

**FAMILY RESOURCE AGENCY OF NORTH GEORGIA  
HEAD START/EHS/PRE-K  
COMMUNITY ASSESSMENT 2014**

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**Appendix**

## **Section 1: Executive Summary – Overview**

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A complete in-depth Community Assessment, referred to as the “CA” is required by Head Start Performance Standards, 1304.51(a) (1) (I). The CA is to be performed on a three-year cycle with updates to the assessment completed on the off years. The overall purpose of the CA is to gather data regarding services that are available to children and families in the communities, determine gaps in services, and provide guidance for program planning. Once gathered, the information is then utilized by Administrative Staff, Policy Council, and the Agency Board of Directors to determine appropriate operation of the Head Start Program and it is included in the grant application. (ACYF-IM-HS-00-12)

Based upon our surveys, statistical data and collaborations with our community partners, we have determined the following issues to be of the greatest need or have found them to be an on-going concern and have developed plans to address each point:

1. Data shows that there is a continuous need for affordable, quality infant care. This was also supported by the high rate of teen pregnancies and high school drop-outs in the counties we serve. Since we are receiving restoration of Sequestration funds, we are looking into converting Head Start slots to EHS slots. These classes will be located in Dade, Whitfield, and Murray Counties. We are also looking into working in collaboration with Daycare centers in our counties to provide EHS services through an EHS–CCP (Early Head Start- Child Care Partnership) grant.
2. Our families have many needs that we will continue to address. Those needs are education and training on employment skills, financial obstacles, language barriers, Mental Health, and Medical/Dental. The program Family Service Specialists (FSS) work closely with the families through parent meetings to insure appropriate training and education are provided to help families achieve their goals. If the families need additional information, our FSS will make appropriate referrals and/or partner with other agencies to provide the skill development and/or classes. Some of the trainings that we provide, but not limited to are:
  - Money Smart
  - Personal Growth
  - Mental Health
  - Medical/Dental
  - Parenting
3. In Chattooga County, there will be a relocation of the Pennville Head Start and Chattooga Head Start classrooms into the Summerville Elementary School that is in close proximity to both. The county owns the property where both of our centers are located and are relinquishing the property at our Pennville site. Both centers are currently in modular buildings that are old and require continuous upkeep. This will put all five classes in a brick building in one wing. The building will be co-occupied by other community partners. This will make a centralized location for our classes and access for other services for our parents.
4. We have also looked at how we are supporting HS/EHS National Goals and Objectives for the following areas:

### **School Readiness:**

The Head Start Child Development and Early Learning Framework, Parent Family Community Engagement Framework, State early learning guidelines (GELDS) and the requirements and

expectations of the schools were used to guide our program in curriculum implementation, ongoing assessment of children’s progress and preparation for school success. We have adopted the following as our definition for school readiness: School Readiness means that each will enter school ready to learn based on early learning experiences received in Head Star/EHS/Pre-K that best promotes each child’s success in all areas of development as identified in the Head Start Child Development and Early Learning Framework.

**Parent Family Community Engagement:**

Family goals are categorized into seven family outcomes: (1) Family Well Being; (2) Positive Parent Child Relationships; (3) Families As Lifelong Educators; (4) Families As Learners; (5) Family Engagement In Transitions; (6) Family Connections To Peers And Community; and (7) Families As Advocates And Leaders. Successful family outcomes support each child's school readiness, and Family Service Specialists engage parents in ways that assist them in achieving their goals and outcomes. The program reviews the achievement of goals and outcomes at the end of each school year, and focuses attention on those that need additional support.

**Teaching Staff Education Mandates:**

Supporting teaching staff in completing their degrees to insure that the program meets the education mandates.

**Section 2: Service Area**

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Family Resource Agency of North Georgia is funded to provide Head Start and Early Head Start services to 934 children and families in the six northwest counties of Georgia. These counties are in the extreme northwest corner of the state and are bordered by Tennessee to the north and Alabama to the west (See Service Area Map). Geographically, the counties cover an area of 1,725.1 square miles of rural and mountainous (Chattahoochee National Forest) terrain as follows:

<u>County</u>	<u>Sq Miles</u>	<u>County</u>	<u>Sq Miles</u>
Catoosa	162.7	Murray	336.9
Chattooga	314.0	Walker	446.7
Dade	174.1	Whitfield	290.7

**A. Catoosa County:** This county, shaped somewhat like an upside-down isosceles triangle, is in the northern sector of the service area and borders the State of Tennessee to the north, Walker County to the south and west, and Whitfield County to the south and east (See Service Area Map). This county is the smallest geographically, covering only 162.7 square miles. 49% of the land in this county is forest land (Chattahoochee National Forest).

**B. Chattooga County:** This county is somewhat triangular in shape and is located in the southern-most sector of the service area. It borders the state of Alabama to the west, Walker County on the north and Floyd County to the south (See Service Area Map). This county is the third largest geographically, covering 314 square miles. 71.7% of the county is forest land (Chattahoochee National Forest).

**C. Dade County:** This county is also somewhat triangular in shape and is located in the northwestern most sector of the service area. It borders the state of Alabama to the west, the state of Tennessee to the north and Walker County on the east (See Service Area Map). This county is the second smallest geographically, covering only 174.1 square miles. This county is bordered on both the east and west by

mountains - Lookout on the east and Sand on the west. 70.1% of the county is forest land (Chattahoochee National Forest).

**D. Murray County:** This county is our second largest with 336.9 square miles. It is located in the northeastern most sector of the service area. It borders the state of Tennessee to the north, Whitfield County to the west, Fannin and Gilmer Counties to the east, and Gordon County to the south (See Service Area Map). This county is very mountainous and contains the western edge of the Chattahoochee National Forest - Blue Ridge Mountain area. 73.9% of the county is forest land.

**E. Walker County:** This county is shaped like an isosceles triangle and is the largest county in our service region with a total of 446.7 square miles. This county borders the state of Tennessee to the north, Dade County to the west; Catoosa and Whitfield Counties to the east, and Chattooga County to the south (See Service Area Map). At the very southeast tip, Walker County also intersects with Floyd and Gordon Counties. The county is characterized by rural and rural mountain areas and encompasses a portion of the Chattahoochee National Forest and is 64.6% forest land.

**F. Whitfield County:** This county is an irregularly oblong-shaped, mountainous county. It borders the state of Tennessee to the north, Murray County to the east; Catoosa and Walker Counties to the west, and Gordon County to the south. This county is ranked fourth in size with 290.7 square miles. The Chattahoochee National Forest covers much of the county and is 53.4% forest land.

Currently, the program operates 69 classrooms in 21 centers located in 6 counties. The current 934 total funded enrollment slots are divided between two separate programs: Head Start (HS) with 702 slots and Early Head Start (EHS) with 232 slots. Additionally, the slots are divided into the 6 counties by program as follows:

County	HS	EHS		County	HS	EHS
Catoosa	125	32		Murray	54	16
Chattooga	92	48		Walker	159	48
Dade	37	24		Whitfield	235	64

### Section 3: Service Area General Demographic Data - 2012

Descriptor	Catoosa	Chattooga	Dade	Murray	Walker	Whitfield	Totals/Avg.
Persons (2012 est.)	65,046	25,725	16,490	39,392	68,094	103,359	318,106
% Females	51.5% or 33,499	48.1% or 12,374	50.7% or 8,360	50.3% or 19,814	50.8% or 34,591	50% or 51,679	160,317
% Males	48.55% or 31,547	51.9% or 13,351	49.3% or 8,130	49.7% or 19,578	49.2% or 33,503	50 or 51,680	157,789
Households	23,808	9,344	6,463	14,302	26,251	34,473	114,641
Per Capita Income	22,077	15,727	21,602	16,821	20,528	20,024	\$19,463.00
% One parent families	24.8%	38.1%	32.1%	25.5%	26.1%	28.2%	29.13%
% Poverty Index	22%	31.4%	21.6%	29.1%	27.7%	28.3%	26.68%

Approx. # children 0-4 yr. old	3,836	1,534	848	2,694	3,919	7,797	20,628
Approx. # of children @ ea. age band (4,3 etc.)	767	307	170	539	784	1,559	4,126
Approx. # income elig. In ea. Age band	169	96	37	157	217	441	1,117
APPROX # GA Pre-K slots (4 yr. olds) <b>Actual enrollment</b>	23 classes: 506 <b>494</b>	11 classes: 242 <b>231</b>	6 classes: 132 <b>127</b>	20 classes: 440 <b>381</b>	22 classes: 484 <b>474</b>	48 classes: 1,056 <b>989</b>	130 classes: Capacity: 2,860 <b>Actual enrollment 2,696</b>
Approx. # of "at risk" served by Pre-K	229 46.4%	28 55.4%	58 45.7%	276 72.4%	263 55.5%	575 58.1%	1,529 56.7%
Approx. # Early Head Start eligible age 0-3	676	384	148	628	868	1,764	4,468

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**Population Centers:** The service counties are peppered with small towns and villages. Whitfield County has a 2012 population of 103,359 and the combined Rossville-Fort Oglethorpe areas of Catoosa and Walker counties have a 2012 estimated population of 13,497. The largest population centers in the remaining counties are: Trenton in Dade County with 2,279, Summerville in Chattooga County with 4,464 and Chatsworth in Murray County with a population of 4,288. The population statistics reported above are from the City-Data website 2012. We are aware that our area is also home to many undocumented children and families who may live in the more metropolitan areas. The counties boast a total population of 318,106 and the population appears to not be growing as rapidly as in the past. These figures are taken from US Census Quick Facts 2012.

**Racial and Ethnic Composition:**

	Racial Make-up of County-wide Population						Service Area Average	PIR Data 2013/2014	
Race	Catoosa	Chattooga	Dade	Murray	Walker	Whitfield		HS	EHS
Asian	1%	1%	1%	0%	0%	1%	1%	1%	1%
Bi-racial	2%	1%	1%	1%	1%	1%	1%	6%	1%
Black	2%	11%	1%	1%	4%	4%	3%	8%	12%
Caucasian	92%	82%	94%	84%	92%	61%	84%	85%	83%
Hispanic/Latino*	2%	5%	2%	13%	2%	33%	10%	0.0%	0%
Other-including Native American	1%	1%	1%	1%	1%	0%	1%	0.0%	0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>*Head Start considers Hispanic or Latino as an Ethnicity rather than a race:</b>								<b>21%</b>	<b>20%</b>

**Languages:** English is the dominant language for the majority of the service region with a high concentration of a Spanish-speaking population located in Whitfield County. The public schools in Whitfield indicate that as many as 47% of school age children are of Hispanic/Latino origin.

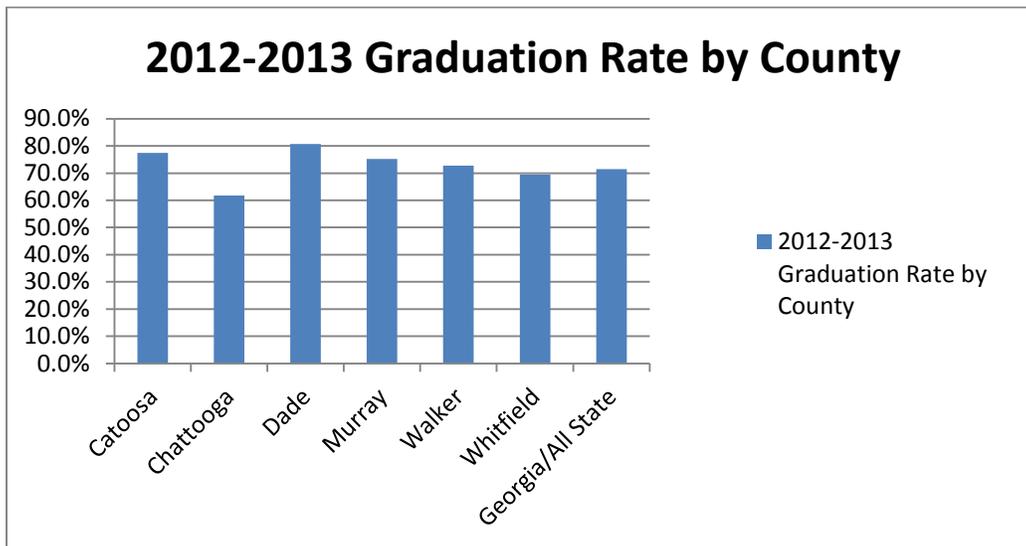
**Education:** Georgia’s 2013 public high school graduation rate increased almost two percentage points over the previous year – from 69.7 percent in 2012 to 71.5 percent in 2013 – and over four percentage points from 2011 (67.5 percent). This is the third year Georgia has calculated the graduation rate using the adjusted cohort rate formula.

“Under a more rigorous calculation method, the trend still shows that the percentage of our high school students graduating increases year to year,” said Georgia State School Superintendent Dr. John Barge. "Despite the economic challenges our districts are facing, we have more high school students graduating today than we have had in several years, which is a testament to the hard work of our students and teachers. We must continue our progress to ensure all students cross the finish line, because without a high school diploma, their options are very limited.”

The four-year adjusted cohort graduation rate defines the cohort based on when a student first becomes a freshman. The rate is calculated using the number of students who graduate within four years and includes adjustments for student transfers. In contrast, Georgia’s former graduation rate calculation defined the cohort upon graduation, which may have included students who took more than four years to graduate from high school. To comply with the No Child Left Behind Act of 2001 (NCLB), Georgia has defined a graduate as a student who leaves high school with a Regular Diploma (this does not include Certificates of Attendance or Special Education Diplomas) in the standard time (i.e., 4 years).

A graph below shows the 2012-2013 graduation rates by county and all state as follows: Catoosa 77.4%, Chattooga 61.7%, Dade 80.7%, Murray 75.2%, Walker 72.7%, Whitfield 69.5%, and Georgia/All State

71.5%. All city-based high schools have been averaged into the overall county average. This average was obtained by combining total number of students enrolled divided into the total number of students graduating and not by averaging the percentages of the schools.



Data was obtained from the Governor’s Office of Achievement, 2013 Graduation Rate Report by county and all state.

Our own Early Head Start programs are working with the local schools to prioritize enrollment opportunities for pregnant students which enable them to have quality child care and other services while they complete their education. This includes having centers located on high school campuses.

For educational services available, Dalton State College in Dalton (Whitfield County) provides educational opportunities for attaining an Associate's Degree and Bachelor's Degrees in limited fields as well as vocational/technical certificates. Georgia Northwestern Technical College, located in Rock Spring (Walker County), and Dalton (Whitfield and Murray Counties) provides vocational and technical certificate programs. Covenant College on Lookout Mountain, GA provides educational opportunities for attaining Associate and Bachelor Degrees in various fields.

**Health:** Georgia has over 300 hospitals or medical centers throughout the state. There are seven hospitals or medical centers located within our six-county service area, with four of those in Whitfield County, two in Murray County and one in Catoosa County. In addition to these local medical facilities, there are several hospitals located in the Chattanooga, Tennessee area that are within 50 miles of our furthest county and within 10 miles from our closest county. This includes T. C. Thompson’s Children’s Hospital which is well known in our area.

Within our service area, over 600 doctors accept Medicaid and PeachCare for Kids. The largest concentration of doctors is located in Whitfield County with over 300 and Catoosa County with over 200. These range from General and Family Practitioners to Specialists. In addition, each of our six counties has a local Health Department. This information would indicate that there are sufficient medical resources available to our families within close proximity.

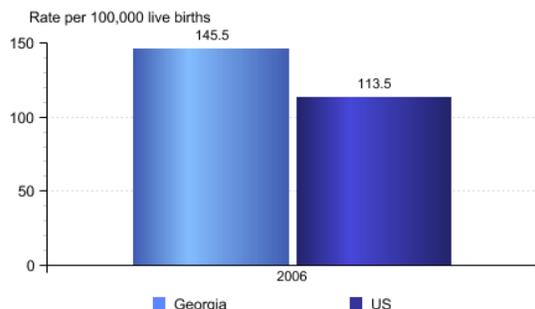
According to the 2010 America's Health Rankings from the United Health Foundation, Georgia is 38<sup>th</sup> in overall health rankings (1=best). However, the analysis shows Georgia still lags on important measures such as infectious disease (42<sup>nd</sup> ranking), infant mortality (34<sup>th</sup>) and cardiovascular deaths (40<sup>th</sup>). Georgia is challenged with public health issues including high levels of air pollution, high incidence of infectious disease, and lower health determinates than outcomes. Smoking is a major public health problem because not only can smoking harm a man's or woman's health, but smoking during pregnancy can lead to serious health problems in newborns. Families today face several health concerns that are shown to have a connection to exposure to tobacco smoke. Some of the smoking-related concerns include acute respiratory infections, asthma, ear problems and sudden infant death syndrome (SIDS).

Based on the most recent data from the National Center for Health Statistics, in Georgia in 2013, 17.4% of women reported smoking, compared to 16.4% of women overall in the U.S.; in Georgia 23.6% of men reported smoking, compared to 21.3% of men overall in the U.S.

<b>Tobacco Use</b>	<b>National Average</b>	<b>Georgia</b>	<b>Difference</b>
Women	16.4%	17.4%	+1.0%
Men	21.3%	23.6%	+2.3%

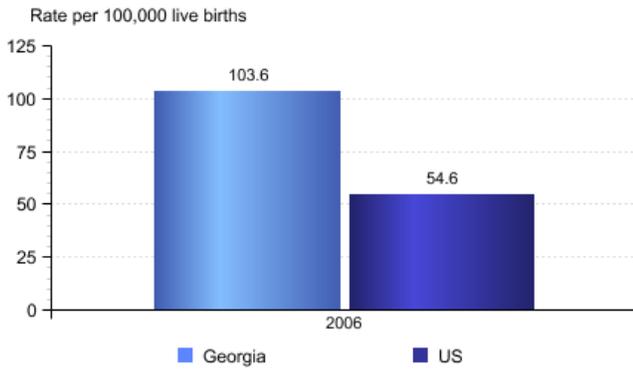
The bar graphs below compare Georgia and the national averages for some of the leading causes of infant death in the United States: prematurity/low birth weight; sudden infant death syndrome and respiratory distress syndrome. Infant mortality is defined as death occurring during the first year of life and is an important summary reflecting social, political, health care delivery and medical outcomes in a geographic area.

In Georgia in 2009, the infant mortality rate due to prematurity/low birth-weight was 136.3 per 100,000 live births. This accounted for 19.0% of all infant deaths in Georgia in 2009.



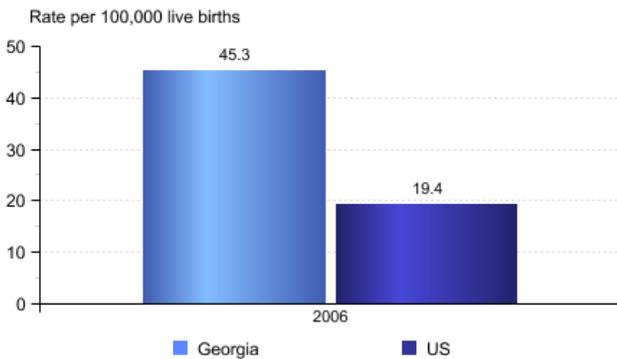
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In Georgia in 2009, the infant mortality rate due to sudden infant death syndrome (SIDS) was 73.5 per 100,000 live births. This accounted for 10.0% of all infant deaths in Georgia in 2009.



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In Georgia in 2009, the infant mortality rate due to respiratory distress syndrome (RDS) was 20.6 per 100,000 live births. This accounted for 3.0% of all infant deaths in Georgia in 2009.



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Asthma is the most common chronic disease among Georgia’s children and youth affecting more 10 percent of individuals under the age of 17 and more than 6 percent of adults. “Georgia currently ranks 19<sup>th</sup> among states in the percentage of children with asthma problems, suggesting opportunities for significant improvements in asthma self-management, environmental triggers, public awareness, and the disparities that exist in asthma outcomes among underserved populations,” said Gary D. Nelson, PhD, president of Healthcare Georgia Foundation.

Area of Concern	National Average	Georgia	Difference
Adults with Asthma	8.6%	7.8%	-.8%
Children with Asthma	9.0%	10.0%	+1.0%

**Nutrition:** Georgia is now the 20<sup>th</sup> most obese state in the nation, according to the annual How Obesity Threatens America’s Future 2013 report from the Trust for America’s Health and the Robert Wood Johnson Foundation. Georgia’s adult obesity rate remains high at 29.1%, up from 25.2% a decade ago in 2003 and from 10.1% in 1990. The report shows that adult obesity rates remained level in every state except for one, Arkansas. Thirteen states have adult obesity rates above 30 percent, 41 states have rates of at least 25%, and every state is above 20%. Thirty years ago, the highest adult obesity rate for any state was still lower than the lowest obesity rates today.

The Georgia adult rate follows encouraging data on childhood obesity in Georgia. The Center for Disease Control (CDC) recently revealed that 19 states saw a decrease in childhood obesity from 2008 to 2011 among low-income children ages 2-4 years. In addition, the 1.6% point decline in Georgia was bigger than anywhere else in the United States.

The state also recorded a 5 percent drop in its overall childhood obesity figures. That moved Georgia’s ranking as having the second most obese child population in the nation (which came from 2007 data), to ranking the 17<sup>th</sup> in the new figures.

Obesity is one of the biggest public health challenges the country has ever faced. This reports shows regional and income disparities in the obesity epidemic. For example, 19 out of 20 states with the highest rates of obesity were in the South. More than a third (31%) of adults earning less than \$25,000 per year were obese, compared with 25.4% of adults who earn at least \$50,000 per year. Families face barriers - like the high cost of healthy foods, lack of access to safe places to be physically active – that make healthy choices challenging.

Family Resource is committed to helping to lower obesity rates through the following ways:

- Meals served in centers are healthy and nutritionally balanced; menus are sent home with parents monthly
- All classrooms provide opportunities to be physically active on a daily basis
- Nutrition and health related trainings are provided at parent meetings
- Nutrition activities are covered on classroom lesson plans quarterly and other health related topics are covered throughout the year

**Dental:** Our local service area has over 40 dentists available. In the past three years, we have seen an increase in the total number of dentists as well as those that accept Medicaid and/or PeachCare. In addition, more are seeing children under age 3 and age 5 and more now accept pregnant moms. However, even with these increases, only 13% accept children under 3.

<b>County</b>	<b># of Dentists</b>	<b>Medicaid or PeachCare Accepted</b>	<b>Head Start Payment Accepted</b>	<b>Accepts Children under age 3</b>	<b>Accepts Children under age 5</b>	<b>Accepts Pregnant Moms</b>
Catoosa	7	1	1	1	4	6
Chattooga	8	5	4	1	6	7
Dade	2	2	2	0	2	2
Murray	2	2	2	0	2	2
Walker	4	2	4	0	4	4
Whitfield	22	3	3	4	16	18
<b>Totals</b>	<b>45</b>	<b>15</b>	<b>16</b>	<b>6</b>	<b>34</b>	<b>39</b>

**Mental Health:** Our six counties are supported by the Region One Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) Office. The MHDDAD Office plans and oversees a network of public mental health, developmental disabilities, addictive disease and prevention services for 25 counties. There is a regional office contact and then all six counties have access to 24-hour emergency assistance. They provide a Georgia Crisis and Access Line, a non-emergency mental health and addictive diseases service line, and a non-emergency developmental disabilities services line. In addition, locally there are seven other Agencies who will provide mental health services. We currently contract with Lookout Mountain Community Services and Sharon Narey, Mental Health Consultant, to provide services to our children, families and staff.

**Literacy:** A study released in October 2013 offered data on the extent to which Americans were declining in their proficiency to do the basic kinds of reading people use in everyday life. The Survey of Adult Skills by the Organization of Economic Cooperation and Development (OECD) shows that despite having higher than average levels of education attainment, adults in the United States have below-average basic literacy skills.

The U.S. ranked 16<sup>th</sup> out of 23 countries in literacy proficiency, according to the OECD survey. These results are consistent with previous findings on adult literacy, which indicate a large number of Americans have lower than proficient literacy skills. Because there are no similar studies of adult literacy conducted annually, it is hard to draw a trend line.

The most recent National Assessment of Adult Literacy Report was completed in 2003 and made available in 2007. It was the first assessment of English literacy of adults in the United States since the 1992 National Adult Literacy Survey. The assessment measured three types of literacy and the report describes how adults use written information in the workplace, family and community settings, as well as the relationship between literacy and formal education. One specific area of focus we looked at was Literacy and the Family.

Areas were assessed and then designated to be within one of four categories: *Below Basic*, *Basic*, *Intermediate* or *Proficient* prose literacy. Results showed that parents with the two higher levels of prose literacy read to their young children 5 or more days per week. For example, 41% of the adults in the Below Basic level never read to their children as compared with only 14% in the Proficient level who did not read to their children. There was also a higher percentage of parents in the *Intermediate* or *Proficient* prose literacy levels (58%) who had children between the ages of 3-5 years of age who knew the alphabet.

The assessment showed a correlation of the higher the level of the parent's proficiency to more involvement with their children's education and greater numbers of educational resources in the home.

The National Research Council in 2000 found that most of the reading problems faced by today's adolescents and adults are the result of problems that might have been avoided or resolved in their early childhood years. They stated that "Reading is typically acquired relatively predictably by children who...have had experiences in early childhood that fostered motivation and provided exposure to literacy in use." In 1985 the National Commission on Reading stated that the single most significant factor influencing children's early educational success is an introduction to books and being read to at home prior to beginning school.

Therefore, based on several different resources, we can see the significant need for children to be exposed to literacy activities and resources from a very early age. To better help the children be prepared for kindergarten and a successful experience, we will need to continue educating parents on the importance of reading to the children, working with families to complete their own educational goals, and exposing children to more literacy at young ages.

**Transportation:** Although each of the six counties in our service area has some form of community transportation that utilizes a van or small bus, there are several factors that make utilizing these resources unfavorable for parents to transport their child to and from Head Start, as well as to stores, doctors, etc. These are:

- **Supervision:** The children are not allowed to ride the bus without being accompanied by an adult. This means that the parent would have to request transportation four times each day—once for parent and child to go to the center, for the parent to return home, for the parent to return to pick up the child and for the parent and child to return home.
- **Cost:** The cost for the transportation varies by county with the lowest being free within the county served and the most being \$3.00 each way per trip above 10 miles. The average cost being about \$1.25 each way per person. For the families, this would average about \$10.00 per day or \$50.00 per week which is often more than our families can afford.
- **Availability:** The local transportation services have limited hours of operation. Some do not begin transporting until 9:00 a.m. and some stop transporting as early as 2:00 p.m. The hours of operation are not always favorable for the children arriving or departing so they can participate in the full Head Start day which typically is a minimum of six and a half hours. Even though the riders must schedule an appointment for pick up the prior day, there is no guarantee of the service meeting that specific time request. Most all require the riders to be ready at least one hour prior to the requested pick up time. The smallest amount was 15 minutes. However, comments from people who have used this service often indicate that they wait longer periods of time.
- **Safety:** Another issue the family has to consider is that only one of the transportation services provides appropriate child restraint seats. Therefore, in most cases the parent would have to also provide a car seat. This could cause problems when the child is not riding with the parent due to the car seat taking a space that could normally be used by another person.

With all of these issues in mind, families in our areas do not find that the local transportation services are that beneficial. It could work in cases of emergencies, but for day to day usage, the cost, time and coordination often is not worth the effort. Therefore, most families must already have some form of transportation available to them for daily needs.

**Employment:** The employment opportunities somewhat vary across our six county service area. Whitfield County has become the headquarters for the world's carpet industry and is a leader for supporting services, distribution, shipping, retail and diversification. In contrast, the employment opportunities within the remaining five counties are much more limited. Because of the lack of industry and the mountainous terrain of most of the counties, many residents drive out of county to find work. Chattanooga, Tennessee offers employment opportunities to those unable to find work locally.

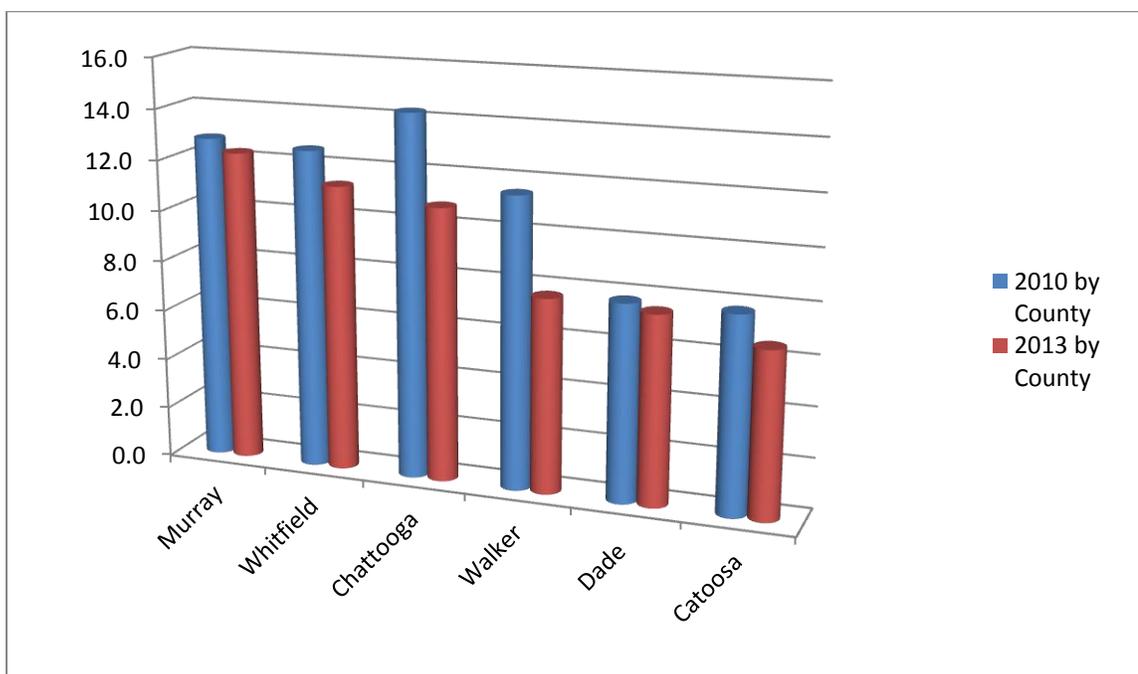
The five largest employers in our service area are located primarily in Whitfield County: Shaw Industries, Beaulieu, Mohawk Carpet, Hamilton Medical Center and Wal-Mart. The five largest employers in the Chattanooga area are: Blue Cross Blue Shield, Erlanger Hospital, McKee Foods and most recently Volkswagen and Amazon.

The Whitfield County labor situation is unique in that their local manufacturing workforce of more than twenty-five thousand is labor union free. Skilled labor is available in a broad range skills due to the ever-increasing technological demands of local industry and the readily available training in the local colleges and technical schools. Dalton State College is a delivery point for Georgia's highly successful Quick Start training program where a training program is established for employees, free of charge. National and international employers who operate in the area attest to the quality of labor in this region. The Whitfield County community has received national recognition by the U.S. Chamber of Commerce

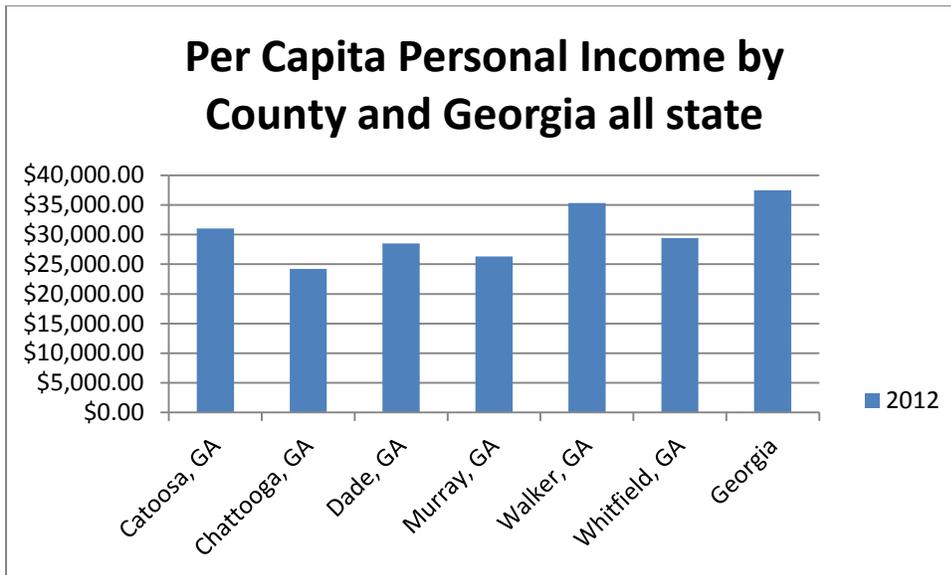
as one of four places in the country where the business community and education have been working effectively to improve educational performance for more than a decade.

In summary, although Whitfield County is a leader in the carpet industry recently we have seen a decline in production of carpet and flooring. There have been a few of the carpet manufacturers who have closed plants due to the decline. In most other areas job opportunities do not pay as well, offering minimum wage with few employers providing adequate benefit packages. For many northwest Georgia residents, they must rely on the employment possibilities in the greater Chattanooga area.

**Unemployment:** Current annual unemployment rates vary from 6.6% - 12.3% in the six county area we serve, with an average unemployment rate of 9.4%. Compared to the unemployment rate average of 11.1% in 2010, the current unemployment rate average has decreased by 1.7%. The chart below displays the following unemployment rates by county: Murray (12.3%), Whitfield (11.3%), Chattooga (10.8%), Walker (7.7%), Dade (7.5%) and Catoosa (6.6%).



**Income:** Income levels for the counties range from \$24,194 to \$31,016 for the per capita income. The 2012 U.S. Bureau of Economic Analysis county statistics are as follows:



Based on the statistics above the average income per capita is only \$29,123, which is \$8,326 less than the Georgia state average of \$37,449. At our local level, we find that Chattooga and Murray County have the highest poverty rate, especially for children, and the lowest average income for all families with children.

**Teen Pregnancy:** The combined teen pregnancy rate for our service area is higher than the state average. According to Georgia Kids Count the most recent teen pregnancy data is based on 2011 figures. In 2011 Georgia’s National Ranking was 38 in Teen Pregnancy Rate. Georgia is making a state wide effort to address this concern through County Collaborative Councils and other local level planning groups wherein all stake-holders work together to design programs to help reduce teen pregnancies.

The chart below includes data from Georgia Kids Count Fact Sheet 2011. As shown below, the number of teen pregnancies is above the state average in four of our six counties:

Profile Criteria	STATE RATE	CATOOSA	CHATTOOGA	DADE	MURRAY	WALKER	WHITFIELD
Teen Pregnancies, ages 15-17 (rate per 1,000) 2011	25.3%	23.9%	38.1%	15.2%	36.4%	33.6%	27.9%
Teen mothers giving birth to another child before age 20 (ages 15-19) 2011	19.10%	13.8%	17.5%	LNE*	20.3%	23.4%	18.6%

\*LNE = Lowest Number Entered indicates 4 or fewer events on which rates would be based.

According to Georgia Kids Count, the Georgia Campaign for Adolescent Power and Potential has launched a statewide **15 by 15** goal, to achieve a 15% reduction in the adolescent pregnancy rate for girls ages 15 to 19 in Georgia by year 2015. As of 2012, the state of Georgia has more than doubled this goal. The adolescent pregnancy rate has declined 35%.

## Section 4: Head Start Eligible Families and Children Demographic Data

### PIR Demographics 2012-13 School Year

Age Groups	Early Head Start	Head Start	Combined Totals
Under 1 year	64		64
13 months – 2 years	87		87
25 months – 3 years	127	1	128
3 years old		531	531
4 years old		421	421
5 years old		4	4
Pregnant Moms	32		32
<b>Totals</b>	<b>310</b>	<b>957</b>	<b>1267</b>

Our 2012-2013 PIR information shows that of the 957 pre-school children we served, 421 were four-year-olds and 531 were three-year-olds. With the increase in Pre-K classes across our service area, we are seeing a shift to serving more three-year-olds each year. There was also one two-year-old who enrolled after turning three during the school year based on individual special circumstances.

The tables on the following page indicate the work status of the parents enrolled in Head Start and Early Head Start during the 2012 - 2013 program year.

### Head Start – 2012-2013 PIR Data:

Percent of Children by Parents' Work Status	# Families 448	Average
2 Parent Families in which both parents work	117	26%
2 Parent Families in which only one (1) parent works	273	61%
2 Parent Families in which neither parent works (unemployed, retired, disabled)	58	13%
Percent of Children by Parent's Work Status	# Families 445	Average
1 Parent Families in which the parent works	202	45%
1 Parent Families in which the parent does not work	243	55%
<b>TOTAL NUMBER OF FAMILIES ENROLLED IN HEAD START</b>	<b>893</b>	<b>100.00%</b>

**Early Head Start 2012-2013 PIR Data:**

<b>Percent of Children by Parents' Work Status</b>	<b># Families 126</b>	<b>Average</b>
2 Parent Families in which both parents work	39	31%
2 Parent Families in which only one (1) parent works	66	52%
2 Parent Families in which neither parent is working (unemployed, retired, disabled)	21	17%
<b>Percent of Children by Parent's Work Status</b>	<b># Families 139</b>	<b>Average</b>
1 Parent Families in which the parent is employed	51	37%
1 Parent Families in which the parent is not working	88	63%
<b>TOTAL NUMBER OF FAMILIES ENROLLED IN EARLY HEAD START</b>	<b>265</b>	<b>100%</b>

**Racial and Ethnic Composition:**

	<b>Service Area Average</b>	<b>PIR Date 2012-2013</b>		<b>Program Average</b>
		<b>HS</b>	<b>EHS</b>	
<b>Race</b>				
<b>Asian</b>	.3%	1%	1%	1%
<b>Bi-racial</b>	1%	6%	4%	5%
<b>Black/African American</b>	4%	8%	11%	9%
<b>Caucasian/White</b>	84%	85%	84%	85%
<b>Hispanic/Latino*</b>	10%	0%*	0%*	0%*
<b>Other-Including Native American</b>	1%	0%	0%	0%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%
<b>*Head Start considers Hispanic/Latino as an Ethnicity rather than a race</b>		<b>20.7%</b>	<b>20%</b>	<b>20.7%</b>

**Languages:** English is the dominant language for the majority of our children. However, as shown in our PIR data, 21% of our Head Start and 20% of our Early Head Start children were of Hispanic ethnicity. With approximately a fifth of our total enrollment falling into this category, it correlates with data showing that 200 of 976 Head Start clients report Spanish as their primary language. This same correlation is true of the EHS population where 62 of the 311 enrolled clients, indicate Spanish is their native language. (Note: language numbers for the EHS population are skewed as the majority of the children are in the earliest developmental stages of speech).

In order to insure communication with our Spanish-speaking clients, we prioritize hiring bilingual staff. One position we have maintained for several years is that of a full-time translator. The translator

converts all written materials that families receive from English to Spanish and also provides translation services as required so that children’s screenings and assessments are completed in the native language. We also provide a salary incentive to bilingual staff, especially Teaching and Family Service staff, to insure services to children and families. We view Spanish fluency as a life-skill and supplement staff salaries to insure we attract and retain bilingual staff.

**Education:** Data regarding the education levels of our parents/families from our 2012-2013 PIR is reflected in the chart below and is compared with the Georgia PIR data for all Head Start and Early Head Start programs within the state.

<b>Education Level</b>	<b>FRA-HS</b>	<b>FRA-EHS</b>
<i>% are based on Total # of HS and EHS parent responses</i>	<b>893</b>	<b>265</b>
Less than high school graduate	29%	33%
A high school graduate or GED	56%	50%
An associate degree, vocational school, or some college	15%	17%
An advanced degree or baccalaureate degree	0%	0%

According to the census published in 2012, educational attainment for the state of Georgia is as follows: 83.9% attained high school or more education and 27.5% attained a bachelor’s degree or more. Based on this information, it continues to reflect what we already know about our service area. Having high drop-out rates is evident in the levels of education being lower than the state percentage for college degrees and being higher than the state average for high school graduates and less than high school education.

We sent surveys to nine of our school systems within our six county service area requesting information about services, enrollment and better ways to serve our communities together. A total of four surveys were returned, representing only four of our six counties. The first thing the schools were asked to respond to were the number of children enrolled in kindergarten and first grade and the number of those on free lunch and with disabilities. See chart below:

Elementary School	# Enrolled K	# K on Free Lunch	# K with Disability	# 1 <sup>st</sup> Enrolled	# 1 <sup>st</sup> on Free Lunch	# 1 <sup>st</sup> with Disability
<b>Catoosa</b>						
Battlefield Primary	170	96		165	84	
Boynnton	95	31		95	30	
Cloud Springs	66	45		69	58	
Graysville	77	34		79	42	
Ringgold Primary	155	69		164	79	
Tiger Creek	86	55		90	58	
Westside	80	56		87	64	
Woodstation	69	33		82	30	
<b>Total</b>	<b>798</b>	<b>419</b>		<b>831</b>	<b>445</b>	
<b>Chattooga</b>						
Leroy Massey	162	124	18	162	138	15
Lyerly	41	31	1	27	39	3
Menlo	48	26	2	23	46	0
<b>Total</b>	<b>251</b>	<b>181</b>	<b>21</b>	<b>212</b>	<b>223</b>	<b>18</b>
<b>Walker</b>						
Chatt Valley	92	43	9	84	56	1
Cherokee Ridge	115	84	7	116	80	17
Fairyland	41	9	1	33	9	3
Gilbert	75	60	6	76	63	5
Naomi	61	50	7	68	51	5
North Lafayette	93	55	3	84	47	4
Rock Spring	71	41	9	77	38	12
Rossville	79	69	10	104	87	13
Saddle Ridge	43	20	0	23	16	1
Stone Creek	77	57	4	87	64	5
<b>Total</b>	<b>747</b>	<b>488</b>	<b>56</b>	<b>752</b>	<b>447</b>	<b>66</b>
<b>Whitfield</b>						
Antioch	98	60	11	83	33	7
Beaverdale	63	35	8	45	11	11
Cedar Ridge	80	49	6	90	39	4
Cohutta	53	24	5	41	6	2
Dawnville	87	46	4	100	42	9
Dug Gap	72	31	3	82	43	9
East Side	109	80	8	100	59	7
New Hope	115	42	12	99	28	4
Pleasant Grove	62	31	2	86	44	7
Tunnel Hill	58	26	5	58	12	6
Valley Point	100	62	7	80	33	16
Varnell	81	39	7	79	22	3
Westside	105	47	8	89	22	11
<b>Total</b>	<b>1083</b>	<b>572</b>	<b>86</b>	<b>1032</b>	<b>394</b>	<b>96</b>

**Health:** We reviewed our 2012-2013 data for our children and families in several areas relating to health issues. We have shown an increase in the percentage of children having a Medical Home established, as well as those covered by insurance. The chart below breaks down the information, however, incomplete data entry of health services provided caused the percentages to appear lower in the PIR than the actual numbers. PIR reports will be analyzed before submission to insure accuracy.

<b>Health Issue/Concern</b>	<b>Number of HS/EHS Children/Families</b>	<b>Percent of HS/EHS Children/Families Served</b>
Medical Home established	1210	95%
Children receiving physicals	1073	89%
Children needing medical treatment	89	8%
Children receiving medical treatment (of those above)	84	94%
Children covered by insurance, Medicaid, or PeachCare	1175	93%
Children with Asthma	74	6%
Child deaths from SIDS	0	0%
Parents receiving Health Education	972	84%

Family Service staff will work with families to promote health environments for children. The Center Managers will complete The Asthma Friendly Environment Checklist for all our Head Start and Early Head Start centers and submit them to Administrative staff for review and comment. At the time of parent orientation, all parents will be given information regarding the dangers of second-hand smoke for children. They will also be given a brief questionnaire to determine which families would like to participate in a Smoke Free Home initiative. Within 30 days of the beginning of classes, teaching staff will conduct their first parent conference. At this conference, they will share with the parents the printed EPA brochures on "Protect Your Children" and "Secondhand Tobacco Smoke and The Health of Your Family." As the Family Service Specialists begin working with families to develop Family Partnership Agreements, they will encourage the parents to incorporate a goal of eliminating secondhand smoke from their child's environment. Progress on each family's goal will be charted via the Six Week Contacts we make with all families and will also be recorded in ChildPlus. At the end of the school year, we will determine how many families were successful in reaching their goal.

**Nutrition:** In an effort to help educate our families about the importance of proper nutrition, our Nutrition Specialist sends out a monthly parent newsletter that contains a section called Nutrition Nuggets. The newsletter covers a variety of nutrition topics along with healthy tips and recipes for children and families. We also have links on our agency website ([www.fragahs.com](http://www.fragahs.com)) where parents can access Choose My Plate, and Fruits and Veggies Matter. These links provide nutrition resources for our parents such as recipes that are child and budget friendly, calorie and food information, daily food planning and dietary guidelines. The classroom utilizes nutrition related resources such as I am Moving, I am Learning kits for lesson planning.

Our data shows that 27% of the children served in 2012-2013 were considered to be overweight and 3% of the children served were considered underweight. We collaborate with our local health departments to insure that children who are at or above 95% or are at or below 5% on their growth assessments are referred for nutritional counseling. This may include assisting the family in applying for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services if needed. In this same period, 76% of our families participated in WIC.

**Dental:** As discussed previously, dental services to children under age 3 are severely limited and only slightly more than half of the dentists in our six counties will accept children under age 5. However, our data shows that the majority of our children were able to get needed screenings and follow up care as noted on the chart below.

<b>Dental Issue/Concern</b>	<b>Number of Children</b>	<b>Percent of Children Served</b>
Dental Home established (HS and EHS)	1170	92%
EHS children who are up-to-date on preventive and primary oral health care according to EPSDT schedule	231	75%
Received dental exam within last 12 months (HS only)	813	85%
Received Preventive Dental Care (HS only)	822	86%
Needs Dental Treatment (HS only)	120	15%
Received Dental Treatment (HS only) based on above	99	83%

The percent of children who received dental services during the 2012-2013 decreased somewhat due to two circumstances. With the loss of transportation, the agency was no longer able to transport children to Kool Smiles for dental services. In addition, the required number of dental exams was increased from one per year to one every six months. This increase was made to conform to the recommendations of the American Academy of Pediatric Dentists.

**Mental Health:** Our agency went above the basic requirements and provided licensed mental health consultants to observe each classroom in Head Start and Early Head Start during the school year. It affords the classroom staff and parents a predetermined time to meet with the consultants for advice, guidance, and determine the best plan for each classroom. The consultant(s) are also on call as needed. The consultant also provided individualized training in the fall for each center.

When special attention or advice is needed from the mental health consultant for a particular child, we first administer the **Ages and Stages Social and Emotional** screening tool. This is primarily completed by the parent/guardian and then discussed with staff. A plan to assist the child in the specified area of need is put in place.

If additional assistance is indicated, we obtain permission from the family/guardian for an individual observation by the mental health consultant for that child. We make every effort to discuss and exchange ideas with the family and develop a plan to initiate consistency at home and in the classroom that will address social, emotional, and behavioral challenges.

Our goal is to help “build” the child with the skills needed to foster innate resiliency to meet challenges in these areas during their time with us and then assist to make it possible for them to assimilate these abilities for use throughout their lives.

<b>Mental Health Issue/Concern for both Head Start and Early Head Start 2012-13</b>	<b>Number of Children</b>
Children for whom professional consulted with staff	32
Of children above, # of those where 3 or more staff consultations occurred	2
Children for whom professional consulted with parent/guardian	5
Children receiving individual assessments	24
Children referred for/received additional mental health services	7

**Literacy:** In order to promote early literacy development, we have implemented a set of literacy related activities in both our Early and Head Start Programs.

- EHS - Literacy is designed for toddler ages 15 to 36 months. Age appropriate monthly activities are conducted in accordance with the Individualization Notebook Checklist that consists of: Read Aloud activity, Participation activity, and Rhyming activity. These activities are repeated throughout the school year and are alternated monthly to insure continued opportunities for learning. All activities are placed in the Individualization Notebook where each child has their own section for activities they have completed. Literacy and Language development is also reinforced daily through classroom setup, a variety of books, journals, read alouds conducted by teaching staff, visual cue activities, name activities and alphabet letter activities, and books and writing materials in all classroom center areas of learning.
- Pre-school HS - Literacy is designed for preschool ages 3 to 5 years. Age appropriate monthly activities are conducted in accordance with the Individualization Notebook Checklist that consists of: Book Report, Letter Recognition Chart, Print and Book Checklist, and Phonological Awareness. These activities are repeated throughout the school year and alternated monthly to insure consistency in opportunities for learning. All activities are placed in the Individualization Notebook where each child has their own section for activities they have completed. Literacy and language development is also reinforced daily through classroom setup, a variety of books, journals, read alouds conducted by teaching staff, name activities, alphabet activities, alphabet letter recognition activities, and books and writing materials in all classroom center areas of learning.

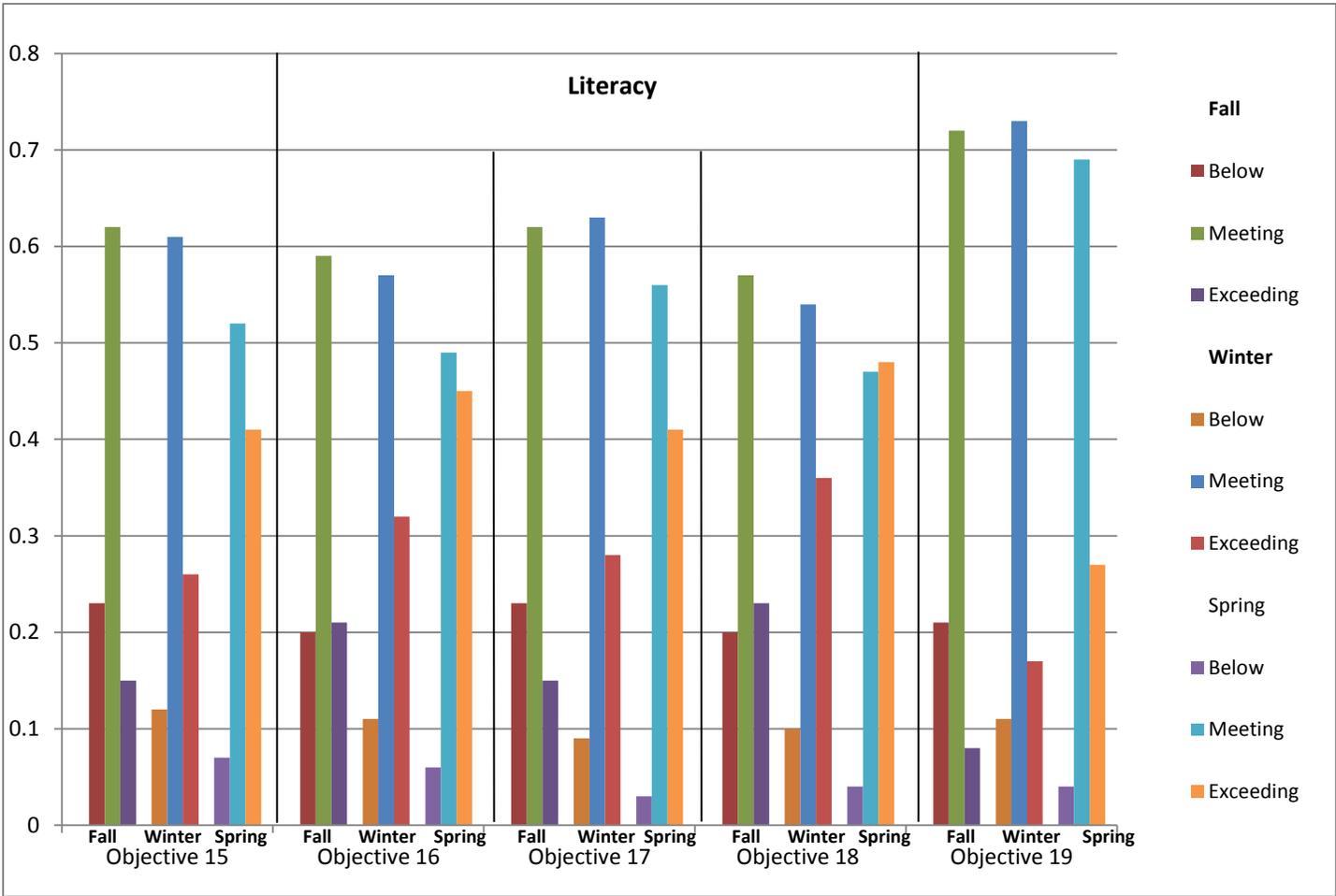
Although there is currently no Performance Standard requiring the measurement of EHS outcomes, the program has adopted the same assessment system as Head Start to measure EHS children's progress and provide individualization and overall assessment data to be used in program self-assessment and planning.

**Outcomes by Literacy Objective (Birth to Five):** Data from our 2012-2013 Outcomes Report reflects that the children in our Head Start program showed progress in Literacy Knowledge and Skills between the Fall and Spring check points. Teachers used Teaching Strategies GOLD online assessment, which assesses children's growth in 10 areas of development and learning, 11 for English Language Learners- Social/Emotional, Physical-Gross, Physical-Fine, Cognitive, Language, Literacy, Mathematics, Science and Technology, The Arts, Social Studies, as well as English Language Acquisition if needed. Teachers observed the children as they participated in everyday activities and then assessed their progress on objectives as one of the following:

- Below – identifies children who are not yet at the initial level of typical development but shows beginning evidence of developing the skill
- Meeting – approximates a beginning level of typical preschool development
- Exceeding – represents higher levels in acquiring the particular skill

The charts below show the percentage of children (ages birth to five) at each level and at the beginning of the school year for Objectives 15, 16, 17, 18 and 19. The objectives from Teaching Strategies GOLD are aligned with FRA's School Readiness Goals 15, 16 and 17 in Literacy Knowledge and Skills. There has been an overall growth for each objective from Fall to Spring.

Domain/ Objective	Fall			Winter			Spring		
	Below	Meeting	Exceeding	Below	Meeting	Exceeding	Below	Meeting	Exceeding
Literacy									
Objective 15	23%	62%	15%	12%	61%	26%	7%	52%	41%
Objective 16	20%	59%	21%	11%	57%	32%	6%	49%	45%
Objective 17	23%	62%	15%	9%	63%	28%	3%	56%	41%
Objective 18	29%	57%	23%	10%	54%	36%	4%	47%	48%
Objective 19	21%	72%	8%	11%	73%	17%	4%	69%	27%



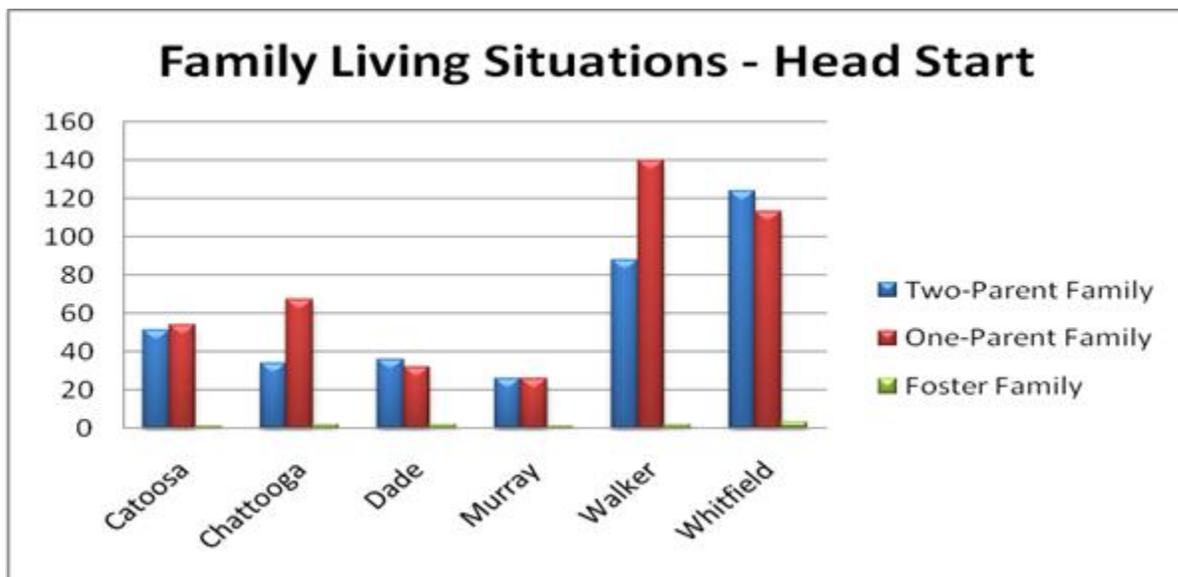
The data results indicate that the literacy activities implemented and the school readiness activities within the classrooms are making an impact on the performance levels of the children. Therefore, the expected outcome is that this will give them a better opportunity to be successful upon entering kindergarten.

**Transportation:** With the loss of bus transportation, the program requests parents to transport their children to and from our centers. While this is not a barrier for many families, the high price of gasoline has adversely impacted some families. For the current school year, 44 Head Start children were withdrawn from class at the request of their parents due to lack of affordable transportation. In addition, 241 Head Start children had absences due to a lack of transportation.

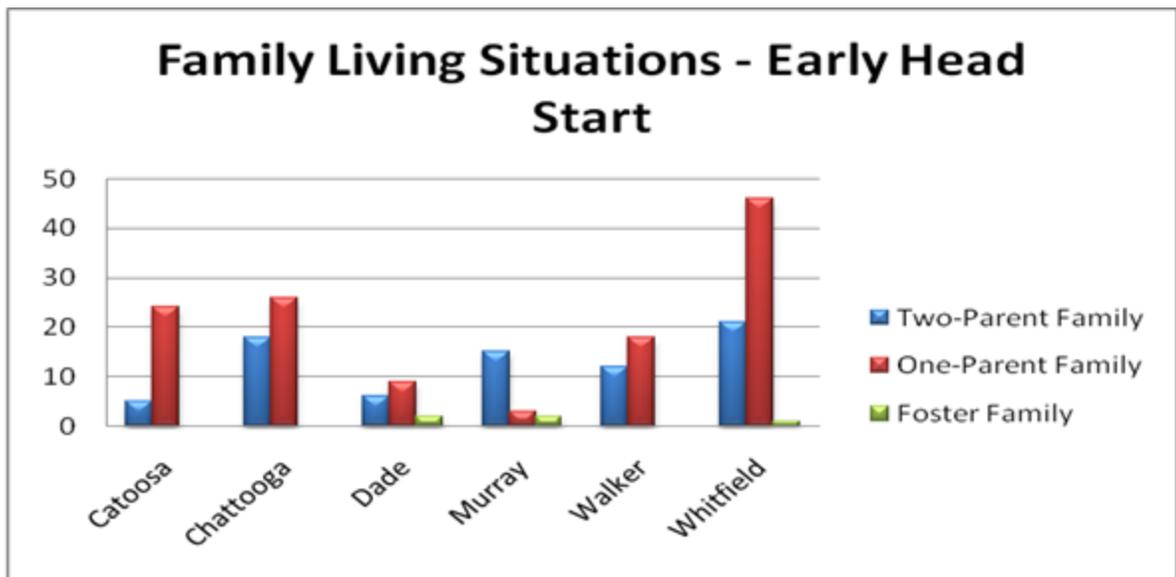
**Employment/Unemployment:** The recovering economy has had moderate impact on the percentage of adults working in this service region. From our 2012-2013 PIR data, the table on the following page indicates that in two-parent Head Start families, 31% report both parents are working, while an additional 61% report one parent is working. For the Early Head Start families, of the two-parent families, 31% report both parents working, with an additional 52% with one parent working. This report also indicates that in HS in 13% of the two-parent families, neither parent is working. For the EHS population, 17% show neither parent working. In these cases, the parents/guardians are unemployed, retired or disabled.

For single-parent families, the 2012-2013 PIR report indicates that 45% of the Head Start single-parents are employed and 37% of the EHS single-parents are employed. For the EHS population, many parents are single teens who may still be attending high school. Our data indicates 54% of the single-parents in EHS are in job training or attending school. Since our last Community Assessment in 2011, unemployment has decreased by 3% in both one- and two-parent families in both Head Start and Early Head Start.

**Family Living Situations:** PIR data for 2012-2013 program year indicates the following with reference to living situations for Head Start and Early Head Start children:



As seen on the chart above, the one-parent and two-parent families are almost equal in Head Start. There is a combined total of 445 one-parent families in our six counties, 448 two-parent families, and 13 children in Foster Families.



This data for Early Head Start also shows that 140 families are one-parent families, with 126 two-parent families, and 4 children in Foster Families. Combined, 52% live in single-parent families, 47% in two-parent homes, and 1% in foster homes.

**Income:** During the 2012-2013 program year, for the Head Start population of 956 children, 15 (2%) were on public assistance, 684 (72%) were income eligible, 152 (15%) were 101-130% above poverty level, **86 (9%) were over-income**, 21 (2%) were foster children, and 6 (1%) were homeless. For EHS, of the 311 total, 5 (2%) were on public assistance, 262 (84%) were income-eligible, 28 (9%) were 101-130% above poverty level, **10 (3%) were over-income**, 4 (1%) were foster children and 2 (1%) were homeless.

**Teen-Pregnancy:** Expectant teens and families are provided information and education on the following including but not limited to: Breast-feeding, Nutrition, Substance Abuse, Health/Dental Topics (including prevention), SIDS, Child Abuse, and Childhood Development. Home visits, community partnerships, books, and videos will be utilized to provide additional information. The current prenatal and postnatal education curriculum consists of the following:

- *Beginnings Pregnancy Guide* translates the health promotion content of prenatal care into easy-to-read practical guidance for a healthy pregnancy.
- *Beginnings Parent's Guide* translates the science of early child development into easy-to-understand practical guidance for parents of 0 to 3 year-olds.
- *Pregnancy Calendar* is a 40-week guide to prenatal care, fetal growth, and fetal development and is filled with valuable information for parents. Details how the mother's body changes, the month-to-month development of the baby, the importance of prenatal care, and much more
- *Sudden Infant Death Syndrome* explains what SIDS is, how common it is, and what parents can do to help reduce their baby's risk. Cites the value of good prenatal care, tells how to help babies sleep safely, reviews research being done into other preventive steps, and lists sources of help and support.
- *Fetus Model Set* is used to show expectant teens and parents how rapidly fetal changes take place during the critical period of development. These five lifelike fetus models illustrate fetal

development and the changes in the uterus at 6 weeks, 8 weeks, 15 weeks, 20 weeks, and 40 weeks.

The following resources are used to supplement our curriculum to better meet the diverse needs of our expectant teens, moms and dads:

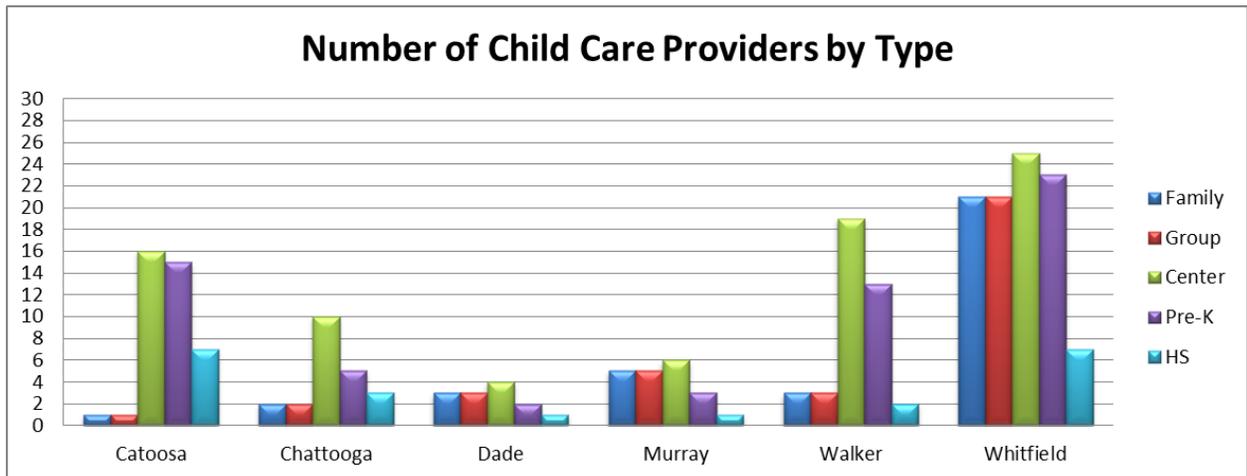
- *The Stages of Labor DVD for Teens* is an easy to understand 3D animation of the labor process, real teen footage, and personal interviews with teen moms and their support people. This program leaves soon-to-be teen parents feeling confident about their upcoming birth experiences.
- *Getting Ready to be a Dad A Young Father's Handbook* will help new fathers cope with the responsibilities and enjoy taking care of their baby. It explains a father's rights and responsibilities, and encourages new dads to be involved in their baby's life right from the start, including participating in prenatal care and maintaining a positive relationship with the baby's mom and grandparents.
- *Your Second Pregnancy* highlights the many physical, emotional, psychosocial, and family issues unique to a second pregnancy. This resource is ideal for returning pregnant moms.

## Section 5: Early Childhood Education Resources versus Early Childhood Education Needs

ESTIMATE OF ELIGIBLE CHILDREN	CATOOSA	CHATTOOGA	DADE	MURRAY	WALKER	WHITFIELD
# of 0-4 year olds	3902	1518	841	2679	3881	7855
Times poverty rate	12.3	20.7	16.4	19.8	16.5	19.4
<b># in poverty</b>	<b>480</b>	<b>314</b>	<b>138</b>	<b>530</b>	<b>640</b>	<b>1524</b>
Divided by # age groups	5	5	5	5	5	5
<b># eligible by age group</b>	<b>96</b>	<b>63</b>	<b>28</b>	<b>106</b>	<b>128</b>	<b>305</b>
X # of age groups served	2	2	2	2	2	2
<b># 3 &amp; 4 yr olds eligible for HS</b>	<b>192</b>	<b>126</b>	<b>56</b>	<b>212</b>	<b>256</b>	<b>610</b>
Times # of age groups served	3	3	3	3	3	3
<b># 0-3yr olds eligible for EHS</b>	<b>288</b>	<b>189</b>	<b>84</b>	<b>318</b>	<b>384</b>	<b>915</b>

Using the most current figures for the approximate number of eligible children by age group, we served 60% of the three and four year olds, and only 12% of the eligible infants and toddlers in the service region. This shows the extreme need for more infant/toddler slots. By requesting to replace the four Head Start classes that were cut from sequestration with four Early Head Start classes and requesting to convert two current Head Start classes to two Early Head Start classes, will allow us to serve an additional 48 children in the 2014-2015 school year.

**Other Child Care Programs:** In addition to the Head Start program, the other primary child development program operating in the counties is the lottery funded Georgia Pre-K program. Some of the counties also have Family, Group or Center Child Care Providers as noted in the following graph:



Info from [www.decal.ga.gov](http://www.decal.ga.gov)

From this information, we find that there has been a significant increase in Pre-K providers in all counties we serve excluding Dade County which saw a decrease by one provider. With the addition of these Pre-K sites, it makes it more challenging to find eligible 4-year-olds for our Head Start program. We do see a greater need for serving the 3-year-old population but this requires a decrease in the number of children we serve.

Excluding the Head Start and Pre-K Programs, the chart below shows the average cost per week of child care in each county by the type of other registered and/or licensed child care providers. It is obvious that the cost of child care would be a significant burden, if not impossible for many families within our communities served.

County	Types of Care	1-12 MTHS	13-36 MTHS	4 YRS	4 YRS non-Pre-K
<b>Catoosa</b>	Family	\$73	\$69	\$68	\$65
	Center	\$125	\$120	\$110	\$98
<b>Chattooga</b>	Family	\$100	\$88	\$65	\$65
	Center	\$85	\$85	\$80	\$7
<b>Dade</b>	Family	\$88	\$88	\$88	\$88
	Center	\$110	\$100	\$90	\$90
<b>Murray</b>	Family	\$92	\$87	\$87	\$85
	Center	\$110	\$110	\$95	\$88
<b>Walker</b>	Family	\$80	\$80	\$80	\$78
	Center	\$112	\$110	\$103	\$87
<b>Whitfield</b>	Family	\$130	\$125	\$125	\$85
	Center	\$113	\$108	\$96	\$90

Figures taken from Quality Care for Children County Profiles 2013

## **Community Resources:**

Below is a listing of Community Resources by county and services they provide. A survey of our Family Service Specialists, Center Managers, and Center Supervisors determined the list of resources that were used to provide services for children and families this school year.

### **Catoosa County**

- a. Catoosa County Family Collaborative - a collection of interested people from local agencies, businesses, schools, etc., whose focus is to partner in order to improve the lives of families and children.
- b. Public School System
  - Pre-K services
  - Kindergarten - High School Graduation
  - Program for pregnant teens and their infants and toddlers -A collaboration funded by Catoosa County Schools and Head Start
  - Provides space for Dalton State College satellite college classes
  - Performance Learning Center (PLC) - an alternative education program
- c. Child Support Enforcement assists families in collection of non-custodial child support
- d. Catoosa County Department of Family and Children Services (DFCS)
  - Administers TANF
  - Work First - employability service
  - Adult medical assistance
  - Family preservation programs
  - Adult and child protective services
  - Information and referral services
  - Subsidized childcare
  - Medicaid programs
  - Job development PEACH program
- e. Numerous doctor and dental offices which provide medical and dental care
- f. Hutcheson Medical Center
  - Medical care - emergency and other hospital services
  - Training and family guidance in parenting skills
  - Provides services both wholly and through satellite clinics to children and families in a tri-county area

(Unfortunately, these services are in jeopardy due to threatened financial problems.)
- g. County Health Department
  - Immunization services
  - Family planning
  - EPSDT screenings and assessments
  - WIC services
  - Other nutritional services

- Limited pre- and post-natal medical care
  - School nurse program
  - Right From The Start - medical services for children
- h. Primary Health Care
- Health and Dental Care using Medicare or sliding fee scale
- i. North Georgia Community Action
- Homeless assistance project
  - Weatherization program
  - Emergency food assistance program
  - Parent aid program
- j. County Sheriff's department, Fort Oglethorpe City Police, Ringgold City Police
- DARE program - drug awareness for youth programs
  - Specialized training for pre-school children in safety and health
  - Finger-printing services for child safety
- k. Lookout Mountain Community Services (Mental Health agency)
- Transportation services to needy residents
  - Early Intervention services
  - Mental Health services to families and children
  - Mental Health: Services provided to Head Start
  - Domestic Violence and Abuse Support services
  - Adult & child alcohol/drug abuse programs
  - Crisis intervention and high risk youth substance abuse prevention
- l. Babies Can't Wait
- Identification and services to infants and toddlers with special needs.
- m. Catoosa Learning Center and Catoosa Citizens for Literacy
- GED Classes
  - English as second language
  - Computer classes
  - Childcare
  - Transportation
- n. Catoosa County Extension
- Educational Information for Agriculture and Natural Resources
  - Youth through 4-H
  - Family and Consumer Science
- o. Hope House Ministries – First Baptist Lakeview (Catoosa and Walker Counties )
- Food Pantry
  - Clothes Closet
  - Budget Counselor
  - Emergency Assistance
  - Tutoring sessions

- p. Crisis Center
- Assists victims of domestic violence including women, children and the elderly

### **Chattooga County**

- a. Chattooga County Family Connection - a collection of interested people from local agencies, businesses, schools, etc., whose focus is to partner in order to improve the lives of families and children in the communities.
- b. Two Public School Systems
- Chattooga County Schools
    - Pre-K services
    - Kindergarten - High School Graduation
    - After School Tutoring Program (collaboration with the Summerville Police Department)
    - Provides space used by Shorter College for Adult Education classes
    - PALS Program
    - Georgia Better Graduate Program
  - Trion City Schools
    - Pre-K services
    - Kindergarten - High School Graduation
- c. Floyd Medical Center and Redmond Regional Medical Center - Rome, Georgia
- Medical care - emergency and other hospital services
  - Training and family guidance in parenting skills
  - Provides services both wholly and through satellite clinics to children/ families
- d. Chattooga County Department of Family and Children Services (DFCS)
- Administers TANF
  - Work First - employability service
  - Adult medical assistance
  - Family preservation programs
  - Adult and child protective services
  - Information and referral services
  - Subsidized childcare
  - Medicaid programs
- e. County Health Department
- Immunization services
  - Family planning
  - EPSDT screenings and assessments
  - WIC services
  - Other nutritional services
  - Limited pre- and post-natal medical care
- f. Numerous doctor and dental offices which provide medical and dental care

- g. County Sheriff's Department, Summerville City Police and Trion City Police
  - DARE program - drug awareness for youth programs
  - Specialized training for pre-school children in safety and health
  - Finger-printing services for child safety
- h. North Georgia Community Action
  - Homeless assistance project
  - Job development PEACH program
  - Weatherization program
  - Emergency food assistance program
- i. Domestic Violence Shelter - services to Catoosa, Chattooga, Dade and Walker counties
- j. Babies Can't Wait
  - Identification and services to infants and toddlers with special needs.
- k. Lookout Mountain Community Services (Mental Health agency)
  - Transportation services to needy residents
  - Early Intervention services
  - Mental Health services to families and children
  - Mental Health Services to Head Start
  - Domestic Violence and Abuse Support services
  - Adult & child alcohol/drug abuse programs
  - Crisis intervention and high risk youth substance abuse prevention
- l. Crisis Center
  - Assists victims of domestic violence including women, children and the elderly
- m. The Well
  - Provides shelter for homeless women and children.
- n. North Georgia Crisis Pregnancy Center
- o. USDA Rural Development
  - Business loans
  - Homeownership loans
  - Non-financial technical assistance
- p. Georgia Northwestern Technical College

**Dade County**

- a. Public School System
  - Pre-K services
  - Kindergarten - High School Graduation
- b. Child Support Enforcement

- Assists families in collection of non-custodial child support
- c. Dade County Department of Family and Children Services (DFCS)
- Administers TANF
  - Work First - employability service
  - Adult medical assistance
  - Family preservation programs
  - Adult and child protective services
  - Information and referral services
  - Subsidized childcare
  - Medicaid programs
- d. County Health Department
- Immunization services
  - Family planning
  - EPSDT screenings and assessments
  - WIC services
  - Other nutritional services
  - Limited pre- and post-natal medical care
- e. Primary Health Care
- Health and Dental Care using Medicare or sliding fee scale
- f. Hutcheson Medical Center
- Medical care - emergency and other hospital services
  - Training and family guidance in parenting skills
  - Provides services both wholly and through satellite clinics to children and families in a tri-county area
- g. Numerous doctor and dental offices which provide medical and dental care
- h. North Georgia Community Action
- Homeless assistance project
  - Weatherization program
  - Emergency food assistance program
  - Parent aid program
- i. County Sheriff's Department and Trenton City Police
- DARE program - drug awareness for youth programs
  - Specialized training for pre-school children in safety and health
  - Finger-printing services for child safety
- j. Babies Can't Wait
- Identification and services to infants and toddlers with special needs.
- k. Lookout Mountain Community Services (Mental Health agency)
- Early Intervention services
  - Mental Health services to families and children

- Mental Health Services to Head Start
  - Domestic Violence and Abuse Support services
  - Adult & child alcohol/drug abuse programs
  - Crisis intervention and high risk youth substance abuse prevention
- l. Dade First – Family Connection - a collection of interested people from local agencies, businesses, schools, etc., whose focus is to partner in order to improve the lives of families and children in the communities.
  - m. GED Center
    - Tutoring and classes to help individuals prepare for the GED test

### **Murray County**

- a. Child Support Enforcement
  - Assists families in collection of non-custodial child support
- b. Collaboratives funded by the State of Georgia known under differing names: Children First Coalition – a collection of interested people from local agencies, businesses, schools, etc., whose focus is to partner in order to improve the lives of families and children in the communities.
- c. Public School System
  - Pre-K services
  - Kindergarten – High School Graduation
  - GED Program
- d. North Georgia Community Action
  - Homeless assistance project
  - Weatherization program
  - Emergency food assistance program
  - Parent aid program
- e. Hamilton Medical Center (Dalton area) and Murray Medical Center
  - Medical care – emergency and other hospital services
  - Training and family guidance in parenting skills
  - Provides services wholly and through satellite clinics to children/families in a tri-county area
- f. Murray County Department of Family and Children Services (DFCS)
  - Administers TANF
  - Work First - employability service
  - Adult medical assistance
  - Family preservation programs
  - Adult and child protective services
  - Information and referral services
  - Subsidized childcare
  - Medicaid programs
  - Job development PEACH program

- g. County Health Department
  - Immunization services
  - Family planning
  - EPSDT screenings and assessments
  - WIC services
  - Other nutritional services
  - Limited pre- and post-natal medical care
  - Med Bank
  - Dental Services
  - Car Seat Classes (new car seat)
  - STD Screenings
  - Children First
  
- h. Numerous doctor and dental offices which provide medical and dental care
  
- i. County Sheriff's Department, Chatsworth and Eton Police Departments
  - DARE program - drug awareness for youth programs
  - Specialized training for pre-school children in safety and health
  - Finger-printing services for child safety
  
- j. The Salvation Army – Whitfield and Murray Counties
  - Food Center
  - Clothing and Financial Assistance
  - Furniture (fire/flood/natural disasters)
  
- k. Babies Can't Wait
  - Identification and services to infants and toddlers with special needs
  
- l. Georgia Department of Labor – Whitfield and Murray Counties
  - Job Readiness Evaluation
  - Employability Workshops
  - Job Analysis
  - Pre and Post Employment services
  - Job Counseling, Placement and Retention
  - Rehabilitation Support Services
  - Educational Support Services
  - On the Job Training Program (OJT)
  - Georgia Works
  - Career Search Tools (computers, printers, internet access)
  
- m. Red Cross
  - Armed Forces Emergency Services Communication
  - Disaster services
  - Health and Safety Classes
  - Blood Services
  - Community supported food bank and referral center

- n. Family Support Council – Whitfield and Murray Counties
  - Court Appointed Special Advocate
  - Child Abuse Prevention Education/Advocacy
  - First Steps – new mothers program
  - Healthy Families – long-term positive childhood outcomes
  - Kids on the Block
  - Oak Haven – stable housing for teen mothers and children
  - Parent Education
  - Family Resource Room
  - School Outreach
  - Support Groups
  - Annual Camps
  
- o. Housing Authority
  - Provide Public Housing Apartments for low income families and elderly

### **Walker County**

- a. Collaboratives funded by the State of Georgia known under differing names: Walker County Family Connections – a collection of interested people from local agencies, businesses, schools, etc., whose focus is to partner in order to improve the lives of families and children in the communities.
  
- b. Public School System
  - Pre-K Services
  - Kindergarten – High School Graduation
  
- c. Walker County Department of Family and Children Services (DFCS)
  - Administers TANF
  - Work First - employability service
  - Adult medical assistance
  - Family preservation programs
  - Adult and child protective services
  - Information and referral services
  - Subsidized childcare
  - Medicaid programs
  - Job development PEACH program
  
- d. County Health Department
  - Immunization services
  - Family planning
  - EPSDT screenings and assessments
  - WIC services
  - Other nutritional services
  - Limited pre- and post-natal medical care
  
- e. Primary Health Care
  - Health and Dental Care using Medicare or sliding fee scale

- f. Child Support Enforcement
  - Assists families in collection of non-custodial child support
- g. Babies Can't Wait
  - Identification and services to infants and toddlers with special needs
- h. Hutcheson Medical Center
  - Medical care – emergency and other hospital services
  - Training and family guidance in parenting skills
  - Provides services both wholly and through satellite clinics to children and families in a tri-county area
- i. LaFayette Housing Authority
  - Provides Public Housing Apartments for low income families and elderly
- j. North Georgia Community Action
  - Homeless assistance project
  - Weatherization program
  - Emergency food assistance program
  - Parent aid program
- k. County Sheriff's Department, Rossville, Chickamauga, LaFayette and Lookout Mountain City Police Departments
  - DARE program - drug awareness for youth programs
  - Specialized training for pre-school children in safety and health
  - Finger-printing services for child safety
- l. Lookout Mountain Community Services (Mental Health agency)
  - Early Intervention services
  - Mental Health services to families and children
  - Mental Health Services to Head Start
  - Domestic Violence and Abuse Support services
  - Adult & child alcohol/drug abuse programs
  - Crisis intervention and high risk youth substance abuse prevention
- m. Hope House Ministries – First Baptist Lakeview (Catoosa and Walker Counties )
  - Food Pantry
  - Clothes Closet
  - Budget Counselor
  - Emergency Assistance
  - Tutoring sessions
- n. Georgia Department of Labor – Catoosa, Chattooga, Dade and Walker Counties
  - Job listings
  - Personal employment counseling
  - Resume preparation assistance
  - Career exploration tools and testing

- Unemployment benefits
  - Career guidance
  - Job search workshops
  - Referral to training and education programs
  - Re-employment program
- o. Numerous doctor and dental offices
- p. Georgia Northwestern Technical College
- q. Angel Food Ministries
- Provides grocery relief to families
- r. Walker Transit
- Provides public transportation within the county
- s. Crisis Center
- Assists victims of domestic violence including women, children and the elderly
- t. Speech and Hearing Center
- Free speech screenings to age 6
  - Comprehensive Speech/Language evaluations
  - Voice evaluations
  - Language screenings
  - Individual and group therapy
  - Home, nursing home, hospital and school services

### **Whitfield County**

- a. Whitfield Family Connection /Children and Families First – a collection of interested people from local agencies, businesses, schools, etc. whose focus is to partner in order to improve the lives of families and children in the communities.
- b. Two Public School Systems
- Dalton City Schools
    - Pre-K services
    - Kindergarten – High School graduation
    - Park Creek collaborative classroom with Head Start
    - Pre-K Disabilities program
    - Even Start – family literacy
  - Whitfield County Schools
    - Pre-K services
    - Kindergarten – High School graduation
    - Pioneer collaborative classroom with Head Start
    - Pre-K Disabilities program
- c. Child Support Enforcement
- Assists families in collection of non-custodial child support

- d. Child Abuse Council
  - Parenting classes
  - Child Abuse training
  
- e. Other Educational Institutes
  - Dalton State College
  - Crossroads Alternative School
  - Career Academy – High School
  
- f. Whitfield County Department of Family and Children Services (DFCS)
  - Administers TANF
  - Work First - employability service
  - Adult medical assistance
  - Family preservation programs
  - Adult and child protective services
  - Information and referral services
  - Subsidized childcare
  - Medicaid programs
  - Job development PEACH program
  
- g. Chamber of Commerce
  - Lifelong Learning Program
  - Work-force Development Program
  - School to Work Program
  - Dalton-Whitfield Archway Partnership
  
- h. Hamilton Medical Center
  - Medical care – emergency and other hospital services
  - Training and family guidance in parenting skills
  - Provides services wholly and through satellite clinics to children/families in a tri-county area
  
- i. North Georgia Community Action
  - Homeless assistance project
  - Weatherization program
  - Emergency food assistance program
  - Parent aid program
  
- j. County Health Department
  - Immunization services
  - Family planning
  - EPSDT screenings and assessments
  - WIC services
  - Other nutritional services
  - Limited pre- and post-natal medical care
  - Dental services
  - Medicaid Office
  - Children’s Access Clinic – walk-in clinic
  - Medical Access Clinic – adults

- k. Numerous doctor and dental offices
- l. County Sheriff's Department and Dalton City Police
  - DARE program - drug awareness for youth programs
  - Specialized training for pre-school children in safety and health
  - Finger-printing services for child safety
- m. Georgia Highlands, Cheerhaven (Mental Health agencies)
  - Transportation services to needy residents
  - Early Intervention services
  - Mental Health services to families and children
  - Domestic Violence and Abuse Support services
  - Adult and child alcohol/drug abuse programs
  - Crisis intervention and high risk youth substance abuse prevention
- n. Babies Can't Wait
  - Identification and services to infants and toddlers with special needs
- o. The Salvation Army – Whitfield and Murray Counties
  - Food Center
  - Clothing and Financial Assistance
  - Furniture (fire/flood/natural disasters)
- p. Crisis Center
  - Assists victims of domestic violence including women, children and the elderly
- q. Providence Ministries
  - Chapel services
  - Prepared meals
  - Emergency shelter for men, women and families
  - Crisis pregnancy program
- r. Georgia Department of Labor – Whitfield and Murray Counties
  - Job Readiness Evaluation
  - Employability Workshops
  - Job Analysis
  - Pre and Post Employment services
  - Job Counseling, Placement and Retention
  - Rehabilitation Support Services
  - Educational Support Services
  - On the Job Training Program (OJT)
  - Georgia Works
  - Career Search Tools (computers, printers, internet access)
- s. Family Support Council – Whitfield and Murray Counties
  - Court Appointed Special Advocate
  - Child Abuse Prevention Education/Advocacy

- First Steps – new mothers program
  - Healthy Families – long-term positive childhood outcomes
  - Kids on the Block
  - Oak Haven – stable housing for teen mothers and children
  - Parent Education
  - Family Resource Room
  - School Outreach
  - Annual Camps
- t. Doc-up
- Assists families financially with rent, utility bills, and prescription drugs
  - Makes referrals to other local agencies as needed
- u. Community Center
- Special Activities – summer camp, dance classes, basketball leagues, etc.
  - Educational Activities – mentoring, computer classes, Spanish/English classes, etc.
  - Recreational Activities – soccer, aerobics, youth programs, etc.
- v. City of Refuge
- Transitional Housing
  - Shelter Plus Care
  - Emergency Relief Shelter
  - Education and Mentoring Classes
  - Family Mentoring
  - Food Pantry
  - Transportation
  - DEO Medical Clinic
- w. Women’s Enrichment Center
- All services are free
  - Assist pregnant women with ultrasounds
  - Provide baby clothes and other needed items
  - Abstinence training
  - Follow-up program for 1-year postnatal

### **Children with Disabilities**

The program has made a strong commitment to children with special needs. We have far exceeded the requirement to have at least 10% of our enrollment with a diagnosis at some point during the year, by having this number the first day and every day. During the 2012-2013 year, we had a yearly total of 959 enrolled and 125 or 13% with a diagnosis in Head Start. In Early Head Start, we had a yearly total of 302 and 34 or 11% with a diagnosis. As you can see with the state statistics for kindergarten children with disabilities in our area, we far exceed the numbers found by the school systems. Our recruitment efforts and inclusive classrooms are outstanding for welcoming and providing services for children.

The state of Georgia also develops a plan for services to undiagnosed children aged 3 years old and older potentially needing a diagnosis. This is labeled “Response to Intervention” and they determine if a child is actually disabled or just needing enrichment through those interventions, evaluations and services.

Program-wide our agency served 190 children in the IFSP/IEP or RTI categories. We had a total of 31 in both programs in RTI. This puts our yearly average at an actual rate of 15% enrolled who received services from Part B and C providers.

Data from the State Department of Education shows local education agencies (LEA's) with the following numbers of kindergarten children with disabilities during the school year 2012-2013:

- Catoosa County - 37 of 826 enrolled – 4%
  - Chattooga County - 30 of 262 enrolled – 11%
  - Chickamauga City - \*less than 10 of 93 enrolled
  - Dade County - 27 of 166 enrolled – 16%
  - Dalton City - 23 of 646 enrolled – 3%
  - Murray County- 25 of 624 enrolled – 4%
  - Trion City - \*less than 10 of 99 enrolled
  - Walker County - 35 of 776 enrolled – 4%
  - Whitfield - 46 of 1,109 enrolled – 4%
- \*If there are less than 10, then they are not reported

**Resources Available to Children With Disabilities and Their Families:**

When a family is going through the referral/request for intervention process in Head Start or Early Head Start, the Disabilities Coordinator provides the family with a Parental Rights Handbook. This book has a collection of resources available to the children and the family and helpful ideas about what to expect when they seek help for their child. The information below reflects a summary of these resources:

**Local Resources:**

- **Babies Can't Wait (Birth to age 3)** – serves Murray, Whitfield, Catoosa, Chattooga, Dade and Walker Counties
- **School System Special Education (Ages 3, 4, and 5)** – serves Catoosa, Chattooga, Dade, Murray, Walker and Whitfield Counties and Chickamauga, Dalton and Trion City School Systems
- **Georgia Learning and Resources Systems (GLRS)** – serving Murray, Whitfield, Catoosa, Chattooga, Dade and Walker Counties
- **Early Head Start and Head Start Disabilities Coordinator** – serving Catoosa, Chattooga, Dade, Murray, Walker and Whitfield Counties

**Georgia State Resources:**

<b>TYPE OF RESOURCES AVAILABLE</b>	<b>NUMBER</b>
State Agencies and Organizations to provide information and assistance	26
Disability-Specific Organizations	15
Organizations Especially for Parents	3
Other Disability Organizations	8
Special Needs Resources	42
<b>Total number of resources available to families</b>	<b>94</b>

## **National Resources:**

The list provided to our parents of children with special needs includes 128 National resources in 17 different areas from AIDS, Alcohol and other Drug Abuse to Respite Care and Supplemental Security Income.

## **Section 6: Other Needs**

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### **Needs Expressed by the families and Head Start Staff:**

#### **Participating Families:**

Each year we distribute a customer/client survey to all of our participating families. This past year 919 were distributed with 450 responses returned. The families are given the opportunity to express opinions in a variety of areas that help to improve the services we provide. In the 2013-2014 school year, the majority of the surveys indicated the services we provide are satisfactory and, in many areas were excellent. The highest score for an area needing improvement was “In regard to the class schedule that is provided at your center, how would you rate how well the schedule meets your needs?” Even though it was the highest, only 2.9% indicated this was an issue.

The main results were:

- Our goal is to provide a safe and learning filled classroom environment with staff who are concerned about each child. Tell us how well you think we did on accomplishing that goal – 97% scored this as excellent or satisfactory.
- In regard to the process for enrolling your child in this program, how would you rate your experience – 99% scored this as excellent or satisfactory
- How satisfied are you with your overall experience with this program – 99% scored this as excellent or satisfactory

#### **Program Staff:**

Our Family Service Specialists (FSS) work with our families, sometimes daily, throughout the year. As they develop Family Partnership Agreements and assist parents in meeting their personal and family goals, and make referrals for other needed services, they are able to gain a good overview of the needs of our families and communities. In addition, the Center Managers (CMs) and Center Supervisors (CSs) often build strong relationships as well. Therefore, we requested information from the FSS, Center Managers, and Center Supervisors in a variety of areas. This information has been divided by the different areas and by county. If more than one person had the same comment it is noted in parentheses with the number.

#### **1. Communities with greatest number of Head Start eligible children:**

- **Catoosa** – Battlewood (2), Rossville, Tiger Creek, Ft. Oglethorpe (2), Tunnel Hill (2)
- **Chattooga** – Summerville (4), Summerville Gardens (2), Lyerly, Menlo

- **Dade** – Trenton (3)
- **Murray** – Cisco, Ramhurst, Murray
- **Walker** – Rossville (6), Chickamauga (2), Lafayette (2), Rock Spring
- **Whitfield** – Varnell, Pleasant Grove, Westside, New Hope, Dalton (6), Antioch, Dug Gap, Blue Ridge, Dawnville (2),

2. **Gaps in services to Head Start families:**

- **Catoosa**- Transportation (3), Early Head Start needed (2)
- **Chattooga** – Transportation (2), Full Day services, over income (2),
- **Dade** – Transportation (3), need longer hours of operation (3), full day (2)
- **Murray** – Transportation (2), financial obstacles (2), Government housing
- **Walker** – Community knowledge about Head Start (2), medical care, transportation, financial obstacles, full day, transportation (2),
- **Whitfield** – Transportation (3), language barriers (2),

3. **Ways that Head Start services to families could be improved:**

- **Catoosa** – Transportation (3), better collaboration with DFCS, more EHS
- **Chattooga** – Full day, 5 day program, more EHS (2)
- **Dade** – Longer hours (3), full day (3), transportation (2)
- **Murray** – Transportation (2), extended hours
- **Walker** – Full Day (4), transportation
- **Whitfield** – Transportation (4), EHS families to be eligible for HS, more EHS, more bilingual staff, full day (2)

4. **Strong points of the services rendered to Head Start families**

- **Catoosa** – Providing curriculum that helps prepare our children for kindergarten, we provide dental screenings (2), lead testing, help families achieve their goals (2)
- **Chattooga** – Assist families with finding employment, dental screenings, lead testing, health services, qualified staff (2), child development, and children receiving special needs services (2), nutritious meals

- **Dade** – SDD classes from LEA (3), nutritious meals
- **Murray** – School system offering services to children with special needs, preparing children for kindergarten (School Readiness)
- **Walker** – Family connections to resources (2), communication between families and staff, qualified staff (3), license center (2),
- **Whitfield** – Daycare collaborative, school readiness (3), family engagement, assist families with health services and referrals as needed (4), curriculum, medical and dental exams are complete, translators, help families achieve their goals, community resources, mental health services

**5. Strong points and greatest obstacles of the families we serve**

COUNTY	FAMILY STRENGTHS	FAMILY OBSTACLES
<b>Catoosa</b>	They want the best for their child (2), determination, keep health checks up to date, very involved in the classroom,	Transportation (2), lack of education (3), unemployed,
<b>Chattooga</b>	Adaptable, involved in their child’s education, work with high school parents,	Lack of jobs/unemployment (2), transportation (3), dental care for infants and toddlers,
<b>Dade</b>	Parents working together to help with after care (3)	Hours of operation (3), extended hours, summer care for HS (3), transportation (2)
<b>Murray</b>	Parents are involved in their child’s education	Transportation, center hours, being in the same building with Pre-K, financial obstacles
<b>Walker</b>	Parent dedication (2), recruitment in the community (2), employed/working (3), attending school (3), good support systems, community resources, siblings will apply	Transportation (6), unemployment (3), lack of education,
<b>Whitfield</b>	Willing to provide what is needed/ paperwork, utilizes services/resources (4), their child’s education is important, seeking employment/attending school, teens are open to guidance, siblings will apply	Transportation (7), language barriers, unemployment (2), unable to provide paperwork (2)

**6. What is the biggest problem you have with getting the parents involved at the center for Parent Committee meetings, Policy Council, etc.?**

- **Catoosa** – Transportation (3), other obligations, child care for other siblings (2), disinterested/no incentive for coming (3),
- **Chattooga** – Not interested in the topic, transportation (2), work 3<sup>rd</sup> shift/want to sleep (2), getting parents to get involved, low self-esteem, not feeling welcome in the classroom
- **Dade** – Parents working (3)

- **Murray** – Working families
- **Walker** – Working families/in school (4), transportation (3), disinterested (3), other obligations, no childcare for siblings,
- **Whitfield** – Parents working different shifts (2), having no place for younger siblings (2), not wanting to attend, transportation (3), disinterested (2)

**Needs Expressed by other community sources**

We sent surveys to 57 of our community partners within our six counties requesting information about services, strengths and obstacles of the community and better ways to serve our communities together. 20 surveys were returned. Out of the 20 surveys returned, 83% said that their services or fees were based on the families’ income. 75% of the families they serve use English as the primary language, 24% use Spanish and 1% other. Typically Head Start Programs operate on a schedule that is close to the local school system schedule. 90% agreed this schedule meets the needs. Those who disagreed felt we should provide longer hours and provide an afterschool program.

The chart below designates whether the agency saw increases, decreases or no change in several different categories. The majority of increases came from the number of low-income families contacting the agency, transportation, number of female head of households, and children with no male role models. The most significant decrease was average household income. For those agencies seeing no change, the prominent areas were low income housing available, number of teen pregnancies, number of families slightly over income guidelines and services agencies offered.

	<b>Increase</b>	<b>Decrease</b>	<b>No Change</b>	<b>NA</b>	<b>Don't know</b>	<b>Did Not Answer</b>
<b>Number of low income families contacting your agency.</b>	17	2	1			
<b>Number of families slightly over income guidelines</b>	2	5	12	1		
<b>Number of multi-generational families you serve</b>	10	1	9			
<b>Number of teen pregnancies</b>	7	1	12			
<b>Number of licensed childcare providers</b>		8	8	2	1	1
<b>Services you offer</b>	6	1	12			1
<b>Job availability in community</b>	1	1	1			
<b>Drug abuse in community</b>	9		10	1		
<b>Low income housing available</b>	3	4	13			
<b>Homelessness</b>	7	2	11			
<b>Transportation issues</b>	13		7			
<b>Average household income</b>	1	11	8			
<b>Grandparents raising grandchildren</b>	3		5			
<b>Number of female head of households</b>	13		5			2
<b>Children with no male role models</b>	13		5	1		1

The results of the strengths and obstacles noted varied and often ended up on both lists, depending upon the community returning the survey. Suggestions to develop or enhance services to help address the obstacles are listed on the following page as well.

<b>Strengths</b>	<b>Obstacles</b>
Great health department/sliding scale	Financial obstacles
Variety of community resources/services	Mental health services are limited
Food banks/Home delivered meals	Childcare
Community cares about citizens	Transportation
United Way	Access to services
School systems	HUD housing
Dental Vans	Employment
Strong network/collaboration among community partners/Community Center/Archway	No dental care for uninsured and the under insured
Supporting/working with parents	Poverty
WIC Program	Housing/equipment for disabled
GA Hope Mental Health Care	Lack of resources
Increase in number of healthcare providers	

**Suggestions to Overcome Obstacles:**

- New grants pursued to offer additional community resources and clinics
- More funds for subsidized childcare
- Public transportation system
- Dental Services
- Affordable housing options
- 2<sup>nd</sup> & 3<sup>rd</sup> shift childcare/more Head Start
- City/County school systems meet with providers and work as a team with waitlist.

**Section 7: Analysis**

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The information gathered from this assessment has been used for several purposes:

- To focus on and make decisions regarding services that Head Start and Early Head Start can and should deliver.
- Determine whether and where services for Head Start or Early Head Start should be located and the model options that would best serve the needs of our families.
- Define gaps in services for the communities, helping us to hone in on issues that can be addressed in other groups such as the County Collaborative Councils.

The process has allowed us to step back and re-examine our purpose and goals to insure they are in the best interest of the children and families we are designed to serve. Our conclusions are as follows:

1. Head Start families have many needs that the program will continue to address. Those needs are education, employment skills, setting and achieving goals and quality childcare so the parents/guardians can attend school or work.

The program will continue to work closely with families to make appropriate referrals and to partner with other agencies either to provide employment skills and education or to determine appropriate referral sources for skill development and classes. The program will continue to work diligently with families to assist them in assessment of their family strengths to facilitate attainment of the goals they have set. In order to be available to assist families appropriately, the program will continue to employ sufficient Family Service staff to work closely with families.

Additionally, in order to provide services to our Spanish-speaking families, we will continue to give priority in our hiring practices for bilingual staff. Hiring bilingual staff insures that children's developmental screenings and assessments are completed in their native language. Families also have assistance as necessary in their dealings with other agencies and service providers in the counties. Bilingual classroom staff aid the children in their transition to English-speaking environments without eliminating the children's native language.

2. In some of the counties, data indicates we are serving close to 100% of the eligible children and families. There is no need to expand services in these areas. However, in other counties, additional services are needed, especially services to pregnant women, infants, and toddlers.

In addition, childcare costs for services for very young children are astronomical and out of financial reach of many of our families. We must continue to work with the public schools, collaborative councils and other community partners to determine available funding sources and programs designed to assist the very young. We are pursuing the restoration and converting of HS slots to EHS slots. We will continue to work collaboratively with the Pre-K providers to insure services first to the four-year-old population and then to three-year-olds.

3. We continue to have issues with enrolling children who already have a diagnosed disability before enrollment. Head Start requires programs to have 10% of children with disabilities. However the State of Georgia now requires the Response to Intervention (RTI) process be completed before an IEP can be written (or a diagnosis made). This process takes approximately a year. With this challenge, we will continue to work with community partners to locate and serve as many children with disabilities as possible. This includes continuing to maintain and develop strong relationships with the LEAs to collaboratively serve children within their Special Needs program. We have several successful partnerships already and will continue to be open and responsive to additional classes like these as well.
4. With the high school drop-out rates still being higher than the state average in our area and the lower higher education rates, it makes it difficult to find new teaching staff who can meet the educational mandates for Head Start and Early Head Start. Therefore, we will continue to work closely with the local colleges to advertise openings through the ECE departments as well as participate in job fairs and other similar events as possible. In addition, we will continue to support current staff in obtaining required credentials.

In conclusion, Head Start and Early Head Start continues to provide needed services in the communities. We will continue to secure funding and make programmatic changes as necessary to keep abreast of community needs. We will also continue to work diligently with other community resources in our efforts to provide high quality services to children and families.

**Program Models:** These models assist the program in providing the most innovative options available. Head Start is served through four of the models and Early Head Start by three. The models are as follows:

**Head Start Models:**

**Standard Day - six (6) hours (one five hour per day):** Some classrooms operate on 5-6 hours due to the following:

- Location on an elementary school campus and coordination with school dismissal times
- Collaborative partnership schedule
- Scheduling issues for Special Needs children

**Standard Year - Extended Day - 6½ hours per day:** Provides longer hours rather than transportation. Hours of operation vary depending on community needs and matches Pre-K hours.

**Pre-K/Head Start Blended - 6½ hours per day:** We have four classrooms that operate 6.5 hours per day, 5 days per week, with 180 days per year and closely follow the public school calendar in Catoosa, Walker, and Whitfield Counties. These classes follow all Head Start and Georgia Pre-K standards. A total of 80 children are served in our Pre-K/Head Start classrooms.

**Standard Year – Extended - 8 hours per day, Four-Day Week:** Due to the school system in Chattooga County changing to a four-day school week, we modified our classrooms to meet the needs of parents by matching the school system's new plan. Preschool children in this model receive classroom services for 8 hours a day, 4 days per week with 140 days per year.

**Early Head Start Model:**

Each EHS classroom can enroll no more than 8 children/clients. A total of 232 children and pregnant women are enrolled between 29 classrooms. The hours of operation for each center are determined by the majority of parents who qualify for the services. Once the hours are set, they are posted at each site.

**Full Day/Full Year - 6½ hours per day:** Infants/toddlers and pregnant women in this model receive services for a minimum of 6½ hours per day, 5 days per week, single session, with a minimum of 187 days per year, and available up to approximately 220 days, based on parent need. The operating hours for each of the Early Head Start centers vary from center to center dependent on the need of the clients.

**Extended Day for High School Students:** Classrooms on high school campuses and at EHS centers serving high school students are approximately 8 hours to accommodate the teen students' school schedule. Hours vary according to school schedules.

**Extended Day - 8 hours per day, Four-Day Week:** Due to the school system in Chattooga County changing to a four-day school week, we modified our classrooms to meet the needs of parents by matching the school system's new plan. The children in this model receive classroom services for 8.5 hours a day for the children of teen moms in high school and 8 hours a day for the remaining children, 4 days per week with a minimum of 140 days per year and available up to 210 days, based upon parent need.

## Collaborative Centers:

### **Catoosa County:**

**Battlewood Head Start/Early Head Start:** A center operated in partnership with Catoosa County Partnership for Protecting Children (an organization that brings together Catoosa County Schools, DFCS, Health Department and Head Start), the Department of Housing and Urban Development, and Lookout Property Management. HUD and Lookout Property Management renovated an apartment in the Battlewood HUD apartment complex in Ft. Oglethorpe (Catoosa County) to meet Head Start and licensing regulations. This center has one Head Start classroom with a total enrollment of 17 children. Parents living in the complex make up the majority of families enrolled in that center. With the addition of expansion funding, we were able to add an EHS classroom of 8 infants and toddlers in this same facility in another renovated apartment beside the preschool classroom. This has greatly benefited the parents who have a child in both age groups so that they do not have to enroll children at two different sites.

**Battlefield Primary Head Start:** A Head Start center operated in partnership with Catoosa County Schools to provide a joint classroom for Head Start and Catoosa County preschool aged children. In addition to our Head Start staff, this classroom is served by a full time special needs paraprofessional. The class is also served by a preschool special needs certified teacher on a part-time basis. The classroom is located on the campus of Battlefield Elementary school and serves thirteen (13) typically developing children and seven (7) children with moderate special needs.

**Ringgold Early Head Start:** An EHS center operated in partnership with the Catoosa County School System and located on the Ringgold High School campus. This center has three classrooms with a total enrollment of 24 children/pregnant morns. Ringgold County High School students who are pregnant and/or their children make up the majority of families enrolled in that center.

**Ringgold Primary Head Start:** A Head Start classroom operated in partnership with Ringgold Primary School and the Catoosa County Preschool Department self-contained classroom. In addition to our Head Start staff, Catoosa County provides a special needs paraprofessional on a full time basis and a certified special needs teacher (along with other therapists) provides services on a part time basis.

### **Chattooga County:**

**Pennville Head Start:** A Head Start center operated in partnership with the Chattooga County School system to provide inclusion services to preschool children. It is located across the hall from their preschool self-contained classroom. Their special needs classroom has the only self-contained class for preschoolers in the county. Our Head Start class serves as their inclusion classroom and has an average of seven (7) students with special needs. Along with our Head Start staff we have access to the special needs teacher, paraprofessional and equipment during each day.

## **Whitfield County:**

**Dalton High Early Head Start:** An EHS center operated in partnership with the Dalton Public Schools and is located on the High School campus. This center has 2 classrooms with a total enrollment of 16 children/pregnant moms. Dalton High School students who are pregnant and/or their children make up the majority of families enrolled in that center.

**Park Creek Head Start:** A Head Start center operated in partnership with Dalton City Schools Exceptional Services Program (in Whitfield County). This center is co-funded and co-staffed by both agencies and is located in Park Creek Elementary School. It provides inclusion for seven children with severe disabilities and 10 typically developing children. Auxiliary services are provided on site by Dalton City Schools' therapists; teachers and paraprofessionals assist in the classroom.

**Pioneer Head Start:** A Head Start center operated in partnership with Whitfield County Schools to provide two (2) joint classrooms for Head Start and Whitfield County preschool age children. In addition to our Head Start staff, each classroom is served by a full time Preschool Special Education certified teacher and special needs paraprofessional. The classrooms are located in the Whitfield County Special Needs Preschool center and each classroom serves nine typically developing children and seven children with moderate to severely impaired special needs. This arrangement allows the children to be shared by both programs for activities and to schedule special services and therapists as well as to provide direct services as outlined in the IEP.

**Whitfield/Dalton Day Care-Head Start:** A Head Start classroom operated in partnership with the Whitfield/Dalton Day Care (a private community for-profit day care center in Whitfield County). There are a total of two HS classrooms with a total enrollment of 36 children and one EHS classroom of 8 infants and toddlers in this same facility. The day care provides the teaching staff, materials and equipment while we provide a Center Supervisor and Family Services Specialist to insure that Head Start performance standards are being met.

**Location of Centers:** In order to meet the needs of our families and the communities we serve, we have a variety of center locations:

1. **Catoosa County** - We currently operate seven centers within Catoosa County. These sites serve 125 Head Start and 32 Early Head Start children/pregnant mothers.
  - **Battlewood Head Start/Early Head Start** – located in Fort Oglethorpe and housed within the Battlewood HUD Apartment Complex designed to primarily serve the families within the complex.
  - **Cloud Springs Head Start** – located on the campus of Cloud Springs Elementary School in Rossville.
  - **Lakeview Head Start/Pre-K** - located on the campus of West Side Elementary School in Rossville. This site also includes a combination Pre-K/Head Start class that serves 20 children.
  - **Tiger Creek Head Start** – located on the campus of Tiger Creek Elementary School in Ringgold.

- **Ringgold Early Head Start** – located on the campus of Ringgold High School in Ringgold. This site primarily serves the teen parents who attend the high school in order to help meet the rising needs from teen pregnancies.
  - **Ringgold Primary Head Start** – located on the campus of Ringgold Primary School serves as a special needs inclusion classroom, with 7 children with special needs and 13 typically developing children. One Catoosa County self-contained classroom is located on the same hall as our classroom so teachers and therapists are readily available.
  - **Battlefield Primary Head Start** – located on the campus of Battlefield Primary School serves as a special needs inclusion classroom, with 7 children with special needs and 13 typically developing children.
2. **Chattooga County** - In this county we operate three centers. These sites serve 91 Head Start and 48 Early Head Start children/pregnant mothers.
- **Chattooga Head Start** - located on the campus of Summerville Elementary School in Summerville.
  - **Chattooga Early Head Start** - also located in Summerville in a stand-alone complex only a few minutes from our Head Start location.
  - **Pennville Head Start** -located in Summerville as well, however in a complex that also houses Chattooga County Pre-K, Crossroads, Special Education Services Department and the Technology Department.
3. **Dade County** -- Only one center is located in Dade County and it serves 37 Head Start and 24 Early Head Start children/pregnant mothers.
- **Dade Head Start/Early Head Start** -located in Trenton and is a stand-alone building.
4. **Murray County** - We have one combined center located in Murray County serving 54 Head Start and 16 Early Head Start children/pregnant mothers.
- **Murray Head Start/Early Head Start** – located in Chatsworth; our Head Start classrooms are located in the Pre-K Center that is operated by Murray County Schools and our Early Head Start is located in a building on the same campus.
5. **Walker County** - We have two centers within Walker County and they serve 157 Head Start and 48 Early Head Start children/pregnant mothers.
- **Mountain View Head Start/Early Head Start/Pre-K** - located in Rossville is also in what was once an elementary school. This facility is our largest within the program. This site also includes a combination Pre-K/Head Start class that serves 20 children.
  - **South Walker Head Start/Early Head Start/Pre-K** - located in LaFayette and also in what was an elementary school. This center serves an entirely different population of families as they are located about 20 miles from the Mountain View center which is approximately a 30 minute drive. This site also includes a combination Pre-K/Head Start class that serves 20 children.
6. **Whitfield County** – This county currently serves 238 Head Start and 64 Early Head Start children/pregnant mothers. We have eight centers within this area.

- **Dalton Heritage Head Start/Pre-K** - located in Dalton, this is a stand-alone modular facility. This site also includes a combination Pre-K/Head Start class that serves 20 children.
- **Dalton High Early Head Start** - located in Dalton is another of our centers to primarily serve teen parents. This center is located on the campus of Dalton High School.
- **Park Creek Head Start** - located in Dalton and is operated in partnership with Dalton City Schools Pre-K Disabilities Program. It is housed within the Park Creek Elementary School.
- **Pioneer Head Start** – located in Dalton on the campus of North Whitfield Middle School. These classrooms (2) are a partnership with the Whitfield County Special Needs Preschool center to serve both typically developing children and those with special needs.
- **Valley Point Head Start** - located in Resaca is a stand-alone modular facility.
- **Whitfield-Dalton Day Care** – located in Dalton and is a collaboration with a private, community, for-profit day care center to provide Head Start and Early Head Start services to children.
- **Whitfield Head Start/Early Head Start** – located in Dalton and housed within Cross Plains Community Partner, Inc.'s facility. This organization provides services and support to adults with Developmental Disabilities. They also include assistance to find and maintain a job, community integration, job training, and life skills. This site serves both Head Start and Early Head Start children.

**Hours of Operation:** Our center hours vary based on the needs of the families as determined through surveys, location of facilities on school campuses, etc. Also, each center may have varying hours based on the program option they have within the center. The chart on the following page will denote center hours, child arrival and child departure. Within those categories there will be listings for:

- Head Start (HS)
- Early Head Start (EHS)

Center	Center Hours	Child Arrival	Child Departure
Battlefield Primary HS	7:00am-3:00pm	7:30am	1:30pm
Battlewood HS/EHS	7:00am-3:00pm	8:00am	2:30pm
Chattooga HS	7:00am-5:00pm	7:30am	3:30pm (4 days)
Chattooga EHS	7:00am-5:00pm	7:30am	3:30 (4 days)
Cloud Springs HS	7:00am-3:00pm	7:30am	2:00pm
Dade HS/EHS	6:30am-4:15pm	7:30am EHS (1) -7:00am	2:00pm EHS (1)-4:00pm
Dalton Heritage HS/Pre-K	7:00am-3:00pm	7:30am	2:00pm
Dalton High EHS	7:30am-4:00pm	8:00am	3:30pm
Lakeview HS/Pre-K	7:00am-3:00pm	Pre-K – 8:00 am HS – 7:30 am	Pre-K – 2:30 pm HS – 2:00 pm
Mtn. View HS/EHS/Pre-K	6:30 am- 4:30 pm	8:00am EHS (1) -7:00am	2:30pm EHS (1)- 4:00pm
Murray HS/EHS	7:00am-3:00pm	7:30am	2:00pm
Park Creek HS	7:00am-3:00pm	8:00am	2:00pm
Pennville HS	7:00am-5:00pm	7:30am	3:30pm
Pioneer HS	7:00am-3:00pm	7:45am	2:00pm
Ringgold EHS	7:00am-4:00pm	7:15am	3:45pm
Ringgold Primary HS	7:00am-3:00pm	7:30am	2:00pm
South Walker HS/Pre-K/EHS	7:00am-3:00pm	7:30am	2:00pm
Tiger Creek HS	7:00am-3:00pm	7:30am	1:30pm
Valley Point HS	7:00am-3:00pm	7:30am	2:00pm
Whitfield Dalton	6:30am-5:45pm	7:30am	1:30pm
Whitfield HS/EHS	7:00am-3:00pm	7:30am	2:00pm

**Days of Operation:** All of our centers and classrooms operate Monday through Friday with the exception of Chattooga County where we have a four-day week option to better meet the needs of the families due to the school system having a four-day week. These schedules pattern the schedule set by all the local school systems. From there, we develop our annual program calendar based loosely around the schedule that the schools operate in each county. However, for Early Head Start, more days are provided than are required within the school system. Therefore, schedules are set to meet the needs of the families we serve. For example, Early Head Start parents are surveyed annually to determine the need for service during the summer months. If the need is less than during the regular "school year", then a smaller number of classrooms may operate. Another example is regarding the centers primarily serving teen parents; these centers must be open the days that the high school is open so that the teen

parents do not have to miss school. Therefore, those centers may not have as many in-service days as another center may have.

**Selection Criteria:** Our program has developed a priority grid that awards points to families based on their specific needs. There are three areas that we feel have the greatest need:

- **Teen Parents** – due to the rising rate of teen pregnancies and the high drop-out rates for school, extra points are awarded to teen parents who are still in school to help insure that they have services available while they continue their education.
- **Disabilities** – extra points are assigned to children with disabilities. We have determined there is a need for special consideration of children who already have a diagnosed disability before enrollment. Head Start requires 10% of children with disabilities. The State of Georgia requires lengthy interventions (RTI) before an IEP can be written (or a diagnosis made) and this can make it very challenging at times for Head Start.
- **Family Crisis** – often the need is seen for children to be enrolled after a family crisis has occurred. This may be they have recently been removed from the home, drug issues, parental incarceration, death of a parent, homelessness or other life altering crises. Extra points are awarded in this situation because stability and family services are often quickly needed in cases like these.

**Services provided:** Locations for services to be provided are chosen based on different criteria. Typically our areas are targeted for one of the following reasons:

- Large population of low-income, age appropriate children
- Community request for services or collaborations
- Spaces donated or reduced in cost for rent in areas of need

**Services linked:** Often our services are linked with other community resources to better meet the needs of the families and to better utilize funding received to provide the services. Some examples are:

- Our linkages with two of the local high schools to have centers on the campus to serve the teen parents comes from the necessity of the schools to decrease the drop-out rates and the needs of the teen-parents to receive services. Other EHS centers that are not on a high school campus provide longer hours to accommodate the teen parents' high school attendance.
- The collaborations with the local schools' Special Needs Programs to serve children with disabilities in a classroom with typically developing children while also providing needed services to the families. Both sets of children benefit from this type of collaboration.
- Other linkages may be made for a more general reason, such as our location within the HUD apartment complex at Battlewood. With a large population of income eligible and age appropriate children, the concept was to bring the services to the families rather than the families to the services. With the classrooms being in converted apartments, the parents are able to walk their children to the classroom.

## **Supporting HS/EHS National Goals and Objectives:**

### **School Readiness:**

The Head Start Child Development and Early Learning Framework, Parent Family Community Engagement Framework, State early learning guidelines (GELDS) and the requirements and expectations of the schools were used to guide our program in curriculum implementation, ongoing assessment of children's progress and preparation for school success. We have adopted the following as our definition for school readiness: School Readiness means that each will enter school ready to learn based on early learning experiences received in Head Star/EHS/Pre-K that best promotes each child's success in all areas of development as identified in the Head Start Child Development and Early Learning Framework.

### **Parent Family Community Engagement:**

Family goals are categorized into seven family outcomes: (1) Family Well Being; (2) Positive Parent Child Relationships; (3) Families As Lifelong Educators; (4) Families As Learners; (5) Family Engagement In Transitions; (6) Family Connections To Peers And Community; and (7) Families As Advocates And Leaders. Successful family outcomes support each child's school readiness, and Family Service Specialists engage parents in ways that assist them in achieving their goals and outcomes. The program reviews the achievement of goals and outcomes at the end of each school year, and focuses attention on those that need additional support.

### **Teaching Staff Education Mandates:**

Supporting teaching staff in completing their degrees to insure that the program meets the education mandates.

### **Issues for next year:**

1. Data shows that there is a continuous need for affordable, quality infant care. This was also supported by the high rate of teen pregnancies and high school drop-outs in the counties we serve. Since we are receiving restoration of Sequestration funds, we are looking into converting Head Start slots to EHS slots. These classes will be located in Dade, Whitfield, and Murray Counties. We are also looking into working in collaboration with Daycare centers in our counties to provide EHS services through an EHS-CCP (Early Head Start-Child Care Partnership) grant.
2. Our families have many needs that we will continue to address. Those needs are education and training in employment skills, financial obstacles, language barriers, Mental Health, and Medical/Dental. The program Family Service Specialists (FSS) work closely with the families through parent meetings to insure appropriate training and education are provided to help families achieve their goals. If the families need additional information, our FSS will make appropriate referrals and/or partner with other agencies to provide the skill development and/or classes. Some of the trainings that we provide, but not limited to are:
  - Money Smart
  - Personal Growth

- Mental Health
- Medical/Dental
- Parenting

3. In Chattooga County, there will be a relocation of the Pennville Head Start and Chattooga Head Start classrooms into the Summerville Elementary School that is in close proximity to both. The county owns the property where both of our centers are located and are relinquishing the property at our Pennville site. Both centers are currently in modular buildings that are old and require continuous upkeep. This will put all five classes in a brick building in one wing. The building will be co-occupied by other community partners. This will make a centralized location for our classes and access for other services for our parents.

**Issues for next 2-5 years:**

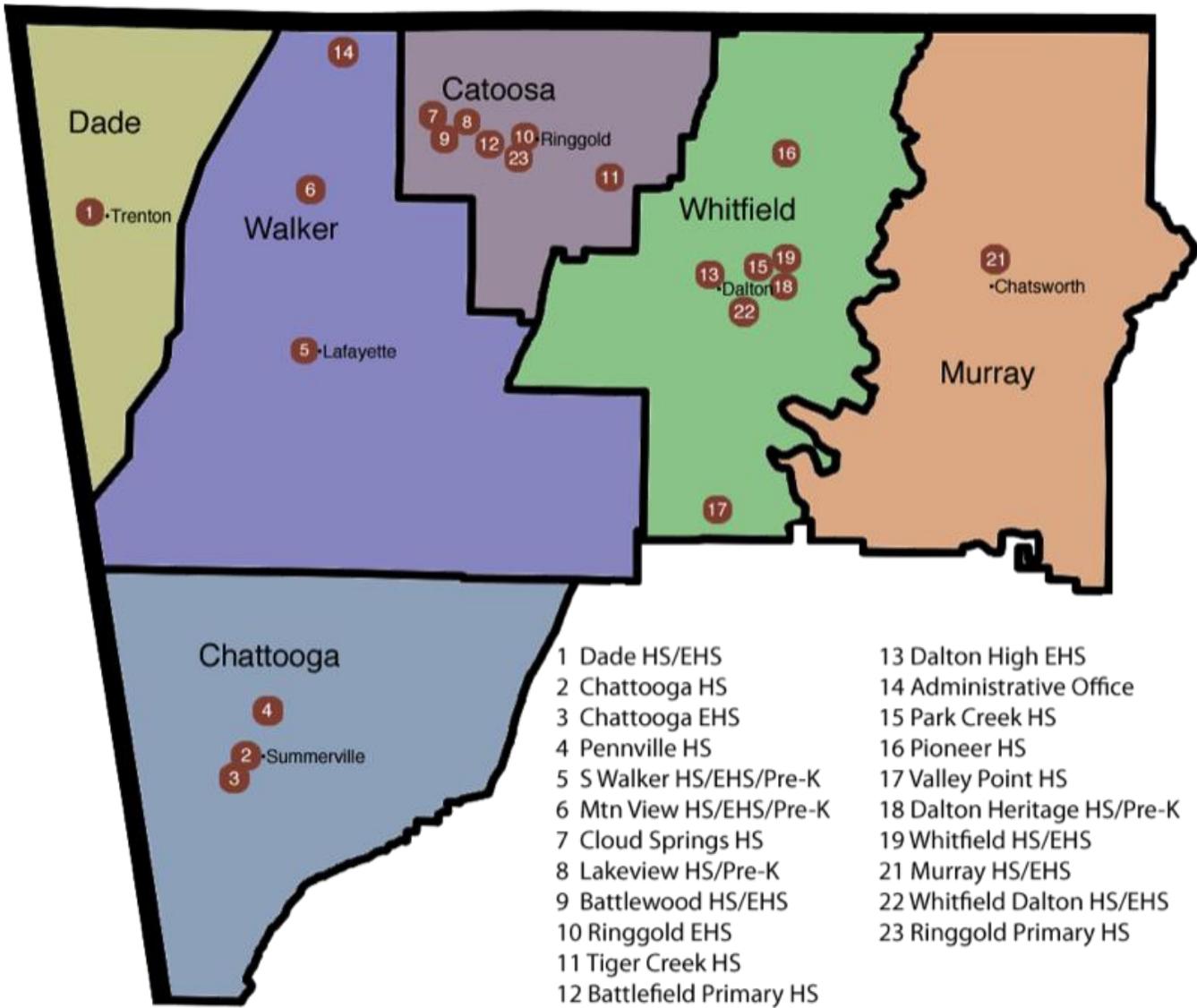
All of the issues listed above have the potential for continuing into the next 2-3 years or longer. We will continue to look for ways to improve these areas based upon success and/or failure of plans we have in place.

In addition within this time frame, we will continue to develop more collaborative classrooms with our local LEAs Special Education departments as necessary. Based on our current collaborations, we have found this model to be successful.

Also, we are working with the Georgia Head Start Association to bring the RTI issue to the Federal Office of Head Start to get approval to count the children who are in the RTI process as part of the required 10%. If we count the children who are receiving services, but are not officially diagnosed, our program easily exceeds 10%.

# **APPENDIX**

PROGRAM SERVICE AREA MAP 2013-2014



COMMUNITY PARTNERS SURVEY

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Agency: \_\_\_\_\_ County: \_\_\_\_\_

Community Served: \_\_\_\_\_

1. During the past twelve months, has your agency seen changes in the following areas?

	Increase	Decrease	No Change	Comments
Number of low income families contacting your agency				
Number of families slightly over income guidelines				
Number of multi-generational families you serve				
Number of teen pregnancies				
Number of licensed childcare providers				
Services you offer				
Job availability in community				
Drug abuse in community				
Low income housing available				
Homelessness				
Transportation issues				
Average household income				
Grandparents raising grandchildren				
Children with no male role models				

2. Briefly describe the types of service(s) your organization provides.

(Attach a brochure, etc. in lieu of answering if desired)

\_\_\_\_\_

3. Are your services or fees based on income?  NA  YES  NO

4. What percentage of families that you serve use:

English as their primary language? \_\_\_\_\_ Spanish as their primary language? \_\_\_\_\_ Other? \_\_\_\_\_

5. The Head Start Program makes every effort to operate on a schedule that is close to the local school system's schedule. Typically Head Start children attend 6.5 hours per day. Do you feel this schedule meets the needs of your clients?  YES  NO

If not, what schedule would better suit their needs?

\_\_\_\_\_

6. All communities have strengths and obstacles. In your opinion, what are the three greatest strengths and the three greatest obstacles in regards to health, dental, mental health, disabilities and nutrition in your community? *List the most important points first*

Strengths

Obstacles

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What services could be developed or enhanced to help address the obstacles?

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY PARTNERS SURVEY

over→

8. Are you familiar with Head Start and Early Head Start and the types of services it provides?

YES  NO

If yes-Does your agency collaborate with Head Start or Early Head Start?  YES  NO

9. Do you have any suggestions about how Head Start/Early Head Start could partner with your agency or community in order to better meet the needs of low-income children and families?

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10. Within your service area, where is the greatest concentration of low income children and families?

(More than one area may be named)

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11. Please select your preference for future correspondence by providing the appropriate contact information:

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Thank you for taking the time to complete this survey!

Date: \_\_\_\_\_

**SCHOOL SYSTEM QUESTIONNAIRE**

Name (First, Last): \_\_\_\_\_ Position Title: \_\_\_\_\_

Name of School System: \_\_\_\_\_

- 1. What geographic area does your system serve? \_\_\_\_\_
- 2. Please complete the chart below:

Name of Elementary School	Number enrolled in Kindergarten	Number on Free Lunch in Kindergarten	Number of disabled in Kindergarten	Number enrolled in First Grade	Number on Free Lunch in First Grade	Number of disabled in First Grade

- 3. Do you currently operate a four-year old Pre-K program? Yes \_\_\_ No \_\_\_  
If yes, how many children do you have enrolled in the program? \_\_\_\_\_
- 4. If you have a Pre-K program, did you expand its enrollment in the 2010-2011 school year?  
Yes \_\_\_ No \_\_\_ If yes, by how many? \_\_\_\_\_
- 5. If you do not have a Pre-K program, do you intend to apply? Yes \_\_\_ No \_\_\_  
If so, for how many? \_\_\_\_\_
- 6. All Communities have strengths and obstacles. What are the three greatest strengths and three greatest obstacles in your community? List the most important points first.

Strengths	Obstacles
_____	_____
_____	_____
_____	_____

over →

7. What Head Start services could be developed or enhanced to help address the obstacles?

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8. The Head Start Program makes every effort to operate on a schedule that is close to the local school system's schedule. Typically Head Start children attend 6.5 hours per day. Do you feel this schedule meets the needs of the families? Yes\_\_\_ No\_\_\_  
If not, how many hours per day would better suit their needs? \_\_\_\_\_

9. Please indicate the community and/or school in your geographic area with the greatest concentration of low-income children and families. (e.g. name of community, name of school serving the area, etc.)

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10. Please select your preference for future correspondence by providing the appropriate contact information:

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

*Thank you for taking the time to complete this survey!*

# Community Assessment Survey

NameLast   
NameFirst   
PositionTitle   
Center  ▼

1. What county or counties do you serve? (If you deal with more than one county, complete a separate survey for each county)

- Catoosa  Chattooga  Dade  Murray  Walker  Whitfield

2. What communities within the county seem to have the greatest number of Head Start eligible children? (Name of communities etc...)

3. What gaps in services to Head Start Families do you see in this county? (Please be specific)

4. What are one or two ways that Head Start services to families could be improved?

5. What are one or two strong points of the services rendered to Head Start families?

6. What are one or two strong points of the families we serve?

# Community Assessment Survey

7. What are one or two of the greatest obstacles for the families we serve?

8. What is the biggest problem you have with getting the parents involved at the center, parent committee meetings, fatherhood meetings, policy council, etc.?

9. Please list the community partners used to provide services for children and families:

Submit