area reports Oliver County supported 7 WIC participants in 2016, Morton County supported 757 WIC participants, Mercer County reported 122, and Grant County reported 79. WRHS numbers are significantly lower than ND as a whole due to lower county population numbers. The community needs survey results indicated additional challenges with WIC services in some counties. Though WIC is offered in each county, for many families travel is required, and if families happen to miss a WIC appointment, they often go without until the next month.

WRHS receives referrals from BECEP and the KIDS Program for children transitioning out of Part C early intervention at age three, but there are no other services for at-risk 0-3 year olds who do not qualify for early intervention (Part C of IDEA). WRHS service area is sandwiched between two Head Start programs that offer Early Head Start services. Dickinson's Community Action program provides Early Head Start home-based and center-based services to families residing in southwest North Dakota in communities west of WRHS's service area. BECEP's Head Start offers home-based services for families residing to the east of WRHS service area. With the increased population of young children, minorities, and minimal to no service options to aid expectant mothers and infants/toddlers, WRHS recognizes this need area. Should duration funds become available, WRHS prioritizes Early Head Start as one of the expansion opportunities to serve our families. Medical care options for women was identified as a concern by many parents surveyed for the Community assessment especially in the Hazen area. See reference to Medical/Health Care in the Identified Needs section.

Special Education

There are three special education units that collaborate with WRHS to provide services to eligible children ages 3 to 5 years in the region. In New Salem and Carson, the WRHS classrooms are the preschool special needs classrooms and special education staff either pull students out or provide support in the classroom. Hazen and Mandan have separate preschool special needs classrooms, provided by the local special education unit. Students spend half a day in Head Start and the other half of their day in the public school special needs classroom. Collaboration with Part B special needs staff has been crucial for the success of WRHS enrolled and referred children. Coordinating services between classrooms and programs is a major component of the Education Coordinators' position. Qualification of suspected 3 year olds and timely receipt of Individual Education Plans were the only minor challenges noted by WRHS staff. Suspected 3 year olds with developmental delays/disabilities are referred to special education programs for evaluation. If determined not eligible for special education, WRHS staff continue to monitor development closely and re-refer/refer to other community resources as needed.

Education

College opportunities are available for North Dakota citizens, but the cost of tuition continues to rise each year making it more and more difficult for parents to obtain a college education. North Dakota State University's (NDSU) tuition and fee schedule (resident/undergraduate) in 2008-2009 the tuition rate was \$6,226. That rate increased to \$7,175 in 2011-2012. Up even more, the base tuition rate at NDSU rose to \$7,902 for the fall of 2017-2018 school year. NDSU officials report the increase is needed because the ND legislature did not fund the requested \$32 million increase from state revenue. As more online classes are

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available, time management adds to the financial challenge as parents struggle to maintain a full-time job (and sometimes also a part-time additional job), manage a household and family, and attend college classes. This has an even greater impact on WRHS staff as the Head Start Act of 2007 has mandated increased educational requirements for all teaching staff.

North Dakota's high school graduation rate has been hovering between 85-86% for the past five years (2012-2016). Counties served by WRHS report two counties above the state average and two counties below the state average (Four Year Cohort Numbers, ND Child Count, 2016). According to the 2017 ND KIDS Count Data Center, North Dakota's 2016 high school graduation rate is 87.3% (Four-Year Cohort). Individual county graduation rates are as follows: Grant County, 92.9%, Mercer County has a graduation rate of 88%, Oliver, 85%, and Morton has an overall 81.6% graduation rate.

WRHS 2016-2017 PIR reported only 7 of the 125 families had less than a high school graduate or GED education (1 in Hazen, 0 in Carson and New Salem, and 6 in Mandan). 37.6% (47) of the 125 families of the parents with children enrolled in WRHS had at least a high school degree (13 in Hazen, 3 in New Salem, 5 in Carson, and 26 in Mandan). 42% (53) have at least an Associate of Arts degree or higher education (4 in Hazen, 9 in New Salem, 5 in Carson, and 35 in Mandan). 14% (18) had an advanced/baccalaureate degree (Hazen 0, New Salem 6, Carson 9, and Mandan 3).

The state of North Dakota began funding full-day, full-year (school year) kindergarten to school districts starting in the 2008-2009 school year. The implementation of full-day kindergarten has affected WRHS with the biggest impact of hiring of qualified Early Childhood Education teachers who were working as paraprofessionals/teachers at WRHS. The public school teacher pay is significantly higher (Mandan area--\$44, 400 and outlying areas --\$44,190)

than WRHS (\$32,576), and the paperwork is significantly lower. North Dakota is one of the few states that does not have mandatory kindergarten, but it is highly recommended and offered in all public school districts. With the population increase, the public schools report they have had to increase the number of classrooms and are looking for highly qualified early childhood education teachers, which creates additional competition for WRHS teacher employment. During the 2016-2017 school year, WRHS lost classroom teachers to higher compensation/benefits package in the same field. Only 1 of those teachers was replaced during the year due to the turnover (2016-2017 PIR). Classroom space continues to be a concern for WRHS programs housed within the public school buildings. Especially in the New Salem area, space and continued authorization for WRHS to remain within the school building is a yearly topic of conversation the New Salem school board votes on at the end of each school year.

Pre-school Readiness

In 2011, North Dakota started special funding for the “Gearing Up for Kindergarten” program. Created by the North Dakota State University Extension Service in collaboration with statewide Parent Resource Centers, the program helps with the transition from preschool to kindergarten. Though there are 57 sites across the state, only 973 families participated in 2014-2015 school year. Despite the state’s best effort, there are still children starting school with no preschool readiness experiences. To emphasize the perspective, the state’s Early Head Start and Head Start programs enrolled 4,192 students as of 2013 according the National KIDS Count data.

Social-Emotional Learning—Mental Health

Leaders of North Dakota’s early childhood programs have been working to develop a state-wide social-emotional system for all providers of early childhood (daycares, preschool

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programs, Head Starts, special education, therapists, physicians etc) to follow in order to enhance positive social-emotional learning. The state has joined the nation in recognizing that social and emotional learning (SEL) plays a critical role in the promotion of positive mental health and the prevention of mental health disorders among children and youth. The Department of Public Instruction (DPI) created an Office of Early Learning in 2016-2017, which resulted in moving Head Start from the Department of Human Services to the Department of Public Instruction (DPI). Despite this effort to create a more cohesive early childhood system, early childhood providers are taxed with the challenge of working together across departments and systems (e.g. DPI, DHS, private entities). However, leaders are working diligently to collaborate and cost share. In December 2017, leaders from DPI, DHS (early intervention), Head Start, Child Care Resource and Referral, and Child Care Aware met to address system development for social-emotional learning (SEL) in the state. The group agrees the key focus of SEL is to promote positive development through the fostering of social and emotional skills that form the foundation of mental well-being and success in life. Skills such as understanding and managing emotions and behaviors, solving personal and interpersonal problems, building healthy coping strategies, and developing self-esteem and confidence, help children cope with difficulties and build positive relationships, increasing their resilience so that they are better able to deal with life's challenges.

Recognizing that mental health is not a static state that exists within a child, but is influenced by the interactions between the child and his or her environment, this effort plans to integrate SEL into teaching practices that create safe and supportive environments in which all children feel they belong, reduce the stigma of mental health difficulties, and encourage help-seeking when children need it, in order to promote health mental well-being in all children.

Housing

Along with a rising population, the need for housing also rises. The 2016 Statewide Housing Needs Assessment projects Morton county will see an increase of 17%, Mercer County 6.7 %, and Oliver County an increase of 4.8% between the years of 2014 and 2029. The number of housing units needed in Grant County is projected to decline from 6.7 to 14.6%. Extremely low-income households (below 30 percent of the mean family income (MFI)) and very low-income households (3-5- percent of MFI) will see increases nearly double that of moderate and upper income households. Anticipated renter households are also expected to increase: Oliver 19.7%, Morton 18.1%, Mercer 17.9%, with the exception of Grant County— which is projected to lose renters.

Morton County Housing Authority (MCHA) provides services to all four counties served by WRHS. There are no specific low income housing units in Morton, Grant, Oliver or Mercer counties. MCHA provides vouchers to those who apply and qualify for housing assistance. Those individuals seeking assistance are responsible for locating a home/apartment to live. People are allowed to choose to live where their housing voucher goes further. Housing financing is also available through Morton County Housing Authority, Habitat for Humanity, and housing loans through the Veterans Administration and First Time Home Owners.

The Welcome House in Bismarck is a homeless shelter established provide temporary housing for females with children. WRHS has a formal agreement with the Welcome House to help families jointly served. Bismarck also has a homeless shelter for males and is available through the Ruth Meier's Hospitality House. North Dakota Head Start Association typically assigns one Director (BECEP Director) to represent Head Start at the North Dakota Homeless Coalition meetings. (See Homelessness section under Demographics specifics related to WRHS region).

Affordable housing is not readily available in Mandan as is indicated by the increased number of homeless in the region. Affordable and adequate housing may be more available in the rural areas, but the cost of gas to drive 120 or more miles daily to and from work is not affordable. This dilemma forces many families to make the difficult choices between housing and financial needs.

The primary goal of WRHS Family Support Coordinators (FSC) is to work directly with parents to help them move out of poverty, and helping them obtain housing is one indicator of financial stability. According to the 2016-2017 PIR, WRHS helped 4 of the 9 families experiencing homelessness find homes during the school year. Refer to Homeless demographics for additional homeless information.

Social Services

The N.D. Department of Human Services and local county social service departments have a variety of assistance programs designed to help qualified North Dakotans meet their basic needs. Family Support Coordinators assist with making referrals and identify potential needs for families enrolled in WRHS. Referrals to these programs help many low-income families who are working toward self-sufficiency. Because much of the economy of the region is tied to agriculture, many farm families have near-poor incomes. Non-farm employment in Morton, Grant, Mercer and Oliver Counties often tend to be service related, part-time with minimum wage pay.

The concept of a “living wage” is the amount it takes for a family to meet minimum monthly costs – including housing, food, and transportation – but not costs like entertainment or gifts. Historically North Dakota has been known for its low cost of living compared to other states. According to Sterling’s Best places, North Dakota’s cost of living scores 100.6 based on

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the United States average of 100 (an amount below 100 means North Dakota is cheaper than the US average, and a cost of living index above 100 means North Dakota is more expensive). The 2015 North Dakota KIDS Count estimated the median income for North Dakota families with children to be \$72,630. Three counties served by WRHS rank higher than the ND average: Oliver county \$77,063, Morton County \$81,981, and Mercer County \$90,026. The only county lower than the ND average was Grant \$64,808. In order to make a living wage in North Dakota, the rate per hour changes depending on the number of adults and children residing in the home. When working a job that pays minimum wage, even a single person with no children would be unable to afford the most basic standard of living in the state. The common entry level pay of \$14 would only be considered a living wage for single adults, or for two adults both working with only one or two children. Single parents and families where one parent stays home would need to make substantially more than minimum wage to survive without aid in North Dakota. The poverty wage for 1 adult with 1 child equates to \$7.00/hr. North Dakota's minimum wage is only 25 cents more (\$7.25/hour). To further emphasize the difference, in order for 1 adult with 2 children to meet the bare minimum of ND's cost of living, they need to make \$27.77 an hour or \$1,110.80 a week. That same family meets 100% of the federal poverty guideline when making more than minimum wage--\$9.00/hour or \$360.00 a week. Therefore many North Dakotan's end up holding multiple jobs to make ends meet, which elevates the overall median wage earned, but increases the assistance needed. Though the specific reasons for multiple job holding is varied, most of the time multiple job earners are working part-time/seasonal for low wages with limited benefits. During the 2016-2017 school year, WRHS had 57 single parent families and 68 two parent families. 53 of the 57 single-parent families were living only with the mother, 2 were living with the father, and 2 were placed with a non-relative foster care family.

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The impact of North Dakota families living on minimum wage jobs increases the number of working poor in our communities, thereby increasing the waiting list of children to get into WRHS. As of December 2017, all centers and classrooms in Mandan maintained full enrollment with wait lists ready to fill any potential opening. As referenced above, due the WRHS' rural nature and vast areas of medically unserved areas, many of the "over income" children are representative of the working poor. There continues to be need for quality preschool services for families who earn too much for Head Start eligibility, but whose families do not earn a living wage.

TANIF (Temporary Assistance for Needy Families) is a resource Family Support Coordinators assist family with obtaining if they are not already receiving support at the time of enrollment. TANIF is a federally-funded program run by states that provides limited cash assistance to extremely low-income parents and their children. Children ages 0-19 receiving TANF in North Dakota make up around 2.4% of the child population. Those break outs per county include Oliver (1.5%), Morton (1.6%), Mercer (.8%) and Grant (1.0%).

The number of children receiving free and reduced meals are an indicator of the poverty levels of families with school-aged children. North Dakota communities also participate in the Summer Food Service Program (SFSP) designed to ensure low-income children continue to receive nutritious meals when school is not in session. The following chart equates the numbers to percentage of free, reduced meals utilized according to the North Dakota Department of Public Instruction Child and North Dakota KIDS Count statistics (October 2016). North Dakota reports 32.6% of students qualified for free and reduced meals. Oliver County reports 18.4%, Morton county reports 30.3%, Mercer county 16.4%, and Grant county reports 43.4%.

Health and Safety

Statistics indicate that providing children with safe and secure environment free from abuse and neglect improves the likelihood of positive educational, emotional, and social outcomes that extend into adulthood. According to Wayne Stenehjem, North Dakota State's Attorney, "The North Dakota per-capita crime rate jumped by 9.8 percent 2015 – more than double the 4.4 percent increase in 2014. It marks the biggest one-year increase in the state's crime rate since oil production began to skyrocket about five years ago, accelerating the state's population growth." Stenehjem said the only positive note was that DUI arrests decreased again, by 7.1 percent from 6,705 to 6,229, which he attributed to stricter DUI laws passed by the Legislature in 2013. It was the third straight year drunken-driving arrests have fallen. But drug arrests climbed by about 9.6 percent, from 4,000 in 2014 to 4,382 last year, after increases of at least 17 percent in each of the previous two years. Drug arrests have increased by 488% in the past 25 years, starting with 745 arrests in 1990, according to data provided by law enforcement agencies across the state and compiled by the Bureau of Criminal Investigation.

The federal Department of Health and Human Services notified North Dakota's Governor Doug Burgum that it is awarding \$2 million to the North Dakota Department of Human Services to reduce and prevent opioid abuse and overdose deaths. All states received a State Targeted Response to the Opioid Crisis grant to address the crisis. CHI St. Alexius hospital reports overdoses show up in the ER almost every day. The Center of Disease control reports ND opioid induced fatality increased 125% in 2013-2014 alone. Opioid abuse is devastating communities—especially those hit hardest by the oil price downturn, and those in poverty. Specific data related to children affected by opioid abuse was not available; however, national data displays a direct correlation between opioid abuse and increased younger children placed in foster care. 2015

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Kaiser Family State Health Facts reports in North Dakota the age group most affected opioid deaths (10) were 25-35 year olds—those of child bearing years.

Crime involving children is primarily measured by social service abuse neglect reports. In 2016 there were 6,647 children suspected of being abused or neglected in North Dakota with 1,805 deemed high risk resulting in immediate intervention. Full assessments by counties served by WRHS with service required results: Grant (15); Mercer (<6); Morton (102); Oliver (<6).

Family stress factors that lead to abuse and neglect reporting includes economic conditions and is led by insufficient income then transient or unstable living conditions. Job related problems were the 3rd leading cause of family stress factors followed by social isolation and inadequate housing.

The percent of North Dakota child abuse and neglect victims, by age, have remained relatively close to the national trends. As children progress in age, the incidence of victimization decreases. Unfortunately along with the increased population, North Dakota's confirmed maltreatment numbers have steadily increased from 8 to 10 per 1,000 children less than 18 years of age between 2011 and 2015 according to the ND KIDS Count Data Center.

Knowing that many times child abuse and neglect goes unreported, WRHS provides training to parents on preventing child abuse at Parent Orientation and again at Family Nights (Parent Committee meetings). Prevent Child Abuse North Dakota often collaborates with WRHS and offers training to Head Starts parents and staff.

WRHS has developed partnerships with organizations such as the Kiwanis where uniformed officers come into the WRHS classrooms and read to the children; ambulance, fire, and police officers set up equipment for the children and families to explore during the Fall Safety Family Nights (Parent Committees as per Head Start Performance Standards); and to

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purposefully make available other non-threatening law-enforcement opportunities for families and children. It is WRHS's intent to provide positive interactive experiences between law enforcement officials and families.

Observation cameras were installed on the exterior of the Mandan WRHS building in 2008 to record any incidents of vandalism. In order to address vandalism to WRHS vehicles in outlying areas, staff are encouraged to park the vehicles at their homes during the summer.

Additional Dental Care Options

“Bridging the Dental Gap (BDG)”, a non-profit 501(c)3 community dental clinic with a mission to improve access to dental care for Medicaid, uninsured, under-insured, and low income members of the community, was established in 2004 to assist people with limited income in the Bismarck/Mandan area. BDG attempted to fill the unmet dental health need in the 100 mile radius of the Bismarck-Mandan area. Two outreach programs were established in 2012. Efforts to collaborate with WRHS classrooms in conjunction with local schools were attempted, but due to the number of required participants and cost to families, this service has not been utilized to bridge the gap for WRHS families.

Community Partners

West River Head Start has numerous community partners who have “adopted” families or centers to provide gifts during the holiday season. Agencies will put up “angel” trees with specific child age and size information to provide needed winter outerwear such as snow pants, winter coats, boots, hats and mittens. Community partners around all WRHS sites are good to the children and families – especially during the holiday season.

Additional Family Support

Parenting classes are available to the general public through the North Dakota State University Extension agency. WRHS distributes and encourages families to attend these classes. The 2017-2018 Training and Technical Assistance Plan outlines how WRHS plans to coordinate use of Conscious Discipline in the classroom with parents at home. WRHS purchased the Conscious Discipline Parent Curriculum the end of the 2016-2017 school year. It has been utilized as the parent curriculum during the 2017-2018 school year.

WRHS Family Support Coordinators develop relationships with community partners to coordinate needed referrals for families. Examples of some of the partners are Right Track, Coats for Kids, Lions Club, Kiwanis Club, Shriner's, Autism Society, Barnes & Noble and Custer Health. Although those community relationships are important, it is the parent relationships that lie at the root of impacting healthy social-emotional and school readiness development of children. WRHS serves as a conduit of information for families by providing information on services within the community – such as Al-Anon, Alcohol Anonymous, car seat safety checkups, free concerts in the park, smoking cessation classes, library availability, healthy lifestyles, nutrition, dental health, and parenting classes. Family Support Coordinators inform parents verbally and/or in writing, based on parental request or as general information through weekly, one-page WRHS “newsletter” *Tuesday Note Home*.

Each year, HIT, Inc collects food to donate to a local food pantry. This is called “Pat’s Pantry” after a community-minded former employee who started the tradition and then passed away in 2000. In the fall of each year, HIT employees donate food and supplies to stock Pat’s Pantry. WRHS staff utilizes Pat’s Pantry in addition to community food pantries to help meet the needs of enrolled families. Sustaining availability of options within food pantries across the

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state has become a concern with the increased population and family need. There has been a reduction in food availability throughout the state--especially in the smaller, more rural food pantries. The difficult choices that are affecting food pantries include elderly people struggling to pay for medication, infants who need diapers or formula, and working people trying to pay for gas to get to work.

VII. Observations and Recommendations

Uses the findings in the community assessment to make decisions about the program and to identify trends in the service area. Five-year goals can be included in this section.

West River Head Start continues to assess and alter its service delivery to meet the needs of each community, retain staff, and fiscally manage the program. That effort has resulted in various changes to include closing centers, decreasing classrooms, expanding classroom hours, and increasing staff salary. The first question posed after reviewing the results of the community assessment was to ask, “Is WRHS serving the right children?”

After reviewing all of the programmatic changes from the past seven years (closing 3 sites—Elgin, Hebron, and Beulah—and one classroom in Mandan; decreasing the number of children served from 168-118; increasing salaries to retain staff; and increasing school day hours in New Salem, Carson and one Mandan classroom to meet community child care and transportation needs), and recognizing the continued need for preschool services in the WRHS area, confirmation of sustaining sites in Mandan, New Salem, Carson, and Hazen are recommended.

For the first time in years, North Dakota is getting younger with the highest percent of poverty falling on young children ages 0-4. Although the percentage of eligible children residing in WRHS’s service area is lower than North Dakota’s average, there has been a steady increase of potentially eligible 0-4 year olds in all counties served by WRHS. These are the children who will need Head Start support over the next five years. Increased population and younger families staying in North Dakota support WRHS’s current service number and sites.

Like North Dakota, WRHS students are reflecting greater racial/ethnic diversity. The percentage of minorities served by WRHS is greater than the percentages across North Dakota with the Hispanic population (8.8%) second to Native American (11.8%). North Dakota state leaders are struggling to meet the needs of non-English speakers and Dual Language Learners.

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Our public schools and special education programs are working diligently to meet the needs of the changing population. Like them, WRHS is serving more Dual Language Learners. Finding translators to effectively communicate with parents and children is challenging. Therefore, it is recommended that WRHS considers making sure families feel welcome not only in school, but also within their communities as one of their program goals for this five year grant cycle.

In order to accomplish this goal, WRHS should strive to increase the diversity of staff to ensure they are qualified and reflect the diversity of the community. WRHS should also increase the diversity of the volunteers in the classroom so that the classroom environments reflect and include the language and culture of the children’s home (see table below). Analyzing trends and needs from this community assessment identified there may be opportunities for WRHS to partner with community partners outside the traditional relationships forged by Head Start (e.g. local school districts and county health units). Many of WRHS’ Hispanic families work at Cloverdale, a meat packing plant in Mandan. Cloverdale’s company has supports, such as translators, imbedded within the agency for the Spanish speaking employees. Therefore it is recommended that WRHS expand the number of community partners (2 per year) after establishing a baseline the first year of this five-year grant period. Partnering with other community agencies to assist with referrals, service need, employment and/or communication may enhance the community’s role in helping dual language families make North Dakota their home.

Program Goal 1: Families will feel welcome at WRHS and in their local communities.					
Objectives:	Progress, Outcomes, and Challenges				
	Year 1 (baseline)	Year 2	Year 3	Year 4	Year 5

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1) Increase staff diversity to 20% within 5 years.	Outcome: Staff will be qualified and reflect the diverse makeup of the community.				
2) Increase number of diverse (gender, ethnicity, and dual language) family volunteers in the program.	Outcome: Classroom environments should reflect and include all children's home languages and cultures.				
3) Identify and collaborate with community partners to support dual language families (2 per year after year 1 baseline is determined).	Outcome: Dual language families will be fully able to access community resources and services.				

West River Head Start values its partnership with Custer Health, the public health agency serving all four counties served by WRHS, on addressing the health and wellness of our children and families. During this past school year (2017-2018), Custer Health has been partnering with WRHS as part of their Chronic Illness grant. The need for WRHS participation was magnified when analyzing the Head Start national, state, and regional BMI percentages with WRHS. In 2017, WRHS students were measuring significantly higher overweight percentages (36%) as compared to national (13%), state (14.6%), and regional (Region 8, 13.6%) data. Therefore, it is recommended WRHS consider their second program goal to strengthen and support families toward meaningful growth (see table below). The first recommended objective would be to increase the number of children who fall within the average BMI each year.

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In June 2017, WRHS purchased a new data system that has numerous options for enhancing family partnership, goal measurement, and need. Prior to purchasing Child Plus, Family Service Coordinators gathered data individually in various Excel tables. Generating big picture trends was time consuming and challenging. As part of this endeavor, WRHS staff hope to build a system that easily captures data needed to support the program’s effort to help families pursue and meet goals they can sustain long after Head Start participation. Recognizing it will take time to learn and understand the full impact of this data system, it is recommended WRHS consider using Child Plus as an ongoing objective focus area for the grant cycle. Specific objectives to consider for year one include implementing a tracking system to detect movement of family needs so that WRHS can better plan for and individualize how to best support specific family needs. Due to the vast options Child Plus offers WRHS, it is also recommended that the program continue to expand each year as it builds and implements this data system.

Program Goal 2: Head Start will strengthen relationships and support families toward meaningful growth (family wellness).					
Objectives:	Progress, Outcomes, and Challenges				
	Year 1 (baseline)	Year 2	Year 3	Year 4	Year 5
1) Increase the number of children who fall within the average range of the BMI each year.	Percent of children who moved from unhealthy to healthy weight from beginning to end of year. Outcome: Children and families will make healthier lifestyle choices.				
2) Implement a tracking system to detect movement of family needs.	Outcome: Program will plan for and individualize for family needs.				

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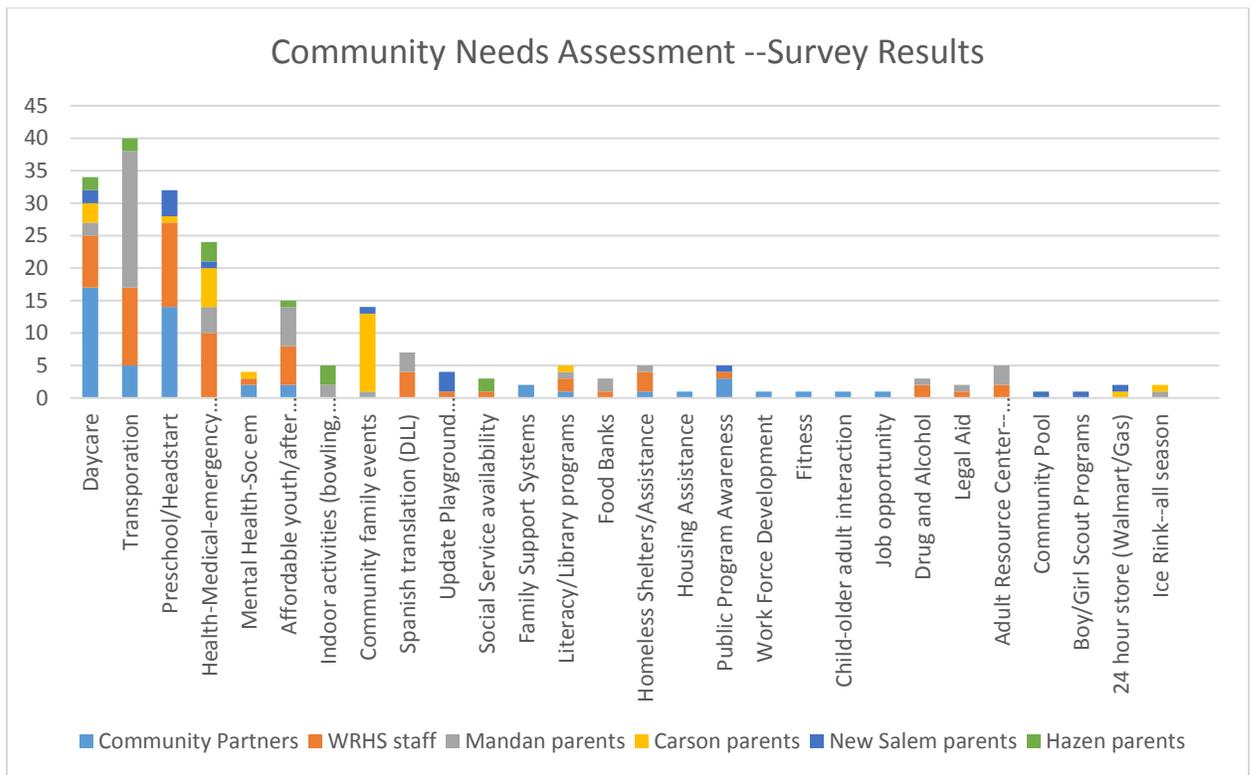
3) Build and implement a comprehensive data plan for family services.	<p>The plan measures implementation and growth to include pilot sites if needed.</p> <p>Outcome: Data results will drive the focus area to be more purposeful in providing services for families.</p>				

VII. Appendices

Appendix A: Community assessment questions:

- 1) What programs, resources, or services would you like to see in your community?
- 2) Which of the programs, resources, or services could use improvement? Why?
- 3) How could these be improved?

Appendix B. Survey Results



Appendix C: Gravel Amendment

<i>Gravel Amendment Town, City, and County Chart</i>						
County, City and Town	County	Pop. Estimate	MUA	Prof. Shortage Area	Pre-school	Gravel Amend. Criteria
Mercer Co.						
Beulah	Mercer	3,121	No	Yes	Yes	No
Hazen	Mercer	2,411	No	Yes	Yes	No
<i>Golden Valley</i>	<i>Mercer</i>	<i>182</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Zap</i>	<i>Mercer</i>	<i>237</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
Oliver Co.						
<i>Center</i>	<i>Oliver</i>	<i>571</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Hannover</i>	<i>Oliver</i>	<i>Not Incorp.</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Hensler</i>	<i>Oliver</i>	<i>Not Incorp.</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Price</i>	<i>Oliver</i>	<i>Not Incorp.</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Sanger</i>	<i>Oliver</i>	<i>Not Incorp.</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
Morton Co.						
<i>Almont</i>	<i>Morton</i>	<i>122</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Breien</i>	<i>Morton</i>	<i>Not Incorp.</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Flasher</i>	<i>Morton</i>	<i>232</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
Glen Ullin	<i>Morton</i>	<i>807</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>
Hebron	<i>Morton</i>	<i>747</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>
<i>Judson</i>	<i>Morton</i>	<i>Not Incorp.</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
Mandan	Morton	18,331	No	No	Yes	No
<i>New Salem</i>	<i>Morton</i>	<i>946</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>St. Anthony</i>	<i>Morton</i>	<i>Not Incorp,</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
Grant Co.						
<i>Carson</i>	<i>Grant</i>	<i>293</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Elgin</i>	<i>Grant</i>	<i>642</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Heil</i>	<i>Grant</i>	<i>15</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Lark</i>	<i>Grant</i>	<i>Not Incorp,</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Leith</i>	<i>Grant</i>	<i>16</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>New Leipzig</i>	<i>Grant</i>	<i>221</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Raleigh</i>	<i>Grant</i>	<i>12</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>Shields</i>	<i>Grant</i>	<i>Not Incorp,</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>

Source: U.S. Census Data (2017): <http://factfinder.census.gov>

*Lines marked in with a grey bar do not qualify for Gravel Amendment Criteria.

*All cities were checked for population accuracy on 4/19/2017 on the U.S. Census website 2010 official count.

Appendix D: Professional Shortage/Medical Need Maps—see attached