SHARE
Head Start/Early Head Start

Triennial
Community Assessment

Program Year: 2015-2016

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INTRODUCTION

The Community Assessment is a comprehensive report of the needs and services that impact the SHARE Head Start program, families and children, as well as service capacity and access. An assessment of the communities served by SHARE is conducted every three years and updated in interim years. This report is a full community assessment completed in 2015. It addresses the challenges associated with providing comprehensive services to low-income families. SHARE Head Start provides services in Anderson, Greenville, Oconee and Pickens Counties. These counties are located along Interstate 85, midway between Atlanta, Ga. and Charlotte, NC. All four counties are located in the Northwestern part of South Carolina featuring the Appalachian Mountains. This area is sometimes called Upcountry, but more frequently referred to as the Upstate of SC. (See Attachment - Map) Anderson County has an estimated population of 192,810, 62% urban and 38% rural. Greenville County's estimated population is 482,752, 87% urban and 13% rural. The estimated population in Oconee County is 75,192, 35% urban and 65% rural. And Pickens County has an estimated population of 120,368, 64% urban and 36% rural. Greenville County has experienced the highest population growth rate in our four county service area. From 2010 to 2014 Greenville County has had a 7% population growth. Greenville County has also experienced the largest increase in the Hispanic/Latino population. The Hispanic/Latino population continues to increase in Greenville County, growing from 36,495 in 2010 to 42,482 in 2014. In order to determine the needs for Head Start related services, this report identifies the location and characteristics of the target population and assesses their needs with regard to health, education and social services. The report also identifies and evaluates the resources available in the community for meeting the needs of the Head Start population and assesses the extent to which these needs are being met. Ultimately, the gap between needs and resources must be determined as a basis for formulating policy and planning programs.

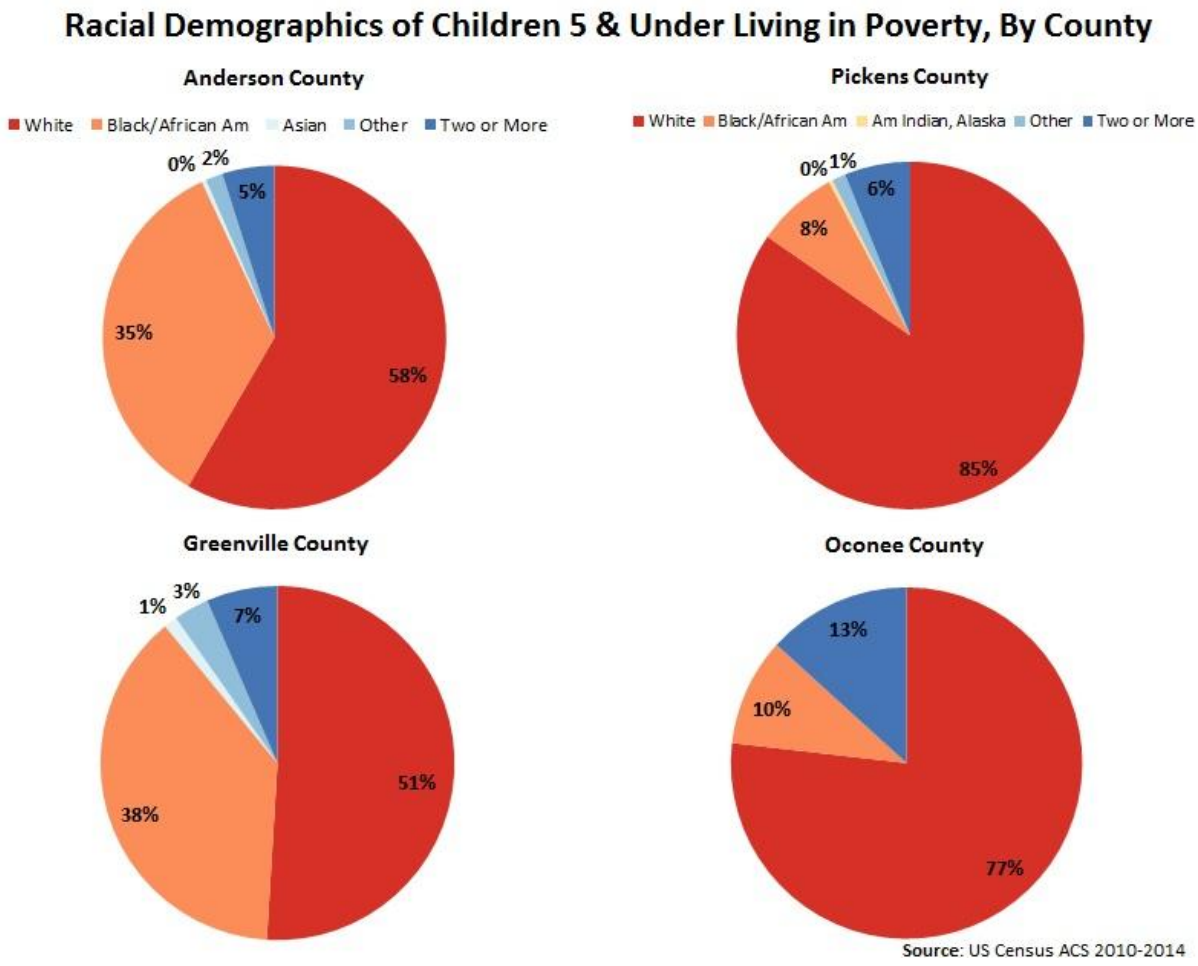
This document will be used in the following ways to influence policy:

- To help determine SHARE Head Start's philosophy and its short- and long-range objectives.
- To determine the type of component services that are most needed and the program option or options that should be implemented.
- To determine the recruitment area that will be served by the grantee (given the inability to serve the entire community.
- To set criteria that define the types of children and families who will be given priority for recruitment and selection.

The data for this report were compiled from a variety of sources. Data sources are referenced throughout this report.

(1) DEMOGRAPHICS OF HEAD START ELIGIBLE CHILDREN/FAMILIES

A. Children under Age 5 Living in Poverty



According to the *American Community Survey 5-Year Estimates (2010-2014)*, 11.6% of families with children under the age of 5 years old in Anderson County have income that is less than the poverty level, of which 4.1% are of Hispanic or Latino ethnicity.

12.2% of families with children under the age of 5 years old in Greenville County have income that is less than the poverty level, of which 26.2% are of Hispanic or Latino ethnicity.

11.5% of families with children under the age of 5 years old in Oconee County have income that is less than the poverty level, of which 19.1% are of Hispanic or Latino ethnicity.

9.1% of families with children under the age of 5 years old in Pickens County have income that is less than the poverty level of which 15.4% are of Hispanic or Latino ethnicity (American Community Survey www.census.gov/acs).

B. Employment and Training

The local economic conditions have an enormous impact on the stability and well-being of children and their families. Steady, accessible employment allows families to be comfortable financially. Beginning in 2008 as the result of the worst economic downturn since the Great Depression, the unemployment rate began to rise nationwide. The counties in our four counties service area also experienced an increase in unemployment.

The 2014 Community Profiles by the SC Department of Employment & Workforce report that in Anderson County, there are 85,879 people in the labor force, of which 80,813 are employed and 5,066 are unemployed. The unemployment rate for Anderson County is 5.9%. The 2014 Community Profile for Greenville County reports there are 231,979 people in the labor force, of which 219,660 are employed, and 12,319 are unemployed. The unemployment rate for the Greenville County is 8.4%. In Oconee County, there are 33,963 people in the labor force, 31,809 are employed and 2,154 are unemployed. The unemployment rate for Oconee County is 6.3%. In Pickens County, there are 54,686 people in the labor force, of which 51,301 are employed, and 3,385 are unemployed. The unemployment rate for Pickens County is 6.2%.

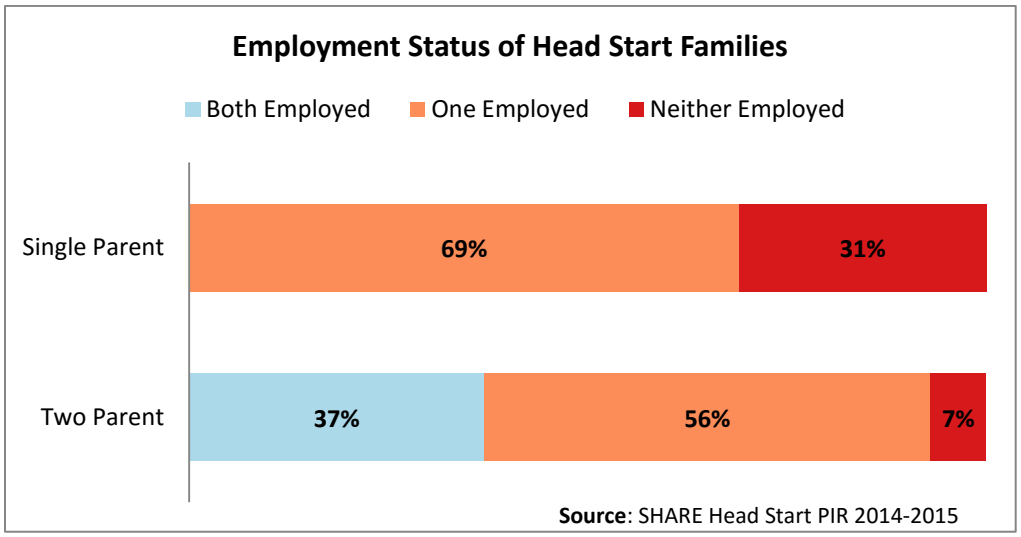
Employment				
County	Civilian Labor Force	Employment	Unemployment	Unemployment Rate (%)
Anderson	85,879	80,813	5,066	5.9%
Greenville	231,979	219,660	12,319	5.3%
Oconee	33,963	31,809	2,154	6.3%
Pickens	54,686	51,301	3,385	6.2%
Source: SC Department of Employment & Workforce 2014 Community Profile				

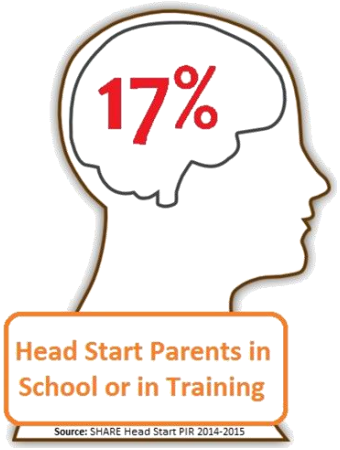
Families who are unemployed are not eligible for subsidized child care from the state program, and generally are eligible only for the Head Start/Early Head Start program for free child care. This is a problem for many families who want to look for employment or pursue education to become self-sufficient but cannot because they lack adequate child care. SHARE Head Start's birth to five program serves a large number of families who are unemployed. Family service workers surveyed parents of children currently enrolled in the program to determine their work situations and their perceived barriers to employment. The majority reported that work hours are not good for children, followed by that there are not enough jobs in the community, and they apply for jobs but are not hired.

Welfare Reform has forced many recipients to obtain employment. In South Carolina Welfare Reform requires participants to prepare a self-sufficiency plan outlining skills and training

requirements. Recipients then have 30 days to find a job in their field. If they fail to find a job, recipients have an additional 30 days to find any job in the private sector. If this too fails, recipients must participate in a community work program in order to retain their benefits.

The table below shows the employment status of the parents of Head Start Children and the percentage of parents that are enrolled in school or a training program.





C. Female Headed Households

Stable, positive family settings promote school readiness and minimize the risk of school failure that might be attributable to a disruptive family setting. Unwed mothers in our four counties service areas were 30% or more of single parent (female headed) families with income below the poverty level (See chart B below). The risk factors associated with single-family households are largely economic. One less income often means lower socioeconomic status.

Chart A: Female Headed Households, no husband present, with children under 18	
County	Percentage
Anderson	7.1 %
Greenville	7.8 %
Oconee	6.8 %
Pickens	5.7 %
Source: U. S. Census Bureau, 2013 American Community Survey	

Chart B: Percentage of single parent (female headed) Families Living in Poverty		
County	% Female Households	% with Children under 5
Anderson	39.8 %	61.3 %
Greenville	35.1 %	65.2 %
Oconee	35.0 %	55.7 %
Pickens	32.5 %	67.1 %
Source: U. S. Census Bureau, 2013 American Community Survey		

D. Language Challenges

All four counties in our service area have experience a consistent increase in the Hispanic/ Latino population. Greenville County has experienced the most growth and now has the largest Hispanic/ Latino population in our service area. According to information obtained from the U. S. Census Bureau 2010American Community Survey the language spoken at home by 7.5% of the population in Greenville County is Spanish. Of the population that speaks Spanish 4.9% speak English less than "very well".

The increase in the Hispanic/Latino population in our service has created a challenge to recruit and employ bilingual employees in education and health care.

Because of the influx of Hispanic/Latino students the School District is faced with the challenge of employing an adequate number of teachers qualified to teach these students. Greenville County School's English for Speakers of Other Languages program has grown—tenfold—from fewer than 500 students l0 years ago to more than 5,000 students, and is the state's largest in terms of enrollment. Employing bilingual staff is a major challenge because the market is tight and the need is great. As a result the district has been challenge to recruit Spanish teachers from other nations including Spain and Costa Rica. Hospitals are facing challenge to increase their language service staff to better serve the Upstate's growing Hispanic/Latino communities. Hospitals are trying to recruit employees in critical areas such as hospital registration, patient screening, diagnosis, and clinical areas.

(2) CHILD DEVELOPMENT/CHILD CARE PROGRAMS

There are a variety of options in the Upstate of South Carolina for Child Care. The availability varies across our four county service area. An assessment of child care programs reveals limited access to child care services for low income families due to high child care fees, hours of operation, limited availability, and lack of transportation. The average cost of child care for infant centers is approximately $5,855.00 annually and four year old centers the average cost are $5,455.00. Many of the public pre-k programs within our geographic area offer half day services. These facilities may not be beneficial to working parents because of limited time frame and eligibility criteria for at-risk children. In South Carolina, the subsidized child care program (ABC Voucher System) helps eligible families pay for child care services so that they can work or go to school or training. However, there has been a decrease in funding which impacts the number of available vouchers. In addition, the criteria have been changed, which has decreased the number of families participating in this program. There has been an increase in the public school Pre-K programs since 2012. The amount of licensed child care centers and family day care home has decreased in our service area since 2012. The amount of closures in the private for profit sector ranges in different counties for 6.8% to 50%. These closures indicate that there is a greater need for early childhood services in our service area.

A. Children Served, By Age & Location

The table indicates the number of children under 5 living in poverty in our service area

Pre-K Children in the Upstate of SC		
County	Children Under 5 Living in Poverty	Children Under 5
Anderson	2,792	11,492
Greenville	7,609	31,059
Oconee	1,122	4,051
Pickens	1,291	5,951
Total	**12,814**	**52,553**
Source: First Steps Annual Report, 2015		

Enrollment for Target Participants		
County	Nursery School / Pre-School	% of 3 & 4 Yr Olds Enrolled in School
Anderson	2,665	45.1%
Greenville	6,536	43.8%
Oconee	1,003	45.4%
Pickens	1,102	41.9%
Total	**11,306**	
Source: Bureau of US Census, 2014		

This table represents the population of age eligible children in each service area and the estimated number of 3 and 4 year olds currently being served.

B. Child Care Programs in the Upstate of South Carolina

Childcare Centers/Public Pre-K Serving Children in the Upstate of SC			
County	SHARE Head Start Centers	Pre-K Public School/Classrooms	Licensed Child Care Centers
Anderson	5	54	114
Greenville	10	81	199
Oconee	1	16	77
Pickens	4	17	46
Total	**20**	**168**	**436**
Sources: SHARE Head Start; County School System websites; ABC Quality Report, 10/2015			

Current data shows a decrease in the number of child care facilities in service areas due to more rigorous licensing regulations and more children being served through public school Pre-K programs.

Local school districts providing services to 4-year old children in our service areas has increased by at least 21% or more over the past 2 years.

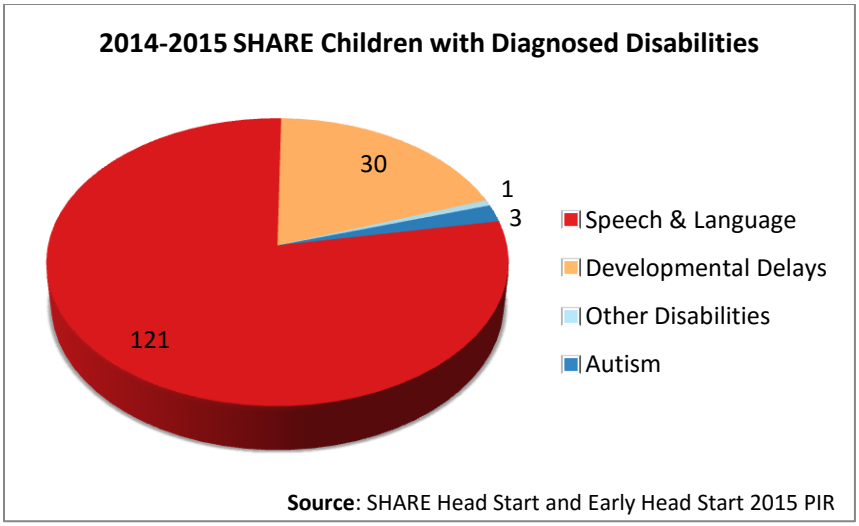
(3) CHILDREN WITH DISABILITIES

A. Children with Disabilities

SHARE Head Start works in collaboration with the school districts in all four counties to ensure that services are provided to children with disabilities. Services included are: Screening, evaluation, therapy, the development of Individual Education Plans (IEPs), related family services and transition from Early Head Start to Head Start and Public School. Community partners such as Baby Net and Department of Disabilities and Special Needs develops the Individualized Family Service Plans for Early Head Start enrollees diagnosed with disabilities.

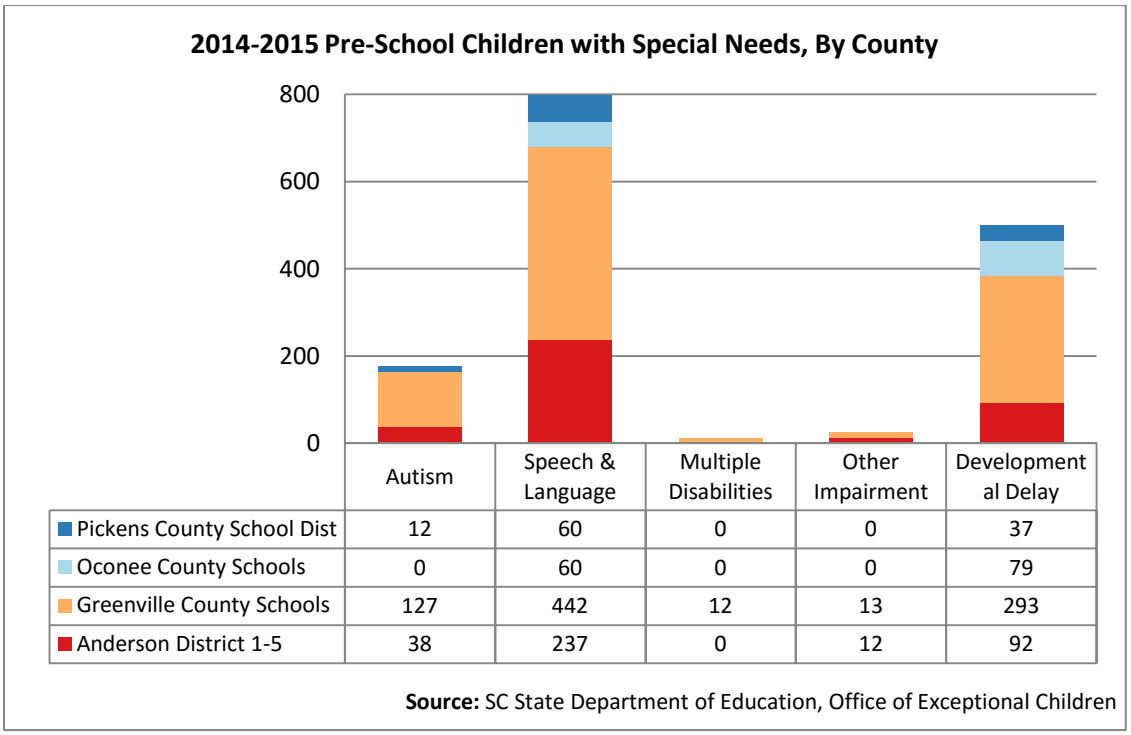
According to the graph below, speech and language impairment is more prevalent among Head Start enrollees than any other diagnosed disability. In 2014 SHARE Head Start served one-hundred and fifty-five (155) children with disabilities, which is slightly below the 10% mandate in accordance with the Head Start Performance Standards.

The graph below offers a breakdown of the number of children with disabilities and the category of the disability for all four counties.



B. Types of Disabilities

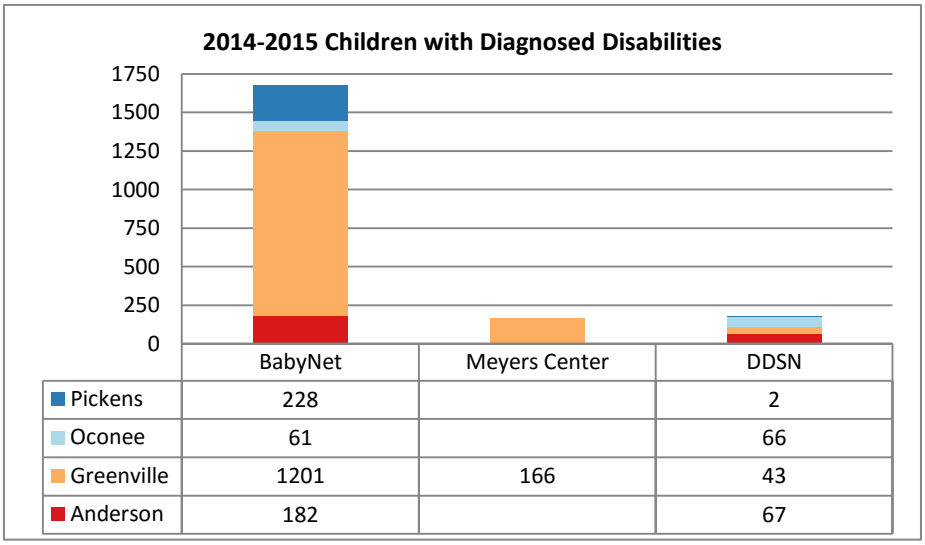
Data Report provided by the South Carolina State Department of Education Office of Exceptional Children shows a total of 1,514 children ages 3-5 received special education services in all four counties. Speech and language impairments and developmental delays are shown to be more prevalent among preschoolers than any other category of disability. Some children receive onsite speech services, part-day special education and related services and others receive self-contained special education services.



	Autism	Speech & Language	Multiple Disabilities	Other Impairment	Developmental Delay
Pickens County School Dist	12	60	0	0	37
Oconee County Schools	0	60	0	0	79
Greenville County Schools	127	442	12	13	293
Anderson District 1-5	38	237	0	12	92

C. Community Services/Resources

SHARE Head Start/Early Head Start collaborates with several community agencies serving children with special needs and their families. In South Carolina, First Steps/Baby Net is the statewide interagency service delivery system for infants and toddlers. Baby Net is established by "Part C" of the Individuals with Disabilities Education Act. Greenville County served a significantly larger number of infants and toddlers with special needs out of all of the other community agencies due to the fact that there are more community resources in Greenville County. The Department of Disabilities and Special Needs Board (DDSN), and the Meyer Center for Special Children all serve children ages 0-5 and their families.



	BabyNet	Meyers Center	DDSN
Pickens	228		2
Oconee	61		66
Greenville	1201	166	43
Anderson	182		67

SHARE Head Start and Early Head Start has conducted a needs assessment in the community in the areas of disability services in all four counties. We researched the number of children being served with disabilities and provided a breakdown in all categories of disabilities. This information was collected from 2014-2015 State Department Office of Exceptional Children for children ages 3-5, area community agencies that serve children from birth to five in all four service areas, as well as 2014-2015 SHARE Head Start and Early Head Start PIR data.

(4) DATA

A. Education Needs

Educational attainment is one the critical indicators of the well-being of a community. Low education levels usually reflect on the high poverty of the community and lower wages in those families. Families with parents who attain higher education often show a correlation with higher earnings and overall higher well-being. The tables below indicate the number of children in our services areas who do not test "ready" for first grade; number who did not complete high school; and the number of third graders who were not scoring within the state standards for math and reading. The key to first grade success begins with school readiness. Our program provides

children we serve with experiences and knowledge to prepare them for public school kindergarten. Academic achievement begins by laying the foundation at an early age and carries on throughout a child's school experiences.

The table below shows the cumulative percentage of children failing grades 1, 2, or 3

Cumulative Percentage of Children Failing Grades 1, 2 or 3			
Anderson	Greenville	Oconee	Pickens
4.7%	4.8%	4.9%	4.0%
Source: Children's Trust of South Carolina, 2014			

The following table shows the percentage of people between 16-19 years of age that are not enrolled in school and not a High School Graduate.

16-19 year olds not enrolled in school or Didn't Graduate High School			
Anderson	Greenville	Oconee	Pickens
7.1%	5.5%	5.1%	3.2%
Source: Children's Trust of South Carolina, 2009-2013			

The following table shows the percentage of 3rd grade children per county that tested below the state standard level for math and reading.

Percent of 3rd graders Testing Below State Standards		
County	Math	Reading
Anderson	22.9%	12.8%
Greenville	24.6%	13.9%
Oconee	22.9%	12.5%
Pickens	31.8%	16.0%
Source: Children's Trust of South Carolina, 2013		

Education Level Population Twenty-Five Years or Older

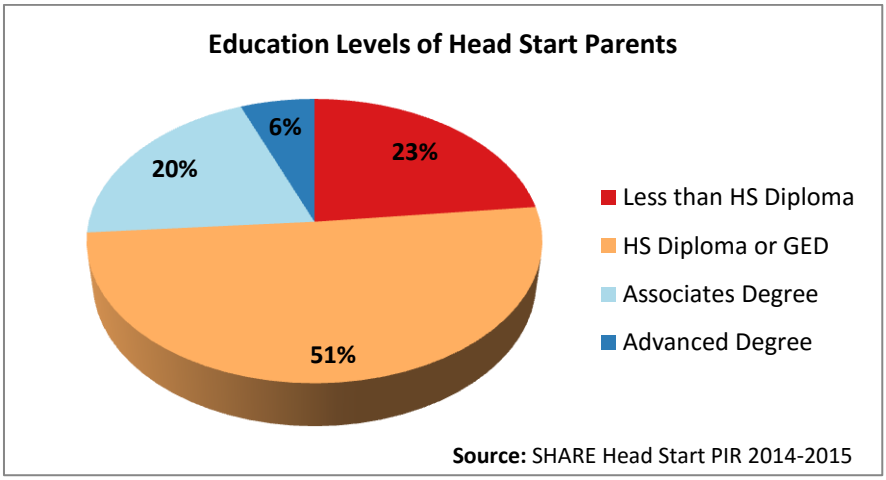
Adults who complete higher levels of education are more likely to achieve economic success than those who do not. This creates greater access to resources that benefit young children. In addition, the most important indicator of educational attainment in children is their own parents' attainment. A parent who does not complete high school is more likely to have a child who does not complete high school, therefore perpetuating the cycle. Enhanced education protects against unemployment and the family stress that goes with a parent being out of work.

All four counties that SHARE Head Start serves continue to show significant percentages of the population that attained less than a high school diploma. Of the population twenty-five years of age or older in each county, Anderson County reports 18.2 % are not high school graduates.

Greenville County reports 14.3 %, Oconee County reports 16.4%, and Pickens County reports 19% of the population are not high school graduates.

	Anderson	Greenville	Oconee	Pickens
Less than 9th Grade	8,359 (6.5%)	16,741 (5.5%)	3,188 (6.4%)	4,675 (6.7%)
9th - 12th Grade (No Diploma)	14,984 (11.7%)	26,893 (8.8%)	6,009 (12%)	8,606 (12.3%)
High School Graduate	40,783 (31.9%)	79,773 (26 .1%)	16,713 (33.5%)	22,238 (31.8%)
Some College, (No Degree)	26,541 (20.8%)	61, 183 (20%)	9,238 (18.5%)	12,411 (17.7%)
Associate Degree	12,494 (9.8%)	25,886 (8.5%)	4,329 (8.7%)	6,016 (8.6%)
Bachelor's Degree	16, 214 (12.7%)	61, 762 (20.2%)	6,272 (12. 6%)	9,458 (13.5%)
Graduate or Professional	8,448 (6.6%)	33,830 (11.1%)	4,191 (8.4%)	6,520 (9.3%)

Source: U.S Census Bureau, 2013 American Community Survey

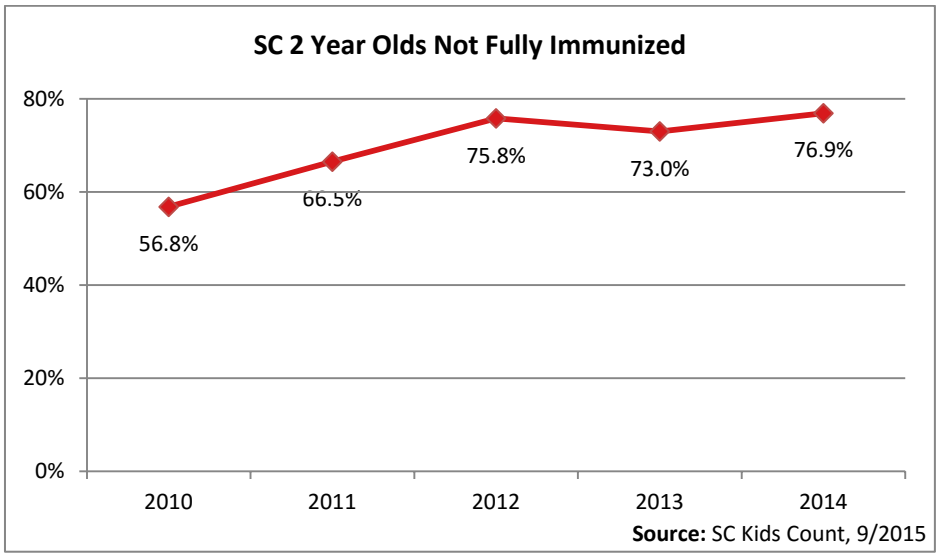


B. Health Needs

According to Kids Count 2015 Data Book, "Children's health is the foundation of their overall development and ensuring that they are born healthy is the first step toward increasing the life chances of disadvantaged children. Poverty, poor nutrition, lack of preventive health care, substance abuse, maternal depression and family violence put children's health at risk. Poor health in childhood impacts other critical aspects of a child's life such as school readiness and

attendance, and can have lasting consequences on his or her future health and well-being" South Carolina ranked 36th in the Health domain among the 50 states in our nation. Concerning Health Outcomes, among our service area, Greenville County ranked 5th, Pickens County ranked 12th, Anderson county ranked 16th and Oconee County ranked 17th.

1. Immunization Rates Immunization rates are an important indication of whether young children are receiving adequate preventive health care. According to 2015 Report SC Kids Count only approximately 13% of 2 year olds in South Carolina were not fully immunized. According to the following statistics, displayed in tables below, immunizations rates in 2 year olds are declining. Our program statistics for 2014-2015 our effects have increased rates for EHS children by 11% and Head Start children by 4% by end of enrollment. We will continue to ensure that children receive age appropriate immunizations as recommended by the CDC.



SHARE Immunization Rates					
SHARE Head Start Programs	Cumulative Enrollment	Up-to-Date At enrollment	% Up-to-date by End Enrollment	Immunizations Up-to-Date End Enrollment)	% Up-to-date by End Enrollment
Early Start	297	228	77%	261	88%
Head Start	1684	1552	92%	1623	96%
Source: 2014-15 SHARE PIR					

2. Percentage of Low Birth Babies/Early Pre-natal Care Babies born with a low birth weight of less than 5.5 pounds have a high probability of experiencing developmental problems, and short and/or long term disabilities. They are also at greater risk of dying within the first year of life. Although increases in multiple births during the past two decaled have contributed to the rise in rates of low birth-weight babies, many factors can lead to a low birth-weight among single births. Smoking, poor nutrition, poverty, stress, infections and violence can increase the risk of a

baby being born with a low birth-weight. Prenatal care or lack of it is a contributing factor in low birth weight births. Nationally, low-birthweight babies represented 8% of all live births in 2013. After gradually increasing over time, the percentage of low-birth-weight babies has remained relatively stable for the past several years and is now slightly below the four-decade high of 8.3 % reached in 2006. Among racial and ethnic groups, African American babies were most likely to be born with a low birthweight, 12.8 % of live birth in 2013. Although this represents a decline forma high of 13.4 percent in 2008, it is still close to twice the low-birthweight rate for Latinos (7.1%) and non-Hispanic whites (7%).

Early and continuous prenatal care can make a significant difference in assuring birth of healthy babies. Delayed or insufficient prenatal care is associated with low birth weight and other health risks for infants. Low birth weight data for our service area show that total percentages have remained relatively unchanged with a slight decrease in Pickens County. When comparing blacks to whites, black mothers experience a higher % of low birth weight babies. Statistics also reveal that a greater number of African American moms having inadequate prenatal care than Caucasian moms do.

South Carolina Low-Birthweight Babies	
2011	2012
5,650 (9.9%)	5,456 (9.6%)
Source: Children's Trust of South Carolina Updated 9/2013	

Babies Born With Low Birthweight By Race & County			
Location	Population	2011	2012
Anderson	Total	9.2%	9.0%
	White	8.7%	7.0%
	Black	11.2%	16.7%
Greenville	Total	8.7%	7.8%
	White	7.1%	6.4%
	Black	14.7%	13.3%
Oconee	Total	8.7%	7.5%
	White	8.5%	7.2%
	Black	9.9%	12.1%
Pickens	Total	10.4%	8.2%
	White	9.3%	7.2%
	Black	21.9%	22.4%
Source: Children's Trust of South Carolina Updated 9/2013			

Babies Born To Mothers With Less Than Adequate Prenatal Care, By Race & County						
Location	Population	2010	2011	2012	2013	2014
Anderson	Total	25.2%	28.6%	27.0%	30.3%	28.2%
	White	23.5%	25.8%	24.4%	29.2%	26.8%
	Black	30.9%	39.8%	37.2%	34.2%	33.5%
Greenville	Total	31.5%	31.7%	30.8%	35.1%	30.5%
	White	29.6%	29.5%	29.1%	34.2%	27.6%
	Black	37.6%	38.8%	36.2%	36.6%	39.7%
Oconee	Total	29.6%	27.9%	26.7%	32.9%	29.1%
	White	29.3%	27.6%	26.1%	32.5%	27.6%
	Black	33.3%	32.1%	36.4%	39.2%	43.1%
Pickens	Total	*27.1%*	*24.8%*	*28.1%*	*30.9%*	*30.3%*
	White	26.3%	24.6%	28.3%	30.7%	30.0%
	Black	34.5%	28.1%	31.8%	36.7%	35.2%
Source: Children's Trust of South Carolina Updated 9/2015						

3. Health Insurance Lack of adequate care is prevalent in children without health insurance. This population is less likely to access to preventive care. They may only seek medical care when their condition is more advanced, difficult and expensive. In SC, rates of uninsured children have decreased by 50% over the last 5 years for all age groups. The majority of SC children have Medicaid/CHIP including children in our program. Tables below reveal that due to program efforts no less that 98% of HS/EHS children have health insurance at end enrollment. The following statistics represent data form 2014 and 2015. SC statistics were not available by county.

SC Children Without Health Insurance (*) Not available by county				
Age Group	2009	2010	2013	2014
0 to 5	34,000	27,000	17,000	15,000
	9%	7%	5%	4%
6 to 17	74,000	75,000	55,000	45,000
	10%	10%	8%	6%
Total 17 and under	107,000	102,000	73,000	60,000
	10%	9%	7%	6%
Source: SC Kids Counts Updated 9/2015				

SHARE Children Without Health Insurance			
SHARE Head Start Programs	Cumulative Enrollment	No Insurance (At enrollment)	No Insurance (End Enrollment)
Early Start	284	0	0
Head Start	1684	37	30
Source: SHARE Head Start PIR 2014-15			

4. Primary Healthcare Provider (Medical Home) When children do not have a primary health care provider or medical home, whether through lack of insurance, through limited access, or through failing to utilize available care, preventable and treatable conditions become serious and require hospitalization. The table below reveals that less than 1% of our children leave the program without a medical home. We will continue to ensure that all children have a medical home in which they receive an annual physical exams as well as needed preventive care.

Medical Homes			
SHARE Head Start Programs	Cumulative Enrollment	Medical Home (At enrollment)	Medical Home (End Enrollment)
Early Start	284	228	261
Head Start	1684	1620	1679
Source: 2014-2015 SHARE PIR			

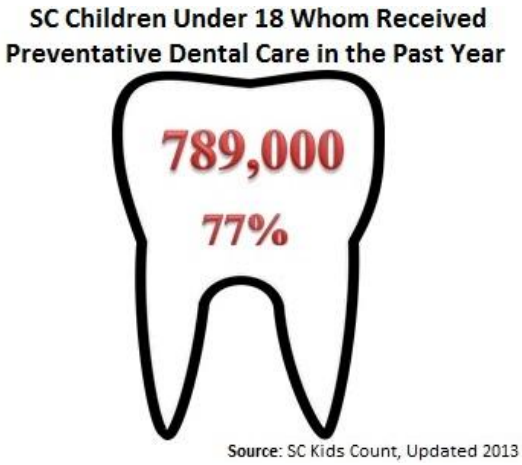
5. Chronic Conditions Chronic health conditions can negatively affect school readiness. Below are the latest SC for Asthma, the second most common chronic disease among children. Our program cares for children with several chronic diseases including asthma, diabetes, seizures and sickle cell anemia. Rates of asthma in our program (13% in 2014-15) are slightly higher than all of SC—9% for 2011-2012 (SC Kids Count, 2013). We will continue to identify, implement Individualized Health Plans, and assist children to meet their school readiness goals in spite of their chronic health conditions.

Children with Chronic Illnesses in SHARE HS		
Chronic Illness	Head Start	Early Head Start
Asthma	213	49
Diabetes	0	0
Hearing Problems	0	2
Vision Problems	16	1
Source: 2014-2015 SHARE PIR		

C. Oral Health Needs

Children ages 2 through 5 from families with low incomes were five times more likely to have untreated tooth decay than families with higher incomes. Children enrolled in Head Start, like other children from families with low incomes, experience more tooth decay, and more pain and suffering than children from families with higher incomes. Early tooth loss caused by tooth decay can result in failure to thrive in children. Dental problems can lead to impaired speech development, inability to concentrate on early learning experiences, and absence from child development programs such as Head Start. Tooth decay is the most common health problem for children.

1. Preventive Care and Oral Disease Dental caries, or tooth decay, remains the most common chronic disease among children ages 6-18. Medicaid and the Children's Health Insurance Program (CHIP) are major sources of health and dental coverage that reach more than one-third of all American children. Substantial gaps in private dental coverage, low dentist participation in Medicaid, and the high cost of dental care mean that many children today go without recommended preventive and primary oral health care. All enrollees in Head Start and Early Head Start including expectant mothers are required to have a dental examination beginning at one year old and annually thereafter. The percentage of Head Start children who experience tooth decay is approximately 28%. Expectant parents requiring treatment was approximately 6% of actual enrollment. All participants with tooth decay are referred to a local dentist to ensure completion of needed treatment. According to 2011-12 statistics, 77% of children in SC received preventive dental care compared to 92% of children during 2014-15. Our program ensures that all children receive dental exams and needed treatment.



SHARE Preventive Dental Care and Treatment				
SHARE Programs	Cumulative Enrollment	Received Preventive Care	Needed Treatment	Received Treatment
Early Head Start	284	209	0	0
Head Start	1684	1593	96	96
Source: 2014-2015 SHARE PIR				

2. Oral Health Provider (Dental Home) Oral Health Providers in the state of South Carolina include dentists, dental hygienist and dental assistants. A dental home is a licensed dental provider designated to provide services as needed for individuals and families. In the state of South Carolina, only licensed dentist can provide a dental examination. Licensed dental hygienists may provide examinations with authorization and with a signature of a licensed dentist. According to StateMaster statistics, South Carolina is ranked 27th in the nation per capita for number of dentists in the state. In our service area, there are many types of dentists in the community. In order to provide needed dental care to children and families at SHARE, we must link them to a dental home if they do not have one upon enrollment. We utilize pediatric dentist to provide these services whenever possible.

Oral Health Provider (Dental Home)			
SHARE Programs	Cumulative Enrollment	Dental Home (At enrollment)	Dental Home (End of Enrollment)
Early Head Start	284	236	253
Head Start	1684	1487	1663
Source: 2014-2015 SHARE PIR			

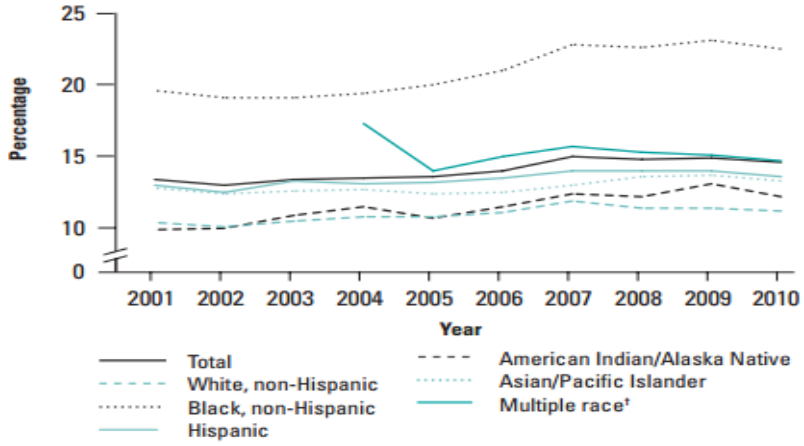
D. Nutrition Needs

1. Anemia

Anemia (low hemoglobin or low hematocrit)‡ is an indicator of iron deficiency, which is associated with developmental delays and behavioral problems in children. In the 2010 PedNSS, the prevalence of anemia was 14.6%. The highest prevalence was among children aged 6–23 months (18.1%) and those aged 12–17 months (18.2%). The lowest prevalence was among children aged 3–4 years (10.6%).

The overall prevalence of anemia among children in the PedNSS increased slightly, from 13.4% in 2001 to 14.6% in 2010.

Figure 4. Trends in prevalence of anemia* among children aged <5 years, by race and ethnicity



* Defined as hemoglobin concentration or hematocrit level <5th percentile. (CDC. Recommendations to prevent and control iron deficiency in the United States. MMWR Recommendations and Reports 1998;47[RR-3]:1–30).

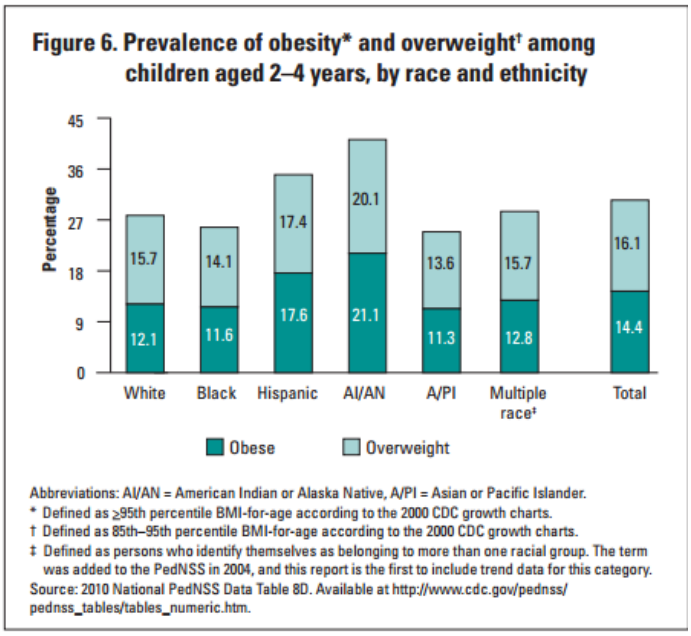
† Defined as persons who identify themselves as belonging to more than one racial group. The term was added to the PedNSS in 2004, and this report is the first to include trend data for this category.

Source: 2010 National PedNSS Data Table 18D. Available at http://www.cdc.gov/pednss/pednss_tables/tables_numeric.htm.

In Head Start and Early Head Start, children with hemoglobin less than 11 mg/ml are considered anemic as identified on their physical exam. The Head Start Registered Dietician meets with the parents to provide education and follow-up on an as needed basis. The staff also encourages foods high in iron.

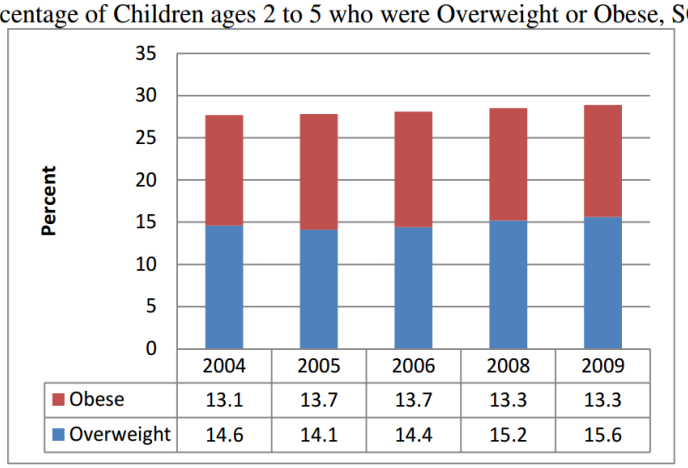
2. Above and Below Weight

The Pediatric Nutrition Surveillance Report (PedNSS) compiles data from children enrolledin federally funded programs that serve low- income children including Women Infants and Children (WIC) (84%) and Early Periodic Screening Diagnostic and Treatment (EPSDT) (16%) programs. According to the 2010 report, prevalence of obesity among children aged 2–4 years increased from 13.1% in 2001 to 14.4% in 2010. In the 2010 PedNSS, the prevalence of obesity among children aged 2–4 years was 14.4%, compared with 10.4% for all U.S. children of a similar age. The highest prevalence of obesity was among American Indian or Alaska Native (21.1%) and Hispanic (17.6%) children. The lowest prevalence was among white (12.1%), black (11.6%), and Asian or Pacific Islander (11.3%).



According to the 2010 PedNSS report overall obesity rates were stable during 2003–2009, and this trend was observed among all racial and ethnic groups except American Indians or Alaska Natives. Obesity prevalence also declined in the past year, from 14.7% in 2009 to 14.4% in 2010.

Figure 5: Percentage of Children ages 2 to 5 who were Overweight or Obese, SC, 2004-2009



	2004	2005	2006	2008	2009
Obese	13.1	13.7	13.7	13.3	13.3
Overweight	14.6	14.1	14.4	15.2	15.6

Source: PedNSS

According to the 2009 PedNSS report 28.9 percent of SC children between the ages of 2 and 5 years old were either overweight or obese. The percentage of overweight and obesity among Hispanic SC children between the ages of 2 and 5 was 37.3 percent in 2009. This percentage was the highest compared to Black SC children (27.3 percent) and White SC children (26.4 percent) of the same age group. The prevalence of above weight or obese children corresponds with the

overweight or obese adults nationally and at the state level, indicating a growing public health concern.

Percentage of adults overweight or obese by county*, 2009

County	%	County	%	County	%
STATE	65.8				
ABBEVILLE	56.2	DILLON	53.4	LEXINGTON	63.5
AIKEN	73.1	DORCHESTER	63.5	MCCORMICK	79.7
ALLENDALE	82.5	EDGEFIELD	63.0	MARION	65.9
ANDERSON	67.7	FAIRFIELD	74.6	MARLBORO	77.4
BAMBERG	74.0	FLORENCE	67.0	NEWBERRY	60.9
BARNWELL	73.8	GEORGETOWN	71.5	OCONEE	71.5
BEAUFORT	63.6	GREENVILLE	59.3	ORANGEBURG	72.7
BERKELEY	70.2	GREENWOOD	79.1	PICKENS	61.8
CALHOUN	60.9	HAMPTON	73.4	RICHLAND	50.4
CHARLESTON	51.2	HORRY	60.2	SALUDA	66.3
CHEROKEE	65.6	JASPER	85.9	SPARTANBURG	64.4
CHESTER	65.9	KERSHAW	68.2	SUMTER	67.7
CHESTERFIELD	79.6	LANCASTER	64.3	UNION	75.4
CLARENDON	87.8	LAURENS	73.6	WILLIAMSBURG	80.0
COLLETON	66.1	LEE	50.9	YORK	65.7
DARLINGTON	69.7				

Source: Pediatric Nutrition Surveillance of SC, 2011

The SHARE Head Start program and Early Head Start program seek to provide quality nutrition services to children and families. The children are monitored for their growth through semiannual screenings. Those identified as below the 5th percentile or equal to or above the 85th percentile for growth are seen by the Registered Dietician, as well as one-on-one meetings for the parents.

	Anderson/Oconee	Greenville	Pickens
Above weight/obese (≥85th percentile) Head Start (ages 2-5)	31.2%	31.5%	37.7%
Below Weight (< 5th percentile) Head Start	5.1%	5.4%	3.0%
	Source: 2014-2015 ChildPlus.net Report 9760		

3. Nutrition Education

Nutrition education is a vital part of society today. Lessons learned early in life will last for a lifetime. Nutrition education helps one grow in mind and body. Mental development requires an alert mind, and physical development requires a healthy body. Nutrition education can help one achieve these goals. Education within the community includes the Expanded Food and Nutrition Education Program (EFNEP) where community leaders are trained to provide education. The local health departments provide education as well as the WIC (Women, Infant, and Children) program. WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to the age five who are found to be at nutritional risk. WIC services and benefits are provided first to participants with the most serious health conditions such as anemia, underweight, and history of problems during pregnancy.

Many sources of nutrition education are available to the parents and children of SHARE Head Start. These include newsletters, workshops provided by the Registered Dieticians and health educators, onsite cooking demonstrations with emphasis on cultural and healthy foods, parent participation in menu planning, posting of monthly menus providing examples of nutritionally adequate meals, and parent meetings with Registered Dietician as needed.

E. Social Services Needs

1. Homelessness

Performance Standards state that age eligible children who are homeless as define by the McKinney-Vento Homeless Assistance Act or in foster care are categorically eligible for Head Start services. The agency will continue to recruit and enroll children from these populations. Of all homeless people, homeless children are the most vulnerable, yet are also those about whom the least information is available. The McKinney-Vento Homeless Assistance Act has removed many barriers for families seeking Head Start services. The agency will continue to partner with other agencies to ensure that the opportunity for enrollment is afforded to families experiencing homelessness.

2. Child Abuse/Neglect

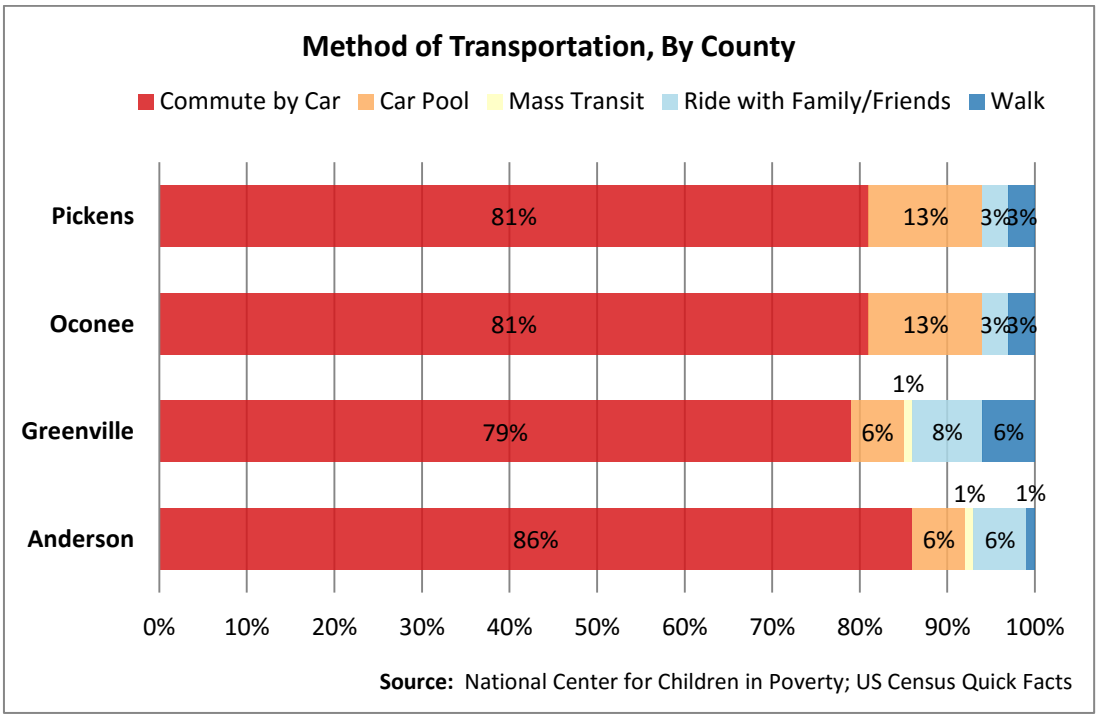
Child abuse is a worldwide problem affecting children of all ages and ethnic backgrounds. Data indicates that child abuse is prevalent in children under age five. As mandated reporters of suspected child abuse/neglect our agency accepts the challenge of ensuring that staff and parents are able to recognize and report suspected abuse. Therefore indications of child abuse/neglect will remain as an "other factor" in the selection criteria.

3. Domestic Violence

It is reported that family violence costs the nation from $5 to $10 billion annually in medical expenses, police and court costs, shelters and foster care, sick leave, absenteeism, and non-productivity. Data collected for the Community Assessment indicate that domestic violence is the immediate cause of homelessness for many women and children. Pregnant women are most often victims of domestic violence. The 2014-2015 PIR indicates that between September 2014 and August 2015, 5 SHARE Head Start/Early Head Start families received domestic violence. Parental empowerment or non-reporting the crimes may be the reason for the low reported numbers in services.

4. Transportation

Information provided by the 2014 census for the city of Greenville and surrounding communities estimated that 7.2% of the population's live in homes with no vehicle. Transportation issues are the main barrier to low income families accessing services for their children. For the most part, the largest problem in operating public transportation in Greenville county and surrounding communities is the results of low funding, high costs to riders and few operating hours. Most people in Greenville area have cars, making public transportation a low priority on the political agenda. With this being said, the average one way commuter time in Greenville and surrounding area is 17 minutes. Below is the means of transportation in Greenville and surrounding area.



(5) NEEDS IDENTIFIED BY FAMILIES/INSTITUTIONS

SHARE Head Start provides ongoing learning opportunities for parents in individual and group settings. Parents are asked to complete the PFCE Parent Interest Survey at the beginning of the program year to help us to better understand what families need in order to improve and add to Head Start services. The following needs were most identified by our Head Start families.

A. Adult Literacy

As expected, literacy is lowest for adults who did not complete high school. Data obtained from the 2013 American Community Survey indicates that 69.9 percent of adults without a high school degree (9^{th}-12^{th}) and less than 9^{th} grade levels have below basic literacy. Adults having low literacy undermine the quality of life for the individual, their family, and the community as a whole. The causes of illiteracy include poverty, learning disabilities, physical or mental

problems, inadequate education, low parental educational attainment, and home environments in which parents are unable to instill basic literacy skills, especially reading, in their children. Inadequate literacy skills, in turn, perpetuate other problems, which affect a community's economic and social well-being, such as unemployment, crime, reliance on public assistance, poor nutritional choices, and drug and alcohol addictions.

To address educational and literacy needs of our families, we have established community partnerships with Adult Education and Lifelong Learning where parents have an opportunity to earn their GED. Parents participating in adult education classes have access to computer supported tutorials covering all GED topics as well as some job skills training. Family Literacy is supported at home through home visits and at the Center through parent education classes and literacy-related activities.

B. Financial Literacy

According to a random selection from Head Start centers in our four county service areas, the need for financial literacy was found to be an area of high importance based on parent responses from the 2014-2015 Parent Interest Survey. To address this area of need, staff has identified local financial institutions to provide financial literacy training and offer incentives to parents to encourage financial stability.

C. Nutrition

Access to health services and proper nutrition are often limited for low income children and families. A possible indicator of unfulfilled nutritional need can be seen in the table below of the proportion of eligible families served by the WIC program. This program provides nutritional services to children under the age of five, and pregnant or nursing women.

An issue that impacts our children and families is childhood obesity. Children and parents who are overweight or obese are at a significantly higher risk for chronic problems throughout life. A number of factors in our four counties service areas could lead to higher obesity rates. One potential reason for high rates of overweight in the counties we serve is that most children and their parents do not receive sufficient physical activity. A potential solution to this is to support more physical activity within our Head Start program as well as offering relevant parent trainings and workshops on managing food budgets and selecting and preparing foods.

A contributing factor on rise for the rise of obesity is lack of access to healthy, affordable food choices known as food deserts. A food desert doesn't mean that access to food is difficult. It means that access to healthy, affordable food choices, especially fruits and vegetables and whole-grain, dairy and lean meat selections, is difficult because people don't have supermarkets and grocery stores nearby.

D. Health

Women and infants Indicators of women and infant health are evidence of Early Head Start service needs, and are presented below. Currently, SHARE Head Start provides Early Head Start services in each of our four county service areas (serving ---children and pregnant women). Low income new mothers are potential clients for EHS services. An indicator of low income status is participation in the Medicaid program, where health and medical services are provided to low-income pregnant women, and children.

The health needs of our families focuses on preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices in the classroom and in the home. Trainings and materials are provided to parents to inform them that alcohol exposure during pregnancy can lead to Fetal Alcohol Spectrum Disorders (FASD). Parents and staff are provided with information on the management of age-appropriate behavior and the development of specific issues they will encounter with their infant or toddler.

E. Parenting Skills and Knowledge

According to parent responses from the 2014-2015 Parent Interest Survey, parents are interested in learning positive parenting strategies and techniques. Effective parenting practices in our birth to five Head Start program include offering trainings and workshops on positive parenting and providing parent support groups. Staff encourages parents to participate in the 21st Century Exploring Parenting Curricula. This is an evidence based curricula promoting positive parenting.

F. Other Identified Needs

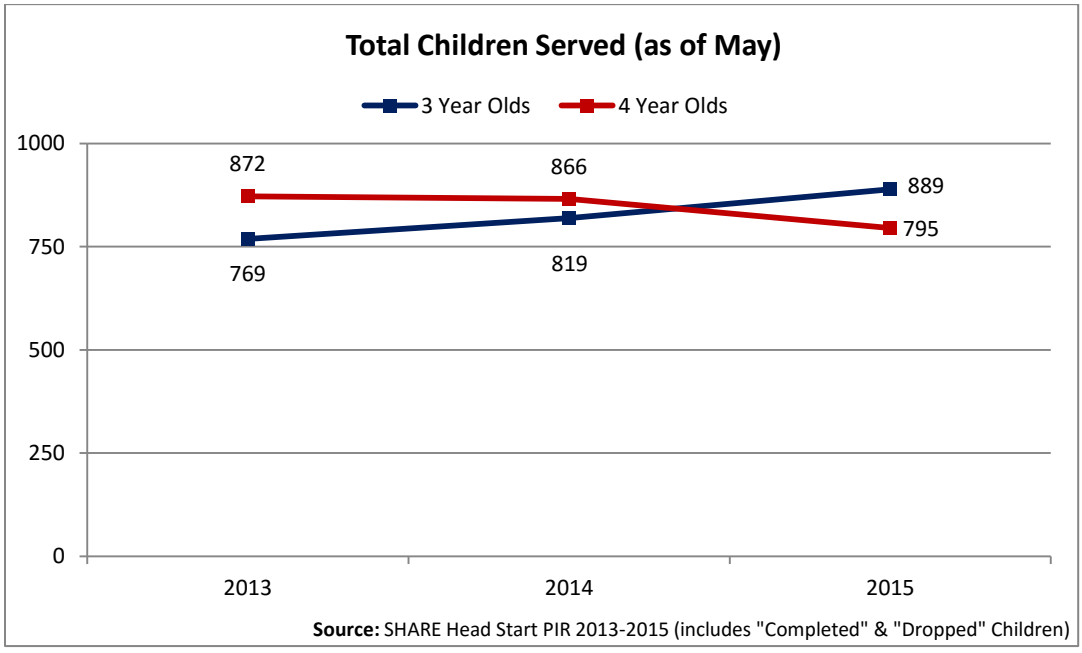
In an effort to meet the needs of our changing families, our program adapt to changes to help families overcome the barriers to *parent participation*. Due to welfare reform, many of our families are working which means less time to be engaged with their children in the program. To overcome the barrier of parent participation, our program will offer flexible opportunities for parents to be involved in the program. Our plan includes holding parent meetings at times and locations that accommodate parents' schedules. We will structure parent meetings as social occasions, gatherings or chat groups. To overcome the concerns of *transportation* which has been identified as a barrier to parent participation, our family advocates and center staff will make arrangements to provide transportation for any parent wanting to participate in program activities. Staff will arrange home visits with parents to give parents an opportunity to participate and to be informed of program activities. They will be encouraged to give their input in their child's educational goals. Another barrier that our program addresses is the need for parents to find *quality child care* for the hours when children are not in Head Start. To better meet the child care needs of our Head Start parents, our program collaborate with the Childcare Resource Center to help identify convenient, high quality care during hours when children are not in Head Start. Lastly, our program addresses homelessness as a barrier. Currently, our program is making enrollment of homeless children a priority. Our strategies to support homeless families include

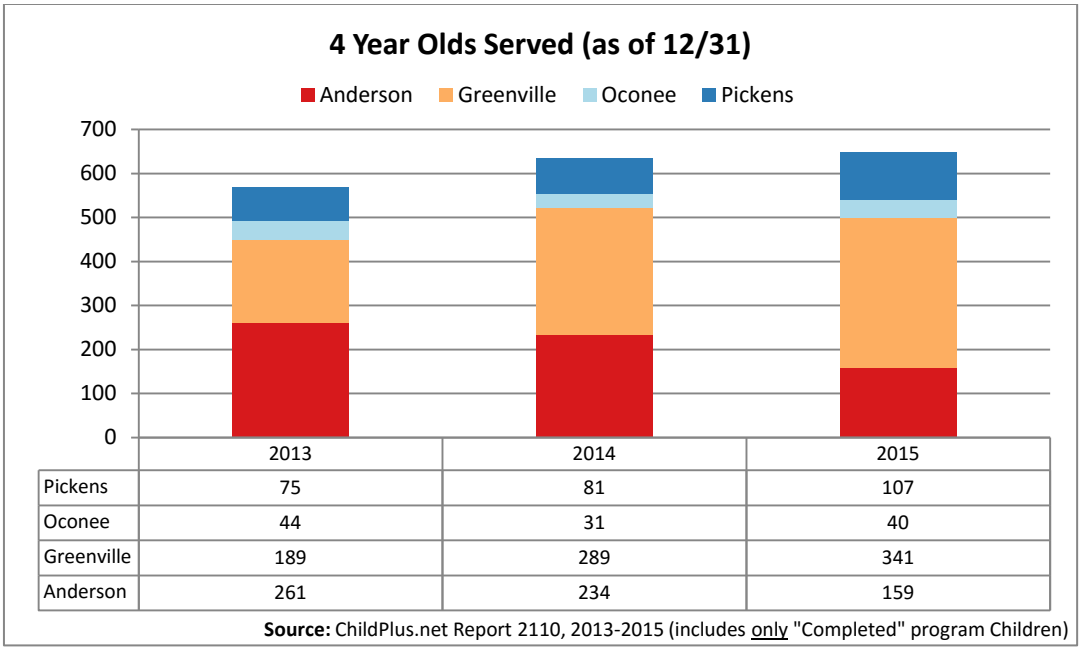
assisting with transportation needs by providing gas and bus vouchers, linking families to childcare after Head Start.

(6) COMMUNITY RESOURCES (see attachment)

(7) ENROLLMENT ISSUES (including not serving at least 10% children w/ disabilities)

With current data of enrollment in August being reported for full enrollment to a decline reported in December of enrollment not being met, there are concerns. Firstly, there has been an increase in schools or facilities to accommodate preschool age children. The increase in public school classrooms to accommodate the 4 year old age category of children has posed barriers in trying to fulfill our proposed enrollment for that particular age category. Some of our locations are in the same vicinity as other programs that have increased their enrollment as well, which basically means we are trying to reach the same communities for the same age categories of children. Also, with the time of our program year, and the school districts making allowances to extend their entry dates for children in order to meet their requirements, many of our drops that occurred from the beginning of the school year of the couple of months thereafter were results of those actions. Our waitlist numbers are at a decrease from previous years, and many of the 4 year olds that were listed have consented to attend the public school sector. They offer part-day and full-day, as well as transportation services that are accommodating to parents.



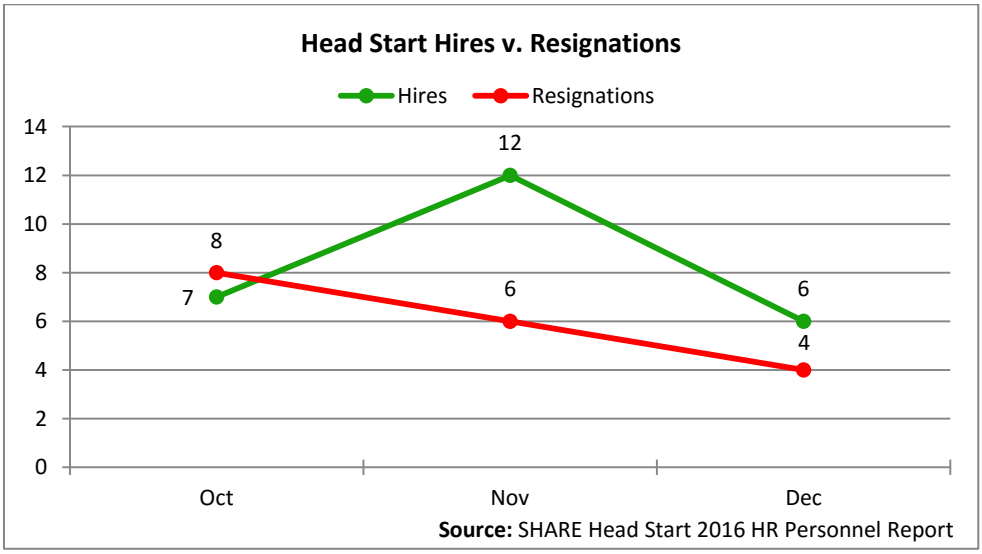


	2013	2014	2015
Pickens	75	81	107
Oconee	44	31	40
Greenville	189	289	341
Anderson	261	234	159

Source: ChildPlus.net Report 2110, 2013-2015 (includes only "Completed" program Children)

(8) STAFF ISSUES

SHARE Head Start has made strides to attain full employment by searching for qualified individuals to fill vacant staff positions. However, total vacancies have continued to hover around 35 for the last 3 months. The agency is understaffed more than 10%. The greatest need is hiring teachers and teaching assistants. The graph below illustrates how many staff SHARE hires and how many staff resign during the month. On average, we hire about 8 new staff, but 6 staff resigns within the same month. We are working to identify staff needs, improve the workplace experience, and retain staff especially newer staff.



Source: SHARE Head Start 2016 HR Personnel Report

(9) SUMMARY

- Information gathered for our 2015 Community Assessment indicates that increased state funding has impacted our overall enrollment of 4 year olds in all service areas. The result of this trend is directly changing our targeted age group to be more specific for children birth to three.

- The current data supports the need to serve more children birth to three due a decrease in the number of licensed childcare facilities.

- Access to health services and proper nutrition are often limited for low income children. Children who are overweight or obese are at a significantly higher risk for chronic problems throughout life.

- Access to healthy food is limited in many of our communities.

- Nutrition services provided by Head Start/ Early Head Start are vital to impart early healthy habits that will lead into adulthood.

- Our research shows that the category of Speech and Language Impairment is more prevalent among children birth - five than any other category of disability. The category of Developmental Delay is the second leading diagnosed disability in all four counties of children ages 2-5.

- First Steps/ Baby Net serve a significantly larger number of children than any other agencies in the four service areas.

- Some of the challenges that has impacted SHARE's ability to meet the 10% mandate is as follows:

    a. LEA provides RTI services after screening which delayed the process of evaluation and services to children with disabilities.

    b. Preschool timelines were not met by the LEA

    c. Most returning children enrolled in disabilities did not return to SHARE Head Start, but went to the local school districts.

    d. Children who qualify for services were transitioned out of Head Start to attend preschool special Education services full time.

- Poor utilization of preventive health care services, lack of dental preventive care and treatment, few pediatric dental providers, obesity, lack of and/or inadequate prenatal care, low birthweight babies are major concerns communities of our service area.

- According to Children's Trust of South Carolina, children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Compared with children in married-couple families, children raised in single-parent households are more likely to drop out of school, to have or cause a teen pregnancy and to experience a divorce in adulthood.

- Families are experiencing food deserts which means that there are a lack of access to healthy, affordable food choices, especially fruits and vegetables and whole-grain, dairy and lean meat selections

- The level of parent participation in job training has increased

- Literacy is lowest for adults who did not complete high school. 23% of our Head Start families have a less than high school education.

- Family Literacy is supported at home through home visits and at the Center through parent education classes and literacy-related activities.

- Financial literacy was found to be an area of high importance. This was based on parent responses from the 2014-2015 Parent Interest Survey.

- Parents are interested in learning positive parenting strategies and techniques. Effective parenting practices in our birth to five Head Start program include offering trainings and workshops on positive parenting and providing parent support groups.

- 23% of our parents have less than high school degrees

- Parent Participation. Due to welfare reform, many of our families are working which means less time to be engaged with their children in the program.

- The Hispanic/Latino population continues to grow dramatically in our four counties service areas thus increasing the need for continued bilingual/bicultural programming efforts and access to programs for English Language Learners (ELLs).

- As we are seeing unemployed and underemployed parents, this has become a growing need. We will continue efforts to connect parents with resources and employment and training programs. In addition, we will continue offering workshops to parents on building their parenting skills in order to manage and cope during these times.

- Although economic conditions are slowly stabilizing nation-wide, there remain significant levels of poverty, unemployment, and food insecurity in our four counties service areas which affect our Head Start-eligible children and their families.

- As of December 2015 there were 469 children on the SHARE Head Start/Early Head Start Waitlist. Since the program is required to maintain full enrollment, terminated children are replaced within 30 days. Families not served during the current school year are encouraged to reapply for services for the upcoming school year. However, all families applying may not be served due to the agency's continued efforts to serve the neediest families and funding limitations. Several different factors are considered when determining eligibility.

- According to information gathered in this Community Assessment the Selection Criteria for the 2016-2017 School Year should remain the same. The results of the Community Assessment indicated that a continued emphasis should be placed on families experiencing homelessness, child abuse/neglect, transportation, domestic violence, no parental high school diploma and children that do not have any medical or dental insurance, unemployed parents, and incarcerated parents. Other agency determined factors will continue to include: Early Head Start transition children, community agency referrals, families living in subsidized housing, and families previously waitlisted. SHARE Head Start/Early Head Start will continue to use the five criteria of income, age, disability status, parental status, and other factors to prioritize the waitlist. This will enable the program to provide services to the children, families, and pregnant women with the greatest needs within our service areas.

- The primary reasons that staff SHARE Head Start is experiencing staffing issues according to exit interviews completed by the Human Resource Department is as follows:
  - Low staff salaries
  - Staff only being paid 40 weeks or 48 weeks annually
  - Low staff morale amongst the center based staff
  - Staff changing job field due to higher compensations