TREC: Badlands Head Start

Community Needs Assessment: 2018 – 19

(Updates: Year 4)

CONTENTS

INTRODUCTION

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

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

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

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

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

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

The Community Needs Assessment is designed to inform programmatic direction and help shape the appropriate service options for communities that reside within our current service area. Our 2018 – 19 community needs assessment will serve as the final year of updates in our 5 year cycle. Following this update, a brand new assessment will be conducted. Any new, relevant information will be addressed in this document.
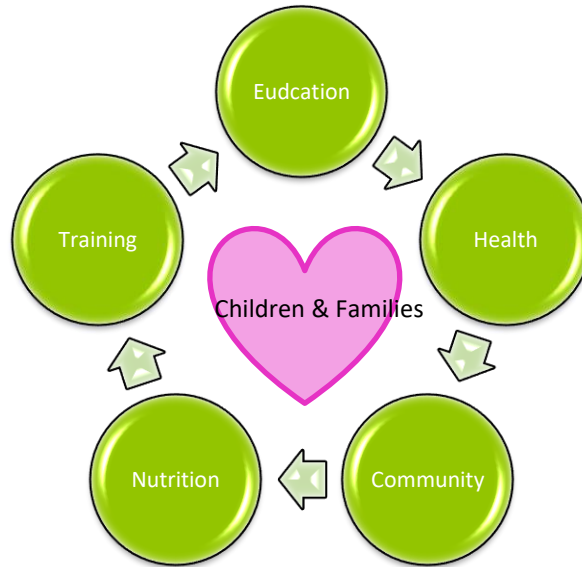
DEMOGRAPHICS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN & FAMILIES

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

GEOGRAPHIC MAKEUP AND OVERALL POPULATION

The figure below illustrates the expansive nature of TREC's service area. While it is good to help people in many locations, the distance of the service area does pose logistical challenges when providing services to families and recruiting staff. The current service area, which encompasses nearly 14,000 square miles shall remain in tact at the current time. Future assessments and trends may impact this map, services provided, and relevant service options for the communities, however.
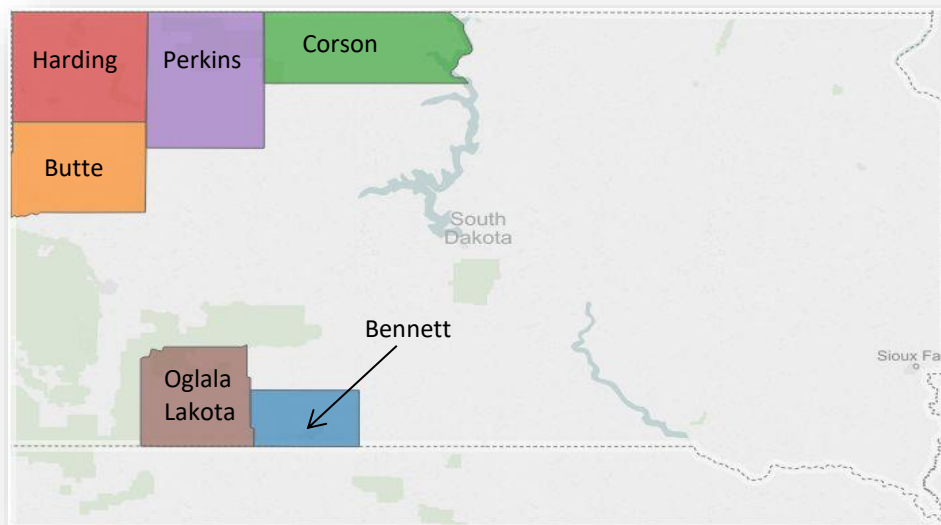
Figure 1.1

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

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

RACE/ETHNICITY OF TREC'S SERVICE AREA

TREC serves a total of six counties (Bennett, Butte, Corson, Harding, Perkins, Shannon) in rural Western South Dakota. The service area tends to be geographically and culturally diverse. According to data obtained from the U.S. Census Bureau, TREC's counties range from predominantly Caucasian in Butte, Harding, and Perkins to mostly American Indian in Corson, Bennett and Shannon counties. See figure 1.2 for clarification.

While these data are representative of the entire population, it tells us an important programmatic lesson. The makeup of our service area's inhabitants is diverse. As a result, TREC – BHS

must be conscious of these differences when it comes to tailoring our program around cultural and customary elements of the children and families.

Race/Ethnicity	Counties					
	Bennett	Butte	Corson	Harding	Perkins	Og. Lak.
White alone, percent, July 1, 2016, (V2016)	34.90%	94.20%	30.40%	95.00%	95.60%	5.20%
Black or African American alone, percent, July 1, 2016, (V2016)	0.60%	0.60%	0.50%	0.60%	0.50%	0.40%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	59.00%	2.30%	65.1 0%	2.10%	2.20%	92.6 0%
Asian alone, percent, July 1, 2016, (V2016)	0.40%	0.40%	0.50%	0.20%	0.30%	0.10%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	Z	0.10%	Z	0.00%	0.10%	0.10%
Two or More Races, percent, July 1, 2016, (V2016)	5.10%	2.40%	3.40%	2.10%	1.40%	1.70%
Hispanic or Latino, percent, July 1, 2016, (V2016)	5.30%	3.80%	4.60%	2.50%	1.70%	3.60%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	33.00%	91.30%	29.30%	92.90%	94.10%	4.50%

Figure 1.2

The race and ethnicity of our service area stayed very similar to years prior. Some changes were present, but it remains that our service area is predominantly white/Caucasian in makeup. The Pine Ridge Indian Reservation is obviously the exception to this.

COMMUNITY GROWTH

As we alluded to earlier, the TREC – BHS service area is large in terms of square miles, but it is also very rural in nature. In fact, the total population of the service area is estimated to be approximately 35,414 people. This equates to roughly 2.5 people per square mile.

The multi-year trend in the data indicate some stagnation or slight decline in the counties TREC currently serves. While this is somewhat concerning given the trend data, the silver lining is that the population has remained relatively stable over approximately the past decade. Another positive item to

note is the more recent trend data regarding the population base. Over the past year, populations in all counties have remained stable or have shown slight decreases. These data are as current as 2017, and they are currently only estimates based on the information gathered from the American Community Survey (ACS) More recent data was unavailable. The only area to see substantial changes in numbers over the years is Oglala Lakota Country. This is mostly due to rising birth rates in the area. In turn, this means there are more children that can potentially be eligible for Early Childhood services in the communities within the county. The tables below give us a good look at community growth from different vantage points. Therefore, long-term and more recent data pain a comprehensive picture of population trends within the communities.

Community Growth (Estimated 2017 – 2018)

Percent Population Change by County (2017 – 2018)					
Bennett	**Butte**	**Corson**	**Harding**	**Perkins**	**Ogl. Lak.**
NA	--0.99	-.97	-.98	NA	NA

Figure 1.3

Community Growth – 5 Year Trend

Percent Population Change by County (2013– 2017)					
Bennett	**Butte**	**Corson**	**Harding**	**Perkins**	**Ogl. Lak.**
.7%	NA	3.9%	-1.0%	-.30	5.7

Figure 1.4

AREA EMPLOYMENT TRENDS

As it relates to employment within TREC's service areas, most of the region has roots in the agricultural sectors. To be clear, farming and ranching are staples of life in the areas we operate. According to data obtained from the American Community Survey, aside from agriculture, Public Administration and Education seem to be the primary employment providers for those residing within

TREC's service area. These assumptions are validated by the data shown below. Individual communities and counties will be discussed at greater detail later in the assessment.

The data for our annual update to the Community Needs Assessment did not register any substantive changes for the counties TREC currently serves. Therefore, the data were not altered in any fashion, and TREC will proceed tailoring our programming to meet the cultural and industry needs of the families we serve. In all, the Community Assessment points out that, in terms of population, education, and employment, our service area exhibits a good degree of stability over time.

Employment by Industry

Industry	Bennett	Butte	Corson	Harding	Perkins	Ogl. Lak.
Agriculture, forestry, fishing and hunting, and mining	16.0%	**18.6%**	**26.3%**	**49.4%**	**29.6%**	3.5%
Construction	8.3%	8.6%	6.8%	8.1%	7.5%	2.5%
Manufacturing	1.1%	7.7%	2.0%	1.4%	7.6%	2.3%
Wholesale trade	2.0%	1.8%	2.3%	1.1%	0.9%	0.4%
Retail trade	11.9%	9.4%	9.5%	15.5%	8.9%	5.6%
Transportation and warehousing, and utilities	6.4%	6.5%	2.5%	3.5%	4.7%	1.2%
Information	2.5%	1.3%	2.0%	2.6%	0.7%	0.3%
Finance and insurance, and real estate and rental and leasing	1.8%	3.4%	2.9%	2.4%	4.5%	2.9%
Professional, scientific, and management, and administrative and waste management services	1.7%	4.8%	1.4%	1.1%	4.5%	2.5%
Educational services, and health care and social assistance	**32.0%**	**18.7%**	**25.1%**	9.9%	19.8%	**43.5%**
Arts, entertainment, and recreation, and accommodation and food services	4.3%	9.5%	8.8%	0.9%	3.6%	14.3%
Other services, except public administration	1.7%	5.6%	2.4%	1.5%	4.0%	2.4%
Public administration	10.2%	3.9%	8.0%	2.6%	3.7%	18.7%

Figure 1.5

Because of the make-up and culture in our region, many people still choose to call the agricultural sector their home in terms of employment. This is true for the majority of communities and outlying areas in our service area. As you can see from the table above, education, healthcare, and social assistance come in at a close second as it relates to where people are working in our communities. As you can tell, this type of distribution highlights the rural nature of our area and highlights some of the limitations in terms of economic development. Only 15% of those over 25 possess a bachelor's degree. Therefore, the number of workers with higher education experience does have its limitations. In turn, higher numbers of people take jobs in retail areas and construction as well.

EMPLOYMENT WORK TRENDS

Planning for community needs takes careful thought and consideration. Given the working nature of families that comprise our participants, it is important that TREC – BHS takes into account their working hours during a typical week. By doing so, TREC – BHS can more effectively plan all organizational events and happenings. For example, if most families are working traditional (8 – 5) hours, it would make sense to plan home visits or socializations in the evening hours – or on days when a parent is off.

Understanding the staffing and scheduling trends of our families is not only helpful, but it is required by the Office of Head Start. The table below illustrates results from an employment survey distributed to families during the 2018-19 program year.

According to our survey results, of the 82 respondents, 59 families are gainfully employed in the community. Most are not traveling for work at the current time. Of those employed, as evidenced by the data below, most families are working a variable or a morning schedule. This means that they are not subject to the traditional "Monday – Friday" workweek. Often times, these folks will work varying days during the work week to meet consumer and positional demands.

Normal Work Weeks					
Program	Mon – Fri	Variable/Schedule-Based	Everyday	Mon – Sat	Not Applicable
Badlands	24	26	8	5	19

Figure 1.6

Typical Work Hours							
Program	9 – 5	7 – 3	3 – 11	Overnights	Variable	Other	Not Applicable
Badlands	8	15	3	4	17	15	20

Figure 1.7

Also, as you'll note from the figure above, our families work varying hours on varying days. About 25% of the survey respondents indicated that they worked in the service industry. This is largely comprised of retail jobs, and variable scheduling is extremely common in this area of the workforce. Supplementing these data, an additional 13% of respondents were employed in the agricultural field. In turn, adding emphasis to the varying schedules. This means that TREC has certain advantages and disadvantages when preparing programming for families. In terms of advantages, there is more flexibility to meet with families and schedule appointments. Conversely, varying schedules can have impacts on attending some program events that are planned well in advance.

Of those listing their status as unemployed, the majority of these folks are stay-at-home parents. It is clear from the limited data we have, that most folks are working either full or part time, but there is a good cross-section staying home to nurture their children.

In reflection, the data are lighting a pathway toward more flexible planning when it comes to socializations or other daytime events. In addition, TREC must be mindful when establishing key training opportunities for families in the service area. Variable schedules are the driving force behind this. Last, TREC will work with families, based on their schedules, to tailor our programming to meet the individual needs of the children and families participating the Head Start/Early Head Start program. It is apparent that a smaller number of survey responses this year lend themselves to more variance. However, in comparing with results from the 2016-17 program year, the trends in employment and working hours have not significantly changed.

SCHOOL SCHEDULES

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

ESTIMATED HEAD START/EARLY HEAD START POPULATION

When it comes to the estimated number of Head Start and Early Head Start children, TREC utilized data from both the American Community Survey and the U.S. Census to estimate the number of children receiving Head Start and Early Head Start services. The traditional poverty indicator was used, in part, to estimate the number of eligible Head Start/Early Head Start children in the various counties we serve. As

explained below, other indicators of eligibility were coupled with the poverty indicator to provide a more holistic and accurate sense of the number of eligible children in our service area. The table below shows the estimated number of children by county.

Estimated Number[1] of HS/EHS Eligible Children						
	Bennett	**Butte**	**Corson**	**Harding**	**Perkins**	**Oglala Lakota**
# Children in Poverty	114	86	185	10	23	631
#Children receiving SNAP	211	160	255	14	19	1,092
#Children receiving TANF	188	19	213	LNE[2]	LNE	507
#Children on Medicaid	323	382	382	15	65	1,591

Figure 1.5

The original calculation used to estimate the number of eligible children does have its problems and drawbacks. It only took into account families who have identified themselves and qualifying for poverty under Federal guidelines within the last 12 months. Therefore, we also take into account the number of Medicaid and Supplemental Nutrition Assistance Program (SNAP) recipients in the 0 – 5 age group. The exogenous variables, along with the estimated number of children in poverty, give us a much better idea as to how many HS/EHS eligible children there are in our service area. Additionally, TREC – BHS serves an area that is medically underserved. Therefore, much of the eligible population can be above the income thresholds (provided there is an income eligible match).

In addition to the information provided above, it is worth considering those families not normally counted in the SNAP/TANF/Medicaid calculations. Free and reduced lunch rates allow our agency to make additional estimates for eligible children based on the community dynamics. The table

---

[1] The number of estimated children was calculated from data obtained from the U.S. Census and American Community Survey.
[2] LNE denotes a "Low Number of Events".

below outlines the percentage of K-12 families experience economic situations that qualify them for free/reduced meals. "S" is an indication that over 90% of children qualify.

Free and Reduced Lunch Percentages by County					
Bennett	**Butte**	**Corson**	**Harding**	**Perkins**	**Oglala Lak.**
78%	47%	S	22%	37%	S

The information in the table simply adds further evidence to help our organization devise plans to provide services for additional children within the service area. In order to pursue this endeavor to fidelity, one must consider all indicators of poverty because, as mentioned above, the 12-month indicator is simply not enough information.

Updated figures suggest that there are still opportunities to work with and serve communities we possess federal approval for. However, TREC – BHS must be diligent with their efforts in extremely rural areas such as Harding and Perkins. Population growth is stable, yet somewhat stagnant, in this area. Monitoring the rate of childbirth and population shift will be an important factor in deciding what service model is best for these communities. In addition, Oglala Lakota County shows an ample, but lesser amount of children than in year's past. This may be a situation one wants to monitor as there is another Head Start (and multiple providers) conducting services for young children in the area.

FAMILY DYNAMICS

When providing services to families within the TREC boundaries, it is important to consider the dynamics of past families we have traditionally served. The Program Information Report (PIR) gives us valuable insight as to how our families are made up, and the data can help to drive our programing needs. In this section, we will discuss topics ranging from single parent families, levels of education, and

homelessness. These and other topics will be covered to better understand how we can work with families in the future.

According to PIR data in 2018, 39% of TREC families are comprised of a single parent. This figure did not vary much from the previous year. In fact, there is less than 1 percent difference between the two years. Traditionally, the likelihood of single parent families finding themselves in poverty has been much higher than two parent families. The absence of support and an additional income help explain this claim. In addition, poverty or income loss affects parenting in an adverse way. For example, a significant loss of income and lack of subsidies potentially makes for additional social and emotional stressors to an already delicate family dynamic.

Along with the high number of single parent families, educational attainment plays a role in what the family can achieve from a pedagogical and employment standpoint. Most parents of children in our program have a high school diploma or GED. While this is promising, the PIR also illustrates that approximately 15% of parents of Head Start and Early Head Start programs possess *less* than a high school diploma (or equivalent). Although this is only one year of data, it makes an important point in terms of programming and training parents. Research has shown strong correlations between level of education and earnings capacity. If we are truly partners, something must be done to encourage and develop the parents of Head Start and Early Head Start children.

FOSTER CARE AND HOMELESSNESS IN THE SERVICE AREA

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

According to the South Dakota Department of Social Services (DSS), the Sturgis DSS office currently has case files for approximately 50 children in the foster care system. This is not a discernable or considerable change from the prior year. Sturgis' DSS office covers the Counties of Butte, Lawrence, Harding, and Meade Counties. It is difficult to discern from this information exactly how many children reside in foster care for Butte and Harding Counties, respectively. As a result, TREC – BHS turned to our PIR data to dig deeper into foster care within the service area. PIR data states that TREC only served 3 families that were involved with the foster care system. A caveat should be offered in that, because of jurisdictional issues, the DSS is not able to provide foster care information about those who reside on the Pine Ridge reservation. In sum, the data on foster care in our service is somewhat sparse and paints the picture that there are not many children in foster care around our service area. TREC – BHS is somewhat skeptical of this, and will continue to search for and enroll children in foster care.

Like foster care data, homelessness can be difficult to gather and analyze for agency. The South Dakota Department of Education submits McKinney Vento data files to the Federal Government via the EDFacts system on an annual basis. Their data is mostly suppressed because of low homeless numbers in Local Education Agencies and with respect to student privacy laws. Upon submitting a request to the SDDOE, it was deemed that, for all locations submitted, the sample size was too small to release any data to TREC – BHS. In turn, TREC – BHS turned again to the PIR data. While individual County weren't available, the data show that TREC – BHS served approximately 23 families who are currently experiencing homelessness within our program. Of those experiencing homelessness, approximately 26% (6 families) acquired housing during the program year. These numbers are encouraging to us, but TREC – BHS does realize there is still work to be done. That being said, TREC – BHS will work to help families experiencing homelessness to find them ample housing. We accomplish this by guiding families towards resources and programs that enable them to pursue housing in a resourceful manner.

CONCLUSIONS

As mentioned before, demographics of our service area plan an important part in how we plan and design our program operations. It is increasingly clear from the information presented above that a number of program options must be employed to meet the needs of children and families within the six counties. Both center and home-based head start options are appropriate for our service areas. The more rural areas may benefit greatly from the home-based Head Start and Early Head Start option; whereas, regions with a higher population base (e.g., Belle Fourche and Lemmon) might have more success with a center-based approach to services (with expanded home visits). Given the population and eligibility estimates shown above, TREC must pay careful attention to the community of Bison. Doing so will allow the organization to make a determination as to whether the center-based option continues to be an appropriate

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

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

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

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

OTHER CHILDCARE PROVIDERS SERVING TREC CHILDREN

Documenting and understanding the presence of other child care providers in the service area is important to understanding the need of additional child care operations to serve the children in communities where TREC is operational. Data were obtained as a result of a survey conducted during the 2013-14 school year. Additional data are unavailable at this time.

In addition to the Local Education Agencies (LEAs) and Non-Profits who serve children in the TREC region, there are also licensed child care providers who offer varying levels of services to children and families. The services range from child care to actually conducting preschool lessons. The following is a list of other programs within the Badlands Head Start: Prenatal to Five service area that also provide services to Early Head Start & Head Start children.

Entity Name	City/County	Number of Children	Services Provided
Bennett County Schools District Preschool	Martin	20	Center-based preschool serving 4 year olds
Bennett & Jackson County Public Schools Birth to Three Programs	N/A	17	Serves Birth to 3 Special Education students and provides home-based services
Birth to 3 Connections	Butte County	16	Serves Birth to 3 Special Education students and provides home-based services
Bison and Lemmon Public Schools	Bison and Lemmon	8	Serve children with disabilities/special needs from birth through 5. Provides disability/special needs services in the home
Kadoka School District Special Education Program	Kadoka and Potato Creek	56	Serves children ages 0 – 5 with special education needs.

			Their home based services extend to Potato Creek area in Oglala Lakota County.
Little Wound School FACE Program	Oglala Lakota County	65	Family literacy program working through preschools and home visits.
Pine Ridge FACE Program		~100	Family literacy program working through preschools and home visits.
Newell School District Preschool	Butte County	22	Center based services to 4 year olds with disabilities/special needs.
NW Area Birth to 3 Connections	Corson/Perkins County	2	Serves children with disabilities/special needs birth through 3. Provides disability/special needs services in the home.
Oglala Lakota College Head Start	Oglala Lakota County, Bennett County, Jackson County	591	Center based (31) Head Start programs serving the Pine Ridge Reservation.
Oglala Lakota College Early Head Start	Shannon/Jackson County	100	OLC-EHS serves Pine Ridge Reservation children birth to 3 in center-based services.
Oglala Sioux Tribe Childcare Program	Shannon/Jackson County	180 (maximum)	Serves children ages 0 – 11 in a childcare setting.
Oglala Lakota County Schools Birth to Three and Preschool	Oglala Lakota County	95	Center based preschool at all of their schools except Red Shirt. Also serve birth to three children with disabilities/special needs - home based.
Standing Rock Sioux Tribe	Corson County	332	Home and center based Early Head Start and Head Start programs.

Figure 2.1

The table was last updated in March, 2019. Although data are based on estimates and approved number of "slots" for organizations, South Dakota Kids Count and other sources confirm their validity. No further additions or corrections are needed for the data at this time.

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

Childcare centers play an important role in developing social traits and skills among children. TREC's service area seems to have an adequate number of registered and licensed childcare facilities for family use in most areas. However, in communities such as Bison (Perkins County), there is a severe shortage of high quality and affordable childcare. In communities where childcare is not a problem, the quality and affordability of these entities is subject to some investigation.

At this time, South Dakota does not offer public funding for our pre-kindergarten preschool centers. Therefore, no uniform standards were implemented to assess the quality of programming in these facilities. The South Dakota Early Learning Guidelines are a good start, but are not substitute for formalized, well researched, and pressure-tested content and developmental standards.

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

Figure 2.2 below illustrates the dearth of providers within our service region. The table is based on estimates provided by the Department of Social Services. There were minimal changes in the data, in terms of number of service providers, with the exception of Harding and Corson Counties. Currently, Harding County possesses no licensed childcare options for families residing in the area. Before and After School programs are the only licensed facilities for children and families in Corson County. The data were gathered in early 2019.

County	Licensed Group Family Child Care Homes (Max = 20)	Registered Family Child Care Homes (Max. = 12)	Licensed Child Care Centers (Max. = 21+)	Maximum Number Children Served
Corson	0	0	0	0
Perkins	0	0	1	21+
Harding	0	0	0	0
Butte	*2*	*9*	*1*	*169*
Oglala Lakota	4	0	0	80
Bennett	1	2	0	44

Figure 2.2

In sum, although there are a small number of childcare entities serving the counties where TREC provides Head Start and Early Head Start programs, it is unknown as to the relative quality and affordability that these programs give their children and families. The state of South Dakota does not currently possess the capacity to develop and implement a Quality Rating Improvement System (QRIS) for childcare providers at the current time. Without this key repository, understanding quality and affordability is limited to anecdotal evidence. This does present an opportunity for TREC as an organization to look into diversifying funding streams and placing high quality, affordable childcare options in our rural communities. It is an opportunity to set the standard for quality in our service area when it comes to providing daycare services to hardworking parents. As of March, 2019, South Dakota still has not implemented a QRIS, and current progress indicates there will not be a system implemented in the near future.

CHILDREN WITH DISABILITIES AND SERVICES PROVIDED

Children with disabilities are an important part of the population TREC serves. Unlike regular education students, children with disabilities require a special amount of care that often requires a specialized form of instruction, physical, and developmental services. While TREC does partner with

many agencies to help with services (physical, counseling, etc.) for students with disabilities, we aim to meet the most essential needs of the child.

Determining the number of Students with Disabilities under the age of 5 years is key to planning for services within our counties. The table below illustrates the estimated number of Students with Disabilities in the counties, which TREC serves. We determined the number of Students with disabilities in our counties by multiplying the PK-12 Special Education percentage by the number of children less than 5 years of age in each county. Head Start Performance Standards indicate that at least 10% of enrolled students must be students with disabilities. It is evident from the data that we can certainly fulfill these requirements if we are painstaking about our recruitment efforts. In addition, the data below are very helpful when it comes to deciding what program options work best in certain counties. It is clear from the data that a combination of home-based services and center-based services are necessary to fulfill the needs of our communities. Data from the Program Information Report (PIR) helps bring detail to light in terms of Students with Disabilities enrolled in Head Start and Early Head Start. This information is highlighted in the paragraphs below.

County	# Special Education Under 5
Bennett	48
Butte	128
Corson	NA
Harding	18
Perkins	26
Oglala Lak.	380

Figure 2.3

According to Program Information Report (PIR) data from the $2017 - 18$ year, TREC had approximately 38 children enrolled in our programs that were either on an Individualized Education Program or Individual Family Service Plan. When you break it down by Head Start and Early Head Start,

this equates to approximately 22% of Head Start and 11% of Early Head Start children receiving Special Education services. More often than not, Head Start children receiving services were categorized as needing help with speech and language. A smaller number of students received services relating to developmental delays.

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

Data from the South Dakota DOE illustrate that between 12 and 22 percent of the school age population in our counties have disabilities. These data are helpful as they let us know how the PreK-12 numbers stack up in terms of Special Education students. In addition, these percentages were actually used to derive the estimated number of Head Start and Early Head Start eligible children who would potentially need Special Education services. This is explained in detail above. The data are as recent as December, 2018.

District Name	Total Special Education	% of PK-12 Students
Belle Fourche 09-1	255	18.72%
Bennett County 03-1	73	16.11%
Bison 52-1	22	15.17%
Harding County 31-1	43	21.50%
Lemmon 52-4	31	12.86%
Newell 09-2	69	22.92%
Oglala Lakota County 65-1	352	24.89%

Figure 2.4[3]

---

[3] Data are as recent as the 2015-16 school year.

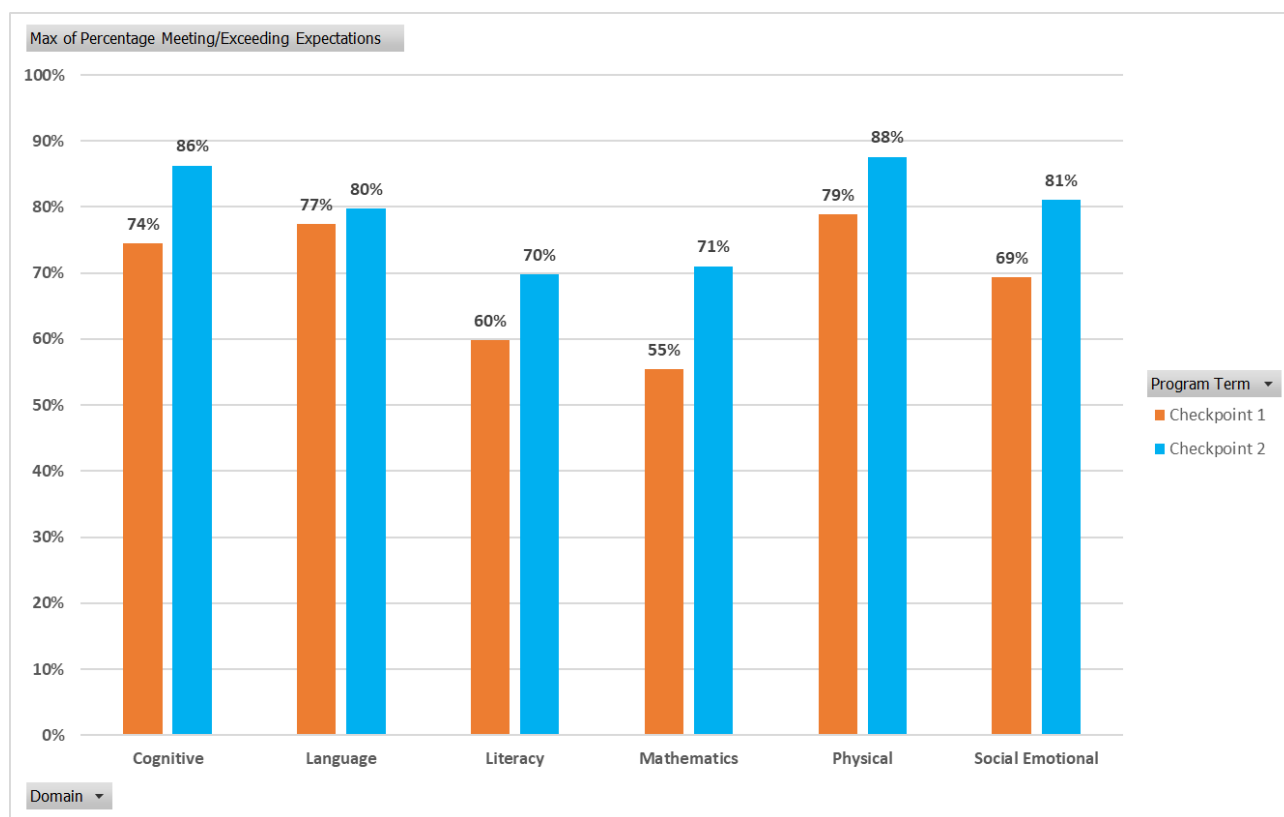## EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS

EDUCATION

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

HEAD START/EARLY HEAD START ASSESSMENTS

TREC – Badlands Head Start utilizes the Teaching Strategies GOLD platform to conduct educational assessments on our students. The data has proven to be invaluable when considering individualization, setting program goals, and ensuring that we are meeting goals set for school readiness. This year was no exception. Mathematics, Language, and Literacy are constant areas of focus. Children need a solid foundation when it comes to these subject areas. As we analyzed the GOLD data at a program level, some patterns started to emerge in the data. TS GOLD aggregation data is available for viewing in Appendix A.

At the mid-point in the 2018 – 19 program year, some evidence is coming to light through the aggregation data. First, children are growing substantially in some areas as the result of programmatic activities, exposure, and natural maturation. This is good news for TREC and the children and families we serve. Additionally, it is becoming clear to TREC that children are increasingly requiring more focus on the Social Emotional aspects related to child development. Not only in the TS GOLD data is this present,

Max of Percentage Meeting/Exceeding Expectations

Domain	Checkpoint 1	Checkpoint 2
Cognitive	74%	86%
Language	77%	80%
Literacy	60%	70%
Mathematics	55%	71%
Physical	79%	88%
Social Emotional	69%	81%

It is also important to recognize the role of the parent in these activities. Education, often times, starts in the home with a parent as the primary instructor of the child. Simple and meaningful activities can be used in the home to bring children up to speed.

Currently, TREC's assessment data show that children are making large gains through services they are receiving through the home-based and center-based program. Some of these gains may be due to natural maturation and exposure to concepts they may not have seen before. However, it is quite obvious that teachers and home visitors are having a large impact as well. From an academic standpoint, Head Start services are improving the lives of families we serve. Early Childhood's Importance in K-12 (Preparation and Transition).

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

In 2014-2015, the South Dakota Department of Education instituted a new summative assessment for students in the 3rd grade. The new assessment contained more rigor than the past "Dakota STEP" assessments. Continued improvement has been documented throughout the lifecycle of the new assessment. Therefore, children have adapted to the new curricular and assessment standards in the third grade. These data, coupled with our TS GOLD assessment data, help identify areas where we can strengthen our educational domains for children and families.

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

2017 – 18 Accountability Results[4]

District Name	County Name	School Name	ELA Proficient Percentage	Math Proficient Percentage
Belle Fourche 09-1	Butte	North Park Elementary - 08	41.09%	50%
Belle Fourche 09-1	Butte	South Park Elementary - 03	41.09%	50%
Bennett County 03-1	Bennett	Martin Elementary - 03	40.91%	30.00%
Bison 52-1	Perkins	Bison Elementary - 02	43.14%	43.10%
Harding County 31-1	Harding	Buffalo Elementary - 02	50.00%	37.84%
Harding County 31-1	Harding	Camp Crook Elementary - 08	**	**

---

[4] Source: South Dakota Department of Education.

Harding County 31-1	Harding	Ludlow Elementary - 06	**	**
Lemmon 52-4	Perkins	Lemmon Elementary - 02	50.00%	53.75%
Newell 09-2	Butte	Newell Elementary - 02	36.67%	21.67%
Oglala Lakota County 65-1	Oglala Lakota	Batesland School - 01	2.80%	3.74%
Oglala Lakota County 65-1	Oglala Lakota	Rockyford School - 03	12.71%	9.39%
Oglala Lakota County 65-1	Oglala Lakota	Wolf Creek School - 02	3.40%	1.70%
Oglala Lakota County 65-1	Oglala Lakota	Red Shirt School - 04	9.76%	7.50%

Figure 3.2

As a result, of the TS GOLD assessment (displayed in the above and SDDOE accountability figures, TREC will continue their focus of providing rigorous and valuable programming in all areas. Like most years, an emphasis in Mathematics, Language, and Literacy will be paramount as they are the building blocks of learning. In addition, a heavy amount of attention will be placed in the area of Social Emotional development. Learning Mathematics, Language, and Literacy is incumbent upon a child being able to control their behaviors and emotions in a classroom setting.

NUTRITION

Health and nutritional needs for children are the foundation of a successful learning experience in the classroom. In addition, a healthy mind and body are essential to a child's longevity and overall quality of life. TREC firmly believes in taking care of the children's health and nutritional needs by providing services directly related to the well-being of each individual served. This section seeks to explain and understand the positive things happening in each of the communities as well as highlight some areas where we can improve our mission of helping communities recognize the importance of health and nutrition in the family.

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

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

2018 19 BMI Data - Fall, 2018

Values
- Max of # Underweight
- Max of # Healthy Weight
- Max of # Overweight
- Max of # Obese
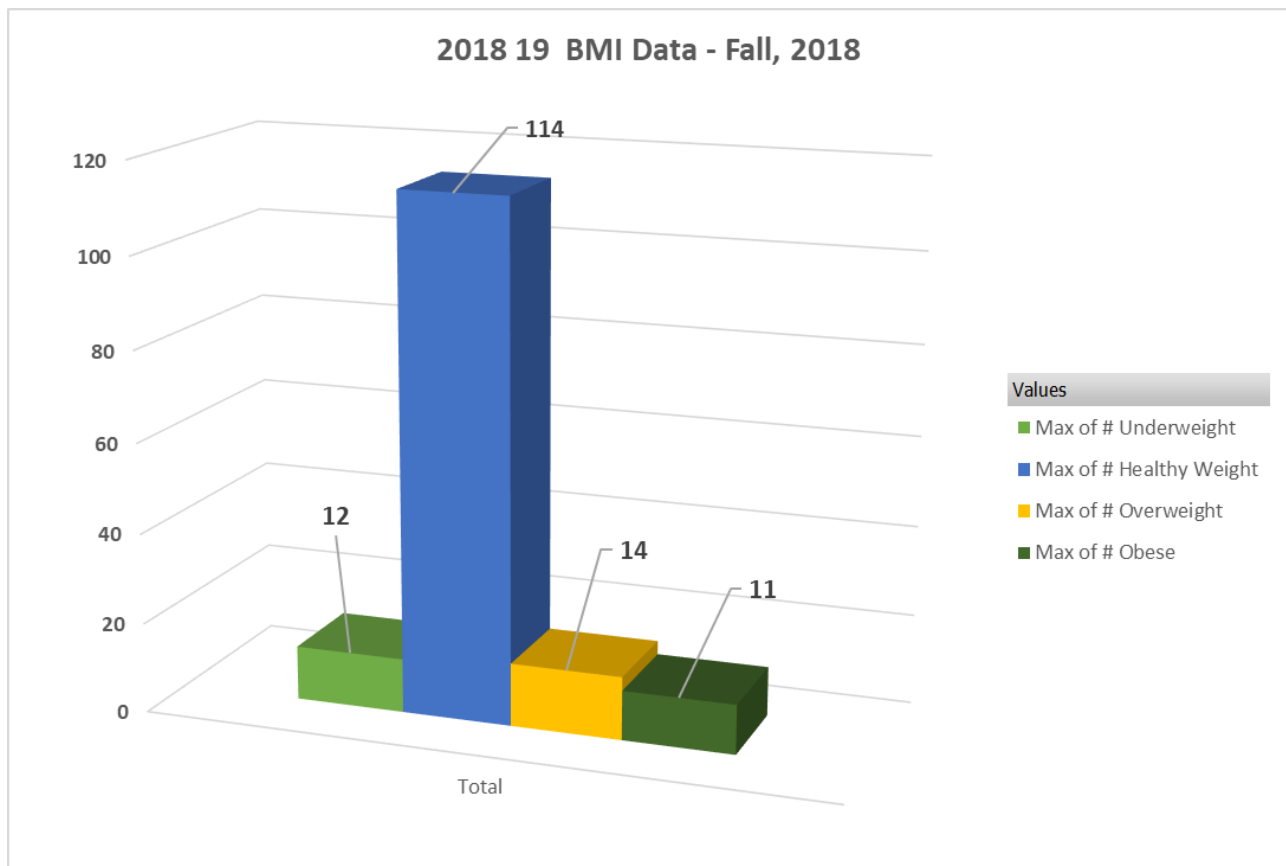
Figure 3.3

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

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

HEALTH

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

TREC currently assesses each child entering the Head Start and Early Head Start programs according to the guidelines espoused under the Head Start Act and under Head Start Performance Standards. The findings in the data are telling in many ways. First, TREC's children are generally healthy overall. A general look at the Program Information Report (PIR) data serves to confirm this assumption. There are, however, some areas where TREC students enter the program with health deficiencies. The data below, in regards to vision, seem to indicate that vision is a specific problem in Oglala Lakota and Bennett counties. In addition, a fair percentage of children in Butte County possess vision deficiencies as well. The other counties (Perkins, Corson, and Harding) did not have the same problems with vision that those in Butte, Oglala Lakota, and Bennett counties did.

Dental screenings are part and parcel of our programming. While the Head Start and Early Head Start screenings tell us the potential problems in regards to dental health, they are not entirely focused in the solution. In fact, the data from our Program Information Report (PIR), shows a good number of Head Start children require follow-up dental treatment. Many children are receiving preventative care prior to enrolling in the Head Start program. However, more than half of the children need follow up treatments, and some require serious oral surgeries to repair dental problems. The implications of poor oral health on a child is significant and can be life-threatening is some cases. It is clear that TREC must focus on both the dental screenings for children as well as educating families about the importance of everyday dental hygiene.

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

The most recent data, according to the 2017 – 18 PIR, indicate that the number of expectant mothers enrolling in the first trimester improved over the historical trend that was emerging through our service area. Although this is promising, it is clear there is more work for our program to do. As one will note, the number of women enrolling in the third trimester remains high. Therefore, TREC will continue to work with expectant mothers to enroll them as quickly as possible. This effort will act to ensure they are receiving the care they need as early as possible.

Enrollment Period	Year	Number	Percentage
Enrolled During 1st Trimester	2016 – 17	3	21.43%
Enrolled During 2nd Trimester	2016 – 17	8	57.14%
Enrolled During 3rd Trimester	2016 – 17	3	21.43%
Medically High Risk Pregnancies	2016 – 17	8	57.14%
Enrolled During 1st Trimester	2017 – 18	4	33.33%
Enrolled During 2nd Trimester	2017 – 18	3	25.00%
Enrolled During 3rd Trimester	2017 – 18	5	41.67%
Medically High Risk Pregnancies	2017 – 18	6	50.00%

Figure 3.4

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

SOUTH DAKOTA MEDICALLY UNDERSERVED AREAS/POPULATIONS
January 2019

○ Medically Underserved Communities

▨ Medically Underserved Areas

▨ Medically Underserved Population (Low-Income)

Source: South Dakota Department of Health - Office of Rural Health
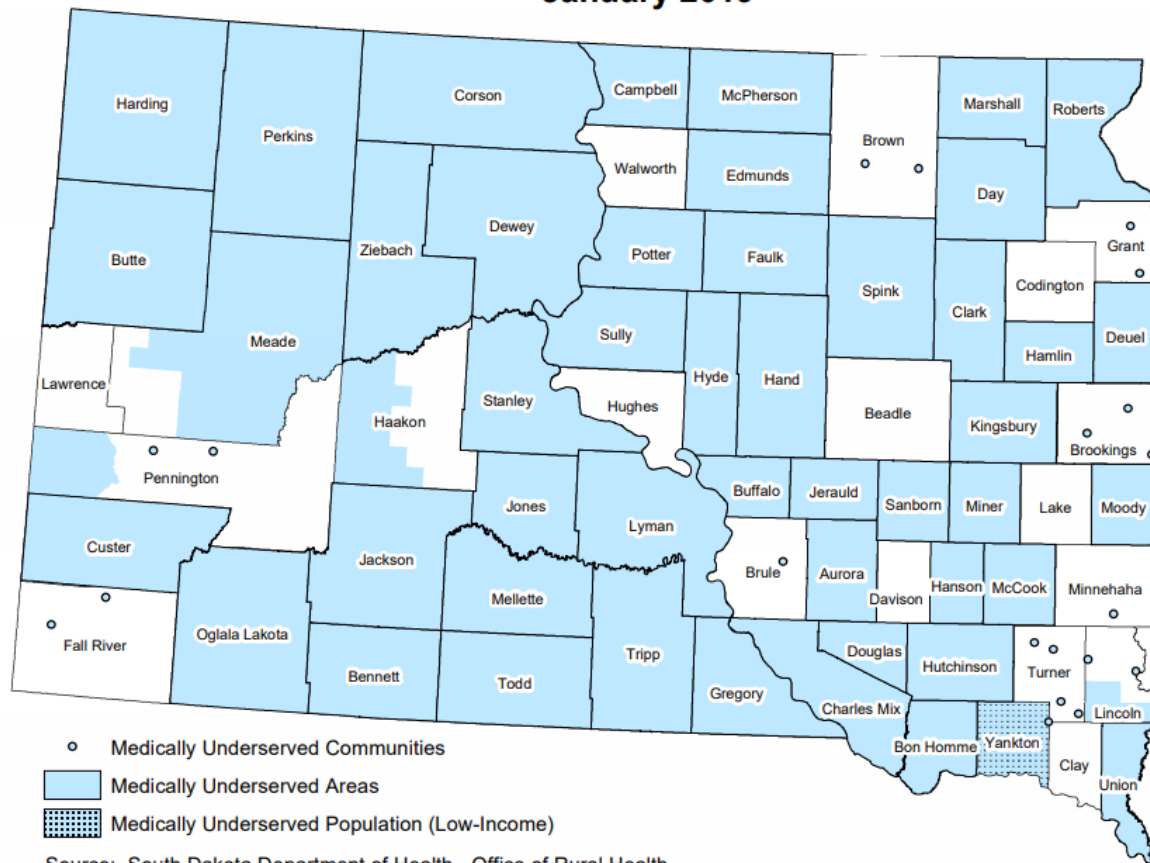
SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
DENTAL HEALTHCARE
January 2019

Legend:
- ○ Shortage Site
- Shortage Area (Geographic)
- Shortage Area (Low-Income)
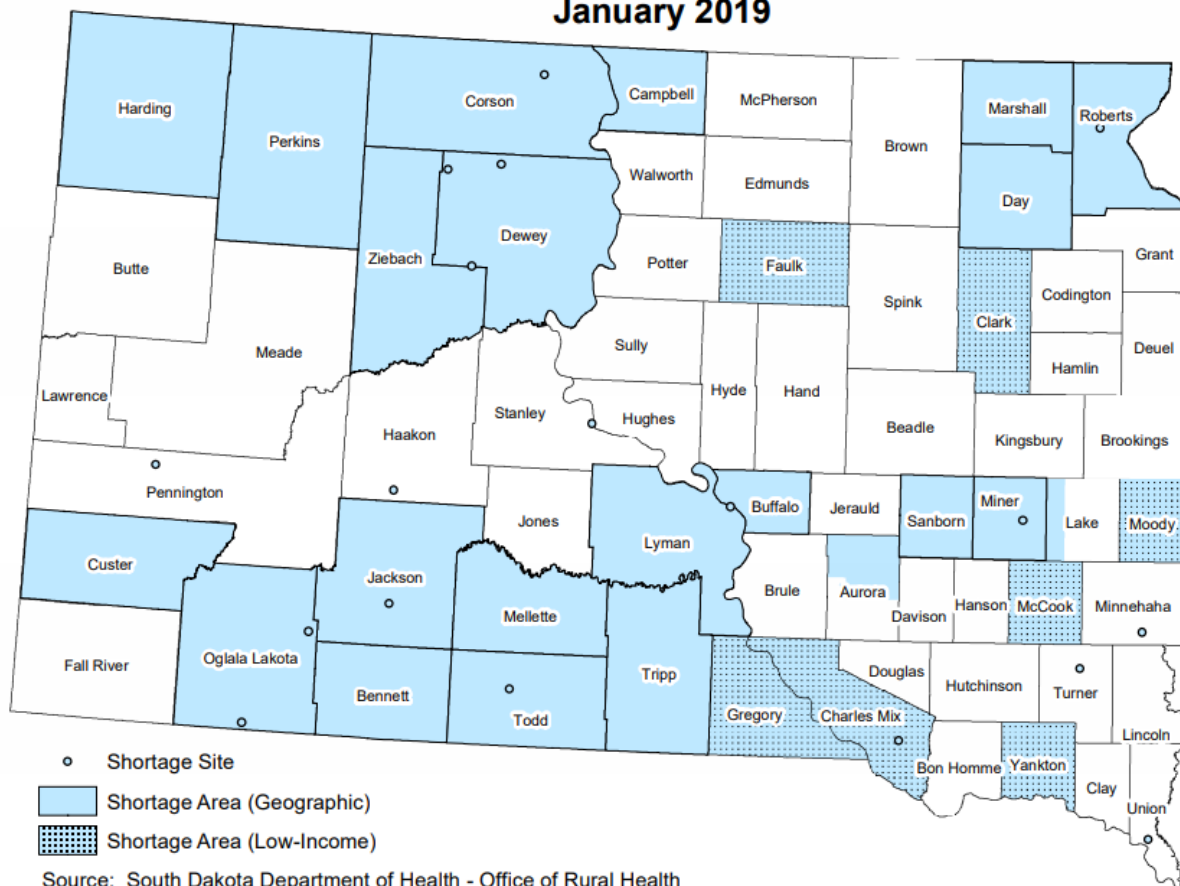
Source: South Dakota Department of Health - Office of Rural Health

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

MENTAL HEALTH

Mental health factors impacting the TREC service area warrant close consideration. While instances of mental health can be difficult to track with data currently available, it is a pervasive issue in some communities which TREC serves. This claim in backed up by data from the South Dakota Department of Health. The self-inflicted mortality rate for some of our counties is astonishing. In fact, the data below represent a serious mental health concern that has not been addressed in the state of South Dakota. The most current data (January, 2017) also indicate that self-inflicted mortality is more prevalent among those in the Native American community. This problem is compounded by the fact that all counties in the TREC area have a shortage of qualified mental health professionals.

Self-Inflicted Mortality Rates per 100,000 Persons					
Bennett	Butte	Corson	Harding	Perkins	Shannon
21.9	20.6	74.1	N/A	11.2	38

Figure 3.4

Self-inflicted mortality rates amongst the counties we serve has not seen major changes in the data over the past year as more recent data have not been made publicly available. The fact still remains that there is a dearth of qualified mental health providers in the area to help mitigate the occurrence of suicide in our communities. The shortage is evidenced by materials and information disseminated by the South Dakota Department of Health (DOH). Their figures represent official statistics as of January 2019.

SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS MENTAL HEALTHCARE
January 2019

o   Shortage Site

☐   Shortage Area

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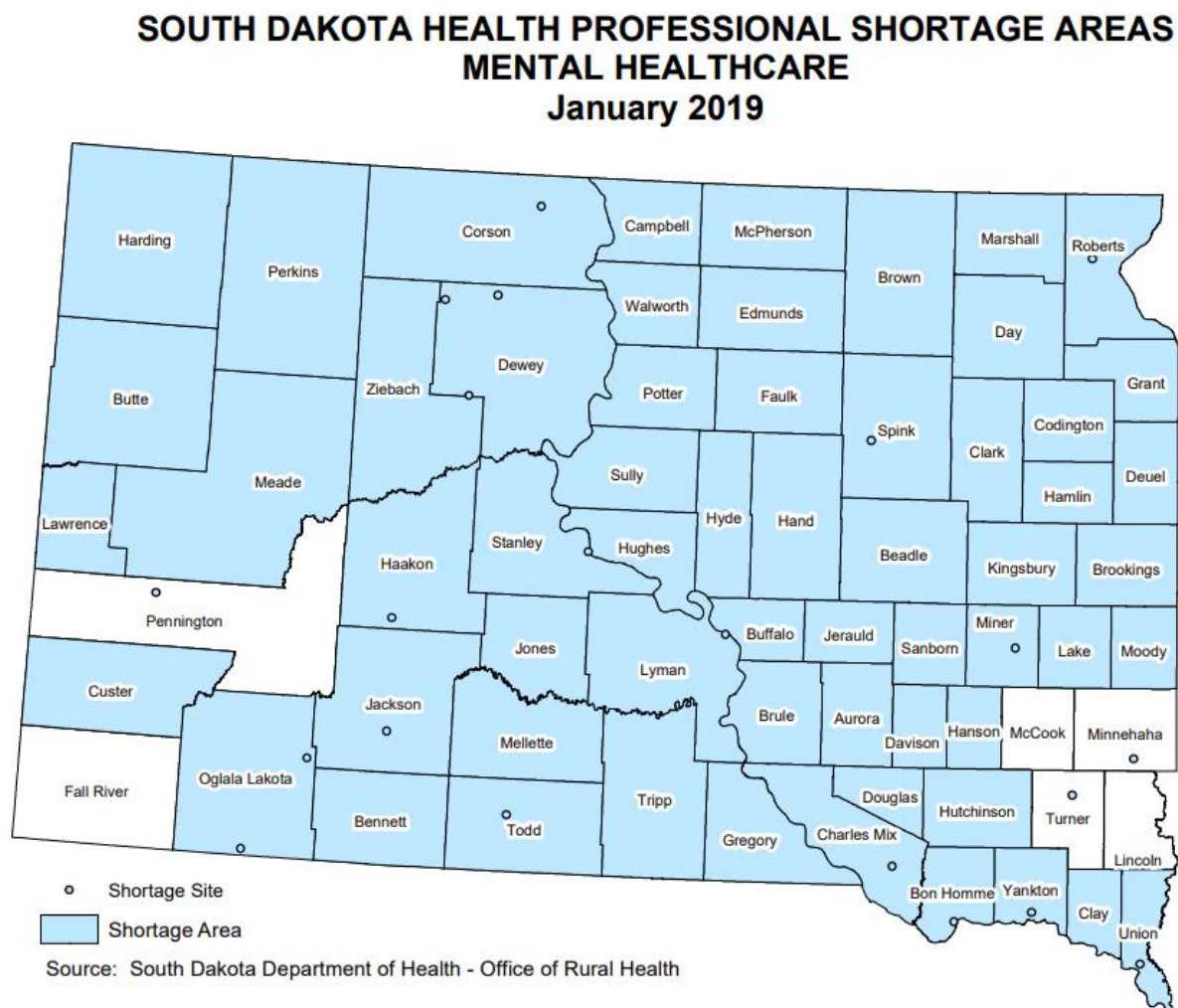
SOCIAL SERVICES

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

Many of the families served by TREC receive some sort of benefit from agencies like the South Dakota Department of Social Services. In fact, many families in the TREC program are receiving nutritional assistance from the Supplemental Nutrition Assistance Program (SNAP). This enables them to purchase nutritious food for their families without severely impacting their economic situation. In addition, the Women, Infants and Children (WIC) program administered by DSS provides mothers with extra help in purchasing essential food and baby items to make certain their children are receiving a well-balanced diet.

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

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

County	Age Range	
	< 3 Years Old	3 – 5 Years Old
Bennett	13	16
Butte	35	63
Corson	6	2
Harding	0	0
Oglala Lakota	54	48
Perkins	0	0

Figure 3.5

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

CONCLUSIONS

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

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

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

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

COMMUNITY RESOURCES (PARTNERSHIPS)

Community resources and partnerships are the engine that makes Head Start and Early Head Start successful in many of the communities we serve. TREC has taken a very holistic approach to partnering with community organizations in order to bolster our families knowledge base on certain topics, develop skillsets for successful living, and establish models of behavior that encourage growth and change within the families and the community. We shall address this section in a manner that explains each area that Head Start and Early Head Start focuses on when educating and nurturing the physical and emotional development of the children who call our classroom and services home.

EDUCATION

First, let us discuss education. TREC's Head Start and Early Head Start education successes are dependent upon local partners aiding in services to our children. To put it simply, without our partners help, our programs would be much less successful. In regards to education, TREC currently partners with Local Education Agencies (LEAs) in a majority of the counties where services are provided. The aid delivered by LEAs focuses largely around the area of Special Education. LEAs also provide on-site programming for students receiving Special Education services. TREC has been able to work in concert with the LEAs to determine individual needs of children and tailor lessons and programming around the students. It is the essence of what Head Start programming should be. In addition to helping Students with Disabilities, the LEAs work with TREC to share resources and provide some training for our staff and Head Start/Early Head Start parents. TREC – BHS added an education partner in Black Hills State University during the fall of 2015. This partnership seeks to pair center and home-based teachers/home visitors with college students in order to better prepare them for a career in education. These partnerships are all solidified with a Memorandum of Agreement (MOA). To date, there have been

several practicum placements in both our classrooms and our home-based program. Thus far, the partnership has been slow to develop, but it continues to work.

STUDENTS WITH DISABILITIES

To fill the gap for Students with Disabilities, additional partnerships were needed. TREC supplements LEA help with aid from other organizations. In each area of our service region s, TREC has MOAs outlining the terms of service between TREC and a Birth to Three provider. Traditionally, Birth to Three providers have focused on Students with Disabilities. Because of its geographic span, TREC has four providers[5] that have agreed to help students in varying capacities. For example, currently the Birth to Three agencies are helping us with extended services to enrolled children in their natural environment (child's home). In addition, Birth to Three providers collaborate with TREC on child screenings, multidisciplinary evaluations, and direct services. In short, the providers help with an area that TREC and the LEAs do not have the capacity to fully handle. Without them, TREC children would not have the level of quality needed for this special population.

HEALTH AND DENTAL PARTNERS

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

Currently, TREC has many partners in our communities that assist families with medical and dental services at little or no cost to the family. It is especially important to have strong working

---

[5] TREC's Birth to Three partners are Black Hills Birth to Three Connections, Northwest Area Birth to Three Connections, and Oglala Sioux Tribe Early Intervention

relationships with the medical and dental community. Our children's well-being depends on the availability of services at a rate that does not place them deeper in poverty.

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

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

Aside from the healthcare agencies, mental and behavioral health organizations offer partnership to our families in TREC programs that require their services and expertise. Specifically, TREC

partners with IHS Behavioral Health and Behavior Management Systems for families who are seeking crisis management and mental health services.

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

SOCIAL SERVICE PARTNERS

As indicated in a prior section, Social Services are integral to our operations. TREC can provide much in terms of educational programming, referring for services, and teaching families new routines. However, it takes entire community and state efforts to foster the type of comprehensive change Head Start envisions. This is where our Social Service partners enter the equation. Currently, TREC partners with a number of Social Service providers. The services provided to families range from providing cash benefits to assisting with food and child care services. Our partners, which are listed below, really help our families to make ends meet and become successful in other life endeavors.

Entity	Counties Served	Services
Department of Social Services	All	SNAP/TANF
Department of Labor	All	Employment
Green Thumb	All	Employment
Oglala Sioux Native Employment Work Program	Shannon/Bennett	Employment

CONCLUSIONS

Without our community partners, TREC would not have much success helping the children and families in our service area. Our communities, as evidenced above, have many needs that need to be taken care of on a regular basis. Our partners help in filling the void where TREC simply cannot provide the service because of size and a lack of expertise in some areas. Thus, partnering with medical,

educational, and social service organizations becomes an integral part of our program. Additionally, although TREC has many solid partnerships, the communities need us to develop more deep and meaningful partnerships with other organizations that serve in the medical, dental, education, and social service arenas. Plentiful partnerships are moot if they do not possess deep and meaningful roots. In other words, having many partners is not enough. It is evident through our data and examples provided that this is a community need we cannot simply handle at a surface level.

PROFILES OF INDIVIDUAL COUNTIES

Each section above described some key information about the counties in which TREC serves. This is not, however, a comprehensive picture of the individual situations encountered by each of the counties (Bennett, Butte, Corson, Harding, Perkins, Shannon). Each county and the cities encompassing that county have their own nuances, strengths, and areas where they can improve. This section will highlight the counties as individuals, spell out key findings in the data, and paint a more comprehensive picture of them. The main aim of this section is to use some of the data presented to be more holistic in deriving information about individual communities and positing goals from that information. All data and figures represented in this section are sources from the U.S. Census, American Community Survey, and The Annie E. Casey Foundation's "Kids Count" project.

The tables and charts in the below section were updated to reflect the most recent data provided by the U.S. Census Bureau and the Kids Count project. As you shall see, the changes in the data were not drastic or indicative of an upcoming trend. Most of the tables remained relatively stable, which is a good sign for the communities TREC – BHS serves.

BENNETT COUNTY

Bennett County is situated in the southwest corner of South Dakota. The county boasts a land area of 1,184 square miles and has an estimated 3,430 inhabitants. Like other communities in TREC's service area, Bennett County is considered a rural area with only 2.9 people per square mile.

According to the American Community Survey, a fair number of people in Bennett County that are of working age find themselves working in fields such as education, health, and social services (32.0%). In addition, others that call Bennett County home work in areas like public administration (10.2%) and agriculture (16.0%).

Its rural nature and a lack of industry in Bennett County explain the 34.8% of families living below the poverty level. As mentioned above, the sparse population, lack of industry, and limited employment opportunities help to put these data into context. In turn, Bennett County possesses a higher rate of unemployment (4.0%) compared to some counties. Recent data shows that approximately 6% of residents are unemployed.

As it relates to education opportunities for those residing in Bennett County, there are some limited opportunities to achieve some form of postsecondary education. Oglala Lakota College is located approximately one hour away from the major community of Martin. However, there are various 'College Centers' associated with Oglala Lakota College. Martin is home to a College Center. Parents can obtain Adult Education as well as Postsecondary preparation at this facility.

Childcare options in the Bennett County area are somewhat limited. As noted above, the number of providers is small. Additionally, there is not currently a viable method for assessing the

quality of individual childcare providers. The lack of affordable, high quality care is a problem that most communities and counties in South Dakota are confronted with.

People QuickFacts	Bennett County
Population	
Population estimates, July 1, 2017, (V2017)	3,454
Population estimates, July 1, 2016, (V2016)	3,460
Population estimates base, April 1, 2010, (V2017)	3,431
Population estimates base, April 1, 2010, (V2016)	3,431
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	0.70%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	0.80%
Population, Census, April 1, 2010	3,431
Age and Sex	
Persons under 5 years, percent, July 1, 2016, (V2016)	9.90%
Persons under 5 years, percent, April 1, 2010	10.00%
Persons under 18 years, percent, July 1, 2016, (V2016)	33.60%
Persons under 18 years, percent, April 1, 2010	34.70%
Race and Hispanic Origin	
Black or African American alone, percent, July 1, 2016, (V2016)	34.40%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	0.50%
Asian alone, percent, July 1, 2016, (V2016)	59.10%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	0.50%
Two or More Races, percent, July 1, 2016, (V2016)	0.10%
Hispanic or Latino, percent, July 1, 2016, (V2016)	5.40%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	4.90%
Black or African American alone, percent, July 1, 2016, (V2016)	33.00%
Housing	
Housing units, July 1, 2016, (V2016)	1,255
Housing units, April 1, 2010	1,263
Owner-occupied housing unit rate, 2012-2016	61.20%
Median value of owner-occupied housing units, 2012-2016	$60,900
Median gross rent, 2012-2016	$490
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	78.90%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	17.80%
Income and Poverty	
Median household income (in 2016 dollars), 2012-2016	$45,820
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$15,011
Persons in poverty, percent	33.80%
Geography	
Population per square mile, 2010	2.9
Land area in square miles, 2010	1,184.71

Bennett

DEMOGRAPHICS

Total County Population Estimate 2017 — 3,454

	under age 5	ages 5-9	ages 10-14	ages 10-17	ages 15-19	under age 18	under age 20
Total Population	328	326	329	497	260	1,151	1,243
Black/African American	LNE	LNE	LNE	LNE	LNE	17	19
American Indian/Eskimo/Aleut	246	246	274	405	198	899	966
Asian/Pacific Islander	0	LNE	0	LNE	LNE	LNE	LNE
Hispanic/Latino	42	45	13	23	13	110	113
White	76	72	48	80	53	228	249

HEALTH

	2017		2013-2017		
	Number	Rate	Number	Rate	95% CI ±
Low Birth Weight (Less than 5.5 lbs)	5	8.2%	19	5.6%	2.54%
Infant Mortality (Rate per 1,000 live births)	LNE	LNE	8	23.7	16.40
Child Deaths (Rate per 100,000 ages 1-14)	0	0	LNE	LNE	LNE
Teen Violent Deaths (Rate per 100,000 ages 15-19	0	0	LNE	LNE	LNE
Birth to single teens (Single females under age 20)	7	11.5%	51	15.1%	4.14%
Women Receiving Prenatal Care (During 1st trimester)	37	60.7%	188	56.1%	8.02%

ECONOMIC

	2018 (SFY)
TANF- Children	188
TANF- Families	100
SNAP- Households	493
SNAP ages 0-4	211
SNAP ages 5-13	396
SNAP ages 14-17	134
Medicaid ages 0-5	323
Medicaid ages 6-13	448
Medicaid ages 14-18	221

FAMILY & COMMUNITY

	2013-17	
	Number	Percent
Households with 1 or more people under age 18	403	41.3%
Married Couple Family Household	140	14.4%
Female Household No Male Present Family Household	101	10.4%
Male Household No Female Present Family Household	73	7.5%
Grandparents Caring For Own Grandchildren	98	57.60%

BUTTE COUNTY

Butte County is one of the larger counties served by TREC, both in terms of overall population and land area. As far as population is concerned, Butte County is home to approximately 10,100 people. The land area in Butte County encompasses 2,249 square miles. This equates to about 4.5 people for every square mile. Butte County could be considered less rural than other counties in TREC's service area.

Belle Fourche is the largest town in Butte County and provides a variety of employment opportunities for the population. Most people, approximately 18.7%, in Butte County are employed in education, healthcare, and social service professions. Agriculture is the second most popular avenue of employment for those in Butte County. According to the ACS, 18.6% of residents are either farming or ranching. This does not come as a surprise because of the sprawling fields and abundant natural resources for cattle and other livestock to thrive on. Because of its size and opportunities in bordering states, Butte County has maintained a very low unemployment rate. Over the past few years it has fluctuated, but the unemployment rate has hovered around 3.3%.

The overwhelming majority of residents possess a high school diploma. In addition, approximately 20% of those living in Butte County have obtained a baccalaureate degree. There are educational opportunities nearby for those wishing to pursue them. In fact, Spearfish, South Dakota is home to Black Hills State University (BHSU). A variety of programs are available at BHSU, but teaching and education are the professions the university is known for.

Childcare is readily available in Butte County, However, as mentioned in a prior section, there needs to be further investigation into the quality and cost effectiveness of the programs that are serving potential Head Start and Early Head Start children. The data point out that services are available, but are they viable and contributing to the development of our children?

People QuickFacts	Butte County
Population	
Population estimates, July 1, 2017, (V2017)	10,107
Population estimates, July 1, 2016, (V2016)	10,205
Population estimates base, April 1, 2010, (V2017)	10,112
Population estimates base, April 1, 2010, (V2016)	10,110
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	Z
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	0.90%
Population, Census, April 1, 2010	10,110
Age and Sex	
Persons under 5 years, percent, July 1, 2016, (V2016)	6.10%
Persons under 5 years, percent, April 1, 2010	7.50%
Persons under 18 years, percent, July 1, 2016, (V2016)	24.20%
Persons under 18 years, percent, April 1, 2010	25.00%
Race and Hispanic Origin	
White alone, percent, July 1, 2016, (V2016)	94.20%
Black or African American alone, percent, July 1, 2016, (V2016)	0.60%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	2.30%
Asian alone, percent, July 1, 2016, (V2016)	0.40%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	0.10%
Two or More Races, percent, July 1, 2016, (V2016)	2.50%
Hispanic or Latino, percent, July 1, 2016, (V2016)	3.60%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	91.40%
Housing	
Housing units, July 1, 2016, (V2016)	4,718
Housing units, April 1, 2010	4,621
Owner-occupied housing unit rate, 2012-2016	74.00%
Median value of owner-occupied housing units, 2012-2016	$119,000
Median gross rent, 2012-2016	$617
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	91.00%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	19.70%
Income and Poverty	
Median household income (in 2016 dollars), 2012-2016	$43,750
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$26,067
Persons in poverty, percent	13.90%
Geography	
Population per square mile, 2010	4.5
Land area in square miles, 2010	2,249.90

Butte

DEMOGRAPHICS

Total County Population Estimate 2017 — 10,107

	under age 5	ages 5-9	ages 10-14	ages 10-17	ages 15-19	under age 18	under age 20
Total Population	612	663	709	1,166	656	2,441	2,640
Black/African American	8	LNE	LNE	15	LNE	32	35
American Indian/Eskimo/Aleut	39	25	671	50	26	114	119
Asian/Pacific Islander	LNE	LNE	0	LNE	LNE	LNE	11
Hispanic/Latino	53	26	42	64	34	143	155
White	564	626	671	1,096	614	2,286	2,475

HEALTH

	2017		2013-2017		
	Number	Rate	Number	Rate	95% CI ±
Low Birth Weight (Less than 5.5 lbs)	8	6.1%	46	7.2%	2.07%
Infant Mortality (Rate per 1,000 live births)	LNE	LNE	5	7.8	6.84
Child Deaths (Rate per 100,000 ages 1-14)	0	0	LNE	LNE	LNE
Teen Violent Deaths (Rate per 100,000 ages 15-19	0	0	3	96.5	109.23
Birth to single teens (Single females under age 20)	7	5.3%	42	6.6%	1.98%
Women Receiving Prenatal Care (During 1st trimester)	102	78.5%	496	77.9%	6.85%

ECONOMIC

	2018 (SFY)
TANF- Children	19
TANF- Families	12
SNAP- Households	614
SNAP ages 0-4	160
SNAP ages 5-13	260
SNAP ages 14-17	87
Medicaid ages 0-5	382
Medicaid ages 6-13	520
Medicaid ages 14-18	254

FAMILY & COMMUNITY

	2013-17	
	Number	Percent
Households with 1 or more people under age 18	1,116	26.7%
Married Couple Family Household	684	16.4%
Female Household No Male Present Family Household	203	4.9%
Male Household No Female Present Family Household	104	2.5%
Grandparents Caring For Own Grandchildren	30	22.20%

CORSON (WESTERN) COUNTY

TREC operates mostly in Perkins County, however, there are children that reside in rural western Corson County that do attend our Lemmon center-based Head Start program. Western Corson County is rural by nature. The population of the entire county only reaches to 4,215 people. In addition, Corson County spans 2,469 square miles. This only equates to 1.6 inhabitants for every square mile of land within the county.

Given the information above, it is no surprise that among working folks, 26.3%, find themselves calling agriculture their career path. The number two employer of Corson County residents falls to those working in areas focused around education, healthcare, and social services (25.1%). Most recent data show that Corson County's unemployment rate has stabilized to 3.9%. Although in recent years, the rate has fluctuated considerably. This is a consideration TREC must account for in our family programming.

Most of the inhabitants of Corson County over 25 have at least a high school diploma. There is a smaller percentage of people that possess a baccalaureate degree (16.4%). Since the second rated employer in Corson County is in the education, healthcare, and social services arena, the number of people having college education makes sense. As far as opportunities for furthering one's education are concerned, Corson County presents limited options, if any. The only postsecondary institution within moderate distance is Sitting Bull College. Persons wanting to get a degree or pursue some Adult Basic Education (G.E.D) courses can opt to use Sitting Bull College or online opportunities.

The area TREC serves in Corson County has a dearth of child care opportunities for children in the area. The entire county has nearly 400 children under the age of 5, but TREC only serves a fraction of the total amount. Therefore, it is difficult to determine the need for child care when it comes to families we serve. However, the availability of such facilities in nearby counties and communities could be valuable.

People QuickFacts	Corson County
Population	
Population estimates, July 1, 2017, (V2017)	4,203
Population estimates, July 1, 2016, (V2016)	4,132
Population estimates base, April 1, 2010, (V2017)	4,047
Population estimates base, April 1, 2010, (V2016)	4,048
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	3.90%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	2.10%
Population, Census, April 1, 2010	4,050
Age and Sex	
Persons under 5 years, percent, July 1, 2016, (V2016)	9.80%
Persons under 5 years, percent, April 1, 2010	10.10%
Persons under 18 years, percent, July 1, 2016, (V2016)	35.40%
Persons under 18 years, percent, April 1, 2010	34.30%
Race and Hispanic Origin	
White alone, percent, July 1, 2016, (V2016)	31.40%
Black or African American alone, percent, July 1, 2016, (V2016)	0.30%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	64.20%
Asian alone, percent, July 1, 2016, (V2016)	0.50%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	Z
Two or More Races, percent, July 1, 2016, (V2016)	3.50%
Hispanic or Latino, percent, July 1, 2016, (V2016)	4.60%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	30.30%
Housing	
Housing units, July 1, 2016, (V2016)	1,535
Housing units, April 1, 2010	1,540
Owner-occupied housing unit rate, 2012-2016	49.80%
Median value of owner-occupied housing units, 2012-2016	$56,000
Median gross rent, 2012-2016	$414
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	81.60%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	16.40%
Income and Poverty	
Median household income (in 2016 dollars), 2012-2016	$32,115
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$13,830
Persons in poverty, percent	39.10%
Geography	
Population per square mile, 2010	1.6
Land area in square miles, 2010	2,469.69

Corson

DEMOGRAPHICS

Total County Population Estimate 2017 — 4,203

	under age 5	ages 5-9	ages 10-14	ages 10-17	ages 15-19	under age 18	under age 20
Total Population	439	404	462	689	333	1,532	1,638
Black/African American	LNE	LNE	LNE	LNE	LNE	13	13
American Indian/Eskimo/Aleut	344	303	381	559	270	1,206	1,298
Asian/Pacific Islander	0	LNE	LNE	LNE	LNE	LNE	LNE
Hispanic/Latino	35	47	21	37	22	119	125
White	89	95	78	125	61	309	323

HEALTH

	2017		2013-2017		
	Number	Rate	Number	Rate	95% CI ±
Low Birth Weight (Less than 5.5 lbs)	10	9.9%	44	9.4%	2.77%
Infant Mortality (Rate per 1,000 live births)	0	0	4	8.5	8.34
Child Deaths (Rate per 100,000 ages 1-14)	0	0.0	LNE	LNE	LNE
Teen Violent Deaths (Rate per 100,000 ages 15-19	LNE	LNE	6	368.6	294.90
Birth to single teens (Single females under age 20)	8	7.9%	41	8.7%	2.67%
Women Receiving Prenatal Care (During 1st trimester)	35	39.3%	184	42.9%	6.20%

ECONOMIC

	2018 (SFY)
TANF- Children	213
TANF- Families	117
SNAP- Households	590
SNAP ages 0-4	255
SNAP ages 5-13	428
SNAP ages 14-17	169
Medicaid ages 0-5	382
Medicaid ages 6-13	516
Medicaid ages 14-18	277

FAMILY & COMMUNITY

	2013-17	
	Number	Percent
Households with 1 or more people under age 18	564	45.9%
Married Couple Family Household	166	13.5%
Female Household No Male Present Family Household	157	12.8%
Male Household No Female Present Family Household	82	6.7%
Grandparents Caring For Own Grandchildren	243	88.70%

HARDING COUNTY

Harding County, located in the most northwestern corner of South Dakota, has always been a small farming and ranching community. The county only has 1,242 residents, but it spans a land area of over 2,671 square miles. That being said, it is no surprise that people are few and far between. In fact, in Harding County there are only .5 persons per square mile throughout the county!

As mentioned above, nearly half the working population in Harding County call farming and ranching (Agriculture) their primary means of employment. The other inhabitants work in a variety of industries, but the education, health, and social service sectors have the second-most people working in their industry. Harding County is an area that has experienced some growth over the past few years. Albeit the growth rate is relatively low, the rural community has seen a spike in inhabitants. The unemployment rate in Harding County is the second lowest of all counties in TREC's service area (approximately 3%).

Opportunities for families to pursue additional education and training are very limited for those who call Harding County home. The closest town of any size is Belle Fourche—which is nearly 70 miles south. Therefore, the closest postsecondary institution is Black Hills State University. Parents can also use online options to procure any job-related credentials or education training in order to advance their careers. As stated previously, unemployment and skills training are likely not in high demand with such a low unemployment rate. However, additional training can increase the economic power of the family.

There are not many options in Harding County for families when it comes to childcare. The isolated nature of the county does not lend itself to even having a choice in which provider will care for the children in Harding County. It is very likely that many parents (mother or father) are staying home with children to save on childcare costs.

People QuickFacts	Harding Co.
Population	
Population estimates, July 1, 2017, (V2017)	1,242
Population estimates, July 1, 2016, (V2016)	1,278
Population estimates base, April 1, 2010, (V2017)	1,255
Population estimates base, April 1, 2010, (V2016)	1,255
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-1.00%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	1.80%
Population, Census, April 1, 2010	1,255
Age and Sex	
Persons under 5 years, percent, July 1, 2016, (V2016)	6.30%
Persons under 5 years, percent, April 1, 2010	5.20%
Persons under 18 years, percent, July 1, 2016, (V2016)	23.90%
Persons under 18 years, percent, April 1, 2010	23.30%
Race and Hispanic Origin	
White alone, percent, July 1, 2016, (V2016)	96.20%
Black or African American alone, percent, July 1, 2016, (V2016)	0.60%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	1.80%
Asian alone, percent, July 1, 2016, (V2016)	0.30%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	0.10%
Two or More Races, percent, July 1, 2016, (V2016)	1.10%
Hispanic or Latino, percent, July 1, 2016, (V2016)	1.50%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	94.90%
Housing	
Housing units, July 1, 2016, (V2016)	740
Housing units, April 1, 2010	731
Owner-occupied housing unit rate, 2012-2016	69.10%
Median value of owner-occupied housing units, 2012-2016	$88,100
Median gross rent, 2012-2016	$560
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	93.00%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	29.70%
Income and Poverty	
Median household income (in 2016 dollars), 2012-2016	$51,458
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$27,239
Persons in poverty, percent	11.40%
Geography	
Population per square mile, 2010	0.5
Land area in square miles, 2010	2,671.38

Harding

DEMOGRAPHICS

Total County Population Estimate 2017 | 1,242

	under age 5	ages 5-9	ages 10-14	ages 10-17	ages 15-19	under age 18	under age 20
Total Population	85	67	67	132	88	284	307
Black/African American	LNE	0	LNE	LNE	LNE	LNE	LNE
American Indian/Eskimo/Aleut	LNE	0	LNE	10	LNE	12	13
Asian/Pacific Islander	0	0	0	0	0	0	0
Hispanic/Latino	LNE	0	LNE	LNE	LNE	LNE	LNE
White	82	67	62	119	78	268	289

HEALTH

	2017		2013-2017		
	Number	Rate	Number	Rate	95% CI ±
Low Birth Weight (Less than 5.5 lbs)	0	0.0%	3	3.4%	3.81%
Infant Mortality (Rate per 1,000 live births)	0	0	0	0.0	0.00
Child Deaths (Rate per 100,000 ages 1-14)	0	0.0	0	0.0	0.00
Teen Violent Deaths (Rate per 100,000 ages 15-19	0	0	0	0.0	0.00
Birth to single teens (Single females under age 20)	LNE	LNE	LNE	LNE	LNE
Women Receiving Prenatal Care (During 1st trimester)	15	100.0%	70	79.5%	18.63%

ECONOMIC

	2018 (SFY)
TANF- Children	0
TANF- Families	0
SNAP- Households	14
SNAP ages 0-4	LNE
SNAP ages 5-13	LNE
SNAP ages 14-17	LNE
Medicaid ages 0-5	15
Medicaid ages 6-13	16
Medicaid ages 14-18	8

FAMILY & COMMUNITY

	2013-17	
	Number	Percent
Households with 1 or more people under age 18	134	27.1%
Married Couple Family Household	108	21.8%
Female Household No Male Present Family Household	13	2.6%
Male Household No Female Present Family Household	6	1.2%
Grandparents Caring For Own Grandchildren	0	0.00%

PERKINS COUNTY

Perkins County neighbors Harding County in the eastern direction. Like Harding County, Perkins County is sparsely populated, and lies within a very large geographic land area. As of 2013, 3,033 people were living within the boundaries of Perkins County. The county covers approximately 3,000 square miles, which means there is about 1 person per square mile. The largest community in Perkins County is Lemmon. Lemmon is home to one of TREC's Head Start centers.

People living in Perkins County are employed in a variety of industries. Education (19.8%) and Agriculture (29.6%) are where most people work currently. However, other industries, such as Construction and Retail Trade, offer stable employment for the residents. Unemployment trends in Perkins County have historically been relatively low. Currently, as per the most recent non-seasonally adjusted data, Perkins County only has 2.7% of the population identifying as unemployed.

Like other rural areas, advancing one's educational level and workforce skills is problematic in such a small area. The most likely and available option for those residing in Perkins County to obtain training and education is through online delivery. While this is no substitute for an in-person experience, education and training are available for those who seek it.

Perkins County does have child care available for those who need it. Although there are not a wide variety of options, there are two providers who serve approximately 35 children in the area. This is primarily centered in the town of Lemmon. The other town in Perkins county requiring child care is Bison. Currently, there are no registered or licensed facilities in Bison to care for children. Daycare(s) have opened recently to help ease the burden on some families; however, no facility has obtained any licensure in South Dakota. There is an opportunity to partner with the town in order to provide child care to those living in the Bison area.

People QuickFacts	Perkins Co.
Population	
Population estimates, July 1, 2017, (V2017)	2,974
Population estimates, July 1, 2016, (V2016)	2,983
Population estimates base, April 1, 2010, (V2017)	2,983
Population estimates base, April 1, 2010, (V2016)	2,982
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-0.30%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	Z
Population, Census, April 1, 2010	2,982
Age and Sex	
Persons under 5 years, percent, July 1, 2016, (V2016)	5.60%
Persons under 5 years, percent, April 1, 2010	5.40%
Persons under 18 years, percent, July 1, 2016, (V2016)	21.00%
Persons under 18 years, percent, April 1, 2010	21.40%
Race and Hispanic Origin	
White alone, percent, July 1, 2016, (V2016)	96.20%
Black or African American alone, percent, July 1, 2016, (V2016)	0.60%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	1.80%
Asian alone, percent, July 1, 2016, (V2016)	0.30%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	0.10%
Two or More Races, percent, July 1, 2016, (V2016)	1.10%
Hispanic or Latino, percent, July 1, 2016, (V2016)	1.50%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	94.90%
Housing	
Housing units, July 1, 2016, (V2016)	1,727
Housing units, April 1, 2010	1,739
Owner-occupied housing unit rate, 2012-2016	70.30%
Median value of owner-occupied housing units, 2012-2016	$68,600
Median gross rent, 2012-2016	$521
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	89.20%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	19.20%
Income and Poverty	
Median household income (in 2016 dollars), 2012-2016	$45,855
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$28,576
Persons in poverty, percent	12.70%
Geography	
Population per square mile, 2010	1
Land area in square miles, 2010	2,870.48

Perkins

DEMOGRAPHICS — Total County Population Estimate 2017: 2,974

	under age 5	ages 5-9	ages 10-14	ages 10-17	ages 15-19	under age 18	under age 20
Total Population	182	177	171	278	170	637	28,043
Black/African American	LNE	LNE	LNE	LNE	LNE	11	12
American Indian/Eskimo/Aleut	LNE	12	LNE	LNE	LNE	27	29
Asian/Pacific Islander	0	LNE	0	0	0	LNE	LNE
Hispanic/Latino	LNE	11	LNE	LNE	LNE	23	23
White	167	161	165	270	165	598	658

HEALTH

	2017		2013-2017		
	Number	Rate	Number	Rate	95% CI ±
Low Birth Weight (Less than 5.5 lbs)	3	8.1%	11	5.9%	3.51%
Infant Mortality (Rate per 1,000 live births)	LNE	LNE	LNE	LNE	LNE
Child Deaths (Rate per 100,000 ages 1-14)	LNE	LNE	LNE	LNE	LNE
Teen Violent Deaths (Rate per 100,000 ages 15-19)	0	0.0	0	0.0	0.00
Birth to single teens (Single females under age 20)	LNE	LNE	6	3.2%	2.60%
Women Receiving Prenatal Care (During 1st trimester)	28	77.8%	131	72.4%	12.39%

ECONOMIC

	2018 (SFY)
TANF- Children	LNE
TANF- Families	LNE
SNAP- Households	89
SNAP ages 0-4	19
SNAP ages 5-13	17
SNAP ages 14-17	6
Medicaid ages 0-5	65
Medicaid ages 6-13	52
Medicaid ages 14-18	32

FAMILY & COMMUNITY

	2013-17	
	Number	Percent
Households with 1 or more people under age 18	12,372	29.3%
Married Couple Family Household	7,022	16.6%
Female Household No Male Present Family Household	52	4.0%
Male Household No Female Present Family Household	1,077	2.6%
Grandparents Caring For Own Grandchildren	16	48.50%

OGLALA LAKOTA COUNTY

Oglala Lakota County is located in the southwestern corner of South Dakota. Housed on the Pine Ridge Indian Reservation, 14,354 people are currently estimated to be living in Oglala Lakota County. Like many other counties in South Dakota, Oglala Lakota County has a large surface area. It encompasses over 2,000 square miles and has approximately 6.5 people per square mile.

Most residing in Oglala Lakota County are working in the education, health care, and social service industries. Agriculture is not as predominant in Oglala Lakota County as it is in other areas within the TREC service area. Unlike other counties that TREC serves, unemployment in Oglala Lakota County is a real issue. According to the Labor Market Information Center, unemployment rates have ranged from 12 to 16 percent over the past three years. Currently, the unemployment rate is at its lowest in the past 5 years at 9.0%. This is still very impactful to the community in terms of poverty and family stability. As long as TREC provides services in Oglala Lakota County, it is imperative to focus on this aspect for families.

Although the unemployment rate is rather high, there are avenues to improve situations in Oglala Lakota County. Oglala Lakota College provides both postsecondary schooling and adult education courses. This means residents can enjoy college coursework as well as take the steps needed to complete high school equivalency.

Many childcare programs exist in Oglala Lakota County. Where other counties in the TREC service area find shortages in child care, Oglala Lakota County does not. Residents can choose from up to six different providers to care for children. In addition to registered and licensed child care centers and homes, Oglala Lakota County has a center-based Head Start program to help care for and develop its children.

People QuickFacts	Oglala Lakota County
Population	
Population estimates, July 1, 2017, (V2017)	14,354
Population estimates, July 1, 2016, (V2016)	14,415
Population estimates base, April 1, 2010, (V2017)	13,586
Population estimates base, April 1, 2010, (V2016)	13,586
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	5.70%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	6.10%
Population, Census, April 1, 2010	13,586
Age and Sex	
Persons under 5 years, percent, July 1, 2016, (V2016)	11.00%
Persons under 5 years, percent, April 1, 2010	11.80%
Persons under 18 years, percent, July 1, 2016, (V2016)	37.70%
Persons under 18 years, percent, April 1, 2010	39.30%
Race and Hispanic Origin	
White alone, percent, July 1, 2016, (V2016)	5.10%
Black or African American alone, percent, July 1, 2016, (V2016)	0.30%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	92.80%
Asian alone, percent, July 1, 2016, (V2016)	0.20%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	Z
Two or More Races, percent, July 1, 2016, (V2016)	1.50%
Hispanic or Latino, percent, July 1, 2016, (V2016)	3.60%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	4.40%
Housing	
Housing units, July 1, 2016, (V2016)	1,727
Housing units, April 1, 2010	1,739
Owner-occupied housing unit rate, 2012-2016	70.30%
Median value of owner-occupied housing units, 2012-2016	$68,600
Median gross rent, 2012-2016	$521
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	89.20%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	19.20%
Income and Poverty	
Median household income (in 2016 dollars), 2012-2016	$45,855
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$28,576
Persons in poverty, percent	12.70%
Geography	
Population per square mile, 2010	6.5
Land area in square miles, 2010	2,093.90

Oglala Lakota

DEMOGRAPHICS

Total County Population Estimate 2017 | **14,354**

	under age 5	ages 5-9	ages 10-14	ages 10-17	ages 15-19	under age 18	under age 20
Total Population	1,519	1,576	1,484	2,296	1,260	5,391	1,866
Black/African American	19	11	LNE	15	LNE	45	47
American Indian/Eskimo/Aleut	1,420	1,491	1,430	2,212	1,219	5,123	5,560
Asian/Pacific Islander	LNE	LNE	LNE	LNE	0	LNE	LNE
Hispanic/Latino	135	71	49	79	48	285	303
White	78	71	42	65	32	214	223

HEALTH

	2017		2013-2017		
	Number	Rate	Number	Rate	95% CI ±
Low Birth Weight (Less than 5.5 lbs)	27	8.4%	121	7.5%	1.34%
Infant Mortality (Rate per 1,000 live births)	4	12.5	25	15.6	6.10
Child Deaths (Rate per 100,000 ages 1-14)	8	186.9	24	111.9	44.76
Teen Violent Deaths (Rate per 100,000 ages 15-19	LNE	LNE	16	248.9	121.99
Birth to single teens (Single females under age 20)	39	12.1%	253	15.8%	1.94%
Women Receiving Prenatal Care (During 1st trimester)	192	61.0%	938	59.3%	3.79%

ECONOMIC

	2018 (SFY)
TANF- Children	1,017
TANF- Families	507
SNAP- Households	3,290
SNAP ages 0-4	1,092
SNAP ages 5-13	2,010
SNAP ages 14-17	678
Medicaid ages 0-5	1,591
Medicaid ages 6-13	2,298
Medicaid ages 14-18	1,148

FAMILY & COMMUNITY

	2013-17	
	Number	Percent
Households with 1 or more people under age 18	238	22.2%
Married Couple Family Household	186	17.4%
Female Household No Male Present Family Household	558	19.0%
Male Household No Female Present Family Household	20	1.9%
Grandparents Caring For Own Grandchildren	827	65.80%

SUMMARY OF KEY FINDINGS (OVERALL)

1. While the focus on education is paramount, TREC must continue to work with children and families on the Social Emotional aspects of child development. To be clear, it is obvious that our program experiences challenges in terms of behavior. Therefore, in addition to working on our regular priority areas (Language, Literacy, and Mathematics), we will distinctly focus on Social Emotional well-being of kids and families.

2. TREC communities must focus on health and wellness for children and families enrolled in the program.

3. TREC must focus on developing deeper and more meaningful relationships with community partners. TREC has two new partnerships that have started out very strong. TREC must continue to work with already established community partners

4. TREC should explore the opportunity that child care partnerships provide for our organization. As compared to child care partnerships, diversifying funding streams and attempting child care is a safer and more direct route.

5. TREC must place increased emphasis on pre-natal mothers in order to have care provided in the first trimester of pregnancy. As noted in the most recent data, pregnant mothers often are not enrolled until the second or third trimester of pregnancy. TREC has to do a better job at enrolling expectant mothers during the most critical trimester of pregnancy.

6. Butte County, our largest are in terms of family and child services, has slowed in terms of relative growth. At the current time, no substantial expansion should occur in this area as the economy and income levels have stabilized over the past two years.

7. With many resources currently available for children and families, TREC should continue to act as a conduit of information when referring potential and enrolled families to programs that can be beneficial (e.g., Social Service programs). TREC – BHS is already doing this through policies, procedures, and standards. It is our goal to leave the families in a better position than when they entered the program.

8. Because Mental Health is an important consideration for families, we shall effectively use our Mental Health consultant to observe behaviors, initially consult and refer families, and provide key training to our team covering aspects of positive living and mental health.

9. It is important for TREC to keep an eye on and effectively assess the efficacy of our efforts on the Pine Ridge Indian Reservation. To be clear, our agency must take into account cultural considerations, and services provided by other agencies when making decisions as to whether our services are making an impact and should continue.

10. TREC has to continue monitoring our Perkins County enrollment projections, specifically in the community of Bison, in order to make decisions on a service model that would best benefit the community. To be clear, if our projected number of children in the community begin to decline, we have to seriously analyze our current program option (center-based) and review other options that may be more suitable for the Bison community