

BISHOP INDIAN HEAD START COMMUNITY ASSESSMENT 2017 Updates

**The Bishop Paiute Tribal Council has received, reviewed, and approved of
the BIHS Community Assessment on May 25th 2017**

Signed by: Brian Poncho Title: Interim Bishop Paiute Tribal Chairman

Head Start Program Performance Standard
1302.11 Determining community strengths, needs, and resources

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(a) *Service area.* (1) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation.

(i) A tribal program may propose a service area that includes areas where members of Indian tribes or those eligible for such membership reside, including but not limited to Indian reservation land, areas designated as near-reservation by the Bureau of Indian Affairs (BIA) provided that the service area is approved by the tribe's governing council, Alaska Native Villages, Alaska Native Regional Corporations with land-based authorities, Oklahoma Tribal Statistical Areas, and Tribal Designated Statistical Areas where federally recognized Indian tribes do not have a federally established reservation.

(ii) If the tribe's service area includes any area specified in paragraph (a)(1)(i) of this section, and that area is also served by another program, the tribe may serve children from families who are members of or eligible to be members of such tribe and who reside in such areas as well as children from families who are not members of the tribe, but who reside within the tribe's established service area.

(2) If a program decides to change the service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval.

(b) *Community wide strategic planning and needs assessment (community assessment).* (1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

(A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

(B) Children in [foster care](#); and

(C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten- (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(3) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would

result in a program serving less than its eligible funded enrollment.

Executive Summary

The 2016-2017 Bishop Indian Head Start Community Assessment describes Head Start eligible children and their families. The objective of the Community Assessment is to determine the characteristics of low-income families and to describe the communities in which they live in. Based on the results of this Community Assessment, the Head Start program can make effective decisions about program design and services. The Community Assessment is an important tool in strategic planning and developing priorities for the Head Start program that will be used to better address the needs of the Head Start eligible children and families.

The comprehensive Community Assessment Report is presented in seven sections. Each section contains primary and secondary data gathered from numerous sources. The data provides a profile of the wide range of characteristics and issues within the Bishop Service Area.

Section I includes a general description of the Bishop Paiute Native Americans. Demographic data was gathered to portray the population residing on the reservation. Specifically, information on tribal enrollment, economic development activities, population characteristic and trends, median income levels, poverty data and emerging trends and issues that impact Head Start eligible children and families.

Section II presents data on the status of child and family well-being, specifically education, health, nutrition and social services of Head Start eligible children and families.

Section III provides a comprehensive view of currently enrolled Head Start children and families. Bishop operates a Head Start program with a funded enrollment of 60. The recruitment area, racial/ethnic composition, language, health/dental, enrollment and information of Head Start children are provided.

Section IV reports a compilation of the results the community, family and staff surveys.

Section V of the Community Assessment report covers community resources.

Section VI presents the summary and conclusions of the Community Assessment Report, while **Section VII** identifies sources of information used to gather the Community Assessment data. The Community Assessment represents a collection and analysis of information of the Bishop Head Start program's service area. This report reflects characteristics and needs of Head Start eligible children and their families, including available resources and provides a broad knowledge base for strategic planning for program services and management systems.

Assessment Process

Community assessments are a vital part of any Head Start program in determining an appropriate course of action. The primary purpose of preparing the Community Assessment is to make decisions about Head Start program design and services.

The Bishop Head Start program chose to use a team to conduct the comprehensive Community Assessment. The team consisted of Head Start staff, Volunteers, Tribal program staff, Head Start parents, and Collaborative Community Service team. The team determined that the Community Assessment should include examination and prioritization of issues based on two types of data: primary and secondary. **Primary** data includes surveys and interviews with parents, staff and community representatives. **Secondary** data includes statistics gathered via the internet or via publications to the Agency.

Information about Head Start families was obtained by administering a survey designed by the Head Start staff and the Policy Council for this project. There was a 73% return rate on the parent community surveys which was a 15% increase over last year. Data was also collected through surveys from the Bishop Tribal Community, Collaborative Community Agencies, and the Bishop Indian Head Start staff. As a requirement of the California State preschool program; additional parent surveys were collected (100% return rate) in the beginning of this year and is reflected in this report. These surveys were designed to identify the strengths, needs, and barriers of the community and staff. Parent-Teacher conferences and community meeting input were also collected. All this information was analyzed and is presented in the Community Assessment Report.

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Section I: General Area Description: Includes a general description of the Bishop Paiute Native Americans. Demographic data was gathered to portray the population residing on the reservation. Specifically, information on tribal enrollment, economic development activities, population characteristic and trends, median income levels, poverty data and emerging trends and issues that impact Head Start eligible children and families.

Please refer to the 2016 Update Comprehensive Economic Development Strategy for details regarding the Bishop Paiute Tribe People of the Owens River approved by the Bishop Paiute Tribal Council on February 18, 2016 (CEDs).

Introduction The Bishop Indian Head Start program is located in Bishop, California in the heart of the Eastern Sierra Nevada mountain range in Inyo County. The Bishop Indian Head Start program serves the population located on or near the federally recognized Bishop and Big Pine Indian Reservations. A map of the reservations is shown in Appendix A.

The Bishop and Big Pine Indian Reservations are located in the northern portion of Inyo County. Inyo County is a rural, geographically isolated county and is the second largest county in California with 10,141 square miles. (<http://www.inyocounty.us>) The Bishop Paiute Indian Reservation is 8.75 square miles in size and located west of the City of Bishop. Bishop is the only incorporated city in Inyo County with a land area of 1.75 square miles. The Bishop Paiute Indian Reservation covers approximately 875 acres and Big Pine Reservation, approximately 299.58 acres.

Grantee Governing Structure The Bishop Paiute Tribe is federally recognized Indian Tribe listed in the federal register. The five-member council is elected by the General Council and governs by the “General Council Rule”. The Bishop Indian Tribal Council is the governing body of the Head Start grantee and is responsible for legal and fiscal oversight of the program. Tribal Council membership includes a chairperson, vice-chairperson, secretary-treasurer and an additional Tribal Council elected leader. Primary elections are held in June with final elections held in July of every year and council members serve for four-year staggered terms. The tribal administration has responsibilities for maintaining governmental functions, including community development and housing, educational services, enrollment and membership, land assignments, social services, child care, and financial accounting functions.

Demographic Data

Population The estimated Inyo County population is 18,546. <http://www.city-data.com/city/Bishop-California.html>. As of 2014, Bishop Ca, population is 3,247 a +7.4 growth rate since 2000. <http://www.city-data.com/city/Bishop-California.html>. As of 2010, Big Pine Ca, population is at 1,756 a +30.1 growth rate since 2000.

Tribal Enrollment As of March 17th 2017 the Bishop Paiute Tribe's membership count stands at 2,042, according to the Bishop Paiute Tribe Enrollment Department. Enrolled membership has doubled since the Bishop Paiute Reservation Census Analysis 2009; which stood at 961. Of the 2,042-tribal member count, 1,320 tribal members live in Bishop. The Bishop Paiute Tribal enrollment office reported 1,459 enrolled adults and 583 enrolled minors. Total enrollment is 2,042 members. 55 additional members have been enrolled since April 2016. Of the 2,042 enrolled members, 1,320 members live in Bishop and of the 1,320 members, 397 of them are minors. Of the 397 minors, 91 are under the age of 5. The Bishop Paiute Tribe is the fifth largest tribe in California on one of the smallest land bases according to Bishop Paiute Tribe Website.

The Big Pine Indian Reservation is located 15 miles south of Bishop Indian Reservation with a population of 600 members. Approximately two-thirds of the Tribe's 600 members reside on the Big Pine Indian Reservation according to Big Pine Paiute Tribe Website <http://www.bigpinepaiute.org>. Big Pine Reservation population is approximately 500 members living on 300 acers. Of the 500 members, 197 are minors. Of the 197 minors, 64 children are 0-5 years old. What we do know: 7 Big Pine EHS children age 3 may transfer to Head Start and 3 returning to Head Start for a total of 10 Big Pine children using BIHS services.

Bishop Paiute Tribe CEDS 2013-2018

- ✓ ***The Bishop Reservation has a higher concentration of people below the age of 44 as compared to the county.***

Population Growth and Density The population on the reservations according to the Big Pine Tribal Council is 470 equaling 1,059 persons per square mile in Big Pine, and 901 persons per square mile in Bishop, largely due to the small land size of the reservations. The Bishop Tribe is constrained by an extremely small land base of 875 acres. Tribal assignments are already crowded and housing opportunities are limited. Off-reservation housing is prohibitively expensive and opportunities are extremely limited. The above data was sighted from a report dated 9-26-2009 from Monty Bengochia, Tribal Member in regards to Area designation for 2008 Ozone NAAQS for the Bishop Paiute Reservation.

Population of Bishop, CA

[Last official estimated **population of Bishop city** ([Inyo County**](#), [California state](#)) was **3,841** (year 2014)^[1]. This was 0.001% of total US population and 0.01% of total California state population. Area of Bishop city is **1.9 mi²** (=4.9 km²)^[6], in this year population density was **2,009.94 p/mi²**. If population growth rate would be same as in period 2010-2014 (-0.25%/yr), Bishop city population in 2017 would be 3,813*. <http://population.us/ca/bishop/>] The total population of the Bishop area is about 10,000 people. <http://www.cityofbishop.com/about-bishop/demographics/>

Population of Big Pine, CA

[The [2010 United States Census](#)^[4] reported that Big Pine had a population of 1,756. The [population density](#) was 594.0 people per square mile (229.4/km²).]

- ✓ **Population is a key concern for the Bishop Paiute Tribe due to limited space available within the reservation and the county itself, housing is a critical issue-Bishop Paiute Tribe CEDS 2013-2018**
- ✓ **The population of Bishop changes little over time due to extremely limited private land available for development and population growth. For example, over 90 percent of the land in Inyo County is owned by government agencies and release of public land into private hands is rare. <http://www.cityofbishop.com/about-bishop/demographics/>**

Low population rates are partly due to its unusually low supply of privately owned land. The federal government controls 92 percent of all land within the county, by way of Inyo National Forest, Death Valley National Park, China Lake Naval Weapons Center, and Bureau of Land Management holdings. The state of California owns 2.4% and the Los Angeles Department of Water and Power owns 3.9%, leaving only 1.7% of the land that is privately owned. [The percentage of property privately-owned in Inyo County is extremely low, less than one-half of what DWP possesses. DWP owns 250,000+ acres in Inyo County, constituting approximately 25% of the Owens Valley floor 100 miles from Lake Crowley to Haiwee Reservoir. The

population of fewer than 20,000 (in an area larger than New Jersey) has remained virtually unchanged for over 30 years, <http://www.petitiononline.com/InyoLand/petition.html>

Racial Compositions and Trends

Bishop, CA

[The racial makeup of Bishop was 2,867 (73.9%) [White](#), 22 (0.6%) [African American](#), 91 (2.3%) [Native American](#), 61 (1.6%) [Asian](#), 1 (0.0%) [Pacific Islander](#), 723 (18.6%) from [other races](#), and 114 (2.9%) from two or more races. [Hispanic](#) or [Latino](#) of any race were 1,200 persons (30.9%)].

- ✓ The portion of the city's population identified as Hispanic is increasing. <http://www.cityofbishop.com/about-bishop/demographics/>

Big Pine, CA

[The racial makeup of Big Pine was 1,192 (67.9%) [White](#), 3 (0.2%) [African American](#), 438 (24.9%) [Native American](#), 13 (0.7%) [Asian](#), 1 (0.1%) [Pacific Islander](#), 52 (3.0%) from [other races](#), and 57 (3.2%) from two or more races. [Hispanic](#) or [Latino](#) of any race were 182 persons (10.4%)].

https://en.wikipedia.org/wiki/Bishop,_California

- ✓ 91.2% of Reservation Households is Native American- Bishop Paiute Tribe CEDS 2013-2018

Common Language

The most common language spoken in Inyo County, CA, other than English is Spanish. 15.2% of Inyo County, CA citizens are speakers of a non-English language. That is lower than the national average of 21%.

The most common language spoken in Bishop, CA, other than English is Spanish. 29.1% of Bishop, CA citizens are speakers of a non-English language. That is higher than the national average of 21%.

The most common language spoken in Big Pine, CA, other than English is Spanish. 5.4% of Big Pine, CA citizens are speakers of a non-English language. That is lower than the national average of 21%.

<https://datausa.io/profile/geo/inyo-county-ca/#demographics>

Tribal Language (CEDs)

The language of the Owens Valley Paiute is part of the Shoshonean family of languages. Distinctive dialects occurred at: Owens Lake and Lone Pine, Fish Springs, Independence, Big Pine, Deep Springs Valley, Bishop, Laws and Round Valley. In an effort to revitalize the Paiute language, The Owens Valley Career Development

Center has implemented a Paiute Language Program which includes instruction utilizing local teachers and Elders who are fluent in the Paiute language. Classes are held in Bishop Paiute Tribe, Big Pine Paiute Tribe and Lone Pine Paiute-Shoshone Tribal communities. ***The Bishop Paiute Tribe plans to develop a language program better suited for its tribe. However, the Bishop Paiute Tribe lacks the resources to do this and is currently dependent on Owens Valley Career Development Center to administer a language program.*** According to the Ethnologue Languages of the World informal language programs in Owens Valley Paiute, language classes, written materials for Gidutikad band. Language programs in several communities but no immersion schools. Have increased awareness but made no new fluent speakers. Dictionary. Grammar. NT: 1985–2012. According to the Ethnologue Languages of the World <https://www.ethnologue.com/language/pao>

Age Distribution The population of Inyo County and the City of Bishop is overall, older than the population living on the Bishop and Big Pine Reservations.

- ✓ About half the population in the city is between the ages of 20 and 60 years old with about one quarter of the population being younger than 20 and older than 60. The city’s median age is about 39 years old. <http://www.cityofbishop.com/about-bishop/demographics/>
- ✓ The median age for Big Pine residents is 43.7 years young. <https://www.california-demographics.com/big-pine-demographics>

TABLE 3 Provided by Bishop Paiute Tribe CEDS 2013-2019

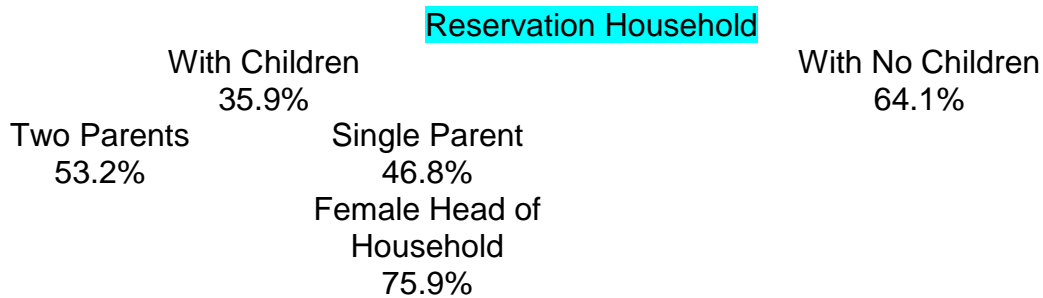
| Population by Age and Gender, Census Tract 4 | | |
|--|--------|---------|
| | Number | Percent |
| Ages 0-4 | 436 | 7.7 % |
| Ages 5-17 | 1,034 | 18.2 % |
| Ages 18-24 | 472 | 8.3 % |
| Ages 25-44 | 1,484 | 26.2 % |
| Ages 45-64 | 1,459 | 25.7 % |
| Ages 65-84 | 633 | 11.2 % |
| Ages 85+ | 150 | 2.6 % |
| Total | 5,668 | 100.0 % |

Source: U.S. Census Bureau, 2010 Census SF1. Table P12

Reservation Families and Children [There were 188 households reporting children under 18-year-old in the household, representing 35.9 percent of all households. Of 188 households reporting children, 100 households with children (53.2%) have two adults in the household, while 88 households with children (46.8%) have only one adult in the household. Almost half of the household with children have only a single parent or guardian.

Female head of household represents 75.9 percent of single parent households with children.

Bishop Paiute Tribe CEDS 2013-2018



Education-According to CEDS 2016 update: [The Owens Valley Career Development Center (OVCDC) is now holding regular office hours at the Bishop Cerro Coso campus on Thursdays from 2-4 pm. Cerro Coso have cultivated a strong and flourishing partnership with OVCDC over the last seven years. During that time, the percentage of the Bishop student body identifying as Native American has increased from 7.0% in 2007 to 14.4% in 2014. Inyo County's population is 12.7% Native American (US Census, 2010). This semester OVCDC is serving 81 Native American students enrolled at the college. These numbers demonstrate a significant increase in educational access for Native American students in the Eastern Sierra.] Cerro Coso Community College Ethnicity from highest to lowest: .03% not reports, 1.6% Native American, 4.1 Asians, 4.3% two or more races, 5.0% African Americans, 38.7 Hispanic, and 46.1 % White. [The Owens Valley Career Development Center and Cerro Coso welcomed new and returning Native American students at a Welcome Night at the ESCC Bishop Campus. A light dinner was served followed by panel discussions by tribal leaders on the importance of education, business leaders on career opportunities and educational training, educational leaders on shared success strategies, students with advice and helpful hints. The evening concluded with networking. This new endeavor was designed to assist Native American students' with the transition into the campus culture, and build self-esteem and positive relationships that help translate into improving classroom academic performance. 2015 Report to the Community]

<https://www.cerrocoso.edu/sites/cerrocoso.edu/files/2015%20Community%20Report.pdf>

Bishop California Education data using the latest 2016 American Community Survey data

<http://www.towncharts.com/California/Education/Bishop-city-CA-Education-data.html>

- ✓ Bishop has 86% percent high school graduates
- ✓ 27% percent with a bachelors degree or higher
- ✓ 14% percent who dropped out of school which is the 2nd most of all the places in the area.
- ✓ Bishop has one of the largest proportions of percent of people with a Masters degree at 28% of the total and is ranked #2.
- ✓ Bishop has one of the largest proportions of percent of people with a Science or Engineering degree at 49.4% of the total and is ranked #3.
- ✓ Bishop has the largest proportion of percent of people with a degree in Physical and Related Sciences at 11.3% of the total and is ranked #1.
- ✓ Bishop has the largest proportion of percent of people with High School (or GED) at 34.9% of the total and is ranked #1.
- ✓ Bishop has the largest proportion of percent of people with no schooling at 7.6% of the total and is ranked #1. Second, it has one of the largest proportions of percent of people with a Masters degree at 9.3% of the total and is ranked #3.

For population 25 years and over in Big Pine:

- ✓ High school or higher: 90.4%
- ✓ Bachelor's degree or higher: 18.2%
- ✓ Graduate or professional degree: 9.5%

Read more: <http://www.city-data.com/city/Big-Pine-California.html#ixzz4hmkr3yQI>

Income Characteristics

Residents with income below the poverty level in 2015:

Bishop: 21.6%
Whole state: 20.2%

Residents with income below 50% of the poverty level in 2015:

Bishop: 1.6%
Whole state: 6.7%

Read more: <http://www.city-data.com/poverty/poverty-Bishop-California.htm#ixzz4hmmqfCXp>

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Whole state: 6.7%

Read more: <http://www.city-data.com/poverty/poverty-Bishop-California.html#ixzz4hmiokDRL>

The Census Bureau's American Community Survey consolidated 2009-2013 data do reveal Bishop Paiute Tribe has a 22.2% unemployment rate (191 of 861) compared with 9.7% unemployment for the United States. Per capita income for the Bishop Paiute Tribe was \$17,398 which is 61.8% of the United States per capita income of \$28,155. The unemployment rate in Bishop, California, is 5.30%, with job growth of 0.13%. Future job growth over the next ten years is predicted to be 34.95%. Same data reported for Big Pine: The unemployment rate in Big Pine (zip 93513) is 5.30 percent (U.S. avg. is 5.20%). Recent job growth is positive. Big Pine (zip 93513) jobs have increased by 0.13 percent. Bishop, California income per capita is \$23,661, which includes all adults and children. The median household income is \$30,395.

The poverty rate based on household income is significant on the reservation. Survey results demonstrate that 34% of households are below the poverty rate based on 2009 Department of Health and Human Services Poverty Guidelines. 81.5% of Reservation households are below 2009 HUD Low Income Guideline based on family size. The Median Household Income was \$22,362 on the Bishop Reservation, which has decreased by \$4,229 from Census 2000. The Big Pine Reservation Median Household Income in 2000 was \$31,875 and 19.1% of families lived below the poverty line. The Median Household Income for Inyo County in 2012 is \$45,000 which is an increase from \$35,006 in 2000. In 2012, 11.3% of persons living in Inyo County were below the poverty line which is a decrease from the 11.9% in 2009. The Median Household Income for Bishop in 2011 was \$31,843 which is an increase from \$27,338 in 2000. In 2011, 13.2% of families living in Bishop were below the poverty line an increase from the 7.5 percent that below the poverty level in 2008. Of that 13.2 percent 6.3% were White Non-Hispanic residents, 26.7% were Hispanic or Latino residents, 30.4% were American Indian residents, and 21.4% were other race residents.

<http://www.city-data.com/city/Bishop-California.html>

Labor Force and Employment

According to the Bishop Paiute Tribe CEDS 2013-2018- As per the 2009 Bishop Paiute Tribe Reservation Census, 43.8 percent were employed full-time, 7.9 percent were employed part-time, 3.5 percent were self-employed and 2.6 percent were seasonally employed. Moreover, 13.6 percent were retired and 4.3 percent were students. Of the 395 households reporting, 148 households have a head of household, spouse or both employed with the Bishop Paiute Tribe. This represents 37.5 percent of reservation households and reinforces Bishop Paiute Tribe as a major employer for reservation households. Big Pine labor force and employment data came from <http://www.towncharts.com/California/Economy/Big-Pine-CDP-CA-Economy-data.html>. Big Pine shows it has \$45,917 median earning. The median household income is \$49,250 which includes all members' income in household. Big Pine has one of the largest proportions of income from wages at 67.4% for the area, 21.9% households with retirement income and 15.1% Self Employed. Bishop shows it has \$45,117 median earnings and a median house hold income of \$41,069. Bishop has 64% proportion of income coming from wages, Bishop has the largest proportion of Public Assistance and SSI in the area, 21.3% households with retirement income, and it has 8.9% Self Employed. Data from this site indicated for both Bishop and Big Pine from January 2010 to February 2017 the Monthly Unemployment Rate went from 17.2% to 9.9%. This represents a decrease in the Monthly Unemployment Rate of 42.4%. <http://www.towncharts.com/California/Economy/Bishop-CDP-CA-Economy-data.html>. The top three employers in Bishop: Northern Inyo Hospital, Bishop Unified School District and the Bishop Indian Tribal Council. (See Page 12 for Top Employers, Bishop California) Total county employment is 10,430 and travel related employment is 2,430 or 23.3% of all employment. This is a significant portion of county employment. The California average for travel generated employment is 4.5%. (CEDS)

Housing

Data used for this update comes from the 2009 Census in combination with information summarized in the CEDS, which made use of the U.S. Census Bureau 2007-2011 American Community Survey. Respondents owning or buying a home represent 56.0 percent and those renting represent 27.4 percent. The remaining 16.7 percent represent those that neither own nor rent and identify as themselves as living with extended family or

friends or being homeless. The majority of respondents (69%) reported the housing conditions as “Very Good” or needing “Minor Repairs,” while 141 homes (or 29.9 percent) were listed as needing “Major Repairs” and 5 homes (1.1 percent) as “Not Repairable.” The results are based on 90.2 percent response rate. It is summarized in the CEDS that 58.8 percent of houses are renter occupied and 41.2 percent are owner occupied. The CEDS goes on to explain that there are three main reasons for the housing situation including that land is scarce, many jobs available in Inyo county are low wage, and vacation homes are prevalent in this beautiful area are causing a polarization of the housing market. Housing Occupancy for the Big Pine Reservation according to the Big Pine Tribe in 2014, 150 total housing are occupied 19.4 % were renter occupied. According to the Housing Director and Interim Director of Public Works CDD, “50 homes have been constructed since 2010, using three funding sources: Bank Loans, HUD funds and BIA funds.” He also explained that the construction of 30 more homes will be started this year. These homes will be funded by the Low Income Tax Credit Program. The CDD also anticipates building one more BIA home. In March of 2011, a newly constructed 24-unit apartment complex built by the Bishop Paiute Tribe Community Department (CDD) was made available to meet the Bishop Paiute Reservation needs for housing. Currently, there is a waiting list of 160 families in need of housing. The complex includes handicapped apartments. The Bishop Tribal Council and CDD utilized funding from the Department of Housing and Urban Development and Indian Health Service to design and construct this much-needed project. 70 percent of the 24- Unit apartment complex known as Coyote Mountain Apartments was completed by Tribal Members. According to the Inyo County Profile 2013-2014 in Inyo county there is a total of 9,449 housing units. Single detached units make up 57.3 percent, 25.9 percent are mobile homes, and 2.7 percent of them, are made up of apartments. Only 3 structures were built since 2010. [At the time of the last census survey, there were 1,867 total housing units in Bishop. The number of occupied housing units was 1,684, or 90.2 of the total units in town. Of these, 701 were owner-occupied (41.6) and 983 were renter-occupied (58.4, compared to the national average of 33.80%). There were also 183 vacant homes in Bishop at the time of the last complete survey.] <http://www.americantowns.com/ca/bishop-information> (Updated 4/21/2014). [A majority of the housing in Bishop is renter occupied. The California ratio is

about 45/55 renter to owner. The Bishop Paiute Tribe region's ratio is 59/41. This is a significant difference.

The central reason for this type of scenario is most likely linked to housing market values.]

- ✓ Bishop's median household income is about \$38,000 and the median home price is about \$250,000.
<http://www.cityofbishop.com/about-bishop/demographics/>
- ✓ In 2015, the median household income of Big Pine residents was \$49,250. Median Property Value \$218,500.
<https://www.california-demographics.com/big-pine-demographics>
- ✓ Bishop CA Renting rate in this city among poor and not poor residents:
Residents below poverty level: 78.5%
Residents above poverty level: 55.5%
- ✓ Big Pine CA Renting rate in this place among poor and not poor residents:
Residents below poverty level: 56.7%
Residents above poverty level: 20.6%

Read more: <http://www.city-data.com/poverty/poverty-Big-Pine-California.html#ixzz4hmmNtMve>

Health The Toiyabe Indian Health Project is located on Bishop Tribal Reservation and just recently completed constructed on their new site. The \$17.5 million facility totals 55,000 square feet, offering medical, dental, optometry, pharmacy, behavioral health, public health, and preventive medicine services. In 1968, Bishop Clinic began providing health care services to the residents of Inyo and southern Mono County. The Toiyabe clinic is primarily funded by the Indian Health Service (IHS).

- ✓ IHS funding has decreased in recent years, both for Toiyabe and for contract health care services. The result of reduced IHS funding is basic health care from Toiyabe is unavailable for tribal members who are uninsured. Moreover, tribal members who cannot seek contract service providers due to prohibitive costs of travel are also being affected.(CEDs)

The following are inserts from the Toiyabe Indian Health Project Webpage <https://www.toiyabe.us/>

Medical services offered in Bishop, Lone Pine and Coleville include:

Comprehensive outpatient care including maternal child health, pediatrics, immunizations, sports medicine, and routine health maintenance care for all ages, allergy shots, routine periodic lab testing, orthopedics including trauma, fracture care including reductions and casting, geriatric medicine, management of common psychiatric disorders (i.e., anxiety disorder, panic disorder, depression).

- Routine diagnostic testing including pap smears and referrals for mammograms
- Management of all forms of chronic disease (i.e., especially diabetes, chronic lung disease, COPD, hypertension, renal disease, cardiac disease, arthritis)
- End of life care for the terminally ill who are bedridden at home, including home visits
- Comprehensive family planning offering oral contraception, Depo Provera, barrier methods and IUD placement
- Counseling and referral to outside providers for natural family planning and adoption

- Monthly nursing home rounds for patients in nursing homes in Bishop
- Diagnosis and treatment of common eye, ear, nose and throat diseases with referral as necessary to consultants
- HIV/Aids counseling and testing services

Outpatient surgery

Skin and soft tissue tumors removed, laceration repair, incision and drainage of abscesses.

Dental Services:

Preventive Dentistry

Dental prophylaxis and scaling – the cleaning of teeth; the removal of stains, plaque, and calcified deposits from the surfaces of the teeth and restoration of the health of the supporting soft tissue and underlying bone of the mouth.

Hygiene instruction – instruction on proper tooth brushing and flossing; instruction on the prevention of dental disease – gum disease and dental cavities.

Dental Sealants – protective coating applied to the tops of the teeth which help to prevent dental cavities.

Prenatal visit – an important consultation period for a prospective parent in preventing the spread of dental disease from parent to child, or from siblings/peers to child.

One-year old visit – an important first step in evaluating the child’s oral health issues, parental counseling pertaining to the prevention of dental disease, and it allows the child to have a positive first dental health visit experience.

Oral Diagnosis-Examinations and dental x-rays, checking for dental caries, periodontal (gum) health, evaluation of potential “bite” problems including jaw function, oral cancer screening, evaluation of the patients overall health & medication use as it relates to their oral health issues.

Oral surgery-Simple and complex extractions; removal of hard and soft cysts; biopsy; dental implants.

Operative dentistry-Restoration of decayed teeth, removal of dental caries, occlusal adjustment, aesthetic dentistry.

Prosthetics-Removable full and partial dentures, fixed partial dentures (dental bridges) and crowns; crown/bridge placement on dental implants.

Endodontics-Root canal therapy; removal of advanced dental decay from the inner central canal of a tooth, sterilization and placement of a sealant material in the canal; pedo dental pulp treatment.

Periodontics-Evaluation of periodontal disease status, additional deep scaling of teeth involving removal of plaque and calcified deposits below the gum line, periodontal surgery, bone and soft tissue graft (guided tissue regeneration).

Pediatrics-The area’s only specialty trained pediatric dentist, courtesy of a First 5 Inyo grant.

Orthodontics-Limited to space maintenance and minor tooth movement.

Panoramic and Cephalometric dental x-rays

Dialysis

The award-winning Toiyabe Dialysis Center is a certified 12 station facility serving local dialysis patients. It is fully staffed with medical professionals.

Traveling Patient Program

The Toiyabe Dialysis center offers a traveling patient program. Patients from all over the world can come to the beautiful Owens Valley for dialysis.

State-of-the-Art Equipment is Available to All Patients

- The most advanced dialysis equipment
- Water treatment
- Lab services

Patients who are interested in transplant are referred to UCLA, Loma Linda University Medical Center and others. We work with these facilities in preparing the patient for kidney transplants.

Pharmacy-Toiyabe Pharmacy department consists of Registered Pharmacists, licensed pharmacy technicians, and pharmacy clerks, serving all three clinic sites. The pharmacy utilizes most major prescription insurance programs and is registered by the State of California.

Optometry-In 2017, Toiyabe welcomed Dr. Hiroyasu to its practice, offering full optometry services, including

eye exams. Optical services were first initiated in 1978 to assist American Indians in obtaining referral and lenses. Most Insurances or Medi-Cal covers the cost of the eye exam and frame.

Family Services-Toiyabe Family Services proposes to strengthen Indian families and communities by providing professional therapeutic counseling combined with prevention strategies and counseling interventions with a strong emphasis on cultural and traditional activities.

The Family Services department provides individual, couple, family and group therapies for adults and children. Other annual activities include Safe Talk Training, the Walk for Life suicide prevention event, and Pine Nut Camp.

Family Services programs:

Substance Abuse: The counselors follow the Matrix model that has been culturally adapted towards the Native population, included in the Intensive Outpatient Program groups are drug testing and individual sessions with counselors that help on the road to recovery.

The Intensive Outpatient Program includes:

- Relapse prevention
- Early recovery
- Drug testing
- Individual, group and family counselling
- Acupuncture
- Referrals to treatment programs
- Outreach to incarcerated patients

Mental Health: Behavioral Health program has a wide spread of services and techniques such as:

- Individual sessions for adults, children, and families
- Eye Movement Desensitization and Reprocessing (EMDR)
- Art Therapy
- Play Therapy (children)
- Couples counseling
- Cognitive Behavior Therapy (CBT)
- Psychiatry
- Tele-Psychiatry

Youth Prevention: The Family Services Youth Prevention Program organizes drug and alcohol free activities for youth. Youth activities include:

- Boys and girls group through the school year, covering the TIHP service area of Inyo and Mono County
- Prep hikes followed by the Trade Walk
- Tribal PREP covering teen responsibility, pregnancy, STDs, STIs, and HIV prevention
- Youth conferences – Youth Leader Summit and the Youth Health Summit
- Nuumu Life Skills for K-5th grades
- Indigenous Games
- Individual Sessions
- Creative Writing
- Signs of Suicide (SOS) and self-injury
- Healing Our Own People (HOOP) and historical trauma

Public Health-Toiyabe Public Health supports patients, Elders, and families to live a healthy life, including assisting patients in times of medical need. In addition to the WIC, Elders, and Community Health programs, Public Health also oversees the Pre-Diabetes Program, funded by the Center for Disease Control and Prevention. The program efforts include capacity building within Toiyabe to prevent Diabetes, and working with patients diagnosed or at-risk of pre-Diabetes.

Public Health staff are active in the community and in collaborations, including:

- Participating with the Team Inyo for Healthy Kids coalition
- Focusing on Emergency Preparedness
- Participating member of Head Start Health Advisory committee
- Offering staff trained in car seat installations
- Offering counseling in smoking cessation
- Hosting Women's Health Day
- Participating in Pre Renal Taskforce
- Participating in Diabetes Multidisciplinary group

Elders-The TIHP Title VI Elders Nutritional/Supportive Services is a program of Tribal government whose intent is to provide services to the Tribal Elders of the reservations and service areas. This program serves those with the greatest economic and social needs. These needs include low income, frail and impaired, geographically and socially isolated, and non-English speaking. It is the programs intent to improve the quality of life for our Elders through fostering an environment of quality, dignity, and pride. Services are adjusted to elders needs, but generally include nutrition, information, cultural activities, traditional food gathering, referral, supportive services, care giving, transportation, respite, cross-cultural communication, and education. Services are provided to Elders ages 55 and older. There is a vital, real and definite need to continue these much-utilized services to this age group. These services enable Elders to participate in their rightful role as teachers to the people and increase the elders' feeling of self-worth. In addition, these activities promote Elders in becoming more active members of their communities to help preserve and expand their cultural heritage.

WIC-The Women, Infants and Children Program, is a nutrition program that helps pregnant women, mothers with infants, and young children eat well, be active, and stay healthy. WIC offers families checks to buy healthy foods, nutrition and health education to help families eat well and be active, support and information about breastfeeding your baby, and help in finding health care and other community services. Local activities include encouraging activity and family togetherness with two swim nights annually, breastfeeding walk and National Breastfeeding Promotion month, and providing hospital visit to new moms to help establish good breastfeeding.

Health Concerns-(CEDS)

Consultations with tribal leadership and managers revealed other health and wellness priorities important to Bishop Paiute Tribe:

- ✓ *Care for Tribal Elders, especially personal assistance in a more intimate, home-like environment than that provided in nursing homes is a concern.*
- ✓ *The Bishop Paiute Tribe's Indian Child Welfare Act Office and Violence Against Women Advocacy program are examples of high priority commitments made by tribal government to support children and women.*
- ✓ *Tribal Council members and staff managers each expressed concerns about drug and alcohol abuse on the reservation, especially abuse by young adults.*
- ✓ *A disproportionate number of tribal members suffer from diabetes and cancer.*

- ✓ And for those without health insurance, health care services are extremely limited. According to the U.S. Census Bureau, 13 percent of the population is uninsured in Inyo County. The state average is 18.2 percent. The lower uninsured rate could be a reflection of the Toiyabe Indian Health Project's impact on the region.
- ✓ For both the county and local zip code area, the rates of low birth weight and late entry to prenatal care were higher than the state average. Late entry in seeking prenatal care is exceptionally high. 206 incidences per 1000 births are significantly greater than the state average of 162. Additionally, 29 out of 34 incidences of late prenatal care in the county occurred in the 93514 zip code. Moreover, a majority of the teen births and all births occurred in the local area zip code. 12 out of the 15 county teen births happened within the 93514 zip code boundary along with 141 of 183 of all births. This would suggest the majority of people of reproductive age reside within this zip code.

Leading Causes of Death Inyo county's death rates are greater than the local area and the state by a large margin. In every category, Inyo County is worse off (CEDs)

- ✓ Deaths from diseases of the heart are 3 times higher in Inyo County than California.
- ✓ Cirrhosis of the liver is also more than 3 times higher.
- ✓ In most death classifications, the local area is worse off than the state. The two biggest disparities are deaths from Alzheimer's disease and cirrhosis of the liver.

Economic Activities -The Bishop Paiute Development Corporation provides opportunities for income

generation, management, ownership, training and employment of members of the Bishop Paiute Indian Tribe.

Approximately 40 percent of tribal government revenue is from federal grant income or other transfer payments.

The other 60 percent of tribal revenue is generated from the Paiute Palace Casino and Paiute Gas Station.

Please refer to the Bishop Paiute Tribe CEDs 2013-2014 for the Tribes Economic Development Strategy,

Integrated Resource Management Plan outcomes for strengths, weakness, threats and opportunities and goals,

objectives, action plans, and performance measures. The success of the Bishop Paiute Tribe's economic

development plan can impact job opportunities, increase reservation base shopping and create self-sufficiency

and higher quality of life for tribal members (CEDs). Highlights from CEDs 2013-2018 Economic Development

Strategy:

- Tax and free revenue can be used for housing, education, health, public safety, cultural and other programs.
- Tribal self-sufficiency and self-determination.
- As the Bishop Paiute Tribe's local economy becomes more diverse, its dependence on federal funding and other outside resources will decline.

- Nearly one-third of Bishop Paiute Tribe’s members living on or near the reservation unemployed, job creation is an immediate concern.
- Re-acquiring land, improving infrastructure, new housing, educational, social, cultural and other community development goals will require new financial resources that are best generated and sustained through prudent investments in economic development.
- Diversified sources of revenue generation important to fund new programs and services, they are vital to ensuring that existing services aren’t vulnerable to revenue declines caused by unforeseen interruptions in the casino and gas station business activity.
- In the Bishop Paiute Tribe’s most recent census analysis, over three-quarters of survey respondents saw the tribe’s economic development efforts as positive.
- Reaching consensus about what kind of business investment to target will require deliberate, communitywide dialog.
- A tribal land use planning process must be closely integrated with BPDC’s economic development plans to fully realize the substantial economic development benefits available to Bishop Paiute Tribe.

Broad Bishop Tribal Economic Goals: (objectives and performance measures outlined in CEDS pages 39-47)

Goal 1 – Reservation Economy & Employment

- ✓ Improve better living standards for the Bishop tribal community
- ✓ Increase employment opportunity within the tribal community
- ✓ Increase development opportunity on the Bishop Reservation
- ✓ Relocate & Expand Paiute Palace Casino and Construct 60-unit Hotel
- ✓ Attract new businesses to the area and support tribal members’ small businesses through entrepreneurship/loan programs and business incubator
- ✓ Create business/retail opportunities for non-Indian businesses to relocate on the Bishop Reservation
- ✓ Promote Indian Culture and Native Arts of the Owens Valley Paiutes as being a tourism destination

Goal 2 – Infrastructure

- ✓ Ensure adequate water and sewer utility service for households and businesses on the Bishop Reservation
- ✓ Develop and design a wastewater treatment facility to serve the Bishop reservation
- ✓ Maintain and improve the Bishop Paiute Tribe’s irrigation system
- ✓ Maintain and improve a public road system on the Bishop Reservation
- ✓ Provide and ensure proper housing needs are being met for members of Bishop Reservation
- ✓ Provide Inter-communication (Internet) service within the Bishop Reservation

Goal 3 – Land Use

- ✓ Adoption of an Integrated Resource Management Plan, Land-Use Development Plan and other studies/reports that address the needs of the Bishop Reservation
- ✓ Continue efforts in restoring or acquiring additional lands surrounding the Bishop Paiute Reservation for housing, community and economic development
- ✓ Maintain existing wetlands on the Bishop Reservation for preservation and educational purposes
- ✓ Creation of a refuge for the introduction of a native species of “pupfish” to the Bishop Reservation
- ✓ Conduct noxious weed abatement program
- ✓ Establish food sustainability program

Monitoring and Evaluation -The Bishop Paiute Tribe CEDS committee will submit an annual CEDS update that reviews the success of economic development projects in the region. In addition to the monitoring and evaluation the CEDS committee will review the indicators listed on page 48 to measure the effectiveness of the project.

Community Development Department (CDD) – Recent Construction Accomplishments

- Bishop Indian Education Center (BIEC) renovation / addition
- Arrowhead Trails Apartment remodel.
- Tribal Home Remodels

In Summary

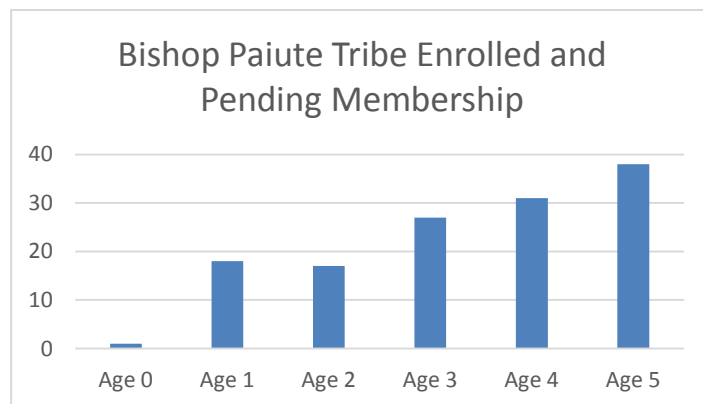
The information seems to consistently show the following:

- The Bishop Reservation has a rich history and the people have strong values and beliefs in their tradition and heritage.
- The Bishop Reservation has a political structure that provides leadership for the community.
- The Bishop Reservation has strong advocates in the community to bring awareness to leadership teams regarding the needs of families and children in the community.
- The Bishop Reservation has several resources and or consistently seeks additional resources through a strong collaborative partnership with other agencies that serve the needs of the community.

Section II: Head Start Eligible Children and Families-presents data on the status of child and family well-being, specifically education, health, nutrition and social services of Head Start eligible children and families.

General Description

The Bishop Tribal Office reported 397 minors, of the 397 minors, 132 are 5 and younger.



As of December 2016, the Big Pine Tribal Office reported 197 are minors. Of the 197 minors, 64 children are 0-5 years old. What we do know: 7 Big Pine EHS children age 3 may transfer to Head Start and 3 returning to

Head Start for a total of 10 Big Pine children using BIHS services. BIHS has consistently has maintained enrollment and a waitlist. Of our 60 enrolled children, 33 Head Start children will be transferring to Kindergarten and 31 children will be returning, leaving 29 opportunity slots. We currently have 40 children on our waitlist, leaving a remainder of 11 children needing preschool services. Tribal Council has approved the sponsorship of 8 additional enrollment opportunity slots for a second year to support the need for Tribal Member's need for childcare services. In addition, the Tribal Council has approved a Tribal Child Care program managed by the Bishop Tribal Social Service Department. Owens Valley Career Development Early Head Start is in the second year of service and will needs a Head Start program for their children to transition once they become age eligible. OV CDC-Early Head Start (Bishop and Big Pine) can serve up to 32 children. According to the Early Head Start Site Supervisor, 18 children will be eligible to transfer to Bishop Indian Head Start. OV CDC has 3 returning children with 18 slots available for 2017-2018 and has waitlist.

Other Child Development and Child Care Programs Serving Head Start Eligible Children

Bishop and Big Pine currently have 9 preschool programs serving preschool age children. Of the 9 preschool programs, 1 serves EHS eligible children and 1 serves special needs children. There are approximately 307 total enrollment slots for all preschool programs. Of the 307 slots only 2 full time slots are available and 38 ½ day slots. Of the 307 slots, Bishop Indian Head Start and IMACA Head Start are funded to serve 142 children. Both programs are fully enrolled with a waiting list.

The 2015 California Child Care Portfolio

[The 2015 California Child Care Portfolio, the 10th edition of a biennial report, presents a unique portrait of child care supply, demand, and cost statewide and county by county, as well as data regarding employment, poverty, and family budgets. The child care data in this report was gathered with the assistance of local child care resource and referral programs (R&Rs). R&Rs work daily to help parents find child care that best suits their family and economic needs. They also work to build and support the delivery of high quality child care services in diverse settings throughout the state].

- In the year 2014, Inyo County had 1,233 children 0-5 years of age. A 4% increase from 2012.
- In the year 2014, California had 2,997,333 children 0-5 of age. A 1% decrease from 2012.
- Residents ages 0-5 make up 6% of the county and 8% of the State of California.
- Children 0-12 with parents in the labor force make up 78% of the County and 63% of the State.
- Single mothers in the labor force make up 29% of the County and 26% of the State.
- Children 0-5 in Poverty in 2014 make up 12% of County and 16% of State
- One minimum wage earner (\$18,720) will use 66% of their budget for housing and 44% of their income for childcare.
- Maximum income to qualify for childcare subsidy (42,216) will use 29% of their budget for housing, 39% for childcare and 32% for all other family needs.
- County Median Family Income (\$59,139) will use 21% of their income for housing, 28% for childcare and 51% for all other family needs.

Child Care Slots Availability Trends:

- ✓ In 2014, there were 330 Licensed Child care center slots available. A 13% decrease since 2012.
 - ✓ In 2014, there were 186 Licensed Family Child Care home slots available. A 3% increase since 2012.
 - ✓ Cost of Full Time infant care in a child care center is \$13,190.00 compared to \$8,272.00 in licensed child care home.
 - ✓ Full Time preschool care in a child care center is \$8,193.00 compared to \$7,475 in a licensed child care home.
- ❖ Major reasons families seek child care: 137% indicated employment, 4% alternative care and 3% enrichment and or development.

According to a report from Inyo County Children and Families Commission Assessment of Community Needs (5-year work plan): Children Age 0-5 and Their Families there was 737 total child care slots for children age 0-5, and a total of 961 children in this range within the county. A survey found that 44% of all respondents, and 68% from Spanish-speaking households, said that child care was neither available nor affordable.

Children with Disabilities Four Years and Younger: According to the Inyo County Superintendent as of February 2017, there are 370 students with disabilities with an Individualized Education Plan (IEP). An increase of 31 students from 2014. Of the 370 children served, 22% are Native American. A decline of 3% from 2014. Children whose ages are between 3 and 5 are served under Part B (preschool services) of Individuals with Disabilities Education Act (IDEA). Part B services are administered through the Inyo County Superintendents of School Special Education Local Planning Area (SELPA). The SELPA is responsible for providing or coordinating

special education services for children identified with Individual Education Plans (IEP's). Bishop Indian Head Start collaborates with the SELPA to provide services within Head Start. Services provided to Head Start may include speech and language intervention, physical and occupational therapy, specialized academics services, and behavioral consultations. Through the Catching Children At Risk Early (CCARE) program, SELPA serves 82 children total in the age range of 0-5. Of the 82 children 41 are of preschool age. An increase of 7 more students from 2014. According to the California Department of Education, Inyo County has 42 children 0-5 with a speech and language impairment. Of the 41 preschool children, 22 are Native American. BIHS Program Year 2016-2017-based on parent request and teacher observations and screenings 17 children were referred to SELPA. Of the 17, only 4 qualified for an IEP, 4 qualified for Response to Intervention services and 8 are receiving behavior intervention services. BIHS currently has 8 children with an IEP, of the 8 children 3 had an existing IEP. 3 of the 8 will be transitioning to Kindergarten. BIHS is tracking 2 Early Head Start children transferring into BIHS and 5 children returning children with an IEP.

Highlights from the Inyo County First 5 Strategic Plan 2014-2019

POVERTY

Inyo's median income is more than \$16,000 below the state median income and our community's housing, grocery, and fuel prices are far above the state average. For the last 5 years about 60 percent of families with kids 0 to 5 participating in First 5 Inyo services reported family incomes of less than \$20,000. Over the past 7 years, an average of 83% of Inyo families we serviced fell within 200% of the federal poverty level. That is roughly 800 out of 1,200 Inyo families with children 5 or younger who struggle with basic family needs every year.

FOOD INSECURITY

Over 60% of families with children in Inyo are eligible for food assistance through WIC, school meal programs, or even more intensive programs like CalFresh according to state reports and data from the Inyo Superintendent of Schools office. Both Salvation Army and IMACA food pantries in Bishop have been depleted multiple times in 2012-13. Communities outside Bishop report struggling to access fresh produce and meat regularly throughout the year not only due to finances, but also because of an absence of any WIC redemption outlets for about a 50-60 mile radius in Southern Inyo.

DOMESTIC VIOLENCE & CHILD WELFARE CONCERNS

According to the Packard Foundation, Inyo County was one of the top 3 counties in all of CA with the highest domestic violence calls for assistance per capita in 2012, with over 18 incidents per every 1,000 citizens, or over 300 calls. Wild Iris, says they served 558 victims of domestic violence, sexual assault, or child abuse out of their Bishop office in 2012-2013, with over 100 of those clients needing 1 or more nights of safe haven. According to a 2013 Berkeley Center for Social Services Research report, Inyo county averaged 11.5% rate of substantiated cases of child abuse per 1,000 children in 2012. For the 0 to 5 population that could work out to be anywhere

from 22 to 56 children depending on how many different types of abuse charges were substantiated in each child's case, ranging from endangerment and neglect to emotional or physical abuse. These numbers can vary greatly year to year, but we are hoping to be able to track this more consistently in the future with the adoption of a new state database system that our child welfare department will be training to utilize in May 2014.

<http://www.inyocounty.us/first5/documents/2014-19StrategicPlan.pdf>

- High-quality preschool generates about \$7 for every \$1 spent, yielding government savings on welfare, education, and criminal justice, as well as, increased earnings for participants.
<http://web.mit.edu/workplacecenter/docs/Full%20Report.pdf>
- Children who attend high-quality preschools have higher high school graduation rates, higher lifetime earnings and are less likely to spend time in the criminal justice system. Moreover, high-quality programs are particularly beneficial to low-income children, who are at greater risk of dropping out of school. Therefore, access to high-quality preschool is important for the 49% of California's young children who live in low-income households" (2014 California's Children's Report Card).

Cohort Outcome Data for the Class of 2015-16 Countywide Results-<http://dq.cde.ca.gov>

| Name | Students | Graduates | Graduation Rate | Dropouts Rate |
|--|----------|-----------|-----------------|---------------|
| Inyo County Office of Education | 1008 | 344 | 34.1 | 40.1 |
| American Indian or Alaska Native, Not Hispanic | 35 | 24 | 68.6 | n/a |
| Bishop Unified | 180 | 150 | 83.3 | 7.2 |
| American Indian or Alaska Native, Not Hispanic | 21 | 14 | 66.7 | 9.5 |
| Bishop Union High | 139 | 126 | 90.7 | 3.6 |
| American Indian or Alaska Native, Not Hispanic | 16 | 12 | 75.0 | 6.3 |

287 students, or 46.9% of the student population at Bishop Union High identify as Caucasian, making up the largest segment of the student body. A typical school in Bishop is made up of 39.7% Caucasian students.

Graduation Rate Declined since 2011
The Class of 2011 had 95% of its students graduate, which was the highest graduation rate from 2011 to 2014.

Despite the decline since 2011, the average graduation rate over the most recent 4 years is still higher than the average graduation rate for California during that time.

Average graduation rate from 2011 to 2014:
Bishop Union High: 93%
California: 79%
Bishop Union High also has a higher graduation rate than average for Bishop Unified School District over the last 4 years (78%).

Big Pine High School- <http://public-schools.startclass.com>

23 students, or 51.1% of the student population at Big Pine High identify as American-Indian, making up the largest segment of the student body. A typical school in Big Pine is made up of 41.6% American-Indian students. Graduation Rate Declined since 2012

However, the average graduation rate at Big Pine High over the most recent 4 years is below average for California:

- Big Pine High: 58%
- California: 79%

Health Concerns for Head Start Eligible Children and Their Families- These categories appeared on the community survey for parents and providers to rank the top 5 categories they felt were of greatest priority for Inyo County children & their families. <http://www.countyofinyo.org>

- ✓ **Nutrition:** nutrition education and consultation, availability of healthy food, breastfeeding assistance.
- ✓ **Fitness:** active play opportunities, obesity prevention education, indoor winter play area
- ✓ **Health Access:** transportation to services, insurance assistance, local developmental and health screenings
- ✓ **Oral Health:** access to children's dental services, dental health education, local dental screenings
- ✓ **Prenatal Education and Support for New Parents:** breastfeeding education, teen parent support, healthy pregnancy education, prenatal care
- ✓ **Parent Education on Child Development:** new parent support, parenting classes, flexible parent education program
- ✓ **Child Care:** evening and weekend care, financial assistance, training for child care providers, infant car
Children's Classes and Playgroups: children's night and weekend playgroups, art and culture classes for children
- ✓ **Kindergarten Transition Support and School Readiness:** activities to help children develop classroom skills, coordination between preschool and kindergarten teachers, information for parents on preparing children to enter school
- ✓ **Access to Educational Materials and Child Development Services:** book and toy library, age and culture-specific activities and play days, parent resource
- ✓ **Support for Parents with Behavioral, Legal, Substance Abuse and Mental Health Issues:** confidential counseling resources, positive discipline strategies, support groups
- ✓ **Support for Children of Parents with Behavioral, Legal, Substance Abuse and Mental Health Issues:** short-term foster care, counseling and grief programs, comprehensive support service
- ✓ **Family Relief Assistance:** support for single and teen parents, grandparents raising grandkids, and working parents
- ✓ **Basic Needs:** food, clothes, employment and housing assistance
- ✓ **Community Information on Services, Events, and Resources:** availability of materials in Spanish, free directory of local family resources and services
- ✓ **Community Building:** public celebrations, volunteer opportunities, educational/cultural events on child development
- ✓ **Affordable and Flexible Transportation to Necessary Children's Services Example:** transportation to important services within Inyo County and north and south of Inyo County

Description of Health Services System-According to Inyo County Maternal, Child and Adolescent Health

Needs Assessment 2010-2014, Inyo County, has been designated as a Health Professional Shortage Area (HPSA) for medical services and a Dental Professional Shortage Area (DPSA) in the delivery of dental care.

Five problem areas were identified through the assessment process, which reflect current MCAH concerns and emerging public health issues. The following are the problems to be addressed in the next five years and are listed in their prioritized order.

- Dental Care Access
- Prenatal Healthcare and associated issues
- Childhood Obesity
- Healthcare Access
- Teen Healthcare Access

Medical Facilities

- Northern Inyo Healthcare District is a 25-bed critical access, not-for-profit hospital located in Bishop, California. Services that can support Head Start eligible children and their families
 - ❖ **THE RURAL HEALTH CLINIC:** Family Practice and Pediatric Care
 - ❖ **CHILD BIRTH SERVICES:** Labor & Delivery; Obstetrics; Nursery; Epidurals
 - ❖ **HOSPITAL-WIDE SERVICES:** Nutritional Assessment; Oral & Sign Language Interpreting Services; Patient Advocacy Services; Social Services; Speech Therapy
 - ❖ **OTHER SERVICES:** Inpatient; outpatient; laboratory; imaging center
- Toiyabe Indian Health Project-Medical services offered in Bishop, Lone Pine and Coleville include See pages (16-19 of the report for service details): Comprehensive outpatient care including maternal child health, pediatrics, immunizations, sports medicine, and routine health maintenance care for all ages, allergy shots, routine periodic lab testing, orthopedics including trauma, fracture care including reductions and casting, geriatric medicine, management of common psychiatric disorders (i.e., anxiety disorder, panic disorder, depression).
 - The Inyo County Health and Human Service Bishop Public Health Clinic:
California Children's Services (CCS)/ Well Woman Exams
 - Cervical screenings
 - Breast cancer screenings
 - Family planning
 - Pregnancy testing
 - Sexually Transmitted Disease Screening & Treatment
 - Walk-In Services
 - Adult & Childhood Immunizations for those meeting eligibility criteria
 - Pregnancy Testing
 - Emergency Contraception
 - Tuberculosis (TB) Testing
 - STD screenings
 - Flu Clinics (seasonally)

Health Care Access According to the First Inyo County's Strategic Plan, factors of lack of insurance (10% of children with no health care coverage), not enough physicians in general, very limited access to pediatricians outside of Bishop, and existing physicians either not accepting new patients or not accepting Medi-Cal patients combine to make it very difficult for many families to obtain regular health care for their children and family members.

Health Access: A Risk to Health Status in Inyo County [The lack of low cost health insurance, lack of Denti-Cal providers, and geography are the primary challenges to the delivery of maternal child health services in Inyo County. Poverty and cultural barriers are also important factors in access to services. The majority of Inyo County's health and social service agencies are based in Bishop, located at the northern end of the county. Some agencies also have offices located in Independence and Lone Pine, which is still a several hour drive for some outlying communities. Because there is limited public transportation traversing the length county, it is very difficult for residents residing in the southern communities who don't own cars to access services. The Death Valley, Tecopa, and Shoshone areas are of the most isolated communities. Residents of these communities mostly go across the Nevada state line into Pahrump for services, however these medical providers do not accept Medi-Cal. These individuals must travel to southern California towns south of Inyo County for regular medical care. Lack of dental providers offering services to Medi-Cal patients has created a huge gap in the delivery of health care services for medically underserved, indigent populations in Inyo County. For over 20 years the local dentists have had their practices closed to the "new" Denti-Cal client. To address the need public health has maintained a part time dental case manager to provide "gate keeping" functions to assure client compliance, set appointments and provide transportation. Sierra Park Dental Clinic in Mono county (45 miles north of Inyo County) has been willing to collaborate with the dental case manager to see Inyo residents 2 to 3 half days a month. In addition, Toiyabe Indian Dental Clinic working with the dental case manager has recently re-opened its practice to non-Native Americans. Consistent delivery of dental services through Toiyabe has been unreliable due to their difficulty in maintaining dentists and changing Tribal policies.

Description of Health Services System: Isolated Community: Inyo County, with its rural nature and isolated communities, has been designated as a Health Professional Shortage Area (HPSA) for medical services and a Dental Professional Shortage Area (DPSA) in the delivery of dental care.

Lack of Health Insurance: Finally, the lack of health insurance is another barrier to the delivery of maternal child health services. Many of the working poor in Inyo County earn wages that disqualify them for Medi-Cal and Healthy Families or are ineligible due to lack of citizenship status. The rural health clinics do provide sliding scales as a mechanism to contain costs for the uninsured. However, the hospital requires anyone applying for the sliding scale benefit to go to Inyo County Social Services and obtain a Medi-Cal denial. This additional step has functioned as a further barrier for the uninsured seeking medical care. Needed treatment is often delayed until it becomes an emergency. It is hard to design effective outreach programs to address this population's needs. Inyo County Community needs assessment 2015].

Childhood Obesity: According to Inyo County Maternal, Child and Adolescent Health Needs Assessment 2010-2014, several sources of data indicate that the children of Inyo County are overweight or are considered at risk for being overweight. [The percentage of children with obesity in the United States has more than tripled since the 1970s. Today, about one in five school-aged children (ages 6–19) has obesity.]

Many factors contribute to childhood obesity, including

- Genetics
- Metabolism—how your body changes food and oxygen into energy it can use
- Eating and physical activity behaviors
- Environmental factors
- Social and individual psychology

<http://www.city-data.com>

Low-income preschool obesity rate:

This county: 13.9%

State: 17.9%

Read more: <http://www.city-data.com/city/Bishop-California.html#ixzz4hxyK5x30>
<https://www.cdc.gov/healthyschools/obesity/facts.htm>

- ❖ Washington, D.C., September 1, 2016 — The adult obesity rate in California is 24.2 percent, giving them the fifth lowest rate, according to The State of Obesity: Better Policies for a Healthier America, a report

from the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). Sep 1, 2016

- ❖ Although the prevalence of obesity is high among all children regardless of race/ethnicity, children of color are disproportionately affected. Hispanic, African American, and American Indian girls and boys have higher rates of obesity than white children. *Overweight and Obesity among Children by California Cities – 2010*
- ❖ California, has higher rates of obesity and overweight among Latinos, African Americans, and American Indians than among whites and Asians.
- ❖ Overweight and obesity and their associated health problems have a significant economic impact—in both direct and indirect costs. Direct medical costs may include preventive, diagnostic, and treatment services related to obesity. Indirect costs can include decreased productivity, restricted activity, absenteeism, and future value lost by premature death.
- ❖ Including lost productivity, overweight and obesity in California cost families, employers, the healthcare industry, and the government more than \$21 billion each year

Nutrition Access:

- The Toiyabe Indian Health Project and Bishop Health and Human Services provide Women, Infant, and Children (WIC) Food Nutrition Services and has funded several food sovereignty gardens and Nutrition Food Sustainability Education for the Owens Valley Tribes.
- The Bishop Indian Head Start and the OVDC Early Head Start program participate in the CACFP food program. Children receive breakfast, lunch, and a snack at no cost to enrolled families.
- The Bishop Indian Education Center Bishop Unified School District provides a Summer Meal Program sponsored by the USDA food program.
- The Bishop Union School District participates in the USDA free and reduced lunch program.

Social Services:

The Bishop Paiute Tribe Social Services Department administers federal, state and grant funded programs to enrolled tribal members. <http://bishoppaiutetribes.com/social-services.html>

Services Provided:

The General Assistance Program is a temporary, emergency service used for the essential needs of food, clothing, shelter, and utilities to clients deemed eligible for services provided by the Bishop Paiute Tribe pursuant to the Code of Federal Regulation 25 CFR §20.

Eligibility Requirements:

- Must be a Bishop Paiute Tribal Member residing in an approved or designated service area of Inyo/Mono counties;
- Must prove the inability to meet the essential needs of food, clothing, shelter, and utilities;
- Must apply concurrently for all other Federal, State, Tribal, County, and local program's that he/she may be eligible.
- Must NOT be receiving any comparable assistance (SSI, SSI Disability, Tribal TANF, County General Assistance and/or CalFresh (food stamps)).
- Must meet income/poverty guidelines set forth by the federal government.

Tribal Child Care and Development Fund- The Tribal Child Care and Development Fund (CCDF), a federal block grant for States, Tribes, and Territories, is a key resource to help increase the availability,

affordability, and quality of child care services. With Child Care and Development Funds, Tribal CCDF administrators can support low income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care services so they may work, attend school, or participate in educational training. Tribal CCDF direct service dollars are to provide financial assistance to eligible and low-income families in need of child care. Parents can choose from available licensed or license exempt child care. Types of care might include: center-based care, group-home care, in-home care and relative/family-home care. All child care providers must meet applicable requirements including Tribal CCDF Provider Eligibility Standards.

Eligibility Requirements:

- Parent(s) who are working, going to school or attending a job training or educational program;
- Eligible children must be age of 0-12; and children ages 13-19 who are with special needs.
- Families must meet the Bishop Tribe's Child Care and Development Fund, Gross monthly income guidelines. Parents must share the cost of child care by paying a monthly copayment fee based on a sliding fee scale.
- Income does not exceed 85% of the Grantee Median Income (GMI) for a family of the same size;
- Child/children is an enrolled member of the Bishop Paiute Tribe;
- Parent(s)/ Guardian(s), must reside within service area

Low Income Home Energy Assistance Program (LIHEAP)-is administered with federal funds through the US Department of Health & Human Services, Administration for Children and Families (US DHHS ACF), and is not tribally funded. LIHEAP provides utility assistance to low-income families who meet certain income based requirements as set forth by the annual federal poverty level index. Mandatory guidelines and specific application requirements are set forth as they apply to federal LIHEAP statutes. Every state and individual Tribe set forth their own eligibility requirements for the distribution of LIHEAP in their service area. There are two categories of assistance that are available through LIHEAP during the fiscal year, which are the Energy Assistance and Crisis Assistance.

Energy Assistance - is designated for winter heating or summer coolant costs, and if approved payment will be paid directly to the vendor for electric, natural gas or propane services. The energy assistance does not assist with past due or delinquent accounts, nor does it assist with deposits, disconnection notices, or reconnect ions in accordance to federal regulations.

Crisis Assistance - is for emergency assistance to prevent disruption of service of gas or electricity. In order to be eligible to receive assistance the applicant's household income must meet the State Median Guidelines.

Eligibility Requirements:

- Reside on the Bishop Paiute Reservation;
- Be a member of a federally recognized tribe.
- Meet the income guidelines and provide proof of gross income from all sources for all members of the household.
- Be the responsible party for the energy cost and provide copies of the energy bills.
- Housing unit must meet the definition of a dwelling. *Note: The LIHEAP program uses a priority point system serving those with the greatest need first. Payment is not guaranteed.*

Other Social Services Available in the area to serve Head Start eligible families:

- Toiyabe Indian Health Project provides family services for individuals and family counseling, foster/adoption home recruitment and licensing, support to youth groups, community education and legal referral. General

assistance is provided for eligible tribal members who are in need of financial assistance, including burial, disaster and emergency assistance. Information and referral services are provided as well.

- The Salvation Army of Bishop provides Social Services/Casework is available to families and individuals in emergency situations and circumstances with the intent of helping them overcome an immediate crisis. These services relate to the attaining of basic human needs, such as: food, clothing, health and shelter.
- CalWORKs is a welfare program that gives cash aid and services to eligible needy California families. The program serves all 58 counties in the state and is operated locally by county welfare departments. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, it may be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses.
- Inyo Mono Advocates for Community Action, Inc. (IMACA)- IMACA's services include, but are not limited to: Energy Conservation and Assistance * Home Weatherization * Eviction Prevention * Emergency Food and Shelter * USDA Commodity Distribution * Donation Distribution * Affordable Housing Management and Development * Rental Subsidies * Head Start Programs * Subsidized Child Care (Mono County) * Community Work Experience * Economic Development * Holiday Food and Gifts * Advocacy * Information and Referrals. IMACA's service region is one of the largest in California – encompassing approximately 13,000 square miles.
- Owens Valley Career Development Center-OV CDC is a Tribal organization providing career education, family literacy, language and temporary assistance services in the six California Counties of Fresno, Inyo, Kern, Kings Tulare and Mono. An American Indian organization operating under a consortium of Sovereign Nations.

Tribal TANF Services-Eligibility limited to families: Time Limits – 60 months in a lifetime limit for employable adults
Program focuses on work, self-sufficiency and personal responsibility.

Services:

- Cash assistance.
- Referrals to employment, education and training providers.
- Supportive Services – Child Care, transportation, other.
- Incentive Payments – Clothing allowances for school children attending school, payments upon successful completion of activities, other.
- Prevention Program
- Coordination and/or funding for services/activities for families and children who are at risk of being on public assistance focusing on traditional culture, art, education, culture, recreation, music and sport.
- Tribal TANF Prevention Services: The Owens Valley Career Development Center offers prevention services for our TANF cash aid clients and Native American communities within our service areas. The focus of the prevention department is to provide educational workshops and activities that will strengthen life skills, healthy decision making and reinforce the Native American culture towards self-sufficiency and stronger family bonds.

Cash Aid Eligibility Requirements:

- Income – Equal to or less than 200% of the Federal Poverty level.
- Resources – Countable resources not to exceed \$2,000.00
- Adults able to work, must satisfactorily participate in approved work activities for a minimum 24 hours per week.

Approved Work Activities include, but not limited to:

- ❖ Employment
- ❖ Work experience (WEX)
- ❖ On-the-Job training (OJT)
- ❖ Subsidized Employment
- ❖ Job club/Job search
- ❖ Community service training
- ❖ Post-secondary education
- ❖ Vocational education
- ❖ Job skills training directly related to employment
- ❖ Education directly related to employment
- ❖ Domestic violence, substance abuse and mental health counseling/treatment
- ❖ Vocation rehabilitation
- ❖ Small business/micro enterprise training
- ❖ Life skills training
- ❖ Native American culture related education and training activities

- Detailed list of services provided by the Bishop Paiute Tribal Social Service Department

| ICWA | RAVE | Social Services Assistance | Family Formation | Child Abuse Services |
|---|--|---|---|--|
| Case management Advocacy Guardianship Monitors and enforces compliance with ICWA | 24-hour victim services Case management Emergency housing Crisis counseling Medical and dental assistance Court accompaniment Hospital accompaniment Advocacy Victim rights Outreach and education Transportation Healing groups Talking Circles Sweat Lodges Safety planning Protection Orders Assistance | LIHEAP Emergency Assistance Child Care Assistance | Cultural events and family strengthening activities. Financial assistance for school age sports activities Family preservation Drug and alcohol prevention Pregnancy prevention Youth employment program | Case management Advocacy Counseling services Crisis intervention Emergency Assistance Outreach and awareness Referrals Court Accompaniment Victim Rights Information |

The Bishop Paiute Social Service Guide was updated in 2016 and can be located on the Bishop Indian Head Start webpage. Other services will be added to the BP Social Service guide in 2017.

| | |
|-------------------------------------|---|
| Legal Problems | RAVE and Inyo County Self-Help Center |
| Incarcerated Individuals | Inyo County Re-Entry Coordinator |
| Child Abuse | Bishop Paiute Tribe Social Services |
| Child Care Needs | Bishop Paiute Tribe Social Services |
| Homeless & Shelter & Safety Needs | Bishop Paiute Tribal Social Services |
| Parenting Education | Bishop Paiute Tribal Social Services |
| Mental/Social/Emotional Health | TIHP Family Services, North Star Counseling |
| Community Involvement | OVCDC |
| Chemical Dependency/Substance Abuse | Family Services, Local AA, Local NA |

Child Abuse and Domestic Violence

Snapshot of RAVE for 2016

Bishop Paiute RAVE served a total number of 94 clients.

| Grant Type | PA 5 (domestic Violence, etc) | PA 6 (Child Abuse) | PA 7 (non-dv victims) |
|---------------|-------------------------------|--------------------|-----------------------|
| Number Served | 51 | 11 | 43 |
| Gender | 42 female 9 male | NR | NR |
| Race | 41 were AI | 11 were AI | NR |

NR=not required

The Paiute Tribe Women's Legal Advocacy Program reported 38 cases of abuse from 2009 to present.

Reports of Child Abuse and Neglect

<http://www.kidsdata.org>

| | | | |
|-------------|----------|-------------------|-------------------|
| Inyo County | 2013-285 | 2014-329 increase | 2015-307 decrease |
|-------------|----------|-------------------|-------------------|

According to our research of California and other state lists there were 16 registered sex offenders living in Bishop, California as of May 23, 2017. The ratio of number of residents in Bishop to the number of sex offenders is 242 to 1. Read more: <http://www.city-data.com/city/Bishop-California.htm>

Number of Child Abuse Reports based on age in 2015.

| Inyo County | Number |
|-------------|--------|
| Under 1 | 34 |
| Ages 1-2 | 36 |
| Ages 3-5 | 62 |
| Ages 6-10 | 80 |
| Ages 11-15 | 63 |
| Ages 16-17 | 32 |

Reports of Domestic Violence

<http://www.kidsdata.org>

| | | | |
|-------------|----------|-------------------|-------------------|
| Inyo County | 2012-224 | 2013-189 decrease | 2014-223 increase |
| Bishop | 2012-41 | 2013-43 increase | 2014-46 increase |

The Inyo Register reported on October 7, 2013 "During the 2012-13 fiscal year, Wild Iris saw 558 different victims of domestic violence, sexual assault or child abuse, in Bishop. Victims of domestic violence who were fleeing unsafe living situations were sheltered at the Wild Iris safe haven for a total 108 nights this year and 96 victims received financial assistance for things like emergency medical treatment, food, clothing or emergency transportation. In all, Wild Iris crisis counselors spent 6,982 hours working directly with clients. The Wild Iris hotline received 930 calls in the past year."

Section III: Head Start Enrolled Children and Families- provides a comprehensive view of currently enrolled Head Start children and families. Bishop operates a Head Start program with a funded enrollment of 60. The recruitment area, racial/ethnic composition, language, health/dental, enrollment and information of Head Start children are provided.

General Description-The Bishop Indian Head Start service and recruitment area consist of the Bishop and Big Pine reservations. The Bishop Indian Head Start program is funded for 60 children. The program provides center-based Head Start services in a full day, part year program option. Classes are held Monday through Friday from 8:00 am to 2:30 pm. Bishop Indian Head Start collaborates with Inyo Board of Education and provides service 175 days per school year. The program currently operates 4 classrooms; two classrooms serving 4-5 year olds and two classrooms serving 3-4 year olds. The program currently provides afternoon school bus transportation from school to home for enrolled children. School bus transportation for children with families who do not have safe transportation is also provided. In the last two years, we have provided morning and afternoon transportation for enrolled Big Pine Head Start children. This past year with the financial support of Tribal Council and Inyo County State Preschool we were able to provide additional preschool slots to enrolled tribal members while meeting adult child ratio requirements.

BIHS Administration and Staff-Currently there is 16 regular staff members employed at the Bishop Indian Head Start program. Of the 16 staff members, 8 are former Head Start parents/grandparents and 5 are Head Start graduates and or parents of a Head Start graduate. Therefore, 81% of our staff has either attended Head Start or is a parent of a HS student or HS graduate. The ethnicity of the staff is 68% Native American, 13% Caucasian, 13% Mexican American and 6% Vietnamese. Of the Native American ethnic group: 4 are Bishop Paiute Tribal members, 2 are Big Pine Paiute Tribal Members, 1 is Yerington Paiute Tribal Member and 3 are Timbisha Tribal Members. All staff hold a current food handler permit, hold current CPR and First Aid/AED certification, maintain mandated reporter status, MSDS training annually and meet well over 15 hours of developmental training. All staff received background checks, child abuse registry checks and drug screenings and this year will receive fingerprint screenings.

Qualifications of Staff

- ✓ Director: Holds a Baccalaureate Degree in Child Development with a Multiple Teaching Credential and holds a Child Development Director Permit. Director holds a Special School Bus Driver License.
- ✓ Assistant Director/ERSEA/PFCE Manager: Holds an Associate Degree in General Studies and Human Services.
- ✓ Health and Disabilities Manager: Holds an Associate Degree in Human Services and holds a Child Development Assistant Permit. Certified car seat technician and CPR/First Aid/AED instructor.
- ✓ All School Bus Drivers hold: a Special School Bus Driver License
- ✓ Lead Head Start Chef: Holds a Food Handler Certification and receives annual CACFP pre-service training and online professional development training specific to Child Adult Care Food Program requirement.
- ✓ Approximately, 25% (1 of 4) Teachers holds a Child Development Associate Teacher Permit or higher in early childhood or related field and earning an AA degree.
- ✓ Approximately, 25% (1 of 4) Teachers holds an AA Degree and Child Development Teacher Permit or higher in early childhood or related field.
- ✓ Approximately, 25% (1 of 4) Teachers have a Baccalaureate Degree or higher in early childhood or related field.
- ✓ Approximately, 25% (1 of 4) Teachers have a Master Degree or higher in early childhood or related field.
- ✓ Approximately, 25% (1 of 4) Teacher Assistants holds a Child Development Assistant permit or higher.
- ✓ Approximately, 25% (1 of 4) Teacher Assistants holds a Child Development Associate permit or higher.
- ✓ Approximately, 25% (1 of 4) Teacher Assistants holds an out of State Child Development Certification or higher and is working towards obtaining an Assistant Child Development permit.
- ✓ Approximately, 25% (1 of 4) Teachers holds an AA Degree or higher in early childhood or related field and is working towards obtaining an Assistant Child Development permit.

Organizational Structure

| 2012-2013 | 2013-2014 Sequestration Year | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 Current |
|---|---|--|--|--|--|
| BIHS Director; Education Manager 1 person | BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person | BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person | BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person | BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person | BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person |
| Support Service Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus driver 1 person | Eliminated position due to sequestration: Director, Health Service Manager, Bus Driver, and Cooks will assume duties. | n/a | n/a | n/a | n/a |
| Family and Community Advocate/ERSEA 1 person | Family and Community Advocate/ERSEA 1 person | Family and Community Advocate/ERSEA 1 person | Family and Community Advocate/ERSEA 1 person | Family and Community Advocate/ERSEA 1 person | Assist. Director/ERSEA/PFCE 1 person |
| Health and Disabilities Manager 1 person | Health and Disabilities Manager; Nutrition Monitoring 1 person | Health and Disabilities Manager; Nutrition Monitoring; Safety Monitoring 1 person | Health and Disabilities Manager; Nutrition Monitoring; Safety Monitoring 1 person | Health and Disabilities Manager; Nutrition Monitoring; Safety Monitoring 1 person | Health and Disabilities Manager; Nutrition Monitoring; Safety Monitoring 1 person |
| Bus Driver/Administration Assistant 1 person | Bus Driver/Administration Assistant; Transportation Monitoring 1 person | Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person | Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person | Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person | Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person |
| BIHS part time Cook 1 person | BIHS part time Cooks (2); Nutrition Purchasing and Monitoring 2 persons | BIHS part time Assistant Cooks (2); Food Safety and Cooking 2 persons | BIHS full time Cook; Food Safety and Cooking 1 person | BIHS full time Cook; Food Safety and Cooking 1 person | BIHS full time Cook; Food Safety and Cooking 1 person |
| Teachers (4) 3 BA 1 AA | Teachers (4) 3 BA 1 AA | Teachers (4) 2 BA 1 AA 1 Interim under Director Lead (BA) | Teachers (4) 1 Master 1 BA 1 AA 1 Interim under Director Lead (BA) | Teachers (4) 1 Master 1 BA 1 AA 1 Interim under Director Lead (BA) | Teachers (4) 1 Master 1 BA 1 AA 1 Interim under Director Lead (BA) |
| Teacher Aides (4) 3 out 4 taking professional develop and or enrolled in ECU Classes. | Teacher Aides (4) 4 out 4 enrolled at Cerro Coso in ECU Classes. | Teacher Associates (4) 3 out 4 enrolled at Cerro Coso in ECU Classes. 1 CDA | Teacher Associates (4) 1 CDA-bus driver 1 AA 1 Associate Teacher Permit 1 Assistant Teacher Permit | Teacher Associates (4) 1 CDA-bus driver 1 AA 1 Associate Teacher Permit 1 Assistant Teacher Permit | Teacher Associates (4) 1 AA 1 Associate Teacher Permit 2 Assistant Teacher Permit 1 eligible to apply Asst. Permit |
| n/a | n/a | Teacher Aides (4) part time Not filled yet | Teacher Aides (2) part time | n/a | n/a |
| Substitutes 2 assistants teachers 2 teachers | Substitutes 1 assistants teacher 3 teachers | Substitutes 1 assistant teacher-enrolled at Cerro Coso 1 teacher-Masters | Substitutes 1 associate teacher 1 teacher-Master 1 Teacher BA | Substitutes 1 associate teacher 1 teacher-Master 2 Teacher BA 1 Special Instructor BA | Substitutes 1 teacher-Master 1 teacher BA |
| n/a | n/a | n/a | 2 Part Time additional bus driver | 1 Full Time Bus Driver | 1 Full Time Bus Driver and gardener |
| Used existing staff to bus monitor n/a | Used existing staff to bus monitor n/a | Used existing staff to bus monitor n/a | Used existing staff to bus monitor n/a | 1-part time bus monitor | 1-part time bus monitor 1 sub-support staff |

Head Start Funded Enrollment The actual funded enrollment of children throughout the FY 2015-2016 year is 60. In 2015-2016, there was 35 three-year-olds, 25 four-year-olds. BIHS operates The 2015-2016 American Indian Alaskan Native Head Start Program Information report for BIHS indicated 93% of our enrolled students were American Indian or Alaska Native. This is an 8% increase from 2013-2014. The remaining 6% of our children are broken down into 3% Hispanic, and 3% white. According to the 2009- 2010 PIR (67%) of the children were American Indian descent while (32%) were Hispanic. Therefore, BIHS has increased our Native American enrollment by 26% since 2009.

Language Spoken by Enrolled Children The primary language spoken by families continues to be English.

Type of eligibility for 2015-2016:

| Primary Type of Eligibility | # of children |
|---|---------------|
| Income below 100% of federal poverty line | 18 |
| Public Assistance such as TANF, SSI | 15 |
| Status as a foster child-# children only | 2 |
| Status as homeless | 0 |
| Over income as part of the 49% AIAN | 25 |

Insert from [1302 Subpart A—Eligibility, Recruitment, Selection, Enrollment, and Attendance](#)

(c) *Eligibility requirements.* (1) A pregnant woman or a child is eligible if:

- (i) The family's [income](#) is equal to or below the poverty line; or,
- (ii) The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance; including TANF child-only payments, or,
- (iii) The child is homeless, as defined in part 1305; or,
- (iv) The child is in [foster care](#).

(e) *Additional allowances for [Indian tribes](#).* (1) Notwithstanding paragraph (c)(2) of this section, a tribal program may fill more than 10 percent of its enrollment with participants who are not eligible under the criteria in paragraph (c) of this section, if:

- (i) The tribal program has served all eligible pregnant women or children who wish to be enrolled from Indian and non-Indian families living within the approved service area of the tribal agency;
- (ii) The tribe has resources within its grant, without using additional funds from HHS intended to expand Early Head Start or Head Start services, to enroll pregnant women or children whose family incomes exceed low-income guidelines or who are not otherwise eligible; and,
- (iii) At least 51 percent of the program's participants meet an eligibility criterion under paragraph (c)(1) of this section.

<https://eclkc.ohs.acf.hhs.gov>

Children with Disabilities In 2015-2016 BIHS had 6 children with an Individual Education Plan (IEP). 1 child with an IEP prior to enrollment into the program year and 5 qualified during the program year. In 2016-2017 we have 8 children with an IEP. 2 of the 8 had an IEP prior to enrolling; 2 of the 8 will be transitioning into kindergarten; 1 child dropped but continued services at another HS; and 5 of the 8 will be returning to BIHS for a second year of service. The diagnosed primary disability is speech or language impairment. An additional service received this year for children who still need assistance with speech and language but do not qualify is Response to Intervention (RTI) an 8-week program. BIHS currently has 4 children receiving RTI services.

Health and Dental In the 2014-2015 community assessment BIHS reported children with health Insurance was at 96.7% at the end of the year. In 2015-2016, 100% of BIHS children had medical insurance and in 2016-2017, 100% of the BIHS children have medical insurance. Currently, all enrolled children are up-to-date on a schedule of age-appropriate prevention and primary health care. Of the 60 screened, at least 3 of the children were diagnosed with a chronic condition needing medical treatment. Children were treated during the year for asthma and anemia. **Dental** During the 2015-2016 school year 60 children received preventive dental care, Of the 60, 11 were diagnosed with 20 needing dental treatment which is down from 20 in 2014. Of the 11 at the time of the PIR, only 1 child received treatment. The primary reason that children who needed dental treatment did not receive it was at the time the dentist in the area did not treat 3-5-year-old children that would require an anesthesiologist. In 2016-2017 all 10 children from 2015-2016 with parents having to take their children out of the area for services received major dental surgery. **Immunizations:** In program year 2015-2016, 100% of the children were up to date with immunizations. **Lead Screening** In program year 2016-2016 to current year 100% of our children served received Lead Screening conducted by Toiyabe Indian Health Project or Private Physician with no follow-up needed. **Mental Health Services:** Number of children for whom the MH professional consulted with program staff about children's behavior/ mental health: 7-12%.

Screenings Percent complete within 45 day deadline:

| | | |
|--|---------------------------------------|-----------------------------------|
| Hearing: 100% Vision: 100% | Physical Exams: 100% | Nutrition Screenings: 100% |
| Mental Health Screenings: 100% | Developmental Screenings: 100% | Lead Screenings: 100% |

Body Mass Index (BMI)-Children

| Number of children in the following weight categories per the 2000 CDC BMI –for-age growth charts | #of the children enrolled 2012-2013 | #of the children enrolled 2013-2014 | #of the children enrolled 2014-2015 | #of the children enrolled 2015-2016 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Underweight (BMI less than 5 th percentile for the child's age and sex) | 0 | 0 | 5% | 3% |
| Healthy weight (at or above 5 th percentile and below 85 th percentile of the child's age and sex) | 95% | 96% | 85% | 73% |
| Overweight (BMI at or above 85 th percentile and below 95 th percentile of the child's age and sex) | 2% | 2% | 5% | 5% |
| Obese (BMI at or above 95 th percentile of the child's age and sex) | 3% | 2% | 5% | 18% |

Diagnosed primary disability: Speech or language impairment: 100%

| Preschool Primary Disabilities | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 |
|---|-----------|-----------|-----------|-----------|
| Health impairment (i.e. meeting IDEA definition of "other health impairment") | | | | |
| Emotional Disturbance | | | | |
| Speech or language Impairments | 15 | 7 | 7 | 6 |
| Intellectual disabilities | | | | |
| Hearing Impairments, including deafness | | | | |
| Orthopedic Impairment | | | | |
| Visual Impairment, including blindness | | | | |
| Specific learning disability | | | | |
| Autism | | | | |
| Traumatic brain injury | | | | |
| Non-categorical/developmental delay | | | | |
| Multiple disabilities, deaf-blind | | | | |
| Deaf-blind | | | | |

Head Start Families 2015-2016-BIHS total number of families was 60. Of those 60 families 63% were two-parent families and 37% were single-parent families. Of the single-parent families, 82% of biological mothers, adoptive, or stepmothers were the primary caregiver and 9% the biological father, adoptive or stepfather was the primary caregiver. 5% of single-parent households the grandparent was the primary giver and 4% an adoptive parent was the primary caregiver. **Employment** Of the two-parent household 55% of both parents is employed, 32% one parent is employed, and 13% both parents are not employed. Of the single-parent household 50% of them are employed. **Federal or other assistance** 38% of our families received cash benefits, or other services under the Federal Temporary Assistance for Needy Families (TANF) program; less than 2% received Supplemental Security Income (SSI); 43% received services under

Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC); and 33% received services under Special Supplemental Nutrition Assistance Program (SNAP). **Job trainings/school** Of the two-parent families no one was in job training or school as compared to 2% of at least 1 parent in job training or school. Of the single-parent families 27% are in job training and or school. **Education** 7% of our families indicated they have an advanced degree or baccalaureate; 50% indicated they have an associate degree, vocational school, or some college; 42% graduated from high school or have a GED; and 1% have less than a high school education. **Family Needs** Approximately 67% of our families indicated they needed services in the following area:

- Emergency/Crisis intervention such as meeting immediate needs for food, clothing, or shelter
- Housing assistance such as subsidies, utilities, repairs, etc.
- Child Support Assistance
- Health Education
- Parenting Education
- Asset building services (such as financial education, opening a savings and checking accounts, debt counseling, etc.)

Section IV -Reports a compilation of the results the community, family and staff surveys

To determine the needs of Head Start eligible families, community members and staff, four surveys were distributed to gather information about strengths and needs of the community and the BIHS program. These surveys provide a great deal of information, which is part of the planning and evaluation process. The surveys were customized to fit the needs, both cultural and programmatic, of Bishop Indian Head Start. Prior to administration Head Start staff and parents (e.g., director, parent policy council, management staff, and teachers) reviewed the surveys. Changes requested by the group were integrated into the surveys.

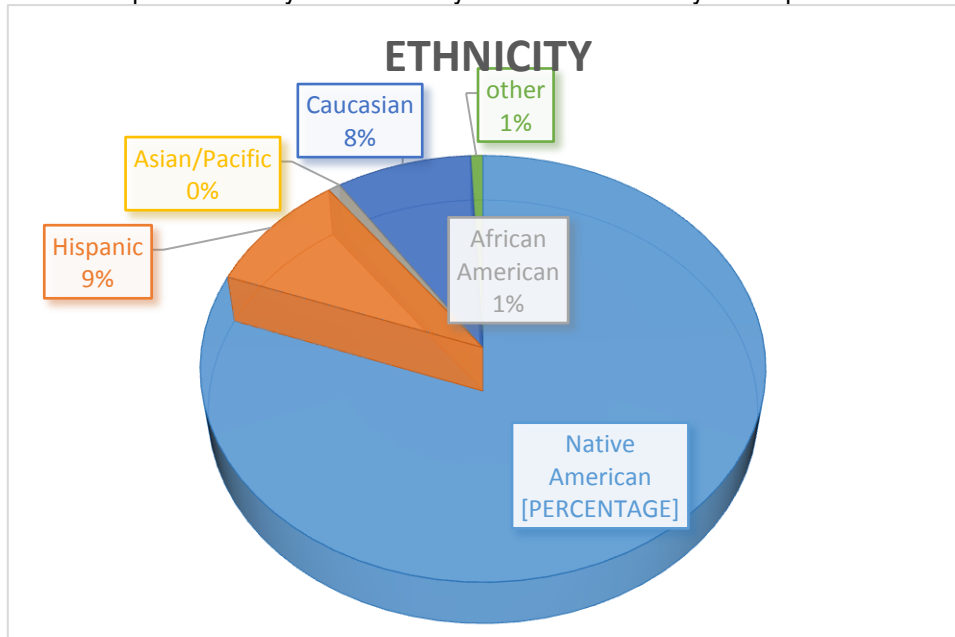
Community Assessment Survey

The Bishop Head Start Parent Survey was administered in February 2017 and provides a wealth of information for program planning. The survey consisted of twelve sections. The overall goals of the questionnaire were: (1) to identify the availability of health, social, and other-support service needs of Head Start-eligible families and their preferred patterns for using these services; (2) to discover barriers to accessing and receiving these services; and (3) to learn about satisfaction of current Head Start services.

Participants

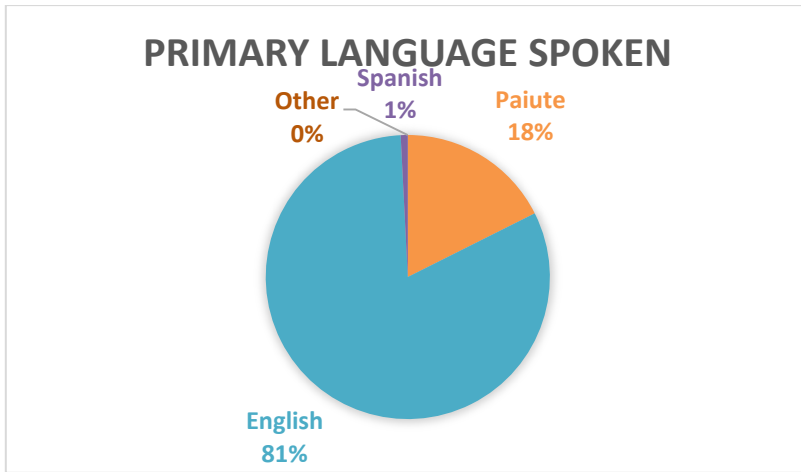
The survey was distributed to every parent of enrolled Bishop Indian Head Start children: 60 surveys and 6 additional surveys to tribal sponsored children were distributed and 44 responses were received, a 67% return rate. The return rate increased by 9% from 2014. However, surveys were sent out via online, mailed, emailed, and distributed through community partnership agencies. A total of 108 surveys were collected from the Bishop and Big Pine Tribal Community.

1. Pie Graph of Ethnicity of Community Assessment Survey Participants 2017



100% of the BIHS parents indicated they were Native American. 36% of the same families indicated a mixed ethnicity of Hispanic, African American, and Caucasian. 89% of all other participants indicated they were Native American. 14% indicated they were either Hispanic, Caucasian or other.

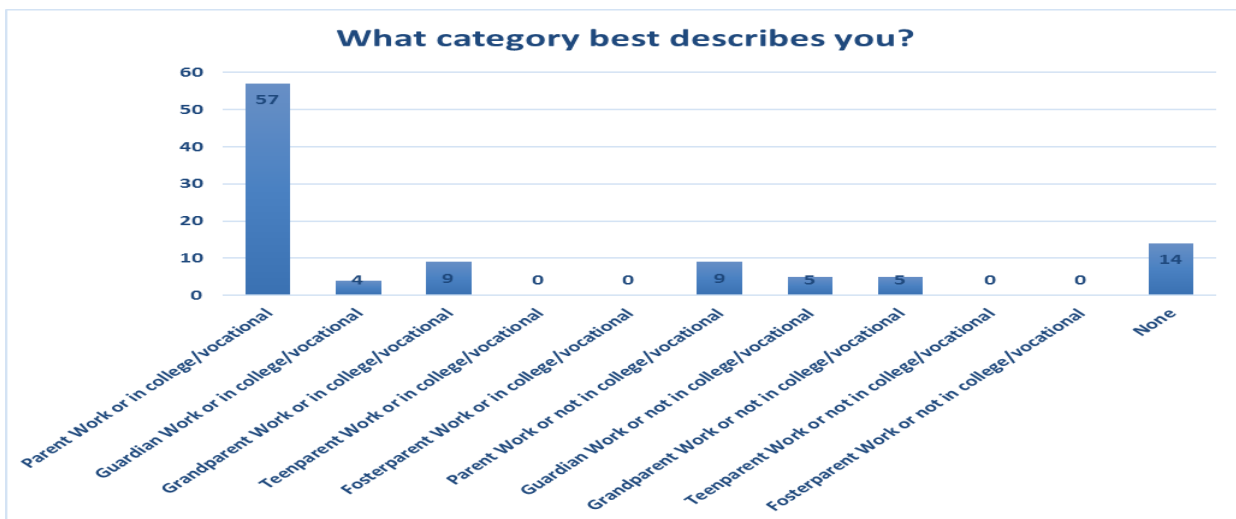
2. Pie Graph -The primary language spoken in most of the homes



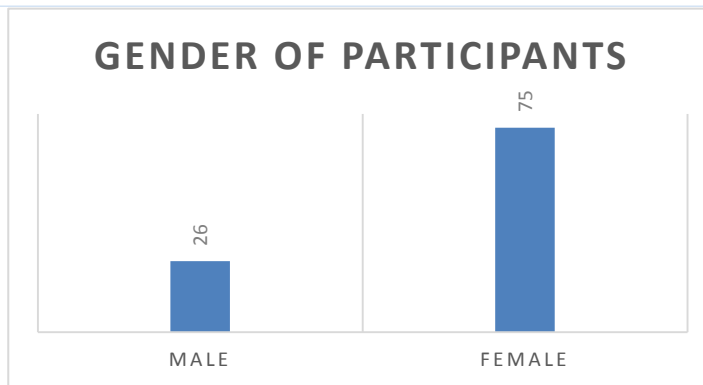
98% of the BIHS parents indicated their primary language was English. 9% of the same families indicated their primary language was Paiute.

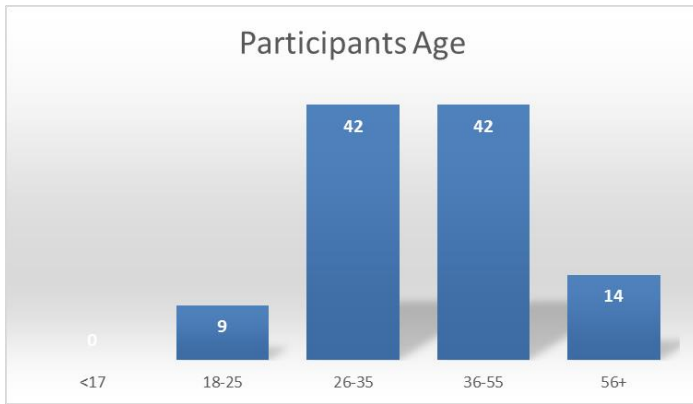
92% of all other participants indicated their primary language was English. 28% indicated their primary language was Paiute and less than 2% indicated their primary language was Spanish.

3. How all participants best described what category fit them from pre-selected categories.



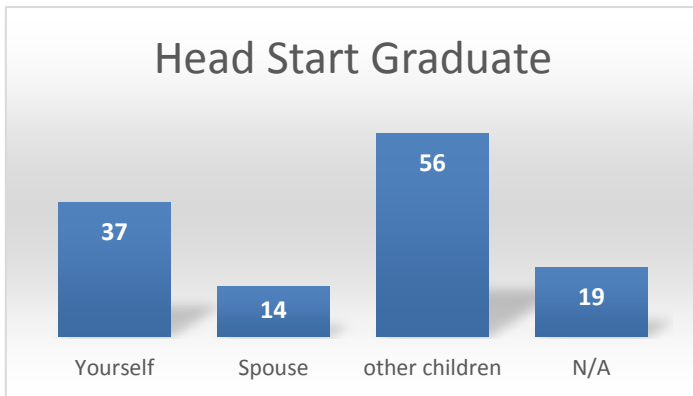
4. Gender





7% of our BIHS families indicated their age to be between 18-25; 50% indicated their age to be between 26-35; 39% indicated their age to be between 36-55; and 5% indicated their age to be over 56.

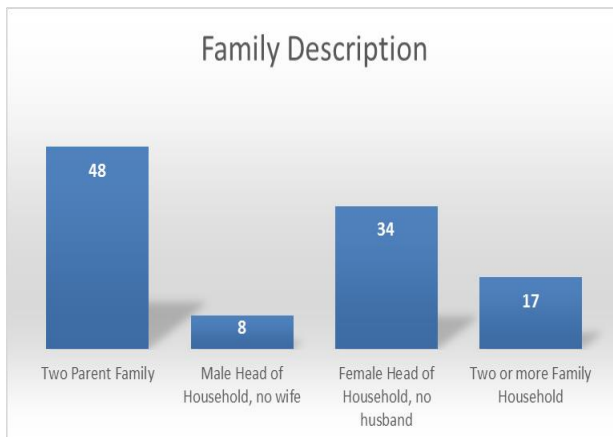
5. Age



48% of our BIHS participants indicated they were a Head Start Graduate, 14% indicated their spouse was a Head Start Graduate, 59% indicated their children were Head Start graduates!

6. Our You or a member of your household a head start graduate?

- ✚ **Marital status of all participants:** 46% indicated they were single; 31% married; 6% divorced; 1% separated; 17% indicated they were living with a partner; and 4% indicated they were windowed.
- ✚ **Head Start participant's marital status:** 34% indicated they were single; 41% married; 5% divorced; 1% separated; 18% indicated they were living with a partner; and 5% indicated they were windowed.

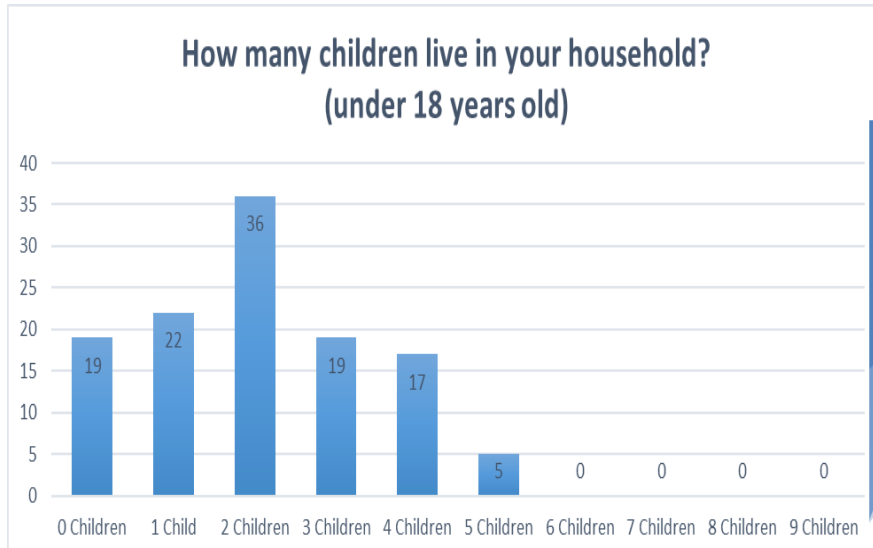


57% of our BIHS participants indicated they were a two-parent family, 9% indicated they were a male Head of Household, 27% they were a female Head of Household, and 7% indicated they were two or more family household.

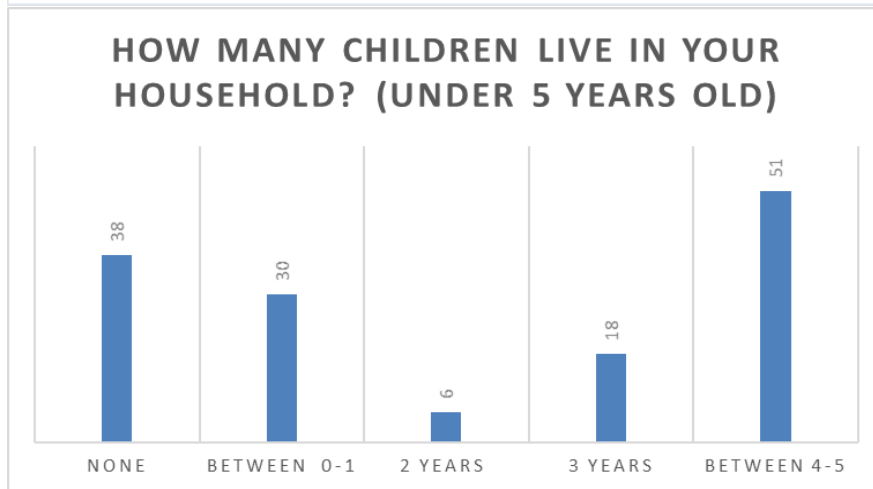
7. Head of Household description of participants.

How many adults, including yourself live in the household?

- + **All Participants:** 51% indicated 2 adults live in their household, 27% indicated 1 adult lives in the household, 14% indicated 3 adults live in the household; 3% indicated 4 adults live in the household, 2% indicated 5 adults live in the household, and 3% indicated 6 adults live in the household.
- + **BIHS Participants:** 66% indicated 2 adults live in their household, 23% indicated 1 adult lives in the household, 5% indicated 3 adults live in the household; 3% indicated 4 adults live in the household.

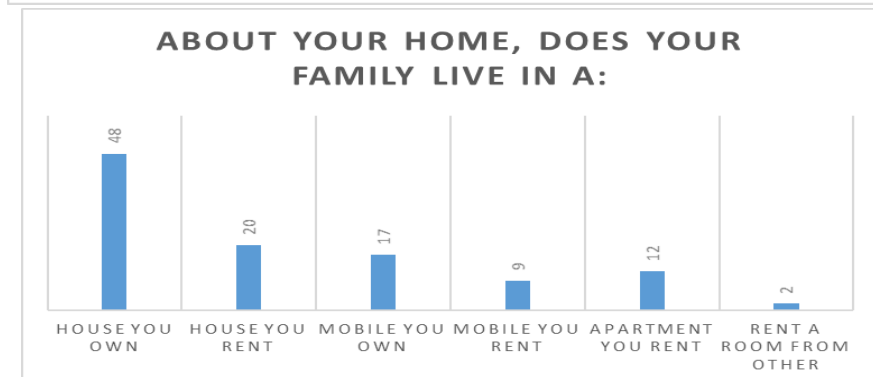


14% of the BIHS families have 1 child under 18 years of age living in the home, 43% have 2 children, 14% have 3 children, 20% have 4 children, and 9% have 5 children living in the home under the age of 18.

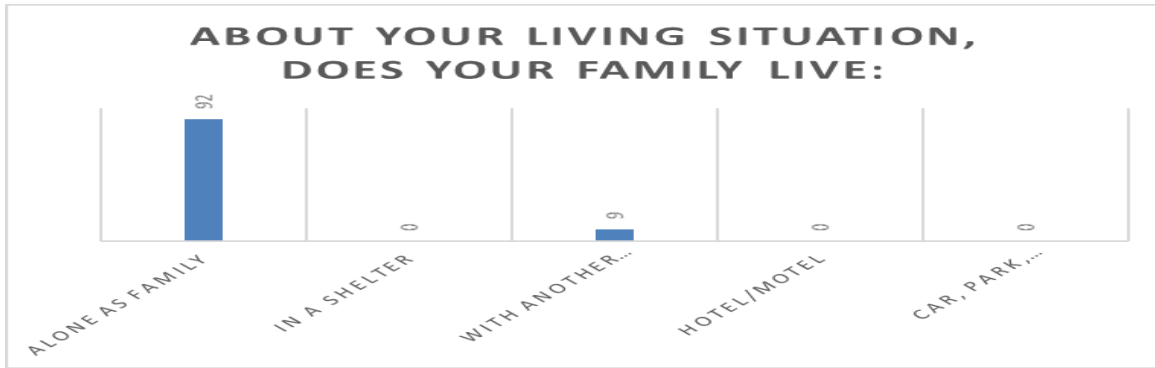


A combined total of 71 children live in our Head Start Children Homes under the age of 5.

A combined total of 143 children live in all participant's homes under the age of 5.



39% of our BIHS participants indicated they own their home, 23% rent a house; 23% rent a mobile home, 5% rent a mobile home, and 11% rent an apartment.



85% of all participants live alone as a family and 8% indicated they live with another family or person.

Does your family have access to affordable Health Care Service?

- ✚ **All participants** indicated 97% had access to medical care; 92% had access to Dental Care and 78% indicated they had access to Mental Health Care.
- ✚ **BIHS participants** indicated 98% had access to medical care; 100% had access to Dental Care and 82% indicated they had access to Mental Health Care.

Where do you usually take your child to get medical care?

- ✚ **All participants** indicated 64% Indian Health Services; 22% Family Doctor 18% Community Health Clinic; 16% indicated Emergency room; 10% Family Dentist; and 10% other.
- ✚ **BIHS participants** indicated 80% Indian Health Services; 23% Family Doctor 31% Community Health Clinic; 25% indicated Emergency room; 12% Family Dentist; and 2% other.

In your opinion what should be done to make quality health care more affordable to families in the community?

- ✚ **All Participants:** 56% indicated a decrease in cost; 30% indicated to provide transportation; 30% indicated to provide more information about affordable health care; 29% indicated to increase the number of Health Care Centers and 13% indicate other. **Comments provided:**

Provide more services
 Home visits for elders & handicap
 Urgent care
 Provide better doctors at clinic
 Need more providers
 "Acute care facility?"
 Follow up
 Home visits
 Prevention Education/ wellness
 Provide quality facilities

How does your family get your child(ren) to school or childcare?

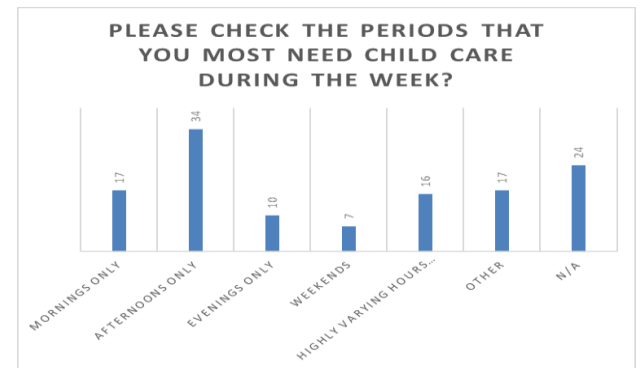
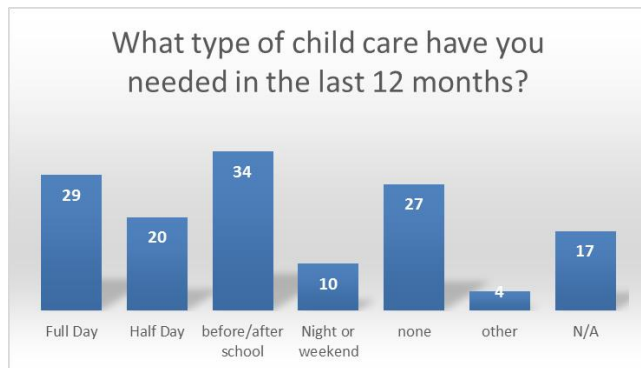
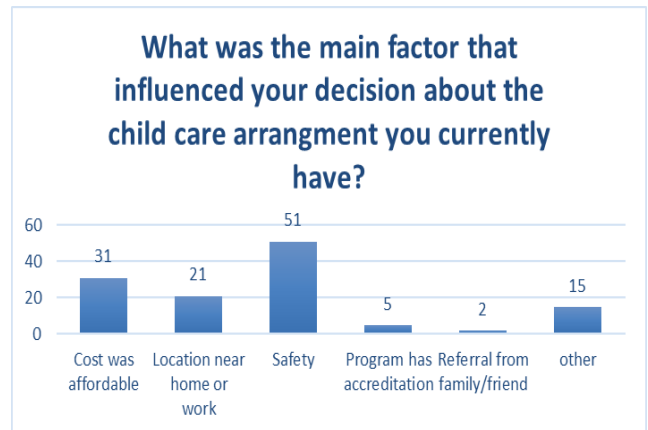
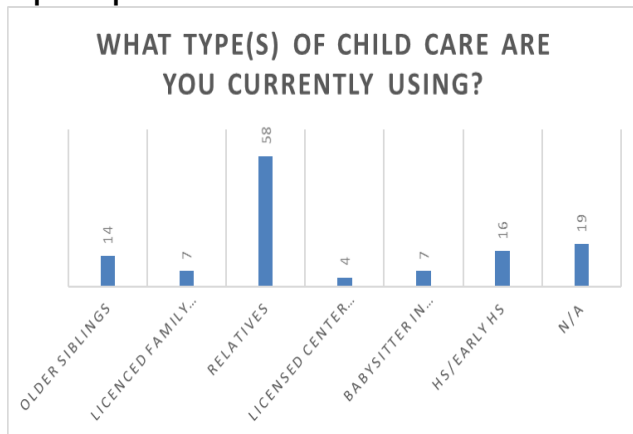
- ✚ **All Participants:** 81% car, 6% share a ride with a friend, 16% use BIHS morning school bus transportation, 6% use public transportation, 1% use a bike, 5% walk an average of 4.25 miles and 5% n/a.
- ✚ **All Participants:** 86% indicated they had a reliable car. BIHS Participants indicated 95% had a reliable car.
- ✚ **All Participants:** 78% indicated they would like to see bike and walking paths to school and 32% indicated they would like to see sidewalks around education services.

| Are you currently? | Self-Not employed | Self-Employed full time | Self-Employed part time | Spouse-Not employed | Spouse-Employed full time | Spouse-Employed part time |
|---|-------------------|-------------------------|-------------------------|---------------------|---------------------------|---------------------------|
| Grand Total of All Participants | 33 | 56 | 15 | 13 | 32 | 7 |
| % | 31% | 52% | 14% | 12% | 30% | 6% |
| Grand Total of BIHS Participants | 12 | 26 | 5 | 6 | 17 | 3 |
| % | 27% | 59% | 11% | 14% | 39% | 7% |

Do you need childcare on a regular basis?

- ✚ **All Participants:** 39% answered yes and 48% of BIHS participants indicated yes.

All participants

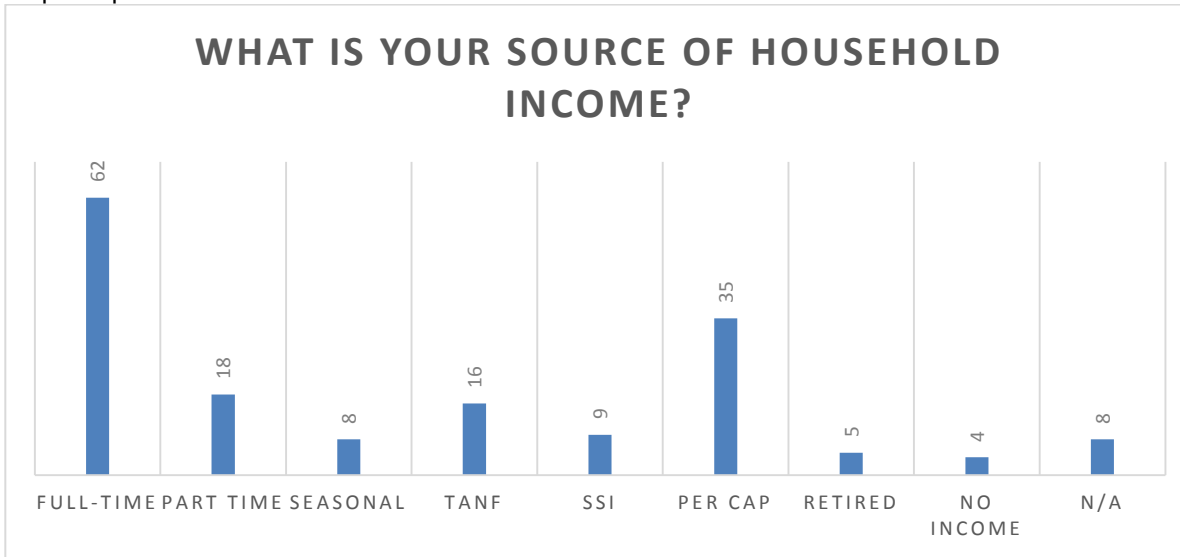


- ✚ **All Participants:** 19% indicated it was very difficult to arrange back up childcare when their regular childcare arrangements don't work, 31% somewhat difficult, 26% not difficult at all, and 20% n/a.
- ✚ **All Participants:** 19% indicated it was very difficult to find childcare for their children in the summer months when Head Start is not in session, 28% somewhat difficult, 29% not difficult at all, and 20% n/a.

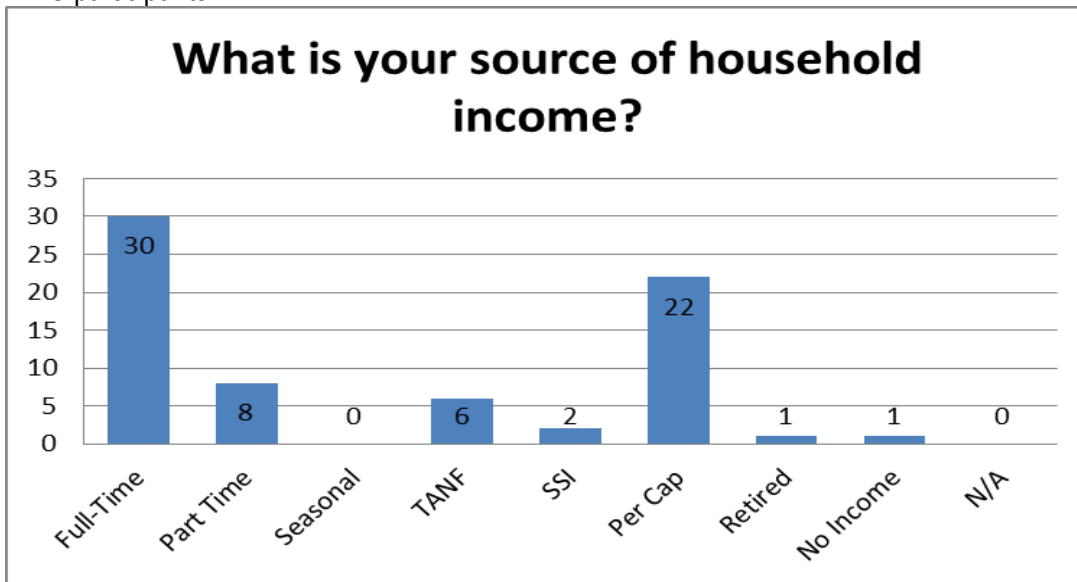
BIHS Participants: 27% indicated it was very difficult to find childcare for their children in the summer months when Head Start is not in session, 36% somewhat difficult, 30% not difficult at all, and 0% n/a.

What is your source of household income?

All participants

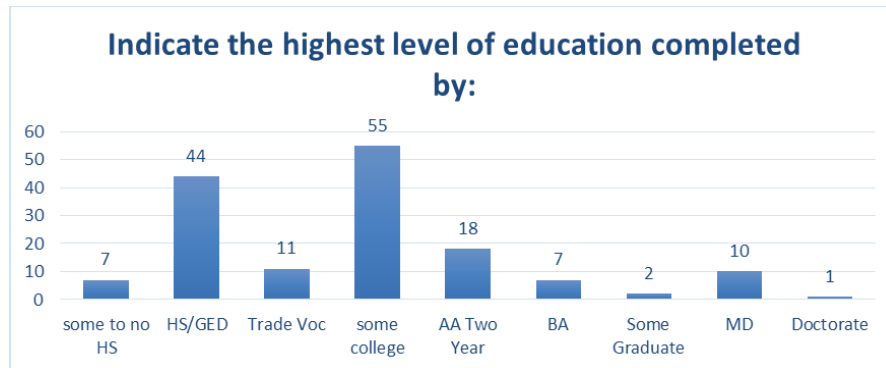


BIHS participants

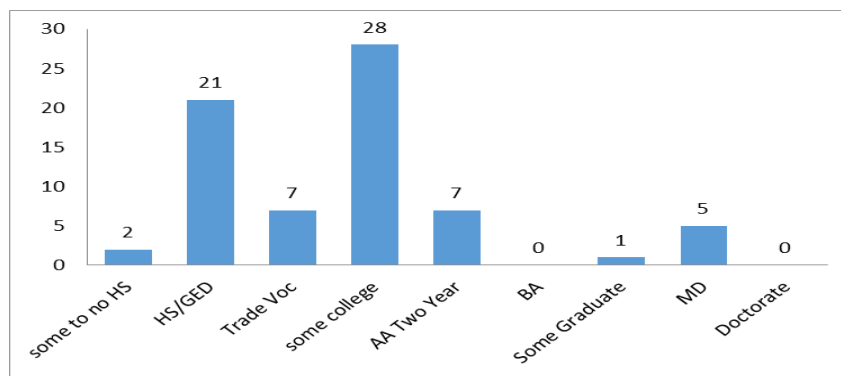


| To the best of your knowledge is your combined family income? | Below Federal Poverty Guidelines | At Federal Poverty Guidelines | Above Federal Poverty Guidelines | N/A |
|---|----------------------------------|-------------------------------|----------------------------------|-----------|
| All participants Grand Total | 32 | 24 | 38 | 8 |
| % | 30% | 22% | 35% | 7% |
| BIHS participants Grand Total | 13 | 9 | 16 | 0 |
| % | 30% | 20% | 36% | 0% |

All participants

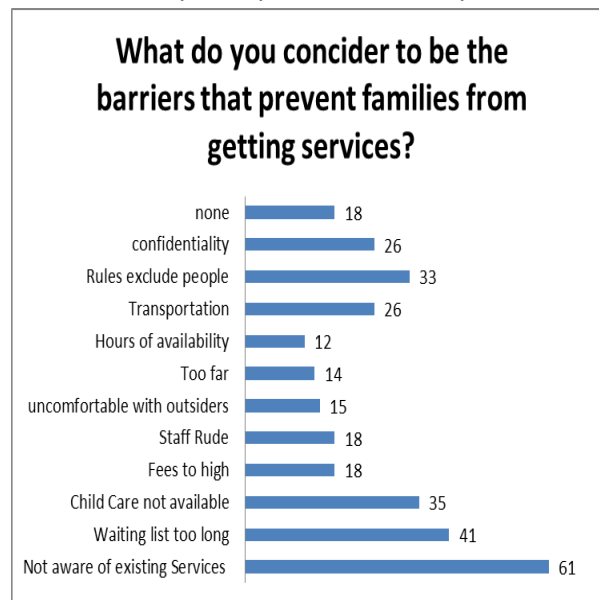


BIHS participants

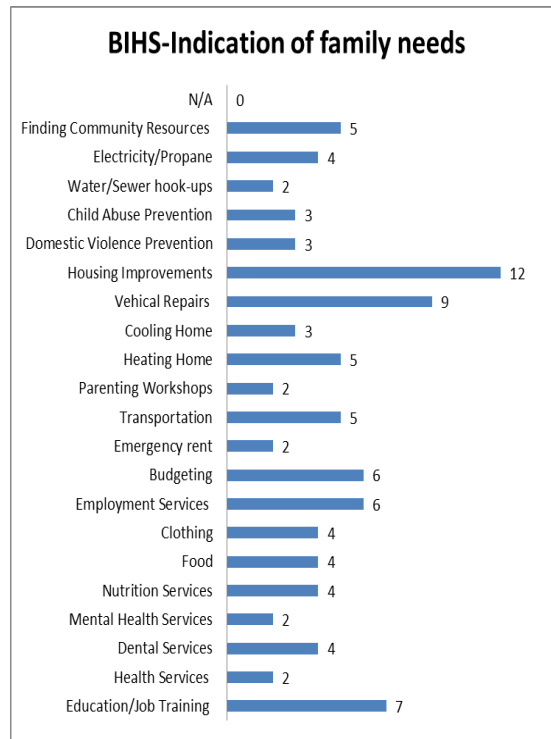
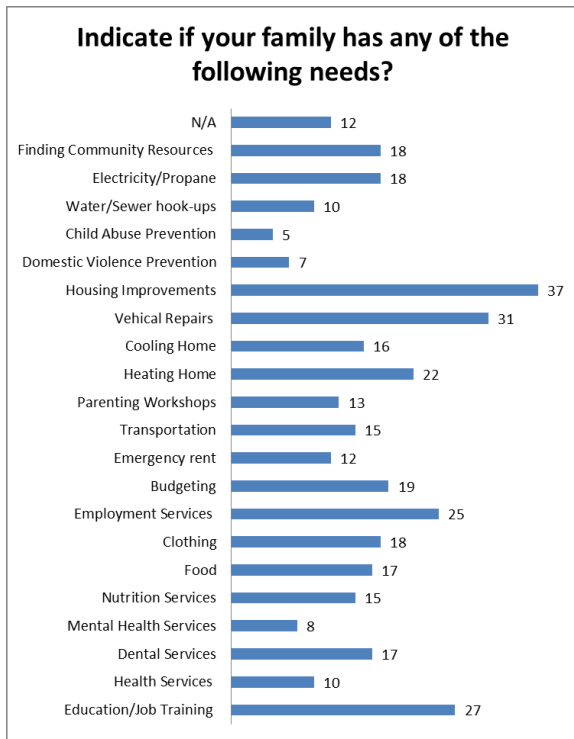


Are you or your spouse/partner currently in school?

- ✚ **All Participants:** 77% said they were not currently in school; 5% were in school full time; 17% were in school part-time. 42% said their spouse/partner was not currently in school; 1% of spouse/partner is in school full-time and 5% indicated spouse/partner in school part-time.



All participants



Inserts from the 2017 Community Assessment

| Tell Us How We Are Doing? | |
|--|--|
| Questions | Summary of Answers |
| <p>How did you hear about Head Start? All participants</p> | <p>63% from a friend 22% other 22% from BIHS Staff 10% HS Flyer 11% Tribal Radio 6% n/a 3% Elementary School 3% Mental Health Office 1% Dental or Dr. Office</p> |
| <p>If you have volunteered at Head Start, please check all of the ways you have volunteered?</p> | |
| <p>Top 5 Head Start 59% Field trips 48% Helped in the classroom 30% Special Events 18% Special Projects 16% Policy Council</p> | <p>Top 5 All Participants 37% Helped in the classroom 31% Field trips 23% Special Events 14% Policy Council 13% Special Projects</p> |
| <p>Would you please tell us what program would best fit your needs? All participants</p> | <p>33% no response 28% 10 months a year 25% Full Day Year Round 30% Early Head Start 8% Home Based</p> |

| <i>If your child(ren) went to BIHS, please rate your experience:</i> | |
|---|--|
| Did Head Start assist in your child (ren)'s education? | BIHS 86% Very Good and 16% Good All participants 62% Very Good and 17% Good 21% n/a |
| How well do you think staff respected your opinions, ideas, and concerns? | BIHS 80% Very Good and 14% Good All participants 57% Very Good, 17% Good, 1% needs improvement, 1% unacceptable, 20% n/a |
| What was the condition of the Head Start facility? | BIHS 91% Very Good and 7% Good All participants 63% Very Good, 12% Good, 2% needs improvement, 21% n/a |
| What was the condition of the Head Start playground? | BIHS 82% Very Good and 18% Good All participants 57% Very Good, 19% Good, 3% needs improvement, 20% n/a |
| How would you rate the individualized attention your family received from Head Start? | BIHS 80% Very Good and 18% Good All participants 52% Very Good, 26% Good, 2% needs improvement, 19% n/a |
| How would you rate the experience in the Head Start program? | BIHS 80% Very Good and 16% Good All participants 52% Very Good, 26% Good, 2% needs improvement, 19% n/a |
| <i>Please describe suggested improvements for the Head Start program.</i> <i>BIHS Other Comments:</i> This is a great program! I have no complaints. None at this time, love the school program. You are doing a great job with our youth. Everything is great! Good job. | BIHS 66% no comment; 16% none; 5% n/a; and 14% indicated a need to improve All participants 66% no comment; 20% none; 4% n/a; and 10% indicated a need to improve BIHS Improvement suggestions: Trying to get parents more involved. "Don't fire your good teachers. Being under-staffed will affect your program." "Get nicer teachers." More cultural activities like a Head Start Pow Wow or a hand game. Year round until 5 pm. I think some more supervision in the classrooms would be good. |
| Please specify your interest in attending the following training classes or workshops. | |
| Top 5 BIHS Training Interests 45% Gardening 41% CPR/First Aid/AED 41% Stress Management 36% Child Development 36% Family Fitness | Top 5 All participants Training Interests 46% Gardening 43% Family Fitness 42% CPR/First Aid/AED 35% Stress Management 35% Nutrition |
| Please tell us what Community Services on or off the Reservation you have used and your experience with those services? | |
| Top 6 BIHS Community Services 91% Toiyabe Indian Health Project 89% Head Start 70% Toiyabe Dental 66% Toiyabe WIC 52% Tribal Enrollment 41% Tribal TANF | Top 6 All participants Community Services 60% Toiyabe Indian Health Project 58% Head Start 54% Toiyabe Dental 41% Toiyabe WIC 36% Tribal TANF 32% Tribal Enrollment |

What do you think are the greatest needs in your Community?

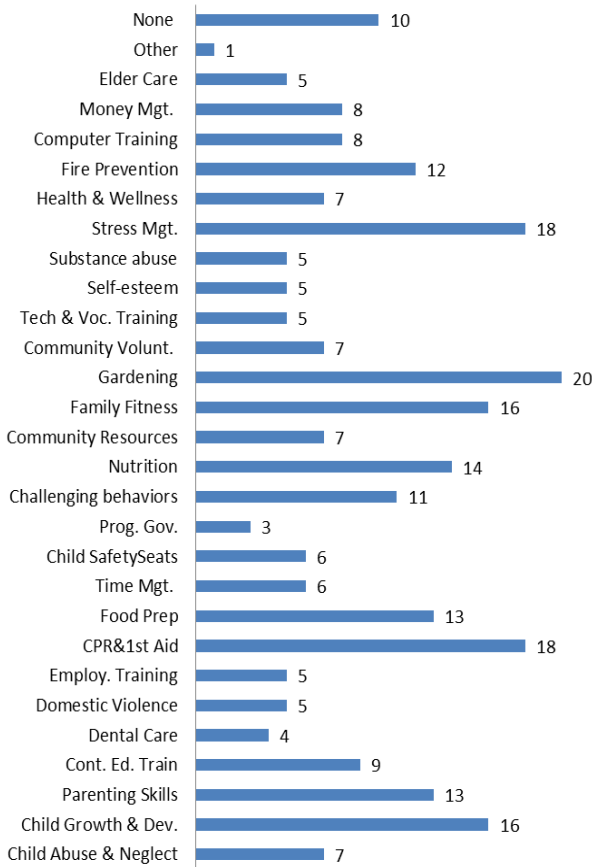
| BIHS Greatest needs | All participants Greatest needs |
|--|---|
| 60% no response 36% Community Embrace 9% Spirituality 7% Drug/Alcohol Rehabilitation 5% increase Tribal Ordinance 5% Day Program for Traumatic Healing 5% Homeless Shelter Assistance 0% Traditional Cultural teachings & Paiute Language | 48% no response 25% Community Embrace 14% Drug/Alcohol Rehabilitation 11% Day Program for Traumatic Healing 10% Tribal Ordinance 10% Spirituality 6% Homeless Shelter Assistance 2% Traditional Cultural teachings & Paiute Language |

What other additional services do you feel is needed in your community?

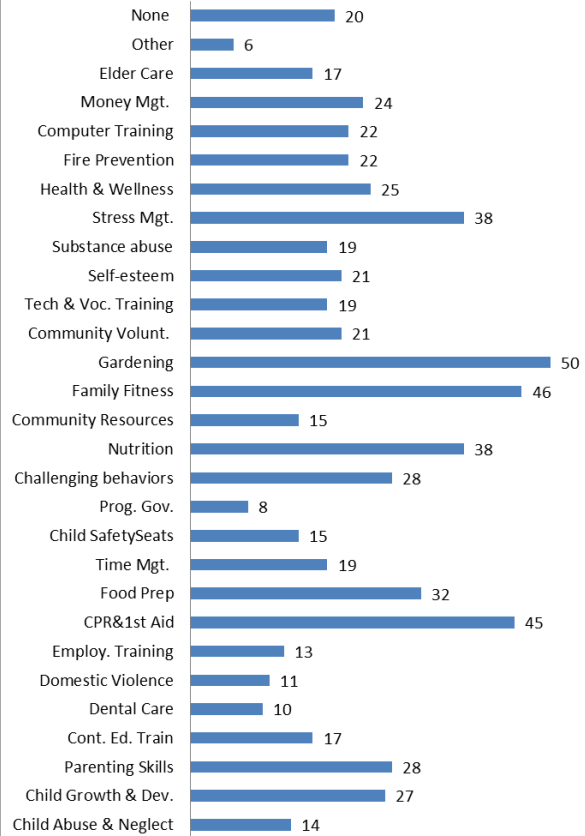
Head Start Parent Responses

1. Community wellness
2. Helping Tribal members to become self-sufficient, less dependent on services. Teach children to be successful adults.
3. Music programs.
4. Unity
5. Help for those middle-income earners who make too much for most programs but not enough income to afford extra programs on their own.
6. Job opportunities, higher pay, more education.
7. I think we need a place for our youth to hang out with each other. I feel we need more drug prevention for our community.
8. None at this time. We have a lot of programs
9. Paiute Mtn. School for 6-8 graders or a similar outdoor school experience. Food program for all. Free wood for elders.
10. Preschool available for all children. Jobs. Interrupting cycles of violence & drug abuse.
11. A better understanding of our whole community on & off the reservation.
12. Food & shelter for needy people.
13. Daycare not just low income family's daycare but one open to all families. Preferably low priced daycare also.
14. Spirituality
15. Better relationships with CPS
16. The knowledge of services & assistance available before they're needed (the emergency of them.) So, when shared it's appreciated instead of shameful or embarrassing.
17. Ms. Dayle's class rocks!
18. More info on ADD/ADHD, where to find support groups/services. Help parolees who are released they need a chance to get employed & given a second chance. Some are parents. Tribal police should patrol school bus stops to make sure kids are safe. There was a stranger danger incident at the bus stop across from head start that I reported to them. We need tribal police to stop traffic during funeral processions to the cemetery.

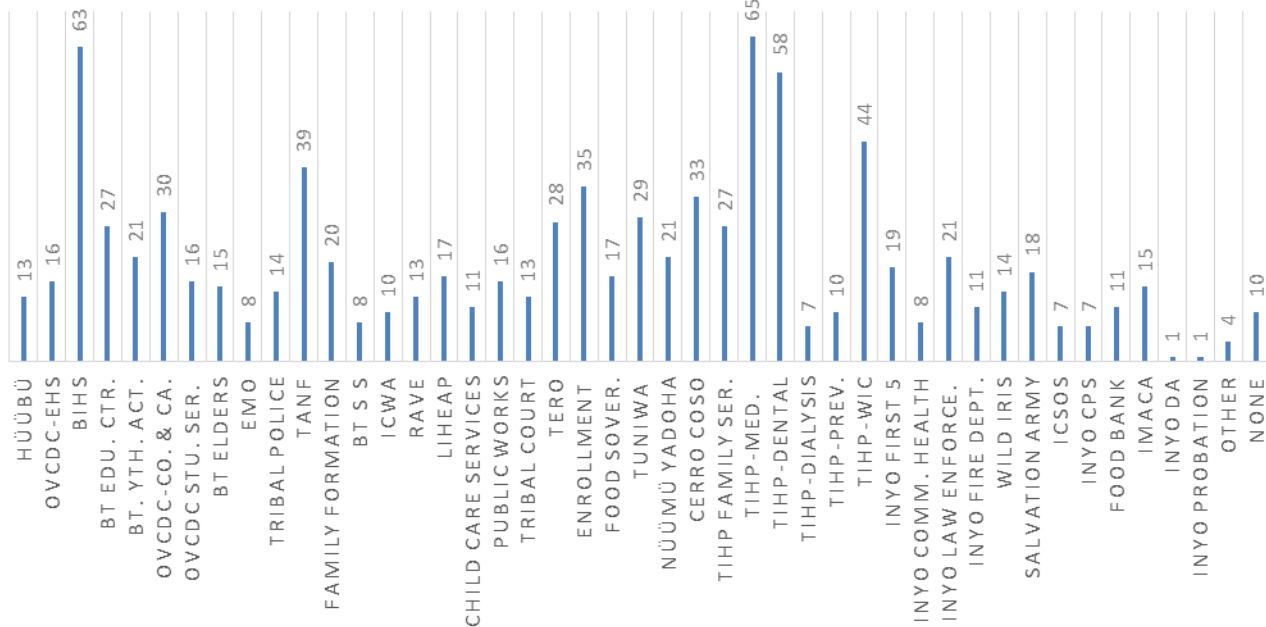
BIHS training/workshop interests



All Participants training /workshop interests



PLEASE TELL US WHAT COMMUNITY SERVICES ON OR OFF THE RESERVATION YOU HAVE USED AND YOUR EXPERIENCE WITH THOSE SERVICES?



Staff Survey: The purpose of this survey was to identify needs and program improvements in order to provide better services to children and families. The Bishop Indian Head Start Staff were provided an opportunity to offer input on training topics, areas of program improvements and opinions to barriers to community services. There was 100% return rate on this survey.

STAFF NEEDS ASSESSMENT SURVEY RESULTS 2016-2017

| Question 1 - How satisfied are you with the overall quality of this program? | | | |
|--|------------------|-------------|-----------------|
| | % Very Satisfied | % Satisfied | % Not Satisfied |
| | 42% | 58% | 0% |
| Question 2 - Do you feel that: | | | |
| | % Yes | % No | |
| Section A – Your individual training needs are met? | 89% | 11% | |
| Section B – You are successful in your position? | 94% | 6% | |
| Question 3 - Have you received information from the program about the following: | | | |
| Section A – Have you held your current position for less than 1 year? | 37% | 63% | |
| Section B – Have you held your position for more and 1 year? # yrs | 58% | 42% | |
| Section C – Are you a Bishop Indian Head Start graduate? | 32% | 68% | |
| Section D – Does your family need an affordable child/preschool program? | 26% | 74% | |
| Section E – Are you currently enrolled in college, taking course work to enhance your job skills? | 44% | 56% | |
| Section F - If not, do you plan to attend college prior to the start of the next school year? | 67% | 33% | |
| Section G – Have you received financial support from BIHS to further your education? | 33% | 67% | |
| Section H – Do you currently hold an updated valid permit or certification for your position? | 74% | 26% | |
| Section I - Have you met with your supervisor to complete your annual evaluation? | 79% | 21% | |
| Section J - Do you feel comfortable expressing your needs to your employer when it comes to work/family concerns? | 89% | 11% | |
| Section K – Have you been able to work out solutions with your employer when it comes to work/family concerns? | 94% | 6% | |

Question 4 - Would you like more information or training related to your position or other positions?

**Managing conflicts, building communication effectiveness.
*Strategies for behavioral friends.
*Out of town trainings, teambuilding with all staff participating.
*More time to visit and get to know staff members outside facility (i.e. retreat/teambuilding with all staff).
*More information regarding Family Advocate duties.
*NYEC
*Staff Communication
*New ideas for behavioral issues/concerns.
*New ideas for transitioning children.
* Out of town training?!!
*CLASS/Coaching/Human Resource
*Trainings, working with children with disabilities (strategies, hands-on experiences).
8/19 said no*

1/19 said yes, but did not provide a topic

In 2013-2014 Culture in the Classroom remains a top interest for training among the staff. Team building and parent involvement are equally important

| Question 6 - How satisfied are you with your training or work environment? | | | |
|--|-------------------------|--------------------|------------------------|
| | % Very Satisfied | % Satisfied | % Not Satisfied |
| Section A – How happy are you in your work place? | 61% | 39% | 0% |
| Section B – How happy are you in your classroom environment? | 83% | 17% | 0% |
| Section C – How valued do you feel in your work? | 47% | 42% | 11% |
| Section D – How satisfied are you with the frequency of recognition/incentives you receive? | 42% | 37% | 21% |
| Section E – Languages spoken by staff | 58% | 32% | 11% |
| Section F – How program staff communicate with you | 50% | 50% | 0% |
| Section G – Meeting the individual needs of our students | 79% | 21% | 0% |
| Section H – Interaction between staff and children | 68% | 32% | 0% |
| Section I – Interaction with staff and parents | 61% | 39% | 0% |
| Section J – Parent and Community Involvement | 47% | 53% | 0% |
| Section K – Equipment and materials for your position | 74% | 26% | 0% |
| Section L – Cultural activities | 32% | 47% | 21% |
| Section M – Monthly/Daily activities education activities for children | 63% | 37% | 0% |
| Section N – Transportation Services | 74% | 26% | 0% |
| Section O – Nutrition Services | 70% | 30% | 0% |
| Section P – Health and safety policies and procedures | 74% | 26% | 0% |
| Section Q – Outdoor classroom Environment | 74% | 26% | 0% |

Question 7 - Is there anything else you would like to say about how BIHS meets your training needs?

**Training needs are met (ongoing).*

**Strategies for behavioral friends.*

**More training out of our facility.*

**Out of town and hands on activities.*

**Team building with all staff participating.*

**I need more technical support.*

**More training away from BIHS.*

**Trainings can be easily taken on the BIHS computers.*

**Director individualize to staff needs- thank you.*

**Just need more time in day to take trainings.*

**Very lucky all our trainings are provided and paid for.*

12/19 no response or answered no

Question 8 - Do you have any suggestions about how BIHS could be improved?

**More Effective teamwork development.*

** Staff trainings to get along.*

**More time for teachers to catch up on housekeeping, paperwork, DRDP filing in our 8 hour day. 1 or 2 days a month.*

**More half days to catch up on paperwork, cleaning out (class, office, shed). 1 non-attendance day in October, March (only months with no holidays).*

**More Cultural based activities.*

**No doing great.*

**Doing good.*

**Days set aside specifically for DRDP, Child Assessment and paperwork.*




**Communication between staff (tone of voice, facial expressions, common courtesy).*

**Out of town trainings with all staff or lunch away from building (laugh, enjoy, and visiting with co-workers).*

**More sharing on teaching techniques, successful positive enforcement.*

8/19 No response

**2015-2016
Top 3 Training Interest
BIHS Staff**

-  Culture
-  Classroom Management
-  Parent, family, community engagement

**2015-2016
Top 3 Preferred
Ways of trainings
BIHS Staff**

-  Workshops
-  Conferences and or Summits
-  Travel

**2017-2018
The Office of Head Start
provides a Training and
Technical Support
budget of
\$11,522.00 each year
for the past 12 years for
Staff Development**

1. What are the greatest needs for children in our Tribal community?

- ✦ Positive role models.
- ✦ Healthy food access and family support to make healthy living an everyday way of life.
- ✦ Their parents to be drug and alcohol free. BIHS is a wonderful start for them.
- ✦ A safe playground, good education and healthy meals.
- ✦ Strong family life with mom and dad as primary caregivers.
- ✦ A place where they can go and have interactions with others their age. A place that would make them feel safe and give them the necessary skills to handle problems that may arise at school and home.
- ✦ testing for disabilities at a younger age and a representative to help them get the proper educational start
- ✦ DAYCARE/AFTERSCHOOL PROGRAMS
- ✦ social emotional skills and supports
- ✦ The greatest need for children is for them to have a safe, comforting and nurturing environment to grow up in.
- ✦ Homes, Food, Safety, Culture, Family
- ✦ All children need stability in their home life.
- ✦ Education and opportunities
- ✦ Healthy foods & exercise, nurturing families, healthy communities (no violence, drugs & alcohol); quality Education with cultural values taught.
- ✦ Education on healthy eating and physical activity.
- ✦ Parents, culture activities, child care
- ✦ To stay in school
- ✦ FOSTER OR TEMPORARY CARE FOR CHILDREN THAT ARE PLACED IN THE COURT SYSTEM.
- ✦ I think a strong family foundation is the most important need for our community.
- ✦ Education of Culture Appropriation
- ✦ Sound education from mentors that care.
- ✦ Behavior - need to learn respect and to be grateful for our culture and way of life. Our children need to learn where we came from.
- ✦ More programs for all ages to keep them busy and out of trouble
- ✦ safe environment to learn

2. What are the greatest needs for families in our Tribal community?

- ✦ Empowerment.
- ✦ More support for healthy, active living so that it becomes a societal norm to be outside and eating healthy unprocessed foods.
- ✦ A drug and alcohol residential rehabilitation facility. A center that does medical detox. A place that can help Native people instead of putting them in jail where they get NOTHING. Making the jail set up the computers that I think Terry McAteer gave them and helping them get their diploma. They can get the diploma for free through Inyo Promise. Someone to go down and guide them through signing up for school.
- ✦ Employment and housing
- ✦ Education and job opportunities for youth and young adults.
- ✦ A place to buy inexpensive good produce. The healthy food at the markets in town are overpriced so most families won't buy the type of groceries to feed our bodies in a good way.
- ✦ Supportive services for families not on TANF, help with proper nutrition and providing knowledge on how to get families healthy in mind body and spirit.
- ✦ DAYCARE/DAYCARE EXPENSES
- ✦ economic and family strengthening resources
- ✦ The greatest need for families is to be provided the opportunity to improve their situations and improve their lives.
- ✦ Homes, Food, Safety, Culture, Social Services tailored to our families, Alcohol and Drug services
- ✦ All families need access to all services provided. It is unfortunate we are limited by rules and regulations; that may exclude some families.
- ✦ Support and guidance
- ✦ Sustainable good paying jobs to provide for families. Healthy foods, at affordable costs.
- ✦ Jobs

- ✦ Drug & alcohol prevention, parenting and co-parenting classes
- ✦ Stay in touch with their child's school, so they can keep up on their child's progress and needs.
- ✦ FOOD AND CLOTHING BANK
- ✦ A strong set of family values and a motivation to be self-reliant through job security.
- ✦ More parent participation and guidance and successful role models that encourages youth to strive for better.
- ✦ Sound education from mentors that care.
- ✦ To many children with no supervision. Parents need parenting classes on teaching respectful behavior. Some of our parents also need to learn to be respectful and need to learn about our tribe in order to pass this knowledge on to their children.
- ✦ More family oriented activities
- ✦ Healthy living, counseling services. Parenting classes.

3. What are the greatest strengths in our Tribal community?

- ✦ Family.
- ✦ Community gathering and cohesion. Once it becomes "trendy" for healthy lifestyles to be the norm for a small group of people, it will spread quickly throughout the community.
- ✦ Preschool & the baby center (don't honestly know much about the baby center) There are good addiction meetings on the res but I don't know if people who need to know do know. Literacy projects. OV CDC.
- ✦ Excellent healthcare
- ✦ Available resources and departments.
- ✦ Our ability to come together to help a family in need.
- ✦ We are a small community, capable and willing to learn to be a better to support our youth and future leaders.
- ✦ WORKING TOGETHER
- ✦ cultural strengths as a protective factor, and tons of great tribal agencies with passionate employees who care for kids and families
- ✦ The greatest strength is the fact that the Tribal Community can make changes that can directly impact the lives of community members. But this can also be a weakness.
- ✦ That we are a community of Paiute People, we have land, we have a tribal government, we have medical services and programs to help develop ourselves and family members for the better.
- ✦ Our Tribal leaders. Some may not believe so but they have the authority to provide grant writers, and professional staff to carry out the services. We also have families with true cultural values, the main ones are sharing & caring for each other.
- ✦ family support
- ✦ Tribal Health & Community Outreach is good; Tribal Government is strong.
- ✦ Pull together in time of need, organizations to help in various areas-nutrition, education, social, mental health, cultural, etc...
- ✦ can't think of any currently
- ✦ OUR TRIBAL GOVERNMENT
- ✦ The greatest strength has been our family network. The extended family has keep things strong over the years but I see it eroding.
- ✦ The ability to come together for celebrations and in time of need.
- ✦ Ties to culture, the ability to care for one another, mentors.
- ✦ Coming together when a family experiences a tragedy. Everyone comes out to help.
- ✦ The ability to come together as a community
- ✦ learning our Paiute language

4. What are the barriers that prevent people from getting the services they need?

- ✦ Lack of motivation.
- ✦ Lack of knowledge and an overwhelming system of multiple service providers. If there was one centralized place for people to access services for everything, less cracks would develop.
- ✦ Lack of knowledge - same as everywhere. Addiction is another barrier- people are not going to go get help when they are in that place (addiction).
- ✦ Terrible Tribal Council

- ✦ People are either unaware of the resources available or unwilling to seek the resources.
- ✦ Sometimes we don't know who to contact when we need help with getting the services we need.
- ✦ Drugs and Alcohol, stigma.
- ✦ PEOPLE THAT WORK FULL-TIME BUT STILL HAVE TROUBLE RECEIVING SERVICES BECAUSE THEY MAKE TOO MUCH MONEY.
- ✦ lower functioning families with lots of chaos in their lives are so focused on survival that sometimes it's hard to engage them in available supports
- ✦ Education about those services.
- ✦ Not qualified because of some reason established by some grant guideline. You are either over income or low income, no in between. No services for single individuals
- ✦ Eligibility guide lines specific to how service dollars are spent. Lack of education on what is offered. We need to do a better job of advertising services
- ✦ Lack of encouragement and we need better customer service if you go to ask for help or info it's nice to feel you're going to be treated kindly
- ✦ Transportation & lack of funds; no vision for the future.
- ✦ Transportation, knowledge or awareness of opportunities, alcohol/drug abuse.
- ✦ Drugs and alcohol, unemployment, co-parenting
- ✦ Most of the services are offered to low income families and the middle class have nothing offered to them.
- ✦ PRIDE, EMBARRASSMENT
- ✦ There was a time when our people were concerned with employment opportunities only. Now lack of cultural education seems to be the biggest barrier.
- ✦ The lack of self-motivation and desire to better oneself.
- ✦ Lack of understanding the true benefits of a sound education.
- ✦ Knowing what services are available. Income eligibility is a big barrier. If you work and try to support yourself and/or family you are penalized and not eligible for some services or events. This sends a wrong message to our children.
- ✦ Some people aren't aware of the programs that are offered, some just don't utilize the programs
- ✦ not enough service providers, transportation,

5. How can we prevent duplicated services?

- ✦ Some duplicated services are needed, ie health and nutrition.
- ✦ yes, but it takes a coordinated effort at the leadership level to participate in all aspects of community government, i.e. county, city and tribal leadership conversations.
- ✦ Everyone let OVCDC know what things and projects they do and OVCDC keeps aware to prevent duplicating services.
- ✦ Elect better people to serve on the Tribal Council
- ✦ Is that a problem in our area? Coming from a small community, sometimes people are unwilling to go to an agency because of personal conflict. Having several agencies available will offer our community members options and the freedom to choose.
- ✦ Create a good computer program for them.
- ✦ Collaborate with other services in the area and see what they offer.
- ✦ COMMUNICATION
- ✦ look for partnerships, networks, and coalitions with other agencies with related goals
- ✦ Communication between departments/organizations.
- ✦ Communication
- ✦ Each entity should send out an email to all service providers and state what grants they are applying for.
- ✦ More communication and cooperation but I think it is okay to duplicate services not everyone can attend on the days or times offered
- ✦ Better collaboration meetings. Make sure all entities that serve Tribal people are at the table, including Tribal council.
- ✦ I don't think there are duplicated svcs so much as there are overlapping svcs...Some may qualify for one program but not qualify in another program....
- ✦ communication, individual screenings
- ✦ Read the grants and communicate with other organizations.

✚ COLLABORATION WITH ALL TRIBAL AGENCIES

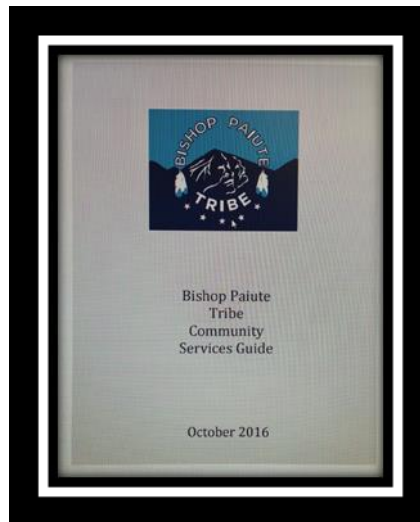
- ✚ A well-coordinated effort by all agencies involved seems to be the best solution.
- ✚ Have active knowledge and log the best services and the outcome of each service.
- ✚ Regular communication between programs.
- ✚ Monthly collaboration meetings with all agencies operating on the Bishop Paiute Reservation.
- ✚ Let people be more aware of the programs they have already
- ✚ Have a one stop system, so the individual does not have to run all over to different places.

6. What program improvement suggestions do you have for BIHS?

- ✚ I feel you are already leaders in the community. Would like to see others follow suit.
- ✚ You all are a cornerstone program and I think your enthusiasm for healthy change is going to only become more powerful in the coming years as the young families you work with, learn and understand that the power of change is in their hands!
- ✚ More "Fairs" that talk about services that are offered. Put out a "resource book" and mail it to everyone on the res. If BIHS takes this on CCC has a resource book for most of county resources that may be a good starting point.
- ✚ More information throughout the community
- ✚ BIHS is a good program. Any additional services for parents and their children will be a definite plus.
- ✚ BIHS does a wonderful job already. The outdoor learning yard they have created is awesome. All the fruit trees and the garden teach our children about healthy food and show them that they can create their own. I really love the way that the staff interacts with the children and makes them feel special individually. Sometimes they may not get that at home.
- ✚ Provide education for the parents in these areas; nutrition day with the families, the importance of overall health of the family, how the child's brain grows with neglect, abuse, observing abuse and how to foster children in a good way.
- ✚ More administrative support for the director -- she does such an awesome job and deserves to have some help so she doesn't burn out!
- ✚ None at this time
- ✚ Cannot speak to this since I don't have little ones anymore, but what I see looks really great for the little ones, but I'm sure there is something that can be improved on maybe more cultural events.
- ✚ Head Start is one of the greatest tools we have to educating our children. We need to be careful not to lose sight of the real goals. Yes it is good to offer all the center interests but we should not spread ourselves so thin trying to do it all that it becomes a burden.
- ✚ Just keep up the good work consistency is very important.
- ✚ Unsure, as I think they already do an excellent job. Maybe they could have more community outreach and have elders and grandparents interact with the teachers and children of HS?
- ✚ I think they are doing wonderfully and try to do everything they can for the students and families.
- ✚ Don't have that much contact with BIHS, so I don't have any comments.
- ✚ THEY ARE DOING A GREAT JOB.
- ✚ To continue to give the students a strong self-identity. Also, it would be good to see an assessment of how Head Start has done over the years in providing early childhood education to our children. I would like to see where the children are now after having been in the Head Start Program.
- ✚ Parent participation and involvement makes all the difference.
- ✚ From what I hear the program is doing great work, keep that up! I always promote multi-generational learning as being key to a community like ours.
- ✚ Acting - have the children present a couple of plays during the school year.
- ✚ Head start has come a long way, and I believe the staff is doing a wonderful job. The kids are excited to go to school
- ✚ Afterschool daycare until five for those parents who work. So the children do not have to be shuffled around.

Section V of the Community Assessment report covers community resources.

The Bishop community has several sources of resources from individuals to institutions. Resources from individuals include the capabilities of community members to make unique contributions to the development of the community. For example, individuals may offer time, ideas, creativity, enthusiasm and energy to help share the directions that the community takes. While, institutions include formal public, private, and not-for-profit organizations that work together in order to achieve a particular community-building objective. There are numerous resources available from the tribe, city, county, and state. In 2016, Bishop Indian Head Start in a Community Needs meeting requested support to update the Community Services Guide provided by The Community Outreach Program-Crisis Intervention. BIHS also provided the team with the Inyo County Resource Map for Families (2013) provided by Inyo County First 5. As a result the Bishop Paiute Tribal Administration created a task force and updated resources for the community which include both Tribal and Non-Tribal services to assist in meeting the needs of our families and children. A downloadable copy can be located: <http://www.bishoppaiutetribe.com/assets/specialpostings/headstart/2016CommunityDirectory.pdf>



Summary/Conclusions-Section VI- presents the summary and conclusions of the Community Assessment Report, while **Section VII** identifies sources of information used to gather the Community Assessment data. The Community Assessment represents a collection and analysis of information of the Bishop Head Start program's service area. This report reflects characteristics and needs of Head Start eligible children and their families, including available resources and provides a broad knowledge base for strategic planning for program services and management systems.

While all the information presented contributed to the Community Assessment report's overall conclusions, there was certain specific information loomed more prominent and important. This specific information formed the core conclusion. From the conclusions, recommendations emerged that are intended to be useful in future Bishop Indian Head Start program planning.

The most noted information that emerged from the overall Community Assessment formed conclusions in two areas: (1) the ongoing needs of current Head Start families, and (2) the unmet needs of eligible children and families.

The Bishop Indian Head Start program provides an array of community resources available for children and families, especially in the area of health and social services. Efforts to improve the need to collaborate services within and without the Tribal Community have proven to be successful since the 2014 Community Assessment to ensure services are being provided in a consistent and timely manner and to reduce duplication.

Current and eligible Head Start families remain vulnerable to the effect of socioeconomic and health problems. Many Head Start eligible families continue to cope with profound poverty; others have more material resources but most families experience an underlying sense of the inevitability of need. Service providers essential to the wellbeing of families served by Bishop Indian Head Start include those who address issues of employment, education, job skills, substance abuse, domestic violence, mental health, childhood obesity, parenting, child development and now homelessness.

An analysis of the information in the community assessment report revealed emerging areas that need to be addressed by Head Start programming:

- ✓ Program staff, need to work closely with community partners and tribal programs to develop a strong family support program that addresses domestic violence, substance abuse, education, and stress issues among families.
- ✓ Since most enrolled and eligible Head Start families are employed, there is a continuing need to provide a full-day continuum of services that will blend the Head Start and Child Care programs to address the child care needs of working families.
- ✓ There is a continuing need in the community to address issues of single parenting.
- ✓ Program improvements issues identified by staff include parent involvement, culture in the classroom, and team building.
- ✓ Program improvement issues identified by parents include adding more culture into the curriculum, Parent Involvement, Staffing and Supervision
- ✓ Program Improvements identified by partners include providing education for the parents in these areas; nutrition day with the families, the importance of overall health of the family, how the child's brain grows with neglect, abuse, observing abuse and how to foster children in a good way. Increase parent participation, more school presentations, and after school daycare.
- ✓ Program/Community improvement issues identified by community partners include transportation, resources to address homelessness, drug and alcohol residential rehabilitation facility, assisting families in obtaining resources in the community to support their family needs and goals; decreasing the required paperwork load on families to obtain resources.
- ✓ New area identified in 2017 was Gardening, CPR and First Aid; stress management parenting skills; Child Development, and Child Growth and Development training for parents was most frequently cited.
- ✓ There is also a need to continue to increase communication and collaboration between the Bishop Indian Head Start program and community partners in efforts enhance services and provide a variety of parent trainings that will meet the needs of our Head Start community.
- ✓ There is also a need for a Universal Referral form identifying the various Tribal Program Services for families. Social Service programs are currently meeting at least once a month to improve the communication and collaboration between agencies to maximize resources within our community. (Referral form developed in 2016!).

The community assessment report will be used as the foundation for developing goals and objectives for the 2017-2018 Continues 5-Year Noncompetitive (Year 3) Grant and to update the 5 Year Strategic Plan, School Readiness Goals, and Parent, Family, and Community Education Plan. Parent, Staff, and Community Needs Data will be updated each year to analyze trends, positive outcomes and program/community needs.

The Bishop Indian Head Start Community Assessment process is an effort to target collaborative program planning among our Tribal agencies as well as social services outside the reservation.

Section VII: Sources of Information

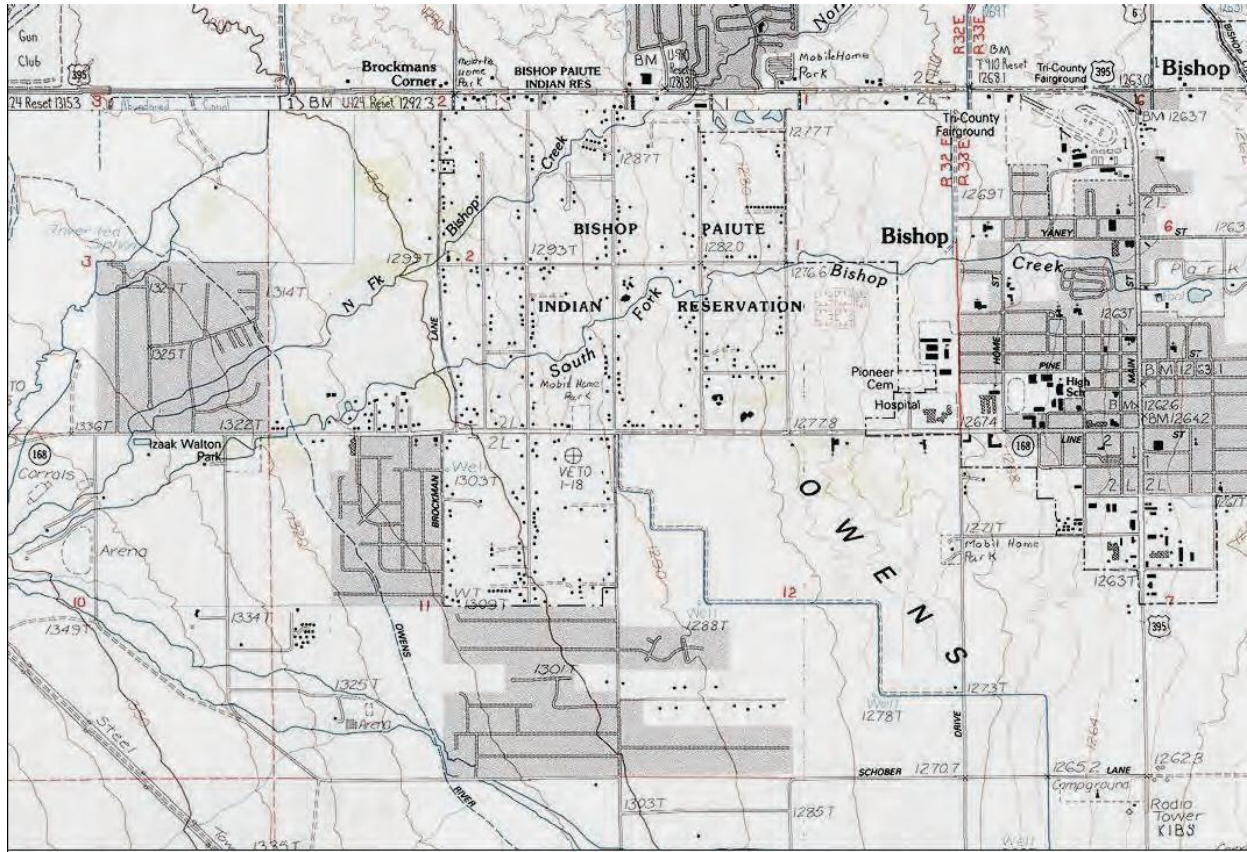
The 2017 Bishop Indian Head Start Community Assessment utilized a broad array of information. It is a compilation of original research, summation of other data, or direct extracts from studies and assessments. The following sources were consulted in preparing this assessment.

- ✓ Comprehensive Economic Development Strategy 2014-2019 and update
- ✓ 2010 Census
- ✓ Bishop Indian Head Start Program Information Report for the 2015-2016 Program Year
- ✓ Bishop Tribal Enrollment Department
- ✓ Bishop Paiute Tribe
- ✓ Bishop Paiute Reservation Census Analysis 2009
- ✓ Bishop Indian Head Start Community Assessment 2014-2015
- ✓ U.S. Census Bureau 2000
- ✓ U.S. Census Bureau, estimated 2008-2009
- ✓ California Kids Count Book
- ✓ California Children Now
- ✓ California Department of Education
- ✓ Inyo County Office of education
- ✓ Bishop School District
- ✓ Big Pine School District
- ✓ California Child Care Portfolio 2009
- ✓ Owens Valley Career Development Center
- ✓ Inyo County Children and Families Commission Assessment of Community Needs 2007-2012 Plan
- ✓ Inyo County Health and Human Service Department
- ✓ Inyo County Maternal, Child and Adolescent Health Needs Assessment 2010-2014
- ✓ City-Data.com (Recent Estimates of Big Pine, Bishop, and Inyo County)
- ✓ Wikipedia-The Free Encyclopedia
- ✓ Bishop Paiute Tribal Water Quality Control Plan 2007
- ✓ Bishop Paiute Environmental Management Office
- ✓ Bishop Paiute Gaming Commission
- ✓ Great Schools.com
- ✓ Accountability Center-Individuals with Disabilities Education Act Data Part C 2008-2009 Data
- ✓ First 5 Inyo County 2009-2014 Strategic Plan
- ✓ County Wide (Inyo California) Education Report Profiles Fiscal Year 2009-2010
- ✓ Digest Of Education Statistics - Individuals with Disabilities Education Act Data Part B 2006-2007 Data
- ✓ Children Now-California Report Card 2011
- ✓ Kids Count Data Center-The Annie E. Casey Foundation
- ✓ Bishop Paiute Development Center
- ✓ Bishop Paiute Casino
- ✓ City of Bishop/Inyo County
- ✓ The Paiute Tribe Women's Legal Advocacy Program

All websites are within this report.

Appendix A

Maps of the Bishop Reservation Area





Appendix B

Community Survey Form

Staff Survey Form

Blank Copy of Community Survey used for 2017 survey.

Every three years Bishop Indian Head Start will conduct a community needs assessment to collect data about community strengths, needs, and resources. Bishop Indian Head Start will use this data to make decisions about long and short term goals, selection criteria, the type of services provided for children and families and to determine collaboration possibilities with other agencies. The purpose of this survey is to assess our current service outcomes, target service areas of improvement and if determined enhance our current Head Start services. Data will be updated each year as needed. Your feedback is very important and will be kept confidential. Thank you for taking the time to answer these questions.

| Tell Us about Yourself | | | |
|---|---|---|-------------------------------|
| 1. What category best describes you? | | | |
| <input type="checkbox"/> Parent working or in (college/vocational) | <input type="checkbox"/> Parent not working or in (college/vocational) | | |
| <input type="checkbox"/> Guardian working or in (college/vocational) | <input type="checkbox"/> Guardian not working or in (college/vocational) | | |
| <input type="checkbox"/> Grandparent working or in (college/vocational) | <input type="checkbox"/> Grandparent not working or in (college/vocational) | | |
| <input type="checkbox"/> Teen Parent working or in (college/vocational) | <input type="checkbox"/> Teen Parent not working or in (college/vocational) | | |
| <input type="checkbox"/> Foster Parent or in (college/vocational) | <input type="checkbox"/> Foster Parent not or in (college/vocational) | | |
| <input type="checkbox"/> None of the above. Please describe: _____ | | | |
| 2. Your gender | | | |
| Male | | <input type="checkbox"/> Female | |
| 3. Your age | | | |
| <input type="checkbox"/> 17 and under | <input type="checkbox"/> 18-25 | <input type="checkbox"/> 26-35 | |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 56 and Over | |
| 4. Your ethnicity/race (check all that apply) | | | |
| <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific | <input type="checkbox"/> Other _____ | |
| 5. What is the primary language spoken in your home? (check all that apply) | | | |
| <input type="checkbox"/> Paiute | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | |
| 6. Is anyone in your household a Head Start graduate? (check all that apply) | | | |
| <input type="checkbox"/> Yourself | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other children in family | <input type="checkbox"/> None |
| Tell Us about Your Family | | | |
| 7. What is your marital status? | | | |
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Living with my partner | | |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | | |
| 8. Which of the following best describes your family? (Check only one) | | | |
| <input type="checkbox"/> Two Parent Family | <input type="checkbox"/> Female Head of Household, no husband | | |
| <input type="checkbox"/> Male Head of Household, no wife | <input type="checkbox"/> Two or more Family Household | | |
| 9. How many adults, including yourself, live in your household? _____ | | | |
| 10. How many children live in your household? (under 18 years old) _____ | | | |
| 11. How many children live in your household? (under 5 years old) | | | |
| Ages: | | | |
| Between 0-1 years # _____ 2 years # _____ 3 years # _____ Between 4-5 years # _____ | | | |
| Tell Us about Your Family's Home | | | |

| | | |
|--|--|--|
| 12. About your home, does your family live in a: | | |
| <input type="checkbox"/> House, you own | <input type="checkbox"/> Mobile, you own | <input type="checkbox"/> Apartment (rent) |
| <input type="checkbox"/> House, you rent | <input type="checkbox"/> Mobile, you rent | <input type="checkbox"/> Rent a room from other family |
| 13. About your living situation, does your family live: | | |
| <input type="checkbox"/> Alone as a family | <input type="checkbox"/> With another family or person because of loss of housing or as a result of economic hardship (sometimes referred as “doubled-up”) | |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> In a hotel/motel | <input type="checkbox"/> In a car, park, or campsite |

| | |
|--|---|
| Tell Us about Your Family’s Health and Dental Care | |
| 14. Does your family have access to affordable Health Care Services? | |
| <input type="checkbox"/> Yes, Type of insurance: | <input type="checkbox"/> No, why not? |
| 15. Does your family have access to affordable Dental Health Care Services? | |
| <input type="checkbox"/> Yes, Type of insurance: | <input type="checkbox"/> No, why not? |
| 16. Does your family have access to affordable Mental Health Care Services? | |
| <input type="checkbox"/> Yes, Type of insurance: | <input type="checkbox"/> No, why not? |
| 17. Where do you usually take your child to get medical care? (Check all that apply) | |
| <input type="checkbox"/> Family doctor | <input type="checkbox"/> Community Health Clinic |
| <input type="checkbox"/> Family dentist | <input type="checkbox"/> Indian Health Service |
| | <input type="checkbox"/> Emergency room |
| | <input type="checkbox"/> Other _____ |
| 18. In your opinion, what should be done to make quality health care more available to families in your community? (Check all that apply) | |
| <input type="checkbox"/> Decrease cost | <input type="checkbox"/> Provide transportation |
| <input type="checkbox"/> Increase the number of health centers | <input type="checkbox"/> Provide more information about available health care |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | | |
|--|--|---|
| Tell Us about Your Transportation | | |
| 19. How does your family get your child(ren) to school or childcare? | | |
| <input type="checkbox"/> Car | <input type="checkbox"/> Head Start transportation | <input type="checkbox"/> Bike |
| <input type="checkbox"/> Ride with a friend | <input type="checkbox"/> Public transportation | <input type="checkbox"/> Walk, How many miles |
| 20. Do you have a reliable car? | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, car is reliable | |
| 21. Would you like to see improvement to any of the following on the reservation? | | |
| <input type="checkbox"/> Sidewalks around Educational Services | <input type="checkbox"/> Bike and Walking Paths to Schools | |

| | | |
|---|---------------------|--------------------------|
| Tell Us about Your Employment | | |
| 22. Are you currently? (Mark one each for you and your spouse/partner) | | |
| Yourself | | Spouse or Partner |
| <input type="checkbox"/> | Not employed | <input type="checkbox"/> |
| <input type="checkbox"/> | Employed, full-time | <input type="checkbox"/> |
| <input type="checkbox"/> | Employed, part-time | <input type="checkbox"/> |

| | | |
|---|---|--|
| Tell Us about Your Child Care Needs | | |
| 23. Do you need child care for your child(ren) on a regular basis? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 24. What type(s) of child care are you currently using? (Check all that apply) | | |
| <input type="checkbox"/> Older siblings | <input type="checkbox"/> Relatives | <input type="checkbox"/> Babysitter in the home |
| <input type="checkbox"/> Licensed Family Child Care | <input type="checkbox"/> Licensed Child Care Center | <input type="checkbox"/> Head Start/Early Head Start |

| | | |
|---|---|--|
| 25. What was the main factor that influenced your decision about the child care arrangement you currently have? (Check all that apply) | | |
| <input type="checkbox"/> Cost was affordable | <input type="checkbox"/> Location near home or work | <input type="checkbox"/> My child(ren) would be safe |
| <input type="checkbox"/> Program has accreditation | <input type="checkbox"/> Referral from family or friend | <input type="checkbox"/> Other |
| 26. What types of child care have you needed in the last 12 months? (Check all that apply) | | |
| <input type="checkbox"/> Full-day care | <input type="checkbox"/> Half-day care | <input type="checkbox"/> Before/after school care |
| <input type="checkbox"/> Night or weekend care | <input type="checkbox"/> None | <input type="checkbox"/> Other |
| 27. Please check the periods that you most need child care during the week? (Check all that apply) | | |
| <input type="checkbox"/> Mornings only | <input type="checkbox"/> Evenings only | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Afternoons only | <input type="checkbox"/> Highly varying hours and days | <input type="checkbox"/> Other |
| 28. How difficult is it for you to arrange back-up child care when your regular childcare arrangement doesn't work? | | |
| <input type="checkbox"/> Very difficult | <input type="checkbox"/> Somewhat difficult | <input type="checkbox"/> Not at all difficult |
| 29. How difficult is it for you to find child care for your child(ren) in the summer months when Head Start is not in session? | | |
| <input type="checkbox"/> Very difficult | <input type="checkbox"/> Somewhat difficult | <input type="checkbox"/> Not at all difficult |

Tell Us about Your Income

| | | | |
|--|--|---|--|
| 30. What is your Source of Household Income? (Check all that apply) | | | |
| <input type="checkbox"/> Full-time Employment | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> TANF/Cal Works | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Seasonal Worker | <input type="checkbox"/> SSI | <input type="checkbox"/> Tribal Distribution/Per Cap |
| <input type="checkbox"/> No income, Other Family or other people provide food and shelter for my family. | | | |

| | | |
|--|--|---|
| 29. To the best of your knowledge is your combined family income? (See FPG Chart below) | | |
| <input type="checkbox"/> Below Federal Poverty Guidelines | <input type="checkbox"/> At Federal Poverty Guidelines | <input type="checkbox"/> Above Federal Poverty Guidelines |

| 2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA | |
|---|--------------------------|
| PERSONS IN FAMILY/HOUSEHOLD | POVERTY GUIDELINE |
| For families/households with more than 8 persons, add \$4,180 for each additional person. | |
| 1 | \$12,060 |
| 2 | \$16,240 |
| 3 | \$20,420 |
| 4 | \$24,600 |
| 5 | \$28,780 |
| 6 | \$32,960 |
| 7 | \$37,140 |
| 8 | \$41,320 |

Tell Us about Your Education

| | | |
|---|----------------------------------|--------------------------|
| 31. Indicate the highest level of education completed by: (Mark one for you and your spouse/partner) | | |
| Yourself | | Spouse /Partner |
| <input type="checkbox"/> | Some to no high school education | <input type="checkbox"/> |

| | | |
|--------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> | High School graduate/GED | <input type="checkbox"/> |
| <input type="checkbox"/> | Trade/Vocational School | <input type="checkbox"/> |
| <input type="checkbox"/> | Some College | <input type="checkbox"/> |
| <input type="checkbox"/> | AA degree (2-year degree) | <input type="checkbox"/> |
| <input type="checkbox"/> | Bachelor's degree | <input type="checkbox"/> |
| <input type="checkbox"/> | Some graduate school | <input type="checkbox"/> |
| <input type="checkbox"/> | Master's Degree | <input type="checkbox"/> |
| <input type="checkbox"/> | Doctorate Degree | <input type="checkbox"/> |

32. Are you or your spouse/partner currently in school? (Mark one for you and your spouse/partner)

| Yourself | | Spouse/Partner |
|--------------------------|----------------|--------------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> |
| <input type="checkbox"/> | Yes, full-time | <input type="checkbox"/> |
| <input type="checkbox"/> | Yes, part-time | <input type="checkbox"/> |

Tell Us about Your Community

33. What do you consider to be barriers that prevent families from getting needed services? (Check only those that apply to you and your family)

| | |
|---|---|
| <input type="checkbox"/> Not aware of existing services | <input type="checkbox"/> Services are too far away from home |
| <input type="checkbox"/> Waiting list are too long | <input type="checkbox"/> Agencies not open at convenient time |
| <input type="checkbox"/> Child care is not available | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Agencies' fees are too high | <input type="checkbox"/> Rules and eligibility exclude people |
| <input type="checkbox"/> Agencies' staff are rude | <input type="checkbox"/> Concerns about confidentiality |
| <input type="checkbox"/> Uncomfortable with "outsiders" | <input type="checkbox"/> None |

34. Indicate if your family has any of the following needs (Check only those that apply to you and your family)

| | | |
|---|--|--|
| <input type="checkbox"/> Education/Job Training | <input type="checkbox"/> Employment Services | <input type="checkbox"/> Vehicle repairs |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Budgeting income | <input type="checkbox"/> Housing improvements |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Emergency Rent | <input type="checkbox"/> Domestic Violence Prevention |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Transportation | <input type="checkbox"/> Child Abuse Prevention |
| <input type="checkbox"/> Nutrition Services | <input type="checkbox"/> Parenting Workshops | <input type="checkbox"/> Water/Sewer hook ups |
| <input type="checkbox"/> Food | <input type="checkbox"/> Heating Home | <input type="checkbox"/> Electricity / Propane |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Cooling Home | <input type="checkbox"/> Finding Community Resources to assist you in meeting your family needs. |

Tell Us How We Are Doing?

35. How did you hear about Head Start?

| | |
|---|---|
| <input type="checkbox"/> Friends/Relatives | <input type="checkbox"/> Mental Health Office |
| <input type="checkbox"/> Dental or Doctor Office | <input type="checkbox"/> Head Start Staff |
| <input type="checkbox"/> Head Start flyer or brochure | <input type="checkbox"/> Early Head Start Staff |
| <input type="checkbox"/> Bishop Tribal Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Other: _____ |

36. If you have volunteered at Head Start, please check all of the ways you have volunteered?

| | |
|---|--|
| <input type="checkbox"/> Helping in the classroom | <input type="checkbox"/> Helping with fieldtrips |
| <input type="checkbox"/> Helping on the bus | <input type="checkbox"/> Servicing on Center Parent Committee |
| <input type="checkbox"/> Servicing on Policy Council | <input type="checkbox"/> Servicing on Health/Nutrition Committee |
| <input type="checkbox"/> Servicing on Education Committee | <input type="checkbox"/> Translating, verbal or written |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Special Events |

37. Would you please tell us what program would best fit your needs?

- Home based program with 1 home visit a week
- Full day-full year program; five days a week; year-round (8:00 am-5:00pm)
- Full day program; five days per week; 10 months a year (8:00 am-2:30pm)
- Early Head Start (Infants and Toddlers)

38. If your child(ren) went to BIHS, please rate your experience:

| Please Check One: | Very Good | Good | Needs Improvement | Unacceptable |
|---|------------------|-------------|--------------------------|---------------------|
| Did Head Start assist in your child(ren)'s education? | | | | |
| How well do you think staff respected your opinions, ideas, and concerns? | | | | |
| What was the condition of the Head Start facility? | | | | |
| What was the condition of the Head Start playground? | | | | |
| Please Check One: | Very Good | Good | Needs Improvement | Unacceptable |
| How would you rate the individualized attention your family received from Head Start? | | | | |
| Overall, how would you rate your experience in the Head Start program? | | | | |

39. Please describe suggested improvements for the Head Start program.

| |
|--|
| |
| |
| |

Tell Us about Your Training Interest?

40. Please specify your interest in attending the following training classes or workshops.

- | | |
|---|---|
| <input type="checkbox"/> Child Abuse & Neglect | <input type="checkbox"/> Family Fitness |
| <input type="checkbox"/> Child Growth & Development | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Volunteering in the Community |
| <input type="checkbox"/> Continuing Education Training | <input type="checkbox"/> Technical or Vocational Training |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> CPR & First Aid | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Health, Wellness & Hygiene |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Fire Prevention Training |
| <input type="checkbox"/> Child Car Seat Safety | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> Program Governance | <input type="checkbox"/> Money Management |
| <input type="checkbox"/> Challenging Behavior | <input type="checkbox"/> Elder Care |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Navigating through Community Resources | <input type="checkbox"/> Other |

41. Please tell us what Community Services on or off the Reservation you have used and your experience with those services? Please See Page 6.

- Hüübü program:
- OV CDC Early Head Start:
- Bishop Indian Head Start:
- Bishop Tribal Education Center:
- Bishop Tribal Youth Activities:
- OV CDC College and Career Counseling:
- OV CDC Student Services:

- Bishop Tribal Elders Program:
- Bishop Tribal Environmental Programs:
- Bishop Tribal Police:
- TANF:
- Bishop Tribal Family Formation Services:
- Bishop Tribal Social Services:
- Bishop Tribal ICWA:
- Bishop Tribal RAVE:
- Bishop Tribal LYHEAP:
- Bishop Tribal Child Care Services:
- Bishop Tribal Court:
- Bishop Tribal Public Works:
- Bishop Tribal TERO:
- Bishop Tribal Enrollment:
- Bishop Tribal Food Sovereignty Program:
- Tuniwa Nobi Family Literacy:
- Nüümü Yadoha (Language Program)
- Cerro Coso:
- TIHP-Family Services:
- TIHP-Medical:
- TIHP-Dental:
- TIHP-Dialysis:
- TIHP-Prevention Programs:
- TIHP-WIC:
- Inyo County First 5:
- Inyo County Community Health:
- Inyo County Law Enforcement:
- Inyo County Fire Department:
- Wild Iris:
- Salvation Army:
- Inyo County Superintendent of Schools:
- Inyo County Child protective Services:
- Food Banks:
- IMACA Services:
- Other:
- Other
- Other:

Additional Resources Available in your Community:

| | |
|-------------------------------------|--|
| Legal Problems | RAVE and Inyo County Self-Help Center |
| Incarcerated Individuals | Inyo County Re-Entry Coordinator |
| Child Abuse | BPT Socials Services |
| Child Care Needs | BPT Socials Services |
| Homeless & Shelter & Safety Needs | BPT Socials Services |
| Parenting Education | BPT Socials Services |
| Mental/Social/Emotional Health | Family Services, North Star Counseling |
| Community Involvement | OVCDC |
| Chemical Dependency/Substance Abuse | Family Services, Local AA, Local NA |

What do you think are the greatest needs in your Community?
What other additional services do you feel is needed in your community?

Example: Spirituality

Updated 3/9/2017

Thank you for your participation in the BIHS Community Needs Planning!

Staff Needs Assessment Survey 2016-2017

1. How satisfied are you with the overall training and technical support of BIHS?

- Very Satisfied
- Satisfied
- Not Satisfied

2. Do you feel that

- | | Yes | No |
|--|-----------------------|-----------------------|
| A. Your individual training needs are met? | <input type="radio"/> | <input type="radio"/> |
| B. You are successful in your position? | <input type="radio"/> | <input type="radio"/> |

3. Please answer the following questions.

- | | Yes | No |
|--|-----------------------|-----------------------|
| A. Have you held your current position for less than 1 year? | <input type="radio"/> | <input type="radio"/> |
| B. Have you held your current position for more than 1 year? # _____ years | <input type="radio"/> | <input type="radio"/> |
| C. Are you a Bishop Indian Head Start Graduate? | <input type="radio"/> | <input type="radio"/> |
| D. Does your family need an affordable child care/preschool program? | <input type="radio"/> | <input type="radio"/> |
| <i>E. Are you currently enrolled in college, taking course work to enhance your job skills?</i> | <input type="radio"/> | <input type="radio"/> |
| F. If no, do you plan to attend college prior to the start of the next school year? | <input type="radio"/> | <input type="radio"/> |
| G. Have you received financial support from BIHS to further your education? | <input type="radio"/> | <input type="radio"/> |
| H. Do you currently hold an updated valid permit or certification for your position? | <input type="radio"/> | <input type="radio"/> |
| <i>I. Do you have an opportunity to meet with your supervisor to complete your annual evaluation?</i> | <input type="radio"/> | <input type="radio"/> |
| J. Do you feel comfortable expressing your needs to your employer when it comes to work/family concerns? | <input type="radio"/> | <input type="radio"/> |
| K. Have you been able to work out solutions with your employer when it comes to work/family concerns? | <input type="radio"/> | <input type="radio"/> |

4. Would you like more information or training related to your position or other positions?

- Yes (please specify topics : _____)
- No

5. Has your BIHS training/College made it easier for you to:

- Yes No Not

- | | Applicable | | |
|---------------------------------------|-----------------------|-----------------------|-----------------------|
| A. Accept a position in BIHS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Maintain your position? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Accept another position with BIHS? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Receive an increase in wages? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. How satisfied are you with your training or work environment?

- | | Very
Satisfied | Satisfied | Not
Satisfied |
|--|-----------------------|-----------------------|-------------------------|
| A. How happy are you in your workplace? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. How happy are you in your classroom environment? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. How valued do you feel in your work? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. How satisfied are you with the frequency of recognition/incentives you receive? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Languages spoken by staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. How program staff communicate with you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Meeting the individual needs of our students | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H. Interaction between staff and children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I. Interaction with staff and parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J. Parent and community involvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| K. Equipment and materials for your position | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L. Cultural activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| M. Monthly/daily education activities for children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>N. Transportation Services</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| O. Nutrition Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| P. Health and safety policies and procedures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q. Outdoor Classroom Environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Is there anything else you would like to say about how BIHS meets your training needs?

8. Do you have any suggestions about how BIHS could be improved?

9. What three words would you use to describe our facility?

10. What three words would you use to describe your classroom environment?

Thank you for taking the time to complete this survey. This information will be used to help improve the services provided to you

2016~2017 Fall Nutrition Family Survey -Results-71 surveyed compared to 56 in 2015-2016

| | | | | | | | | | | | | | | |
|---|-------------|--------------|---|-------------|------------|---|-------------|--------------|---|-------------|-------------|---|-------------|------------|
| How often does your family work towards reducing the consumption of soda and other sugar sweetened beverages? | | | How often does your family eat fresh vegetables with your daily meals? | | | How often does your family eat fresh fruit with your daily meals? | | | Does your family Garden if never why? | | | Does your family exercise together? | | |
| Always | Sometimes | Never | Always | Sometimes | Never | Always | Sometimes | Never | Always | Sometimes | Never | Always | Sometimes | Never |
| 45% | 48% | .03% | 60% | 37% | 0% | 55% | 41% | 0% | 19% | 57% | 22% | 19% | 72% | 0 |
| 52% 2015 | 49% 2015 | 0% 2015 | 68% 2015 | 32% 2015 | 0% 2015 | 54% 2015 | 46% 2015 | 0% 2015 | 32% 2015 | 46% 2015 | 21% 2015 | 27% 2015 | 64% 2015 | 9% 2015 |
| Do you exercise or participate in physical Activities? | | | Does your children exercise or participate in physical Activities? | | | How often does your family watch television or use computer devices on the weekend? | | | Do you shop at the local farmer's market for fresh produce? | | | If Head Start hosted a farmer's market each weekend would you attend? | | |
| Always | Sometimes | Never | Always | Sometimes | Never | Always | Sometimes | Never | Yes | No | sometimes | Yes | No | |
| 37% | 58% | 0% | 48% | 48% | 0% | 27% | 71% | 0% | 44% | 30% | 26% | 86% | .06% | |
| 46% 2015 | 46% 2015 | .03% 2015 | 67% 2015 | 33% 2015 | 0% 2015 | 34% 2015 | 64% 2015 | .01% 2015 | 38% 2015 | 32% 2015 | 30% 2015 | 84% 2015 | 16% 2015 | |
| Are you interested in learning about food sovereignty? | | | Are you interested in increasing access to and use of school and community gardens? | | | Are you interested in family fitness activities? | | | Are you interested in Nutrition/healthy cooking workshops? | | | Are you interested in working to increase nutrition policies? | | |
| Yes | No | | Yes | No | | Yes | No | | Yes | No | | Yes | No | |
| 69% | 27% | | 76% | 17% | | 85% | 13% | | 76% | 22% | | 68% | 29% | |
| 55% 2015 | 47% 2015 | | 75% 2015 | 25% 2015 | | 86% 2015 | 14% 2015 | | 79% 2015 | 20% 2015 | | 73% 2015 | 27% 2015 | |
| Data from this Parent Survey will be used for program planning and program improvements utilizing PICH and REACH Funding. | | | | | | | | | | | | | | |

Indian Health Service Car Seat Survey Results

Date: January 12, 2017

Bishop Head Start- Car seat use=78%

| | | | |
|----------|----------------|--------------|--------------------|
| Car Seat | Seat Belt Only | No Restraint | Total Observations |
| 38 | 2 | 9 | 49 |

OVCDC Early Head Start – Bishop- Car seat use=50%

| | | | |
|----------|----------------|--------------|--------------------|
| Car Seat | Seat Belt Only | No Restraint | Total Observations |
| 2 | 0 | 2 | 4 |

Grand Total- Overall Car seat use=75.5%

| | | | |
|----------|----------------|--------------|--------------------|
| Car Seat | Seat Belt Only | No Restraint | Total Observations |
| 40 | 2 | 11 | 53 |

April 6th 2017-[Francis conducted a car seat observational survey with Mandy at the Bishop Head Start on 4/6. We used the California Office of Traffic Safety's car survey form to conduct surveys. The form has 3 categories of observations: car seat used, seat belt only (without booster), and no restraint. We observed all three during the survey, but counted seat belt use without booster as non-use when calculating results. A copy of the completed observation form is attached for your records.]

Bishop Indian Head Start- Car seat use=80%

| | | | |
|----------|----------------|--------------|--------------------|
| Car Seat | Seat Belt Only | No Restraint | Total Observations |
| 20 | 3 | 2 | 25 |

Parent Questionnaire Desired Results for Children and Families — Parent Survey-Results
Over the past three program years.

This survey asked for parent/guardian feedback about the child care and development program of Bishop Indian Head Start. The California Department of Education is very interested in how the program helps families to support their child's learning, development and meets their family's needs. Responses are completely confidential and will help us to improve the services provided to families.

| 1. How satisfied are you with the overall quality of this program? | | | 2. Do you feel that your child is safe? | | | 3. Do you feel that your child is happy in this program? | | | 4. Would you like more information about any topics related to your child's care and development? | | |
|--|---|---|---|-----------|------------------|--|-----------|-----------|---|-------------------|-------------------|
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 98% Very Satisfied 2% Not Satisfied | 90% Very Satisfied 10% Not Satisfied | 85% Very Satisfied 15% Not Satisfied | 100% Yes | 100% Yes | 99% Yes 1% No | 100% Yes | 100% Yes | 100% Yes | 16% Yes 84% No | 37% Yes 63% No | 13% Yes 87% No |
| 5. Have you received information from the program about the following? | | | | | | | | | | | |
| <i>How children develop at different ages (e.g., walk, talk, etc.)</i> | | | <i>How your child is growing and developing</i> | | | <i>How your child is doing in the program</i> | | | <i>Schedule of daily activities</i> | | |
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 98% Yes | 93% Yes | 94% Yes | 100% Yes | 93% Yes | 96% Yes | 100% Yes | 95% Yes | 97% Yes | 98% Yes | 96% Yes | 100% Yes |
| <i>What you can do to help your child learn and develop</i> | | | <i>Parenting skills</i> | | | <i>How to find other services in the community (e.g., employment and training opportunities, parenting classes, health care)</i> | | | <i>Where to report health or safety concerns and complaints</i> | | |
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 96% Yes | 96% Yes | 98% Yes | 92% Yes | 91% Yes | 96% Yes | 92% Yes | 95% Yes | 98% Yes | 90% Yes | 95% Yes | 94% Yes |
| <i>Experience and training of program staff</i> | | | <i>Discipline procedures</i> | | | <i>How you can get involved with your child's program</i> | | | <i>Topics requested by parents: Behavior and Tantrums Learning Development Speech and Language Parent Involvement(New) Healthy Eating on a budget (New) How to encourage cultural diversity and confidence (new) How to foster understanding of diversity at this age. Anything we can work on at home.</i> | | |
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | | | |
| 88% Yes | 89% Yes | 91% Yes | 95% Yes | 86% Yes | 95% Yes | 95% Yes | 100% Yes | 98% Yes | | | |
| 6. Has your child's enrollment in this program made it easier for you to: | | | | | | | | | | | |

| Accept a job? | | | Keep a job? | | | Accept a better job? | | | Attend education or training? | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 45% Yes 0% No 55% Not applicable | 47% Yes 4% No 49% Not applicable | 50% Yes 5% No 45% Not applicable | 65% Yes 0% No 35% Not applicable | 67% Yes 0% No 33% Not applicable | 68% Yes 2% No 31% Not applicable | 41% Yes 4% No 55% Not applicable | 37% Yes 6% No 58% Not applicable | 45% Yes 3% No 52% Not applicable | 45% Yes 6% No 49% Not applicable | 54% Yes 2% No 44% Not applicable | 55% Yes 2% No 44% Not applicable |

7. How satisfied are you with these characteristics of your child's program?

| Hours of operation | | | Location of program | | | Number of adults working with children | | | Background and experience of staff | | |
|---|--|---|---|--|--|---|---|---|---|---|---|
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 88% Very Satisfied 12% Satisfied 0% Not Satisfied | 93% Very Satisfied 7% Satisfied 0% Not Satisfied | 86% Very Satisfied 12% Satisfied 2% Not Satisfied | 86% Very Satisfied 12% Satisfied 2% Not Satisfied | 95% Very Satisfied 5% Satisfied 2% Not Satisfied | 91% Very Satisfied 8% Satisfied 2% Not Satisfied | 84% Very Satisfied 14% Satisfied 0% Not Satisfied | 86% Very Satisfied 14% Satisfied 0% Not Satisfied | 80% Very Satisfied 18% Satisfied 2% Not Satisfied | 86% Very Satisfied 14% Satisfied 0% Not Satisfied | 82% Very Satisfied 18% Satisfied 0% Not Satisfied | 79% Very Satisfied 20% Satisfied 2% Not Satisfied |

| Languages spoken by staff | | | How program staff communicate with you | | | Meeting the individual needs of your child | | | Interaction between staff and children | | |
|--|---|---|---|---|---|---|---|---|--|--|---|
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 92% Very Satisfied 8% Satisfied 0% Not Satisfied | 86% Very Satisfied 12% Satisfied 2% Not Satisfied | 85% Very Satisfied 11% Satisfied 5% Not Satisfied | 90% Very Satisfied 10% Satisfied 0% Not Satisfied | 84% Very Satisfied 11% Satisfied 5% Not Satisfied | 82% Very Satisfied 15% Satisfied 3% Not Satisfied | 90% Very Satisfied 10% Satisfied 0% Not Satisfied | 86% Very Satisfied 12% Satisfied 2% Not Satisfied | 79% Very Satisfied 21% Satisfied 0% Not Satisfied | 92% Very Satisfied 8% Satisfied 0% Not Satisfied | 91% Very Satisfied 9% Satisfied 0% Not Satisfied | 84% Very Satisfied 16% Satisfied 0% Not Satisfied |

| Interaction with other parents | | | Parent involvement | | | Equipment and materials | | | Cultural activities | | |
|---|---|---|---|---|---|---|--|---|---|---|---|
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 76% Very Satisfied 22% Satisfied 2% Not Satisfied | 75% Very Satisfied 25% Satisfied 0% Not Satisfied | 84% Very Satisfied 16% Satisfied 0% Not Satisfied | 75% Very Satisfied 25% Satisfied 0% Not Satisfied | 72% Very Satisfied 24% Satisfied 3% Not Satisfied | 67% Very Satisfied 32% Satisfied 2% Not Satisfied | 88% Very Satisfied 12% Satisfied 0% Not Satisfied | 95% Very Satisfied 5% Satisfied 0% Not Satisfied | 82% Very Satisfied 18% Satisfied 0% Not Satisfied | 84% Very Satisfied 16% Satisfied 0% Not Satisfied | 88% Very Satisfied 11% Satisfied 2% Not Satisfied | 76% Very Satisfied 23% Satisfied 2% Not Satisfied |

| Daily activities | | | Environment | | | Nutrition | | | Health and safety policies and procedures | | |
|---|---|---|--|--|---|--|--|---|---|--|---|
| 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 | 2014-2015 | 2015-2016 | 2016-2017 |
| 90% Very Satisfied 10% Satisfied 0% Not Satisfied | 86% Very Satisfied 14% Satisfied 0% Not Satisfied | 82% Very Satisfied 18% Satisfied 0% Not Satisfied | 94% Very Satisfied 6% Satisfied 0% Not Satisfied | 91% Very Satisfied 9% Satisfied 0% Not Satisfied | 89% Very Satisfied 11% Satisfied 0% Not Satisfied | 94% Very Satisfied 6% Satisfied 0% Not Satisfied | 96% Very Satisfied 4% Satisfied 0% Not Satisfied | 86% Very Satisfied 11% Satisfied 3% Not Satisfied | 90% Very Satisfied 10% Satisfied 0% Not Satisfied | 91% Very Satisfied 9% Satisfied 0% Not Satisfied | 85% Very Satisfied 15% Satisfied 0% Not Satisfied |

| How the program promotes your child's learning and development | | |
|---|--|---|
| 2014-2015 | 2015-2016 | 2016-2017 |
| 92% Very Satisfied 8% Satisfied 0% Not Satisfied | 95% Very Satisfied 5% Satisfied 0% Not Satisfied | 86% Very Satisfied 12% Satisfied 2% Not Satisfied |

Data from this Parent Survey will be used for program planning and program improvements utilizing State Preschool, Head Start, Edison, and Tribal funding resources. Parent Comments will be attached to the Director Report.