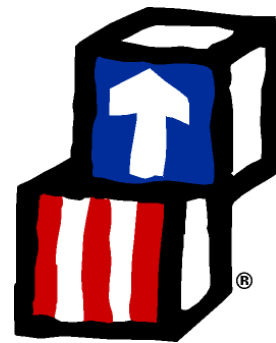




Redding Rancheria Head Start & Child Care Community Needs Assessment June 2021



[Type here]

Table of Contents

- I. Overview of Redding Rancheria Tribe and Head Start & Child Care
- II. Methodology
- III. Program & Service Area Information
- IV. Program Goals 2020-2024
- V. Annual Self- Assessment Summary 2020 & 2021
- VI. 2020-2021 Child Outcomes
- VII. Program Information Report (PIR) 2020-2021
- VIII. OHS- Head Start Services Snapshot
- IX. California and Shasta County Statistics
- X. 2021 Annual Parent Survey Summary & 2021 Covid-19 Family Needs Survey Summary
- XI. Community Partners- Early Childhood Ed. & Community Services
- XII. Policy Council & Community Input
- XIII. Conclusions and Recommendations

The 2021 Community Needs Assessment available online at
www.reddingrancheria-nsn.gov

HOW THIS DOCUMENT WILL BE USED:

As part of the Redding Rancheria Head Start and Child Care's systemic planning, the Community Needs Assessment is used by the staff, the Head Start Policy Council, and the Tribal Council as a key source of summarized information that is useful in establishing short and long range goals.

[Type here]

I. Overview of the Redding Rancheria Head Start & Child Care

Mission Statement

The Redding Rancheria Head Start and Child Care provides a safe, developmentally appropriate, nurturing environment for children that promotes social, emotional, cognitive and physical growth, as well as a positive self-image, a love of learning, and a pride for their native culture.

Vision Statement

To prepare children for kindergarten who are resilient, happy, culture enriched and eager to learn.

Redding Rancheria Tribal History

The Bureau of Indian Affairs purchased the land that is now considered the Redding Rancheria in 1922. The purpose of this purchase was to provide a place for homeless Indians to camp and live. And that is precisely what this land became for many Indians in Shasta and Trinity County. Our Rancheria was unique because it included Indians from not just one tribe, but Indians of Pit-River, Wintu and Yana decent. Even prior to the purchase of the land by the government for Indian homes, many Indians gathered in the area to fish for salmon in Clear Creek. Life on the reservation was communal. People looked after each other's children, planted gardens for food and carried buckets of water from natural springs from nearby Clear Creek. Indians on the

[Type here]

Rancheria lived a self-sufficient lifestyle.

Although the Bureau of Indian Affairs was obligated to establish and maintain a domestic water system, provide a road and housing, they only built a few substandard houses and also failed to fulfill other obligations. The history of the treatment of Indians in California is tragic. As recently as 1958. The California Rancheria Act expressed Congress' intent to eradicate the cultural identity of Indians. In the area of termination, Congress unilaterally extinguished the special status and rights of tribes. The Redding Rancheria was terminated by an act of congress on July 6, 1959. The act set forth the distribution of assets of the Rancheria. The Rancheria was no longer recognized by the government and the people residing on the Rancheria were no longer considered Indians. As the years progressed the Rancheria was parceled off and sold to Indians and non-Indians alike. In spite of this, those living on the Rancheria continued their communal traditions and operated a traditional Tribal Council.

During the 1970's the Inter-Tribal Council of California was active in forming task forces challenging the termination of a number of tribes. In 1983, a California district ruled that the failure of the BIA to comply with its obligations under the California Rancheria Act invalidated the Act. As a result, the Redding Rancheria and 17 other tribes were restored as federally recognized Indian tribes. In 1987 the restored Redding Rancheria tribe was formally adopted in the Constitution.

The Redding Rancheria is a sovereign nation where pride in Tribal culture, history and identity is evident internally and in the larger community. The Redding Rancheria is a leader in the constructive development of its people, the larger Indian community and Shasta County. The strength of this community lies in the honor of the elders, the health of the families and the self-reliance of the members. Members see Tribal Resources as opportunities to become educated, contributing members and leaders in the community.

This community nurtures it's youth and prepares them for future Tribal and community leadership. The Redding Rancheria leads by example in community involvement and stewardship of the land. Diverse economic investments provide a secure future for the Tribe and contribute to a vibrant local economy. Members are actively involved in the development of the Tribe and are leaders and innovators in governmental affairs and community development.

The Rancheria is situated on 30.89 acres in south Redding. Current Tribal Affiliation is Wintu, Pit River and Yana. In 1991, the Tribe took over the operation of a government run health clinic that has expanded into what is currently the Redding Rancheria Tribal Health Center. The tribe opened a new facility, both primary and urgent care located in Shasta Lake, CA. The new clinic is open to all Native Americans, as well as all non-Native patients who have Partnership Health or Medi-Cal. Churn

[Type here]

Creek Healthcare (CCHC) was established in 2015. It is a State of the Art ambulatory health care center offering high quality health care to the American Indian and non-Indian communities for Shasta County and all of Trinity County. Services include comprehensive medical, behavioral health, nutritional services, diabetes, and urgent care. In addition to clinical services, the CCHC offers a wide range of special events throughout the year, which focus on health promotion and disease prevention strategies. Redding Rancheria Trinity Health Center was established in 2017. It is a State of the Art ambulatory health care center offering high quality health care to the American Indian and non-Indian communities for all of Trinity County. Services include comprehensive medical, behavioral health, nutritional services, diabetes and physical therapy. In addition to clinical services, the Trinity Health Center offers a wide range of special events throughout the year, which focus on health promotion and disease prevention strategies. The Redding Rancheria Recovery program is designed to provide treatment for alcohol use disorder, opioid dependence to pain relievers, such as oxycodone, morphine, and hydrocodone; as well as for illicit substance heroin. The team of specially trained medical providers, nurses, licensed therapists and nutritionists work collaboratively to ensure clients are successful in their recovery efforts.

In 1993 the Redding Rancheria opened Win–River Casino. The revenue from the casino has enabled the Tribe to purchase land, to diversify into other economic development and to establish long term investments for the future and provides its members with a variety of resources and services.

Redding Rancheria Head Start & Child Care

Program Description:

The Redding Rancheria's Head Start and Child Care center has been in operation since 1995. Both the Head Start and Child Care programs are federally funded through the Office of Head Start and the Office of Child Care respectively. The program serves thirty-four (34) children in two Head Start classrooms. Seventeen (17) full time children attend the CCDF Child Care classroom on a sliding scale fee basis for low to moderate-income, working parents. These two grants funded programs complement each other and enable the Redding Rancheria to serve native families in our community. Both the Head Start and Child Care emphasize Native American culture, traditional values and prepare children for success in school by developing personalized school readiness goals.

The Redding Rancheria Head Start & Child Care is committed to giving every child, regardless of circumstances at birth, an opportunity to succeed in school and in life. This is a place where, at an early age, children can acquire a life-long love of learning and a foundation of their Native American culture and heritage. Over the course of our school year children's developmental needs are identified and

[Type here]

met; families are assisted in goal setting and managing emergencies. Additionally, the children's health needs and goals are identified and supported. The Redding Rancheria Head Start and Child Care program provides comprehensive parent education opportunities and staff development.

As a result of planning, support services and collaboration from our stakeholders and federal partners, ongoing monitoring, and professional development, our programs achieve full compliance in the following areas:

- Child Development and Education
- Inclusion and Mental Health
- Parent, Family and Community Engagement
- Environmental Health and Safety
- Health and Nutrition
- Program Governance
- Program Management
- ERSEA (eligibility, recruitment, selection, enrollment, attendance)
- 100% of children served were Native American. During the 20/21 program year a total of 30 children and 33 families were served.
- Vacancies were filled from the wait list. This year the recommendation from the CDC and locals and state health authorities was to limit the classroom size to 12 students for in person center based learning. We held 5 additional distance learning spots per class.
- The year-end wait list was 69 children.
- 2020-2021 Attendance: This year we served students with a combination of center based learning, hybrid learning and distance learning at different times throughout the year. The attendance percentage for Head Start Center based learning was 85% The attendance percentage for Child Care center based learning was 88%
- FY 2020 had parent and community volunteer hours valued at \$8,406. Volunteer services were limited due to Covid-19 pandemic.
- Every child received one new book per month as part of our Bookworm Club Literacy Program as well as a book on their birthday signed by all the staff.
- Teachers continue in CLASS Professional Development as well as continued education at Shasta College.

Head Start:

The Redding Rancheria offers a part-day Native American Head Start program to eligible children in the Children's Center at 1950 Redding Rancheria Road. The school

[Type here]

year starts in August and follows the public school calendar. There are two 4 hour classes, which operate five days a week and transportation by school bus is available. Head Start is a federally funded program and has strict eligibility requirements, with Native Americans, children with special needs, homeless children, children in foster care and low income children having priority. Parents do not need to be working or going to school to be eligible. There is no fee for the Head Start program. The program enrolls 34 children in two classrooms.

Child Care:

The Redding Rancheria also offers a full day Native American Child Care program. Like Head Start, our Child Care program is also federally funded, but has a requirement that parents are working to qualify. Fees are based on a sliding scale. All programs offer the CACFP "School Lunch" program to all participants at no additional charge.

Eligibility:

To define enrollment preference and criteria for the Redding Rancheria Head Start program. Financial eligibility is determined according to the most recent Federal Head Start guidelines. In the following criteria, Redding Rancheria Tribal members have preference over other Native Americans; disabled, homeless children and/or foster children have preference over those who are not. All Native Americans have preference over non-natives and four and five years olds have preference over three year olds. Children must be three years old by September 1 to begin the program year.

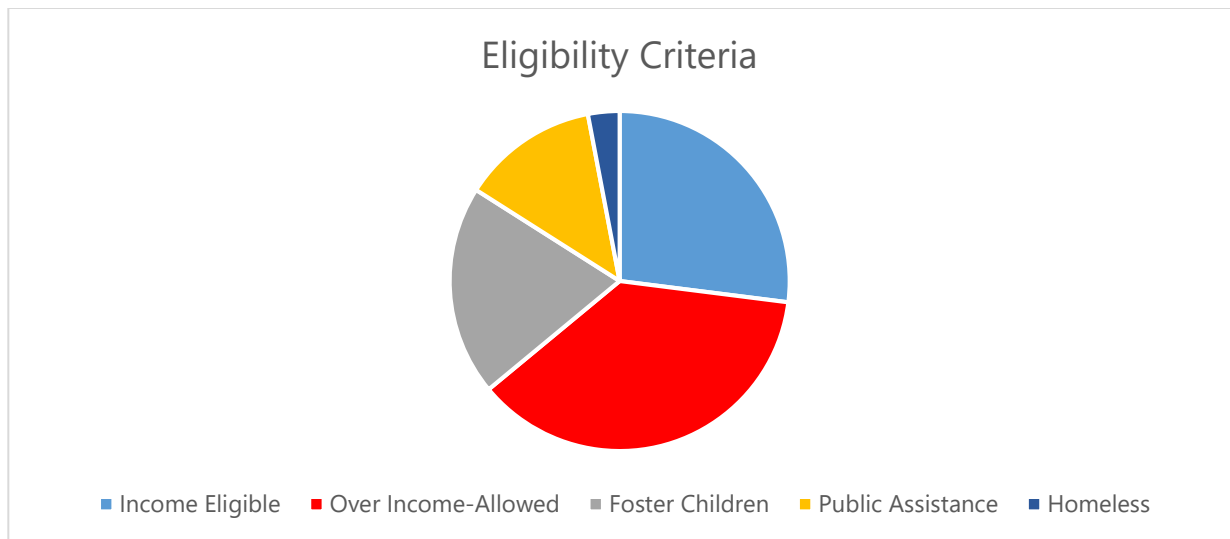
Enrollment 2020/ 2021:

Families interested in the Head Start program must qualify by meeting locally designed requirements. This free program serves federally recognized, Native American children between the ages of three and five years old. We reserve a minimum of 10% of our enrollment spots for children with disabilities. In general eligibility is based on family income at or below the poverty level. Families with other situations including homelessness, children in foster care, receiving temporary assistance are also eligible. 49% of enrolled spots are reserved for Redding Rancheria Tribal Member spots as over-income. Our Child Care Program serves Native American Children from income eligible, working families with locally designed requirements. This program has a share of cost.

- **Head Start** = 22 Center Based. 4 Home Based / **Child Care** = 10 Center Based. 6 Home Based.
- Eligible native children age 0-5 in our service area, per the 2019 Child Count = 1,550
- 100% of children served are Native American.

[Type here]

- This program year a total of 30 children and 33 families were served.
- This year due to the pandemic we were advised to limit in person class enrollment to no more than 12 students to support social distancing in the classroom. Five additional spots per class were for distance learners. Many parents chose distance learning option or preferred not to enroll children until the pandemic subsided.
- Vacancies are filled from the wait list; Year-end wait list was 69 children.
- 65% of Head Start center based kids achieved a 20/21 year-end attendance more than 85%.
- 90% of Child Care kids achieved a 20/21 year-end attendance greater than 85%.
- Family support was offered for families who were below 85% attendance. Strict Covid-19 illness policies kept students home if they were exhibiting symptoms or around ill family members.
- 27% of families enrolled were income eligible.
- 37% of families enrolled were over income, which is allotted for AI/AN programs.
- 20% of families enrolled were foster children.
- 13% of families enrolled were on public assistance.
- 3% of families enrolled were homeless.



Health & Nutrition Services 2020/2021:

The Head Start emphasizes the importance of early identification of health needs, which, if undetected or left untreated, may cause learning difficulties. The program makes every effort to ensure that our students are connected to a doctor or clinic in order to receive a complete age-appropriate health assessment as recommended by his/her physician. Health screenings are performed throughout the school year and parents are notified when screenings are scheduled and receive copies of the results. Within 45 days from the first day of attendance, all students are screened and assessed in the following

[Type here]

areas: Developmental, Behavior, Vision, Hearing, Dental and Nutrition. Head Start and Child Care children receive breakfast, lunch and snack during program hours. Students receive three-quarters of their daily nutritional requirements while attending school.

Enterprise school district and CACFP provided 4,264 healthy meals. This was significantly less this year due to all of the time the children spent out on distance learning. Local school lunch resources and community food resources were available to our families

Head Start Health Statistics 2020/2021:

- 100% of children established a medical home
- 75% were seen at the Redding Rancheria Tribal Health Center, 25% seen by other providers
- 40% of children were identified as up to date on all immunizations at the end of the school year
- 100% of children established a dental home, receiving an initial dental exam
- 1 was diagnosed needing additional urgent dental treatment
- 88% of children received developmental screenings
- 100% of children received nutrition screenings
- 66% of children received hearing screenings
- 60% of children received vision screenings

Child Care Health Statistics 2020/2021:

- 100% of children established a medical home
- 88% were seen at the Redding Rancheria Tribal Health Center, 12% seen by other providers
- 41% of children were identified as up to date on all immunizations at the end of the school year
- 100% of children established a dental home, receiving an initial dental exam
- 1 were diagnosed needing additional dental treatment
- 100% of children received developmental screenings
- 100% of children received nutrition screenings
- 47% of children received hearing screenings
- 41% of children received vision screening

Disabilities & Mental Health Services 2020/2021:

Children with disabilities or mental health concerns are encouraged to participate in program services. Speech and Language was the most frequently identified special education need. Appropriate

[Type here]

accommodations, enhancements, and support is provided as needed for each child. We collaborate with Redding Rancheria Tribal Health center to supply counseling services to our students here at school once a month. Families also typically see a provider additionally at the Health Center.

Head Start Disabilities Statistics 2020/2021:

- 6 children had IEPs indicating that they qualified to receive special education services
- 3 children received IEPs prior to enrollment
- 3 children received IEPs during Head Start enrollment
- 0 child with RTI
- 1 of children with 504 Plan
- 100% of those children transitioning to Kindergarten with IEP's were connected to further services

Head Start Mental Health Statistics 2020/2021:

- 3 Head Start children receive RRTHC counseling services at school
- 4 Head Start children with a Child Support Plan

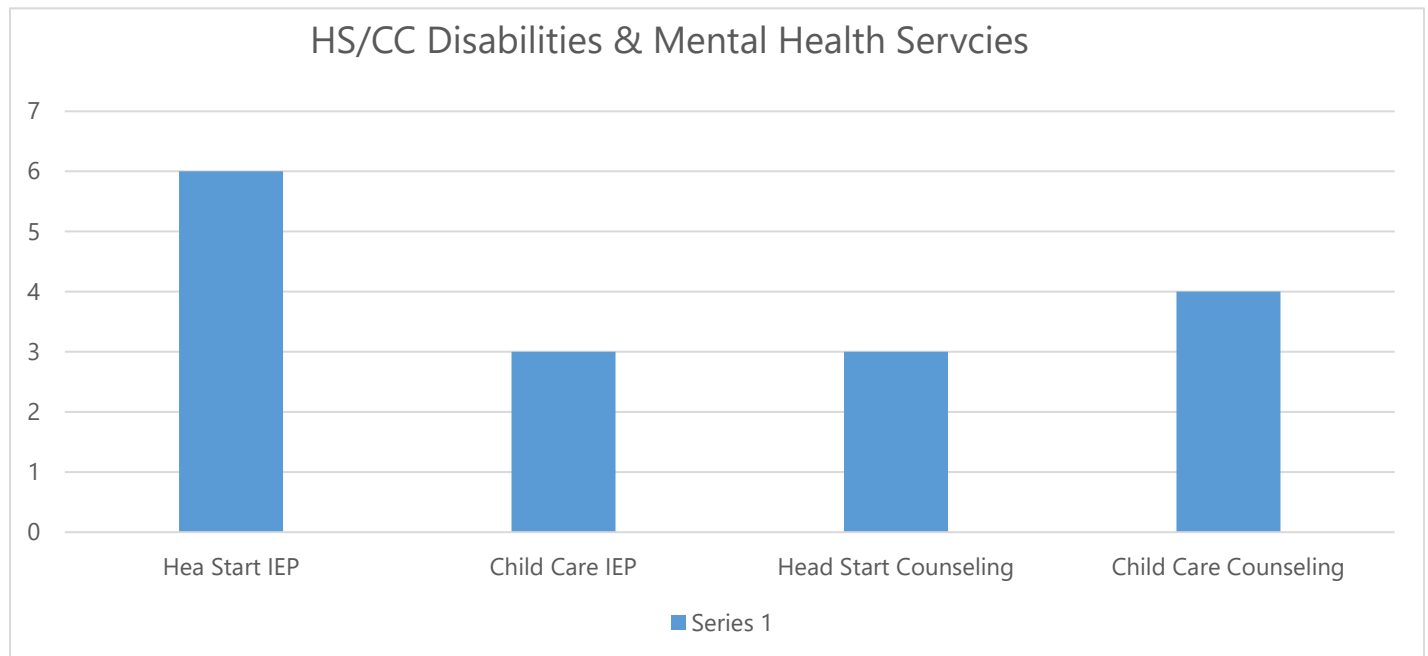
Child Care Disabilities Statistics 2020/2021:

- 1 children had IEPs indicating that they qualified to receive special education services
- 1 children received IEPs prior to enrollment
- 0 children received IEPs during Head Start enrollment
- 0 children with RTI's
- 0 of children with 504 Plan

Child Care Mental Health Statistics 2020/2021:

- 4 Head Start children receive RRTHC counseling services at school

- 4 Head Start children with a Child Support Plan



Family Engagement 2020/2021:

Family engagement is a vital component in the structure and function of the Head Start and Child Care programs. A strong relationship between families and Head Start staff is essential to promoting healthy child development and positive learning outcomes. We value parents in our program and encourage involvement in a variety of ways including, program governance, program planning, curriculum development, child homework, and personal development.

Parent Committee 2020/2021:

One of the program's primary goals is to help families participate in their child's education as well as in their own personal growth and development. All of our parents are a part of our "Parent Connection" Parent Committee where monthly education, trainings and resources are provided. This year the program provided 6 parent-child interactive Parent Connection Meetings with different themes over Zoom. These workshops provide a great environment where families can come together to learn and support each other.

Parent Involvement Activities 2020/2021:

- 6 Head Start parents were members of the Head Start Policy Council.

[Type here]

- 10 "Parent Connection" meetings were held throughout the year, providing opportunities for parent education and feedback. Parent Connection meetings were offered on Zoom due to Covid-19.
- 2 Parent Involvement activities were Stick Horse making and Box Car making. Parent Involvement activities were limited due to Covid-19 restrictions.
- Nearly 100% of parents participated in monthly special events including Box Car Race, Stick Horse Rodeo and Graduation. Participation was limited in person by parents due to Covid-19 restrictions.
- 100% of our families participated as parent/ teachers during distance learning.

Family Services- Head Start 2020/2021:

- 2 of families requested and received emergency/ crisis services
- 1 of families requested and received housing services (homeless)
- 1 of families requested and were assisted with adult education
- 2 of families requested and received employment services
- 30 families received parenting education
- 30 Family Goals were written
- 30 families participated in Bookworm Club

Family Services- Child Care 2020/2021:

- 5 of families requested and received emergency/ crisis services
- 0 of families requested and received housing services (homeless)
- 3 of families requested and were assisted with adult education
- 0 of families requested and received employment services
- 30 families received parenting education
- 17 Family Goals were written
- 17 families participated in Bookworm Club

II. Methodology

Data gathered include summary information from Parent Surveys, Redding Rancheria Head Start PIR -Program Information Reports, community economic and census data, and Redding Rancheria Child Outcomes data. Raw data was provided to staff and Policy Council members and their comments and points of interest are summarized in this document.

Program planning includes:

- An assessment of community strengths, needs and resources through completion of the Community Assessment, in accordance with the Head Start Performance Standards.
 - The formulation of both 5-year program goals and annual program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of the Head Start, and reflect the findings of the program's annual self-assessment.
 - The development of a written plan for implementing services in each of the program areas - Early Childhood Development, Health Services, Family and Community Partnerships, and Program Design and Management.
 - All written plans for implementing services, and the progress in meeting them, are reviewed by agency staff and approved by the Policy Council at least annually, and are revised and updated as needed.
 - The Head Start Program Manager has the overall responsibility for the Community Needs Assessment and is assisted in the development of this document by the Mentor Teacher, Health/Disabilities Coordinator, ERSEA personnel, and the Family Intake Coordinator and staff were involved the program evaluation.
- The Full Community Needs Assessment process was initiated in the January 2021 with the gathering of demographic, health, community and Tribal information and historically relevant data for the document. This past year the pandemic has played a large role in shifting the needs of the community which has been examined closely as well. All of these areas were reviewed to create an outline of the CNA.
- In March 2021, Administrative staff attended a Community Needs Assessment training.

[Type here]

- In April 2021 data regarding the family size, income, ethnicity, and other program specific data (such as use of the program's bus system) was collected for Head Start eligible families. It was also valuable as comparison data, to compare with other self-reported information in Tribal surveys, County Health Assessment surveys, and local housing surveys.

- January through May 2021, the Head Start Program Manager and the Policy Council met to review Annual Self-Assessment reports and discuss the Community Needs Assessment. The purpose of this was two-fold:

- 1) To identify, analyze, and evaluate program strengths and weaknesses and overall effectiveness in meeting and serving the Head start eligible family;
































- 2) To identify pivotal needs and key issues that are affecting the Center, the child, and/or the eligible Head Start family, and prioritize methods and values in terms of addressing those needs.

- A preliminary draft of the CNA was shared with Policy Council at its May 2021 meeting. The goal was to familiarize the group with the scope and intended content of the CNA, and the proposed timeline.

- The final written draft of the CNA was completed in June 2021 and circulated throughout the management and other staff, the Policy Council, and the Tribal representatives in draft form for review and comment. Suggested revisions are to be incorporated into the final Community Needs Assessment for publication no later than September 30, 2021.

- The final Community Needs Assessment is an important reference and planning document. The document is posted online on the Tribe's website at www.reddingrancheria-nsn.gov. Additional copies are also provided to the Policy Council members, staff and interested parents as requested.

























III. Program & Service Area Information

 Population estimates, July 1, 2019, (V2019)	180,080
 PEOPLE	
Population	
 Population estimates, July 1, 2019, (V2019)	180,080
 Population estimates base, April 1, 2010, (V2019)	177,221
 Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	1.6%
 Population, Census, April 1, 2010	177,223
 Population, Census, April 1, 2020	X
Age and Sex	
 Persons under 5 years, percent	 5.8%
 Persons under 18 years, percent	 21.6%
 Persons 65 years and over, percent	 21.1%
 Female persons, percent	 50.9%
Race and Hispanic Origin	
 White alone, percent	 87.6%
 Black or African American alone, percent (a)	 1.2%
 American Indian and Alaska Native alone, percent (a)	 3.2%
 Asian alone, percent (a)	 3.1%
 Native Hawaiian and Other Pacific Islander alone, percent (a)	 0.2%
 Two or More Races, percent	 4.6%
 Hispanic or Latino, percent (b)	 10.5%
 White alone, not Hispanic or Latino, percent	 79.2%

[Type here]

Population Characteristics	
<i>i</i> Veterans, 2015-2019	13,808
<i>i</i> Foreign born persons, percent, 2015-2019	5.5%
Housing	
<i>i</i> Housing units, July 1, 2019, (V2019)	78,618
<i>i</i> Owner-occupied housing unit rate, 2015-2019	64.0%
<i>i</i> Median value of owner-occupied housing units, 2015-2019	\$252,300
<i>i</i> Median selected monthly owner costs -with a mortgage, 2015-2019	\$1,593
<i>i</i> Median selected monthly owner costs -without a mortgage, 2015-2019	\$499
<i>i</i> Median gross rent, 2015-2019	\$1,039
<i>i</i> Building permits, 2020	393
Families & Living Arrangements	
<i>i</i> Households, 2015-2019	71,181
<i>i</i> Persons per household, 2015-2019	2.47
<i>i</i> Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	85.9%
<i>i</i> Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	8.3%
Computer and Internet Use	
<i>i</i> Households with a computer, percent, 2015-2019	89.3%
<i>i</i> Households with a broadband Internet subscription, percent, 2015-2019	80.3%

[Type here]

Education	
 High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.1%
 Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	22.2%
Health	
 With a disability, under age 65 years, percent, 2015-2019	12.4%
 Persons without health insurance, under age 65 years, percent	 7.0%
Economy	
 In civilian labor force, total, percent of population age 16 years+, 2015-2019	54.2%
 In civilian labor force, female, percent of population age 16 years+, 2015-2019	50.7%
 Total accommodation and food services sales, 2012 (\$1,000) 	285,536
 Total health care and social assistance receipts/revenue, 2012 (\$1,000) 	1,324,574
 Total manufacturers shipments, 2012 (\$1,000) 	511,871
 Total merchant wholesaler sales, 2012 (\$1,000) 	1,023,859
 Total retail sales, 2012 (\$1,000) 	2,507,063
 Total retail sales per capita, 2012 	\$14,038
Transportation	
 Mean travel time to work (minutes), workers age 16 years+, 2015-2019	20.5
Income & Poverty	
 Median household income (in 2019 dollars), 2015-2019	\$54,667
 Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$29,720
 Persons in poverty, percent	 13.3%

[Type here]



BUSINESSES

Businesses

Total employer establishments, 2019	4,337
Total employment, 2019	50,946
Total annual payroll, 2019 (\$1,000)	2,252,285
Total employment, percent change, 2018-2019	0.5%
Total nonemployer establishments, 2018	11,945
All firms, 2012	13,342
Men-owned firms, 2012	7,068
Women-owned firms, 2012	4,162
Minority-owned firms, 2012	1,752
Nonminority-owned firms, 2012	10,680
Veteran-owned firms, 2012	1,422
Nonveteran-owned firms, 2012	10,968



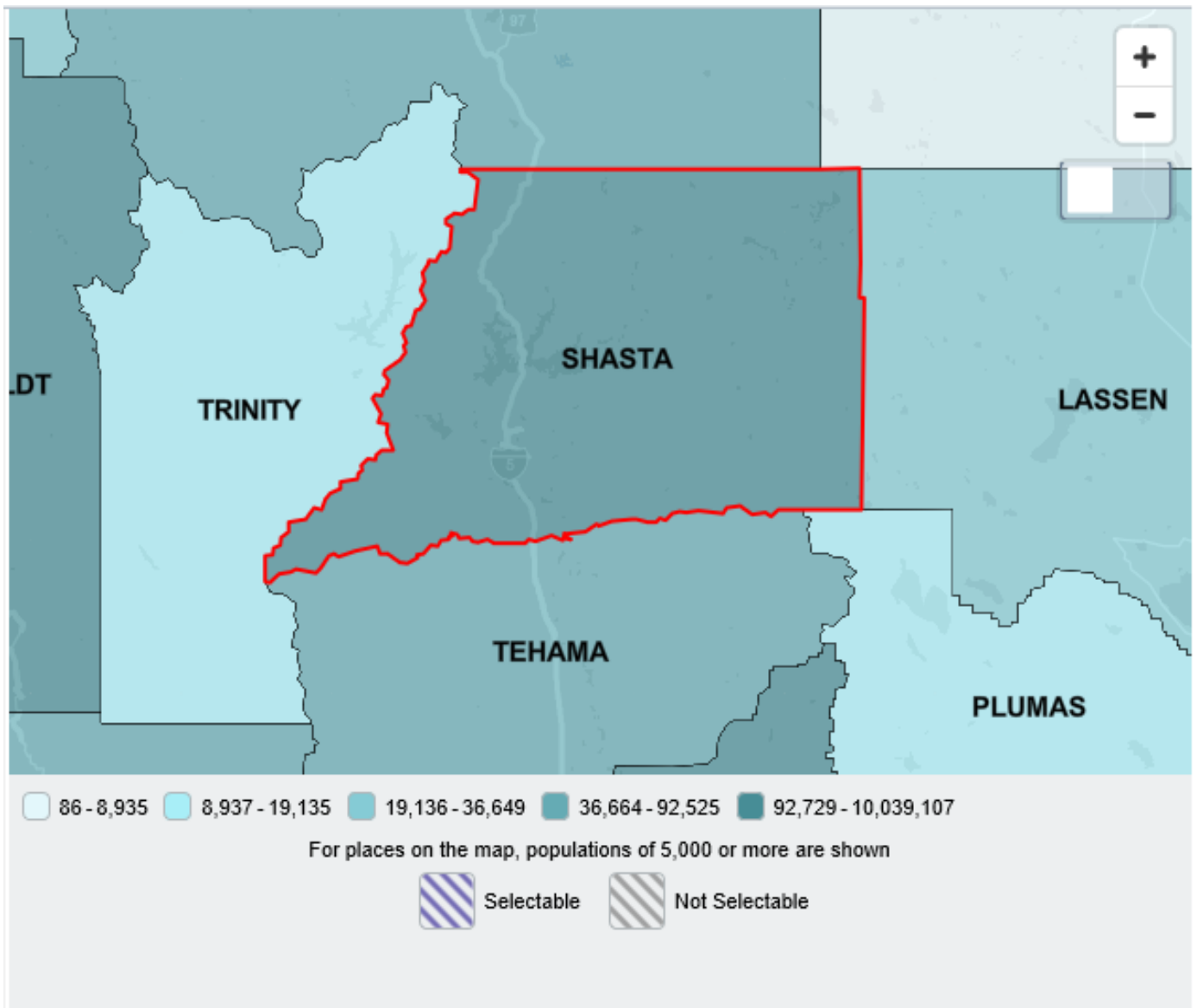
GEOGRAPHY

Geography

Population per square mile, 2010	46.9
Land area in square miles, 2010	3,775.40
FIPS Code	06089



[Type here]



Source: United States Census Bureau

[Type here]

Current American Indian Population demographics in Shasta County,
California 2020, 2019 by gender and age:

population totals	
Total American Indian population in Shasta County	
Total Population:	4,950
Male Population:	2,441
Female Population:	2,509

[Type here]

median age by sex

Median age of American Indian in Shasta County	
Both sexes	32
Male	30
Female	34

sex by age for the population in households

Population of American Indian in households in Shasta County	
Total Population:	4,859
Male Population:	2,387
Under 5 years:	180
5 to 9 years:	185
10 to 14 years:	252
15 to 17 years:	144
18 and 19 years:	75
20 years:	49
21 years:	31
22 to 24 years:	102
25 to 29 years:	158
30 to 34 years:	144
35 to 39 years:	129
40 to 44 years:	155
45 to 49 years:	174
50 to 54 years:	160

[Type here]

55 to 59 years:	149
60 and 61 years:	43
62 to 64 years:	63
65 and 66 years:	36
67 to 69 years:	52
70 to 74 years:	47
75 to 79 years:	32
80 to 84 years:	12
85 years and over:	15
Female Population:	2,472
Under 5 years:	185
5 to 9 years:	180
10 to 14 years:	199
15 to 17 years:	128
18 and 19 years:	83
20 years:	33

[Type here]

21 years:	42
22 to 24 years:	113
25 to 29 years:	140
30 to 34 years:	142
35 to 39 years:	135
40 to 44 years:	178
45 to 49 years:	192
50 to 54 years:	197
55 to 59 years:	168
60 and 61 years:	64
62 to 64 years:	56
65 and 66 years:	45
67 to 69 years:	43
70 to 74 years:	60
75 to 79 years:	32
80 to 84 years:	29

[Type here]

85 years and over:	28
--------------------	----

household type

Number of American Indian occupied homes in Shasta County	
Total:	1,672
Family led homes:	1,164
Husband-wife family:	650
Other family:	514
Population of male led with no wife present:	175
Population female led with no husband present:	339
Population of Nonfamily homes:	508
Population living alone:	383
Population not living alone:	125

Source: Suburbanstats.org

[Type here]

1. Demographics:

Disabilities:

Number of children with disabilities in Shasta County:

Ages 4-5	Ages 0-3
217	233

Mental Health: Children & families with mental health and other challenges: We continue to serve families with significant mental health issue. In the 20/21 school year two students were referred for counseling services. The Covid 19 Pandemic has placed a strain on all of our staff and families' mental health. We expect to see a continued impact moving forward.

Number of children with disabilities served by Redding Rancheria Head Start 2020-21: 6
Income eligible Children in Shasta County:

Children in Poverty	Shasta County
Age	
0-5	1588
0-3	935
4-5	652

Children enrolled in Foster Care in Shasta County:

Age	Shasta County
0-3	182
4-5	116

2. Education, Health, Nutrition and Social Service Needs of eligible children and their families:

[Type here]

Community, Regional, and State Issues:

Housing: Finding affordable housing continues to be an issue in CA and in Shasta County. The average rental cost of a two-bedroom apartment or home is \$980 a month. Average rental and home prices are increase at an average rate of 7.1% in 2020. High housing cost are expected in the future due to the limited supply of homes and apartments and the rising cost of construction.

New opportunities for children and families in CA: Governor Newsom has put forth several ambitious proposals for his administration to accomplish. These include:

- o Universal Preschool
- o Expansion of paid leave for new parents
- o Cradle to Career Data System
- o Universal full day kindergarten
- o Home Visitation/CalWORKS
- o Home Visitation/Public health
- o Universal Developmental Screenings
- o Child Savings Accounts
- o Working Families Tax Credit

Minimum wage: The minimum wage in CA increased to \$14.00 per hour in 2021. The minimum wage will continue to rise yearly until it reaches \$15.00 per hour in 2022.

Economic: The COVID-19 pandemic devastated the economy of CA and has hit Shasta County particularly hard. Many of the small restaurant, food service, and family recreation companies were forced to close during the pandemic. Many of these food service businesses may never reopen as they were locally owned and operated and did not have the capital to continue business under the state lockdown orders. Unfortunately, the industries hit the hardest by Covid-19 are major employers for the

[Type here]

young families in our community. As a result of business cutbacks related to the pandemic unemployment increased by the following.

- o Shasta County increased from 3.7% to 7.8%

3. Classroom space: High quality classroom space continues to be a concern.

Construction cost have increased considerably making it difficult to remodel and build classroom space. Increase space in the classroom is recommended for social distancing. We are also looking to utilize more outdoor classroom space as available and weather permits.

Infant/ Toddler: There continues to be a need in the community for additional center based infant toddler slots. We do not currently serve this population at the Redding Rancheria Head Start & Child Care.

I.T. Infrastructure: Increasing our use of programs such as Hatch Early Learning means that we will need to increase in-house technology capacity and ongoing replacement and maintenance of equipment.

Human Resources: Recruiting and retaining qualified staff continues to be a challenge; additionally, many people are staying home with children on distance learning or due to Covid-19 concerns and not joining the workforce. Others has been laid off or forced to consider other careers and are returning to school.

Public Safety Power Outages: PG&E public safety power outages have had an impact on families and center operations.

Fire Danger Disaster Plans and Locations: The increase in fire danger and explosive wildfires have made it necessary to explore evacuation plans for our centers.

[Type here]

IV. Program Goals 2020-2024



5 YEAR GOALS

2020-2024



- 1. Meet and exceed the Head Start Performance Standard of 85% monthly attendance to positively impact family awareness, behavior and school readiness.*
- 2. Expose and educate our children, families and staff in Native American traditions to improve cultural enrichment that will last a lifetime.*
- 3. Prioritize nutrition and create a "center of wellness" to encourage healthy eating and activity patterns of children, families and staff for the purpose of improving life outcomes.*

PROGRAM OBJECTIVES

Fall 2020-Spring 2021

LONG RANGE GOAL: Meet and exceed the Head Start Performance Standard of 85% monthly attendance to positively impact family awareness, behavior and school readiness.

OBJECTIVES:

1. Educate families on ACE's (Adverse Childhood Experiences) and how it impacts school attendance.

PROGRESS: Due to the COVID 19 pandemic the school had a mixture of distance learning, center based learning and hybrid learning. The school also had a strict COVID-19 sickness policy that forced children to stay home from school more than normal due to symptoms and contact with sick family members. This made our attendance goal look a little different this year. We focused on helping parents stay engaged through distance learning and online platforms. We did not do an ACES training this year. We will pick up on this goal in the 21/22 school year.

2. Support regular student attendance and participation through distance learning when students are out due to sickness or COVID-19 closures.

PROGRESS: Program staff worked diligently to check in on students through email and phone while they were out on distance learning. We used a classroom app called Class Dojo for communication with the families. The health & disabilities coordinator checked in on families when they were out for health reasons or Covid-19 concerns. The teaching staff also kept in constant communication with families.

LONG RANGE GOAL: Expose and educate our children, families and staff in Native American traditions to improve cultural enrichment that will last a lifetime.

OBJECTIVES:

1. Add cultural elements to outdoor classroom.

PROGRESS: With input from council, staff and community members this past year we created a beautiful, enriching, cultural outdoor classroom. The Redding Rancheria Cultural Department was helpful in providing input to incorporate culture, history and traditions into the playground design. This space provides our teachers with the opportunity to conduct classes and hold learning exercises outside, as well as encourage creative play. The playground includes a diverse mix of equipment such as a traditional Wintu Bark House, a traditional Arbor with a foot drum, sensory exploration in our "riverbed" sandbox, a beautiful new storage area, a covered outdoor kitchen, a garden area, bike path, a nature inspired play structure, climbing features, water play,

[Type here]

instruments and an art area. Our playground will improve the quality of the educational services, child safety, social-emotional development, kindergarten readiness, program goals and promote Native American culture.

2. Integrate more Native American specific curriculum and manipulatives for the classroom.

PROGRESS: This year we budgeted to add more native American décor, manipulatives and items for our cultural cabinets to each classroom. We also added cultural items into the dramatic play areas that were more reflective of Native American culture. Our teachers attended online webinars that were about integrating more native culture into the classroom and we are going to name our classroom after animals that are important to the Redding Rancheria Tribe.

LONG RANGE GOAL: Prioritize nutrition and create a “center of wellness” to encourage healthy eating and activity patterns of children, families and staff for the purpose of improving life outcomes.

OBJECTIVES:

1. Incorporate gardening and nutrition activities.

PROGRESS: We added elements to our children’s garden and planted in the Springtime. Children enjoyed watering the garden and watching it grow. There were also lessons on nutrition and tasting new fruits and vegetables.

2. Add more outdoor physical education activities and opportunities.

PROGRESS: We held Win Fit (a relay race/ obstacle course) for the children in the Fall. We also had a Gymnastics day at the school that was all about physical fitness and let the children spend most of the day outdoors climbing bouncing and running. We have incorporated a lot of outdoor play into the class time to encourage physical fitness. Wellness Wednesdays lessons are also held once a month by our Health & Disabilities Coordinator on a variety of health topic including nutrition and fitness.

V. Annual Self-Assessment Summary 2020 & 2021

2019-2020 HEAD START SELF-ASSESSMENT RESULTS AND IMPROVEMENT PLAN

June 2020

Method:

With input from staff, parents and community partners, we completed the Self-Assessment Summary for each subpart pertaining to the Management Systems and Program Systems for the Redding Rancheria Head Start. We have categorized our report into 14 subparts that cover a wide range of program areas. Due to COVID-19 and school closure we were unable to complete our regular self-assessment planning meeting with Policy Council this year. The report and summary was mailed to members and will be reviewed at the first meeting back in the Fall of 2020. This is a summary of the full report, and will be used as part of the planning process for the next year's goals and budgeting. The full report of strengths and improvements needed is available upon request.

Management Systems: Communication

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
EZ Care Database	Research a new Database system that is efficient and up-to-date, accessibility is available remotely, and complies with the Head Start Performance Standards. Contact IT and Legal to make sure it is compatible with our Redding Rancheria systems.	AA- August 2020
Covid-19 Enrollment Process	Research a system that has a paperless enrollment option.	AA- August 2020
Covid-19 Home Visit Process	Make home visits and contact with families to ensure we are meeting Head Start Performance Standards and following Covid-19 guidelines.	Admin Team- August 2020
Head Start Website	Contact IT and see the possibilities of creating our own website/domain. Admin staff have access to update the website regularly.	AA- August 2020

[Type here]

Program Services: Community & Self-Assessment

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Share Self-Assessment Report with Policy Council	Review highlights of Self-Assessment Report at Policy Council Meeting.	PM- Sept. 2020
SA Report Action Items	Admin staff will delegate action items from the Self-Assessment report.	Admin Team August 2020
CNA	Research Tribal Community Needs Assessment process and complete report.	PM- Dec. 2020

Management Systems: Data & Evaluation/ Ongoing Monitoring &Continuous Improvement

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
MDR	Revise Monthly Department Report.	Admin Team- 20/21 School Year

Program Services: Education

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Database	Continue using EZ-Care for the time being; find and purchase a new data base program that can be used and is accessible while away from the center.	IT, Admin Team & Teachers- ASAP
Distance Communication & Support	Encourage and support parents from a distance (phone calls, email, Class Dojo) in registering their children for Kindergarten, and find out who is already registered.	Admin Team & Teachers- 20/21 School Year

Management Systems: ERSEA: Eligibility, Recruitment, Selection, Enrollment, Attendance

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
--------------------------------	-------------------------------------	-----------------------

[Type here]

Database	Research a new Database system that is efficient and up-to-date, accessibility is available remotely, and complies with the Head Start performance standards. Contact IT and Legal to make sure it is compatible with our Redding Rancheria systems. Research ERSEA tools in the new system.	AA- August 2020
Covid-19 Absences	Staff need to make a strategic plan regarding Covid-19 absences and distance learning. A written plan/policy needs to be written and followed through to ensure school readiness. Doctors notes need to be enforced for sickness related absences lasting longer than 3 days.	Admin Team- August 2020
Enrollment Process with Covid-19	Create a new enrollment process that is safe for staff and families regarding Covid-19. Research a system that has a paperless enrollment option. Contact other Native American Head Start programs and research their enrollment process. Update/Review Section Criteria Annually	AA & PM- Sept. 2020
	Admin team will brainstorm and look at job descriptions to see what will work. Once changes are made, job descriptions will be revised and approved.	Admin Team- Sept. 2020

Management Systems: Facilities & Learning Environments

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Playground Renovation/ Outdoor Classroom	Move forward with plans to update playground which including cultural and natural elements. An outdoor handwashing station, and sensory and drumming elements to support mental health.	PM- 20/21 School Year
Covid-19 Sanitation Procedures	Collaborate with Public Works Department to create new sanitation procedures for all facilities due to Covid-19.	PM- 20/21 School Year

Program Services: Family & Community Engagement

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
--------------------------------	-------------------------------------	-----------------------

[Type here]

Family Needs Assessment	Family Needs Assessment forms updated, as well as Excel spread sheet. New Software program for better progress tracking and follow-up.	Jan. 2021
-------------------------	--	-----------

Management Systems: Fiscal Management

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
40% Fund	Allocate 40% Funding to end of year Christmas bonuses and vacation pay outs.	PM & FD- Dec. 2020
Budget training	Finance & Grant Management training for new Program Manager.	PM & FD- Dec. 2020

Management Systems: Health

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
TB Screener	With the support of Indian Health Services, the Health Advisory Committee has requested that TB Screeners are done in the place of TB Tests prior to the start of each school year.	HAC & HDC August 2020
Covid-19 Policies & Procedures	Write new policies and procedures in response to Covid-19 and have them approved by Policy Council and tribal Council. Train all staff and families on changes.	HAC & HDC August 2020

Management Systems: Human Resources

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Interview Process	Work with Redding Rancheria Human Resource Department to create a better interview timeline for new staff and onboarding of staff.	PM & HR 20/21 School Year
Update Employee personnel files	Utilize database to track all employee profiles and professional development and keep confidential.	PM- 20/21 School Year

[Type here]

Management Systems: Mental Health

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Mental & Behavior Health Supports for students	Put increased mental health and behavioral health supports in place for students in the coming school year.	HDC- 20/21 School Year
Family Support	Increased support families in crisis who may be experiencing job loss, homelessness, economic stress and mental health needs.	FIC- 20/21 School Year

Management Systems: Program Planning & Service System Design

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Policy Council	Develop a new format and agenda for policy council that aligns with five year goals.	PM- Sept. 2020

Management Systems: Record Keeping and Reporting

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Database	Research a new Database system that is efficient and up-to-date, accessibility is available remotely, and complies with the Head Start performance standards. Contact IT and Legal to make sure it is compatible with our Redding Rancheria systems. Have child files possibly be electronic.	AA- August 2020
Enrollment Process Covid-19	Create a new enrollment process that is safe for staff and families regarding Covid-19. Research a system that has a paperless enrollment option. Contact IT and see the possibilities of creating our own website/domain for parents to access all our information. Admin staff have access to update the website regularly.	AA- Sept. 2020

[Type here]

Management Systems: Training & Professional Development

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Pre-Service 2020 Covid-19	Plan 20/21 Pre-Service around sanitation and new policies and procedures related to Covid-19.	PM- August 2020
Employee goals	Make sure that professional development goals align with the program goals by creating SMART goals with employees as they review overall mission of the program.	PM- 20/21 School Year

Management Systems: Transportation

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Recall on bus	Bus needs to have DEF repaired.	Bus Driver- Sept. 2020
Tires	Bus needs new tires.	Bus Driver- Dec. 2020
Covid-19 Bus Policy	Write health & safety bus procedures for sanitation purposes in relation to Covid-19.	HDC- Aug. 2020

**2020-2021 HEAD START SELF-ASSESSMENT RESULTS
AND IMPROVEMENT PLAN**

Method: With input from staff, parents and community partners, we completed the Self-Assessment Summary for each subpart pertaining to the Management Systems and Program Systems for the Redding Rancheria Head Start. We have categorized our report into 16 subparts that cover a wide range of program areas. This is a summary of the full report, and will be used as part of the planning process for the next year's goals and budgeting. The full report of strengths and improvements needed is available upon request.

Communication

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Communication with parents/ guardians	Use different platforms to share the parent's information versus the children's learning curriculum.	AA- August 2021

[Type here]

	Utilize all of our communication outlets when posting information about events, trainings, etc.	
Paperless Sign in/ Out	Utilize and train on our Child Plus paperless enrollment option and paperless sign in/ sign out option.	AA- August 2021
Emergency Calls	Subscribe to One Call Now messaging system and train how to use it efficiently to send texts and calls for updates, reminders, and closures to all parents, staff, and policy council at the same time with one simple step.	AA- March 1, 2021

Community & Self-Assessment

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
CNA	Write five-year Community Needs Assessment.	PM- August 2021
SA Report Action Items	Admin staff will delegate action items from the Self-Assessment report.	Admin Team- August 2021

Community Engagement & Partnerships

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Community Partnerships	Continue to update partnership directory and agreements, and meet outside and inside resources to make and keep connections strong and up to date information in Child Plus.	FIC- Ongoing

Data & Evaluation/ Ongoing Monitoring & Continuous Improvement

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Organization	Create organizational binder for all monitoring data and update monthly monitoring sheets.	PM- August 2021

Disabilities

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
--------------------------------	-------------------------------------	-----------------------

[Type here]

Reevaluate special needs students	When school resumes we will observe all IEP, 504 and concerning students to reevaluate needs.	HDC- April 2021
Full-inclusion training	Provide teaching staff with more training on full inclusion services.	HDC- September 2021
Transition & Annual IEP's	Reach out to parents to schedule Transition and annual IEPs and check in on child's development.	HDC- May 2021

Education

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Communication and support for parents.	Encourage and support parents from a distance using: phone calls, email, Class Dojo, and Zoom meetings, to assist in registering their children for Kindergarten, and find out who is already registered.	Teachers/ Admin Staff- 21/22 School Year

ERSEA: Eligibility, Recruitment, Selection, Enrollment, Attendance

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Child Plus Training	Complete Child Plus Training and do a training for staff, particularly on how to run reports.	AA- August 2021
Enrollment Packet	Update the enrollment packet, minimize and align with Child Plus database.	AA- August 2021
Selection Criteria	Complete full Community Needs Assessment and use data to update and review selection criteria, taking into account how Covid-19 pandemic has altered the needs of the community.	PM- August 2021

Events

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Event Planning	Survey parents at the beginning and end of the year to better plan events.	FIC - August 2021

[Type here]

Cultural Events	Research how to better incorporate culture into all of our events.	AA- August 2021
-----------------	--	--------------------

Facilities & Learning Environments

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Campus Safety	Campus safety improvements such as covering from front and back fences, shades for windows, more door stomps and a new security camera/ doorbell system.	PM- August 2021

Fiscal Management

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
In-kind	Month to month accurate documentation of in-kind. Create a plan for collection and tally. Update the rates.	PM & AA- August 2021

Health

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Covid-19 Policies & Procedures	Revising the Covid-19 Safety Plan and center health procedures for the 21/22 school year as needed.	HDC August 2021
Color Me Healthy Grant	Complete Color Me Healthy training and preparing lessons.	HDC & Kitchen September 2021

Human Resources

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Job Descriptions Updated	Job descriptions for Admin Assistant, Family Intake Coordinator and Mentor Teacher all need to be reviewed and updated.	PM, ED Dir & HR July 2021

Mental Health

[Type here]

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Staff Mental Health	Create a support plan to help staff through all the changes.	HDC- Ongoing
Family Support	Increased support families in crisis who may be experiencing job loss, homelessness, economic stress and mental health needs.	FIC- Ongoing
Child Support Plans Update	Update all Child Support Plans as needed with students returning to school in March.	HDC- Ongoing
Triple P for families	Family Intake Coordinator will complete Triple P Training to help support behavior concerns and parenting education. Health and Disabilities Coordinator will deliver Triple P education to staff.	FIC & HDC- August 2021

Parent Involvement

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Parent Connection Trainings	Survey parents at the beginning of the year to better plan Parent Connections.	FIC- August 2021
Facebook Engagement	Utilize Facebook private page to post trainings for parents to access at their convenience and for parent involvement.	FIC- Ongoing
Volunteer System	Create a volunteer board with a variety of options to get involved.	FIC- August 2021

Program Governance

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Policy Review	Develop a new format for Policy Council to review Head Start Policies and Procedures.	PM- June 2021

Program Planning & Service System Design

[Type here]

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Governance Training & Screener	Program Governance Training & Screener Completed	PM- June 2021

Record Keeping and Reporting

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Enrollment Packet Update	Update enrollment packet. Research touchless option.	AA & PM- April 1, 2021

Training & Professional Development

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Pre-Service 2021	Plan training for 21/22 Preservice and annual training schedule.	PM- August 2021
Cultural Training	Incorporate more native American specific learning opportunities for staff, students and families.	PM- 21/22 School Year

Transportation

Identified Area of Improvement	Improvement Strategies and Timeline	Person(s) Responsible
Covid-19 Bus Procedures	Revise a new bussing plan to comply with Covid-19 that will not mix classes.	PM- August 2021
Bus Monitor	New Bus Monitor Positions filled by teachers/staff or temporary employee.	PM- August 2021
Defensive Driving Course	All van drivers will complete Defensive Driving Course.	As Needed- August 2021

[Type here]

VI. 20/21 Child Outcomes

Analysis of 2019-20 Child Outcomes and Subsequent School Readiness Goals for 2020-2021

The RRHS/CC, 4-year old students, who will be transition to Kindergarten, and 3-year old students, who will return next program year, will:

Social Emotional

- Respond to emotional cues related to problem solving (4 year olds)
- Adjust to new environments and unfamiliar people (4 year olds)
- Take care of own needs appropriately (3 year olds)
- Follow daily schedule, routines, transition, and rules (3 year olds)

In Class Action: Teachers will include weekly Second Step lessons; use reminders and self-talk to demonstrate how to care for one's self and belongings; and incorporate books and discussions on going to Kindergarten throughout the school year.

Distance Learning Action: Teachers will provide Second Step lessons for parents to reinforce concepts at home; send home books on Kindergarten, and post videos on Class Dojo to familiarize students with the transition; and encourage parents to have continual dialog on the importance of hand washing and mask wearing once transitioned to Kindergarten.

Physical

- Demonstrate proper pencil grip while writing their first and last name; and demonstrate the correct use of scissors (4 year olds)
- Move their body safely from activity to activity, with balance and coordination (3 & 4 year olds)
- Develop fine motor strength & skills through age appropriate activities (beading, playdough, coloring, manipulatives) (3 year olds)

In Class Action: Teacher will provide daily opportunities to develop fine motor skills during child lead activities; create a visual of a proper pencil grip; incorporate "easy scissors" into the classroom; and incorporate yoga & movement indoors, and planned gross motor activities during outdoor classroom time.

Distance Learning Action: Provide each student with a pencil box with their own set of pencils, crayons, glue stick & scissors (including restocking supplies, as needed) to encourage fine motor development at home; and provide activities & lessons in the areas of fine & gross motor skills on a weekly basis (yoga, obstacle courses, name writing sheets, etc.)

[Type here]

Language

- Speak clearly, in complete sentences, about relevant topic & information (4 year olds)
- Engage in back in forth conversations with adults & peers, and answer basic questions (4 year olds)
- Speak slowly & clearly (3 year olds)
- Answer basic questions asked by peers or adults (3 year olds)

In Class Action: Teachers will familiarize children with open-ended questions using how/why/when/then/what in conversations. Teachers will communicate with outside resources, when needed (Speech, OT & Behavior Health).

Distance Learning Action: Teachers will provide parents with opportunities through story videos, activities, and lessons, on Class Dojo to encourage conversation and to ask & answer questions. Teachers will communicate with outside resources, when needed (Speech, OT & Behavior Health). Children with IEP's will be provided with the materials needed to continue sessions virtually with Speech & Language Pathologist (chrome books, web camera, etc).

Approaches to Learning

- Use more than one strategy to help with problem solving skills (4 year olds)
- Use logic & problem solving in daily activities (4 year olds)
- Follow a 1 to 2 step direction or process, without assistance from an adult or peer (3 year olds)
- Approach problems flexibly and show persistence in a task (3 year olds)

In Class Action: Teachers will use repetition; recollection of daily activities; and provide children with hints & suggestions to encourage cognitive growth.

Distance Learning Action: Teachers will provide students with a wide variety of learning activities to complete at home that will encourage multiple ways of thinking and a diversity of learning styles.

Literacy

- Identify their first & last names, and write their first name (4 year olds)
- Identify 15 letters and sounds (4 year olds)
- Identify their first names (3 year olds)
- Identify the letters and sounds of their first name (3 year olds)

In Class Action: Teachers will incorporate letter and sound knowledge, along with story & rhyming books, into their daily curriculum. Weekly homework packets will encourage learning at home, and will mirror Kindergarten expectations.

[Type here]

Distance Learning Action: Teachers will provide students with letter recognition, sound knowledge, and name practice sheets on a weekly basis. Teachers will incorporate weekly letter and sound activities during video stories on Class Dojo.

Cognition and General Knowledge / Mathematics

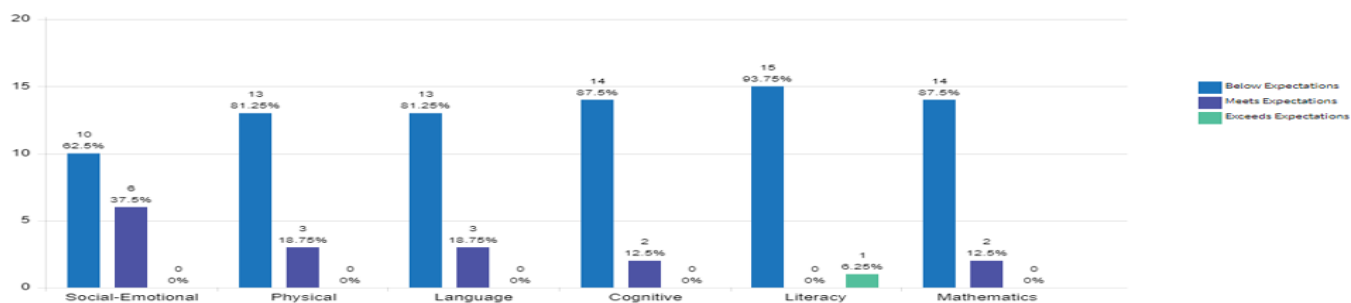
- Recognize numbers 1-10, and count 1-20, with one to one correspondence
(4 year olds)
- Become familiar with word problems, and simple addition & subtraction problems
(4 year olds)
- Recognize numbers: 1-5 (3 year olds)
- Count: 1-10, with one to one correspondence (3 year olds)

In Class Action: Teachers will demonstrate & encourage number recognition & one to one counting. Weekly homework packets will encourage learning at home, and will mirror Kindergarten expectations.

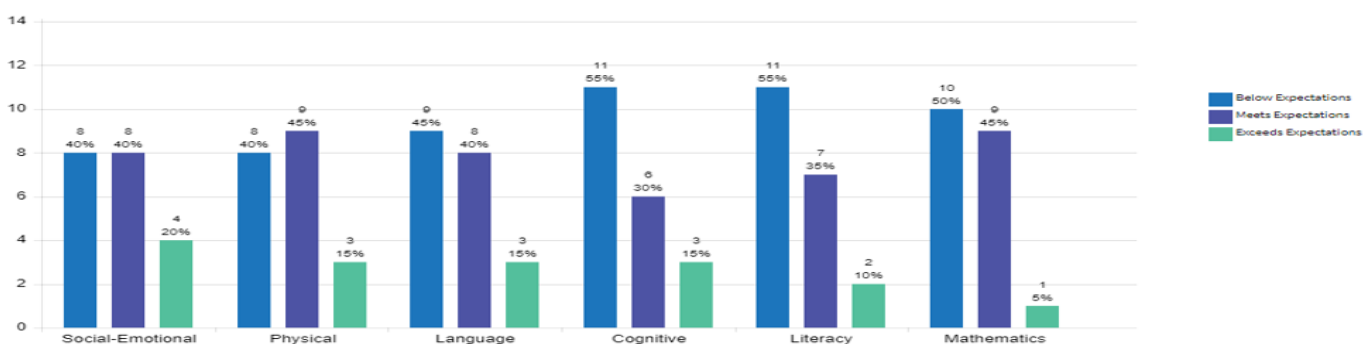
Distance Learning Action: Teachers will provide students with number recognition, counting opportunities, and age-appropriate mathematical problems on a weekly basis. Teachers will incorporate weekly counting & number recognition activities on Class Dojo.

Redding Rancheria Head Start – Widely Held Expectations / Outcome Report

Fall 2020-2021 - 3 year olds (returning to Head Start):

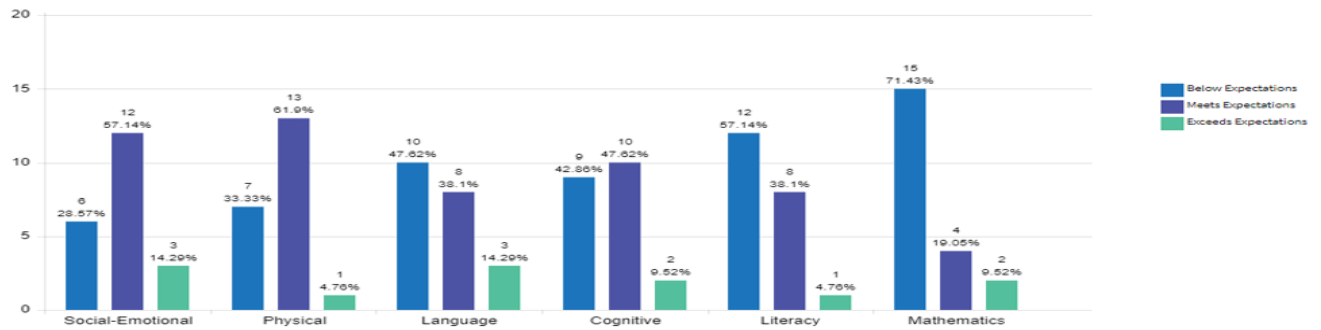


Spring 2020-2021 – 3 year olds (Returning to Head Start):

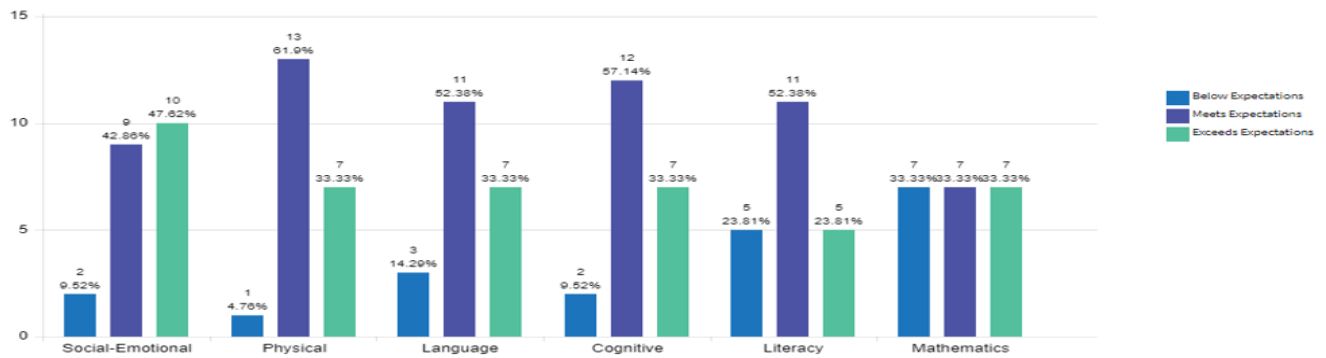


[Type here]

Fall 2020-2021 - 4 year olds (Going to Kindergarten):

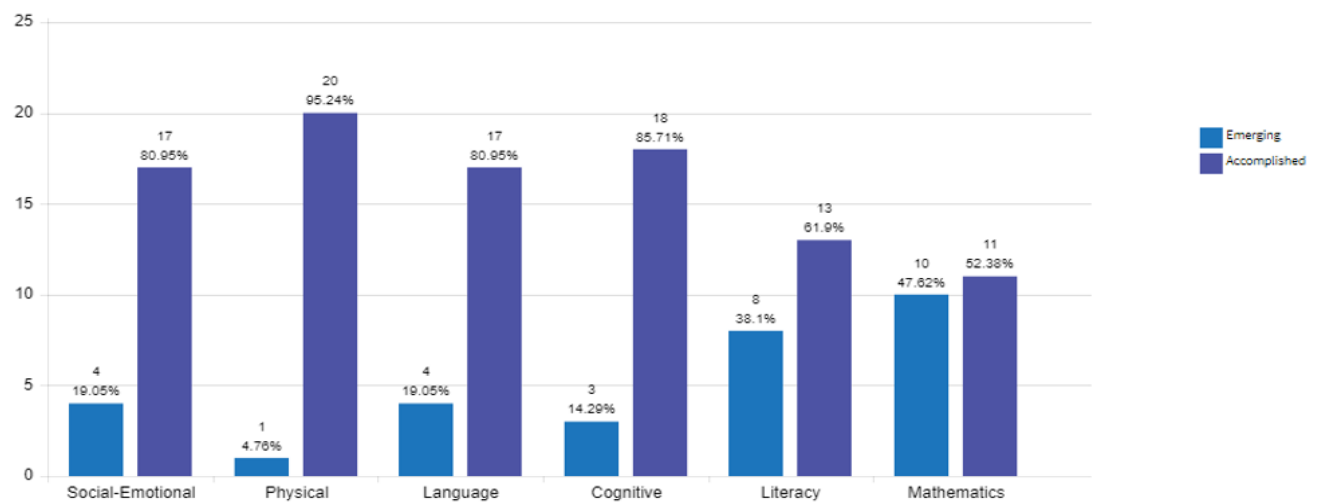


Spring 2020-2021 – 4 year olds (Going to Kindergarten):



Redding Rancheria Head Start – Kindergarten Readiness Report

Spring 2020-2021 – 4 year olds (Going to Kindergarten):



[Type here]

VII. 2021 Head Start Program Information Report (PIR)



2020-2021 AIAN HEAD START PROGRAM INFORMATION REPORT 90CI010022-000 REDDING RANCHERIA INDIAN HEALTH SERVICES

A. PROGRAM INFORMATION

GENERAL INFORMATION

Grant Number	90CI010022
Program Number	000
Program Type	AIAN Head Start
Program Name	REDDING RANCHERIA INDIAN HEALTH SERVICES
Program Address	1950 Redding Rancheria Road
Program City, State, Zip Code (5+4)	Redding, CA, 96001-5525
Program Phone Number	(530) 225 2589
Head Start or Early Head Start Director Name	Ms. Sara Zapata
Head Start or Early Head Start Director Email	sara.zapata@reddingrancheria-nsn.gov
Agency Email	sara.zapata@reddingrancheria-nsn.gov
Agency Web Site Address	http://www.reddingrancheria-nsn.gov
Name and Title of Approving Official	Mr. Jack Potter Jr., Tribal Chair
DUNS Number	617168513
Agency Type	
Agency Description	Grantee that directly operates program(s) and has no delegates

FUNDED ENROLLMENT

Funded enrollment by funding source

	# of children
A.1 Funded Enrollment:	34
a. Head Start/Early Head Start Funded Enrollment, as identified on the NOA that captures the greatest part of the program year	34
b. Funded Enrollment from non-federal sources, i.e. state, local, private	0

Funded enrollment by program option

	# of slots
A.2 Center-based option	
a. Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0
1. Of these, the number that are available for the full-working-day and full-calendar-year	0
b. Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	34
1. Of these, the number that are available for 3.5 hours per day for 128 days	0
2. Of these, the number that are available for a full working day	0
A.3 Home-based option	0
A.4 Family child care option	0
A.5 Locally designed option	0

[Type here]

Funded slots at child care partner

	# of slots
A.7 Total number of slots in the center-based or locally designed option	34
a. Of these, the total number of slots at a child care partner	0
A.8 Total funded enrollment at child care partners (includes center-based, locally designed, and family child care program options)	0

CLASSES IN CENTER-BASED

	# of classes
A.9 Total number of center-based classes operated	2
a. Of these, the number of double session classes	0

CUMULATIVE ENROLLMENT

Children by age

	# of children at enrollment
A.10 Children by age:	
a. Under 1 year	0
b. 1 year old	0
c. 2 years old	0
d. 3 years old	15
e. 4 years old	15
f. 5 years and older	0
g. Total cumulative enrollment of children	30

Total cumulative enrollment

	# of children
A.12 Total cumulative enrollment	30

Primary type of eligibility

	# of children
A.13 Report each enrollee only once by primary type of eligibility:	
a. Income at or below 100% of federal poverty line	8
b. Public assistance such as TANF and SSI	4
c. Foster care	6
d. Homeless	1
e. Eligibility based on other type of need, but not counted in A.13.a through d	11
	# of children
f. Incomes between 100% and 130% of the federal poverty line, but not counted in A.13.a through e	0

Prior enrollment

	# of children
A.15 Enrolled in Head Start or Early Head Start for:	
a. The second year	12

[Type here]

	# of children
b. Three or more years	0

Transition and turnover

	# of children
A.16 Total number of preschool children who left the program any time after classes or home visits began and did not re-enroll	4
a. Of the preschool children who left the program during the program year, the number of preschool children who were enrolled less than 45 days	0

	# of preschool children
A.17 Of the number of preschool children enrolled in Head Start at the end of the current enrollment year, the number projected to be entering kindergarten in the following school year	15

Child care subsidy

	# of children
A.24 The number of enrolled children for whom the program and/or its partners received a child care subsidy during the program year	0

Ethnicity and race

	# of children	
	(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
A.25 Race and ethnicity		
a. American Indian or Alaska Native	5	25
b. Asian	0	0
c. Black or African American	0	0
d. Native Hawaiian or other Pacific Islander	0	0
e. White	0	0
f. Bi-racial/Multi-racial	0	0
g. Other	0	0
h. Unspecified	0	0

[Type here]

Primary language of family at home

	# of children
A.26 Primary language of family at home:	
a. English	30
1. Of these, the number of children acquiring/learning another language in addition to English	2
b. Spanish	0
c. Native Central American, South American & Mexican Languages (e.g., Mixteco, Quichean.)	0
d. Caribbean Languages (e.g., Haitian-Creole, Patois)	0
e. Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)	0
f. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)	0
g. Native North American/Alaska Native Languages	0
h. Pacific Island Languages (e.g., Palauan, Fijian)	0
i. European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
j. African Languages (e.g., Swahili, Wolof)	0
k. American Sign Language	0
l. Other (e.g., American Sign Language)	0
m. Unspecified (language is not known or parents declined identifying the home language)	0

Dual language learners

	# of children
A.27 Total number of Dual Language Learners	2

Transportation

	# of children
A.28 Number of children for whom transportation is provided to and from classes	10

RECORD KEEPING

Management Information Systems

A.29 List the management information system(s) your program uses to support tracking, maintaining, and using data on enrollees, program services, families, and program staff.
Name/title
ChildPlus

[Type here]

B. PROGRAM STAFF & QUALIFICATIONS

TOTAL STAFF

Staff by type

	(1) # of Head Start staff	(2) # of contracted staff
B.1 Total number of staff members, regardless of the funding source for their salary or number of hours worked	13	5
a. Of these, the number who are current or former Head Start or Early Head Start parents	5	0

TOTAL VOLUNTEERS

Volunteers by type

	# of volunteers
B.2 Number of persons providing any volunteer services to the program during the program year	61
a. Of these, the number who are current or former Head Start or Early Head Start parents	25

EDUCATION AND CHILD DEVELOPMENT STAFF

Preschool classroom and assistant teachers (HS and Migrant programs)

	(1) # of classroom teachers	(2) # of assistant teachers
B.3 Total number of preschool education and child development staff by position	2	2

	(1) # of classroom teachers	(2) # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
a. An advanced degree in:		
1. Early childhood education		
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children	1	0

	(1) # of classroom teachers	(2) # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
b. A baccalaureate degree in one of the following:		
1. Early childhood education		
2. Any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children or	0	0
3. Any field and is part of the Teach for America program and passed a rigorous early childhood content exam		

[Type here]

	<i>(1)</i> # of classroom teachers	<i>(2)</i> # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
c. An associate degree in:		
1. Early childhood education		
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	1	2

	<i>(1)</i> # of classroom teachers	<i>(2)</i> # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	0	0
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	0	0

	<i>(1)</i> # of classroom teachers	<i>(2)</i> # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
e. None of the qualifications listed in B.3.a through B.3.d	0	0

Preschool classroom teachers program enrollment

	# of classroom teachers
B.4 Total number of preschool classroom teachers that do not meet qualifications listed in B.3.a or B.3.b	1
a. Of these preschool classroom teachers, the number enrolled in a degree program that would meet the qualifications described in B.3.a or B.3.b	1

Preschool classroom assistant teachers program enrollment

	# of assistant teachers
B.5 Total number of preschool assistant teachers that do not have any qualifications listed in B.3.a through B.3.d	0
a. Of these preschool assistant teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet one of the qualifications listed in B.3.a through B.3.d.	0

Home visitors and family child care provider staff qualifications

	# of home visitors
B.8 Total number of home visitors	0
a. Of these, the number of home visitors that have a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's, baccalaureate, or advanced degree	0
b. Of these, the number of home visitors that do not meet one of the qualifications described in B.8.a.	0

[Type here]

	# of home visitors
1. Of the home visitors in B.8.b, the number enrolled in a degree or credential program that would meet a qualification described in B.8.a.	0

	# of family child care providers
B.9 Total number of family child care providers	0
a. Of these, the number of family child care providers that have a Family Child Care CDA credential or state equivalent, or an associate, baccalaureate, or advanced degree in child development or early childhood education	0
b. Of these, the number of family child care providers that do not meet one of the qualifications described in B.9.a.	0
1. Of the family child care providers in B.9.b, the number enrolled in a degree or credential program that would meet a qualification described in B.9.a.	0

	# of child development specialists
B.10 Total number of child development specialists that support family child care providers	0
a. Of these, the number of child development specialists that have a baccalaureate degree in child development, early childhood education, or a related field	0
b. Of these, the number of child development specialists that do not meet one of the qualifications described in B.10.a.	0
1. Of the child development specialists in B.10.b, the number enrolled in a degree or credential program that would meet a qualification described in B.10.a.	0

Ethnicity and race

	# of non-supervisory education and child development staff	
	(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
B.13 Race and Ethnicity		
a. American Indian or Alaska Native	1	1
b. Asian	0	0
c. Black or African American	0	0
d. Native Hawaiian or other Pacific Islander	0	0
e. White	0	2
f. Biracial/Multi-racial	0	0
g. Other	0	0
h. Unspecified	0	0

Language

	# of non-supervisory education and child development staff
B.14 The number who are proficient in a language(s) other than English.	0
a. Of these, the number who are proficient in more than one language other than English	0

[Type here]

	# of non-supervisory education and child development staff
B.15 Language groups in which staff are proficient:	
a. Spanish	0
b. Native Central American, South American, and Mexican Languages (e.g., Mixteco, Quichean.)	0
c. Caribbean Languages (e.g., Haitian-Creole, Patois)	0
d. Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)	0
e. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)	0
f. Native North American/Alaska Native Languages	0
g. Pacific Island Languages (e.g., Palauan, Fijian)	0
h. European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
i. African Languages (e.g., Swahili, Wolof)	0
j. American Sign Language	0
k. Other	0
l. Unspecified (language is not known or parents declined identifying the language)	0

STAFF TURNOVER

All staff turnover

	(1) # of Head Start staff	(2) # of contracted staff
B.16 Total number of staff who left during the program year (including turnover that occurred while the program was not in session, e.g. summer months)	1	0
a. Of these, the number who were replaced	1	0

Education and child development staff turnover

	# of staff
B.17 The number of teachers, preschool assistant teachers, family child care providers, and home visitors who left during the program year (including turnover that occurred while classes and home visits were not in session, e.g. during summer months)	0
a. Of these, the number who were replaced	0
b. Of these, the number who left while classes and home visits were in session	0

	# of staff
B.18 Of the number of education and child development staff that left, the number that left for the following primary reason:	
a. Higher compensation	0
1. Of these, the number that moved to state pre-k or other early childhood program	0
b. Retirement or relocation	0
c. Involuntary separation	0
d. Other (e.g. change in job field, reason not provided)	0
B.19 Number of vacancies during the program year that remained unfilled for a period of 3 months or longer	0

[Type here]

C. CHILD AND HEALTH SERVICES

HEALTH SERVICES

Health insurance – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.1 Number of all children with health insurance	30	30
a. Of these, the number enrolled in Medicaid and/or CHIP	18	18
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance	12	12
C.2 Number of children with no health insurance	0	0

Accessible health care - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.5 Number of children with an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care	30	30
a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility	26	26

Medical services – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.7 Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care according to the relevant state's EPSDT schedule for well child care	20	20

	# of children
a. Of these, the number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed	0
1. Of these, the number who received medical treatment for their diagnosed chronic health condition	0
b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment:	# of children
1. No medical treatment needed	0
2. No health insurance	0
3. Parents did not keep/make appointment	0
4. Children left the program before their appointment date	0
5. Appointment is scheduled for future date	0
6. Other	0

[Type here]

C.8 Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:	# of children
a. Autism spectrum disorder (ASD)	2
b. Attention deficit hyperactivity disorder (ADHD)	0
c. Asthma	0
d. Seizures	0
e. Life-threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis)	0
f. Hearing Problems	0
g. Vision Problems	0
h. Blood lead level test with elevated lead levels >5 g/dL	0
i. Diabetes	0

Body Mass Index (BMI) – children (HS and Migrant programs)

	# of children at enrollment
C.9 Number of children who are in the following weight categories according to the 2000 CDC BMI-for-age growth charts	
a. Underweight (BMI less than 5th percentile for child's age and sex)	2
b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	16
c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	3
d. Obese (BMI at or above 95th percentile for child's age and sex)	9

Immunization services - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.10 Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age	20	12
C.11 Number of children who have been determined by a health care professional to have received all immunizations possible at this time but who have not received all immunizations appropriate for their age	0	0
C.12 Number of children who meet their state's guidelines for an exemption from immunizations	1	1

Accessible dental care – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.16 Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment	30	30

[Type here]

Preschool dental services (HS and Migrant programs)

	# of children at end of enrollment
C.17 Number of children who received preventive care during the program year	24
C.18 Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination during the program year	24
a. Of these, the number of children diagnosed as needing dental treatment during the program year - at end of enrollment	1
1. Of these, the number of children who have received or are receiving dental treatment - at end of enrollment	0
b. Specify the primary reason that children who needed dental treatment did not receive it:	# of children
1. Health insurance doesn't cover dental treatment	0
2. No dental care available in local area	0
3. Medicaid not accepted by dentist	0
4. Dentists in the area do not treat 3 – 5 year old children	0
5. Parents did not keep/make appointment	1
6. Children left the program before their appointment date	0
7. Appointment is scheduled for future date	0
8. No transportation	0
9. Other	0

Mental health consultation

	# of staff
C.20 Total number of classroom teachers, home visitors, and family child care providers	2
a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation	2

DISABILITIES SERVICES

IDEA eligibility determination

	# of children
C.21 The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year	6
a. Of these, the number who received an evaluation to determine IDEA eligibility	4
1. Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA	3
2. Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA	3
1. Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act.	3
b. Of these, the number who did not receive an evaluation to determine IDEA eligibility	2
	# of children
C.22 Specify the primary reason that children referred for an evaluation to determine IDEA eligibility did not receive it:	
a. The responsible agency assigned child to Response to Intervention (RTI)	0
b. Parent(s) refused evaluation	0
c. Evaluation is pending and not yet completed by responsible agency	0

[Type here]

	# of children
d. Other	0

Preschool disabilities services (HS and Migrant programs)

	# of children
C.23 Number of children enrolled in the program who had an Individualized Education Program (IEP), at any time during the program year, indicating they were determined eligible by the LEA to receive special education and related services under the IDEA	7
a. Of these, the number who were determined eligible to receive special education and related services:	# of children
1. Prior to this program year	4
2. During this enrollment year	3
b. Of these, the number who have not received special education and related services	0

Preschool primary disabilities (HS and Migrant programs)

	(1) # of children determined to have this disability	(2) # of children receiving special services
C.25 Diagnosed primary disability:		
a. Health impairment (i.e. meeting IDEA definition of "other health impairment")	0	0
b. Emotional disturbance	0	0
c. Speech or language impairments	7	7
d. Intellectual disabilities	0	0
e. Hearing impairment, including deafness	0	0
f. Orthopedic impairment	0	0
g. Visual impairment, including blindness	0	0
h. Specific learning disability	0	0
i. Autism	0	0
j. Traumatic brain injury	0	0
k. Non-categorical/developmental delay	0	0
l. Multiple disabilities (excluding deaf-blind)	0	0
m. Deaf-blind	0	0

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

	# of children
C.26 Number of all newly enrolled children since last year's PIR was reported	17
C.27 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	17
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	6
C.28 The instrument(s) used by the program for developmental screening	
	Name/title
ASQ (all editions)	

[Type here]

Assessment

C.29 Approach or tool(s) used by the program to support ongoing child assessment
<i>Name/title</i>
Teaching Strategies GOLD Online
Creative Curriculum (all editions)

Curriculum

C.30 Curriculum used by the program:
a. For center-based services
<i>Name/title</i>
Creative Curriculum (PreSchool)
Other (Please Specify)
Other (Please Specify)
e. For building on the parents' knowledge and skill (i.e. parenting curriculum)
<i>Name/title</i>
Other (Please Specify)
Triple P Parenting
Other (Please Specify)
Second Step

Classroom and home visit observation tools

	Yes (Y) / No (N)
C.31 Does the program routinely use classroom or home visit observation tools to assess quality?	Yes
C.32 If yes, classroom and home visit observation tool(s) used by the program:	
a. Center-based settings	
<i>Name/title</i>	
Classroom Assessment Scoring System (CLASS: Infant, Toddler, or Pre-K)	

FAMILY AND COMMUNITY PARTNERSHIPS

Number of families

	<i># of families at enrollment</i>
C.33 Total number of families:	32
a. Of these, the number of two-parent families	23
b. Of these, the number of single-parent families	9
C.34 Of the total number of families, the number in which the parent/guardian figures are best described as:	
a. Parent(s) (e.g. biological, adoptive, stepparents)	29
1. Of these, the number of families with a mother only (biological, adoptive, stepmother)	5
2. Of these, the number of families with a father only (biological, adoptive, stepfather)	2
b. Grandparents	1
c. Relative(s) other than grandparents	1
d. Foster parent(s) not including relatives	1
e. Other	0

[Type here]

Parent/guardian education

	# of families at enrollment
C.35 Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s):	
a. An advanced degree or baccalaureate degree	2
b. An associate degree, vocational school, or some college	16
c. A high school graduate or GED	7
d. Less than high school graduate	7

Employment, Job Training, and School

	# of families at enrollment
C.36 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at enrollment	30
1. Of these families, the number in which one or more parent/guardian is employed	20
2. Of these families, the number in which one or more parent/guardian is in job training (e.g. job training program, professional certificate, apprenticeship, or occupational license)	2
3. Of these families, the number in which one or more parent/guardian is in school (e.g. GED, associate degree, baccalaureate, or advanced degree)	8
b. Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g. unemployed, retired, or disabled)	2

	# of families at end of enrollment
C.37 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at end of enrollment	24
1. Of these families, the number of families that were also counted in C.36.a (as having been employed, in job training, or in school at enrollment)	24
2. Of these families, the number of families that were also counted in C.36.b (as having not been employed, in job training, or in school at enrollment)	0
b. Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g. unemployed, retired, or disabled)	8
1. Of these families, the number of families that were also counted in C.36.a	6
2. Of these families, the number of families that were also counted in C.36.b	2

	# of families at enrollment
C.38 Total number of families in which:	
a. At least one parent/guardian is a member of the United States military on active duty	0
b. At least one parent/guardian is a veteran of the United States military	3

[Type here]

Federal or other assistance

	# of families at enrollment	# of families at end of enrollment
C.39 Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance to Needy Families (TANF) Program	6	4
C.40 Total number of families receiving Supplemental Security Income (SSI)	3	2
C.41 Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	10	10
C.42 Total number of families receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	3	8

Family services

	# of families
C.43 The number of families that received the following program service to promote family outcomes:	
a. Emergency/crisis intervention (e.g. meeting immediate needs for food, clothing, or shelter)	14
b. Housing assistance (e.g. subsidies, utilities, repairs)	1
c. Asset building services (e.g. financial education, debt counseling)	0
d. Mental health services	9
e. Substance misuse prevention	0
f. Substance misuse treatment	0
g. English as a Second Language (ESL) training	0
h. Assistance in enrolling into an education or job training program	1
i. Research-based parenting curriculum	32
j. Involvement in discussing their child's screening and assessment results and their child's progress	32
k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten)	20
l. Education on preventive medical and oral health	32
m. Education on health and developmental consequences of tobacco product use	1
n. Education on nutrition	32
o. Education on postpartum care (e.g. breastfeeding support)	1
p. Education on relationship/marriage	0
q. Assistance to families of incarcerated individuals	0
C.44 Of these, the number of families who were counted in at least one of the services listed above	32

Father engagement

	# of father/ father figures
C.45 Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family assessment	14
b. Family goal setting	14
c. Involvement in child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, etc.)	16
d. Head Start program governance, such as participation in the Policy Council or policy committees	4

[Type here]

	# of father/ father figures
e. Parenting education workshops	6

Homelessness services

	# of families
C.46 Total number of families experiencing homelessness that were served during the enrollment year	1

	# of children
C.47 Total number of children experiencing homelessness that were served during the enrollment year	1

	# of families
C.48 Total number of families experiencing homelessness that acquired housing during the enrollment year	1

Foster care and child welfare

	# of children
C.49 Total number of enrolled children who were in foster care at any point during the program year	3
C.50 Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	0

[Type here]

D. GRANT LEVEL QUESTIONS

INTENSIVE COACHING

	# of education and child development staff
D.1 The number of education and child development staff (i.e. teachers, preschool assistant teachers, home visitors, FFC providers) that received intensive coaching	0
	# of coaches
D.2 The number of individuals that provided intensive coaching, whether by staff, consultants, or through partnership	0

FAMILY SERVICES STAFF QUALIFICATIONS

	# of family services staff
D.5 Total number of family services staff:	1
a. Of these, the number that have a credential, certification, associate, baccalaureate, or advanced degree in social work, human services, family services, counseling, or a related field	1
b. Of these, the number that do not meet one of the qualifications described in D.5.a	0
1. Of the family services staff in D.5.b, the number enrolled in a degree or credential program that would meet a qualification described in D.5.a.	0
2. Of the family services staff in D.5.b, the number hired before November 7, 2016	0

FORMAL AGREEMENTS FOR COLLABORATION

	# of formal agreements
D.6 Total number of formal agreements with child care partners	1
D.7 Total number of LEAs in the service area	1
a. Of these, the total number of formal agreements with those LEAs to coordinate services for children with disabilities	1
b. Of these, the total number of formal agreements with those LEAs to coordinate transition services	1

REPORTING INFORMATION

PIR Report Status	Completed
Confirmation Number	21062247411
Last Update Date	06/22/2021

[Type here]

VIII. OHS- Head Start Services Snapshot



Office of Head Start - Head Start Services Snapshot

Redding Rancheria (2020-2021)

This Head Start Services Snapshot summarizes key data on demographics and services for preschool-age children served by this grantee. The data in this Snapshot is a subset of the grantee's annual Program Information Report (PIR) submission to the Office of Head Start. The full set of PIR questions and information to access the whole PIR report can be found at <http://eclkc.ohs.acf.hhs.gov/hslc/mr/pir>. Grantees that run both Head Start and Early Head Start programs report on each program separately.

General Information

Grantee Name: Redding Rancheria

Grantee Address: 1950 Redding Rancheria Road
Redding, CA 96001-5525

Grantee Website Address: <http://www.reddingrancheria-nsn.gov>

Grantee Phone: (530) 225-2589

Funded Enrollment

Number of enrollment slots the program is funded to serve.

	# of funded enrollment slots	% of funded enrollment slots
Total Funded Enrollment	34	100.0%

Funded Enrollment by Program Option

	# of funded enrollment slots	% of funded enrollment slots
Center-based	34	100.0%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

Detail - Center-based Funded Enrollment

	# of center-based funded enrollment slots	% of center-based funded enrollment slots
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	34	100.0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

[Type here]

Total Cumulative Enrollment

Actual number of children and pregnant women served by the program throughout the entire program year, inclusive of enrollees who left during the program year and the enrollees who filled those empty places. Due to turnover, more children and families may receive Head Start services cumulatively throughout the program year (all of whom are reported in the PIR) than indicated by the funded enrollment numbers.

	<i># of participants</i>	<i>% of participants</i>
Total Cumulative Enrollment	30	100.0%

Participants by Age

	<i># of participants</i>	<i>% of participants</i>
1 Year Old	0	0%
2 Years Old	0	0%
3 Years Old	15	50.0%
4 Years Old	15	50.0%
5 Years Old	0	0%

Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	1	3.3%

Foster Care

	<i># of children</i>	<i>% of children</i>
Total number of enrolled children who were in foster care at any point in the program year	6	20.0%

Prior Enrollment of Children

Children who were enrolled previously in Early Head Start, Head Start, or some combination for at least half of the time that classes or home visits were in session.

	<i># of children</i>	<i>% of children</i>
The second year	12	40.0%
Three or more years	0	0%

Ethnicity And Race

	<i># of Hispanic or Latino Origin participants</i>	<i>% of Hispanic or Latino Origin participants</i>	<i># of Non-Hispanic or Non-Latino Origin participants</i>	<i>% of Non-Hispanic or Non-Latino Origin participants</i>
American Indian or Alaska Native	5	16.7%	25	83.3%
Asian	0	0%	0	0%
Black or African American	0	0%	0	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%
White	0	0%	0	0%
Biracial or Multi-Racial	0	0%	0	0%
Other Race	0	0%	0	0%
Unspecified Race	0	0%	0	0%

[Type here]

Primary Language of Family at Home

	# of children	% of children
English	30	100.0%
Of these, the number of children acquiring/learning another language in addition to English	2	
Spanish	0	0%
Central American, South American, or Mexican Languages	0	0%
Caribbean Languages	0	0%
Middle Eastern or South Asian Languages	0	0%
East Asian Languages	0	0%
Native North American or Alaska Native Languages	0	0%
Pacific Island Languages	0	0%
European or Slavic Languages	0	0%
African Languages	0	0%
American Sign Language	0	0%
Other Languages	0	0%
Unspecified Languages	0	0%

Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	<i># at Beginning of Enrollment Year</i>	<i>% at Beginning of Enrollment Year</i>	<i># at End of Enrollment Year</i>	<i>% at End of Enrollment Year</i>
Children with health insurance	30	100.0%	30	100.0%
Children with accessible health care	30	100.0%	30	100.0%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	21	70.0%	13	43.3%
Children with accessible dental care	30	100.0%	30	100.0%

Disabilities Services

	# of children	% of children
Children with an Individualized Education Program (IEP), indicating they were determined eligible to receive special education and related services	7	23.3%

[Type here]

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	32	100.0%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	32	100.0%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	14	43.8%
Housing Assistance	1	3.1%
Asset Building Services	0	0%
Mental Health Services	9	28.1%
Substance Misuse Prevention	0	0%
Substance Misuse Treatment	0	0%
English as a Second Language (ESL) Training	0	0%
Assistance in enrolling into an education or job training program	1	3.1%
Research-based parenting curriculum	32	100.0%
Involvement in discussing their child's screening and assessment results and their child's progress	32	100.0%
Supporting transitions between programs	20	62.5%
Education on preventive medical and oral health	32	100.0%
Education on health and developmental consequences of tobacco product use	1	3.1%
Education on nutrition	32	100.0%
Education on postpartum care	1	3.1%
Education on relationship/marriage	0	0%
Assistance to families of incarcerated individuals	0	0%

[Type here]

IX. California & Shasta County Statistics

Population Statistics Shasta County

Total Population*, Shasta County

Year	Shasta County	1-year change	CA 1-year change
2008	176,240	0.40%	0.85%
2009	176,756	0.29%	0.73%
2010	177,248	0.28%	0.79%
2011	177,516	0.15%	0.78%
2012	178,107	0.33%	0.95%
2013	178,953	0.47%	0.99%
2014	179,412	0.26%	0.86%
2015	178,673	-0.41%	0.89%
2016	178,592	-0.05%	0.90%
2017	178,605	0.01%	0.68%

Source: California Department of Finance, Demographic Research Unit

** Total population data do not include incarcerated individuals unless otherwise*

Population by Age, Shasta County

Age Range	2007	2016
Under 5 years	10,944	10,614
5 to 17 years	29,719	28,000
18 to 24 years	18,726	14,809
25 to 39 years	33,771	31,424
40 to 54 years	37,782	31,674
55 to 64 years	21,582	26,617
65 to 74 years	13,652	21,469
75 to 84 years	9,276	11,739
85 years and over	3,975	3,285

Source: U.S. Census Bureau, ACS 1-year Estimates

Population by Race/Ethnicity, Shasta County

Race/Ethnicity	2010	2016	Percent of Total in 2016		2010 to 2016 7-year Change	
			County	California	County	California
White alone	145,156	144,130	80.2%	37.5%	-0.7%	-1.7%
Hispanic or Latino	15,010	17,562	9.8%	38.9%	17.0%	8.5%
American Indian alone	3,136	2,391	1.3%	0.3%	-23.8%	-11.4%
Black or African American alone	1,395	1,603	0.9%	5.5%	14.9%	0.3%
Asian alone	3,898	5,882	3.3%	14.1%	50.9%	14.1%
Native Hawaiian and Pacific Islander	498	77	0.0%	0.3%	-84.5%	2.5%
Other/Multiple	8,198	7,986	4.4%	3.3%	-2.6%	42.1%

Source: U.S. Census Bureau, Census 2010 and 2016, ACS 1-Year Estimates

Source: Shasta Economic Profile 2018

[Type here]

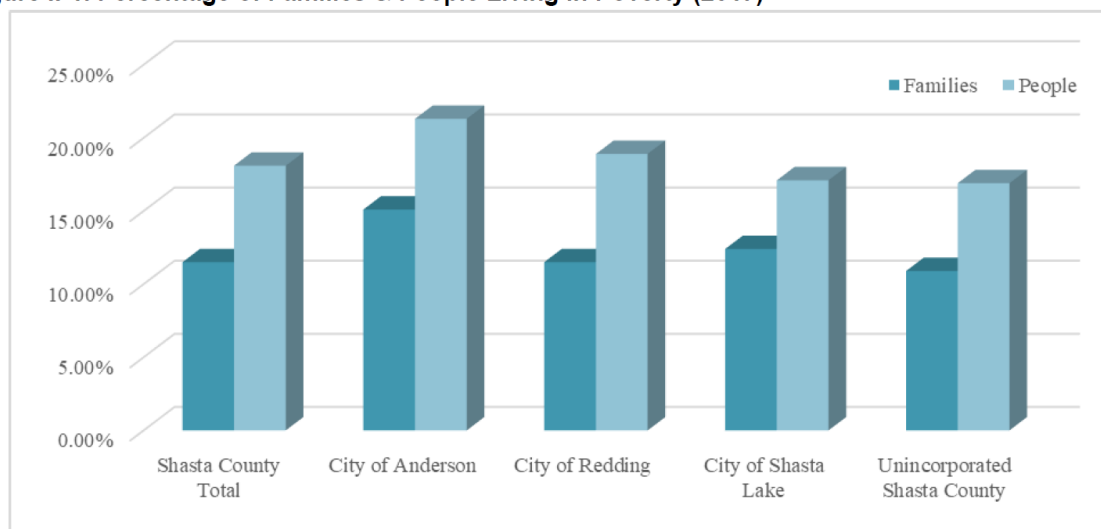
Housing and Poverty Rates in Shasta County

HOUSEHOLDS IN POVERTY

The level of poverty in a jurisdiction often influences the need for housing to accommodate those persons and families in the Very Low and Low-income categories. The U.S. Census Bureau measures poverty by using a set of money income thresholds that vary by family size and composition of who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. For example, the poverty threshold for a family of two with no children would be \$17,120, a household of two with a householder aged 65 or older and no children has a poverty threshold of \$15,453, and the poverty threshold of a family of four with two children under the age of 18 would be \$25,926. (Source: U.S. Census Bureau, 2019).

Poverty rates in Shasta County are shown in Figure II-1, which compares the numbers of families living in poverty in the County as a whole to those living in the three cities and the unincorporated County. Individuals in Anderson have the highest chance under the poverty line while families in the unincorporated County are least likely to be under the poverty line. In 2011, 12.8% or 5,872 families were listed as living below the poverty level. Corresponding numbers for 2017 show that the poverty rate decreased slightly 11.5% in 2017.

Figure II-1. Percentage of Families & People Living in Poverty (2017)



Source: U.S. Census Bureau, 2013 – 2017 ACS (B17001 and B17012)

Source: Shasta County Housing Assessment

[Type here]

Table II-10 shows poverty rates for unincorporated Shasta County, with a focus on female-headed households. Overall, 2,445 of 18,065 households were in poverty (13.5%). Although female-headed households made up only 12.2% of all households, they accounted for 29.4% of households in poverty.

Table II-10. Households in Poverty in Unincorporated County (2016)		
Household Type	Unincorporated Shasta County	
	Number	Percent
Total Households	18,065	100.0%
Female Headed Households	2,197	12.2%
Total Families Under the Poverty Level	2,445	10.9%
Female Headed Households Under the Poverty Level	645	29.4%
Source: HCD 6th Cycle Data Package (American Community Survey data 2012-2016 B17012)		

Source: Shasta County Housing Assessment

EXTREMELY LOW-INCOME HOUSEHOLDS

Extremely low-income (ELI) households are defined as those earning up to 30% of the area median household income. For Shasta County, the median household income in 2019 was \$64,800. For ELI households in Shasta County, this results in an income of \$25,750 or less for a four person household or \$13,650 for a one-person household. ELI households have a variety of housing situations and needs. For example, most families and individuals receiving only public assistance, such as social security insurance or disability insurance are considered ELI households. Table II-11 provides representative occupations with hourly wages that are within or close to the ELI income range. As shown in Table II-8, ELI households make up 14.9% of all households in unincorporated Shasta County. In the whole County (including cities), ELI households make up 12.4% of all households. Based on Tables II-8 and II-9, nearly 80% of ELI households in the unincorporated area of Shasta County pay more than 30% of their incomes for housing.

[Type here]

Table II-11. Occupations with Wages for Extremely Low Income Households in Shasta County (2019)	
Occupation Title	Median Hourly Wage
Insurance Claims and Policy Processing Clerks	\$12.30
Retail Salespersons	\$12.24
File Clerks	\$11.77
Waiters and Waitresses	\$11.58
Personal Care Aides	\$11.37
Cooks, Fast Food	\$11.28
Hotel, Motel, and Resort Desk Clerks	\$11.12
Amusement and Recreation Attendants	\$11.08
Dining Room and Cafeteria Attendants/Hosts and Hostesses and Restaurant Lounge	\$10.64
Telemarketers	\$10.56
Source: Employment Development Department, Long-Term Occupational Employment Projections 2016–2026 (updated September 2019)	

PERSONS WITH DEVELOPMENTAL DISABILITIES

Far Northern Regional Center (FNRC) is responsible for serving developmentally disabled residents of the nine counties in northern California (i.e., Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Tehama, Siskiyou, and Trinity). A developmental disability is a disability which originates before an individual attains age 18, continue or can be expected to continue indefinitely, and constitutes a substantial handicap for the individual. This term includes the diagnoses of mental retardation, cerebral palsy, epilepsy, and autism. This term also includes handicapping conditions found to be closely related to mental retardation or requiring treatment similar to that required for persons with mental retardation, but does not include other handicapping conditions that are solely physical in nature. (Lanterman Act, Welfare and Institutions Code, Section 4512.)

In Shasta County, FNRC reported more than 2,450 clients in 2019, which is a 20.6% (>418) increase in persons served since 2013 (see Table II-16). It is noted that the clients are not identified by the city or community in which they live, but by zip code. Approximately 2,175 of developmentally disabled persons in the County live within zip codes associated with the three cities, Redding, Anderson, and Shasta Lake. In the unincorporated area zip codes, developmentally disabled persons live primarily in Cottonwood (180 persons), Burney (38 persons), Palo Cedro (36 persons), and Shingletown (21 or more persons). Specific data is not available for the remaining unincorporated zip codes, but less than 11 developmentally disabled persons aged 0 to 17 years and less than 11 developmentally disabled persons aged 18 or more years live in the remaining unincorporated zip codes.

Countywide, approximately 58% of developmentally disabled persons reside in the homes of their families or private guardians while about 20% reside in independent living facilities. Approximately 13% live in some form of community care unit. As shown in Table II-17, in the zip codes associated with unincorporated communities and areas, the majority of developmentally disabled persons live in the home of their family, parent, or guardian. A significant number also live in an independent or supported living environment. There are limited care facilities available in the zip codes associated with the unincorporated areas, with facilities limited to Cottonwood, Lakehead, and Whitmore as shown in Table II-7. As described in Section III, the County's zoning and land use regulations accommodate a range of housing types that serve the developmentally disabled population, including single family

[Type here]

housing, multifamily housing, and mobile homes for persons living with their family or guardian and housing types that provide supportive care, including residential care facilities for six or fewer persons which are treated as a single family home, and larger care facilities.

FNRC contracts with private individuals for managed care and/or independent living facilities primarily located in the City of Redding. The FNRC budget for fiscal year 2018–2019 showed almost 89% of the \$173,084,732 was allocated to housing services for clients and 11% was allocated to operational expenses. Housing needs to be located in proximity to public transit or other community resources as less than 1% of the adults FNRC served in Shasta County in 2009 have a driver's license. The FNRC has collaborated with Resources for Rural Community Development, dba Access Home, to increase the number of consumer-owned homes in the County. FNRC also works with other public and private agencies such as the City of Redding Housing Authority and Northern Valley Catholic Social Services to increase consumer access to subsidized, accessible, and affordable housing. Resources for developmentally disabled persons are identified in Section II-H.

[Type here]

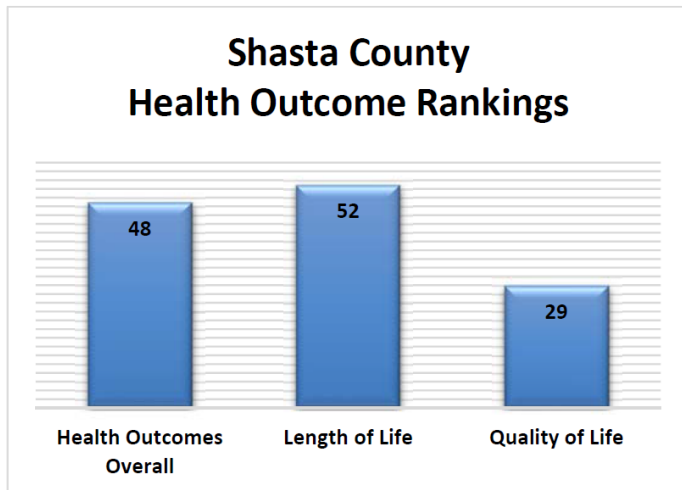
Table II-16. Comparison of Developmental Disabilities by Age (2013, 2019)						
ZIP	2013			2019		
	0 to 17 Years	18+ Years	Total	0 to 17 Years	18+ Years	Total
City Areas by Zip Code						
96001/Redding	116	323	439	180	343	523
96002/Redding	122	404	526	201	417	618
96003/Redding	127	329	456	201	385	586
96007/Anderson	99	140	239	134	167	301
96019/Shasta Lake	44	70	114	66	81	147
96049/Redding	0	3	3	0	<11	>0
Subtotal	508	1,269	1,777	782	1,404	2,175
Unincorporated Communities and Areas by Zip Code						
96008/Bella Vista	2	7	9	<11	<11	>0
96013/Burney	14	16	30	18	20	38
96016/Cassel	0	3	3	<11	<11	>0
96017/Castella	1	0	1	<11	0	>0
96022/Cottonwood	51	72	123	103	77	180
96028/Fall River Mills	5	1	6	<11	<11	>0
96033/French Gulch	0	3	3	<11	<11	>0
96040/Hat Creek	0	0	0	<11	0	>0
96047/Igo	4	2	6	<11	<11	>0
96051/Lakehead	1	4	5	<11	<11	>0
96056/McArthur	0	0	0	<11	<11	>0
96062/Millville	4	2	6	<11	<11	>0
96065/Montgomery Creek	0	0	0	<11	0	>0
96069/Oak Run	2	4	6	<11	<11	>0
96073/Palo Cedro	10	11	21	20	16	36
96084/Round Mountain	2	2	4	<11	<11	>0
96087/Shasta	2	4	6	<11	<11	>0
96088/Shingletown	10	15	25	<11	21	>21
96096/Whitmore	0	1	1	<11	<11	>0
Subtotal–Unincorporated Area	31	43	74	--	--	275
Total	--		2,032	--		>2,450
Source: HCD 5 th Cycle Data Package (Department of Developmental Services, 2013 Developmental Disabilities by Zip Code) HCD 6 th Cycle Data Package (Department of Developmental Services, 2019 Developmental Disabilities by Zip Code)						

[Type here]

Health Statistics Shasta County

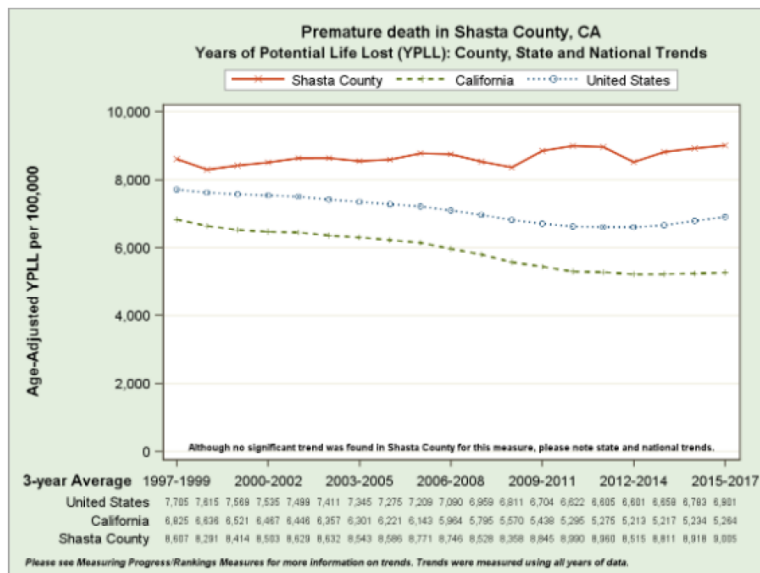
Health Outcomes

Shasta County is ranked 48th out of 58 counties in California for overall Health Outcomes, which includes Length of Life and Quality of Life. Length of Life is ranked 52nd and Quality of Life is ranked 29th. This places Shasta County in approximately the bottom 20 percent of counties overall.



Length of Life

In a measure of premature deaths among the population, 9,000 years of potential life are lost before age 75 per 100,000 population in Shasta County compared to 5,300 years of potential life lost per 100,000 population in California as a whole².



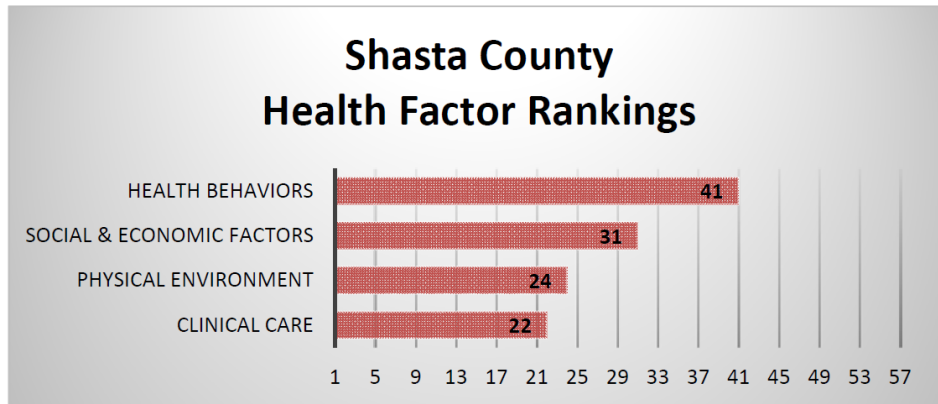
Leading Causes of Death

Listed below are is the age-adjusted death rate for the California Department of Public Health, health status indicators between 2015-2017. The rank is compared to 57 other counties in California³ and Shasta County is higher than the State in most categories. Values listed in red indicate that the Shasta County rate is higher than the State rate. In addition, cells highlighted in gray indicate the current rate is higher than the County's previously reported rate.

Rank	Leading Causes of Death (2015-2017)	Shasta County Age- Adjusted Death Rate	California Deaths Age- Adjusted Death Rate	HP 2020 National Objective	Shasta County Previous Rate (2012-2014)
56	All Causes	918.0	610.3	<i>Not Established</i>	876.7
56	All Cancers	183.6	137.4	161.4	182.6
55	Coronary Heart Disease	127.0	87.4	103.4	121.2
54	Chronic Lower Respiratory Disease	66.3	32.0	<i>Not Established</i>	74.4
44	Accidents (unintentional injuries)	58.8	32.2	36.4	59.9
58	Alzheimer's Disease	55.7	35.7	<i>Not Established</i>	44.8
56	Lung Cancer	45.7	27.5	45.5	46.0
43	Cerebrovascular Disease (Stroke)	42.4	36.3	34.8	44.0
51	Suicide	24.0	10.4	10.2	21.4
47	Drug Induced Deaths	22.8	12.7	11.3	27.4
38	Diabetes	22.3	21.2	<i>Not Established</i>	18.9
46	Female Breast Cancer	21.0	18.9	20.7	21.0
39	Prostate Cancer	20.8	19.4	21.8	23.8
46	Chronic Liver Disease & Cirrhosis	18.3	12.2	8.2	18.2
40	Motor Vehicle Traffic Crashes	17.2	9.5	12.4	13.3
46	Influenza/Pneumonia	17.0	14.2	<i>Not Established</i>	12.6
56	Colorectal Cancer	16.7	12.5	14.5	15.6
45	Firearm Related Deaths	15.1	7.9	9.3	14.3
31	Homicide	5.9	5.2	5.5	6.2

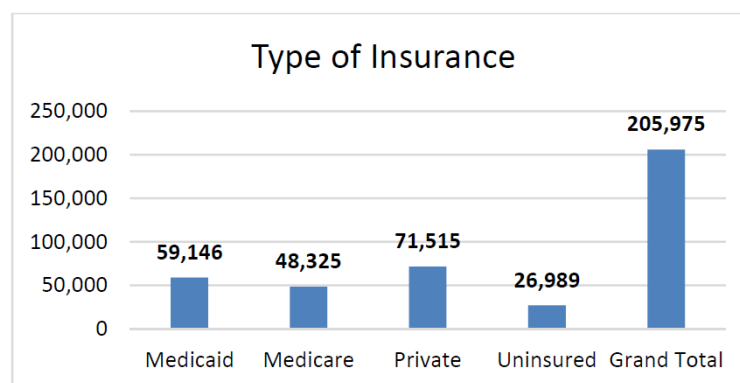
Health Factors

Shasta County is ranked 31st out of 58 counties in California for overall Health Factors, which includes Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment⁴. The full County Health Rankings & Roadmaps report is listed in Appendix B. The chart below illustrates Shasta County's ranking per Health Factor category:



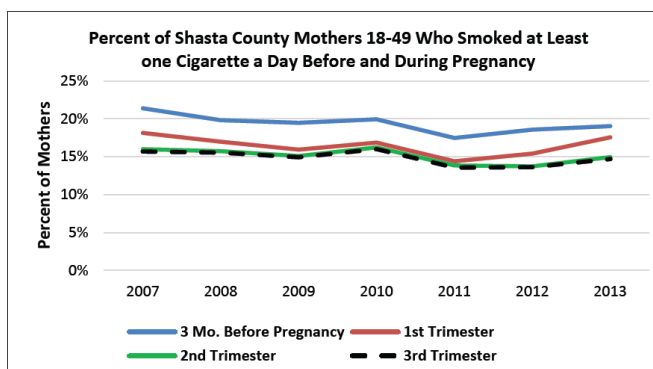
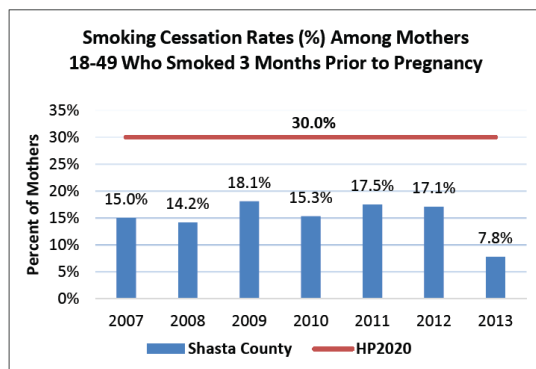
Insurance Coverage Estimates

Health insurance coverage can be a key element in an individual's ability to access health care services. For individuals and families, health insurance both enhances access to health services and offers financial protection against high expenses that are relatively unlikely to be incurred as well as those that are more modest but are still not affordable to some. To a great extent, the costs and consequences of uninsured and unstably insured populations are hidden and difficult to measure and the health effects may be absorbed by families in the form of diminished physical and psychological well-being, productivity, and income⁶. The following insurance coverage estimates for the Hospital's service area uses multiple proprietary and public data sets to estimate the counts of covered lives by insurance type⁷.



All health information source: Mercy Medical Center Redding
Community Health Needs Assessment

Smoking during pregnancy statistics for Shasta County



KEY POINTS:

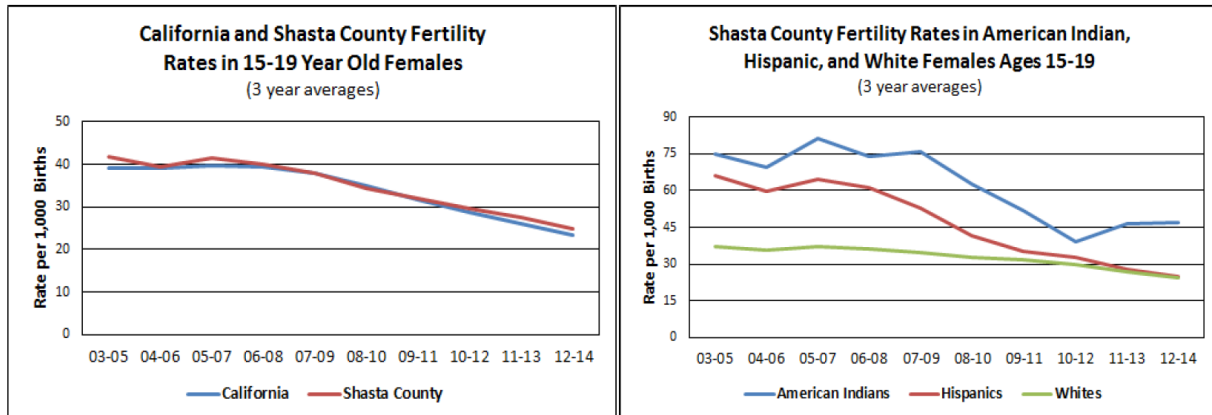
- Smoking during pregnancy in the U.S. decreased from 20% in 1989 to 9% in 2013.
- In 2013, 19% of Shasta County women aged 18-49 years smoked in the three months before pregnancy. Of these, 17.6% continued to smoke during the first trimester, 14.9% during the second trimester, and 14.7% during the third trimester.
- In California, about 12.3% of women in California smoked during the 3 months before their pregnancy and 8.1% smoked during the first or third trimester.
- Smoking during the third trimester decreased from 16% in 2007 to 14.7% in 2013 in Shasta County.
- The smoking cessation rate during pregnancy in Shasta County was 17.1% in 2012 and 7.8% in 2013, which is much lower than the national target of 30%.

Source: Shasta County Health and Human Services Agency

Teen Births Shasta County

Average Annual Teen Births and Fertility Rates by Age Group, Shasta County and California (2012-2014)			
Age Group	Shasta County		California
	Births	Fertility Rate	Fertility Rate
Females aged 15-17 years	34	10.2	11.4
Females aged 18-19 years	108	45.7	40.2
Females aged 15-19 years	142	25.0	23.4

Teen pregnancy statistics for Shasta County



KEY POINTS:

- The fertility rate among women aged 15 to 19 years living in Shasta County leveled off during the early 2000s and then began to decrease again in the late 2000s.
- While the overall fertility rate for teens in Shasta County has tracked closely to that of California's since the mid 2000s, the fertility rate among white females aged 15 to 19 in Shasta County is more than double that of California (24.4 and 9.4, respectively for 2012-2014), the most recent time period for which California data is available.
- The overall teen fertility rate in Shasta County closely parallels the county's white rate because approximately 72% of teen births are to white women. In California, the teen fertility reflects a more diverse population including a large proportion of Hispanic women, who historically have had a higher birth rate than white women.
- Shasta County fertility rates for both American Indian women and Hispanics declined during the late 2000s, but the rate for American Indian women began to increase starting in 2010.

Source: Shasta County Health and Human Services Agency

COVID-19 Statistics



**Shasta County
Health & Human
Services Agency**

Follow us on:    

@ShastaHHS

COVID-19 INCIDENT UPDATE: June 14, 2021

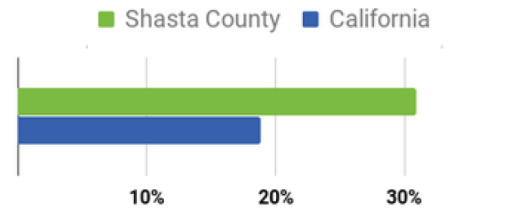
Statistics from June 11 and 12, 2021

INCIDENT FACTS AND SUMMARY			
Total Confirmed Cases:	Hospitalized in Shasta County	In Isolation	Active Cases
12,599	19	98 (estimated)	117 (estimated)
Confirmed Cases Friday and Saturday	Currently in the Intensive Care Unit (ICU)	Available Regional ICU Capacity	Released from Isolation to Date
9 Friday, 10 Saturday	4	37.0%	12,250
Newly Received Negative Tests	Number of Tests in the Past 14 Days (+ and -)	Total Tests	Deaths
1,045	6,735	225,996	232
CURRENT SITUATION			
<ul style="list-style-type: none">• We had 19 cases Friday and Saturday, including 11 men, 7 women and 1 person of unknown gender:<ul style="list-style-type: none">▪ 2 teenagers▪ 3 people in their 20s▪ 2 people in their 30s▪ 2 people in their 40s▪ 3 people in their 50s▪ 2 people in their 60s▪ 3 people in their 70s▪ 2 people in their 80s• On Wednesday, as we transition Beyond the Blueprint, we will no longer be issuing daily incident updates to report COVID-19 statistics. We will report new cases, hospitalizations and deaths every Wednesday on our website and social media, and we will continue to keep the public updated with other important news.• In-Home Vaccination Appointments: Do you have limited mobility and have difficulty accessing available COVID-19 vaccination options? Request an in-home vaccination appointment by visiting myturn.ca.gov. Select the "Find an Appointment" button and respond "yes" to the question about needing help with transportation or an in-home appointment. You will receive a call from a state representative within a few days to determine your eligibility.			

ACES- Adverse Childhood Experiences –Shasta County Statistics

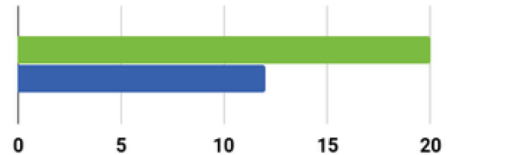
Federal Poverty Rate:

30.9% of Shasta County children under 5 are below the Federal Poverty Level (less than \$25,100 for a family of 4), compared to a state average of 18.8% (2017).³



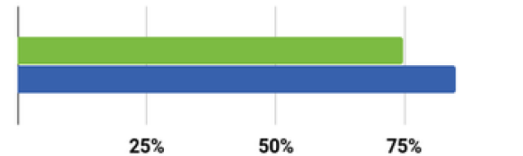
Drug Overdose Rate:

From 2014-2016 there was a drug overdose mortality rate of 20 per 100,000 people in Shasta County compared to 12 per 100,000 for the state overall.⁴



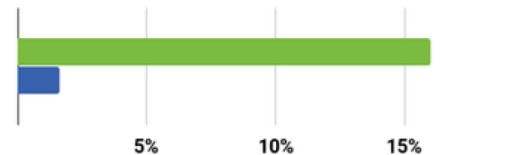
Prenatal Care:

In 2016, only 74.8% of infants had mothers who received prenatal care in the first trimester, compared to 85% statewide.⁵



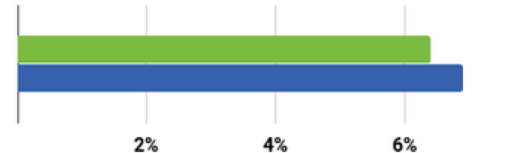
Maternal Risk Factors:

In 2016, 16% of mothers smoked tobacco (considered a maternal risk factor) during their pregnancy, compared to 1.6% statewide.⁶



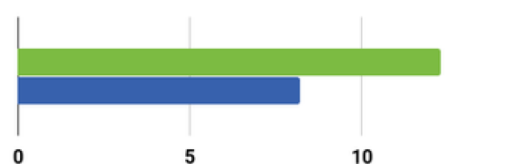
Birthweight:

6.4% of infants born in Shasta County in 2016 were born at low birthweight compared to 6.9% statewide.⁷



Child Abuse and Neglect:

Shasta County's rate of substantiated child abuse and neglect (12.3 per 1,000 children) was 1.5 times the state average (8.2 per 1,000 children) in 2015.⁹



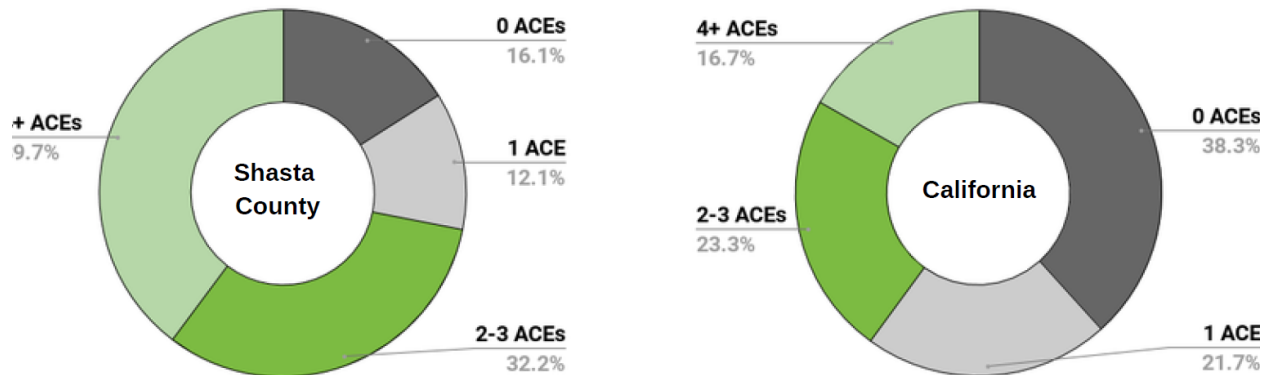
Neonatal Abstinence Syndrome:

From 2013-2015, Shasta County experienced the highest rate of neonatal abstinence syndrome (infant withdrawal from exposure to narcotics) in the state.⁸

Adverse Childhood Experiences (ACEs):

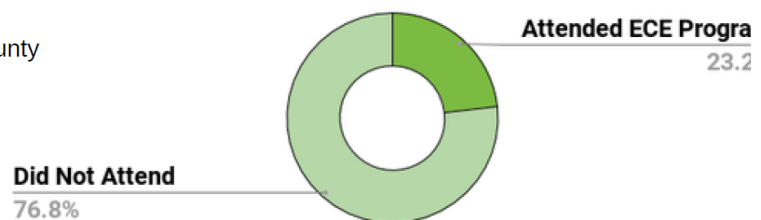
A 2012 ACEs study by the Shasta County Health and Human Services Agency found that the Shasta County rate of having 4 or more ACEs (39.7%) was more than twice the state average (16.7%). This study also assessed the frequency of certain commonly reported ACEs (e.g., sexual abuse, family substance abuse, etc.) and found that county rates were substantially higher than state averages for each of these ACEs.

10



Preschool Participation:

In 2015 and 2016, only 23.2% of Shasta County 3-5 year olds attended at least ten hours of preschool, nursery school, or Head Start per week, compared to 27.8% statewide.¹¹



Chronic Absenteeism in Preschool and Kindergarten:

41.5% of Shasta County 4 year olds in preschool are chronically absent (or miss 10% or more of the school year for any reason). Four year olds who are chronically absent in preschool are more than four times more likely to be chronically absent in kindergarten than are 4 year olds who were not chronically absent in preschool. Of chronically absent kindergarteners, 31.8% are chronically absent in first grade.¹²

Source: First 5 Shasta Strategic Plan

Unemployment Rates

Unemployment Rate and Labor Force (Not Seasonally Adjusted)

[\[Top\]](#)

Area	Year	Time Period	Labor Force	No. of Employed	No. of Unemployed	Unemployment Rate
Shasta County	2021	Apr	72,500	67,400	5,100	7.0

Source: California Employment Development Department

X. 2021 Annual Parent Survey Summary & 2021 Covid-19 Family Needs Survey Summary

2021 Annual Parent Survey Summary

1. Why Did you enroll your Child in Head Start/ Child Care?

ANSWER CHOICES	RESPONSES	
Child Care while I work	17.65%	3
Socialization	94.12%	16
Kindergarten School Readiness	94.12%	16
Child Development	94.12%	16
Parent Support, Resources/Education	35.29%	6
Native American Program	82.35%	14
Transportation Provided	17.65%	3
Total Respondents: 17		

2. In the following areas, do you feel your child benefited from being at the Center?

	DISAGREE	SOMEWHAT AGREE	AGREE	TOTAL
Opportunities to learn and explore	5.88% 1	0.00% 0	94.12% 16	17
Safe nurturing environment	0.00% 0	5.88% 1	94.12% 16	17
Loving teachers	0.00% 0	0.00% 0	100.00% 17	17
Physical activity	0.00% 0	5.88% 1	94.12% 16	17
Provide a healthy, germ-free environment	0.00% 0	5.88% 1	94.12% 16	17
Cultural activities and education	5.88% 1	0.00% 0	94.12% 16	17
Learning to share	0.00% 0	0.00% 0	100.00% 17	17
Feels welcomed & valued	0.00% 0	0.00% 0	100.00% 17	17
Individualized school readiness goals	0.00% 0	5.88% 1	94.12% 16	17
Support in introduction of healthy foods	0.00% 0	11.76% 2	88.24% 15	17
Socialization	0.00% 0	0.00% 0	100.00% 17	17
Kindergarten Readiness	0.00% 0	0.00% 0	100.00% 17	17

3. How would you rate the experience for your family in Head Start/ Child Care?

	DISAGREE	SOMEWHAT AGREE	AGREE	TOTAL
I have learned new parenting skills	5.88% 1	47.06% 8	47.06% 8	17
Knowledgeable teachers to talk to about the needs of my child	0.00% 0	0.00% 0	100.00% 17	17
Opportunities for Cultural Activities	5.88% 1	0.00% 0	94.12% 16	17
Information about community resources	0.00% 0	5.88% 1	94.12% 16	17
Parent involvement activities	0.00% 0	17.65% 3	82.35% 14	17
Parenting Support	0.00% 0	17.65% 3	82.35% 14	17
I would recommend this program to others	0.00% 0	5.88% 1	94.12% 16	17
Did you build positive relationship with our staff members?	0.00% 0	5.88% 1	94.12% 16	17

4. Received personalized assistance from Family Intake Coordinator?

ANSWER CHOICES	RESPONSES
Not Applicable	41.18% 7
Needs Improvement	5.88% 1
Some Help	17.65% 3
Yes, Definitely	41.18% 7
Total Respondents: 17	

5. How could we better assist families in the future?

- Bus pick up and drop off. Full week days.
- Keep doing what you are doing.
- While doing zoom meetings focus more on letters and numbers
- Make sure whoever is at the gate in the morning, acknowledges the child by name welcomes them to school. It makes a huge difference.
- I love this program and everyone who works there.
- I would love to see more cultural activity. Beyond that the only thing would be an expanded program so more kids can attend. A summer program would be nice.
- I love the staff here. Everyone is awesome.

6. The following training was offered virtually this year. Which were beneficial to your family?

ANSWER CHOICES	RESPONSES	
Child Development/Ages and Stages	25.00%	3
Positive Parenting Techniques/Positive Behavior Support	16.67%	2
Early Intervention/Disabilities	16.67%	2
Love Languages	8.33%	1
Self-Care	33.33%	4
Budgeting	8.33%	1
Kindergarten Readiness	50.00%	6
"Brunch" Discussion Group	8.33%	1
Other (please specify)	25.00%	3
Total Respondents: 12		

7. What type of workshops or ideas would you suggest for the "Parent Connection" Meetings?

- Unfortunately, I never did manage to figure out how to access the zoom meetings.
- Kindergarten Readiness happens earlier in the year.
- I just don't do virtual. I understand it was necessary, I'm just waiting until in person is possible before I take advantage of these opportunities

8. How would you rate the CACFP Food Program (meals)?

ANSWER CHOICES	RESPONSES	
Unacceptable	0.00%	0
Needs Improvement	5.88%	1
Good	52.94%	9
Very good	41.18%	7
Total Respondents: 17		

9. How would you rate the communication you received from the staff?

ANSWER CHOICES	RESPONSES	
Unacceptable	0.00%	0
Needs Improvement	5.88%	1
Good	17.65%	3
Very good	76.47%	13
Total Respondents: 17		

10. Which communication method was most beneficial to your family?

ANSWER CHOICES	RESPONSES	
Announcements on doors, bulletin boards, or flyers	23.53%	4
Verbal communication	52.94%	9
One Call Now- CALL	35.29%	6
One Call Now- TEXT	47.06%	8
Facebook	17.65%	3
Class Dojo	100.00%	17
Monthly Packets (Calendar, Newsletters, Menus, Etc.)	58.82%	10
Total Respondents: 17		

11. If your child has an IEP, 504, RTI, Child Support Plan or received counseling, how would you rate the program for meeting your child's needs?

ANSWER CHOICES	RESPONSES	
Not Applicable	58.82%	10
Needs Improvement	0.00%	0
Some Help	5.88%	1
Yes, Definitely	35.29%	6
Total Respondents: 17		

12. Any comments regarding medical screenings including: Vision & hearing screenings, teeth cleaning, nutrition services, mental health services, speech therapy, etc.

- I hope these screenings continue to happen. They are a fantastic service to parents and children. It's a great way to catch things that some parents might accidentally miss in the development of their child, dental too. Thank you for doing them!
- I love that you do these screenings and teach the children the importance of good health.
- Very happy these programs are done throughout the year.
- I like that you guys offer those to the kids.

13. How was the enrollment process?

ANSWER CHOICES	RESPONSES	
Unacceptable	0.00%	0
Needs Improvement	5.88%	1
Good	29.41%	5
Very Good	64.71%	11
Total Respondents: 17		

14. Do you have suggestions for improving the Head Start/ Child Care Program for the future?

- Keep doing what you are doing. Rancheria Head Start and all the staff are loving, caring individuals. We all love your program. A big and grateful thank you to ALL of the Rancheria Head Start School, Staff and volunteers.
- I love all the staff and the environment!
- While doing zoom meetings focus more on letters and numbers
- It would be awesome if we could do 5 days a week next year.
- The teachers were amazing during distance learning. it was a struggle for our family dealing with school, work and life during Covid-19, but working with the Head Start made it so much easier. Thank you!

- Distance-learning was hard for all of us, parents, kids, and teachers. We got through it but it wasn't always an easy road. Many thanks to the entire staff for the amazing support through the rough times. Besides the missing socialization with my child's peers. As a parent it really made me sad thinking about all of the amazing Native American/cultural events that were missed out on. That's one of the biggest reasons why we chose this Head Start. But all in all everyone did the best they could, and it was all much appreciated. Thank you all very much for your hard work and dedication.
- Wish we didn't have to miss so much school this past year.
- Lunches seem to be fine but breakfast needs improvement. I think there needs to be more variety for breakfast foods.
- Creative ideas for at home projects during distance learning made it easy that you supplied students with what they need.
- I know it's been an odd year because of Covid-19. It would be nice to see what the kids are doing in the classroom but I understand why they cannot at this time.
- The amazing teachers really made sure our child had the tools to continue to learn at home with the binders she made and homework she gave.
- Virtual learning just doesn't work in my household. It's nobody's fault, just reality.

15. How would you rate your experience with distance learning during COVID-19?

ANSWER CHOICES	RESPONSES	
Unacceptable	0.00%	0
Needs Improvement	17.65%	3
Good	52.94%	9
Very Good	29.41%	5
Total Respondents: 17		

2021 Covid-19 Family Needs Survey Summary

During the 20/21 school year the Redding Rancheria Head Start and Child Care coordinated a parent survey in January of 2021. Our goal was to estimate the impact that COVID-19 had on the enrolled families. This survey focused on the state of our family's mental health, food insecurities, medical needs, and transportation. Our purpose was to discover how we could better support and meet their needs as we move forward. The survey was conducted via Survey Monkey and distributed by a social networking device called Class Dojo. Seventeen out of thirty-eight families participated.

The following summarizes the survey results:

- 100% of families reported having access to over the counter medications (i.e. cough drops, vapor rub, supplemental vitamins, etc.).
- 100% reported having access to food. In regards to being confident in accessing mental health resources in the community 52.94% were very confident, 35.29% were somewhat confident with 11.6% not at all confident.
- 93.75% reported no affect to their transportation, leaving 6.25% being affected.
- 43.575% stated no affect to employment, 31.25% reported their employment being somewhat affected, with 25% being very affected.
- 18.75% said theirs was not all affected, 68.75% said somewhat affected with 12.5% being very affected. We asked about mental health and discovered that 37.5% of respondents were not affected, 43.75% were somewhat affected, 12.5% very affected, and 6.25% choosing the other option.
- When asked if the student had all they needed to participate in activities 73.33% said yes, 13.33% said no with an additional 13.33% saying other.
- When asked about caregivers feeling supported by the school, 93.33% stated feeling very supported with 6.67% feeling somewhat supported.
- Six participants gave input in the additional feedback section. Two were very thankful for the teachers, three voiced strong desires for their children to come back to school and one requested more cultural opportunities, a different platform for online instruction, concerns about milestones being me, too much pressure on parents and needing more autonomy between teachers and students in order to help relieve pressure on parent as well as direction to look at what other preschools are doing.

The Health and Disabilities Coordinator discovered that the quality of therapy services for students with disabilities were hindered during the 20/21 extended school closures. The

students and families had to facilitate speech and occupational therapy via online instruction from home, and it was difficult for parents to be consistent and keep their children engaged. Some of our students with disabilities regressed due to isolation from their peers that would normally stimulate them to utilize new tools learned during sessions. It was also challenging to connect students with speech delays to services to receive adequate and timely screenings and assessments. Screenings and assessments have been performed using social distancing protocols with barriers, masks and less hands on instruments to reduce the spread. However, it appears to also reduce the integrity of the screenings/assessments. There is concern for negative long term outcomes as some of our special needs students will need to play catch up on short term and long term goals set by the speech and occupational therapists in their IEPs. Parents have also been stretched thin having their preschool aged children home during school hours.

As a result of the survey the Family Intake Coordinator was able to stream line the resources provided in the 2020/21 school year, focusing on resources specific to unemployment, where to get mental health counseling in our community, transportation and finding child care while many facilities have been closed due to the COVID-19 pandemic. We are also sharing ways the community can help others as opportunities arise. This information is shared on Class Dojo, our private Facebook page, email and one on one phone calls with the parent/guardian.

XI. Community Partners-

Early Childhood Education and Community Services

- **The Redding Rancheria Tribal Health Center & Churn Creek Health Center**

The medical professionals at the Health Center are dedicated to doing all they can for the children in Head Start and the program in general. All children are encouraged to schedule their CHDP (California Health Department Physical) before school begins. Dental assessments, cleaning and fluoride treatments are provided on site. In addition to providing all immunizations, the clinic also sees the Head Start children for routine illnesses and more serious physical, developmental or emotional referrals. The Health Center also schedules their psychologist to spend time in our program observing children and serving as a consultant to staff and parents.

- **Shasta County Public Health**

Children not enrolled at the Redding Rancheria Tribal Health Center may be served by local Community Health Centers around Shasta County. A representative of Public Health serves on the program's Health Advisory Committee.

- **IHS- Indian Health Services**

Indian Health Services assists our program by offering support and guidance. A representative from IHS participates on the Health Advisory Committee. They also provide trainings for our staff and facilitate health and safety inspections on our campus. They have been particularly helpful throughout our response to the Covid-19 pandemic.

- **The Redding Rancheria Social Services Department**

(Indian Child Welfare) The Head Start program is only one block from the Tribal offices which house the Social Services department. The Redding Rancheria social workers and ICWA workers serve to support the staff of Head Start by assisting in counseling and finding programs for Head Start families. When we learn of a family's needs, the Redding Rancheria Social Services Department is the first place we consult.

- **The Redding Rancheria Education Department**

The Education Director oversees the Head Start and Child Care Program and supervises the Program Manager. This department organizes child care support and preschool support for all Redding Rancheria Tribal Members and supports families with tribal community resources such as Johnson O'Malley.

- **Shasta County Office of Education**

SCOE provides individual screening and developmental services to children with speech and language delays, vision problems, learning disabilities, etc. Working together with parents and staff, the professionals at SCOE take the lead in creating the IEP's (Individual Education Plan). Weekly individualized attention is provided to those children who qualify.

- **Cascade Union Elementary School District**

This is the LEA (Local Education Authority) for the Redding Rancheria Head Start & Child Care. They assist our families with disabilities to support the IEP process as well as transition to Kindergarten.

- **Local Child Care Planning Council**

Through public outreach, involve the community in supporting high quality early care and education by bringing together all the resources of our community to identify and assess the early care and education needs of the community.

- **TCCAC –Tribal Child Care Association of California-**

The TCCAC is an association of child care professionals specializing in working with Tribal families, children and communities. This association focuses on the needs of tribally regulated child care and education settings, both on and off tribal lands. We partner with the TCCAC for training opportunities.

- **Good News Rescue Mission**

The Good News Rescue Mission works to provide temporary shelter, meals, and emergency food and clothing to needy families. In addition, they have Adult Literacy, GED and Adult Life skill classes. They are terrific at working on an individual basis to help each family.

- **Shasta College**

Provides Adult Literacy and basic education. Links mentors with adult learners and supports the process of adult literacy.

- **University of Phoenix**

Partnership that offers Redding Rancheria Head Start & Child Care employee significant discount on degree programs in an effort to support Native American communities and people who serve in those environments.

- **Shasta Head Start**

Local Head Start agency that offers training for staff as well as parent groups for parents. Collaboration with this partner for information, training, resource and referral.

- **Domestic Violence/ Child Abuse Prevention**

One Safe Place provides 24-hour domestic violence and sexual assault crisis intervention services. Pathways to Hope for Children provides support services and collaborates with county partners.

- **Northern Valley Catholic Social Services**

Offers a variety of programs including housing, pregnancy counseling, crisis intervention, parenting classes, community resources and more. We partner with NVCSS every December for their Adopt a Family Program.

- **Victim Witness Program**

Provides financial assistance as well as counseling services to victims of criminal acts.

- **Substance Abuse Support**

Empire Recovery Center provides substance abuse support and day treatment. Al-Anon/Alateen provides flyers for meeting times for self-help substance abuse support group.

- **SMART Center**

Provides job counseling, job search, resume support, financial assistance and training.

- **CalWorks**

Job counseling, child care and public assistance.

- **Cal Fresh**

Support for families with food insecurities.

- **Shasta County Health Services**

Mercy Medical Center, Redding Medical Center, Shasta County Public Health, Family Planning, Family Service Agency, Northern Valley Catholic Social Services

- **Shasta County Disabilities Services**

Far Northern Regional Center, SELPA, Great Partnership, Shasta County Office of Education, Rowell Family Empowerment Center

- **First 5 Shasta**

First 5 Shasta, together with our grantees and community partners, focus on educating parents and caregivers about the important role they play in their children's first years. We actively engage in partnerships and fund programs, services, and activities that support optimal child development and healthy children, ready for school. They have had an impact on systems change as well as creating, improving, and expanding programs for health care (including oral health and mental health), developmental screenings, obesity prevention, quality child care, preschool, parent education, family support services, and early literacy. First 5 Shasta (the Shasta Children and Families Commission) is a public organization that was created in 1998 when California voters passed Proposition 10, known as "The Children and Families Act." We partner with First 5 Shasta for staff training opportunities, small community grants and Week of the Young Child.

XII. Policy Council & Community Input

During the May 13, 2021 Policy Council Meeting, Sara Zapata- HS/CC Program Manager shared about how the HSPPS requires the community assessment to use data that describes community strengths, needs, and resources. And that programs are required to publish and disseminate an annual report that includes a summary of the program's most recent community assessment findings. We held a discussion about what the community assessment must include, such as demographic information about eligible infants, toddlers, preschool age children, and expectant mothers; information about the education, health, nutrition, and social service needs of eligible children and their families; work, school, and training schedules of parents with eligible children; information about other child development services, child care centers, and family child care programs that serve eligible children; resources available in the community; and strengths of the community both Shasta County and the Tribal Community specifically. The following details the discussion in each area:

A. Demographic information about eligible infants, toddlers, preschool age children, and expectant mothers:

- Loss of women in the workforce due to more mothers having to stay home to teach their children during distance learning with the impacts of Covid-19 closing schools this past year.
- The family unit has been greatly impacted.
- Questions about this past year and how things like birth rates and divorce rates would be impacted due to the pandemic.
- Are people moving out of the area with high numbers of people are moving out of California? Or are we going to see an influx of people as many are preferring to move to more rural areas.

B. Information about the education, health, nutrition, and social service needs of eligible children and their families:

- Mental Health needs of families are a huge concern. This past year has put a significant strain on staff and parents. People have lost loved ones, have fears about the pandemic and have been economically impacted.

- Children have missed so much school and this may affect their behavior and social emotional development, they are also feeling the stress as home from their families.
- Families who have been economically impacted have experienced food insecurities or have not been able to eat a healthy diet.
- Many children who get their most nutritious meals at school have missed out this year.
- Social Service needs cover a wide range as a result of the pandemic.
- Child Abuse and Domestic Violence rates have increased and many have gone unnoticed as people have been isolated.
- The homeless population in Shasta County appears to have gotten significantly worse.
- Some parents have experienced a positive perspective shift- staying home more with their children has been a benefit in many ways. People priorities are changing, spending more time with family.
- Many people missed out on annual doctors' appointments, routine healthcare/ Well Child Checks and are behind on immunizations due to the pandemic.

C. Work, school, and training schedules of parents with eligible children:

- Many people have been laid off, on unemployment, or working from home.
- Career changes with the needs of community.
- Seeing more people return to school to change careers.

D. Information about other child development services, child care centers, and family child care programs that serve eligible children:

- Some child care centers have had to close because of the pandemic, community regulations, not being able to keep staff, finances and illness.
- Requests for us to expand serves for more native children.
- Would like to see supplemental Summer Program.
- Need in the community for underserved ages in child care, such as infants and toddlers, alternative hours, summer care, and after school care for older children.

E. Resources available in the community:

- Community Resources are seeing a lack of staff due to the pandemic or have had to close their doors.
- People are getting overburdened or burned out.
- Some community resources have received Covid-19 Response funds to increase services but there needs to be better communication and information getting out to the people in need.
- RRTHC has been a leader in Covid-19 Response: Educating, testing, treating and immunizing people in our community.
- Tribal TANF
- Cal Works
- Unemployment
- Rural and outlying areas need more support and good programs.
- There needs to be collaboration and support between schools and programs locally.

F. Strengths of the community:

- Our native community has a very strong health care system and collaborates well with and offers incredible support to the children and families of the Redding Rancheria Head Start & Child Care.
- Culture and traditions of the Redding Rancheria and how the Head start & Child Care has incorporated Native American culture into the program.
- Tribal Council Support for Head Start & Child Care
- Redding Rancheria's generosity with community resource programs.
- Strong family culture.
- Small rural area.
- Good schools.

The following is input and ideas that the council shared moving forward for the 21/22 School

Year: Trish Baker, Policy Council Community Representative, wished us all a beautiful year moving forward. Shelley Case, Policy Council Chairperson, said that she hopes that some of the Covid-19 restrictions will be lifted and that parents will be able to be involved, connect, join in events, collaborate and support each other in person. Katherine Cowherd, Policy Council Secretary/ Treasurer, asked what Policy Council is typically like in a normal year that didn't happen this year. Sara Zapata and Cassi Lawson-Pigot both shared details of what

Policy council has been like in previous years such as lunch, transportation, child care provided, in person meetings, gas vouchers, raffles- all of which we were not able to provide this year due to Covid-19 restrictions and our Policy Council Meeting having to be through an online platform. We are talked about next year doing more meetings outside, and doing activities together to inspire our creativity during meetings as well as having a cultural component to the meetings.

XIII. Conclusions & Recommendations

COVID-19 has deeply impacted our Head Start & Child Care children and their families as well as staff and our community this past school year. We have worked closely with our families to continue providing the best service possible to our students during the school closure through distance learning, homework packets, online communication, personal phone calls, support. This could not have occurred without the endless energy, skills and devotion of the Redding Rancheria Head Start & Child Care Staff. Well done to an incredible group of professionals. We also relied heavily this past year on support and direction from our Head Start Policy Council, the Health Advisory Council and the Redding Rancheria Tribal Council. Last, but not least, the parents and guardians of our students took on so much this past year as we transitioned in and out of distance learning. We are proud of your flexibility, positivity, and resilience that we witnessed this past year. We have all grown through the challenges of this year which will only make us stronger moving forward. We look forward to returning in the Fall for the 21/22 school year.

The Conclusions and recommendations that we have gathered from this report follow:

1. There is a need for more infant and toddler care and summer care for all ages.
2. More adults are returning to school to pursue higher education.
3. Unemployment rates are up.
4. Housing and Rental rates have gone up significantly and impacted the families that we serve.
5. Mental Health and Behavioral Health needs to be a focus moving forward in response to Covid-19.
6. There are many unknowns still with response to the Covid-19 pandemic, we will need to stay alert and flexible.
7. Staff need to be supported through the changes of the past year, many people are feeling burned out at their job with new challenges at both work and home.
8. Technology has been a challenge for many families, more education in this area or alternatives to using technology for education and communication are necessary.

9. Children are developmental delays due to missing out on so much in person learning this past year.
10. Incorporating Native American culture at the heart of everything we do at the Redding Rancheria head Start & Child Care is imperative to build identity and strength in our community.
11. Our community has shown strength and resilience and growth in way we would not otherwise without the pandemic.
12. Building parent involvement back into our program as we move into the new year will be important in supporting families and each other.