

Opportunities for Chenango, Inc.

HEAD START PROGRAM



44 West Main Street Norwich, New York 13815

2004 COMMUNITY ASSESSMENT



Opportunities for Chenango, Inc. Head Start 2003-2004 Community Assessment

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I. General Area Description

Chenango County is located in the Southern Tier of New York State, southeast of the center of the State. It is bounded on the North by Madison County, on the East by Otsego and Delaware Counties, on the Southwest by Broome County, and on the West by Cortland County. From the seat of the County government in Norwich, Chenango County is 90 miles from the New York State capital, Albany, and 150 miles from New York City. The County is 42 miles from Utica, 50 miles from Syracuse, 115 miles from Rochester, and 170 miles from Buffalo. The closest major population centers are Oneonta and Binghamton, which are 24 miles and 32 miles away, respectively.

With a land area of 894.42 square miles, Chenango County has a rural landscape full of rolling hills and beautiful valleys. Four rivers run through the County, the Susquehanna, the Chenango, the Unadilla, and the Otselic. Wildlife and waterfowl are found on the banks of these rivers. Approximately 30% of the county's land is devoted to agricultural use, while over 60% is forested. Only about 5% of the County's total land area is developed in commercial, industrial or residential use. Approximately 112,000 acres or 20% of Chenango County's land is State owned.

Chenango County is easily accessible to New York State's major population centers with 307 miles of highway that networks with state and interstate highways. New York State Route 12 is a major north-south corridor that runs through Chenango County and connects it to Utica in the North and Binghamton in the South. NYS Route 12 provides easy access to the NYS Thruway, Interstates 81, 88, and 86, and State Route 20.

Chenango County has access to air transportation through the Lt. Warren Eaton Airport in Norwich. The airport provides full charter services, full service maintenance, and aviation fuel sales. The County is within an hour's drive from larger airports such as the Binghamton Regional Airport, the Oneida City Airport in Utica, the Hancock International Airport in Syracuse and 1.5 hours from the Albany International Airport.

While the county is not connected by commuter rail transportation, the NY Susquehanna and Western Railroad and the Delaware Railway serve Chenango County's freight and transportation needs.

Public bus transportation is available in Chenango County through Coach USA. Buses run daily from Binghamton to Utica on Route 12. The county is also accessible through the Greyhound Bus Lines. Areas that do not have fixed route stops could be reached through DIAL-A-RIDE and private taxi and limousine services.

II. Social and Demographic Characteristics

Chenango County is located in the heart of South-Central New York. Its land area covers 894 square miles. In 2000, the Census reported an average of 57.7 persons residing per square mile. This is compared to a national average of 70.6 persons per square mile.

According to the 2000 Census, the population in the nation grew by 13.15% from 1990 to 2000 and 5.48% in the State of New York. For the same time period, the population in Chenango County dropped by 0.71%. This trend continued with the Census Bureau estimating a population drop in Chenango County of 0.5% for 2001. This is compared to a 2001 estimated population increase for the State of New York of 0.2% and for the United States of 1.2%. Please see the table below for detailed population reports of the County's subdivisions.

Locality	1990	2000	% Change
United States	248,709,873	281,421,906	13.15
New York State	17,990,455	18,976,457	5.48
Chenango County	51,768	51,401	-0.71
Afton	2,972	2,933	-1.31
Bainbridge	3,445	3,304	-4.09
Columbus	869	944	8.63
Coventry	1,517	1,712	12.85
German	311	425	36.66
Greene	6,053	5,850	-3.35
Guilford	2,875	3,046	5.95
Lincklaen	486	435	-10.49
McDonough	809	895	10.63
New Berlin	3,046	2,773	-8.96
North Norwich	1,998	1,993	-0.25
City of Norwich	7,613	7,355	-3.39
Town of Norwich	4,084	3,841	-5.95
Otselic	990	1,002	1.21
Oxford	4,075	3,899	-4.32
Pharsalia	735	509	-30.75
Pitcher	751	829	10.39
Plymouth	1,704	1,998	17.25
Preston	1,100	954	-13.27
Sherburne	3,903	3,916	0.33
Smithville	1,167	1,295	10.97
Smyrna	1,265	1,493	18.02

Chenango County's population followed the same trend as the Nation and the State in becoming more urbanized between 1990 and 2000. In 1990, the City of Norwich was the only region of the County to be designated an urbanized area. In 2000, urban clusters were noted in the towns of Bainbridge, Guilford, North Norwich, Norwich, and Plymouth. This difference

between the two decades can partially be attributed to modifications made by the Census in the definition of "urban". In 1990, an "urbanized area" was delineated by a population of an incorporated area of at least 2,500 people. In 2000, a new descriptor, "urban cluster" was used to better define urban areas. An "urban cluster" is any area containing an average of at least 1,000 residents per square mile. However, it is obvious that the County is becoming more urbanized due to the decrease in the number of persons living on farms. In 1990, 3.48% people lived on farms in the County. This number dropped to 2.96% in 2000.

The table below details the changes in rural and urban populations from 1990 to 2000:

Locality	1990 Percent Rural Population	2000 Percent Rural Population	Change in Percentage
United States	24.79	20.99	-3.80
New York	15.71	12.52	-3.19
Chenango County	85.29	83.00	-2.30

The 2000 Census statistics on children ages birth through five years in Chenango County reflect the following figures:

Age	Number of Children
Under 1 year	545
1 year	600
2 years	609
3 years	635
4 years	665
5 years	661

According to 1999 statistical data, received from the Chenango County Planning Department, there are 488 families with children ages birth through 5 years old whose income falls below the poverty index and may have at least one child in the home eligible for Head Start programming. Of the 488 Chenango County families living in poverty, 239 or 49% are single-female headed households.

The home ownership rate for Chenango County in 2000 was 75.3%. The national home ownership rate was reported as 66.2% and for the State of New York, 53%. Most residents of Chenango County live in single family units, with only 15.8% living in multiple unit dwellings. The national average for persons residing in multiple unit structures is 26.4% and for the State of New York it is significantly higher at 50.6%.

The average value of owner-occupied homes in Chenango County, as reported in the 2000 Census, was \$62,700. This is significantly lower than both the state average of \$148,700 and the national average of \$119,600.

The median yearly household income for the state of New York was \$43,393 as reported in the 2000 Census and the national median household annual income was reported as \$41,994. These are both significantly higher than the Chenango County median income of \$33,679 per year.

According to the 2000 Census, 10.7% of Chenango County families live below the poverty level, as compared to the national percentage of 9.2%. Additionally, 14.4% of Chenango County individuals are living below the poverty level. The national poverty rate is reported as 12.4%.

The following table describes the change in per capita income as reported for 1989 to 1999.

Locality	Per Capita Income (\$) 1989	Per Capita Income (\$) 1999	Change (\$)	Change (%)
United States	14,420	21,587	7,167	49.70
New York	16,501	23,389	6,888	41.74
Chenango County	11,830	16,427	4,597	38.86

In 1999 the Census reported that 12,021 Chenango County residents were privately employed (non farm). This was a loss of 11.40% from 1990. New York State experienced a slight growth from 1990 to 1999 in private non-farm employment of 0.8%. This is contrasted with the national growth rate of 18.40% for the same time period.

The average employed person in Chenango County travels 26.3 minutes to work, as reported by the 2000 Census. This is comparable to national averages; state average was slightly higher at 31.7 minutes.

In 1997 the Business Economic Census reported that 36.1% of private firms in Chenango County are owned by women. This is 10% higher than both the state and national percentages.

The number of persons age 25 and older in Chenango County that have at least a high school diploma or GED as reported by the 2000 Census was 80.6%. This is slightly higher than the national percentage of 80.4%. However the percentages for person that have attained at least a Bachelor's degree are significantly different. Only 14.4% of Chenango County residents have attained at least a Bachelor's degree, while nationally 24.4% of the population has at least a Bachelor's degree.

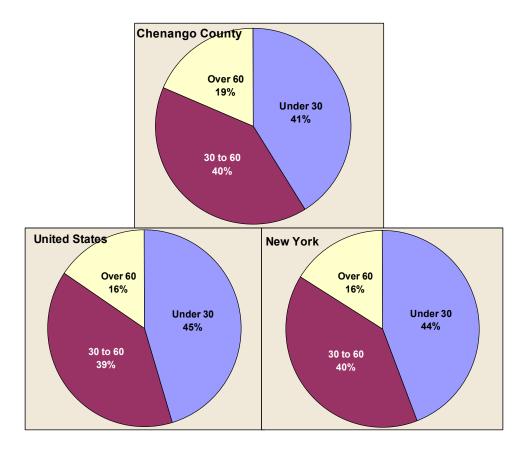
97.6% of Chenango County residents reported their race as white in the 2000 Census. This is compared to the very diverse state of New York, where 67.9% report their race as white. The

national percentage of persons reporting their race as white in 2000 was 75.1%. Other races and ethnicities reported in Chenango County are: 1.1% Hispanic or Latino origin, 0.8% black or African American, 0.3% American Indian or Alaskan Native, and 0.3% Asian.

1.7% of Chenango County residents were born outside of the United States according to the 2000 Census. This is significantly lower than the state rate of 20.4% and the national percentage of 11.1%. Of the 887 residents of Chenango County that were born outside of the country, 27% live in the City of Norwich.

The 2000 Census reported that the number of persons in the nation under the age of 30 grew by 14.02% and in New York State this age group grew by 7.88% from 1990. During this same time period the population in Chenango County for people under the age of 30 dropped by 7.01%. The population of persons between the ages of 30 and 60 grew by 5.22% in Chenango County between 1990 and 2000. This is compared to a growth rate of 14.31% nationally and 5.93% for the State. The State of New York experienced a 5.04% decrease in residents over the age of 60, while the Country experienced a growth of 3.76% between 1990 and 2000. Chenango County reported a modest decrease of 0.46% of residents over the age of 60.

The age distribution for Chenango County as reported in the 2000 Census reveals that 41% of residents are under the age of 30, 40% are between the ages of 30 and 60, and 19% are over the age of 60. See the graphs below for a comparison with State and National age distributions.



Following the same trend as New York State, the 2000 Census reported an increase in the number of Chenango County grandparents that are the primary caregiver of their grandchildren. Approximately 54% of all grandparents living with their grandchildren in Chenango County are caregivers for those children. In the town of New Berlin this percentage is even higher at 68%. Also revealed in the Census data is that more grandparents are providing primary care for their grandchildren for more than a one year time period.

The United States Administration on Aging speculates that the reasons that more grandparents are providing care for their grandchildren include parental substance abuse, child abuse, neglect, or abandonment, unemployment, divorce, AIDS and death of parents. Many challenges arise when older persons are responsible for rearing their grandchildren. For example, their own health concerns, lack of respite care, access to medical care, physical and emotional stress, as well as the need to provide support for the absent parent. Some grandparents also face challenges with affordable housing and other financial strains that may deplete their savings and retirement funds. Opportunities For Chenango, Inc. has implemented a Grandparent Support Group through the Head Start Program and uses the Second Time Around Curriculum to support grandparents in their role as primary caregivers for their grandchildren.

III. Economic Characteristics

A. Poverty

According to the 1990 and 2000 Censuses, the poverty rate in New York State increased from 13% to 14.6%. Chenango County also experienced an increase in poverty, with the Census reporting 11.7% in 1990 and 14.4% in 2000. More than 20% of all children and almost 9% of all seniors in Chenango County are living in poverty.

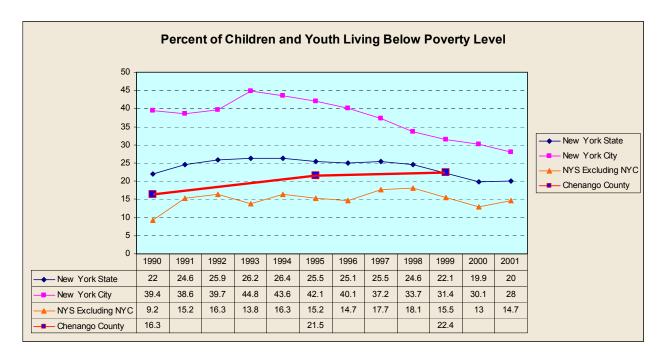
The table below details the poverty distribution by age for Chenango County and the State of New York:

(Sources: STF3 1990 Census, SF3	New York State		Chenango County	
2000 Census)	1990	2000	1990	2000
Percentage of Total Population by Level				
Below Poverty Level	13%	14.6%	11.7%	14.4%
Distribution by Age				
Under 18 Years	4.6%	5%	4.7%	5.3%
18 to 64 Years	6.9%	8.2%	5.9%	7.9%
Over 65 Years	1.5%	1.4%	1.4%	1.2%
Above Poverty Level	87%	85.4%	88.3%	85.6%
Distribution by Age				
Under 18 Years	19.3%	5%	4.7%	5.3%
18 to 64 Years	56.3%	8.2%	5.9%	7.9%
Over 65 Years	11.3%	1.4%	1.4%	1.2%
Percentage to Total Population by Age				
Under 18 Below Poverty Level	19.1%	20%	16.3%	20.2%
Under 18 Above Poverty Level	80.9%	80%	90%	86.8%
18 to 64 Years Below Poverty Level	11%	13.1%	10%	13.2%
18 to 64 Years Above Poverty Level	89%	86.9%	90%	86.8%
Over 65 Years Below Poverty Level	11.9%	11.3%	9.9%	8.7%
18 to 64 Years Above Poverty Level	88.1%	88.7%	90.1%	91.3%

Prepared by the Neighborhood Preservation Coalition of New York State, Inc. March 2003

In 1995, 21.5% or 3,327 children under the age of 18 in Chenango County were living in poverty. In 1999 this percentage rose to 22.4%. Child poverty rose in New York State during the first half of the decade, and then began a period of steady decline. Overall, child poverty experienced a decrease of almost 25% in the State, from 1994 to 2001. During this same time period, the child poverty rate declined in New York City from 43.6% to 28% and from 16.3% to 14.7% in the rest of the State.

The percentages of children and youth ages birth -17 years living in poverty are represented in the chart below. It should be noted that this percentage has steadily increased in Chenango County since 1990, while the state average has improved.



The table below references Head Start Poverty Income Guidelines. Up to 10% of served children may be from a family above poverty.

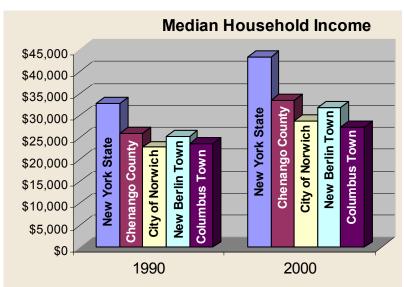
Family Size	Poverty Level (\$)
1	9,310
2	12,490
3	15,670
4	18,850
5	22,030
6	25,210
7	28,390
8	31,570

B. Household Income

The median household income for Chenango County, at \$33,679 in 2000, is significantly lower than New York State's median household income of \$43,393 for the same period. While the City of Norwich is the only urban area in Chenango County, its median household income is still lower than that for the entire county. While median household income for New York State increased by almost 32% from 1990 to 2000, Chenango County experienced an increase of only 29.4%.

The chart below illustrates median household incomes in 1990 and 2000 for New York State and Chenango County.

	1990	2000
New York State	\$32,965	\$43,393
Chenango County	\$26,032	\$33,679
City of Norwich	\$22,872	\$28,845
New Berlin Town	\$25,341	\$31,875
Columbus Town	\$23,600	\$27,452



The table below compares the percentage of households per income range in 1990 & 2000 for New York State and Chenango County.

Income Danges	New York State		Chenang	go County
Income Ranges	1990	2000	1990	2000
Less than \$10K	15.6%	11.5%	14.5%	10%
\$10K - \$15K	7.4%	6.4%	10.6%	9%
\$15K - \$25K	15.1%	11.7%	22.9%	17.1%
\$25K - \$25K	14.3%	11.4%	18.2%	15.7%
\$35K - \$50K	17.3%	14.8%	18%	18.3%
\$50K - \$75K	16.7%	18.4%	11.3%	17.8%
\$75K - \$100K	6.9%	10.6%	3%	7%
\$100K - \$150K	4.3%	9.1%	1.2%	3.7%
Over \$150K	2.5%	6.2%	0.4%	1.4%

The table below represents Chenango County Head Start Families' monthly income.

Family Monthly Income	2002-2003 Survey	2003-2004 Survey
\$0-500	15%	9%
\$500-1000	35%	39%
\$1000-2000	43%	37%
\$2000+	7%	5%

^{* 100%} participation in the Head Start Family Survey, consisting of 180 families

C. Earnings and Types of Income

The U.S. Census Bureau defines earnings as "the algebraic sum of wage or salary income and net income from self-employment." A comparison of the 1990 and 2000 census data indicates a decrease in the percentage of households receiving earnings in Chenango County as detailed in the table below.

Faminas	New York State		Chenango County	
Earnings	1990	2000	1990	2000
With Earnings	78.8%	78.1%	79.8%	76.8%
Without Earnings	21.2%	21.9%	20.2%	23.1%
Type of Income				
Wage/Salary	76.3%	75.6%	76.4%	72.9%
Self-Employment	11.7%	10.4%	16.6%	14.7%
Interest, Dividend, Net Rental	42.9%	36.5%	42.3%	37.2%
Social Security	26.8%	26%	29.7%	31.7%
Supplemental Security Income	N/A	5.5%	N/A	4.8%
Public Assistance	9.1%	4.9%	7.2%	2.4%
Retirement Income	15.9%	16.9%	18.4%	21.5%

NOTE: Percentages for all types of income do not add up to 100% as certain households may receive income from several sources.

The following table details the sources of income reported by Head Start families in Chenango County with a comparison between this year's survey and last year's data.

Sources of Income	2002-2003	2003-2004
Employment	Not Available	74%
Retirement	Not Available	1%
Supplemental Security Income	21%	16%
Pension	Not Available	0%
Social Security	Not Available	1%
Worker's Compensation	Not Available	5%
Public Assistance (TANF)	5%	9%
Child Support	19%	28%
Unemployment	6%	5%
Other	6%	9%

The most recent caseload statistics from the New York State Office of Temporary & Disability Assistance (OTDA) show that almost 12% of Chenango County's population receives some form of government assistance that includes temporary assistance, food stamps, and supplemental security income (SSI). The same statistics show that almost 14% of New York State's population receives some form of government assistance.

The table below shows OTDA caseload statistics for November 2002.

Type of Assistance	New Yo	rk State	Chenango County		
Type of Assistance	Recipients %		Recipients	%	
Temporary Assistance	607,932	3.2%	510	1%	
Food Stamps	1,372,188	7.2%	4,194	8.2%	
Supplemental Security Income	628,561	3.3%	1,341	2.6%	
Total	2,608,681	13.7%	6,045	11.8%	

Statistics for the state of New York reveal that 3.1% of children under the age of 18 are receiving public assistance. In 1995, in Chenango County, 6.6% or 985 of children under the age of 18 were receiving public assistance. In 2002, this dropped to 2.3% or 308 children receiving public assistance.

New York State statistics also report a median rate of 10.4% of children under the age of 18 receive food stamps. In Chenango County, in 1995, 15.5% or 2,310 children under the age of 18 were receiving food stamps. In 2002, this percentage dropped to 13.0% or 1,754 that received food stamps.

Additionally, New York State statistics show that 1.4% of children under the age of 18 are receiving Supplemental Security Income (SSI). In Chenango County, in 1995, 1.5% or 226 children under the age of 18 were receiving SSI. In 2002, this percentage grew to 1.8% or 242 children.

D. Labor Force

Both New York State and Chenango County showed a decrease in the percentage of persons 16 years and over in the labor force. A higher percentage of those in the labor force are males. However, there was an increase in the percentage of females in the labor force from 1990 to 2000. For Chenango County, 0.1% of those in the labor force were in the armed forces, while 99.9% were civilian.

The table below shows labor force for 1990 and 2000.

Labor Force	New Yo	rk State	Chenango County	
Labor Force	1990	2000	1990	2000
In the Labor Force	63.6%	61.1%	64.5%	60.9%
Male	53.7%	52.4%	53.6%	53.3%
Female	46.3%	47.6%	46.4%	43.7%
In Armed Forces	0.4%	0.3%	0.1%	0.1%
Civilian	99.6%	99.7%	99.9%	99.9%
Not in Labor Force	36.4%	38.9%	35.1%	39.1%
Male	35.2%	39.2%	38.7%	41.9%
Female	64.8%	60.8%	61.3%	58.1%

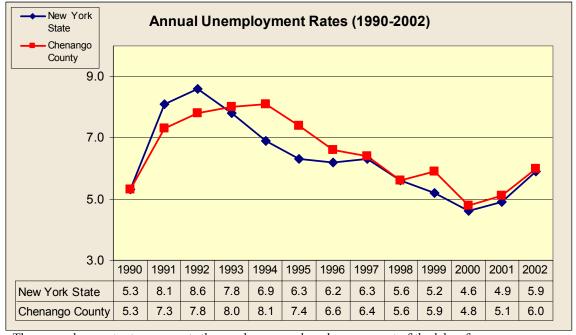
E. Employment

A comparison of 1990 and 2000 Census data indicates that the percentage of persons employed increased from 93.9% in 1990 to 94.4% in 2000 for Chenango County. This is contrary to the statewide trend where a higher percentage of the civilian labor force was employed in 1990 than in 2000. However, after September 2001, Chenango County's unemployment rate climbed to a high of 8.1% during the early part of 2002 and ended with an average of 5.96% by the end of the year.

The table below shows the percentage of the civilian labor force employed and unemployed in New York State and Chenango County for 1990 and 2000.

Elavum and	New Yo	ork State	Chenango County	
Employment	1990 2000		1990	2000
Employed	93.1%	92.9%	93.9%	94.4%
Male	53.4%	52.3%	53.2%	52.9%
Female	46.6%	47.7%	46.8%	47.1%
Unemployed	6.9%	7.1%	6.1%	5.6%
% of Unemployed that are Male	56%	52.7%	59.9%	58.9%
% of Unemployed that are Female	44%	47.3%	40.1%	41.1%

The following chart compares the unemployment rate for New York State and Chenango County from 1990 to 2002.



The unemployment rate represents the number unemployed as a percent of the labor force.

The table below compares the past two years of data from the Head Start Family Surveys.

Employment Distribution for Head Start Families	2002-2003	2003-2004
Households with at least one person employed	83%	82%
Households with at least one person working two jobs.	N/A	11%

F. Disability Status

From 1990 to 2000, the percentage of persons with some form of disability increased by more than 10% for both New York State and Chenango County. In Chenango County, the percentage of persons with a work disability rose to more than 25% of all civilian non-institutionalized persons 16 years old and over. Almost 31% of disabled individuals in Chenango County are over 65 years of age. Of those 16 to 64 years old, about 50% of persons with a disability are employed.

The table below compares work disability statuses for New York State and Chenango County. Percentages shown for the categories of *With Disability* and *No Disability* are the percentage of the total civilian non-institutionalized population over the age of 16. Percentages shown for the subheadings represent the percentage of the total category.

Disability Status by	New Yo	ork State	Chenango County	
Age and Employment	1990	2000	1990	2000
With a Disability	10.8%	23.6%	14.2%	25.2%
16 to 64 Years	57.9%	75.2%	57.4%	69.2%
Employed	17.5%	38.3%	22.2%	34.7%
Unemployed	40.4%	34.3%	35.3%	34.5%
Over 65 Years	42.1%	27.5%	42.6%	30.8%
Without a Disability	89.2%	76.4%	85.8%	74.8%
16 to 64 Years	87%	87.5%	74.1%	64.2%
Employed	62.9%	61%	66.2%	64.4%
Unemployed	24.1%	26.2%	20.2%	21.5%
Over 65 Years	13%	12.5%	13.6%	14.1%

G. Class of Worker

While the biggest percentage of workers in Chenango County are private, for-profit wage & salary workers, the percentage of not-for-profit workers has increased from 7.2% in 1990 to 8.7% of the employed civilian population in 2000. Chenango County has a higher percentage of self-employed workers as compared to the State percentage, as illustrated in the table below.

Class of worker	New Yo	ork State	Chenango County		
	1990	2000	1990	2000	
For Profit Wage/Salary	67%	67.1%	66.5%	64.2%	
Not-for Profit Wage/Salary	9%	9.7%	7.2%	8.7%	
Local Government	10.6%	10.2%	8.3%	8.7%	
State Government	4.6%	4.6%	6.1%	7.1%	
Federal Government	2.5%	2.2%	1.1%	1.4%	
Self-Employed	5.9%	6%	10%	9.4%	
Unpaid Family Workers	0.3%	0.2%	0.8%	0.5%	

H. Occupations

A comparison of occupation data from the 1990 and 2000 Censuses indicates that Management, Professional, and Related occupations have grown during the decade for both New York State and Chenango County. This could be an indicator of increasing levels of higher education for the population. There has been a shift in occupation trends with the Sales and Office occupations slipping from the highest-ranking occupation in terms of numbers in 1990 to second in 2000 for Chenango County.

Production, Transportation and Material Moving Occupations are the third most popular occupational choice in Chenango County. There was also an increase in Service occupations from 1990 to 2000. Although Chenango County has remained a mostly rural area, there was a significant decrease in the Farming, Fishing, and Forestry Occupations from 5.9% in 1990 to 1.8% in 2000.

The table below shows percentages of the employed civilian population 16 years old and over in the different occupation classifications.

Occupations	New Yo	ork State	Chenango County	
Occupations	1990	2000	1990	2000
Management, Professional & Related	30%	36.7%	21.8%	29.5%
Service	14.4%	16.6%	12.5%	15%
Sales & Office	33.1%	27.1%	27.5%	22.8%
Farming, Fishing, & Forestry	1.1%	0.3%	5.9%	1.8%
Construction, Extraction & Maintenance	9.4%	7.6%	13.2%	11%
Production, Transportation, & Material Moving	12%	11.7%	19.1%	19.9%

I. Prevailing Wages in the Region

Wage Data from the Occupational Employment Survey of New York State Department of Labor shows that wages in the Southern Tier, including Chenango County, are generally lower than statewide wages. On average, wages in the Southern Tier region are 87% of average New York State wages.

For complete list see the NYS Department of Labor website: www.labor.state.ny.us/labor_market/LMI_business/oeswage/defs.htm.

The following table illustrates economic details pertaining to Head Start Families in Chenango County according to survey data for 2002-2003 and 2003-2004.

Head Start Family Finances	2002-2003	2003-2004			
Amount of take-home-pay that goes towards major bills					
One Quarter	2%	6%			
Half	12%	12%			
Almost All	62%	66%			
Not Enough to Pay Major Bills	21%	11%			
Households That Have a Written Budget	N/A	57%			
Households That Have a Savings Account	N/A	58%			
Households That Have a Cash Reserve for Emergencies	N/A	22%			
Households That "rent to own" Household Items	N/A	16%			
Report Credit As:					
Excellent	N/A	6%			
Good	N/A	19%			
Fair	N/A	23%			
Poor	55%	38%			
No Credit	N/A	12%			
Reasons for Fair or Poor Credit					
Too much debt	32%	N/A			
Default Loan	N/A	19%			
Behind on Bills	N/A	47%			
Behind on Mortgage	N/A	.3%			
Behind on Credit Card(s)	N/A	21%			
Bankruptcy	N/A	14%			
Too Many Credit Cards	N/A	5%			
Applied for Credit too Often	N/A	3%			
Don't Know	N/A	14%			
Percentage of Households using a credit card.	N/A	49%			
Support services used by households					
Clothing closet	N/A	26%			
Food pantry	N/A	45%			
Free Comm. Meals	N/A	5%			
Holiday baskets	N/A	42%			
Gov. food	N/A	9%			
None	N/A	37%			

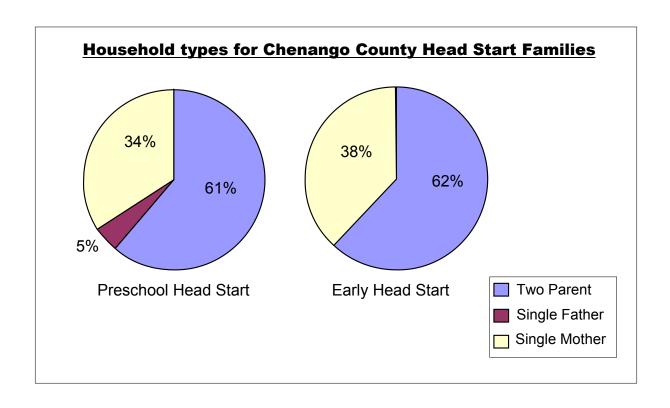
IV. Needs of Head Start Eligible Children and Families

A. Head Start Family Profile

The following information is based on the profiles of two hundred eighty-one Head Start and Early Head Start families who were enrolled in the 2003-2004 program year. The average family size for Chenango County Head Start families was between four and five members, with most families having between two and three children.

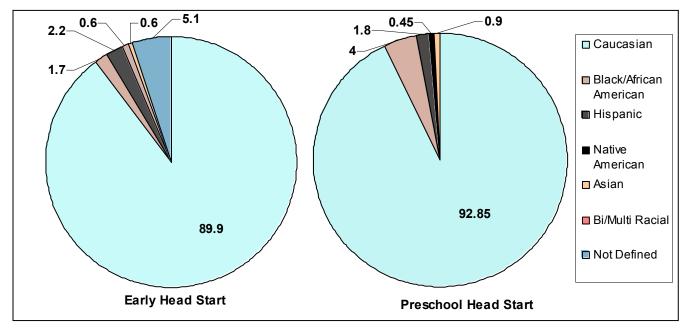
Family types varied with the two parent household being the most common and single mother headed households the next. A small number of single father headed households were reported in the families of the preschool population and none were reported in the families enrolled in the Early Head Start option.

Grandparent headed households is also another statistic that is beginning to surface in the program, although the percentages were too small to chart. The Chenango County Head Start program is providing specific support for grandparents who are assuming all or are sharing responsibility for their grandchildren.



A.1. Ethnicity

The population of Chenango County is predominately Caucasian which is consistent with the make up of the children enrolled in the Head Start Program.



Since many of the children, their parents and the staff of the Chenango County Head Start Program may have little to no exposure to others of various ethnic backgrounds, it is important that the Program provide an environment that offers a rich variety of opportunities in which both children and adults can experience and learn about the diversity that exists in the world.

The curriculum and other activities provided through the Head Start Program must include opportunities that will allow children and adults to experience foods, music, customs, and books that tell stories about other people and their beliefs, and exposure to cultures and ethnic groups that differ from their own.

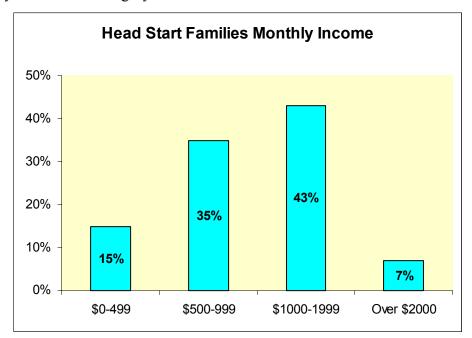
The program staff must work closely with parents to help them understand that because cultural beliefs and customs vary from family to family, it is important that as a Head Start Program we demonstrate a respect for the diversity among all who participate in the program. Parents struggle with understanding program policies that do not allow for celebrations and activities that focus on events such as Birthdays, Christmas, Easter and so forth, during the hours of regular Head Start Programming. The staff must work with parents and children in a positive way so as to guide them toward learning about a variety of cultures and ways in which we can celebrate without offending anyone who may not share the same beliefs or methods of celebration.

Additionally, we must include information that relates to the diversity within each community, since it is likely that parents and their children will interact with people whose beliefs differ from their own in settings such as Head Start, public school, church, and other social

gatherings within their communities. Head Start can play an important role in dispelling some of the myths, misunderstandings and prejudices that may exist.

A.2. Income and Financial Security

According to Head Start data from the family applications, annual incomes ranged from between \$9,000-\$20,000, with the average annual income being about \$14,000 and the average family size at between 4 and 5 members. These statistics place Head Start families in the very low income category.



Employment opportunities for parents of Head Start enrolled children have become limited over the past several years. Steady, living wage, factory jobs that once provided employment for unskilled laborers in Chenango County were eliminated when the majority of the industries throughout the county shut down. This happened over a span of about ten years.

The majority of Head Start parents have a high school diploma, but no post secondary education. At one time that was enough to obtain a job with a living wage in Chenango County. However, this has become more difficult over time. Approximately 30% of the adults in the Program left high school between the 9th and 12th grades and an additional 12% left school before finishing the 9th grade.

In addition, several Head Start parents have been a part of a generational welfare system and some are either cycling off TANF because of the Welfare Reform five-year limitation, or they are deciding that the requirements are too stringent and they decide not to re-certify for the services. Most of these parents have had little or no previous work experience. These factors coupled with the lack of job skills that would enable parents to qualify for higher paying jobs, makes it difficult for Head Start families to move out of poverty.

The majority of parents, a total of 74% in Head Start and Early Head Start, are employed and many are working more than one job. Generally these are part time jobs that pay very low wages and offer no benefits such as health insurance. Consequently, the number of families who are receiving Medicaid and Child or Family Health Plus remains relatively high. 91% of the enrolled families are receiving one or more of these services.

The other sources of income for families vary. The survey showed that 13% of Chenango County Head Start families are receiving TANF cash assistance, 20% receive Supplemental Security Income (SSI) or Social Security Disability (SSD), and 28% are receiving child support, which for some is their only source of income. Some families are supported by a combination of employment and other cash assistance.

Due to the fact that the majority of the parents who are employed are working at low paying jobs, and others receive small incomes from the various sources previously mentioned, most families report that they are struggling to "make ends meet". In the survey, 62% of Head Start parents reported that almost all of their income goes toward payment of their major bills and another 21% said that they did not have enough income to meet their major expenses.

Although the TANF enrollment in the county is increasing, according to the Department of Social Services (DSS), most Head Start families are choosing not to apply regardless of the their potential eligibility. The number of Head Start families receiving TANF has declined since the enactment of Welfare Reform. Since the last program year, there has been an increase in the number of Head Start children who are receiving child support from an absent parent.

The Head Start survey conducted this year revealed that 43% of the families enrolled in the program are insecure about having enough food to feed their families. Families report that they rely on local community resources such as food pantries, soup and sandwich suppers sponsored by area churches, and their friends and family members to help out when their food supply runs out. More than fifty percent of the Head Start families receive food stamps. Of even more concern is the 4% that report that they go without when their food supply runs out. This has been noted by Head Start staff when children come to Head Start hungry, particularly toward the end of the month. Therefore, the Head Start menus are enriched so that children receive heartier meals during this time.

In comparison to the responses from the general public who also participated in the survey, Head Start families are much more aware of and do utilize the resources available to them. We feel that Head Start infrastructure contributes to this factor in that staff members provide a vast amount of information about community resources as well as providing direct referrals to resources that assist families who are struggling to address the basic needs of their families.

Although parents report that they plan their meals, and that they shop primarily in the larger markets and use advertised specials to plan their shopping, 31% said that they purchase ready-to-eat foods three or more times per week, these items are typically costly and make a large impact on the amount of food that a family is able to purchase.

Head Start families reported in the survey that they also struggle with purchasing gas and necessary repairs to keep their vehicles operational. A total of 43% of Head Start parents surveyed said that not having reliable transportation and money for gas impedes their ability to regularly report for work, to attend school if they are enrolled in a college or vocational program, and to keep appointments. All these factors can affect the financial stability and security of families. Although 75% of the families reported that they have at least one vehicle, almost half reported that their vehicles were in need of repair. This often results in lost jobs, lost services and loss of money paid out for schooling which might otherwise help parents move forward in their quest to provide a better life for their families.

Poor credit and high credit card debt is another factor reported that impacts the financial security of many Head Start families. Thirty-eight percent of Head Start families reported that their credit rating was poor; forty-seven percent said that they were behind in paying their bills. 19% of parents reported having good credit and 6% reported that they felt their credit was excellent.

Head Start families often fall victim to the "rent to own trap". They desire "nice things", and "rent to own" becomes a very appealing way to achieve this goal. Unfortunately many families must return these items and are left with one more bill that is outstanding because their income no longer meets their prior needs and debts. Of the families surveyed, 16% responded that they had used a "rent to own" vendor to purchase items for their homes. Although this may seem to be a small percentage, its popularity continues to grow among low income families who do not see any other way of enjoying the luxuries that they feel others with more money have the opportunity to experience.

Many Head Start families also struggle with paying medical and dental bills. These are expenses not covered by Medicaid, Child or Family Health Plus, or are bills incurred prior to the family receiving these services. Again, these outstanding bills have an impact on the family's credit rating and their ability to access services when needed.

History has proven that when staff are successful in helping Head Start families in establishing and following a budget, families are better able to reduce debt, to set priorities ensuring basic needs such as rent, groceries, and utilities are regularly met. Moreover, families are more able to accomplish small steps toward attaining a higher level of self-reliance. Consequently, the Chenango County Head Start program will be exploring options to ensure that all staff are able to work with parents in creating and maintaining budgets as well as providing links to other resources available such as budget counseling. Budgeting workshops will also be provided for parents.

Our staff must call upon parents who have experienced success in their lives to share their stories with others in order to motivate and encourage them to be hopeful and to try some of the options that have proven to be helpful with their endeavors.

In addition, Head Start must continue to offer workshops for parents on how to prepare well balanced and nutritious meals for their families. This will be accomplished through instruction on menu planning, food purchasing, basic food preparation, gardening and food preservation,

so that parents will have the skills that enable them to address the nutritional needs of their families. Additional dollars may be needed to enable the program to expand the "Parents As Cooking Partners" project.

The Chenango County Preschool Head Start program has compiled a waiting list of approximately 40 families whose incomes exceed the Head Start Poverty Income Guidelines. Many of these families' incomes go over the guidelines by only one to two thousand dollars per year.

Since Head Start limits the number of families who may be enrolled whose income is in excess of the allowable amount to 10%, the program did experience sites and/or options that could not meet their assigned funded enrollment. The wait-listed families would have benefited from Head Start services, but were unable to be enrolled. It is imperative that Congress either raise the poverty index to better reflect the current economic status of families who today are living in poverty or increase the percentage of families eligible to be served by Head Start whose income exceeds the current excessively low guidelines. Ideally, the guidelines would parallel those used by the Women, Infants and Children Feeding Program (WIC) which is at 185% of the poverty index. Families who qualify for WIC share many of the same issues and concerns that have been addressed above, yet many do not qualify for Head Start services. We need to support families who are struggling to become more self-reliant. Head Start supports families toward that end.

B. Education and Job Training

There are 8 public school districts in Chenango County serving 9,807 students in grades Pre-kindergarten through 12th. Additionally, there are 3 private schools located in the county serving 272 children. In 2002, 97% of Chenango County's students attended public school. This is up from 93% reported by the 2000 census.

Between 1990 and 2000, the census reported a slight increase of 0.6% in the number of children enrolled in preprimary school (ages 3-4). This is compared to a state growth rate of 5.9% in the same population. Additionally, while New York State experienced a 14.4% increase in school-age (K-12) children population, Chenango County experienced a growth of 2.4%. This is indicative of the population drop that occurred in the County in the past several years.

The New York State Education Department also reports that the average student to teacher ratio for Chenango County public schools is 11.84 students per teacher. The student to teacher ratio for the private schools in the county is slightly lower at 11.33 students per teacher.

There are 1,471 children attending Chenango County public schools that have an Individualized Education Plan (IEP). This is 15% of the student population. This is slightly higher than the state average of 14.8%. The Chenango County Preschool Head Start program serves 221 three to five year olds.

There are currently 39 children in the program that have a diagnosed disability. This is 20.83% of the children served. See table below.

School District	Public School Students	Public School Students with IEP	% of Public School Students with IEP	Head Start Students	Head Start Students with Diagnosed Disability	% of Head Start Students with Diagnosed Disability
Afton Central School District	729	98	13.44	20	3	15.00
Bainbridge Guilford Central School District	1,060	106	10.00	18	5	27.78
Georgetown-South Central Otselic School District	484	88	18.18	23	1	4.35
Greene Central School District	1,424	197	13.83	18	7	38.89
Norwich City School District	2,253	396	17.58	79	11	13.92
Oxford Academy & Central School District	992	110	11.09	18	4	22.22
Sherburne-Earlville Central School District	1,802	343	19.03	27	2	7.41
Unadilla Valley Central School District	1,063	133	12.51	18	6	33.33
Totals	9,807	1,471	15.00	221	39	20.83

From a survey conducted during this program year, 39% of Chenango County Head Start families reported that at least one adult living in their household does not have a high school diploma or GED. The town of New Berlin reported the highest percentage at 59%. This is compared to a response of 23% from Chenango County community participants.

Additionally, 14% of Chenango County Head Start families report that at least one adult residing in their home has a literacy issue. This is slightly higher than the reported 13% from Chenango County community participants.

10% of non-Head Start families in the county participating in the survey reported that at least one member of their household is attending college or training classes. 23% of the county's Head Start families reported they are currently engaged in college coursework or some type of training class.

Transportation continues to be a significant barrier for many of the families in Chenango County. 36% of Head Start families reported that they were unable to attend classes and 34% were unable to search for a job due to lack of a vehicle. 35% of Head Start families reported that they were prevented from going to appointments, work, or school due to the poor

condition of their vehicle. Additionally, 56% reported that they were unable to accomplish these tasks because they did not have fuel for their vehicles.

This is not just an issue for Head Start families. It is also a barrier for all Chenango County residents with 43% of community participants surveyed reporting that they were unable to go to work, school or other appointments due to lack of fuel and 24% were prevented from these tasks due to the poor condition of their vehicles. Additionally, 27% of community persons surveyed reported that lack of fuel for their vehicles has prevented them from searching for a job.

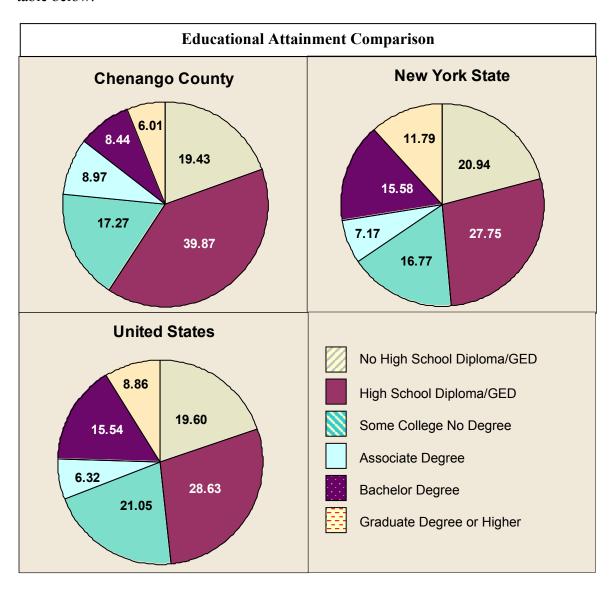
The percentage of persons over the age of 18 that have a high school diploma or equivalent is 79.7% in Chenango County. This is comparable to the state and national averages according to the 2000 census. A slightly higher percentage, 80.5%, of Chenango County residents over the age of 25 has attained a high school diploma or equivalent as compared to state and national percentages.

Of the 206 families enrolled in the Preschool Head Start program in January 2004, 69 families or 33.5% report at least one adult that does not have a high school diploma or GED. 37.7% or 26 of these families have an adult in the home that has identified retuning to school or entering a GED program as a goal. Of these 26, 15 or 57.7% have enrolled in a GED program or returned to school.

The major educational concerns of Chenango County are in the considerable low number of adults that have post-secondary education. Only 13.5% of Chenango County residents over the age of 18 have attained at least a Bachelor's degree. This is 12% below the state average of 25.5% and 8.8% below the national average of 21.5%.

An even larger gap is apparent in Chenango County residents over the age of 25 where 14.5% have attained a Bachelor's degree, which is 24.4% lower than the national average of 38.9% and 27.4% lower than the state percentage of 41.9%. The 2000 census also revealed a concerning predictor of the education gap widening. The state of New York reported a drop of 9.6% of residents attending post-secondary institutions between 1990 and 2000. In Chenango County the drop was 20.6%.

A detailed breakdown of educational attainment for persons over 25 years old is shown in the table below



In Chenango County, there is one post-secondary school, State University of New York (SUNY), Morrisville, Norwich Campus. This institution offers a variety of Associates Degree and certification programs. Other colleges located near (within 50 miles) Chenango County are SUNY-Binghamton University, SUNY-Cortland University, SUNY-Oneonta, SUNY-Morrisville, Hamilton College, and Colgate University.

Opportunities For Chenango, Inc. supports literacy development throughout its family development programs including Early Head Start, Preschool Head Start, and Literacy Volunteers of Chenango County (LVCC). Opportunities For Chenango, Inc. also collaborates with DCMO BOCES, Afton Consortium, and the Guernsey Memorial Library to support a variety of literacy opportunities for children and families.

Opportunities For Chenango, Inc. also partners with CDO Workforce (WIA One Stop) to promote job access and training opportunities for residents of Chenango County. Additionally, LVCC offers a program called "Job Success Basics" open for adults over the age of 16. This program emphasizes basic work-related literacy skills along with basic computer skills.

DCMO BOCES offers a variety of adult literacy and job training options. These include The EDGE (Job Readiness) program, vocational training and GED preparation classes. These classes are free for residents over 21 years of age that do not have a high school diploma or equivalent. More than 3000 adult learners are served by these programs. Daytime and evening classes are available.

The Afton Consortium of Schools also offers free adult basic education (ABE) and GED preparation classes at many locations throughout Chenango County. Participants of these classes work under the direction of a New York State Certified teacher on an individualized course of study. The Consortium also offers a home study GED preparation program known as GRASP (Give Ready Adults a Study Program). This program is available to students who are 21 years of age or older and who possess adequate reading skills to work independently.

The Southern Tier Professional Development Consortium is also located at Afton Central School in the Adult Education Office. This Consortium sponsors staff development opportunities for adult service providers.

Afton Consortium also administers the Community Education Program that offers a variety of afternoon and evening programs for local adults. A computer lab located in the Afton Central School has also been made available for adult learning classes including Beginning and Intermediate Computer Instruction, Computer Graphics, and AutoCAD (Computer Assisted Design).

C. Health

The health of children is basic to their well-being and optimal development. Low income children face many challenges in receiving the services necessary for prevention of disease and preservation of health. In Chenango County 5.9% of the population are children with 20.4% of the population below poverty guidelines.

Chenango County's traditional health services are provided primarily in the city of Norwich, and along Route 12 which is located in the center of the county. Chenango Memorial Hospital, the only hospital in the county, is also located in Norwich. Chenango Memorial has a limited number of beds which places Chenango County in the lowest 15 counties for the relative availability of inpatient care. There is no pediatric ward in the hospital. Chenango County children must access inpatient hospital services in surrounding counties.

Medical services are provided by United Health Services through the hospital, private providers and outreach branches of Bassett Health Care. There is no managed care system in

the community as there have not been a sufficient number of approved providers to establish a program for Medicaid eligible patients.

The services provided by Chenango Memorial Hospital include a dental clinic located in the city of Norwich which employs three dentists and remains the only provider in the county that accepts Child Health Plus insurance. They are one of two dental offices in the community that accepts Medicaid, but currently have a waiting list for new patients

Chenango County hosts a total of approximately 40 physicians serving a population of 51,324 people. Included in the 40 providers are two pediatricians and one obstetrician; however one pediatrician is employed through a school health center and therefore whose services are unavailable to the general population. As of June 2003 the hospital lost two midwives from the Women's Health Center due to the decreasing number of births at the hospital. The hospital provides two outreach clinics in the towns of Sherburne and Oxford as well as school based clinics in the New Berlin, South New Berlin, and Unadilla Valley Schools. Outreach clinics provided through hospitals outside the county are located in Bainbridge, Greene, New Berlin and Otselic Valley.

Well – Child Clinics administered through the Department of Public Health have, in the past, offered well- baby check-ups free of charge to eligible families at various locations throughout the county. However, the last Well-Child clinic was held in June of this year 2003 due to low participation.

Immunization Clinics are offered through the Department of Public Health on a monthly basis at the following locations through-out the county; Norwich, Greene, Unadilla Valley, Guilford, Bainbridge, South Otselic, Afton and McDonough. Clinics are free of charge to the entire population, and are well attended. In addition to Immunization clinics the Department of Health provides a host of other health services focused on low income families with children. They include:

- <u>Home Visit Program</u> offering home visits to new parents following discharge from the hospital, prenatal women and children for health supervision and guidance
- <u>Communicable Disease Prevention Program</u> to prevent the spread of reportable communicable disease
- <u>Lead Poisoning Prevention</u> providing lead testing to child without health insurance
- <u>Early Intervention (EI)</u> providing services for children from birth to three years old with developmental delays.
- <u>Physically Handicapped Children's Program</u> for residents of Chenango County with severe chronic illness or physical disabilities
- <u>Children with Special Health Care Needs</u> for children from birth to 21 who have or are suspected of having a serious or chronic physical, emotional or developmental condition that requires health related services beyond that required by children in general

Other than the Chenango Memorial Dental Clinic there are approximately 11 private dental offices are located in Norwich, Greene, Sherburne, and Bainbridge. Only one of these offices accepts Medicaid and no one accepts Child Health Plus. There is a serious shortage of dentists in the county that accept Medicaid or Child Health Plus.

C.1. Health Insurance

Medicaid covers 77% of Head Start households with at least one person that participates in the program for health coverage. Chenango County, as a whole, has experienced a 61% increase in Medicaid participation since 1996. Applications for Medicaid are generally completed through face to face interviews at the Department of Social Services located in Norwich. Prenatal women may apply for a specialized Medicaid program, Prenatal Care Assistance Program (PCAP) to receive Medicaid benefits through the local Planned Parenthood office also located in Norwich.

Health insurance has become much more accessible to Chenango County residents since January of 2003. Chenango Health Network located in Norwich is now providing facilitated enrollment services in several areas through-out the county. Enrollers are also available to take applications at any Head Start site. Facilitated enrollers will take applications for Child Health Plus, Family Health Plus and Medicaid. The Facilitated Enroller Program saves applicants from traveling to the Department of Social Services in Norwich. Facilitated enrollers are also able to advocate for and support families during the re-certification process.

From inception, the Facilitated enroller program has taken 291 applications for Child Health Plus A (Medicaid), 116 applications for Medicaid for adults, 208 Family Health Plus applications and 172 Child Health Plus B applications.

The 2002-2003 Community Survey administered by the Head Start Program reported 18% of the families surveyed had at least one person in the household that was uninsured as compared to the 2001-2002 survey which reported 34% of the households with one member uninsured. However, the most recent Head Start survey again shows 32% families have at least one person uninsured.

C.2. Health Literacy

One possible explanation for the increase in uninsured individuals is that those people that were insured during last year's survey are now up for re-certification. Re-certification is difficult for many Head Start families due the high rate of re-location (69% of Head Start families have relocated 2 or more times in the last year) on-going transportation problems and to literacy issues and Health literacy in particular. 39% of Head Start households report adults without high school diplomas or GEDs' and 14% report adults with literacy issues.⁴

Health literacy, specifically in the area of health insurance coverage is a serious problem in the Head Start population. The 2003-2004 Head Start Family Survey pertaining to health insurance coverage revealed 17% of those surveyed reported not understanding their health insurance. However, when analyzing data, it was discovered that many other families did not

have a good understanding of their insurance when they reported that they received Child Health Plus for their children and also reported not having vision or dental coverage for them.

Re-certification for Medicaid and Child Health Plus is a challenge many Head Start Families can not meet as it requires a good understanding of the system, which our families do not have.

C.3. Leading Health Indicators

Health Indicators illustrate the effectiveness of important health systems that are of great importance to the health and well-being of individuals and communities.

C.3.1. Tobacco Use

Tobacco use is prevalent in Chenango County. It is well established that smoking is a major risk for heart disease, stroke, lung cancer and other respiratory diseases. Tobacco use during pregnancy increases the incidence of miscarriage, premature delivery and sudden infant death syndrome. Second hand smoke increases the incidence of heart disease and respiratory conditions like bronchitis and asthma in children.

A 2003 county wide survey of all voters reported a 17% smoking rate. However; the Head Start population reported a much higher incidence of smoking. Head Start Program reports shows 68% of households have at least one smoking adult. Not surprisingly 36% of the Head Start households surveyed report having a child with respiratory problems and 30% with adults having respiratory problems.

Among those women participating in the PCAP Program 49.4% use tobacco as compared to 40.5% in the entire SCNY Region (and 15.4% use alcohol as compared to 41% in the entire region).

Chenango County has a very active Tobacco Coalition which provides education and tobacco cessation programs.

C.3.2. Immunizations

Rates of immunizations are one measure of the extent to which children are protected from serious illness. According to the CDC, nationwide, the rate of immunizations for children below poverty level is lower than that for children at or above the poverty level. Immunization rates in Chenango County remain high for pre-school age children most likely due to the availability of clinics throughout the county and the advocacy of programs like Head Start and WIC. The 2000-2001 NYS School Immunization Survey reports that 91% of nursery school, day care and pre-k children have been fully immunized, whereas 100% of Head Start children have been fully immunized. Full immunization for the Head Start program means at least 3 DTaP, 3 Hepatitis B, 3 Hib, 1 MMR, 4 Polio (or age appropriate), and 1 Varicella for those children born after 1/1/2000. Chenango County Department of Public Health figures show that only 64% of the county two year olds were up to date with

immunizations in 2002 and 67% in 2003. Although the rate of immunizations is increasing in this age group, it is still well below the World Health Organization goal of 90% for children by the age of one year.

C.3.3. Access to Health Care

Transportation remains major concern in this very rural area. 85% of Head Start families report owning a vehicle in the 2003-2004 Head Start Community Survey and of that, 61% need repairs and 29% often do not have money for gas. In addition the single vehicle owned by the family is in use during the day by an employed parent leaving the household without transportation throughout the day. 56% of the families surveyed miss appointments, including medical and dental appointments due to the lack of money for gasoline and 35% because of the condition of their car.

The public transportation system is very limited in the county and usually not convenient to our very rural families who need a ride just to get to a bus stop. For the reasons listed above, it is often very difficult for families to maintain a schedule for preventative health care, as well as accessing care for acute health problems.

Although 94% of Head Start Families report having a medical provider, of those answering the 2003-2004 the Head Start Community Survey, 42% report using the emergency room for non-emergency visits due to the unavailability of their regular health care provider.

C.3.4. Oral Health

Dental disease remains prevalent among Head Start families and the primary health concern for low income families. When left untreated dental caries can result in pain, compromise nutrition and affect appearance. In addition, the normal development of speech can be compromised in children, all which reduce the capacity for children to succeed in the educational environment.

Chenango Memorial Hospital provides screenings for approximately 200 Head Start children on an annual basis for the purpose of enrollment in the program; however, the clinic does not regularly take children on as regular patients through the screening process. Therefore, even though the dental screening fulfills requirements for enrollment in Head Start, it does not provide the child with on-going preventative care or a dental home. A survey of the Head Start class of 2002-2003 shows that the dental screen constitutes the first experience at the dentist for about 43% of the children. As of April 1, 2004, 59 children participate in the Head Start Fluoride Program which constitutes virtually 100% of those children not living in fluoridated water areas.

For the 2002-2003 school year, 76 of the 202 children screened for dental needs were diagnosed with dental caries. Of those diagnosed, 40 children were shown to have extensive dental disease. Of all those children diagnosed with needs, 34 received care, 20 of those children receiving care were those with extensive need. There is no access to pediatric dental care within the county.

At this time only three towns in the county fluoridate the water; Norwich, South New Berlin and Bainbridge. Chenango County does not have a pediatric dentist, or a dentist that will accept Medicaid children with extensive needs. The closest dentist for pediatric patients that will accept Medicaid from children outside their county is located in Utica, or Oneonta N.Y., The pedodontist in Utica limits his patients to children with extensive needs (those requiring hospitalization for repairs). He does not accept Child Health Plus insurance. An appointment with this dentist often requires being put on a waiting list. Families must make three trips to receive care; one for evaluation, the next for a pre-operation physical and the last for the surgery. The pedodontist in Oneonta will see children in all stages of dental disease but currently has a waiting list.

The need for dentists that will accept Medicaid or Child Health Plus in our region is critical. Dentists have full caseloads and are not prepared for the needs of the pediatric population. For this reason Chenango County children often must seek care in surrounding counties; however an increasing number of doctors that accept Medicaid are limiting their practice to their own county. Adults among the low income population must overcome additional barriers if they are not Medicaid eligible as Family Health Plus does not cover dental care and many remain uninsured or under-insured with no means to pay dental bills. 50% of Head Start families answering the 2002-2003 Community Survey report not being able to find a dentist, while 44% of those that have a dentist must travel out of the county for care.

Dental care remains inaccessible to Head Start Families in this rural and economically depressed county not only for the reasons mentioned above, but also for the lack of phone service, especially long distance, and lack of compliance with standard office practices. It is not uncommon for a dentist to discharge a patient for missing appointments or other non-compliance issues which are often related to lack of transportation and phone services.

Improving the dental health of our families and children must begin with prevention. It is not uncommon for Head Start parents to refuse care even when the opportunity is offered. 66% of Chenango County Head Start families report having a dental home. However, only 17% of Head Start children visit a dentist for preventative care.

C.3.5. Asthma

Asthma is a chronic disease of the lungs that occurs at any age but is more common in children than adults. In New York State the incidence of asthma is rising rapidly in preschool children. Hospitalizations due to Asthma in children birth to 4 years old has increased in Chenango County over the last four years. Statistics report an increase of 30.1 per thousand in 1995-1997 to 40.4 in 1999 to 2001.

C.3.6. <u>Lead</u>

Elevated lead levels are most dangerous in children under the age of 6. Exposure to even a small amount of lead can lead to behavior problems, learning disabilities and lowered intelligence. Screening and early intervention have been shown to prevent some of the more

advanced effects of lead poisoning such as seizures, kidney and nervous system damage. According to the Chenango County Department of Public Health, in 2003, 678 children under the age of 6 were screened for lead in Chenango County. Of that number 21 (3%) were found to have an elevated lead level.

Lead Testing is mandated for all Medicaid enrolled children at one year old and again at age two. Given that there are almost 6,000 individuals participating in the Medicaid program in Chenango County, it appears that a significant number of children are not being tested. Chenango County Head Start follows the recommendations of the Early Periodic Screening Diagnosis and Treatment Program (EPSDT) and therefore requires lead testing as part of the enrollment physical. Although the incident of elevated lead is only 3% in the county, many children are not being screened. Chenango County has a high percentage of homes built before 1970, when lead was an ingredient of paint. Many homes inhabited by low income families are old and in poor repair making lead more assessable to children that crawl and play in areas just outside the home.

D. Mental Health

Within Chenango County there continues to be a need for affordable mental health services for adults and children. While there are a limited number of counseling services available, there are several agencies within the county that support the delivery of those services. These agencies include: Chenango County Community Mental Hygiene Services, Catholic Charities of Chenango County, Chenango Memorial Hospital, DCMO BOCES, The Chenango County Youth Bureau, The United Way of Chenango County, The Mental Health Association of Ulster County and the New York State Office of Children and Families.

D.1. Services for School Age Children

Through various collaborations between these agencies and local school districts, several school based intervention programs are in place. The Unadilla Valley School District, along with Chenango Memorial Hospital operates a school-based health clinic for students of that district. Students in Kindergarten throuth12th grade have an on-site Certified Social Worker (CSW) available 4 days per week during the school year. Referrals for the services can come from parents, teachers, building principals and others. The CSW can do on-site therapy with children, or refer them for other services. The Oxford Central School District collaborates with Chenango Memorial Hospital and Catholic Charities to provide a school-based clinic. Building Assets for Resiliency is a program funded by the Chenango County Youth Bureau and the Chenango United Way. It is a service operated by Catholic Charities within 6 local school districts to help students who are experiencing problems either at school or at home. The child Witness Intervention Program is funded by a service grant from the NYS Office of Children and Families. It is operated in 7 local school districts by Catholic Charities and serves children and youth that have witnessed or experienced domestic violence.

Project Intervene is a 3-year state funded grant run through DCMO BOCES. The three objectives of the project are to work with emotionally disturbed students to increase positive behaviors and achieve success in the least restrictive environment, to work with teachers to

develop effective strategies for responding to behavior and to work with parents to ensure the transference of skills and strategies from school to home.

DCMO BOCES also maintains the Coordinated Children's Services Initiative (CCSI). The purpose of the CCSI is to ensure that families are supported in staying together and that children remain at home and in their community by improving the quality of decision making for children with emotional and behavioral disturbances through state and local interagency partnerships. Currently 25 families are being served in various stages of the program. There is no waiting list for this program. The program has served over 100 families since October 2001.

The Harbour Program is a family based treatment program that provides foster care for children between the ages of 5 and 18 who have been diagnosed with an emotional disability, who for various reasons temporarily cannot live with their families. The program is administered through the Mental Health Association in Ulster County. The program currently has 5 foster care slots for children with a psychiatric diagnosis in Chenango County. These slots are currently full and there is a waiting list. There is no average time given to the wait list due to the emergency nature of the program.

The Harbour Program also provides respite services for families that need a break from their youth diagnosed with an emotional, social or behavioral disability. The program maintains 4 respite slots for families in Chenango County. 3 of the 4 slots are open due to lack of respite care providers for the program and there is a waiting list.

D.2. Services for Adults, Children and Families

Chenango County Community Mental Hygiene Services provide Mental Health Clinic Services, Alcohol and Drug Abuse Services, Continuing Day Treatment Program, Psychosocial Club Program and Serendipity Programs.

The Mental Health Clinic provides assessment and evaluation, crisis intervention, individual, marital and group therapy, child, parent-child and family therapy, medication therapy, intensive, supportive and regular case management services for adults and children, consultation services and forensic services. The clinic serves adults, children, families, individuals and couples of Chenango County. There is currently a 5-week waiting period for persons seeking non-emergency services. The Mental Health Clinic has 500 - 600 open cases at this time.

Alcohol and Drug Abuse Services include assessment and evaluation, crisis intervention, school - based prevention services, individual counseling, group therapy, child, parent-child and family therapy, vocational evaluation services and medication therapy. These services are available to adults, children, families, individuals and couples of Chenango County who are affected by substance abuse.

The Continuing Day Treatment Program offers assessment and evaluation, crisis intervention, daily structured programming, individual and group therapy, medication therapy,

vocational/educational skill development and case management services. This program serves adults over the age of 18 years, individuals and couples of Chenango County.

The Psychosocial Club Program provides social skills training, recreational activities, daily living skills training, daily structured programming, vocational/educational training and case management services. The club is available to Chenango County residents over the age of 18 who have prior or current involvement with mental health services.

The Serendipity Programs offer vocational/educational training, onsite and competitive job coaching, competitive placement and benefits counseling. These services are available through the following programs: Alcohol and Drug Abuse, Continuing Day Treatment, Chenango Club and the Mental Health Clinic.

Catholic Charities of Chenango County provides counseling services to both children and adults. Individual insurance is accepted and there is also a sliding fee scale. No individual is turned away because of inability to pay. The Counseling Program offers services for individuals, couples and groups. They facilitate groups for children who have been victims of sexual abuse, for adult survivors of childhood sexual abuse, and an expressive arts therapy program for adults who have experienced domestic violence. Catholic Charities also offers Eye Movement Desensitization Reprocessing (EMDR) for both children and adults who have experienced trauma and /or have anxiety disorders.

Catholic Charities of Chenango County maintains three group homes that can serve residents of the county. Trillium Home is for severely emotionally disturbed adolescents. Chenango House is for adults with chronic and/or severe mental illness. Crossbridge is a low-level group home for males aged 12 - 18 who cannot remain within their own home because of behavioral needs. Referrals for this program typically come from the Department of Social Services.

The Family Support Services Center located at Opportunities for Chenango, Inc. serves families in crisis on a walk in or appointment basis. This program has made 49 mental health related service referrals with-in the past 12 months.

During the 2003 - 2004 program year Opportunities for Chenango, Inc. Head Start Program has made 14 referrals to the Head Start Family Wellness Consultant for adult mental health services. Seven referrals have been made for mental health consultation for children. Family Counseling has received 1 referral. Two children in the Preschool Head Start program have counseling as an identified need and service on their Individualized Education Plan as written by the Committee on Preschool Special Education from the school district of their residence. To date, 2 children are waiting for service and 8 adults are waiting for service.

The services of the Head Start Family Wellness Consultant are not accessed fully by all sites. Several sites have made referrals infrequently and several almost never. Further training for staff on the role of the Family Wellness Consultant should be implemented to ensure that all families have access to the services.

The families who participate in the Chenango County Head Start Program have a tremendous, unmet need for accessible, affordable and appropriate mental health services. At this time, there is a deficit in therapists available to families within Chenango County who are trained to work with the birth to 5-year age group. Catholic Charities and some private practitioners attempt to serve, but are unable to meet the demand and needs of the families.

Barriers in accessing mental health services for Head Start Families:

- Lack of insurance only the Mental Health Clinic can bill Medicaid
- Transportation most services are located in Norwich
- Wait time at least 5 weeks in most non-crisis situations
- No licensed child psychiatrist within Chenango County
- The psychiatrist at Chenango County Mental Health Clinic will only see adults and children who are patients of Chenango County Mental Health therapists
- There are 2 pediatricians, one in Chenango County and one outside of the county that primarily see Chenango County families who have psychiatric medication needs. These Pediatricians are not connected to specific counseling services, which can be a barrier to medication therapy treatment follow-up.

What Head Start Families in Chenango County Need:

- Referrals for services
- Assistance navigating the system
- Transportation for initial evaluations or medication appointments
- Staff support with techniques in the classroom, speaking with parents, and continuing with further referral process if necessary.

What Chenango County Head Start Provides for Families:

- A Family Wellness Consultant who visits every Preschool site and Early Head Start Combination Option or Socializations at least annually to observe children in the general classroom and consult with staff on issues relating to the group or to individual children on basic classroom behavior.
- The Family Wellness Consultant and staff schedule additional meetings at the request of staff on behalf of parents or adult concerns or children's behavioral concerns. These individual consultations require parent signature.
- The use of curriculums such as "Good Talking Words" for the Preschool Head Start center children.
- The Family Wellness Consultant is also available to provide training for families on mental wellness topics. Coordination of where and how this takes place continues to be challenging. Many families find it difficult to come to a central location for meetings or training's.

• The Family Wellness Consultant has been available to the participants of the Grandparent Support Group (a group sponsored by Chenango County Head Start), by providing information and attending the monthly meetings when requested as a guest speaker.

E. Nutrition

Many people around the world suffer from hunger including 30 million people in the United States. Most vulnerable to hunger are children, pregnant mothers, single mothers, the elderly the homeless, the unemployed, ethnic and racial minorities and the working poor. The Economic Research Service of the U.S. Department of Agriculture reported on October 2003, that in 2002, 34.9 million people lived in households that experience food insecurity, compared to 33.6 million in 2001 and 31 million in 1999. Chenango County is no exception to the hardships people face in the struggle to meet the nutritional needs of their families.

A recent Head Start Family and Community Survey revealed that 66% of the Head Start families use almost all of their income to pay bills. Many families are forced to make choices between purchasing foods to feed their families and other necessities such as household expenses, vehicle repairs, or medical care. A small financial crisis could put a tremendous strain on a family's budget causing several months to catch-up in expense payments.

Nutrition research shows, that as family income decreases, the nutritional of adequacy their daily diet decreases as well.

Food insecurity refers to the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources. Food insecurity has a negative impact on children's health, such as fatigue, headaches, irritability, an inability to concentrate, and frequent colds. Children experiencing food insecurity are less likely to interact with other children and explore or learn from their environments beginning at an early age. Trends that have been observed in the Head Start families that have been reported by Head Start staff are children coming into the Head Start centers on Monday mornings and after they return from a vacation break famished and staff have noticed an increase in the volume of foods needed to be prepared to satisfy the children's appetites. During home visiting, staff has noted empty cupboards and refrigerators. It also has been observed that older siblings are left to provide meals for younger siblings, which generally consist of processed read-to-eat foods that are more costly, and have a higher fat and sodium content. The Food Stamp Program is a supplemental food program that covers a portion of a family's food expense for the month. Head Start modifies their menu plans to accommodate the increased hunger needs of the Head Start children.

Other evidence that many people are hungry in America comes from the widespread reports of increases in the number of households seeking "emergency food" at emergency feeding programs, food pantries and soup kitchens. The 2000 U.S. Census reports that income below poverty level in the age group 18-64 years has risen 59.5% in Chenango County in the last 10 years. Over 20% of all children in Chenango County are in poverty. In the City of Norwich, 29% of all children are in poverty. Catholic Charities' Roots and Wings provided emergency

services for 6,075 households in the year 2002. Of those households, 5,021 needed food and 2,062 were unduplicated families. The Food Bank of Central New York reported that 581,541 meals were served in Chenango County in 2001 and 677,252 meals were served in 2002 an approximate 15% increase. Opportunities for Chenango's Family Intake Coordinator has made 49 food referral requests, 41 as part of income maintenance request, and 346 as part of housing security request. The Chenango County WIC Program serves approximately 1,652 participants each month. Families benefit from a supplemental food package and nutrition education. Eight hundred fifty WIC families received Farmer's Market coupons in the summer of 2003 and 60% of the coupons were redeemed.

The 2003-2004 Head Start Community Assessment reported that 43% of Head Start families worry about having enough food to feed their families each month while some respondents said they were not worried but still reported that they accessed supplemental services for food. Forty-Five percent of the families said they had used the food pantry to make sure they had enough food for their family. Possibly the emergency food resources are making families feel more secure as a safety net to supplement their family's food needs.

In Chenango County, 7,195 potentially eligible individuals had the opportunity to participate in the Food Stamp Program. Only 4,445 individuals participated in the program. New York State is in the process of improving access to the Food Stamp Program by providing outreach services through the Nutrition Outreach and Education Program. The Food Bank of Central New York Outreach Coordinator has been working with many agencies within Chenango County educating them on Food Stamp eligibility and assisting individuals with the application process in effort to increase participation. Head Start staff has received training on Food Stamp application. As reported in March 2004 in *The Daily Star*, Oneonta's newspaper, although the application form has been simplified it continues to be reported that the paper trail could seem like a maze and appear to be a complicated process. There are several variables involved in determining Food Stamp eligibility, while many families believe that they are not eligible for the program, when actually they are. Some families do not apply because of the stigma that is associated with program participation.

Other factors that may prevent Head Start and other families in the community from participating in food programs are lack of transportation, vehicle in need of repair, no gas money, or childcare. Families who do not own vehicles are unable to keep appointments and find it difficult to shop economically because of living in a rural area and the only available shopping is at their local food marts that are pricey and limited in inventory.

The Head Start Community Survey 2003-2004 reported that 31% of the Head Start families buy ready-to-eat foods with their groceries. Additional processing to foods usually lowers the nutritive value of that food item and are higher in sugar, sodium and fat (usually the unhealthy fats) making it a calorie dense food product and an unhealthy choice. They are more costly and you get less for your food dollars making it more difficult for families to stretch monies for the month. Head Start staff has responded to family needs by working in partnership with the Chenango County Cornell Cooperative Extension program providing monthly cooking classes. Staff and parents experience new recipes by cooking together and sharing in the meals prepared. Families gain knowledge in scratch cooking, low-cost meals, new recipes,

improvising, new cooking terms, time management and appropriate sanitation practices. Each parent goes home with a prize to help them become successful in meal preparation from the class that they attended.

Head Start is working with Cornell Cooperative Extension and a county Farming Program to plan gardening, harvesting, canning and freezing classes and possibly connecting families to community gardening.

Overweight and Obesity are the most prevalent health concerns throughout our country. Obesity rates in adults increased by 60% between 1991 and 2000, and rates doubled in children over the last 20 years. Consequences of obesity can reduce the quality of life by increasing risks of cardiovascular disease, diabetes, and other health and psychological concerns.

Both obesity and food insecurity are serious public health problems, sometimes co-existing in the same families and the same individuals. Families stretching their food dollars will try to maximize the calories per dollar so their families do not suffer from frequent hunger when money is not available to purchase healthier food choices. Other ways to reduce food costs are trade-offs between quality or variety and quantity; and overeating when food is available. Many Head Start families fall victim to using these coping strategies for survival. With fewer resources to buy food, or to obtain health care or other preventive or remedial interventions, the poor are particularly susceptible to damage from hunger/food insecurity, obesity, or both.

The Bassett Research Institute conducted a Health census survey in 1999. It was reported that in Chenango County, 1748 responded to the survey which indicated 37% of the male population was overweight and 26% were considered obese; and 28% of the women surveyed were overweight and 23% considered obese. Thirty seven of the Preschool Head Start children were equal to or greater than the ninetieth percentile on the CDC Growth Charts, approximately 21% of the enrolled children, placing them at increased risks of obesity.

Although Chenango County has not been identified as a county that has one of the largest numbers of overweight children in New York State, community members continue to meet the challenge of the rising epidemic. There are several organizations that are initiating programs that support healthier lifestyles in individuals ranging from toddlers on up to adulthood. The Chenango County Healthy Heart Coalition engages in programs that promote healthy lifestyle choices that improve cardiovascular health. The Healthy Heart Coalition has sponsored six community walking campaigns averaging 250 participants in each walk during the years 2000 through 2004. The walking campaigns are free and available to all individuals within Chenango County. The Coalition has also promoted various health related programs throughout the county focusing on good nutrition and physical activity targeting school systems, family daycare providers, support groups and community organizations.

In collaboration with the Healthy Heart Coalition, the Chenango County Head Start Program provided two physical activity trainings made available to the local therapists, Family Day

Care Providers and Head Start staff to enable them to implement a physical activity program in their own organizations.

Head Start's Parent's as Cooking Partners cooking class helps families to identify what constitutes a healthy balanced meal, methods of reducing fat, and addresses portion sizes and appropriate amounts to feed a family.

A new program called "Centralpede" has been introduced in the school system that promotes life long physical activity to fourth and fifth graders in Chenango County. Ten to twenty children from each school district are invited to participate in "hands on" activities and are also educated on how to use foods as fuel to enhance their active lifestyle.

The Norwich Central School Food Service staff reported a new program called NYS Choose Sensibly Campaign that teaches children label reading techniques to help them make healthier food choices. The difficulty to carrying out the initiative is the time constraint and the Food Service staff generally does not have direct contact with students at any time other than lunchtime.

The Head Start program has applied for General Mills Nutrition and Fitness Grant that has a physical activity and nutrition focus. This would assist center staff in implementing a physical activity program that would meet the physical needs of all children in the program. Head Start continues to recognize the nutritional needs within the county and develop plans to address those needs.

F. Disability Services

The Individuals with Disabilities Education Act (IDEA) guarantees a free and appropriate public education for all children with disabilities from birth through age twenty-one. School districts must provide assessment and programming services to children three to five years through the Committee on Preschool Special Education and for children ages six through twenty-one years through the Committee on Special Education. In Chenango County, the Department of Public Health, Division of Children with Special Needs, provides therapy services for preschoolers.

The Board of Cooperative Educational Services (BOCES) is the only agency in Chenango County where evaluations can be completed. The Upstate Home for Children and Adults in Oneonta provides some evaluation services at Head Start sites and at families' homes. Rehabilitation Services and Broome Developmental Services are evaluation agencies located in the Binghamton area, about forty miles from the center of Chenango County. Beginning in January 2004, Handicapped Children's Association of Southern New York is traveling to Chenango County to provide evaluation services.

Services for infants and toddlers are provided through the Chenango County Department of Health, Division of Children With Special Needs, Early Intervention Program. There are no locally based evaluation services for children under three. Evaluations for children in the 0-3 population are most often completed outside of Chenango County, primarily at the Broome

Developmental Services High Risk Birth Clinic in Binghamton, NY. As of January 1, 2004, evaluations by the Handicapped Children's Association are available at the Early Head Start Norwich site on a limited basis. Two agencies who conduct evaluations will provide services in families' homes under extreme circumstances (such as a medically fragile child). Currently, therapeutic services are provided by 13 Speech and Language Pathologists, 10 Physical Therapists, 7 Occupational Therapists, 7 Special Education Teachers, 2 Initial/Ongoing Service Coordinators, and 1 Ongoing Service Coordinator. The Early Head Start Program serves as an Ongoing Service Coordinator.

The following statistics were obtained from Chenango County's Local Early Intervention Coordinating Council Reports.

Children Aged 0-3 Years:	10/99-00	10/00-01	10/01-02	10/02-03
Identified as having a Disability	55	51	70	118
Identified with Speech Delays	21	24	33	99
Identified as needing PT	24	18	19	66
Identified as needing OT	9	12	16	41
Identified as needing Special Education	15	15	31	47
Discharged	56	40	32	69
Discharged for completed goals	12	7	3	28
Discharged/Transitioned to CPSE	29	23	6	37
Withdrew/Moved	15	10	23	4
Referrals	72	106	117	96
Professional Referrals	47	61	65	72*
EHS Referrals	12	9	11	0
Self (Parent/Family) Referrals	13	36	41	24*

^{*}complete information unavailable

For the period of January 1, 2003 - January 1, 2004, 21children enrolled by Early Head Start were also in the Early Intervention program. The monthly percentage of EHS enrollment that was children with identified special needs ranged from 8% to 15%. Two of those children were served by CPSE.

Of the 21 children served by Early Head Start and Early Intervention in 2003, 11 received Physical Therapy, 10 received Occupational Therapy, 15 received Speech Therapy and 14 received Special Education services (information on two children was unavailable).

From January 1, 2004 until April 1, 2004, 5 children enrolled by the Early Head Start program were in Early Intervention and 3 were involved in CPSE. This represents 8 % of our total enrollment. Of those 8 children served, 6 receive Physical Therapy, 4 receive Occupational Therapy, 6 receive Speech Therapy, and 6 receive Special Education services.

Early Intervention Service Coordinators have indicated a concern over the increasing need for Physical Therapy services and providers to meet that need. This is in addition to ongoing concerns regarding the steadily increasing speech needs in Chenango County.

If an infant or toddler is diagnosed with a disability, the Early Intervention Program is responsible for services. Because the Early Intervention Program is already a part of the Department of Public Health, the entire process is much smoother. Evaluations, diagnoses and service implementation happen in a timely manner. The process for preschool children however is very cumbersome and can take as long as several months to complete.

There are currently 39 Related Service Providers and Special Education Itinerant Teachers, one traveling from Auburn, N.Y. to provide services. Some provide services in Early Intervention or Preschool only and others work with both programs. Some preschool children come to Head Start for a part day mainstreaming environment; then go to BOCES in Norwich or Rackers Center in Cortland, where they receive therapies.

The Department of Public Health reports that 95 children received services ranging from one therapy to a full inclusive program during the 2003 - 2004 school year. Thirty-three Preschool Head Start children, or, 16%, are currently classified and receiving services.

There are increasing numbers of children being identified with disabilities in the age group birth to 5 years old. The DCMO BOCES is the only approved integrated preschool in Chenango County and also offers an Infant Stimulation Program. Many therapies are provided as itinerant services at children's homes or at Head Start locations. Other childcare settings are sometimes prohibitive for families because tuition and transportation are not provided except at BOCES.

Children are being identified and services started much earlier due to the Early Head Start collaboration with Early Intervention and their strong referral and tracking process. There are more related service providers available and still not enough to provide the services for all children in need, particularly in preschool. There is an increase in the nature and severity of behavioral issues and Functional Behavior Assessment is not yet readily happening.

Child Care Services for children with challenging behaviors are not available and there are preschool age children awaiting intensive, yet inclusive programming.

The Head Start Program was instrumental in organizing Chenango County Disabilities Advisory Council that meets regularly for interagency communication and sharing of knowledge, programs and resources. The goals are to disseminate information and improve provision of services. The focus is primarily on children.

The following table provides more information regarding the preschool children (age 3-5) that have been identified as requiring specialized services.

Identified as	Number of Children	
having a Disability	39	
needing Speech Therapy	20	
needing Occupational Therapy	17	
needing Physical Therapy	16	
needing SEIT (Special Education Itinerant Teacher)	16	
Attending another Inclusive Preschool	5	
Currently being evaluated	33	

G. Housing

Chenango County continues to struggle with many housing issues, some of which are relatively new problems. There is much good news to report as well, as the community and Opportunities For Chenango, Inc. responds to the housing needs in the county. A report compiled in 2003 from statistics contained in the 2000 census showed the age of the housing stock in Chenango County is increasing. 37% of housing in the County was built prior to 1939, and 50% was built before 1960 making it more than 40 years old. Only 12.4 % of local houses were built between 1990 and 2000.

According to the census, 22.5% of Chenango County's housing stock is mobile homes, single and doublewide styles, an increase over the 1990 Census. Chenango County has the highest percentage of mobile homes in New York State. The report also indicated a high vacancy rate of 19% for mobile homes, some due to seasonal use and many due to abandonment because of the poor condition. This abandonment trend has increased since the 1990 Census of 16.7%. Indications of substandard housing were also documented.

The New York State Rural Housing Coalition reports the following concerns and observations regarding mobile homes in New York:

- The lack of affordable housing in rural New York has resulted in the tremendous increase in the number of mobile home units
- While the cost per square foot of a mobile home is about half the cost of a conventional house (typical mobile home units cost between \$29,000 and \$50,000), banks only lend purchase money for these homes at consumer rates. This means consumers pay an annual interest rate of 13% for new mobile homes and at least 14% for previously owned units.

Data and contacts with local lending institutions and realtors confirm that mobile home ownership can provide for the immediate housing needs of a family, but does not generally result in financial gain for the mobile home owner. Local realtors are reluctant to list mobile homes unless the property is also included in the sale. The purchase of a mobile home can lead to a lost investment opportunity when compared with the alternative of traditional home ownership.

Mobile home ownership has adverse economic impacts on low and moderate income families in other ways, as well. Mobile home owners with units sited on land they do not own cannot take a tax deduction for the property tax, although they absorb this payment in their lot rental.

The New York State Rural Housing Coalition writes, "More than half of all mobile home owners live on someone else's land, paying both rent and a loan on the unit. This leaves mobile home owners with the insecurity of renting and the financial burden of home ownership."

Costs for siting mobile homes remain high in both mobile home parks and on private property sometimes lacking water, sewage, and electrical services. Ten Chenango County municipalities have mobile home ordinances establishing minimum standards for siting and maintenance. The indoctrination of these ordinances along with trends to replace mobile homes with modular units, increasing upscale units in mobile home parks, and improved and enforced local sanitary codes are reducing opportunities for "low-cost" mobile home ownership in Chenango County.

There were 944 homes or 4% that lacked complete plumbing including hot and cold piped water, flush toilet, tub and shower. Likewise, there were 900 homes or 3.8% with incomplete kitchen facilities, including a dedicated room, stove, sink with running water and refrigerator. This is more than double the rate for these sub-standard issues across New York State which is 1.3%.

Housing counselors in Chenango County indicate that they are seeing an increase in customers coming to them with default or foreclosure problems. Most of these customers are on the verge of losing their homes. The primary reasons cited for this situation, according to the experts, are the following:

- low wage jobs typically \$6.00 \$8.00 per hour in the service sector
- high debt and or poor credit
- extremely high debt related to medical costs
- poor spending decisions

Unsolicited credit cards can be attractive to low income families that own their own home and those that choose to use them, may soon find themselves with many cards paying interest rates as high as 33.9%.

The increases in property taxes have also been proven to force people to make tough decisions about budgeting. This is affecting some older adults on fixed incomes whose homes are paid for but are unable to keep pace with rising taxes.

Homelessness in Chenango County does not mirror the problem of a large metropolitan area, but statistics show that families in poverty who are unemployed, underemployed or victims of circumstance are finding themselves homeless. Opportunities For Chenango, Inc., in cooperation with the Norwich Housing Authority and United Way, offer two emergency shelter apartments. 15 families were sheltered in these apartments last year and 80 applicants are on a waiting list for shelter. The current wait time for shelter applicants is approximately 3 to 4 months. The only other emergency shelter in Chenango County is safe housing operated by Catholic Charities, which is specifically reserved for victims of domestic violence.

There has been a sharp increase in multiple family households as struggling families increasingly find it easier to make ends meet by sharing expenses. The combination of substandard work skills and low-wage, entry-level positions render many families without adequate income to support their basic needs of food, shelter and clothing.

Although the increasing need for housing services and long waiting lists are discouraging, Opportunities For Chenango, Inc. has "stepped up to the plate" to try to address housing challenges within Chenango County by supporting families through family development programs. These are detailed in the following paragraphs.

- 1) The Weatherization Program continues to be a well-utilized program at Opportunities For Chenango, Inc. This program currently maintains a waiting list of about 18 months before a customer will be invited to apply for program services. Wait time for work to begin is approximately one year. The Weatherization team provides services such as insulating homes and replacing windows and doors. Due to funding limitations, high job cost, and the amount of time required for each project, the Weatherization Team is limited to approximately 100 home projects per year. Many of their approved projects involve work on mobile homes.
- 2) The Beyond Shelter Program is a family development program established to help working families progress toward home ownership. One or both members of the family must be working. When the expense of renting becomes a budget burden and prevents a family from achieving self-sufficiency, Beyond Shelter can assist the family by placing them in the Opportunities For Chenango, Inc. owned apartment, rent-free for up to three months, followed by a sliding-scale rent of one-quarter to one-third of their income, half of which is placed into an escrow savings account for them. The family is responsible for the utilities.
- 3) The Heating and Energy Assistance Program (HEAP) offers assistance with heating fuel and electricity costs during the winter heating months. Applications for families or individuals receiving any service from the Department of Social Services (DSS) are taken at the County DSS office. Families receiving TANF services may apply at Opportunities For Chenango, Inc. Persons over the age of 65 must apply through the Area Agency on Aging. Many families in Chenango County take advantage of this program to help with their heating costs during the cold New York winters. Funding

- often seems unstable for this program. This is an important assistance program for families that would otherwise be unable to heat their homes.
- 4) The Housing Choice Voucher program at Opportunities For Chenango, Inc. (formally Section 8) administers 181 of the County's 361 available rental vouchers for people needing rental assistance. Opportunities For Chenango, Inc. currently has a wait list of over 500 customers. Housing and Urban Development (HUD) no longer allows priority placements in the case of an emergency. All customers must wait to reach the top of the list. At present, ALL VOUCHERS IN CHENANGO COUNTY ARE FROZEN. HUD carefully monitors the program in such areas as voucher utilization. Norwich Housing Authority offers 180 vouchers for residents of the City as well as operating subsidized rental units at Borderntown Circle and Peacock Manor, both located within the City of Norwich.
- 5) In addition to rental vouchers, participants in the Housing Choice Voucher program have the option of participating in the Family Self-Sufficiency Program (FSS). In the FSS program, participants receive family development support services and housing counseling to work on personal goals. It is a five-year program with emphasis given on increasing earned income. Counseling may include referrals to skill building programs such as college or BOCES and assistance is given in researching grants and scholarships to help reach this goal. When the participant's income increases, so does their rent contribution. The difference is placed in an escrow account on their behalf. This is free savings to the customer who makes no financial contribution and receives the money upon completion of the FSS program, tax-free. Families are encouraged to consider using this money towards purchasing a home. Qualifying families may be eligible to receive assistance in paying their mortgage for up to 15 years.
- 6) The First Time Home Buyers (FTHB) program offers assistance for individuals that wish to take steps toward home ownership. Counselors indicate that people come into the FTHB program with a wide range of needs. Many need credit counseling and a debt reduction plan. Mortgage and financial counseling are provided. Individuals who complete these trainings receive a Home Ownership Credential, which is a valuable asset when looking for financing of a home. Banks are more eager to work with customers that have received this credential.
 - The National Bank and Trust Company (NBT) offers a very beneficial savings program for families saving for home ownership. Opportunities For Chenango, Inc. staff works closely with families to assist them with enrolling in this valuable savings plan. NBT will match customer's deposits 3 to 1 during the three-year program. For example, a family depositing \$100 a month would see a \$400 balance that month because of the additional \$300 deposited by NBT. Savings may not be withdrawn for any purpose except home purchase. HSBC also provides a similar program.
- 7) The Chenango Housing Improvement Program (CHIP) operates rent-subsidized housing in many local communities. CHIP is a federal program working through HUD. There are family units in Bainbridge, Oxford and Smyrna and senior units are

available in the towns of Afton, Norwich, Oxford and Greene. The New Berlin Housing Preservation Cooperation also operates subsidized family rental units in the town of New Berlin.

In January of 2002, Opportunities For Chenango, Inc. became a NeighborWorks organization. To achieve this status, the Agency had to meet many stringent requirements. As a result Opportunities For Chenango, Inc. enjoys increased credibility by banks, lending companies, mortgage companies and other institutions. This also gives the Agency access to additional resources and flexibility to work with customers. Additionally, a wide array of technical and training assistance is available through the NeighborWorks organization.

Opportunities For Chenango, Inc. has also recently moved its housing services to a newly purchased property on Hale Street in the City of Norwich. This facility operates as a "one stop shop" for all housing programs as recommended by NeighborWorks. At this new Home Ownership Center, customers are able to access mortgage counseling, credit counseling, home ownership classes and all the other programs under the housing umbrella.

H. Transportation

Many factors have a significant impact on transportation in Chenango County. The county covers a large geographic area, almost entirely rural. Low income families express difficulty in finding financial resources to obtain driver's education (requires a pre-registered, pre-paid \$25.00 fee), a vehicle, registration and insurance, mechanical maintenance and repairs, and gasoline.

County statistics from the 2003/2004 Community Survey conducted by Head Start show that 75% of families report having a car, and of those, 44% report the need for repairs. Additionally, 25% of those families report that even though they have a vehicle, they lack the money to purchase gasoline to operate the vehicle. Of the families responding to the survey, 85% of the Head Start families own a car, 61% of those cars are in need of repair (up from 56% in 2002) and 29% do not have money for gasoline (up from 23% in 2002).

The survey also indicated that, of those families with vehicles in need of repair, 35% reported that the condition of their vehicle prevented them from getting to work, school or appointments. Of those families who do not have money for gas, 56% said the lack of gas prevented them from getting to work, school or appointments.

H.1. Availability of Public Transportation

Chenango County Public Transit is the county-wide public bus system. There are seven fixed routes in operation throughout the county. The city and town of Norwich have loop routes. The city's northern and southern loops make stops at identified locations every 90 minutes beginning at 7:30am through 5:30pm daily. Stops are typically at shopping areas, meeting places, recreational facilities, medical offices and residential areas. The transit system operates in the greater county area Monday through Friday from 6:00am to 6:00pm. Early morning and afternoon routes are fixed; however, the last bus of the day going to the outlying

areas of the county is at 3:30 PM. No service is provided on weekends, New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day.

Rates are \$1.00 per person. Children under the age of five are free with a paying adult fare. Persons with a disability and senior citizens may be entitled to half fare on fixed routes. The transit system will accommodate specific stops, provided the bus is going past that location. Requests to stop at a location that is not on the regular route require prior arrangements a minimum of 24 hours in advance and an additional fare of \$2.00 per person. Customers who live outside the city of Norwich are charged a zone fare rate of \$3.00; travel from one zone to another is a \$6.00 fare. There is an unlimited monthly pass available for fixed routes only, at a cost of \$30.00.

These costs often prohibit families with lower incomes from using public transportation. Additionally, the public transit routes and schedules are limited and often do not match the employment schedules for some families. The service provider is not able to offer schedules to meet service sector job market needs and is not willing or able to offer discounts on fares.

In addition to the public transit provider, taxi service is limited. Within Chenango County, only two communities have taxi service and the cost involved in accessing those services is beyond the capability of families with low income.

H.2. Transportation and Head Start

The Chenango County Head Start program was challenged with new mandates for transporting children to its center based classes. Many Head Start grantees found the new regulations were not financially feasible, and needed more time to explore funding options to comply with the mandates. As a result, the deadline for compliance was extended to June, 2004.

Originally effective January 2004, all children transported in Agency owned vehicles must be transported in approved safety seats. This reduces the number of children who can be transported in Head Start vehicles. Families were asked to explore other transportation options available for their children, such as public transportation or family member.

In the past, many of the Preschool Head Start children were transported by public school buses. Since it is not financially possible for public schools to adhere to the new transportation regulations, this is no longer an option. This resulted in an estimated loss of \$110,000 of inkind contributions.

Some families have been unable to make alternative transportation arrangements, and for many families the reduced availability of Head Start transportation has resulted in additional costs to the family for their children to attend. Additionally, many parents opted to enroll their children in Universal Pre-K because transportation is provided. Reduced availability of transportation resulted in approximately 11% of applying families choosing not to enroll for the 2003/2004 school year and, as the year progressed, also resulted in a significant drop in attendance rates at Head Start sites county-wide. Even though parents have made Program

staff aware of the difficulties created by the transportation burden, most families are dedicated to ensuring that their children attend the program and have absorbed the additional cost associated with transportation.

Head Start applied for and received one-time supplemental funding for the purchase of four new school buses to comply with transporting children in approved model buses with an aide; mandates that go into effect in 2006.

H.3. Transportation and Employment

According to statistics gathered and prepared by the Housing Council and Neighborhood Preservation Coalition of New York State for their report, *A Socioeconomic and Housing Profile of Chenango County, New York*, the percentage of employees who worked outside Chenango County rose from 26.8% in 1990 to almost 30% in 2000. The percentage of those who worked outside the state increased from 0.7% in 1990 to 1.6% in 2000.

The percentage of workers traveling 30 minutes or more to their places of work increased from 21.6% in 1990 to almost 30% in 2000 for Chenango County. This indicates that a large percentage of Chenango County residents have to travel a considerable distance to earn a livelihood due to diminishing economic opportunities in the county. Almost 90% of Chenango County residents were dependent on private vehicles as a means of getting to work in 2000, while a minimal percentage used public transportation. 4.5% walked to their places of work and another 4.5% worked at home.

The following table is a comparison between 1990 and 2000 for place of work, travel time to work, and the manner in which residents are traveling to work.

Towns Porce 4. Wheels	New York State		Chenango County		
Traveling to Work	1990	2000	1990	2000	
Place of Work					
In County of Residence	66%	64.5%	72.5%	67.7%	
Outside County of Residence	31.6%	32.5%	26.8%	30.7%	
Outside of State of Residence	2.4%	4% 2.7% 0.7		1.6%	
Travel Time to Work					
Less than 10 Minutes	12%	11%	23.9%	22.3%	
10 to 19 Minutes	26.1%	24.1%	31.9%	27.1%	
20 to 29 Minutes	16.9%	17.2%	17%	16.3%	
30 to 44 Minutes	19.2%	19.5%	13.9%	15.3%	
45 to 59 Minutes	9.4%	9.8%	4.1%	6.1%	
60 to 89 Minutes	10.4%	10.3%	2.3%	3.7%	
More than 90 Minutes	3.3%	5.1%	1.3%	4.7%	
Means of Transportation					
to Work					
Car, Truck, or Van	64.7%	65.5%	86.7%	89.7%	
Public Transportation	24.8%	24.4%	0.5%	0.7%	
Motorcycle	0.1%	0.04%	0.1%	0%	

Bicycle	0.2%	0.3%	0.1%	0.1%
Walk	7%	6.2%	6.4%	4.5%
Other	0.5%	0.5%	0.7%	0.5%
Work at Home	2.6%	3%	5.6%	4.5%

Prepared by the Neighborhood Preservation Coalition of New York State, Inc. March 2003

H.4. Access to Vehicles

From 1990 to 2000, more and more households had access to vehicles in Chenango County. In 2000, 92.1% of all households in the county had vehicular access compared to 91.3% in 1990. Almost 41% of all households had 2 available vehicles, while an additional 35.2% had access to at least 1 vehicle. Almost 16% of all households in Chenango County had 3 or more vehicles available. Vehicular availability is much lower in the City of Norwich. Over 18% of all households in the City of Norwich did not have access to a motor vehicle in 2000. This could possibly be attributed to the high percentage of seniors living in Norwich, with over 21% of the city's population over 65 years old in 2000. Another possible reason is the urban nature of the City of Norwich. In 2000, almost 47% of the city's households had 1 vehicle available, while those with 2 vehicles accounted for 28.5%. Only 6.6% of households had 3 or more vehicles. In the rural Towns of New Berlin and Columbus where vehicular mobility is a must to get around, only 6.4% of all households in New Berlin and 4% in Columbus did not have access to vehicles.

Over 38% of all households had 1 vehicle and 42.8% had 2 vehicles in the Town of New Berlin in 2000. For the Town of Columbus, 37.6% of all households had 1 vehicle and 43.6% had 2 vehicles.

The table below shows vehicles available for the areas under study for 1990 and 2000.

Vehicles Available	New York State		Chenango County		City of Norwich	
venicies Avanable	1990	2000	1990	2000	1990	2000
None	30%	29.7%	8.7%	7.9%	20.2%	18.1%
1 Vehicle	32.4%	33%	37%	35.2%	48.2%	46.8%
2 Vehicles	26.5%	27.3%	40%	40.9%	25.5%	28.5%
3 or More Vehicles	11.1%	10%	14.3%	15.9%	6.1%	6.6%

Prepared by the Neighborhood Preservation Coalition of New York State, Inc. March 2003

I. Child Services

Chenango County families need child care with varied options while they are working or going to school. These options include child care centers, registered family/group family child care homes, registered after school child care programs, in home providers, nursery schools/Universal Pre-kindergarten programs and informal care givers.

There are 9 child care centers providing child care for approximately 265 children in Chenango County. Seven of the centers are Head Start sites providing services for

approximately 147 three to five year olds for three and a half to six hours, four days per week during the traditional school year. The remaining two child care centers provide care for children 6 weeks to 12 years of age. Five after school programs throughout Chenango County serve 203 school age children.

New York State Office of Children and Family Services reports there are 56 registered family and group family child care providers with a capacity to serve 559 children ages 6 weeks to 12 years old in the County. This number includes providers' before and after school allotment. The Chenango County Child Care Coordinating Council Director, Donna Adams reports the Coordinating Council received 300 inquiries for child care over the past year. The Council reports that most providers offer traditional work-hour care. Infant and toddler care and second and third shift care continue to be needed in some communities in the county. Ms. Adams also reports that a regional economic analysis of the child care sector was conducted. This report indicated the need to evaluate the child care contributions on economic development in communities. Child care is an important social infrastructure for economic development and supports quality in industries while parents work.

Nursery schools and Universal Pre-K programs do not offer full time child care which often does not meet the needs of working parents. There are nursery schools in Norwich, South Otselic, Oxford, Sherburne, Afton, and New Berlin serving approximately 165 children. The hours and days of services are limited to approximately 3 hours a day, 2 to 4 days per week over an 8 to 9 month period. Universal Pre-K programs are located in Bainbridge, Greene, Afton, New Berlin, Oxford and Norwich. Four of these programs offer part day education services to 119 children while 40 children attend a school full day.

A large number of Chenango County children are served in informal child care settings. Chenango County Department of Social Services reports 404 children receiving subsidized care with approximately 60% in unregulated care settings. These providers are offered training in best early childhood development practices through the Child Care Coordinating Council, the CACFP program, the Head Start Grandparent Program. Newsletters also serve as an additional means of increasing families' knowledge and skills.

An informal survey of child care needs conducted with approximately 100 current Head Start families indicates 62% require child care. Of the families needing child care, 70% choose an informal care option. Parents want to use grandparents, relatives or friends they know and trust to keep their children safe and healthy. They find informal care more affordable and sometimes barter for the child care service. Twenty-five percent use registered care providers with the majority of this care being provided in Norwich area child care homes. The remaining parents work different shifts to ensure one parent is with their children or work only while the child is at Head Start. Parents find a combination child care and pre-school education programming works best for their children and family.

V. Community Assessment Process

A 21 member voluntary committee conducted the 2003-2004 Community Assessment. Work groups were established according to community issue areas. Each work group was responsible for the collection of current data in its assigned area. All members met to prioritize the issues evidenced by the data collected. Goals were developed and will be used to guide program design in the upcoming year.

Information for this report was obtained from external and internal sources. External data was gathered from the following: United States Census Bureau, Chenango County Department of Public Health, New York State Department of Health Center for Disease Control and Prevention, Chenango County Department of Social Services, New York State Department of Children and Family Services, Chenango County Child Care Coordinating Council, New York State Department of Education, DCMO BOCES, Literacy Volunteers of America, Catholic Charities of Chenango County, Chenango Memorial Hospital, The Neighborhood Preservation Coalition of New York State, Chenango County Healthy Heart Coalition, Mothers and Babies Perinatal Network, United States Department of Health and Human Services, Chenango Health Network, Mental Health Association, Kidswell, New York State Touchstones/ Kids Count 2003 Data Book, New York State Office of Temporary and Disability Assistance, New York State Department of Labor, National Center for Educational Statistics, Opportunities for Chenango, Inc., CSBG First Quarter FY 2004 Report, Chenango County Local Early Intervention Coordinating Council, The Daily Star Newspaper, Oneonta 3/15/04, Opportunities For Chenango, Inc. Agency Intake Coordinator, Bassett Research Institute, Health Census 1999, "The Faces of Poverty" by Gary Quarella and Karen Glasbergen, "An Overview of Hunger in New York" by Christine Olson, PhD., Cornell University, "Perspectives from Emergency Food Programs", Food Bank Southern Tier, "Kids Can Make a Difference" - Hunger Facts, Food Research and Action Center (FRAC), "Hunger in the U.S.", Chenango County WIC. Internal information was compiled from the 2004 Head Start Family and Community Surveys and from parent questionnaires.

Policy Council reviewed and approved the summary report on April 28, 2004.

The Opportunities For Chenango, Inc. Governing Board reviewed and approved the summary report on TBD.

VI. <u>Identification of Issues</u>

This assessment indicates that the following community issues need to be addressed by Head Start programming:

- A. Need to assist families with the development of health literacy skills.
- B. Need to support families with their literacy and education goals.
- C. Need to advocate for programs that support families to improve their financial literacy skills and to build assets.
- D. Need to provide nutrition education to families including access to resources to supplement their food budget.
- E. Need to advocate for improved dental care for children and families.
- F. Need to explore new strategies for marketing the Head Start program.
- G. Need to develop and implement individual site plans to address the interests and needs of incoming children and families.
- H. Need to implement curriculums and activities for children and families which support mental wellness and the development of social communication skills.
- I. Need to explore options for creating and funding 4 new bus driver positions.
- J. Need to provide education and resources to families on the risks of tobacco use.
- K. Need to support initiatives to create additional jobs, with benefits, within the county.
- L. Need to educate staff, children, and families on diversity issues.
- M. Need to advocate for mental health services for children under the age of 5 years.
- N. Need to advocate for additional itinerant therapists in the county/ expand options for integrated preschool programming/ explore alternative or additional space for therapies to occur.
- O. Need to work closely with community partners to share information with both formal and informal day care providers on the importance of offering quality care to children.
- P. Need to apply for funding to support initiatives which address the community assessment issues.