

South Central Human Resource Agency



Head Start/Early Head Start



Community Assessment

March 2012



MISSION STATEMENT:

*To provide comprehensive high quality services to **educate** children, **empower** families, and **engage** communities.*

VISION STATEMENT:

To be an outstanding and distinguished program serving children and their families by maintaining high quality standards, community collaborations, and commitment to excellence.

South Central Human Resource Agency

Head Start/Early Head Start

COMMUNITY ASSESSMENT 2012

Table of Contents

Introduction and Purpose	01
Overview of South Central Human Resource Agency (SCHRA)	
SCHRA Programs Chart	02
Head Start/Early Head Start	03
SCHRA Head Start/Early Head Start Program: Overview	03
Head Start	03
Early Head Start	04
Pre-K	04
Head Start/Early Head Start Centers Chart	05
EHS/HS Average Daily Attendance Chart Comparisons	06
SCHRA Head Start Service Area	07
Methodology	08
Program Approach—Service Area Data	08
Staffing Patterns and Qualifications	08
Recruitment	11
Foster Grandparent Program	12
Disabilities and TEIS	12
Early Learning, Literacy, Educational Attainment	17
Education and Early Childhood Programs	20
Pre Kindergarten Programs	21
Transition	22
Family Partnerships	22
Male Involvement	23
Community Partnerships	24
Community Development	24
Community Resources	24
Facilities	27
Infant and Child Health, Oral Health, and Nutrition	29
Children's Health	29
Children's Dental Services	30
Nutrition Partnerships and Collaborations	30
Local Access to Supermarkets	32
Mental Health	33
Program Design and Management	34
Organization Chart	36

Demographics Profile of SCHRA Head Start/Early Head Start. . . .	37
Waitlisted	37
HS/EHS Hispanic Enrollment by County	37
Families/Households	38
Diversity	39
HS/EHS Families	39
Primary Languages Spoken	39
Demographics Profile of SCHRA Counties—Tennessee.	40
Population of Children < 5 years of Age Data	40
Gender Data	40
Population	41
Housing Estimates	42
Employment/Unemployment Rates	43
Household Income	45
Race and Ethnicity / Nativity and Language	45
Child Care in the United States and Tennessee	49
Households and Families	51
Poverty Levels (Children in the United States)	52
Poverty in Tennessee	54
Costs of Teen Childbearing	55
Teen Pregnancy in Tennessee	56
Child Immunizations/Screenings	57
Child Safety	58
Health Insurance/Uninsured Children	59
TennCare Enrollment/Participation	62
Child Abuse, Neglect, and Welfare	64
Participation in WIC / TANF	68
Families First	70
Education	72
Education Attainment by County	74
The Problem of Obesity	76
Food Security	78
HS/EHS Centers—Locations and Population in Micropolitan Areas	79
Business/Employment Information	80
Per Capita Income and Poverty Data	81
Tennessee Youth in Poverty	82
Housing Data	83
 Head Start/Early Head Start Community Assessment Survey Results	 85
Community Assessment: Identified Issues and Concerns Going Forward	87

Introduction and Purpose

The Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services mandates through the Code of Federal Regulations (CFR) 1305.3 (c) that all Head Start programs conduct a comprehensive community assessment to stimulate strategic thinking about the response of programs and services to community needs and strengths.

The 2012 assessment provides in-depth information and analyses that focuses on the strengths, needs, and resources of families with children from birth to five years old in South Central Tennessee. This assessment was accomplished by gathering qualitative and quantitative data aimed at:

- Establishing a baseline on the current status of Head Start / Early Head Start eligible children, families, and services.
- Preparing an inventory of the SCHRA community's strengths and available resources for Head Start / Early Head Start eligible children and families on a neighborhood basis.
- Gauging the needs of Head Start / Early Head Start eligible children and their families.
- Enhancing the understanding of the gaps between existing community services and the needs of Head Start / Early Head Start eligible children and families.
- Increasing the understanding of cultural demographics and diverse groups within the communities that are eligible for Head Start / Early Head Start services.
- Identifying current and initiating new community partnerships beneficial for families and children served by Head Start / Early Head Start.
- Ascertaining community knowledge regarding the Head Start / Early Head Start mission and program.

The purpose of the Community Assessment is to determine the socio-economic characteristics of residents in the 13 county SCHRA Head Start / Early Head Start service area, evaluate the quality of service provided by SCHRA Head Start / Early Head Start, and to make recommendations for service improvements.



Overview of South Central Human Resource Agency

The South Central Human Resource Agency (SCHRA) was created in 1973 and chartered as a public not-for-profit agency February 19th, 1975. Its goal is to promote the development of human resources in South Central Tennessee through effective and efficient delivery of human services. The Agency provides services in an area that spans thirteen counties and approximately 6,500 square miles in South Central Tennessee. During the 2010-2011 program years, SCHRA channeled over 30 million dollars into its service area through grant/contract programs and employed approximately 400 people.

SCHRA Programs Chart

Program	Goal
Home & Community Based Program (OPTIONS) Medicaid Waiver/Homemaker/Home Modification /Family Caregiver, Meals	Provides homemaker, personal care, sitter service, and home delivered meals to elderly and adults 18 years or older with a disability. Also available is Home Modification such as ramps, bathroom modification, etc.
Foster Grandparents- FGP	Provides stipend volunteer opportunities for limited income persons age 55 and over to give support services to children with "special needs" in the community
Retired Senior Volunteer Program R.S.V.P.	Provides opportunities for retired persons age 55 and older to serve their communities through volunteerism.
Senior Community Service Employment Program - Title V	Assists economically disadvantaged people age 55 and older by providing immediate supplemental income, work experience, training and assistance with placement in permanent employment situations.
Low Income Home Energy Assistance Program LIHEAP	Provides financial assistance for heating costs to elderly, handicapped and low income persons.
Community Services Block Grant CSBG	Provides access to programs and services needed by elderly, handicapped and low-income persons through Neighborhood Service Centers.
Social Services Block Grant/Protective Service Homemaker	Provides support services to adults who have been threatened with abuse, neglect, or exploitation.
Emergency Food Assistance Program	Provide USDA donated food products to low income households at distribution held quarterly in each of our thirteen counties.
Weatherization Assistance Program	To improve energy efficiency and reduce energy costs of low income households by utilizing energy efficient materials.
Community Corrections Program	Provide alternative to incarceration for non-violent felony offenders.
Misdemeanor Probation (program ended January 2010)	Provide alternative to incarceration for those convicted of a misdemeanor offense.
Alcohol / Drug Safety Education	A court ordered education program providing a minimum of 12 hours of education pertaining to substance abuse, physiological and psychological aspects of alcohol and drug use.
Head Start / Early Head Start	Provide comprehensive educational opportunities for low-income and special needs children and empower families.
Food Service Program Nutrition Services for the Elderly Ensure	Provides a hot nutritious noon-time meal to individuals for a fee without limited qualifications. Catering is also available for lunches, dinners, parties, etc. Provides a hot nutritious noon-time meal at congregate meal sites for individuals 60 years of age and older, and delivers meals to eligible homebound. For sale to the public, with no qualifications, at a discounted price.
Community Representative Payee Program Private Pay Homemaker Services	Provides money management services to assist persons who are incapable of keeping track of financial matters. Must receive Social Security or disability benefit and certified by a physician to be incapable of money management. Provides light housekeeping and respite sitter services, on a fee basis, with no limiting qualifications.

Head Start/Early Head Start

Head Start is a nation-wide, equal opportunity preschool program designed for children of low-income families. The Head Start program has played a major role in focusing attention on the importance of early childhood development by providing a variety of education and social activities that assist in the healthy development of children and families. Families whose annual income is below the Federal poverty level (currently \$22,350 for a family of four) are eligible for Head Start services. Currently, Head Start is sponsored by the Administration for Children and Families under the United States Department of Health and Human Services. Head Start programs are designed to help in four important areas: *education, health, parent engagement, and social services*. These components assist the lives of the adults as well as the children, therefore, improving the home environment of the child. Programs provided for adults include training for job skill development, literacy programs and GED preparation, health, nutrition, and other educational opportunities. Head Start is actively involved with other community support agencies, referring families to other agencies for assistance with welfare, medical, and employment needs. Early Head Start includes all of the above for Infants and Toddlers of low-income families. Serving pregnant women, infants, and toddlers up to 3 years of age, the Early Head Start program provides quality continuity of care by assigning one Infant/Toddler Teacher to each group of four children and one staff member to each pregnant woman.

SCHRA Head Start/Early Head Start Program: Overview

The SCHRA Head Start/Early Head Start Program is located in Southern Middle Tennessee and serves children and families in thirteen counties. Socialization skills, problem solving, self-esteem building, and academic preparation are taught. Children benefit from free health care, dental care, social services, speech/language services, and disability services. Families have access to community resources, job training, and direct support from SCHRA Head Start Family



Partners and teaching staff. SCHRA Head Start is the sixth largest Head Start program of the twenty-one programs that operate in Tennessee. The funded enrollment for the HS program is 1011 (EHS 60). Currently there are 620 children on our Program's wait list, 460 for Head Start and 160 for Early Head Start; of that number 87% meet the eligibility guidelines of being at or below poverty level. We have 8 pregnant women participating in the program at this time.

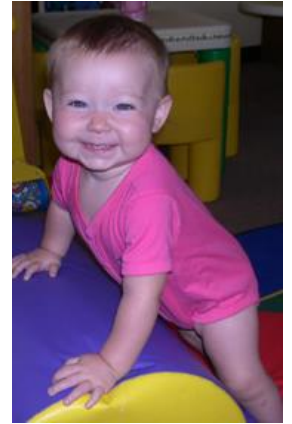
Head Start

There are 24 Head Start centers with 47 classrooms located throughout our service area. Centers range in size from one classroom with 15 children to four classrooms with 66 children. Head Start operates a full day (8:00 a.m. - 2:00 p.m.) program, is Tennessee State Childcare

Licensed, and implements a three-star rating system that uses the Early Childhood Environmental Rating Scale - Revised (ECERS-R) to monitor learning environments and teaching practices in all classrooms. The program operates five days per week (August-May).

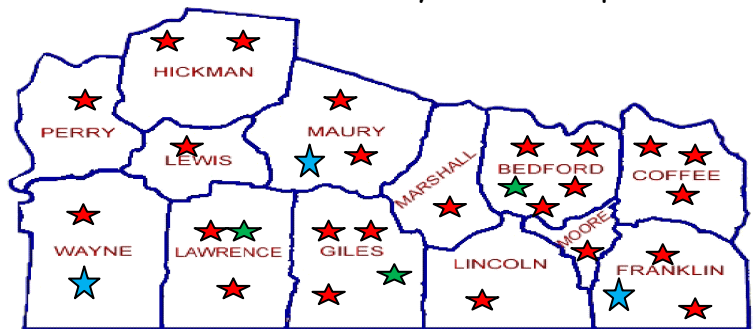
Early Head Start

There are a total of 3 Early Head Start centers located in Bedford, Giles and Lawrence counties. EHS provides services to 60 infants and toddlers and 12 pregnant women. In each of these counties, the program is comprised of one toddler classroom (eight children), one infant classroom (eight children) and serves four pregnant women. Early Head Start operates a full day (8:00 a.m. -2:00 p.m.) program and is Tennessee State Childcare Licensed, which implements a three-star rating system that uses the ECERS-R and ITERS-R to monitor learning environments and teaching practices in all classrooms. Parents are actively encouraged to participate in the center's daily activities. Each center is staffed with a Site Manager and four teachers; a Family Partner and Nutrition Worker also provide assistance. The adult/child ratio is 1:4, with no more than four infants or toddlers per teacher. We strive to meet the high demand for early child care. Currently, the wait lists for our Early Head Start centers range from 36 to 65 at each center, with a total of 609 identified children and/or pregnant women in need of services.



Pre-K

Collaborations with local school systems have resulted in blended funding and classrooms that enroll both Pre-K children and Head Start children. Three collaboration agreements are in place with Franklin, Maury and Wayne Counties; currently, 22 classrooms are designated Pre-K/Head Start in these three systems. The Head Start staff work closely with our public school partners to ensure that Head Start child development services are maintained and monitored in the participating classrooms. These collaborations continue to bring about new challenges and opportunities to provide enhanced services to children and families in need. Pre-K Education Staff are provided copies of the Head Start Performance Standards and SCHRA HS Policies and Procedures. Regular administrative meetings facilitate ongoing communication regarding the provision of appropriate services. The map identifies the centers in our service area.



Head Start ★ Early Head Start ★ Pre-K Collaborations ★

Head Start/Early Head Start Centers

Name of Center	Address	Telephone #	No. of Classes	No. of Children	Site Manager / Lead Teacher
Amana Head Start	506 Amana Avenue Fayetteville, TN 37334	(931) 438-0397	2	32	Marla Harmond
Bedford Co. EHS	512 Tillman Street Shelbyville, TN 37160	(931) 685-0876	2	20	Allison Ledbetter
Bodenham Head Start	21142 Hwy. 64 West Pulaski, TN 38478	(931) 363-0448	3	48	Jackie Gilbert
Centerville Head Start	104 Mary Field Drive Centerville, TN 37033	(931) 729-5649	1	16	Karla Lindsay
Columbia Head Start	1101B Bridge Street Columbia, TN 38401	(931) 381-8762	4	64	Sylvia Djuricin
East Hickman Head Start	5191 Hwy. 100 Lyles, TN 37098	(931) 670-4137	1	16	Vacant
Frances Buchanan Head Start	255 Puncheon Branch Rd. Minor Hill, TN 38473	(931) 565-3414	1	16	Elizabeth Ann Garrett
Harris Head Start	610 Elm Street Shelbyville, TN 37160	(931) 773-0033	5	85	Ju'Nequail Smith
Lawrenceburg Head Start / Early Head Start	102 Lafayette Street Lawrenceburg, TN 38464	(931) 762-6039	3/2	48/20	Jennifer Shaffer
Learning Tree HS	2011 S. Cannon Blvd. Shelbyville, TN 37160	(931) 680-4202	1	16	Jessica Webster
Lewis County Head Start	207 South Oak Street Hohenwald, TN 38462	(931) 796-4898	3	48	Stacy Clark
Manchester Head Start	1200 Oakdale Street Manchester, TN 37355	(931) 728-1295	3	51	Michelle Morris
Marshall Co. Head Start	820 2 nd Ave. Lewisburg, TN. 37091	(931) 359-9691	2	32	vacant
Moore Co. Head Start	75 High Street Lynchburg TN 37352	(931) 759-4239	1	17	Kameesha Divens
Noah Head Start	165 Noah Road Manchester, TN 37355	(931) 394-2230	1	17	Kandace Scott
Northridge Head Start	1224 McBride Circle Columbia TN. 38401	(931) 840-4735	1	15	Dorothy Grigsby
Oak Grove Head Start	6584 Old Alto Road Decherd, TN 37324	(931) 967-9264	2	32	Sue Fulmer
Perry County Head Start	2465 Squirrel Hollow Road Linden, TN 37096	(931) 589-6368	1	15	Beverly Strickland
Shelbyville Head Start	515 Rock Street Shelbyville, TN 37160	(931) 684-8529	2	34	Kim Brewer
South Lawrence Head Start	114 West, 2 nd Street Iron City, TN 38463	(931) 845-4994	1	15	Paula Martin
Tullahoma Head Start	215 Big Springs Ave. Tullahoma, TN 37388	(931) 455-7199	3	45	Sheema Mohyuddin
Victoria Head Start /Giles Co. Early Head Start	121 Victoria Ave. Pulaski, TN 38478	(931) 363-4128	2/2	32/20	Robin Fleming
Wartrace Head Start	112 Bridgeview St. Wartrace, TN 37183	(931) 389-6406	1	17	Jane West
Wayne Co. Head Start	537 Loyd St. Waynesboro, TN 38485	(931) 722-9413	1	15	Joy Powell
Winchester Head Start	677 Myers Rd. Winchester, TN 37398	(931) 967-1543	2	29	Gwen Leggett
Pre-K Collaborations					
Franklin County Pre-K Collaboration	215 College St. Winchester, TN. 37398	(931) 967-0626	9	102	Nancy Graham
Maury Co. Pre-K Collaboration	501 W 8 th St. Columbia TN, 38401	(931) 388-2113	5	74	Debbie Wiles
Wayne Co. Pre-K Collaboration	P.O. Box 658 Waynesboro, TN. 38485	(931) 722-7442	8	80	Joy Powell
			75	1071	

Average Daily Attendance Comparison Early Head Start		
Early Head Start Centers	March 2010	March 2011
Bedford Co. EHS	87.80%	88.16%
Giles Co. EHS	86.96%	82.85%
Lawrenceburg EHS	88.62%	77.49%
	87.74%	82.97%

These tables note the attendance comparisons between the 2009/2010 and 2010/2011 program years for the Head Start/Early Head Start programs. The apparent drop in attendance is offset by an overall increase in enrollment for each of the program years. With the downturn of the economy, families have become more transient as they must move to search for employment. For the Head Start program, there was an 8.2% increase, while the Early Head Start

program increased by 6.9%. Data generated by Child Plus.

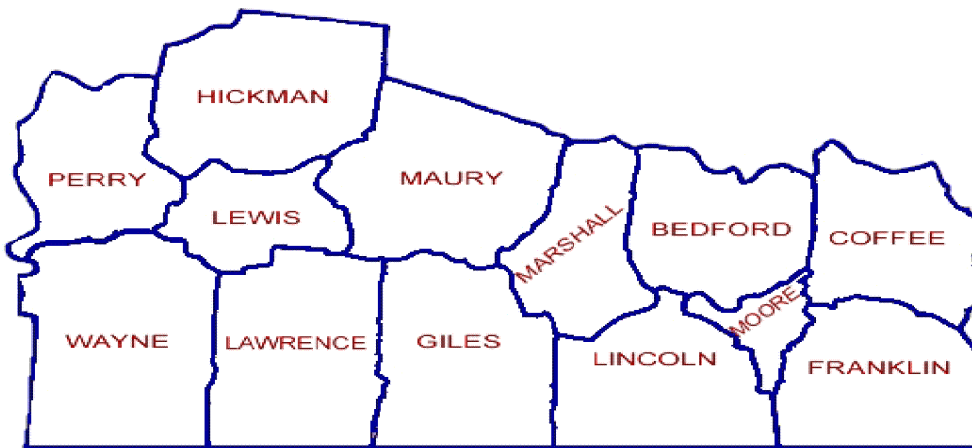


Average Daily Attendance Comparison Head Start		
	March 2010	March 2011
Amana H.S.	80.56%	74.37%
Bodenham H.S.	81.30%	80.35 %
Centerville H.S.	89.63%	79.55%
Columbia H.S.	84.51%	83.20%
East Hickman H.S.	85.93%	86.90%
Frances Buchanan H.S.	91.30%	76.42%
Harris H.S.	98.92%	86.58%
Lawrenceburg H.S.	80.92%	85.20%
Learning Tree H.S.	84.09%	71.05%
Lewis County H.S.	88.24%	92.20%
Manchester H.S.	---	94.12%
Marshall County H. S.	87.78%	80.47%
Moore County H.S.	86.45%	82.14%
Noah H.S.	88.85%	81.12%
Northridge H.S.	87.89%	73.81%
Oak Grove H.S.	79.61%	83.87%
Perry County H.S.	77.91%	90.91%
Shelbyville H.S.	87.22%	83.26%
South Lawrence H.S.	88.51%	84.62%
Tullahoma H. S.	83.09%	78.18%
Victoria H.S.	85.71%	77.42%
Wartrace H.S.	83.17%	85.14%
Wayne County H.S.	90.00%	78.89%
Winchester H.S.	84.42%	80.46%
	86.27%	84.24%

Head Start Agencies—State of Tennessee



SCHRA Head Start Service Area



SCHRA Head Start has successfully served this thirteen county area of Tennessee since 1973. For its 38 year history, SCHRA has had a supportive, progressive oriented relationship with the communities in which it serves. Head Start in

Tennessee is part of a national system of early childhood development programs serving the lower income families of our communities. Head Start is not to be confused with day care. It is an educational and nurturing program which also addresses the emotional and physical needs of each child enrolled. Head Start recognizes that parents are the child's first and most important teachers. Therefore, parents are important partners involved in the activities of each Head Start center, and training programs for adults are included in the services. Ten percent of Head Start's enrollment is reserved for children with disabilities. Transportation, medical, dental, nutritional and mental health services, as well as interpreter/translation services for families and children in the program are also provided. The program goals and objectives of SCHRA Head Start focus on and support children, families, communities, and staff. Our Head Start/Early Head Start team has expertise in: early childhood education, health, disabilities, family support and services, finance/budgeting, and management. Supplementing the full-time staff are the services of a registered Dietician, a Training and Technical Assistance Consultant, and a Psychologist.



In 1999, SCHRA Head Start expanded services with the addition of three Early Head Start centers which were PCC sites previously.

METHODOLOGY

The information gathered in this report was generated from the most recent data available. Much was obtained from the U.S. Census Bureau, the Annie E. Casey Foundation Kids Count / Tennessee Kids Count Data Center, the Center for Law and Social Policy (CLASP), local community and State governmental agencies, document research on the Internet, and information collected from the recent SCHRA Head Start Program Information Reports (PIRs). Other data was also obtained from surveys to collect current information from Head Start families and community members. Data collected for this assessment will be submitted to the Policy Council for review and recommendations. The data collection process involved agency and program staff, families, community surveys, as well as internet research.

PROGRAM APPROACH - SERVICE AREA DATA

Staffing Patterns and Qualifications

Staffing patterns accommodate staff/child ratios mandated by state licensing requirements as well as Head Start Performance Standards (45 CFR 1304.52(g)). Children arrive at approximately 08:00 a.m. and the day ends at 2:00 p.m. SCHRA Head Start/Early Head Start education staff's qualifications meet all current state licensing standards. Of the total employed teaching staff, 89.5% have an AA degree or higher. Including those teachers working to further their degrees, the number increases to 95.3%. When considering solely the Head Start teaching staff, 86.2% have an AA degree or higher. Of the 26 Pre-K teachers, 92.3% have BS/BA degrees or higher. The following chart depicts the education levels for classroom staff members in Head Start and the Pre-K collaborations.

*The foundation of every state is
the education of its youth.*

Diogenes Laertius

Position	HSD / GED Only	Attending CDA*	CDA Credential	SSCBT**	AA/AAS Degree	BA/BS Degree	MA Degree	Total
H.S. Teachers		3	11		31	14	2	61
H.S. Teacher Assistants		8	23		9	3		43
Pre-K Teachers	2					11	13	26
Pre-K Teacher Assistants	7		16		3	3		29
Site Managers					4	5		9
Site Manager/FP			1	1	2			4
Family Partners (FP)				7	2	2		11
Administration						8		8

Total Staff 191

*CDA-Child Development Associate Credential **SSCBT—Social Services Competency Based Training

The following chart provides a "snapshot" of Head Start teaching staff data in the state of Tennessee for a four year period.

	2007	2008	2009	2010
Percent of staff who are/were former HS Parents	28%	22%	25%	24%
Total No. of Teachers	1165	1168	1107	1252
Percent Turnover	13	13	10	10
Average Teacher Salary	\$22,484	\$23,434	\$24,858	\$34,867
% Degreed or Credentialed	89%	92%	95%	92%

Data from: Center for Law and Social Policy (CLASP) TENNESSEE Head Start PIR Profile

Salaries and qualifications continue to be an ongoing issue with the program. Teachers and Teacher Assistants/Aides with no prior education in early childhood are required to obtain a CDA (Child Development Associates credential) through the TECTA (Tennessee Early Childhood Training Alliance) Program. TECTA is a statewide training system based on the belief that all early childhood education personnel need to acquire the recognized professional knowledge and skills to provide appropriate care and education for young children.

TECTA provides 30 Hours of free training/orientation. Upon completing the 30 hours, TECTA will provide financial assistance which may include full or partial tuition costs and books for courses leading to the CDA credential as well as the CDA assessment fee. TECTA also provide advisors who assist through the CDA process.



The courses taken leading to a CDA can be used as transfer credits to local colleges and universities for pursuing an Associates or Bachelors Degree in Early Childhood Education. At the present time, it is encouraged that all education staff pursue a degree in Early Childhood Education, but it is mandatory for all Teachers to have at least an Associate's degree by first completing requirements for the CDA credential. Teachers or Teacher Assistants/Aides who possess a



degree in any field other than Early Childhood Education are required to taken an additional 30 hours in Early Childhood Education. Those who already possess Associates degrees are encouraged to participate in Tennessee State University Head Start Career Advancement Partnership Program (TSU HS-CAPP) to pursue a Bachelors degree. TSU

HS-CAPP is a partnership with our program and Tennessee State University to improve the quality and long-term effectiveness of Head Start/Early Head Start by increasing the number of degreed education staff. TSU HS-CAPP agrees to pay through grant the costs for tuition



and related fees for each student who meets the standards of enrollment to the university. This allows for our staff to meet the requirements of the Head Start Act.

Family Partners are required to obtain a Social Services Competency Based Training (SSCBT). The Social Services Competency-based Training Program is offered jointly by the Early Childhood Training Center (Portland State University) and Tennessee State University. The goal of the SSCBT program is to provide staff with the skills, and knowledge to deliver effective social services and family support—particularly for those staff with little or no systematic formal training in social services. The SSCBT program offers a comprehensive curriculum and training process focused on enhancing the quality and depth of services provided by front-line social service workers.

The core elements of the training program are: 90 hours of classroom instruction; portfolio work focused on knowledge development, skills application, and self-reflection; field mentor observation and feedback; and a comprehensive oral review of knowledge and practice application.

Currently, the SCHRA HS/EHS Program continues to provide assistance to education staff for obtaining an AA or BA degree. Plans include offering assistance to any staff member interested in furthering their education in the teaching field. Recruitment and retention of qualified teaching staff is a challenge due to salary constraints and increasing qualification requirements.

The impending teacher shortage is the most critical education issue we will face in the next decade.

David E. Price

For the 2010-2011 school year, we experienced a 16.7% turnover rate in E.H.S teaching staff, which has improved to 11.1% in the 2011-2012 year. For H.S., the 2010-2011 turnover was recorded at 3.2%, which has increased to 5.4% this program year.

Program Recruitment

Recruitment for the Head Start (HS) program covers the entire thirteen county service areas. Recruitment is a collaborative, ongoing process to identify and enroll eligible student candidates into the educational programs we offer. Recruitment efforts for Early Head Start (EHS) are limited to the counties where EHS exists (Bedford, Giles, and Lawrence counties). Community service agencies are utilized for referrals to the HS / EHS programs, as well as agencies serving children with special needs. A variety of recruitment tools are used in the communities; including flyers posted in local businesses and churches, newspaper, radio and television media, as well as word of mouth, door to door recruiting, and parent referrals. The SCHRA HS / EHS Recruitment and Enrollment procedures and Selection Criteria are part of the program's Family and Community Partnerships work plan. As previously mentioned, recruitment is an ongoing process with the highest activity months being February, March, and August before the new session begins. The Selection Criteria gives a weighted preference to special needs children, high risk families, and non-traditional families i.e. grandparents raising children, foster children, etc. The Criteria are reviewed and revised periodically with Policy Council input and approval.



Foster Grandparent Program

Foster Grandparents serve our children by devoting their volunteer services to one population: children with special or exceptional needs. These Senior citizens volunteer in our classrooms with one or more children. With the assistance and support of the teaching staff, they develop an individual Child Care Plan. Children greatly benefit from the loving, individual attention of a caring elder. Currently, we have four Foster Grandparents serving the following centers: Amana (2), Lawrenceburg (1), and Marshall County (1). These Foster Grandparents have an opportunity to serve the children in the Head Start program by providing one-on-one tutoring and skills development to attain their appropriate age level functionality. They will read to children and do other tasks deemed necessary to improve the low skill areas of individual children. The number of children served this year stands at 75, helping them increase abilities in fine motor



skills and educational skills, to have them ready for kindergarten. Of these 75, 76% met their individual child care plan goals. Twenty one percent of these children reached age level functioning as identified by SCHRA. The program looks to increase the number of volunteers serving our centers by placing them into the Bodenham and Lawrence County centers in the next few months. Recruitment in this area is also an ongoing process to help continuously improve services to our children.



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Disabilities and TEIS



Information gathered from the Center for Law and Social Policy (CLASP) for the State of Tennessee shows medical screenings provided to Head Start participants and subsequent follow-ups and diagnoses for treatment.

Medical Screenings	2007	2008	2009	2010
% of Enrolled children screened	96	93	91	95
Of children screened, percent requiring follow-up treatment	14	11	10	13
Of children requiring further treatment, percent receiving follow-up treatment	96	94	96	96

Data from: Center for Law and Social Policy (CLASP) TENNESSEE Head Start PIR Profile

Similar data for referrals to disability services shows the effectiveness of assessments performed during the program year.

Disability Services	2007	2008	2009	2010
% of Enrolled children diagnosed as having a disability	11	11	11	11
Of children with a disability, percent diagnosed during the program year	53	54	40	64
Of children with a disability, percent diagnosed prior to this program year	47	46	60	36

Data from: Center for Law and Social Policy (CLASP) TENNESSEE Head Start PIR Profile

The following table, generated from data taken via the State of Tennessee, Child Count Data (618) for period December 1, 2010, reflects the number of infants and toddlers, ages birth through age 2 (children who have not reached their third birthday) who are receiving early intervention services under Individuals w/ Disabilities Education Act (IDEA) and who have an Individualized Family Service Plan (IFSP) in place on December 1st.

	12/1/05	12/1/06	12/1/07	12/1/08	12/1/09	12/1/10
0 to 1 year	581	563	590	602	586	510
1 to 2 years	1413	1370	1527	1505	1487	1394
2 to 3 years	2223	2081	2344	2255	2184	2150
Totals	4217	4014	4461	4362	4257	4054

[Infants / Toddlers receiving Early Intervention Services](#) Tennessee Child Count Data (618) Report December 1, 2010

Tennessee's Early Intervention System--Tennessee's Early Intervention System (TEIS) is the lead agency designated by the state Department of Education to oversee the Early Intervention system and programs within the State of Tennessee. TEIS is devoted to providing services to families of children with special needs in the most natural environments, at home and with children of all abilities. TEIS personnel act as incoming Service Coordinators to assist families in receiving the rights, procedural safeguards, and services that are authorized to be provided under Part C of IDEA. Service Coordinators ensure that all services pertaining to the child's needs are implemented as required, working in collaboration with families and other service providers in order to assist the family in accessing needed services. The role of the service coordinator is essential to the development of the Individualized Family Service plan (IFS).



There are nine (9) district offices of TEIS in the state of Tennessee. There are 3 offices for each of the three main regions of the state - East, West, and Middle Tennessee. More information on TEIS is available at www.tn.gov. Referrals are made to the TEIS offices and TEIS staff ensures that all pertinent information is gathered about the child and family. Those children then receive the appropriate evaluation and/or assessment procedures needed in order to determine eligibility. Once eligibility is established and the IFSP written or scheduled, TEIS staff refers the child to a direct service provider of the family's choosing who can best implement the IFSP as required.

Infants and Toddlers Receiving Early Intervention Services by Gender

	2006	2007	2008	2009	2010
Males	2455	2784	2707	2589	2507
Females	1550	1677	1655	1668	1547
Totals	4014	4461	4362	4257	4054

Tennessee Child Count Data (618) Report December 1, 2010

The total number of children with disabilities served through our Head Start/Early Head Start program during the 2010-2011 program years was 142. Of the 142 children, 12 were birth to three years old, and had an Individualized Family Service Plan (IFSP). The remaining 130 were children ages three to five years old and all have had an Individualized Education Plan (IEP). This number of 142 exceeded our 10% requirement as outlined in the Head Start Performance Standards. This current program year has also met the 10% requirement.

Head Start and Early head Start staff members encourage parents to attend and actively participate in their children's IEP/IFSP meetings. Staff members frequently accompany parents to the meetings. In addition, a "child staffing" is held on all Head Start/Early Head Start children. The staffing includes the child's Teacher, Site Manager, Family Partner, and if needed, the Nutrition Specialist, Health Specialist, Special Services Specialist, and the parent(s). At the staffing, all individual educational, nutritional, and health aspects are examined, and any needs/concerns are addressed. Communication between LEAs, TEIS, and HS/EHS has improved in some geographic areas, but continues to be a barrier to services.

It has been our experience that there are inconsistencies in the quality and timeliness in disability assessments and services throughout our 13 county areas. Some Local Education Associations (LEA's) are reluctant to provide services to three-year-olds; the length of time between referral's services may be approximately two to three months. However, there has been a continued increase of cooperativeness in most school systems this program year. Community resources available to serve children with disabilities include: Local School Systems, Tennessee Early Intervention System (TEIS), Support Training Exceptional Parents (STEP), and Children's Special Services.

The TennCare (Department of Human Services), Child Development Center (Vanderbilt University Medical Center), West Tennessee School for the Deaf, Social Security Administration, Local Health Clinics, Centerstone (Local Mental Health Clinic), United Cerebral Palsy of Middle Tennessee, Autism Society of Middle Tennessee, and King's Daughter's. These services/agencies make every effort to accommodate the linguistic needs of those seeking services.



All of the above resources offer services throughout the summer with the exception of the local school systems; extended school year services are determined by the school



system personnel on an individual basis. There are some additional summer camps available to children with special needs throughout the South Central service area, such as, the Ables Recreation Program in Smyrna, TN, Special Olympics, and Camp Possible, both in the Nashville, TN area, and the Empower Me

Day Camp in Lebanon, TN.

Data collected from the Early Intervention System and Local School Districts describe the following breakdown of children ages birth to three with identified disabilities in our thirteen county service / recruitment area.

Birth to Three: Infants and Toddlers with Identified Disabilities

The following table reflects the number of infants and toddlers, ages birth through age 2

Child Count by County by District—Middle Tennessee South Central Region						
	2005	2006	2007	2008	2009	2010
BEDFORD	38	44	46	40	51	42
COFFEE	28	28	34	31	32	28
FRANKLIN	12	9	24	26	18	12
GILES	15	22	20	22	26	16
HICKMAN	17	10	17	19	24	13
LAWRENCE	16	20	22	26	37	35
LEWIS	12	7	9	7	6	1
LINCOLN	23	31	31	20	25	27
MARSHALL	21	14	28	33	24	14
MAURY	57	58	78	71	56	83
MOORE	0	3	3	3	5	2
PERRY	4	8	4	6	5	3
WAYNE	7	3	1	4	7	3
Totals	250	257	317	308	316	279

(children who have not reached their third birthday) who are receiving/have received early intervention services under the Individual with Disabilities Education Act (IDEA) and have an Individualized Family Service Plan (IFSP) in place on December 1st of the year noted.

Source: Tennessee Child Count Data (618) District Data Report December 1, 2010

A closer look at recent data for year 2010 provides a more detailed description of the South Central Tennessee District, by Race/Ethnicity, of children who received services.

Source: Tennessee Child Count Data (618) District Data Report December 1, 2010

	American Indian/Alaskan Native	Asian	Black	Hispanic/Latino	Native Hawaiian/Other Pacific Islander	Two or More Races	White
BEDFORD	0	0	0	15	0	1	26
COFFEE	0	0	2	3	0	1	28
FRANKLIN	0	0	0	0	0	0	12
GILES	0	0	4	1	0	0	16
HICKMAN	0	0	0	0	0	0	13
LAWRENCE	0	0	0	1	0	0	35
LEWIS	0	0	0	0	0	0	1
LINCOLN	0	0	0	1	0	0	27
MARSHALL	0	0	0	1	0	0	24
MAURY	0	0	9	11	0	6	83
MOORE	0	0	0	0	0	0	2
PERRY	0	0	0	0	0	0	3
WAYNE	0	0	0	0	0	0	3
Totals	0	0	15	33	0	8	223

The points of interest as noted below are the numbers of children identified with Speech/Language disabilities, Developmental, or Multiple Disabilities. These participating children and their families receive the necessary assistance to overcome their emotional, intellectual, or physical delays. We at Head Start / Early Head Start feel that these children would have otherwise "fallen through the cracks" if they had not been properly diagnosed and cared for.

SCHRA CHILD DISABILITY SUMMARY BY COUNTY 2010-2011

	Autism	Speech / Language	Developmental	Mental Retardation	Multiple Disabilities	Concerns Identified	Totals
BEDFORD	1	11	5	0	5	1	23
COFFEE	0	6	3	0	0	9	18
FRANKLIN	0	26	0	0	1	2	29
GILES	0	1	9	0	5	7	22
HICKMAN	0	5	0	0	0	1	6
LAWRENCE	0	8	3	0	2	1	14
LEWIS	0	8	3	1	2	2	16
LINCOLN	0	3	0	0	0	0	3
MARSHALL	0	3	0	0	0	2	5
MAURY	0	15	1	0	6	4	26
MOORE	0	2	0	0	0	1	3
PERRY	0	3	0	0	0	0	3
WAYNE	0	7	0	0	0	1	8
Totals	1	98	24	1	21	31	176

Source: Child+ Report #3540

These numbers correlate to data provided by the Center for Law and Social Policy (CLASP) on children enrolled in Head Start/Early Head Start programs nationwide. Below is a four year synopsis of information on Disability Services for Head Start Children:



Disability Services				
	2007	2008	2009	2010
Percent of enrolled children diagnosed as having a disability	11%	11%	11%	11%
Of children with a disability, percent diagnosed during the program year	53%	54%	40%	64%
Of children with a disability, percent diagnosed prior to the program year	47%	46%	60%	36%

Source: CLASP Head Start Data PIR Reports

The increase in diagnosis during the program year is likely attributed to the increased education and support provided to staff by the Special Services Specialist and Psychologist.

Early Learning, Literacy, and Educational Attainment

Early language and literacy (reading and writing) development begins in the first three years of life and is closely linked to a child's earliest experiences with books and stories. The

Book Stores and Libraries in the Service Area		
	Libraries	Book Stores
BEDFORD	1	2
COFFEE	2	3
FRANKLIN	1	1
GILES	5	1
HICKMAN	2	1
LAWRENCE	2	1
LEWIS	1	0
LINCOLN	1	1
MARSHALL	1	1
MAURY	4	4
MOORE	1	1
PERRY	2	0
WAYNE	3	0

interactions that young children have with such literacy materials as books, paper, and crayons, and with the adults in their lives, are the building blocks for language, reading, and writing development. This relatively new understanding of early literacy development complements the current research supporting the critical role of early experiences in shaping brain development.

There are sixteen book stores located in the thirteen counties served by SCHRA Head Start. Locations and the number of stores for each county are listed on the table at right. Lewis, Perry and Wayne Counties do not have bookstores at this time. However, other retail outlets (Walmart, Dollar General, drug stores, and grocery stores) do continue to offer books and/or magazines for children and families.

What Infants and Toddlers Can Do - Early Literacy Behaviors

Looking at early literacy development as a dynamic developmental process, we can see the connection (and meaning) between an infant mouthing a book, the book handling behavior of a

two year old, and the page turning of a five year old. We can see that the first three years of exploring and playing with books, singing nursery rhymes, listening to stories, recognizing words, and scribbling are truly the building blocks for language and literacy development (information taken from the website (www.birthtothree.org)).

A number of specific community resources are available to support children's development of language and literacy in the thirteen counties served by SCHRA Head Start/Early Head Start. One that was unique to the State of Tennessee and has now expanded internationally is the Imagination Library sponsored by the Dolly Parton Foundation. Children from birth to five in participating counties receive a free book each month. Books are selected to be age appropriate and of high quality. HS/EHS staff offers information to families regarding the process for enrolling in the Imagination Library within their communities. There are a total of 26 individual libraries within our 13 county service area. All libraries hold scheduled story hours for preschool age children. Some Head Start Centers participate in these on a regular basis and others schedule field trips to provide this experience and to encourage parents to secure library cards. Local librarians also conduct story hours in many of the centers. In some counties a bookmobile comes to the center twice each month and books can be checked out for classroom and home use. Reading backpacks are available at some libraries. These include books and related activities for parents to use at home. This year, each classroom received backpacks to encourage activities between the classroom and the home.



Some public school systems offer family literacy activities. One of those with Even Start/Family Literacy programs is located in Wayne County. Hickman, Franklin and Lincoln Counties offer special family literacy activities and most systems have Adult Education programs that support literacy for adult family members. Even Start (ES) is a literacy based education program, for families deemed most-in-need, designed to improve the academic achievement of young children and their parents, especially in the area of reading.

The Even Start/Family Literacy model has four components.



They are:

- early childhood education;
- adult literacy (adult basic and secondary-level education, instruction for English language learners, and career and technical training);
- parenting education; and
- interactive parent and child learning together time (PACT)

In addition to the four components, ES personnel are required to visit the home of every participating family a minimum of one hour every month. Scheduling is determined at the local level. Adults, and teen parents, who meet the criteria for most-in-need families are eligible.

A new study released on December 16, 2010 by the state reported that Tennessee was in the top third of states ranked according to numbers and percentages of individuals between the ages of 18 and 64 with less than a high school diploma. Like all states, Tennessee is able to serve only a small portion of the population that could benefit from adult education. In comparison to other states with similar funding, enrolling about 7.25 percent of its target population, Tennessee performed better than about half of other similarly funded states. Tennessee's adult education program focuses on GED attainment. The state reports a higher number of adult education participants with the goal of attaining their GED than any other state except California. Among its adult education participants, Tennessee's adult education programs produce a higher number of GED recipients than any other state except for California and Ohio. Adult literacy / GED attainment services are available in each of the thirteen service area counties. Below is a table showing numbers of persons without attaining a high school diploma or equivalent.



**SCHRA Service Area Educational Attainment Population 18
Years and Older for 2006-2010 Estimates**

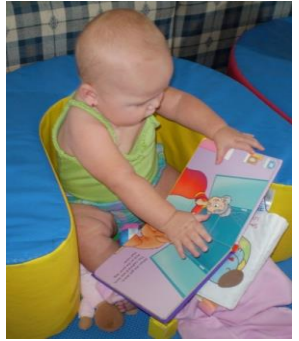
	Males		Females		Totals
	Less than 9th Grade	9th to 12th grade, no diploma	Less than 9th Grade	10th to 12th grade, no diploma	
Bedford	2,056	2,391	1,799	2,042	8,288
Coffee	1,181	2,211	1,544	2,413	7,349
Franklin	1,508	1,723	1,162	1,932	6,325
Giles	1,017	1,446	800	1,646	4,909
Hickman	842	1,905	646	1,247	4,640
Lawrence	1,454	2,406	1,727	1,924	7,511
Lewis	399	543	395	637	1,974
Lincoln	854	1,895	759	1,810	5,318
Marshall	862	1,428	835	1,449	4,574
Maury	1,546	3,138	1,525	3,523	9,732
Moore	230	279	205	312	1,026
Perry	207	445	234	465	1,351
Wayne	641	1,295	646	735	3,317
Total	12,797	21,105	12,277	20,135	66,314

SOURCE: U.S. CENSUS BUREAU QuickFacts ReportB15001

There are five primary colleges or institutions of higher learning located in the SCHRA service area. They are:

- Columbia State Community College (Maury County)
- Martin Methodist College (Giles County)
- Motlow State Community College (Moore County and Lincoln County satellite)
- University of the South (Franklin County)
- University of Tennessee Space Institute (Franklin County)

Additionally, there are twenty-nine available colleges or university satellite centers in the thirteen county service areas. Some students from these institutions participate in Head Start literacy activities either as part of academic requirements, or as classroom volunteers. Students from the Martin Methodist Music Program regularly visit centers in Giles County to share their music experience with our children and families. Service and faith-based organizations provide books and



“Education’s purpose is to replace an empty mind with an open one.”
Malcolm Forbes (1919-1990), in *Forbes Magazine*

engage in onsite volunteer reading programs in almost all of our Head Start centers. Kiwanis is the most notable of these, but others include Civitan, Rotary, Lions and church groups and clubs. The Extension Service provides books, music and other learning materials to Head Start

classrooms as well as parent training opportunities. Local libraries provide services that are most easily available for families to access on their own. Special reading programs are typically planned for summer months that include preschool children. It is anticipated that the resources cited above will continue to be available for the coming program year.

Education and Early Childhood Programs

The following chart provides information on other licensed childcare programs in the thirteen counties served by S.C.H.R.A. Head Start / Early Head Start. Information was taken from the Tennessee Department of Human Services website showing the three categories—Family Homes, Group Homes, and Center Based, of facilities available for child care. While the overall number of Family and Group homes dropped, the number of Center based facilities and subsequent capacity increased 36.9%, with 5640 additional slots included. Even with the additional slots available in the counties, HS/EHS continues to maintain extensive waiting lists in many areas.

Other Child Care Programs available in the S.C.H.R.A. Service Area						
	Family Homes	Capacity	Group Homes	Capacity	Center Based	Capacity
BEDFORD	2	14	13	159	22	1508
COFFEE	2	14	9	123	39	2334
FRANKLIN	1	7	9	126	20	934
GILES	2	14	11	135	7	465
HICKMAN	1	7	3	39	7	478
LAWRENCE	1	7	6	81	29	1344
LEWIS	0	0	1	15	4	446
LINCOLN	1	7	5	60	22	1563
MARSHALL	0	0	5	72	9	777
MAURY	8	63	10	132	54	3425
MOORE	0	0	0	0	3	107
PERRY	1	7	1	12	2	60
WAYNE	0	0	1	15	8	489
Total	19	140	74	969	226	13930

Source: TN D.H.S. Provider List by County.

Pre Kindergarten Programs

The program continues to make an ongoing effort to collaborate with Local Education Agencies (LEA) and their Pre-K programs. Children enrolled in HS/Pre-K classrooms all receive Head Start services. Service support includes the provision of extra supplies in the classroom, and Family Partners available to work with all families. Efforts continue to ensure classrooms are aligned with Head Start Principles and Performance Standards. The three county school systems we collaborate with provide services for approximately 251 children.



Quick Facts from the State of Tennessee Pre-K Initiative are:

- Tennessee Pre-K funding in FY '09 was \$83 million - \$58 million state funding/\$25 million lottery revenues. This represented a \$3 million increase in funding for inflationary costs.
- Tennessee has 934 state-funded pre-k classes serving approximately 18,000 young children
- 3,924 children are on waiting lists seeking enrollment in Pre-K classes, including 1,800 who are eligible for free/reduced priced meals and 333 who are eligible for ELL services. These numbers are correct as of 9/1/08. They would not be correct today as many of these children have since been enrolled in the program as other children have moved out.
- State-supported Pre-K programs are located in 94 of 95 Tennessee counties and 133 of 135 eligible School Systems.



Pre-Ks in South Central Counties	Classes	Children Served
Bedford	3	60
Coffee	14	282
Franklin	18	363
Giles	11	225
Hickman	3	60
Lawrence	16	322
Lewis	5	100
Lincoln	21	410
Marshall	2	40
Maury	32	630
Moore	2	27
Perry	3	60
Wayne	12	244
Totals	142	2823

Source: TN D.H.S. Provider List by County.

This chart shows an impressive 44% increase both in classes and number of children served since the 2009 Community Assessment data was collected.

Transition

SCHRA Head Start/Early Head Start intervenes with families very early, providing a comprehensive, full day, child and family development program until children reach compulsory school age. Where possible, Family Partners remain with the same families throughout their Head Start/Early Head Start experience. SCHRA Head Start/Early Head Start complies with the Head Start Performance Standards regarding transition [1304.40(h) and 1304.41(c)].



SCHRA Head Start/Early Head Start conducts a number of transition activities including coordination agreements with schools and other agencies, sharing of records and information, outreach, visitation days with the children in their next setting, training parents, and meetings with school and other SCHRA Head Start/Early Head Start personnel. During their Head Start/Early Head Start experience, parents receive training on what quality early childhood settings entail, what to look for, and how to select them. We feel this provides even more opportunity and benefit for continued educational excellence from our "graduates".

Family Partnerships

SCHRA Head Start/Early Head Start's relationship with the parents of currently enrolled children begins at intake.



A family orientation is provided, giving them a general overview of the program and explanation of parent involvement opportunities. They also receive an orientation packet of information to take with them.



Parental Involvement is encouraged through the center and staff contacts. At the first parent meeting, parents are trained regarding their rights and responsibilities in Head Start/Early Head Start, the role of the Policy Council, the purpose of Parent Committee meetings, and the role of Parent Committee officers. Parents are encouraged to be involved in the SCHRA Head Start/Early Head Start program by: observing and/or volunteering in the classrooms, serving on various program committees, providing input and ideas for the lesson plans, and participation in training and development activities. Family Partnership Agreements (FPA) are discussed and developed with each family.



The first step to the FPA is identifying needs, strengths, and supports. Home visits, or more intensive outreach occurs as needed. Once the initial process is completed, the Family Partners begin the process of setting goals with the parents for the family. Goals are based on needs, interests, skills, strengths, and desires of the family. The FPA form is used to record the plan. On subsequent parent contacts or home visits, Family Partners follow up with families' progress



on the plans, providing support, encouragement, resources, and ideas, as needed. A majority of social services, mental health, crisis intervention, and family support resources are employed through the referral process to assist families in achieving their goals. SCHRA Head Start/Early Head Start uses its many community linkages to facilitate this. Families receive a copy of a Community Resource Guide with an orientation on how to use it. Information is gathered from families during a family needs assessment about the various other systems they may be involved in and

any pre-existing plans they may have. This information is shared among appropriate Head Start/Early Head Start staff. Family Partners work closely with other social service agencies to ensure coordination of services. Once a Family Partner knows about another plan a family may have in place, i.e. Families First (TANF), IEP, IFSP or both, he/she discusses the need to coordinate planning with the family and use the pre-existing plan for the goal setting process.



Male Involvement

Agencies and organizations that support male involvement as part of its mission in the service area are Big Brother and Big Sister, Boys' and Girls' Clubs, Scouting programs, 4-H, Tennessee Department of Health and Human Service Career Centers and Family Service Agencies. The Tennessee Department of Human Services offers a variety of services to families such as Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), Social Security (SS), Disability, Unemployment, etc. that fathers can take part in to provide for their families. The Tennessee Department of Health also provides services such as Women, Infants & Children (WIC) for families whether the household is male or female based. Head Start/Early



Head Start makes every effort in its attempts to include and encourage male/father participation in all aspects of the program. All centers establish specific male related activities in order to facilitate male involvement. Over 300 males have

participated in the program this year. Involvement ranges from doing small maintenance jobs at the centers, participation in regular monthly meetings, or specific male targeted activities such as such as "Stay & Play", "Grilling with the Guys", and special Holiday meals with male involvement.



Community Partnerships

Partnerships with community members occur on a formal written basis. Partnerships are created with community members such as doctors, dentists, civic clubs, and local businesses who support the Head Start/Early Head Start program objectives. Partnerships are also created with regional and local health departments to aid in the access of health services for families and children. Every



center has identified local nurses who provide onsite Blood Pressure checks for our children on an as needed basis. The program has participated in the American Academy of Pediatric Dentists Dental Home Initiative to help establish dental homes for all participants.



Assistance has been received from the State Collaborative Office as well as Dr. Pitts Hinson, a retired dentist who assists by contacting local dentists and encouraging them to participate in our HS/EHS dental services.

Community Development

SCHRA Head Start's approach to capacity development in neighborhoods is two-fold:

- (1) Providing high quality care so parents are able to enter jobs, training, education programs, job search programs and activities
- (2) Providing additional employment opportunities for neighborhood residents with the SCHRA HS/EHS program.

This holistic program approach not only develops care capacity for children age birth through five in the neighborhoods, but is also a community building and economic development strategy that is showing to be quite effective.

Community Resources



Tennessee Department of Human Service (DHS) offices are located in each county. DHS offers clients food stamps, WIC, Medicaid, TennCare, and FamiliesFirst. FamiliesFirst offers clients a variety of other services which include Transportation Assistance, Work/Training programs, Vocational Rehabilitation, the Tennessee Technology Access Program, Home Energy Assistance, assistance with acquiring child support, and child care assistance. Housing Authorities are located in each county. They offer not only public housing, but also help with special loans for housing and Habitat for Humanity. The program has developed close relationships with local Housing Authorities. In 2008-09, a Head Start center was added in the Columbia Housing Authority and there are current plans to expand in more Housing Authority collaborations as funding becomes available.

TN Career Centers and Workforce Development Centers are located in all of our counties. TN Career Centers offer computerized labor market information, internet access, workshops, and an online talent bank, in addition to job placement, recruitment, and training referrals. They also offer youth services, and have a web site that gives important information for teens and adults looking for jobs (www.state.tn.us/labor).

Skills Development Services helps children with special needs, and assists those adults with special needs in finding jobs and training. A Skills Development center is located in Tullahoma and also Fayetteville, Tennessee.

Low income Services:

- DHS, Department of Health located in each County.
- Adult Education services in each county at the Adult Ed Centers.
- Crisis Intervention - Mobile Crisis 1-800-681-7444
- Centerstone Mental Health facilities are located in Bedford, Coffee, Franklin, Giles, Lawrence, Lewis, Lincoln, Marshall, Maury, and Wayne counties with twenty four offices (Hickman, Perry, and Moore Counties are served by neighboring county offices).

Head Start Family Services Four Year Synopsis (CLASP Data)

Percent of families who received :

	2007	2008	2009	2010
Parenting education	64%	63%	64%	60%
Health education	53%	57%	60%	53%
Emergency/crisis intervention services	19%	23%	25%	28%
Adult education	18%	16%	16%	28%
Mental health services	16%	15%	16%	15%
Transportation assistance	12%	15%	--	--
Housing assistance	11%	10%	16%	10%
Job training	10%	10%	11%	10%
ESL services	4%	5%	4%	6%

The State of Tennessee provided the following information regarding family resource centers and their mission to provide benefits and avenues to success for the residents of the state: The Family Resource Center Initiative was developed when Tennessee's policy makers and

Tennessee educators recognized that many of Tennessee's children come to school unprepared to learn as a result of problems over which they have no control. A child living with poverty, hunger, homelessness, abuse, neglect, loss of family member, mental illness, substance abuse or family conflict is unlikely to succeed academically or socially within school or community. In FY 2008-09 and 2009-10 there were 104 family resource centers located in 81 LEAs in 68 counties. They were funded through grants of \$33,000 with required local matching funds of \$16,000 per center.

While each community agency focuses resources on a specific problem, the FRC tailors its service approach for each family situation in order to address the multitude of problems that combine to overwhelm parents and put children at-risk of school failure. Schools alone are not equipped to address these serious issues, yet symptoms resulting from these



complex problems are first manifested as these children struggle to meet the challenges of a school curriculum. Early intervention of problems can stabilize the student's home and community environment, nurture resiliency, and give the student an opportunity to focus on educational achievement, stay in school, and mature to productive adulthood. Head Start has also begun to implement a training program called "Building Your Bounce" that teaches children resiliency methods and tactics, as well as helping parents and teaching staff how to re-direct behavior issues.



What is the DECA Program? The DECA Program is a strength-based assessment and planning system for children ages 2-5. Based on resilience theory, this comprehensive system is made up of a [5-step system](#) designed to support early childhood teachers, mental health professionals, and parents in their goal of helping children develop healthy

social/emotional skills and reduce challenging behaviors. Central to the DECA Program is the [DECA](#), a standardized, strength-based assessment of within-child protective factors and screener for behavior concerns. The Mental Measurements Yearbook (MMY) recently provided a very positive review of the DECA. The 5-step system supports use of the DECA by parents and teachers alike in order to recognize and plan for the strengths and goals related to strong resilience for each child.

Researchers have found that when programs are designed to involve parents fully, students achieved more regardless of socio-economic status, ethnic origins, racial backgrounds, or their parents' level of education. With full parental involvement, disadvantaged children achieve at the same levels as middle-class children.

The family resource centers are designed by the school and community to intervene and to teach parents how to resolve problems. School attendance is key to student success yet the student without sufficient clothing, the student without proper glasses, the student kept awake by family conflict, the student without sufficient food, or the student experiencing the multitude of problems of a dysfunctional home is unlikely to attend classes regularly and to gain the basic life skills and academic skills necessary for independent adulthood. The family resource centers make use of available community services and creative ingenuity to resolve these problems and to help parents learn problem solving skills.



The uniqueness of the FRC structure enables the center to work with at-risk families in a one-to-one approach that leverages the support and expertise of many agencies.

While many programs have proven approaches to work with a particular problem, the FRC tailors its approach for each family situation to work with sets of problems that combine to overwhelm parents and thus put children at-risk. The programs respect the strengths of families and build on those strengths rather than focus on weaknesses. FRCs create close alliances with other local, state and federal programs in order to enhance all program areas. Many of the centers work in collaboration with local food banks, Adult Basic Education, Even Start, pre-kindergarten programs (Head Start, Title I or state-funded Voluntary Pre-K programs), Safe and Drug Free Schools, Homeless Education programs, and Welfare Reform. The multitude of different goals established by the 104 Family Resource Centers can be aligned with five positive outcomes for students and families:

- * *Children are succeeding in school;*
- * *Young children are ready to enter school;*
- * *Parents are working;*
- * *Children and families are safe;*
- * *Children and families are healthy;*

For some students the lack of school clothes and coats pose a barrier to school attendance so sixty-five (65) FRCs coordinate clothing banks. Sixty-two (62) family resource centers have developed tutoring and mentoring programs to improve student performance. The programs have matched trained community volunteers with "at-risk" students. Improving literacy skills for at-risk students and their families is one of the adopted goals within fifty-eight (58) family resource centers. To equip parents with the skills and knowledge to be their child's most important "teacher" and to support success in school, ninety-three (93) family resource centers provide training in child development and other parenting skills. One of the highest percentage dropout rates occur among the population of teen parents and pregnant students. Thirty-three family resource centers conduct programs to assist students who are experiencing problems to remain focused on their academic performance and help them succeed in school, as well as providing them instruction on their new responsibilities of parenting.



Facilities

HS/EHS centers are established in a variety of settings. The majority are in free standing centers supplied free of charge by a community partner such as a Housing Authority. There have been renovations at several of our sites, but still more HS/EHS buildings are in need of repair or updates. Plans are in place to address facility issues in order to ensure quality and safety. Some changes that have occurred in the facilities area of the program are as follows:



Lewis County:

- New deck, stairs, and handrails
- New window
- New underlayment then new VCT floor tile
- All walls patched and painted
- New ceiling tiles installed
- New vinyl skirting on exterior



Bedford County:

- New four classroom center with bathrooms added
- Storage area added at top of stairwell
- Temporary kitchen added
- All natural playground constructed
- Large storage building added
- Fencing added at back doors

Maury County:

- New four classroom site selected
- Architect submitted plans to state Fire Marshal and were approved
- Bids were taken twice
- Renovation not begun due to high bids

Coffee County:

- Expansion funds received for four classroom site in Manchester
- Children currently being served on the Home-based option
- Architect submitted plans that were approved
- Construction underway and should be completed by August 2012



A search for sufficient space in Manchester resulted in an expansion project that is nearing completion. Currently providing for approximately 51 children via home visits of once per week, the new center will open with three classrooms. The Noah site, also in Coffee County, is in a rural area and has difficulty maintaining enrollment because of its location. The Columbia facility in Maury County will soon be moving locations from the alternative school site it is currently housed in.

As part of collaboration with the Boys and Girls Club in that community, they will be occupying space set aside for our use. At the South Lawrence facility in Lawrence County, we will be moving from the sanctuary of a church building into a classroom. If money were to become available, areas of need have been identified as Bedford, Marshall, Maury, and Franklin counties. These counties were chosen because of the large number eligible participants residing in these service areas. In June of 2009, we acquired a location in Bedford County that was to be our Harris Head Start Center. After two years of home based visits while repairs and renovations were made to the building, we opened the newest four classroom site of our agency in September of 2011.



Infant and Child Health, Oral Health, and Nutrition

Children's Health

SCHRA HS/EHS ensures that children are up-to-date on a schedule of age appropriate preventive and primary health care through referrals and extensive work following up with and supporting both parents and health providers. The success of this strategy is based on some key methods to also be used with HS/EHS families:

- ✓ Collaborating with County Public Health Departments.
- ✓ Completing a thorough developmental health history with each family on intake, which included dental, nutrition, mental health, and medical information.
- ✓ Working with the program's Health Services Advisory Committee (HSAC) to determine other strategies, providers, and guidance needed for ensuring children's health.
- ✓ Using the ChildPlus data collection system to ensure up-to-date information regarding where each child is in his/her health care and that staff that need it have access to the information.
- ✓ Training staff and parents on health issues, health services, and potential health problems.
- ✓ Ensuring that each child and family has a medical home.
- ✓ A certified LPN is on staff for consultation, training, and monitoring of the SCHRA Head Start/Early Head Start's health program.



97% of HS/EHS enrollees have current EPSDT Screenings.

97% of HS/EHS enrollees have current or up-to-date immunizations.

Children's Dental Services

Dental examinations, preventive care and treatments are a major part of HS/EHS services. Good dental hygiene practices are modeled in the classroom by daily tooth brushing. The program provides a toothbrush for every child to use during the course of the day. These toothbrushes are replaced three times per year. Dental exams are performed primarily by local dentists. These services are paid primarily by TennCare, Private Insurance, donations from the community and as a last resort, Head Start funds. Many centers have a positive ongoing partnership with their local dentist and often screenings are provided as a donation of services. The program is aided by the AAPD Dental Home Initiative headed by Dr. Pitts Hinson, DDS, when sites have difficulty identifying local dentists. Dr. Hinson assists by contacting local dentists and encourages them to provide services to HS/EHS children.



Nutrition Partnerships and Collaborations

The SCHRA HS/EHS programs contract with a registered dietician for services. She inspects the menus prepared by the HS/EHS Nutrition Specialist for accuracy and compliance according to the CACFP standards. The program provides onsite food service at a majority of its centers. Centers without onsite kitchens receive food through a contract with the Nutrition for the Elderly Food Program (NFE). The Tullahoma, Learning Tree, Perry, and the Harris Center all participate in the NFE program. NFE also prepares food for the Maury County Center and the Lewis County Center, on an as needed basis, when each individual school system is closed. Classrooms that are a part of local school systems receive their meals through the



school system based on an annual contract established between the individual school system and SCHRA Head Start.



SCHRA has collaborated with each county's Health Department for services regarding the health of children and staff. Head Start children and pregnant women are referred to the Health Departments for

Supplemental Nutrition Program for Women, Infants, and Children (WIC) services. The Department of Human Services offers the Food Stamp program, which is available for low income families.

The program provides nutritional assistance benefits to children and families, the elderly, the disabled, unemployed and working families. Benefits are 100 percent federally funded. As of



November 2011 (the most recent data entry), there were more than 624,000 families enrolled in the Food Stamp program in Tennessee. Each month for that year, at least \$168 million in benefits were distributed to these families. In our thirteen county service area, the numbers of participating individuals and households increased dramatically in the years 2008 and 2009. In the last two years, these numbers have stayed level for individual participants, but household numbers increased slightly. Below is a chart of the county trends for the

previous four years, data taken from the month of November of that year.

Food Stamp Participation for the Thirteen County Service Area-TN

	2008			2009			2010			2011		
	Indiv	House	\$Outlay	Indiv	House	\$Outlay	Indiv	House	\$Outlay	Indiv	House	\$Outlay
Bedford	8629	3941	1028716	10334	4806	1450892	10650	5039	1492040	11106	5323	1564844
Coffee	8420	3560	936194	10346	4442	1335869	10993	4881	1434798	11187	5132	1466027
Franklin	4939	2144	523947	6304	2770	778558	6626	2969	809371	6485	2999	781207
Giles	4960	2283	554829	5642	2660	711386	5898	2827	745661	6041	2943	767038
Hickman	4946	2156	546613	6030	2635	784102	6190	2773	803946	6276	2892	821158
Lawrence	7004	3234	746528	8287	3807	1021059	8759	4068	1082444	8866	4177	1090931
Lewis	2808	1285	311874	3231	1468	393601	3256	1506	400027	3188	1512	394578
Lincoln	5205	2348	546072	6175	2787	781029	6859	3162	862350	7101	3297	820985
Marshal	4438	1986	496778	5613	2506	734065	5992	2700	772573	6365	2923	806102
Maury	12138	5580	1419043	15030	6942	2038989	16563	7803	2212614	16279	7795	2152684
Moore	642	257	62306	861	326	100841	921	363	108920	947	384	107981
Perry	1394	606	145604	1688	755	204938	2044	925	255804	1082	558	260967
Wayne	2875	1359	303218	3184	1533	393399	3447	1640	423187	3253	1592	392595
Total	68,398	30,739	7,621,722	82,725	37,437	10,728,728	88,198	40,656	11,403,735	88,176	41,527	11,427,097

Source: State of TN Dept. of Human Services

Food stamp benefits are issued and accessed electronically using a Benefit Security Card or EBT Card. Additionally, SCHRA contracts with the Tennessee Department of Agriculture to distribute donated food items to households residing within the agency's 13 county service areas through the Emergency Food Assistance Program.

Eligible households are defined as those households meeting one of the following requirements:

1. Fall at or below 150% of the federal poverty guidelines, or,
2. Proof of assistance programs such as Food Stamps, AFDC, SSI, Families First, Public Housing, or Low Income Heating Energy Assistance Program (LIHEAP).

Local Access to Supermarkets

Each of the Head Start / Early Head Start centers has access to grocery stores in their area. Due to the rural locations of some communities, at times there may be limited options regarding the choice of a local grocery store. When possible, the contracted food vendor is used to provide produce that is not available locally. Following is a listing of grocery stores in the different service counties:

Bedford County

Dollar General Mkt. (2)
 Family Dollar Stores
Food Lion *
 Kroger
 The P & R Store
 Piggly Wiggly
 Save A Lot Foods
 C. Smith's Food Town
 Shelbyville Supermarket
 Tienda Mexicana
 United Grocery Outlet
 Wal-Mart
 Wartrace country Store
 Whiteside Market



Giles County

D & S Grocery
 Davis & Eslick Grocery
 Dollar General Mkt. (2)
 Family Dollar Stores
Johnson's Foodtown*
 Lib's Grocery
 Piggly Wiggly
 Save A Lot Foods
 Wal-Mart
 Select Foods



Hickman County

Centerville Food Land
 Dollar General Mkt.
 Donna's Cee Bee
 Pinewood Country Store
Save -A- Lot Foods*

Franklin County

Ashley Family Mkt.
 Dechard Mkt.
 Dollar General Mkt.
 Food Lion
 Hunter's Grocery
 Huntland market
 Kroger
 Maxwell Grocery
 Piggly Wiggly
Save-A-Lot*
 Winchester Affiliated Foods
 Wal-Mart

Coffee County

Bob's Foodland
 Discount Food Mart
 Dollar General Mkt. (2)
 Family Dollar Stores (2)
 Faye's Discount Grocery
Food Lion *
 Green's Bestway
 Hillsboro Food Store
 Kroger
 Lighthouse Grocery
 Melrose Mkt.
 Save A Lot Foods
 Sunshine Shop Direct Grocery
Spring Street Market*
 Wal-Mart



Lawrence County

Big Chief's Grocery
 Big Oak Market
 Bonnertown Store
 Busy Bee Mkt.
 Discount Food Mart
 Dollar General Mkt. (3)
 Kay's country Store
Kroger*
 Marshall's Grocery
 Northend Grocery
 Pete's Country Meats
Save- A- Lot Foods*
 Self's Family mkt.
 Super Rama (2)
 Wal-Mart

Lewis County

Family Dollar
J & C Grocery
Jr.'s Food Market
Morrow's Foodtown*
Save A Lot Foods
Wal-Mart

Moore County

Dollar General Mkt.
Redd's Grocery
Woodard's Grocery*

Perry County

Dollar General Mkt.
Food Giant *
Heath's Cee Bee

Lincoln County

Abarotes La Palma
Blanch Grocery & Deli
Coldwater Grocery
Dollar General Mkt.
Family Dollar
Gerald's Foodland*
Howell Hill Grocery
Kirkland Grocery
Piggly Wiggly
Save A Lot Foods
Taft Grocery
Wal-Mart

Wayne County

Beech Creek Grocery
Clifton Supermarket
Dollar General Mkt.
E.W. James & Sons *
Long Green Supersaver
Piggly Wiggly (2)
Save A Lot Foods

Marshall County

Dollar General Mkt. (2)
Family Dollar (2)
Food Lion
Fruteria Latina
Hometown Grocery*
Kroger
La Superior Carniceria
Rex's Foodland & Deli
Save A Lot Foods
Wal-Mart



Maury County

Dollar General Mkt. (5)
Family Dollar (2)
Food Lion (2)
Harris Foodland
Johnny's Food Mkt.
Kroger (3)
Mt. Pleasant Cee Bee
Piggly Wiggly (2)
Pott's Grocery
La Chalupita Grocery
Save A Lot Foods
Southern Family Mkts.
Super Rama (2)*
Tietgens Cee Bee
Wall's Grocery
Super Target
Wal-Mart

**Indicates the grocery store that is contracted within each county for fresh fruits, vegetables, and breads.*

Mental Health

Mental Health services are provided by qualified professionals in all of our local communities. There are also a number of agencies that provide services for children and youth with and without disabilities. Centerstone (www.centerstone.org) is the local mental health provider for all of our service area. Qualified staff members provide outpatient services that are linguistically and culturally appropriate to the extent possible. They also accept TennCare as a payment source. There is a Centerstone Center located in each of the thirteen counties served by SCHRA Head Start with the exception of Moore County. Residents of Moore County can access the Centerstone clinics in surrounding counties. Transportation to scheduled mental



health appointments can also be paid by TennCare. It should be noted that Centerstone does not have staff that are certified to work with children birth to six and services for this age group are extremely limited in all of our service area. Local School Systems are utilized to conduct psychological and behavior assessments for preschool children. The Child Development Center at Vanderbilt University Medical Center also provides screening and assessments for children under the age of eight.

There are a number of other mental health resources and referral agencies that provide services to young children and their families. These include:

- Alliance for the Mentally Ill of Tennessee (www.namitn.org)
- Tennessee Department of Mental Health (www.tn.gov)
- Tennessee Voices for Children (www.tnvoices.org)
- National Hopeline Network (www.hopeline.org)
- TennCare Partners Advocacy and Information Line
- Depression and Bipolar Support Alliance (www.dbsalliance.org)
- Youth Villages (www.youthvillages.org)



The travel time to access services varies within our thirteen county area. In an effort to address the ongoing mental health needs of our families, a Special Services Specialist (SSS) is on staff full time. The SSS is responsible for facilitating consultations as well as monitoring services. The SSS works in conjunction with a Psychologist who works with the program on a contractual basis.

South Central Human Resource Agency provides mental health and substance abuse coverage through Magellan (800-308-4934) (www.magellanassist.com) for employees who select this specific service. Mental Health services are also available to staff under the agency's Employee Assistance Plan.

Program Design & Management

SCHRA Head Start/Early Head Start operates all its classrooms and program management directly; internal monitoring systems and procedures are used to ensure compliance with the Head Start Performance Standards. SCHRA Head Start/Early Head Start is dedicated and fully committed to continuous improvement of its program operations and services. Program monitoring is conducted by preparing monthly reports, holding monthly staff meetings, scheduling observational site visits, using monitoring tools, routinely reviewing and analyzing the ChildPlus child and family data, undergoing an annual fiscal audit, and having ongoing communication



with staff and parents. Progress on goals is monitored by these means, and planning meetings are held to devise new strategies and oversee improvements as needed. SCHRA Head Start/Early Head Start's current management structure and staff development program provide the support needed to achieve all five of the Head Start Objectives.



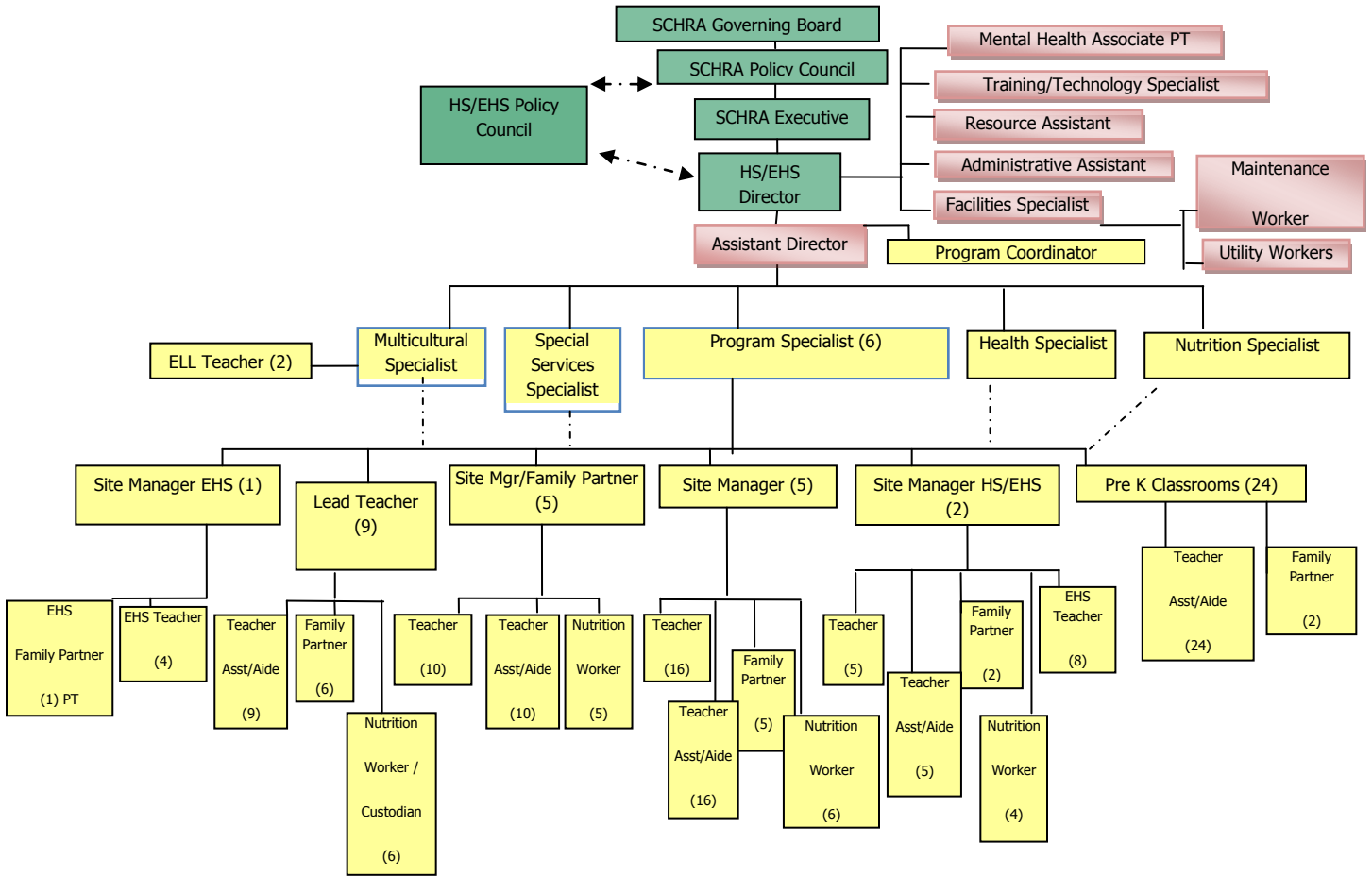
SCHRA Head Start/Early Head Start's management staff is responsible for implementation, monitoring, training and technical assistance. Restructuring of the program has combined Education Specialist and Family Services Specialist positions and associated responsibilities to support six Program Specialist positions. Monitoring and supervision responsibilities were combined and caseloads were reduced so these mid-management positions could be dedicated to an increased amount of time at individual centers. Two Associate positions were combined to create an Assistant Director position, thus maintaining a clear line of accountability and guidance. The restructuring has proven to be a successful plan. Program Specialists provide support, technical assistance, and monitor the sites to ensure Licensing Standards are met. The Program Specialist have received training and tested "Reliable" for the CLASS (Classroom Assessment Scoring System), thus providing even more extensive abilities to monitor and provide guidance to the centers. The leadership team currently in place with Head Start / Early Head Start has accumulated an impressive 150 years of knowledge and experience. The broad background of disciplines at our disposal propels our program towards continued excellence and ultimately success. Our successes will then translate to measurable benefits both to the families and the children we serve, and ultimately to the communities we live in.



"The job of a teacher is to excite in the young a boundless sense of curiosity about life, so that the growing child shall come to apprehend it with an excitement tempered by awe and wonder." John Garrett



Organization Chart-SCHRA



Legend:

Supervisory —————

Consultant - - - - -

Contracted Staff:

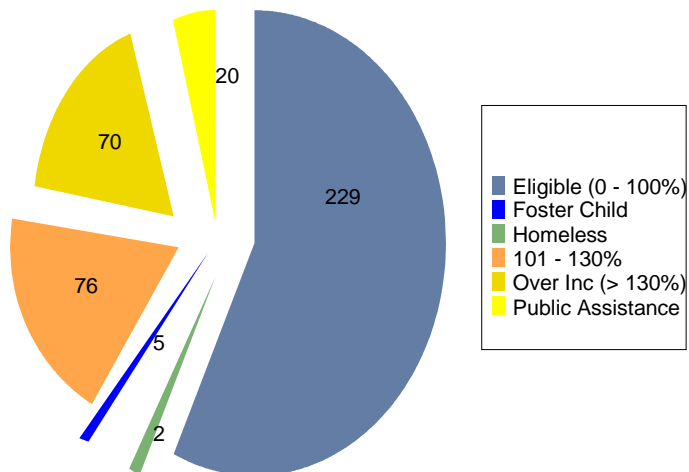
Mental Health Consultant

Nutrition Consultant

Demographic Profile of SCHRA Head Start/Early Head Start Participants

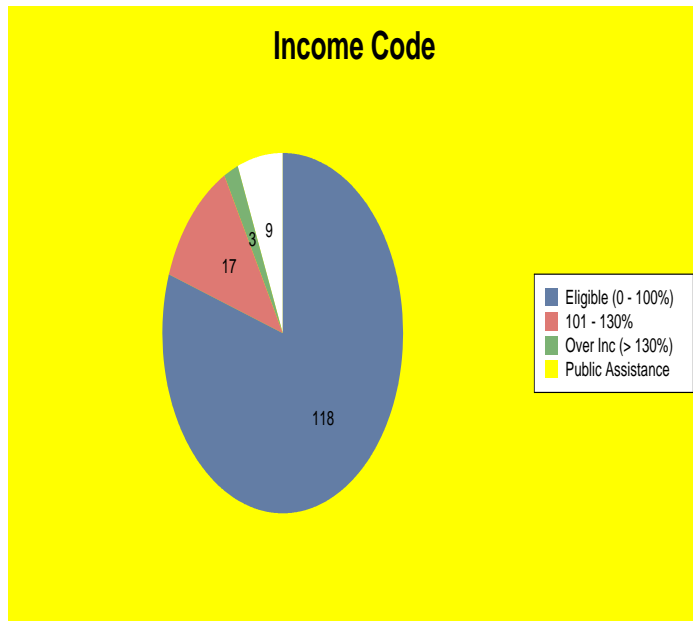
Waitlisted HS

Income Code

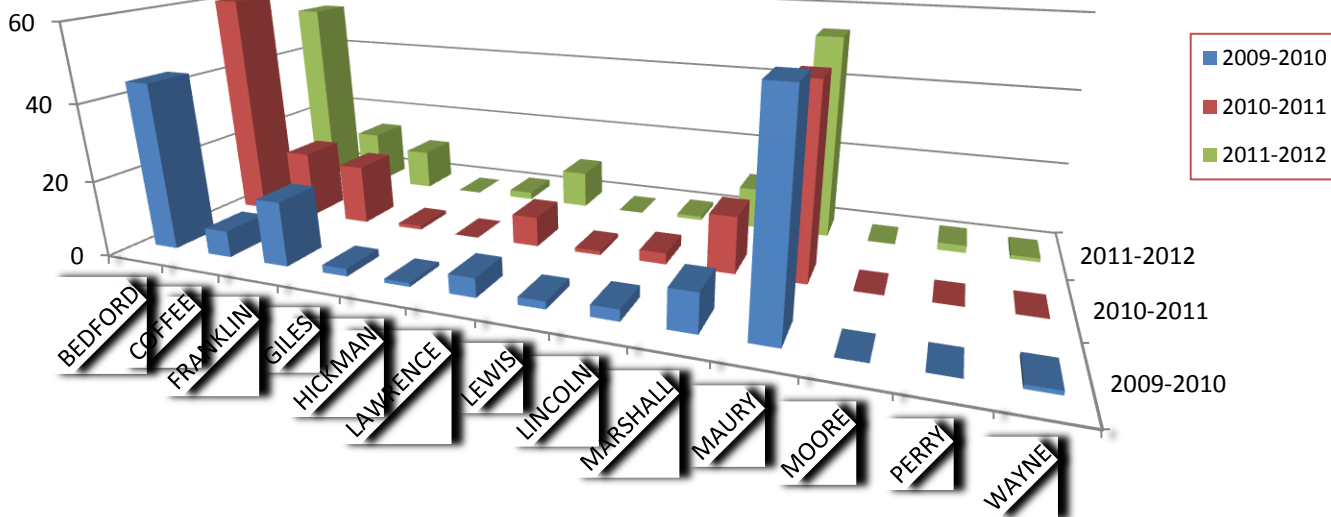


Waitlisted EHS

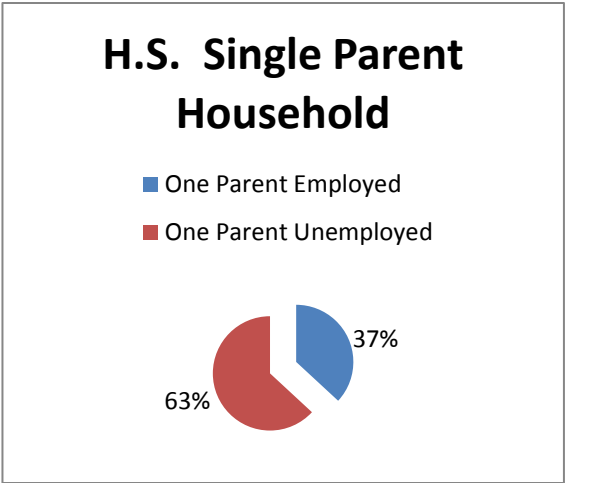
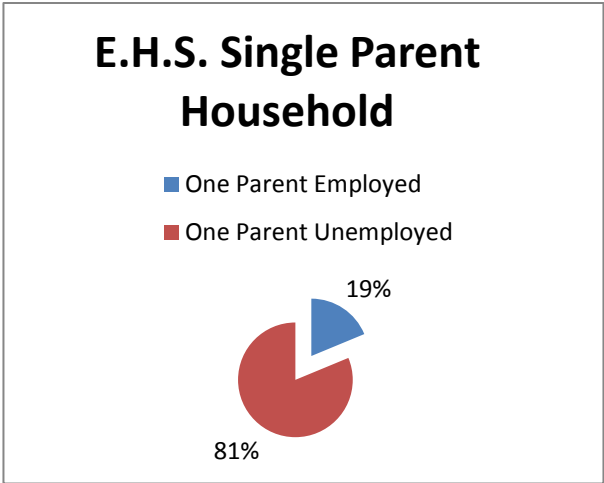
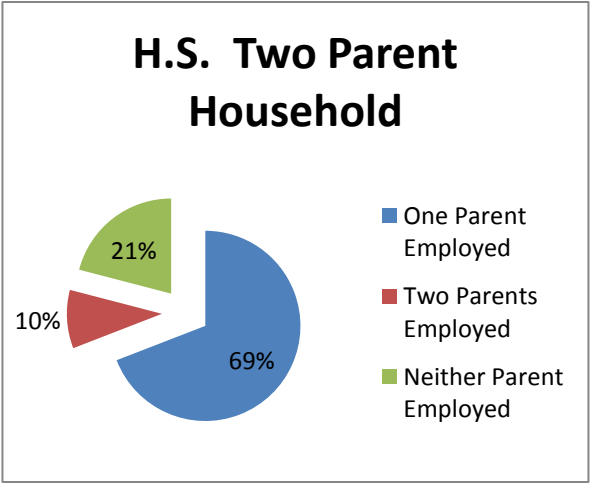
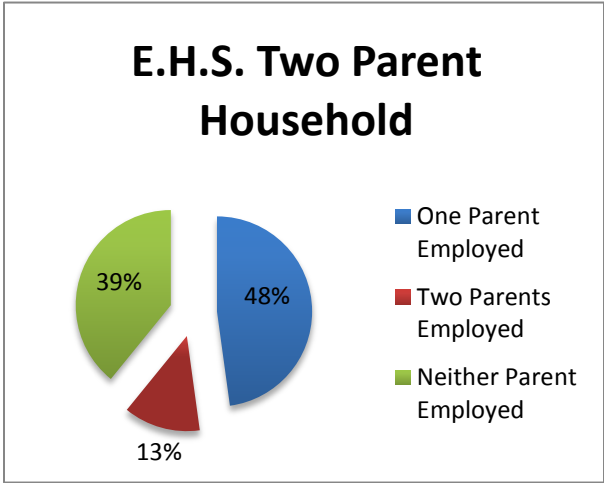
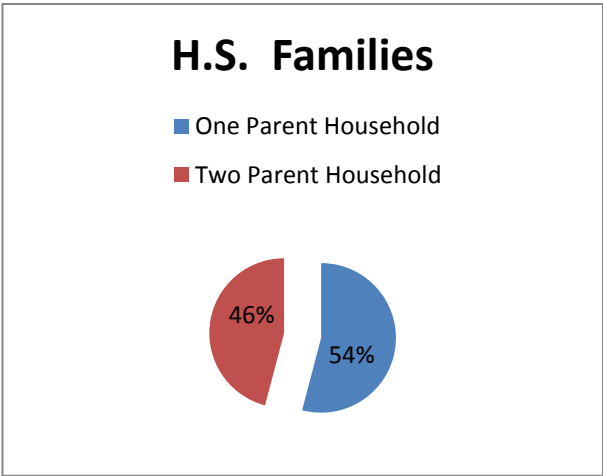
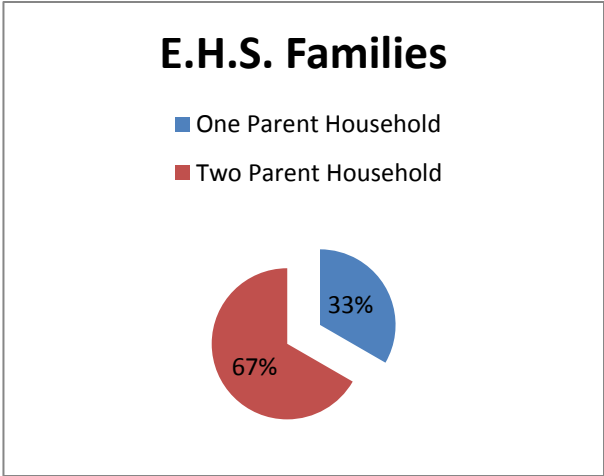
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HS / EHS Hispanic Enrollment by County



Demographic Profile of SCHRA Head Start/Early Head Start Participants



Demographic Profile of HS/EHS Families in Tennessee

PARTICIPANT DIVERSITY OF HS/EHS IN TN AND U.S. (in percent)

	2007		2008		2009		2010	
	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>
Race and Ethnicity								
White	51	40	51	39	48	40	47	40
Black / African American	41	30	42	29	40	30	41	29
Hispanic (any race)	9	35	10	36	9	36	11	36
Bi-Racial or Multi-Racial	4	5	5	7	4	8	4	8
Unspecified	3	18	2	18	<1	6	1	6
Other	1	0.4	0	<1	6	10	11	11
Asian	<1	2	1	2	<1	2	0	2
American Indian / Alaskan Native	<1	4	0	4	<1	1	0	4
Native Hawaiian / Pacific Islander	<1	1	0	1	<1	4	0	1

FAMILY MAKEUP OF HS/EHS PARTICIPANTS IN TN AND U.S. (in percent)

	2007		2008		2009		2010	
	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>
Family Status								
Single-Parent Families	64%	57%	64%	57%	64%	57%	63%	57%
Two-Parent Families	36%	43%	36%	43%	36%	43%	37%	43%
Families with at least one employed parent	66%	70%	66%	70%	64%	68%	63%	65%
Families with at least one parent in school/job training	16%	14%	10%	13%	11%	14%	12%	14%
Families receiving TANF	22%	17%	23%	16%	20%	16%	19%	16%
Families receiving WIC	46%	51%	49%	52%	47%	55%	44%	57%
Total Number of Participating Families	18,698		18,743		18,263		18,940	

HS / EHS Participants in TN--Primary Language Spoken in the Home

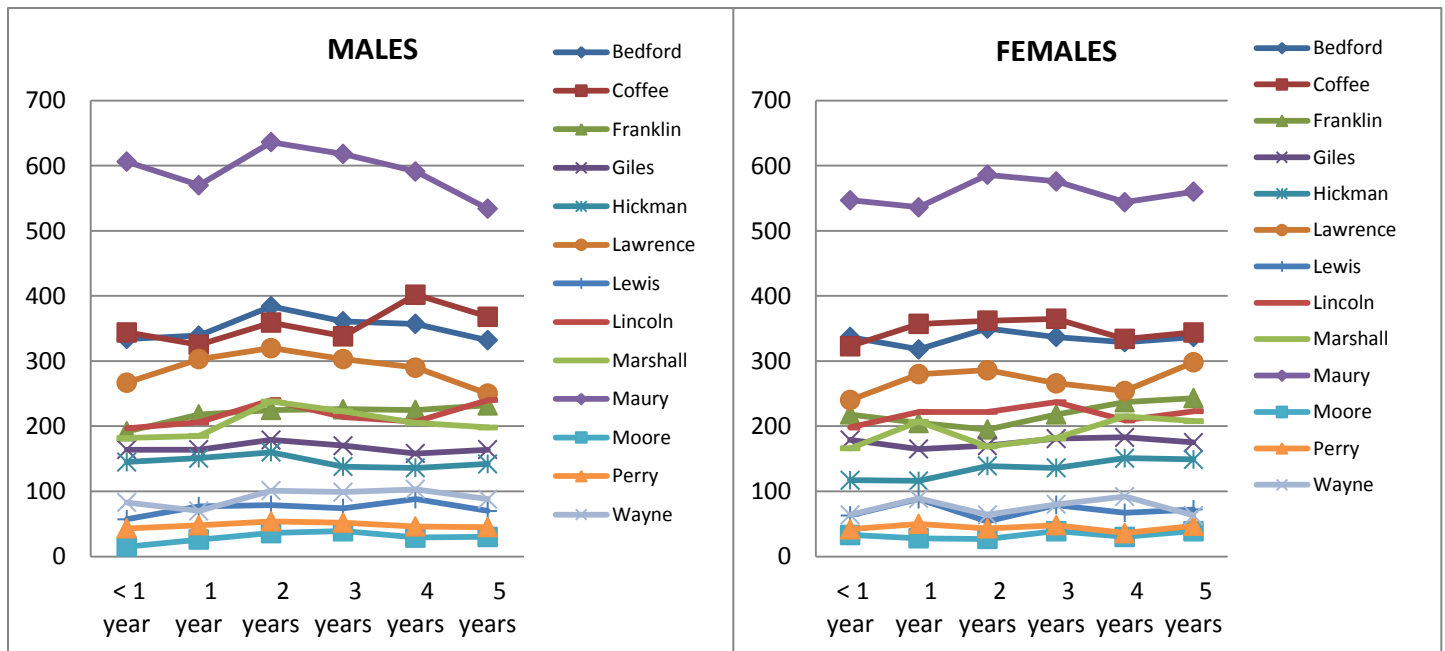
<u>LANGUAGE</u>	2007		2008		2009		2010	
	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>	<u>TN</u>	<u>US</u>
English	91%	70%	89%	69%	90%	70%	88%	70%
Spanish	7%	25%	8%	26%	7%	26%	9%	25%
Middle Eastern and South Asian Lang.	1%	1%	1%	<1%	1%	<1%	1%	1%
All other Languages	1%	4%	2%	5%	1%	5%	2%	4%

Demographic Profile of SCHRA Counties--Tennessee

	Bedford	Coffee	Franklin	Giles	Hickman	Lawrence	Lewis	Lincoln	Marshall	Maury	Moore	Perry	Wayne
Male:	6,807	7,247	5,193	3,756	3,239	5,989	1,662	4,427	4,247	11,174	768	1,037	2,018
< 1 year	334	344	192	164	145	267	57	197	182	606	15	43	83
1 year	339	325	218	164	151	303	77	206	185	570	26	48	70
2 years	384	359	225	179	160	320	79	240	238	636	36	54	101
3 years	361	338	226	170	138	303	74	214	223	618	39	52	99
4 years	357	402	225	158	136	290	88	207	205	591	29	46	103
5 years	332	368	232	164	142	250	70	240	198	534	30	45	88

Female:	6,461	6,977	5,127	3,609	2,931	5,648	1,521	4,171	4,063	10,518	776	931	1,720
< 1 year	337	323	218	179	117	240	63	198	166	547	33	42	64
1 year	318	357	205	165	116	280	88	222	207	536	28	50	89
2 years	350	362	195	170	139	286	54	222	169	586	27	43	64
3 years	337	365	218	181	136	266	79	237	182	576	39	48	80
4 years	329	334	237	183	151	254	67	209	215	544	30	36	92
5 years	337	344	243	175	149	298	72	223	208	560	39	47	63
Total:	13,268	14,224	10,320	7,365	6,170	11,637	3,183	8,598	8,310	21,692	1,544	1,968	3,738

Sex by Age for the Population Under 20 years—below is a graphic representation of the above table showing population trends for children ages less than 1 year old to children age 5 years old, and the breakdown between male and female children.



Demographic Profile of SCHRA Counties--Tennessee

POPULATION—The estimates for the State of Tennessee as of July 2010 showed a total household population of 6,346,105. Of this, 51.3% were female, and 48.7% were males. There was an 11.5% increase in population for the State from the year 2000 Census to the 2010 data. Twenty-three percent of the population was under the age of 18 years (23.6%), and 13.4% was age 65 years or older. Six percent of the population was under age 5 (6.4%). Reviews of population data estimates from the years 2005 to 2010 reflects that Bedford, Marshall, and Maury Counties had the most significant population increases, while Coffee, Hickman, and Moore Counties also showed a relatively moderate growth trend. Giles, Lawrence, Perry, and Wayne Counties showed the least or slight increases to the general population. Data collected was taken from the U.S. Census Bureau, 2010.

Population Estimates for the SCHRA—Tennessee Service Area								
	2005	2006	2007	2008	2009	2010	2000 Census	% Change from 2000 to 2010
Bedford	42147	43444	44531	45384	45947	45058	37586	19.88%
Coffee	50637	51400	51739	52173	52521	52796	48014	9.96%
Franklin	40529	40888	41190	41189	41310	41052	39270	4.54%
Giles	29054	29054	29011	29174	29082	29485	29447	0.13%
Hickman	23365	23518	23784	23877	23805	24690	22295	10.74%
Lawrence	40641	40595	40884	41060	41314	41869	39926	4.87%
Lewis	11333	11436	11528	11510	11521	12161	11367	6.99%
Lincoln	32121	32434	32733	33156	33374	33361	31340	6.45%
Marshall	28093	28716	29382	30015	30279	30617	26767	14.38%
Maury	75639	77860	80420	82727	84302	80956	69498	16.49%
Moore	5982	5985	6043	6114	6096	6363	5740	10.85%
Perry	7587	7607	7678	7774	7826	7915	7631	3.72%
Wayne	16696	16664	16575	16519	16506	17021	16842	1.06%

Demographics Data for SCHRA Counties and Tennessee—2010														
	Bed	Cof	Frk	Gile	Hck	Lwr	Lew	Linc	Mrshl	Mry	Mre	Prry	Wne	TN
Population	45 K	52 K	41 K	29 K	24 K	41 K	12 K	33 K	30 K	81 K	6 K	8 K	17 K	6,346,105
< 5 yrs %	7.6	6.6	5.3	5.8	5.6	6.7	6.0	6.5	6.4	7.2	4.7	5.8	5.0	6.4%
<18 yr %	26.8	24.4	21.8	22.1	22.5	25.1	23.8	23.3	24.7	24.3	22.2	22.6	19.6	23.6%
Fem %	50.4	51.4	51.2	51.2	47.5	51.2	51.0	51.2	51.1	51.6	50.8	49.8	44.8	51.3%

This table provides data on the numbers (by age) of persons in our service area.

Demographic Profile of SCHRA Counties--Tennessee

Following is a table demonstrating the total numbers of children in poverty, either below, or at/above the poverty levels within the service area counties. These are year 2010 numbers.

CHILDREN IN POVERTY 0-3 YEAR OLDS 2010--IN THE SCHRA SERVICE AREA

	BEDFORD	COFFEE	FRANKLIN	GILES	HICKMAN	LAWRENCE	LEWIS	LINCOLN	MARSHALL	MAURY	MOORE	PERRY	WAYNE
<i>BELOW POVERTY LEVEL IN PAST 12 MONTHS</i>	939	882	447	399	177	429	201	423	408	858	111	165	144
<i>AT/ABOVE POVERTY LEVEL IN PAST 12 MONTHS</i>	1,533	1,737	1,251	783	804	1,698	360	1,110	1,038	3,345	111	141	441

Demographics Data for SCHRA Counties and Tennessee—2010

	Bed	Cof	Frk	Gile	Hck	Lwr	Lew	Linc	Mrshl	Mry	Mre	Prry	Wne	TN
LAND SQ. MI	473.6	428.9	554.5	610.9	612.5	617.1	282.1	570.3	375.5	613.1	129.2	414.7	734.1	41234.9
Person /sq. mi.	95.1	123.1	74.0	48.3	40.3	67.8	43.1	58.5	81.5	132.0	49.2	19.1	23.2	153.9

Data from the U.S. Census Bureau provides this snapshot above of land size in the thirteen county service area and persons per square mile (population density). Wayne, Maury, Hickman, and Giles Counties are the largest, but for people per square mile, Perry and Wayne have the least population density. A further look at the table below will provide information of increases in households in the same service area. Maury, Bedford, Marshall, and Moore Counties showed the highest increases in the ten year period analyzed, shown in red on the table. The counties with the least growth in households were Giles, Lawrence, Lincoln, and Wayne Counties.

Housing Estimates for the SCHRA—Tennessee Service Area

	2005	2006	2007	2008	2009	2010	2000 Census	% Change from 2000-2010
Bedford	16551	16980	17312	17498	17636	18360	14990	22.48%
Coffee	21959	22460	22914	23345	23557	23434	20746	12.96%
Franklin	18383	18618	18875	19102	19224	18697	16813	11.21%
Giles	13704	13757	13803	13839	13844	13844	13113	5.57%
Hickman	9309	9354	9389	9412	9412	10311	8904	15.80%
Lawrence	17331	17397	17450	17489	17538	18177	16821	8.06%
Lewis	5025	5048	5062	5073	5081	5470	4821	13.46%
Lincoln	14465	14533	14590	14632	14648	15241	13999	8.87%
Marshall	12363	12605	12833	12956	13098	13119	11181	17.33%
Maury	32952	34112	35318	36079	36446	35254	28674	22.95%
Moore	2791	2852	2917	2962	2988	2915	2515	15.90%
Perry	4314	4339	4358	4370	4369	4599	4115	11.76%
Wayne	7056	7092	7121	7139	7134	7287	6701	8.74%

Demographic Profile of SCHRA Counties--Tennessee

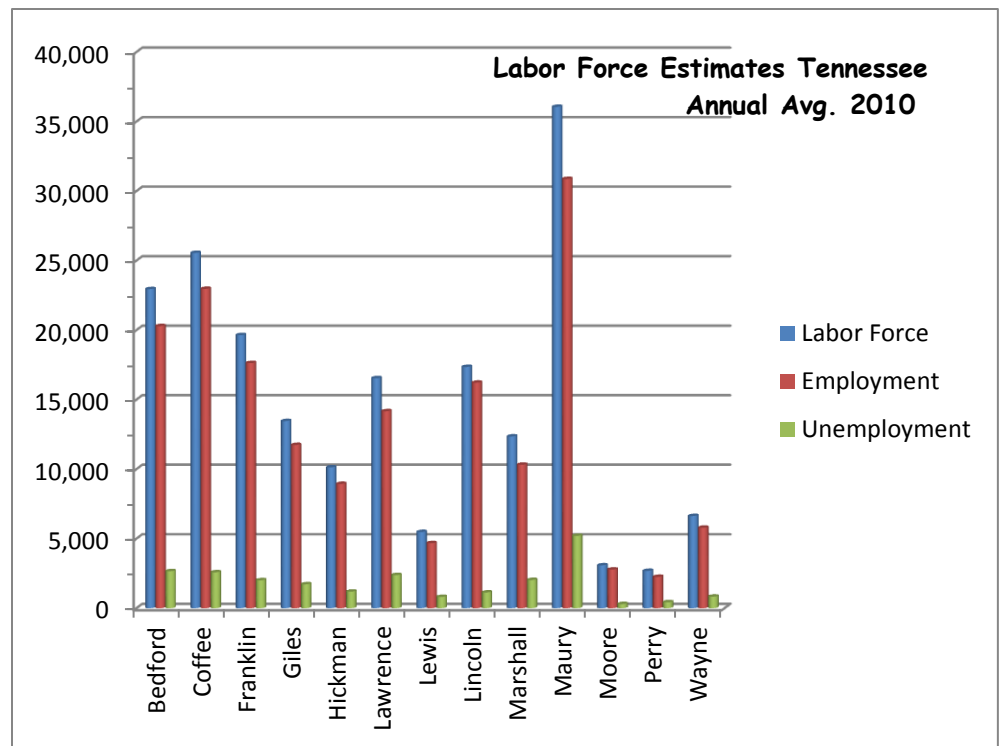
EMPLOYMENT AND UNEMPLOYMENT RATES--The tables below records numbers relative to the thirteen county service area, the state, and national data. Information collected from the Tennessee Department of Workforce Development for 2010 notes the following:

LABOR FORCE ESTIMATES SUMMARY-TENNESSEE

Annual average 2010

Counties	Labor Force	Employment	Unemployment	Unemployment Rate %
Bedford	22,950	20,290	2,660	11.6
Coffee	25,550	22,970	2,580	10.1
Franklin	19,640	17,630	2,010	10.2
Giles	13,460	11,740	1,720	12.8
Hickman	10,130	8,940	1,190	11.7
Lawrence	16,540	14,170	2,380	14.4
Lewis	5,480	4,680	810	14.7
Lincoln	17,350	16,220	1,130	6.5
Marshall	12,350	10,320	2,030	16.4
Maury	36,060	30,870	5,200	14.4
Moore	3,080	2,780	300	9.6
Perry	2,680	2,250	430	15.9
Wayne	6,630	5,790	830	12.6

The picture at right graphically displays the data columns from the table above. Employment figures show that over sixty percent of the thirteen counties have more than a thousand unemployed workers. Although most counties have Industrial recruiting efforts in place, many opportunities are still not available.



Demographic Profile of SCHRA Counties--Tennessee

Relative comparisons to national and state figures show that our service area averaged 12.38% unemployment as compared to the 9.6 percent for the state, and the 9.1 percent average nationally. The only county that matched the state average of 9.6% was Moore County; the other eleven counties recorded much higher unemployment figures (www.tn.gov/labor-wfd).

	Labor Force	Employed	Unemployed	% Rate
United States	154,344,000	140,335,000	14,008,000	9.1%
Tennessee	3,129,900	2,828,400	301,400	9.6%

More data, generated from the Bureau of Labor Statistics shows the following historical information for the State, still recovering from the high in year 2009:

State of Tennessee Unemployment Statistics, Period from 2003-2010

	Labor Force	Employed	Unemployed	% Rate
2003	2,896,135	2,731,371	164,764	5.7
2004	2,904,355	2,746,241	158,114	5.4
2005	2,942,297	2,778,489	163,808	5.6
2006	3,008,948	2,852,509	156,439	5.2
2007	3,021,463	2,874,173	147,290	4.9
2008	3,056,050	2,854,488	301,562	6.6
2009	3,051,593	2,734,302	317,291	10.4
2010	3,056,701	2,759,243	297,458	9.7

Source	U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages					
Period	First Quarter 2010					
Area Name	Year	Quarter	Employment	One-Year Employment Gain/Loss (Percent)	Average Weekly Wages \$	One-Year Weekly Wages Gain/Loss (Percent)
Bedford County	2010	First Quarter	16902	3	581	1.2
Coffee County	2010	First Quarter	22062	1	659	-0.2
Franklin County	2010	First Quarter	9218	1.5	536	-2.5
Giles County	2010	First Quarter	8034	0.1	609	2.2
Hickman County	2010	First Quarter	3102	-1.5	502	-3.3
Lawrence County	2010	First Quarter	9567	-2.7	520	-1.9
Lewis County	2010	First Quarter	2395	-2.5	436	3.1
Lincoln County	2010	First Quarter	8652	-0.5	548	2.6
Marshall County	2010	First Quarter	7027	-9.6	571	3.8
Maury County	2010	First Quarter	26300	-11.4	700	3.6
Moore County	2010	First Quarter	1432	-0.1	697	4.3
Perry County	2010	First Quarter	1598	5.7	483	-0.2
Wayne County	2010	First Quarter	3570	-2.3	481	4.3

Data on this table alongside shows the average weekly wages for the service area to be the lowest among Lewis, Perry, and Wayne Counties. The highest is Maury, followed by Moore and Coffee Counties.

Demographic Profile of SCHRA Counties--Tennessee

Household Income

Household Income for 2009			
	Per Capita Money Income (past 12 months, 2009 dollars) 2005-2009	Median Household Income, 2009	Persons below poverty level, percent, 2009
Bedford	18,061	39,042	18.2%
Coffee	20,571	39,882	16.6%
Franklin	20,851	40,432	15.1%
Giles	20,339	38,046	18.5%
Hickman	17,174	38,516	18.5%
Lawrence	17,715	34,254	18.0%
Lewis	16,487	33,245	20.8%
Lincoln	22,523	40,108	15.6%
Marshall	20,296	41,681	14.8%
Maury	22,641	43,564	14.8%
Moore	27,510	46,494	14.2%
Perry	16,367	32,054	20.2%
Wayne	15,401	32,562	23.0%
Average	19,687	38,452	17.56%
State of TN	23,557	41,715	17.21%
United States	27,041	50,221	14.3%

This table shows the median income for households in the thirteen county service area. The average of \$38,452 is below both the state and national averages. Also, it can be noted that the percent of persons living below the state and national poverty levels is higher than those totals. This graphically reflects the needs and circumstances of many of the residents living within our target areas.

Race and Ethnicity- Nativity / Language

Population data previously mentioned described the following counties as

being the most populated, in order: Maury, Coffee, Bedford, and Lawrence. Current population estimates of Hispanics and other ethnicities are projected to continue increasing at a steady rate; recent legislation within the United States and regionally (Alabama) could also bring about increases in these numbers. Previous Census data has recorded Bedford, Maury, Marshall, and Coffee Counties as being the most populated with a Hispanic presence.

*We are now at the point where we must decide whether we are to honour the concept of a plural society which gains strength through **diversity**, or whether we are to have bitter fragmentation that will result in perpetual tension and strife.*

- Earl Warren

Demographic Profile of SCHRA Counties--Tennessee

Hispanic Population Estimates for the SCHRA—Tennessee Service Area									
	Hispanic/Latino Origin %			Foreign Born Persons, %			Language other than English Spoken at Home, Age 5+ (2005-2009)		
	Cty	TN	US	Cty	TN	US	Cty	TN	US
Bedford	11.3	4.6	16.3	9.6	4.1	12.4	12.9	5.9	19.6
Coffee	3.8	4.6	16.3	4.3	4.1	12.4	4.3	5.9	19.6
Franklin	2.5	4.6	16.3	2.2	4.1	12.4	3.7	5.9	19.6
Giles	1.6	4.6	16.3	1.1	4.1	12.4	1.4	5.9	19.6
Hickman	1.8	4.6	16.3	1.1	4.1	12.4	1.6	5.9	19.6
Lawrence	1.6	4.6	16.3	0.8	4.1	12.4	3.1	5.9	19.6
Lewis	1.8	4.6	16.3	1	4.1	12.4	1.7	5.9	19.6
Lincoln	2.7	4.6	16.3	1	4.1	12.4	1.9	5.9	19.6
Marshall	4.5	4.6	16.3	3.4	4.1	12.4	5.2	5.9	19.6
Maury	4.8	4.6	16.3	3.5	4.1	12.4	5.6	5.9	19.6
Moore	1.1	4.6	16.3	0.6	4.1	12.4	1.3	5.9	19.6
Perry	1.7	4.6	16.3	0.4	4.1	12.4	0.1	5.9	19.6
Wayne	1.6	4.6	16.3	0.9	4.1	12.4	2.3	5.9	19.6

Of the people living in the State of Tennessee during the 2005-2009 year period, 4.1% were foreign born, a 0.1% increase from the previous Community Assessment study.

Geography	Total population	White	Black or African American	American Indian and Alaska Native	Asian	Hawaiian & Other Pacific Islander	Two or more races	Hispanic or Latino (of any race)
Tennessee	6,296,254	4,780,113	1,062,808	18,889	88,149	6,297	75,555	264,443
Bedford	45,947	34,965	3,354	183	321	45	505	6574
Coffee	52,521	47,324	1,995	157	525	0	577	1,943
Franklin	41,310	37,099	2354	123	206	0	454	1074
Giles	29082	24,897	3,228	87	174	0	348	348
Hickman	23,805	21,998	1,142	119	23	0	238	285
Lawrence	41,314	39,292	743	165	123	0	330	661
Lewis	11,521	10901	241	23	69	0	103	184
Lincoln	33,374	29,505	2,436	166	166	0	467	634
Marshall	30,279	25,982	2,210	90	121	0	272	1604
Maury	84,302	67,107	10,706	337	505	0	1,011	4,636
Moore	6,096	5756	207	12	6	0	48	67
Perry	7,826	7,414	172	31	7	7	86	109
Wayne	16,506	14,807	1,287	33	66	0	115	198

Population, 2010 Estimates (FedStats.gov 2010)

Demographic Profile of SCHRA Counties--Tennessee

Among people at least five years of age or more, the percentage decreased 0.1% from 6.0% to 5.9%. Further analysis shows us that seven of the thirteen counties that SCHRA services rank within the top 50% of the Hispanic population of the 95 counties in the State of Tennessee. Overall, the percentage of all children living in the United States with at least one foreign-born parent rose from 15 percent in 1994 to 23 percent in 2010.

Nationally in 2009, 21 percent of school-age children spoke a language other than English at home, and 5 percent of school-age children both spoke a language other than English at home and had difficulty speaking English. Also in 2009, the percentage of school-age children who spoke a language other than English at home varied by region of the country, from a low of 12 percent in the Midwest to a high of 34 percent in the West. Sixty three percent of school-age Asian children and 66 % of school-age Hispanic children spoke a language other than English at home, compared with 6 percent of both White, non-Hispanic and Black, non-Hispanic school-age children. Sixteen percent of both school-age Asian and school-age Hispanic children spoke another language at home and had difficulty with English, compared with about 1 percent of both school-age White, non-Hispanic and school-age Black, non-Hispanic children.



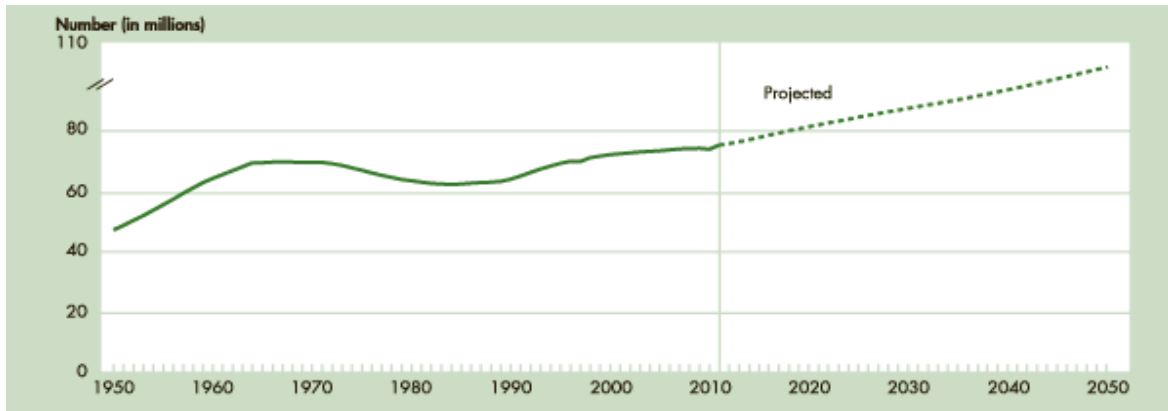
In 2010, there were 74.2 million children ages 0-17 in the United States, or 24 percent of the population. This number is projected to increase to 87.8 million in 2030. The chart on the next page shows projection estimates through 2050. There were approximately equal numbers of



children in three age groups: 0-5 (25.5 million), 6-11 (24.3 million), and 12-17 (24.8 million) years of age in 2009. The racial and ethnic diversity of *America's Children* has grown dramatically in the last three decades and will continue to grow. In 2023, fewer than half of all children are projected to be White, non-Hispanic. By 2050, 39 percent of U.S. children are projected to be Hispanic (up from 23 percent in 2010), and 38 percent are projected to be White, non-Hispanic (down from 54 percent in 2010). Further information gathered from the U.S. Census Bureau (American

Community Survey 2000-2009) reported the percentage of school-age children nationwide speaking another language at home as being 21.1%. Of the 11,227 (in thousands) children, 8067 spoke Spanish, the other twenty-eight percent spoke some other language (Other Indo-European, Asian, or Other). About 6 percent of school-age children spoke a language other than

English at home and lived in a linguistically isolated household in which all persons age 14 or over speak a language other than English at home and no person age 14 or over speaks English "Very well."



NUMBER OF CHILDREN AGES 0-17 IN THE UNITED STATES, 1950-2010 AND PROJECTED 2011-2050

SOURCE: U.S. Census Bureau, Decennial Censuses and Population Estimates and Projections.

In 2010, children made up 24 percent of the population, down from a peak of 36 percent at the end of the "baby boom" (1964). Children's share of the population is projected to remain fairly stable through 2050, when they are projected to make up 23 percent of the population

(www.childstats.gov). Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity appeared first among children and later in the older population. The population is projected to become even more diverse in the decades to come. In the 2010 census, 54 percent of U.S. children were White, non-Hispanic; 23 percent were Hispanic; 14 percent were Black; 4 percent were Asian; and 5 percent were "All other races."



The percentage of children who are Hispanic has increased faster than that of any other racial or ethnic group, growing from 9 percent of the child population in 1980 to 23 percent in 2010. In 2023,



fewer than half of all children are projected to be White, non-Hispanic. By 2050, 39 percent of U.S. children are projected to be Hispanic (up from 23 percent in 2010), and 38 percent are projected to be White, non-Hispanic (down from 54 percent in 2010). The citizenship status for the foreign born population for the state shows that 33.5% became or were Naturalized citizens. Sixty-six and a half percent were not citizens. This presumes the continued need and emphasis on selecting and hiring capable, bilingual teachers into the program.

Relating the data from the U.S. Census 2010 Fact Finder for the State of Tennessee, the region of origin of Foreign Born residents showed the following information—almost half were from Latin American descent. The next highest percentages were from Asia, followed by Europe. This reflects the predicted growth for Head Start / Early Head Start enrollees in the next several years.



World Region of Birth of Foreign Born—2010 Data	
	Foreign Born Population 288,993
Europe	11.3%
Asia	26.8%
Africa	9.5%
Oceania	0.6%
Latin America	49.4%
Northern America	2.3%

Child Care in the United States and Tennessee

The high cost of child care forces many parents to make difficult decisions. Parents want quality child care for their children. They also know the importance of safe, stable, stimulating environments to support their children's development. Unfortunately, safety, health and school readiness come at a cost that many parents cannot afford. Information from the *Parents and the High Cost of Child Care: 2011 Update* (www.naccrra.org) details the economic challenges working American families face in paying for child care. It offers recommendations for states and the federal government to improve the affordability of child care. Child Care Resource and Referral agencies (CCR&Rs) throughout the country report that some parents have responded to the current economic climate by moving their children from licensed child care centers or family child care homes to informal, unlicensed settings. The National Association of Child Care Resource and Referral Agencies (NACCRRRA) is concerned that this means children may be in settings where providers have no training in health and safety practices, do not engage children in activities promoting school readiness and have not had a background check, potentially leading to children in an unsafe setting. It is essential that the federal and state governments help families access and afford quality child care so that children's safety and healthy development



is not jeopardized. Working families earning low incomes have very few choices without assistance, but many families earning higher incomes are also struggling with the high cost of child care. Recent research by the National Institute of Child Health and Human Development (NICHD) shows that even 10 years after children have left child care, quality care is still related to higher academic achievement for families of all income levels. Of the 714,883 family groups in the State of Tennessee, 238,576

are single-parent families. Sixty-five percent of the requests for referrals to child care services are for infants/toddler care.

The following table presents information on needs statewide and nationally as of 2010:

Data from the NACCRRRA 2011 Child Care in the State of Tennessee		
We the People of Tennessee		
	TN	U.S.
Total residents	6,158,953	301,461,533
Children age birth-4 years	412,697	20,860,344
Children age birth-4 years living in poverty	109,967	4,416,482
Children age 5-11	560,702	27,914,577
Total Families	714,883	34,883,550
Single Parent Families	238,576	10,779,688
Families in Poverty	148,976	5,802,201
Children Under Age 6 Potentially Needing Child Care		
Children in two-parent families, both parents working	165,217	8,971,157
Children in Single Parent families, parent working	129,927	5,856,354
Total children under age 6 potentially needing child care	295,144	14,827,511
How many working mothers are there?		
With infants	56,579	2,502,858
With children under age 6	116,793	5,439,259
With children under 18		
Married working mothers	298,731	15,149,864
Single working mothers	147,352	6,713,060
Child Care Centers Available, Kind of Care Requested		
Number of centers	2,032	119,550
Family child care (FCC) homes	1,119	23,1705
Total spaces / slots	183,355	11,551,742
Percent of spaces in centers	94%	82%
Percent of spaces in FCC	6%	19%
Percent of requests for referrals received by CCR&Rs		
For infant/toddler care	65%	40%
For preschool-age care	23%	34%
For school-age care	12%	25%
For full-time care	97%	84%
For part-time care	3%	17%
How expensive is Child Care? Average annual fees for full-time care		
In a Center		
Infant	\$5,850	\$4,650-\$18,200
4 year old child	\$4,500	\$3,900-\$14,050
In a family child care home		
Infant	\$4,750	\$3,850-\$12,100
4 year old child	\$4,050	\$2,300-\$9,350
Affordability (cost of child care as percent of median annual family income)		
Infant in center, percent of income for MARRIED COUPLES	9%	7% to 16%
Infant in center, percent of income for SINGLE MOTHERS	29%	25% to 69%

The percent of income designated for children of single mothers for our state is an astonishing twenty-nine percent of median income. The needs of this subgroup of the population is evident in the ever increasing enrollments for HS/EHS centers in the area.

Households and Families

The American Community Survey for 2010 data shows approximately 2.4 million households in the State of Tennessee. The average household size was 2.54; the average family size was 3.1 persons. Families made up 67.4% of the households in the state, forty-nine percent were married couple families. Of the non-family households which made up 32.6%, householders living alone made up 27.7%. Households with one or more people under 18 years of age made up 31.9%. Non-relatives living in these households averaged 4.9% of the population.

Some quick facts recovered from the AARP article "*More Grandparents Raising Grandkids--New census data shows an increase in children being raised by extended family*" by: Amy Goyer, December 20, 2010 shows the following national trends:

4.9 million children (7 percent) under age 18 live in grandparent-headed households. That's up from 4.5 million living in grandparent-headed households 10 years ago. I suspect this increase has to do with challenges in our economy over the past five years, including the housing and foreclosure crisis, the loss of jobs and general economic woes. Clearly, grandparents are increasingly providing the stability and security of home for their families.

Approximately 20 percent of these children (964,579) have neither parent present and the grandparents are responsible for their basic needs. This is a decrease from 2000, when approximately one-third lived without parents. This is most likely because of the increase in multigenerational homes headed by grandparents that include grandparent, parent and grandchild, and another likely result of economic conditions.

1.9 million children are living in households headed by other relatives (2.5 percent of the children in the country). This number is up from 1.5 million in 2000. This figure speaks to the fact that aunts, uncles, cousins and even siblings are also stepping in to support America's children when they need it the most.

51 percent of grandparents who have grandkids living with them are white (up from 46 percent in 2000); 24 percent are Black/African American (down from 28 percent in 2000); and 19 percent are Hispanic/Latino (down slightly from 20 percent in 2000). I think these changes could be an indicator of the broad swath of families, in all socio-economic categories, who have been affected by the economy. For grandparents reporting responsibility for grandchildren 67 percent are under age 60, which is down from 71 percent in 2000. And 20 percent live in poverty; up from 18.8 percent in 2000.

Within the State, the percent of grandparents reporting responsibility for their grandchildren is at 49.4%. Among the 3.0 million children (4 percent of all children) not living with either parent in 2010, 54 percent (1.7 million) lived with grandparents, 21 percent lived with other relatives only, and 24 percent lived with nonrelatives. Of children in non-relatives' homes, 27 percent (200,000) lived with foster parents (childstats.gov). Immigrant's use of extended family instead of formal child care arrangements may be partially explained by the lower share of second parents—usually mothers—who work.



Immigrant parents may also face barriers to child care access; cost, eligibility for subsidies, language barriers, legal status, and/or the availability of nearby care. Hispanic children living with grandparents were at 19.9%, other relatives/no grandparent was at 29.5%. The table below demonstrates the breakdown of age groups care for by non-parental units. The time frame of responsibility for these children ranged from less than one year (10.4%), 1 or 2 years (11.8%), 3 or 4 years (7.4%), and 5 or more years (19.7%). The following is a list of organizations in Tennessee that is available to assist grandparents with responsibilities and rights:

- TennesseeGrands
- Tennessee Department of Children's Services
- The Center for Family Development
- families First Kinship Care Pilot Program
- National Council on Aging

**Family Structure/Children's Living Arrangements—
United States Hispanic Population (US Census 2010)**

	Grandparents	Other relatives only—no grandparents
Ages 0-5	27.3%	22.2%
Ages 6-14	53.4%	47.5%
Ages 15-17	19.2%	30.3%

Poverty Levels: Children in the United States

In 2009, 21 percent of all children ages 0-17 (15.5 million) lived in poverty. This is up from the low of 16 percent in 2000 and 2001. The poverty rate for all children increased from 18 percent in 2007 to 19 percent in 2008 to 21 percent in 2009. This trend is consistent with expectations related to the recent economic downturn. In 2009, more children lived in families with medium income (31 percent) than in families in any other income group. Fewer children lived in families with low income and with high income (22 and 28 percent, respectively) than lived in families with medium income. The percentage of children living in families with medium income was lower in 2009, at 31 percent, than in 1990, at 37 percent. Conversely, the percentage of children living in families with high income was greater in 2009, at 28 percent, than in 1990, at 21 percent. The percentage of children living in families in extreme poverty peaked at 10 percent in 1992, decreased to 6 percent in 2000, and rose to 9 percent in 2009. The percentage of children who lived in families with very high incomes (600 percent or more of the poverty threshold) has nearly doubled, from 7 percent in 1991 to 13 percent in 2009 (Source: US Census Bureau/Current Population Survey).



Income, Poverty, and Health Insurance Coverage in the United

States: 2010 U.S. Census Bureau, September 2011 In September 2011, the Census Bureau released the latest data on poverty, income, and health insurance coverage for 2010, based on the 2010 Current Population Survey Annual Social and Economic Supplement (CPS ASEC).

Key findings:

In 2010, the number of people in poverty continued to increase, for the fourth year in a row. There were 46.2 million people in poverty; this is the largest number in the 52 years in which the Census Bureau has been tracking this figure. The official poverty rate for the nation was 15.1 percent, an increase from 14.3 percent in 2009.



- The number of children under 18 in poverty increased by 900,000 children--from 15.5 million in 2009 to 16.4 million in 2010. The poverty rate for children under 18 was 22.0 percent, an increase from 20.7 percent in 2009. This is the highest child poverty rate since 1993.

- Children under age 18 living with a single mother were far more likely to be in poverty: 46.9 percent were in poverty, compared with 11.6 percent of children in married-couple families. 8.7 million children under age 18 (46.9 percent) living with their mother alone were living in poverty compared to 5.8 million children living with married parents (11.6 percent).

- 4.8 million Black children under age 18 (38.2 percent) were living in poverty more than half (52.5 percent) of Black children living with their mother alone were living in poverty.
- 6.1 million Hispanic children under age 18 (35.0 percent) were living in poverty—more than half (57.0 percent) of Hispanic children under age 18 living with their mother alone were living in poverty.

- Children accounted for 35.5 percent of people in poverty, but only 24.4 percent of the total population.

- The South is the region with the highest poverty rate (16.9 percent), and the only region to show an increase in the poverty rate, from 15.7 percent in 2009 to 16.9 percent in 2010.



- Poverty increased within cities ("metropolitan statistical areas"), from 13.9 percent in 2009 to 14.9 percent in 2010.

The rate of poverty in rural areas continues to exceed the rate in urban areas (16.5 percent versus 14.9 percent). The poverty rate for children under age 6 increased, from 23.8 percent in 2009 to 25.3 percent in 2010; that means one in four children in this age group are living in poverty.

The number of young children under 6 in poverty increased from 6.0 million in 2009 to 6.3 million in 2010. Children under age 6 living in single mother-headed households were about four times as likely as their peers in married-couple households to be living in poverty in 2010: 58.2 percent of young children of single mothers versus 13.4 percent of young children in married-couple households.

There were 9.2 million families in poverty in 2010, compared with 8.8 million in 2009. The poverty rate for families increased from 11.1 percent in 2009 to 11.7 percent in 2010. Increases in the poverty rate were seen in both married-couple and single-mother headed households. The poverty rate increased for married-couple families from 5.8 percent in 2009 to 6.2 percent in 2010. For single mother-headed households, the poverty rate increased from 29.9 percent to 31.6 percent in 2010.

In 2010, the number of children living in families in deep poverty (with income below 50 percent of their poverty threshold) rose by half a million children. 7.4 million children, or 9.9 percent, lived in families with income below 50 percent of their poverty threshold, up from 9.3 percent and 6.9 million in 2009. There were 900,000 more children living in families with income below 125 percent of their poverty threshold in 2010. The percentage and number of children living in families with income below 125 percent of their poverty threshold in 2010 were 27.8 percent and 20.7 million, up from 26.3 percent and 19.6 million in 2009. In 2010, children represented 36 percent of all people living in deep poverty (with family income below 50 percent of their family's poverty threshold). Source: *Income, Poverty, and Health Insurance Coverage in the United States: 2010*, U.S.

Poverty in Tennessee

For the State of Tennessee, poverty levels reflecting data collected for 2009 show 17.2%, almost three percent higher than the national average of 14.3%. For the thirteen counties in our service area, the average percent poverty level is 17.56%, above both the state and national averages. Within the service area, Wayne, Lewis, and Perry Counties are at 20% or greater, four other counties are 18% or greater. By comparison, only one county in our area was below the national average by one tenth of a percent; Moore County registered a 14.2%. The proportion of children under the age of 18 living below the poverty level in Tennessee was at 24%, nationally at 20%.



The data bespeaks the ever increasing demand and needs for Early Childhood Education as well as Family Assistance programs provided by the SCHRA Head Start/Early Head Start.

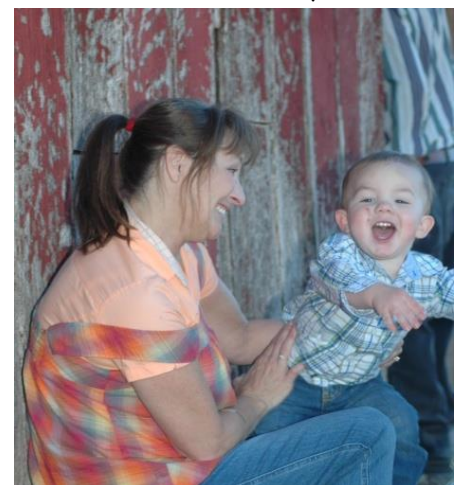
Poverty Levels for 2009 US Census Data	
	Persons below poverty level, percent, 2009
Bedford	18.2%
Coffee	16.6%
Franklin	15.1%
Giles	18.5%
Hickman	18.5%
Lawrence	18.0%
Lewis	20.8%
Lincoln	15.6%
Marshall	14.8%
Maury	14.8%
Moore	14.2%
Perry	20.2%
Wayne	23.0%
Average	17.56%
State of TN	17.21%
United States	14.3%



The Public Costs of Teen Childbearing

Nationally, there were 50.6 births for every 1,000 unmarried women ages 15-44 in 2009; 41 percent of all births were to unmarried women. In 2009, the adolescent birth rate was 20.1 per 1,000 adolescents ages 15-17, lower than the 2008 rate of 21.7 and the 2007 rate of 22.1 per 1,000. The rate has decreased for two consecutive years, continuing a decline briefly interrupted in 2005-2007; the long term reduction began 1991-1992. There remain substantial racial and ethnic disparities among the birth rates for adolescents ages 15-17. In 2009, the birth rates for this age group were 7.1 per 1,000 for Asians or Pacific Islanders, 11.0 for White, non-Hispanics, 30.6 for American Indians or Alaskan Natives, 32.1 for Black, non-Hispanics, and 41.0 for Hispanics. In 2009, 94 percent of births to females ages 15-17 were to unmarried mothers, compared with 62 percent in 1980.

The rates of first and second births for females ages 15-17 declined by two-fifths and nearly two-thirds, respectively, between 1991 and 2005; both rates increased in 2006 and have changed little since. Teen childbearing in the United States cost taxpayers (federal, state, and local) at least \$10.9 billion in 2008, according to an updated analysis by The National Campaign (to prevent teen and unplanned pregnancy). In the State of Tennessee, associated costs were estimated at \$272.4 million (2008 data). Public costs of births resulting from unplanned pregnancies were (in millions of \$) 344\$ in Tennessee. Nationally, these costs were 11.1 billion dollars.



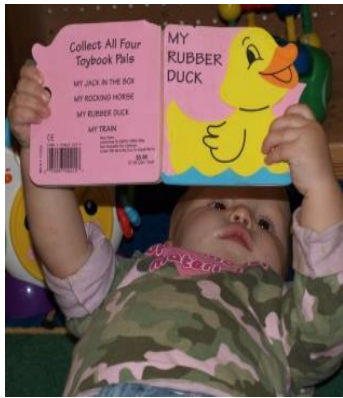
Teen Pregnancy in Tennessee

Of teen childbearing costs in Tennessee in '08, 40% were federal costs and 60% were state and local costs. Most of the public sector costs of teen childbearing are associated with negative consequences for the children of teen mothers, during both their childhood and their young adult years. In Tennessee in 2008, taxpayer costs associated with children born to teen mothers included: \$52 million for public health care (Medicaid and CHIP); \$57 million for child welfare, as well as other costs. More information from the County Health Rankings on Tennessee and our thirteen service area counties as compared to the United States is found in the table below:

	Low Birth weight %	Teen Birth Rate / 1,000 female pop. ages 15-19	High School Graduation %	Children in Single Parent Households %
United States	6.0	22	92	20
Tennessee	9.4	55	73	34
Bedford	8.3	85	75	29
Coffee	8.9	61	95	33
Franklin	8.1	44	80	24
Giles	7.6	56	70	27
Hickman	8.8	78	75	30
Lawrence	7.0	56	75	24
Lewis	9.3	64	75	38
Lincoln	9.9	59	80	24
Marshall	8.8	60	80	36
Maury	8.8	57	75	31
Moore	n/a	36	80	37
Perry	n/a	58	70	33
Wayne	7.5	53	85	31
Average	8.0%	60	78%	31%

The data shows that the percentage of low birth weight children in our counties (save Perry and Moore Counties with no data available) are all above the national average, one county is above the state average (Lincoln County) and one is almost the same (Lewis). All thirteen counties showed higher births per 1000 females in the fifteen to nineteen year old age group than the national average. Only two counties were below the state average (Franklin and Moore County). Two counties of our counties were below the state average for graduation rates (Giles and Perry), while only one county was three percent above the national average of ninety-two (Coffee). Three of our counties were above the state average of Single Parent Households, with Lewis, Marshall, and Moore Counties over the 34% state numbers. All the service area counties were above the national average of 20%. While the overall national and state data shows a continued downward trend to the adolescent birth rate (from 21.7 per 1,000 in 2008 to 20.1 per 1,000 in 2009, our coverage area remains relatively high at only a 28% drop compared to the national 37%. Of the 10,378 teen births to girls ages 15-19 documented (2009 data) for the State of Tennessee, only fourteen and a half percent were to married girls, 85.5% were unmarried.

These numbers are relatively comparable to national statistics of 12.7% married to 87.2% unmarried teen births (for 409,802 recorded births). The same data set shows that fully 93 percent of the non-marital teen births were to females ages 15-17 while 82 percent were to girls ages 18-19 (www.thenationalcampaign.org).



The proportion of teen births by age broke down as follows: 71% were to girls ages 18-19, 28% were ages 15-17, and 1% was to girls under 15 years of age. It also showed that the overall change in teen birth rates among this age group of 15-19 year olds decreased 32% (from 1991-2009) in Tennessee, compared to a national 37% decrease in the same time period. A Center for Disease Control Fact paper stated the following information concerning Sexual Risk Behaviors/HIV, STD, and Teen Pregnancy Prevention: Among U.S. high school students surveyed in 2009;

- 46% had ever had sexual intercourse
- 34% had had sexual intercourse during the previous 3 months (39% of which did not use a condom at that time, and 77% did not use other birth control).

These sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy. Nearly half of the 19 million new STDs each year are among young people aged 15-24 years (Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 2004;36(1):6-10.

The *Profiles 2010 Report* from the CDC in a survey of Tennessee secondary schools showed 40.8 percent taught 11 key HIV, STD, or pregnancy prevention topics in a required course during grades 6, 7, or 8. This compares to a national percentage of 43.3 percent.

These numbers continue to point out the need for delivery of Early Childhood Education as well as Family Assistance services that S.C.H.R.A. provides within the service area.

Child Immunizations and Screenings

A 2008 value for children ages 19-35 months with the 4:3:1:3:3:1 combined series of vaccinations showed the United States' children at 76%. A subsequent study in 2009 showed a six percent drop to 70% (www.childstats.gov). Closer to home, Tennessee's results were documented in a report (*Results of the 2010 Immunization Status Survey Of 24-Month-Old Children in Tennessee*). that was submitted by the Tennessee Web Immunization Service, of the TN Department of Health. Completion of the 4:3:1:3:3:1 series dipped below 80% for the first time since 2003, in part because of lower than usual 3-dose HIB coverage. The HIB vaccine coverage level was 90.5%; all previous surveys back to 2005 found HIB coverage at 93.4% or higher.



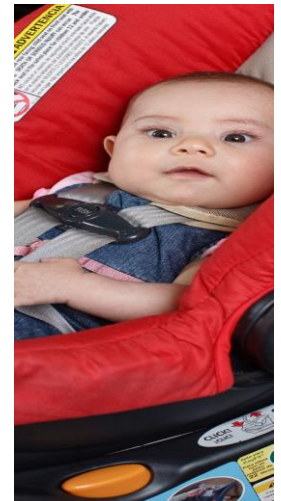


The percentage of children who completed 4:3:1:2:3:1 coverage in 2010 (with only 2 instead of 3 HIB doses) was 80.7%, equivalent to the 80.8% coverage reported in 2009.

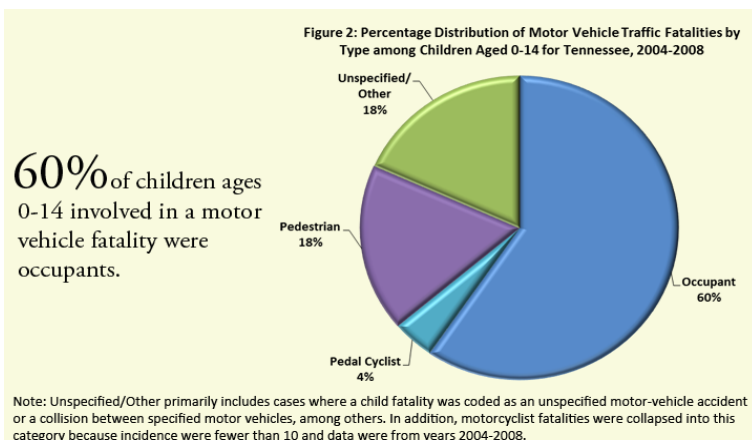
An annual survey of the immunization status of 24 month old children is conducted by the Tennessee Department of Health's (TDH) Immunization Program (TIP) to track progress toward achieving at least 90% on-time immunization with each routinely recommended vaccine for that population. Of the Head Start/Early Head Start children, 92.4 percent were current on their Immunizations at this time.

Child Safety

Information concerning child endangerment was gathered from several resources. Safe Kids USA (www.safekids.org) an organization dedicated to educating about and preventing unintentional childhood injuries as the leading cause of death and disability among children ages 1-14, provided a research report titled, "*A look inside American Family Vehicles: National Study of 79,000 Car Seats*", which determined motor vehicle crashes as the leading cause of death for children ages 1 - 14 (according to the National Highway Transportation Safety Administration (NHTSA), 2009). Corroborating data from the Children's Safety Network (www.childrendefatetynetwork.org) of injury deaths due to motor vehicle traffic causes further expands these age groups to include teens and young adults up to age 24 in the State of Tennessee. The research report mentioned previously stated that as children age, they are less likely to be in the appropriate child safety seat for their age and weight. But, correctly used child safety and booster seats/restraints can be extremely effective and reduce the risk of injury and death in crashes. For infants and children who are too small to safely use the adult safety belt system, child restraints such as child safety seats and booster seats offer the best crash protection. Properly used child safety seats decrease the risk of death by 71 percent for infants and 54 percent for toddlers. Injury risks for children using belt-positioning booster seats as opposed to seat belts alone are reduced by 59 percent [National Highway Traffic Safety Administration (NHTSA), 2009; Durbin, Elliott, and Winston, 2003]. During 2009, there were a total of 33,808 traffic fatalities in the United States. The 14-and-younger age group accounted for 1,314 (4%) of those traffic fatalities, which is a 3-percent decrease from the 1,350 fatalities in 2008. An average of 4 children (ages 14 and younger) were killed and 490 were injured every day in the United States in motor vehicle crashes during 2009. In the 14-and-younger age group, males accounted for 56 percent of the fatalities and 50 percent of those injured in motor vehicle crashes during 2009. National research on the effectiveness of child safety seats has found them to reduce fatal injury by 71 percent for infants (younger than 1 year old) and by 54 percent for toddlers (1 to 4 years old) in passenger cars. For infants and toddlers in light trucks, the corresponding reductions are 58 percent and 59 percent, respectively.



In the United States for 2009, there were 322 passenger vehicle occupant fatalities among children age 4 and younger. Of those 322 fatalities, where restraint use was known (298), 92 (31%) were totally unrestrained. Among children under age 5 in passenger vehicles, an estimated 309 lives were saved in 2009 by restraint use. Of these 309 lives saved, 284 were associated with the use of child safety seats and 26 with the use of adult seat belts. At 100 percent child safety seat use for children under age 5, an estimated 372 lives (that is, an additional 63) could have been saved in 2009. The chart at right, from the Children's Safety Network, breaks down the types of MVT fatalities of children aged 0-14 for the year 2008.



The table below represents the most recent data gathered on deaths by accidents (data from the CDC), and corresponding rankings within the United States (www.worldlifeexpectancy.com):

	Accidental Deaths		
	United States/100,000	Tennessee/100,000	State Rank in U.S.
Teen Death Rate (ages 15-19/100,000 of population)	62	84	10
Child Death Rate (ages 1-14/100,000 of population)	19	20	27
Accidents (all ages/ 100,000 of population)	39.97	52.1	12
Motor Vehicle Death Rate/100,000 of pop.	14.4	21.0	9

Of the 95 counties in the State of Tennessee, two of our thirteen counties rank within the top ten for accidental deaths. Perry County ranks number 4 in the state with 101.1, and Lewis County ranks number eight with 91.5 deaths.

Health Insurance and Uninsured Children

In 2009, 90 percent of children had health insurance coverage at some point during the year, a percentage not statistically different from 2008 in the United States. The number of children without health insurance at any time during 2009 was 7.5 million (10 percent of all children).

Closer to home, within the State of Tennessee, it was reported in *Child Health USA 2011* (U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Child Health USA 2011. Rockville, Maryland: U.S. Department of Health and Human Services, 2011 (www.mchb.hrsa.gov)) that the aggregate enrollment number of children for 2009 was approximately 83,333. Medicaid enrollment and Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) for Tennessee was around 854,062 (unduplicated number of individuals under age 21 determined to be eligible for EPSDT services) with a 62% EPSDT participation ratio (the ratio of Medicaid eligibles receiving any EPSDT services to the number of eligibles who should have received such services). The Medicaid expenditures per enrollee were estimated at \$2,766 for that year. For children under the age of 18 for that same reporting year of 2009, the State of Tennessee reported 58.5% of children with some kind of private insurance, 44.9% with public insurance (may have been covered by Medicaid, Medicare, SCHIP, state-specific plans, military health insurance, and/or the Indian Health Service), and 6.6% as uninsured.



Estimates for the number of Tennesseans who were uninsured in the previous year (2011) were presented in a report to the Department of Finance and Administration of the State of Tennessee. The report (*The Impact of TennCare—A Survey of Recipients, 2011* by Wm. Hamblen and Wm. Fox) detailed results of a survey conducted by The Center for Business and Economic Research at the University of Tennessee. The report estimated 604,222 uninsured persons representing 9.5 percent of the 2011 population (6,236,524). This is the lowest total uninsured since the 2008 estimate. The uninsured rate for children is 2.4 percent, a decrease from last year's rate of 3.9 percent. The rate for adults remained the same as the 2010 rate of 12.0 percent. The slight decrease in the total uninsured rate is attributable to the not-so-slight decrease in the uninsured rate of children, a result possibly driven by increased TennCare and CoverKids enrollments as well as sampling changes. Tennessee's 9.5 percent rate of uninsured in 2011 is a slight decrease from 9.9 percent in 2010 and is the second lowest since 2005. Still, the rate is much higher than those experienced before 2006. The total uninsured population is approximately 604,222, including about 35,743 children, a decrease from last year's number of 57,912 uninsured children. The underlying reported reason for a lack of insurance has changed little over the period since TennCare was implemented in 1994, though the percentages have shifted somewhat. The major reason that people report remaining uninsured is their perception that they cannot afford insurance. In 2011, 88 percent indicate that this is a major reason for not having insurance, a decrease from 2010's 91 percent. It is the fifth highest number since TennCare's inception, though it has been slightly decreasing since 2008. The lowest two income brackets both claim affordability as less of a barrier to having insurance this year than last year. While financial pressures continue to limit people from obtaining coverage, 11 percent indicate that they just did not get around to securing it, and 8 percent indicate that a major reason is that they do not need insurance.

Information collected from the County Health Rankings (www.countyhealthranking.org) shows the following for uninsured adults and primary care physicians within the thirteen county service areas:

County Health Rankings								
County	Uninsured Adults % of Population <65	National Benchmark	TN	Primary Care Physicians (Ratio of Pop. to PCP)	National Benchmark	TN	RANK in TN for Health Factors (out of 95 counties)	RANK in TN for Clinical Care (out of 95 counties)
BEDFORD	25	13	19	1891:1	631:1	837:1	53	84
COFFEE	20	13	19	915:1	631:1	837:1	29	54
FRANKLIN	19	13	19	958:1	631:1	837:1	30	31
GILES	18	13	19	1167:1	631:1	837:1	76	33
HICKMAN	23	13	19	3411:1	631:1	837:1	47	73
LAWRENCE	19	13	19	1521:1	631:1	837:1	56	40
LEWIS	20	13	19	2302:1	631:1	837:1	66	85
LINCOLN	19	13	19	850:1	631:1	837:1	17	27
MARSHALL	19	13	19	2309:1	631:1	837:1	75	56
MAURY	19	13	19	962:1	631:1	837:1	38	20
MOORE	24	13	19	3057:1	631:1	837:1	28	87
PERRY	20	13	19	2591:1	631:1	837:1	93	94
WAYNE	20	13	19	2065:1	631:1	837:1	35	91

As detailed above, none of the thirteen counties we provide services for are at or below the national benchmark for Uninsured Adults. Rather, only one of the counties, Giles, is even below the state number of 19. One county, Bedford, is six percent higher than the state number. As for the availability of physician care for the population, only one county, Lincoln, is anywhere close to the national or state numbers. Seven of the thirteen counties represented are among the top fifty percent of the 95 counties in our state for Health Factors. However, eight of the thirteen are in the bottom fifty percent (out of 95 counties) for Clinical Care issues. Child Stats (*America's Children: Key National Indicators of Well Being, 2011* (www.childstats.gov)) provided information that statistically, there has been no significant changes between the study years of 2008 and 2009 for children ages 0-17 covered by health insurance at some time during the year (90%). Likewise, the number of children ages 0-17 with no usual source of health care stayed relatively unchanged between these same two years (6%).

Historical data from KIDS COUNT Data Center for the State of Tennessee (www.datacenter.kidscount.org) shows the following information collected on children and their health status for the study period of the years 2005 to 2009.

<i>Tennessee</i>	2005	2006	2007	2008	2009
Children w/o Ins.	118,000	119,000	123,000	124,000	118,000
Children w/o Ins. by Age Groups					
0 to 5	35,000	36,000	43,000	47,000	38,000
6 to 17	83,000	83,000	80,000	78,000	80,000
Total 17 and below	118,000	119,000	123,000	124,000	118,000
Children 18 and below	128,000	130,000	133,000	139,000	129,000

TennCare Enrollment/Participation

Historical data from KIDS COUNT Data Center for the State of Tennessee (Tennessee Commission on Children and Youth) (www.datacenter.kidscount.org) shows enrollment figures and Youth on TennCare trending upward. For the years 2005-2009 analyzed, the increases are significant:

	2005	2006	2007	2008	2009
Youth on TennCare	641,731	669,959	664,357	678,108	745,991
Total Enrollees	1,350,512	1,194,765	1,191,233	1,195,429	1,232,912
Youth on TennCare and Rank Within the 95 Tennessee Counties					2009
MOORE				1	508
PERRY				6	1007
WAYNE				14	1711
LEWIS				15	1736
HICKMAN				35	3131
GILES				37	322
MARSHALL				39	3298
LINCOLN				47	3709
FRANKLIN				49	3809
LAWRENCE				58	4864
COFFEE				70	6401
BEDFORD				72	6536
MAURY				82	8944

The following table, gathered from the Tennessee government website (www.tn.gov) shows a more current estimate of TennCare enrollment as of mid August, 2011. The data logically shows the more populated counties in our service area with the higher numbers of TennCare participants, but interesting to note is that the age group with the most enrollees continues to be the 0 to 18 group, for both sexes. Maury, Coffee, and Bedford continue to show the highest enrollment numbers.

TennCare Enrollment Data as of 15 Aug 2011

COUNTY	Female				Female Total	Male				Male Total	Grand Total
	0 - 18	19 - 20	21 - 64	65 -->		0 - 18	19 - 20	21 - 64	65 -->		
BEDFORD	3,258	269	2,147	223	5,897	3,296	182	969	103	4,550	10,447
COFFEE	3,126	302	2,576	368	6,372	3,160	186	1,125	146	4,617	10,989
FRANKLIN	1,805	152	1,530	292	3,779	1,873	95	718	108	2,794	6,573
GILES	1,499	145	1,265	271	3,180	1,467	106	617	109	2,299	5,479
HICKMAN	1,416	149	1,252	182	2,999	1,552	109	653	84	2,398	5,397
LAWRENCE	2,323	209	1,912	429	4,873	2,551	139	930	168	3,788	8,661
LEWIS	740	72	617	120	1,549	842	44	283	65	1,234	2,783
LINCOLN	1,759	167	1,428	331	3,685	1,881	116	727	130	2,854	6,539
MARSHALL	1,613	130	1,291	172	3,206	1,752	55	540	69	2,416	5,622
MAURY	4,365	378	3,626	574	8,943	4,567	299	1,375	193	6,434	15,377
MOORE	236	19	153	53	461	282	13	95	14	404	865
PERRY	465	50	354	88	957	519	25	209	41	794	1,751
WAYNE	768	69	621	170	1,628	819	52	329	90	1,290	2,918
Grand Total	23,373	2,111	18,772	3,273	47,529	24,561	1,421	8,570	1,320	35,872	83,401



TennCare is the State of Tennessee's Medicaid program that provides health care for 1.2 million Tennesseans and operates with an annual budget of approximately 8 billion dollars. TennCare is one of the oldest Medicaid managed care programs in the country, having begun on January 1, 1994. It is the only program in the nation to enroll the entire state Medicaid population in managed care. Medicaid is run by Tennessee with oversight and some funding from the federal government. It is mostly for low-income children, parents, pregnant women and elderly and disabled

adults. The *TennCare Quarterly Report--Submitted to the Members of the General Assembly, January 13, 2012* reported that at the end of the period October 1, 2011, through December 31, 2011, there were 1,140,238 Medicaid eligibles and 23,898 Demonstration eligibles enrolled in TennCare, for a total of 1,164,136 persons.

Tennessee has made a commitment to promoting good health in children from birth until age 21. Called the TENNderCARE program, TennCare's Early Periodic Screening Diagnosis and Treatment (EPSDT) Program, TENNderCARE aggressively reaches out to enrollees and informs them of the availability of services provided by the MCOs that are contracted by TennCare. TENNderCARE is a full program of checkups and health care services for children who have TennCare. These services make sure babies, children, teens and young adults receive the health care they need. TENNderCare checkups are free for children who are enrolled in TennCare from birth until age 21. This also includes checkups for vision, hearing, dental, and mental health. A press release from the State of Tennessee released on Tue, Aug 02, 2011 - 1:57 pm under the title: [Cover Tennessee](#) explains that the annual campaign has enrolled tens of

thousands of children in the low-cost health insurance plan, this provides coverage for everything from physician visits to hospitalization to dental and vision care. The program's current membership is just over 49,000, and there is room for more eligible children to enroll. Launched in 2007, CoverKids is Tennessee's plan under the Children's Health Insurance Program, a federally-funded effort to provide coverage for children in families who do not qualify for Medicaid, but cannot afford private coverage and do not have access to state employee health insurance. Tennessee families earning less than 250 percent of the federal poverty level, which is \$55,875 per year for a family of four, can qualify for CoverKids. Children must also be uninsured for three months, though exceptions apply for children coming off TennCare or in cases of an involuntary loss of other insurance coverage. CoverKids members have no monthly premiums or annual deductible to meet, and do not have to pay a co-pay for regular check-ups or vaccinations.

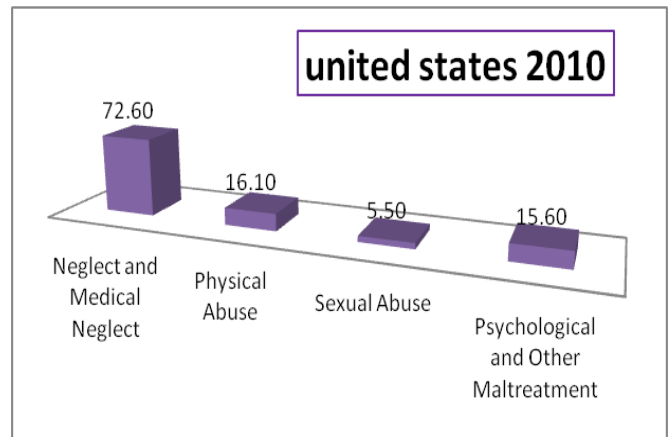
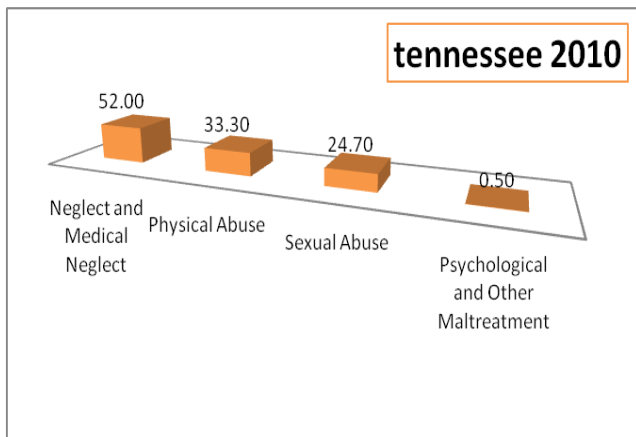


Child Abuse, Neglect, and Welfare

In the United States, younger children are more frequently victims of child maltreatment than are older children. In 2009, there were 21 substantiated child maltreatment reports per 1,000 children under age 1, compared with 12 for children ages 1-3, 11 for children ages 4-7, 9 for children ages 8-11, 8 for children ages 12-15, and 6 for adolescents ages 16-17. The Center for Law and Social Policy (CLASP) provided the following information on abuse updated as of January 2010:

Type of Abuse/Neglect	Tennessee %	United States %
Neglect and Medical Neglect	52.0	72.6
Physical Abuse	33.3	16.1
Sexual Abuse	24.7	9.5
Psychological and Other Maltreatment	0.5	15.6

A graphic representation of this data follows.



The Children's Defense Fund provided a snapshot of the status of children in Tennessee as of January 2011.

1,493,252 children live in Tennessee:

- 5,905 are American Indian/Alaska Native
- 24,708 are Asian/Pacific Islander
- 36,658 are two or more races
- 309,559 are Black
- 107,483 are Hispanic
- 1,026,363 are white, non-Hispanic

In Tennessee:

- A child is abused or neglected every 57 minutes.
- A child dies before his or her first birthday every 12 hours.
- A child or teen is killed by gunfire every 6 days.

Tennessee Ranks:*

- 44th among states in percent of babies born at low birthweight.
- 44th among states in its infant mortality rate.
- 47th among states in per pupil expenditures.

*1st represents the best state for children and 51st represents the worst state for children in the country.

Child Welfare in Tennessee

- Number of children who are victims of abuse and neglect—9,186
- Number of children in foster care—6,723
- Number of children adopted from foster care—1,001
- Number of grandparents raising grandchildren—69,950

Child Poverty in Tennessee

- Number of poor children (and percent poor)—349,851 (23.9%)
- Number of children living in extreme poverty (and percent living in extreme poverty)—164,244 (11.2%)
- Number of adults and children receiving cash assistance from Temporary Assistance for Needy Families (TANF)—161,733
- Maximum monthly TANF cash assistance for a family of three--\$185

Child Hunger in Tennessee

- Number of children who receive food stamps—394,134
- Percent of eligible persons who receive food stamps—87%
- Number of children in the School Lunch Program (free and reduced price only)—427,033
- Number of children in the Summer Food Service program—31,562
- Number of women and children receiving WIC (supplemental Nutrition Program for Women, Infants, and Children)—169,432

Various programs and organizations are available for parents and families seeking assistance. One of these is Prevent Child Abuse Tennessee, Inc. (www.pcat.org), which offers some of the following programs to help combat child abuse: Parent Pathway, Nurturing Parent Education Classes, Parent Helpline/Domestic Violence Hotline, Circle of Parents, Home Visitation Collaboration, Healthy Families TN, and Shaken Baby Syndrome Prevention. Within our service area in Southern Middle Tennessee, Centerstone provides counseling services for both children and adults (www.centerstone.org). Also, Hope House (Maury County Center Against Domestic Violence) and local United Way organizations, Exchange Clubs (one located in Giles County) which advocate child abuse prevention, as well as the Tennessee Chapter of Child Advocacy Centers (www.tncac.org) and You Have the Power, Inc. (www.yhtp.org) are available. The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org provides the following information particular to our thirteen county service area as well as State of Tennessee statistics. The table displays unduplicated counts of child abuse and neglect cases for which sufficient evidence existed. The rate is per 1,000 child population (children younger than 18 years of age), the data source was the Tennessee Department of Children's Services.



Substantiated Child Abuse / Neglect Cases-- Number and Rate										
	2005		2006		2007		2008		2009	
TN	17,741	12.2	17,067	11.7	16,747	11.6	12,148	8.4	10,235	7.0
BEDFORD	150	13.8	209	18.7	260	22.8	92	7.9	50	4.2
COFFEE	153	12.4	266	21.5	429	34.3	286	22.8	181	14.4
FRANKLIN	181	19.4	104	11.0	30	3.4	62	6.9	74	8.1
GILES	124	17.2	114	15.8	52	7.8	22	3.3	38	5.8
HICKMAN	228	37.8	127	20.8	119	21.2	74	13.0	72	12.5
LAWRENCE	253	23.8	211	19.9	123	11.9	70	6.8	68	6.6
LEWIS	83	27.3	50	16.3	69	23.9	34	11.7	23	7.8
LINCOLN	100	13.0	88	11.4	65	8.6	55	7.2	48	6.2
MARSHALL	87	12.1	61	8.4	54	7.7	33	4.6	50	7.0
MAURY	341	18.0	219	11.5	152	7.8	145	7.4	133	6.8
MOORE	8	5.7	9	6.4	9	7.0	3	2.3	6	4.6
PERRY	51	27.2	38	20.3	33	18.7	16	9.1	26	14.8
WAYNE	123	33.7	92	25.1	63	19.1	37	11.1	44	13.2

Coffee, Franklin, Hickman, Lawrence, and Maury Counties have the highest reported number of cases for 2009, but only Coffee County shows the least gains in terms of reduction for the five year period noted. In fact, the data shows them to be the only county that had an overall increase (18%) for that time period. Maury County, had the second highest number of reported cases behind Coffee County; it showed slightly over a sixty percent decline in the five year time frame.

Six of the thirteen counties showed anywhere from slight to moderate increases from one year to the next (2008-2009); Franklin, Giles, Marshall, Moore, Perry, and Wayne Counties. However, two of these counties' increases were excessive. Perry had a disappointing 100% increase in the year, while Giles had a 73% increase. One county was the same as the state, Marshall County, with seven. Two of the counties were double the state rate—Coffee at 14.4 and Perry at 14.8.

The same data source provides the following information concerning reported child abuse victims younger than age 18 as a percent of same age population:

Reported Child Abuse / Neglect Cases—Number and Percent

	2005		2006		2007		2008		2009	
TN	89,353	6.2	79,843	5.5	61,420	4.3	58,938	4.1	55,687	3.8
BEDFORD	680	6.2	667	6.0	572	5.0	488	4.2	444	3.7
COFFEE	1,169	9.5	960	7.8	773	6.2	768	6.1	642	5.1
FRANKLIN	614	6.6	487	5.2	407	4.6	356	4.0	312	3.4
GILES	628	8.7	469	6.5	315	4.8	276	4.2	248	3.8
HICKMAN	1,023	17.0	416	6.8	240	4.3	342	6.0	271	4.7
LAWRENCE	936	8.8	747	7.0	588	5.7	489	4.8	450	4.4
LEWIS	387	12.7	176	5.7	146	5.1	150	5.1	142	4.8
LINCOLN	512	6.7	377	4.9	322	4.2	307	3.9	300	3.9
MARSHALL	378	5.3	350	4.8	363	5.2	280	3.9	295	4.1
MAURY	1,316	7.0	978	5.1	922	4.7	822	4.2	801	4.1
MOORE	65	4.6	43	3.0	35	2.7	36	2.8	30	2.3
PERRY	221	11.8	120	6.4	80	4.5	99	5.6	80	4.6
WAYNE	425	11.6	238	6.5	133	4.0	132	4.0	139	4.2

This table points out that eleven of the thirteen counties showed reductions in reported abuse cases; Lincoln and Maury Counties only had modest two percent decreases from 2008-2009. Wayne and Marshall Counties displayed increases of twenty-two percent for the same period. Only three counties were below the state percentage of 3.8 in 2009, one county, Coffee County, showed a disturbing 5.1 percent, the highest in our service zone. However, this did translate into an overall thirty-eight percent improvement through the five year data group (2005-2009)

for the state. Most of our counties had anywhere from thirty-five to seventy-four percent reductions in this same time frame. The county showing the most dramatic improvement was Hickman County, with a 74% decrease in the five year period. Four other counties (Giles, Lewis, Perry, and Wayne) were sixty percent or better.

We shall draw from the heart of suffering itself the means of inspiration and survival.

- Winston Churchill

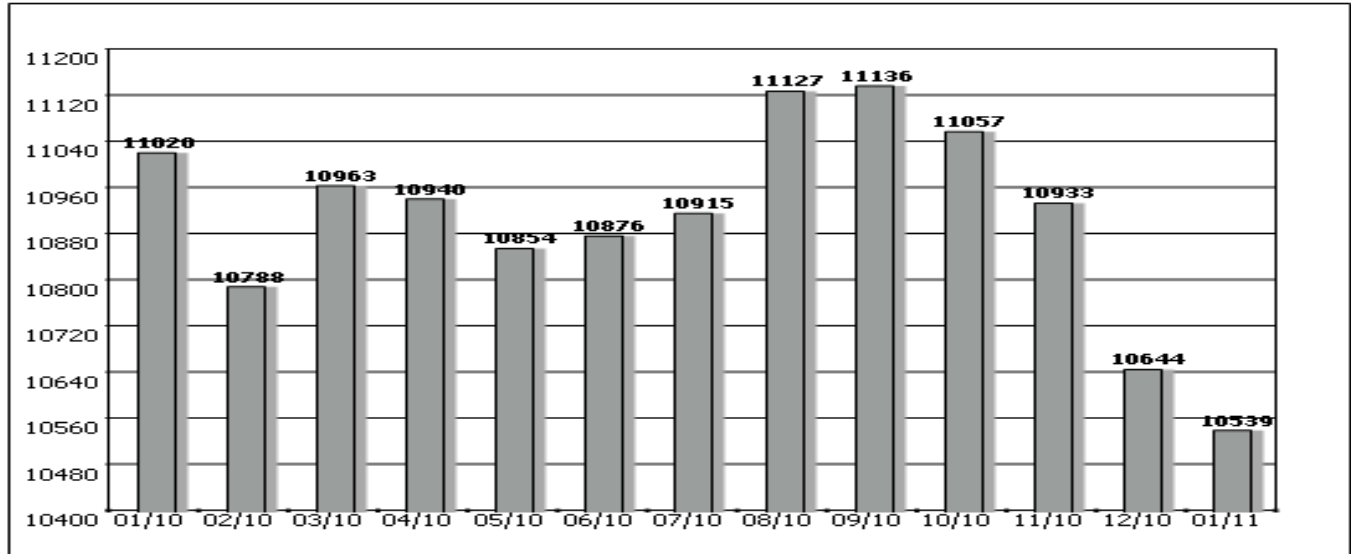
Participation in WIC/TANF

The United States Department of Agriculture, Food and Nutrition Service administers the Supplemental Nutrition Program for Women, Infants, and Children (U.S.D.A. / F.N.S.-W.I.C.) on the Federal level to provide funds to WIC agencies (State health departments or comparable agencies). WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk. These participants must meet income guidelines, a State residency requirement, and be individually determined to be at "nutrition risk" by a health professional. To be eligible on the basis of income, applicant's income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently \$41,348 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, or Temporary Assistance for Needy Families (TANF), automatically meets the income eligibility requirement.



During Fiscal Year (FY) 2010, the number of women, infants, and children receiving WIC benefits each month reached approximately 9.17 million. For the first 8 months of FY 2011, States reported average monthly participation just below 9 million participants per month. Children have always been the largest category of WIC participants. Of the 9.17 million people who received WIC benefits each month in FY 2010, approximately 4.86 million were children (53%), 2.17 million were infants (24%), and 2.14 million were women (24%) (www.fns.usda.gov). Zero to Three, The National Center for Infants, Toddlers, and Families (www.zerotothree.org) reported that 14% of Tennessee's SNAP recipients were under the age of 5. There were approximately 190,870 mothers, infants, and children receiving WIC benefits, of which 29% were infants. The U.S.D.A. Office of Research and Analysis reported that slightly over three-fourths (76.5%) of enrollees were under age 5. Hispanics made up 42.0 percent of WIC enrollees, and eighty-two percent of WIC infants were at risk due either to their mother's WIC eligibility or during their mother's pregnancy. Children who receive WIC and SNAP benefits experience lower levels of food insecurity, which has been shown to increase risk for poor health and developmental delays (www.childrenshealthwatch.org). Thirty-six percent of TANF families in Tennessee had at least one child under the age of 3 (U.S. Department of Health and Human Services, Administration for Children and Families. Office of Family Assistance, "Table 34: Temporary Assistance for Needy Families—Active Cases, Percent Distribution of TANF Youngest Child Recipient by Age Group." U.S. Department of Health and Human Services, 2009, www.acf.hhs.gov). Currently in the State of Tennessee, the WIC program serves about 178,000 eligible participants each month. The average participation of the South Central Region was 10,907.

The graph below represents WIC participation for the South Central Region counties that we service, taken from the State of Tennessee, Department of Health website (www.tn.gov).



South Central Region Participation History Report-- January 2010 / January 2011

TN.GOV

Data collected from county profiles for the State of Tennessee (KIDS COUNT Data Center) for a five year period shows the continuous increases in participation for the WIC and SNAP programs within our service area, especially within the past three years:

Number of Children Receiving SNAP and WIC Benefits Participation SCHRA Service Area										
	2005		2006		2007		2008		2009	
	SNAP	WIC	SNAP	WIC	SNAP	WIC	SNAP	WIC	SNAP	WIC
Bedford	2,774	1,181	3,087	1,182	3,289	1,176	3,667	1,254	5,156	n/a
Coffee	3,223	1,183	3,398	1,183	3,454	1,185	3,542	1,280	4,275	n/a
Franklin	1,723	627	1,869	626	1,938	559	2,030	605	2,299	n/a
Giles	1,838	474	1,784	474	1,782	466	1,850	520	2,097	n/a
Hickman	1,716	343	1,632	342	1,615	312	1,757	316	2,065	n/a
Lawrence	2,781	895	2,711	893	2,563	831	2,644	887	3,012	n/a
Lewis	1,023	356	1,025	356	1,031	330	1,021	339	1,139	n/a
Lincoln	1,930	619	2,008	618	2,028	587	2,058	662	2,333	n/a
Marshall	1,462	524	1,547	2,360	1,632	523	1,806	567	2,276	n/a
Maurry	4,654	1,419	4,753	569	4,848	1,305	5,126	1,390	6,223	n/a
Moore	245	94	273	93	280	74	291	75	305	n/a
Perry	413	177	423	177	450	185	507	207	601	n/a
Wayne	996	336	998	337	950	328	967	343	1,060	n/a
	24,778	8,228	25,508	9,210	25,860	7,861	27,266	8,445	32,841	0

The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Research from the 2010 U.S. Census gives a more detailed breakdown of Tennessee participation in the Federal nutrition programs for the study year of 2010. Below is a table reflecting number of households for the State, and a subsequent distribution of those participating households relative to the poverty level within our thirteen county service area.

RECEIPT OF FOOD STAMPS/SNAP (IN THE PAST 12 MONTHS) BY POVERTY STATUS IN THE PAST 12 MONTHS FOR HOUSEHOLDS
 2006-2010 American Community Survey 5-Year Estimates
www.facfinder2.census.gov

	TN	Bedford	Coffee	Franklin	Giles	Hickman	Lawrence	Lewis	Lincoln	Marshall	Maury	Moore	Perry	Wayne
Total Households	2,443,475	16,005	20,869	1,575	11,697	9,020	15,786	4,546	13,452	11,707	31,745	2,396	3,293	5,877
Income in past 12 mo. <u>Below</u> Poverty Level	192,168	1,725	1,672	1,015	1,040	861	1,312	532	1,069	906	2,112	115	388	551
Income in past 12 mo. At or Above P.L.	146,086	1,197	1,241	788	560	602	900	605	1,114	881	1,817	119	227	566
Households received Food Stamps/SNAP in past year	338,254	2,922	2,913	1,803	1,600	1,463	2,212	1,137	2,183	1,787	3,929	234	615	1,117
With children < 18 years %	33.0	38.7	34.9	30.2	31.3	34.8	35.0	33.2	32.7	37.4	34.6	33.1	27.3	32.0

Families First

Temporary Assistance for Needy Families (TANF) helps states provide resources such as income support, transportation, and child care to families while they train or look for work. Families First provide temporary cash benefits to families who have children, and are experiencing financial difficulties. These benefits are time-limited to 60 months in a participant's lifetime. The Families First program emphasizes work, training, and personal responsibility. To be eligible for the program, participants must agree to follow a Personal Responsibility Plan (PRP). As part of the PRP, the participant agrees to keep immunizations and health checks up to date for their children, keep their children in school, co-operate with Child Support Services to establish paternity, and participate in a work/training program for at least 30 hours per week. Families First, Tennessee's welfare reform program, began in September 1996, under a federal waiver and replaced the Aid to Families with Dependent Children (AFDC) program. The federal waiver expired June 30, 2007. Since then, Tennessee operates our program in compliance with the Federal Temporary Assistance for Needy Families (TANF) program, and is currently administered by the Tennessee Department of Human Services.



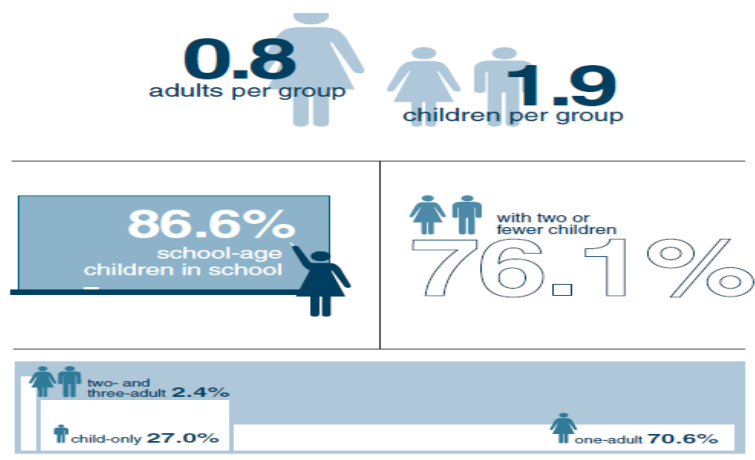
The report titled *Families First: 2010 Case Characteristics Study* prepared for the Tennessee Department of Human Services by the Center for Business and Economic Research, college of Business Administration of the University of Tennessee—Knoxville described the caseload in September 2010 as being 63,661 cases, down slightly (5.6 percent) from the 67,411 caseload of the *2005 Case Characteristics Study*. These 63,661 cases represented 169,149 people: 121,146 children and 48,003 adults. The case study defines the sets of individuals who are combined for the purposes of benefit eligibility as “assistance groups” or AGs. The average family size is 2.7 persons, the average age of the Caretaker is 34.1 years, and of the child is 7.4 years. The average number of months on Families First: in the last 5 years was 27.2, within the last spell was 23.9 months. A comparison of Families First Families from 1995 to 2010 for Tennessee shows the following:

Comparison of the Families First Family—from 1995 to 2010

Characteristic	1995	1997	2000	2003	2005	2010
Number of AGs	95909	54762	51347	70391	67411	63661
AGs with car (percent)	41.5	34.8	38.7	41.9	44.8	80.6
Avg. Family size (no.)	2.6	2.6	2.6	2.7	2.7	2.7
Percentage of AGs above Poverty Level	0.4	n.a.	0.3	0.1	0.2	1.1
Avg. F F Monthly Benefit	\$157	\$148	\$170	\$170	\$166	\$158
Avg. Monthly Food Stamp amount	\$251	\$241	\$281	\$324	\$332	\$445
F.F. Children who are (percent):						
Second Generation Recipients	29.3	33.6	28.8	22.7	31.4	29.2
Third Generation Recipients	7.5	13.1	8.5	9.3	7.6	14.9

Demographic statistics data by county is provided in the following table. As noted, the county with the most registered case load is Maury County, closely followed by Bedford, Coffee, and Franklin. The 13 county service region represents approximately 5.6% of the total number of cases.

These numbers hold proportionately true for most of the noted categories, with the exception of the “Unemployed Parent” and “2 Adults” categories.



Source: Data are based on statistics from the Families First: 2010 Case Characteristics Study by the Center for Business and Economic Research, College of Business Administration, University of Tennessee.

Families First Demographic Statistics by County—2010 Study

County	Case Totals	Reason for Dependency			Child Only	1 Adult	2 Adults
		Incapacitated Parent	Absent Parent	Unemployed Parent			
Bedford	470	13	440	17	97	345	28
Coffee	440	19	412	19	109	314	17
Franklin	398	19	369	10	110	266	22
Giles	240	12	224	4	61	170	9
Hickman	224	17	189	18	44	152	28
Lawrence	274	8	262	4	77	191	6
Lewis	131	6	121	4	46	75	10
Lincoln	332	12	302	18	89	217	26
Marshall	260	5	248	7	73	176	11
Maury	646	15	617	14	145	482	19
Moore	42	3	38	1	6	33	3
Perry	43	2	40	1	16	25	2
Wayne	68	8	59	1	26	35	7
Totals	3,568	139	3,321	118	899	2,481	188
All Counties	63,661	1,388	61,294	979	17,179	44,964	1,515

Data are from ACCENT® Database—Families First-2010 Case Characteristics Study

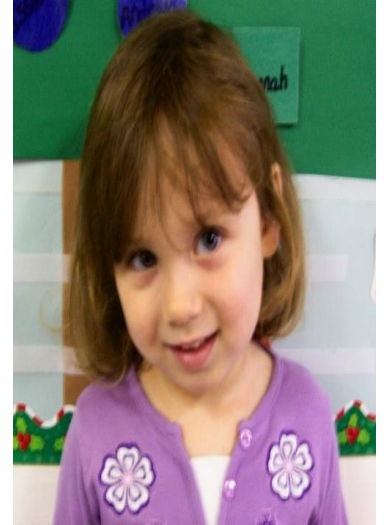
In these categories, Lincoln and Hickman Counties show relatively higher numbers besides Coffee County (at 19 for Unemployed Parent).

Education

Zero to Three, in *Tennessee's Infants, Toddlers, and Families: Positive Early Learning Experiences* (www.zerotothree.org) provided the following take on early education. Positive early learning experiences can ensure each child is able to seize his or her potential for future success. Development is cumulative, and the earliest experiences lay the foundation for all the learning that follows. During the first 3 years of life, the brain undergoes its most dramatic development, and children acquire the ability to think, speak, learn, and reason. By 16-18 months, word learning is significantly affected by economic background. Gaps between children of different income levels in the amount of talk, vocabulary growth, and style of interaction appear early and widen long before a child's scholastic career begins. For infants and toddlers, learning unfolds in many settings, including the home, child care centers, and Early Head Start programs. High-quality care that promotes positive early learning can have lasting effects into adulthood, particularly for low-income children who often start school behind their peers. In Tennessee, 66% of mothers with children under age 6 are in the labor force, as compared to 67% nationwide. This high proportion of working mothers with young children increases the need for key federal programs that provide families with resources needed to lay the foundation for children's success. Approximately 1,416 Tennessee infants and toddlers participate in EHS. EHS plays an important role in children's success in school, family self-sufficiency, and parent support of their child's development.

Currently, only a small portion of low-income children are served by federal EHS initiatives, leaving the majority of eligible infants and toddlers without access to this proven program.

Center-based early childhood care and education programs include day care centers, Head Start programs, pre-school, nursery school, Pre-K, and other early childhood programs. Students may spend 1 to 3 years in preprimary programs (prekindergarten and kindergarten), which may be offered either in separate schools or in elementary schools that also offer higher grades. In 2009, about 63 percent of 3- to 5-year-olds were enrolled in preprimary education (nursery school and kindergarten), similar to the proportion in 2000. However, the percentage of children in full-day programs increased from 2000 to 2009. In 2009, about 61 percent of the children enrolled in preprimary education attended a full-day preprimary program, compared with 53 percent in 2000. Dr. Kathy Hirsch-Pasek, of Temple University Lefkowitz professor of Psychology and Director, Infant Language Laboratory provided the following insight in a presentation titled *From Crib to Classroom: Developing Language and Skills for Reading* (www.investinus.org a project of The First Five Years Fund, which helps Americans learn how to build a better US through investment in quality early childhood education from birth to age five). She detailed five lessons to help equalize the language and literacy skill of children when they enter school—and go a long way toward preventing the achievement gap. She explained that we can better prepare children for later school achievement by taking what we know and making it an intentional and integral part of early childhood education--particularly among at-risk children and families. Dr. Hirsch-Pasek detailed the following:



Lesson 1: Learning starts with engagement in relationships and interests. Early language development is dependent on the quality of social interactions a child has with the important adults in his or her life. Language and literacy acquisition is advanced through caring and attentive relationships between children and adults. These foster episodes of "joint attention," social situations in which caregivers and infants share the same focus and interest in a topic. Science has shown that children whose parents engage in more episodes of joint attention in infancy have more advanced vocabularies at the age 2.

Lesson 2: Talk with infants, but let them drive the conversation. Adults who take turns in interactions with young children, share periods of joint focus, and express positive emotion provide children with the foundation needed to facilitate their language and mental growth. Stimulating and responsive parenting in early childhood are considered the strongest predictors of children's later language, cognitive and social skills. Caregivers should: Talk *with*, not *at* the child. Expand on what the child says and does, and finally, caregivers should notice what the child finds interesting and comment on that.

Lesson 3: Frequency Matters—infants and toddlers learn the language they hear the most. Language learning depends on the amount of language that young children hear—starting in infancy. The amount of language that they hear in conversation also primes their language learning machine so that they become more efficient learners. This is true whether a baby is learning English or Spanish. These findings begin to explain why Hart & Risley found that children from disadvantaged backgrounds who heard significantly less language input as young children were far behind their peers who heard more language in their environments.

Lesson 4: Infants need to hear diverse examples of words and grammar. The amount and diversity of the words and grammar that children hear fosters early and rich language outcomes. Children's vocabulary performance in kindergarten and later in second grade related more to the *diversity* of the talk they heard rather than just to the amount of talk they heard.

Lesson 5: Bilingualism is the norm and should be encouraged. We are used to thinking that bilingual children should be or would be delayed—but the evidence suggests otherwise. Half of the children in the world are raised in bilingual environments—and they may have a significant advantage over children who are raised in single language homes. Bilingualism seems to confer enormous advantages on children, from better attention and problem solving skills to more flexibility in their thinking.

These five lessons to encouraging and developing language skills in children are closely related to the fundamental principles of the Head Start/Early Head Start programs and teaching strategies.



Education Attainment: County Comparisons

Generally speaking, there is an overall higher percentage of the population age 25 and older that has not completed either the 9th grade, or a 9th to 12th grade course of education. These numbers shown on the table below, graphically illustrate the comparison to state and national percentages. Of the thirteen service area counties, only Maury County shows to be .6% better than the national average. The remainders of the counties come in above state and national numbers. Similarly, only Moore County shows a better percentile rank of 9.9% for those 9th-12th graders without a diploma than the state average of 10.7%. All of the counties showed a higher percent of high school graduates or equivalent (GED) than state or national levels, with a 41.73% average. Six of our counties were over 42% graduation rate; Giles, Lewis, Marshall, Moore, Perry, and Wayne Counties. Higher education data for the thirteen counties continues to show a disappointing trend. Only two of our counties were above state or national averages for those continuing their education past high school. Maury and Moore Counties were the only ones to show a 22% or better rate. The national and state percentages were 20.6% and 20.4%, respectively. For those attaining a higher degree, associates or better, the data was similarly disappointing. One county, Maury, was 0.1% better than the national average of 7.5% for Associate degrees.

None of the thirteen counties were closer than 3.0% of the state average for a Bachelor's, all fell below the 14.7% mark. Similar numbers were reflected in the Graduate/Professional Degree attainment. Only one county, Coffee, was within one percent of the state average of 8.0%.

National, State, and Service Area Educational Attainment for Population Age 25 + (%)

	Total Pop. Age 25+	< 9 th Grade	9 th to 12 th , no diploma	High School Graduate (incl. Equiv.)	Some college, no Degree	Associate Degree	Bachelor's Degree	Graduate or Professional Degree
U.S.	199,726,659	6.2	8.7	29.0	20.6	7.5	17.6	10.3
TN	4,156,132	6.8	10.7	33.4	20.4	6.0	14.7	8.0
Bedford	28,696	12.4	13.4	41.6	14.5	5.3	9.3	3.5
Coffee	35,268	7.6	10.9	38.0	18.5	6.0	11.7	7.3
Franklin	27,830	9.2	11.1	38.4	19.3	5.6	9.7	6.8
Giles	20,277	8.6	13.3	42.9	18.4	4.6	7.3	4.8
Hickman	16,883	8.8	16.7	41.0	18.1	4.8	6.8	3.8
Lawrence	27,453	11.3	13.5	41.9	17.7	4.6	7.2	3.7
Lewis	8,056	9.9	12.3	43.0	19.0	4.7	7.1	4.0
Lincoln	22,507	6.8	13.8	39.9	18.6	5.1	10.1	5.7
Marshall	20,058	8.3	12.7	42.5	19.3	5.8	8.5	3.0
Maury	53,118	5.6	11.0	37.3	22.5	7.6	10.7	5.4
Moore	4,295	10.1	9.9	43.5	22.3	1.6	6.8	5.8
Perry	5,457	7.9	15.4	45.7	17.5	2.8	6.9	3.7
Wayne	12,181	10.3	14.7	46.9	14.1	5.3	4.1	4.6
County Total/Avg	282,079	8.98	12.97	41.73	18.44	4.9	8.16	4.77

Data Source: DP02—SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES, 2006-2010 American Community Survey 5-Year Estimates, Modified State and County Data

13 County Service Area Cohort Dropout Rate		
	2006	2009
Tennessee	9.6	10.4
Bedford	5.0	8.1
Coffee	8.1	6.5
Franklin	10.7	7.3
Giles	13.4	7.0
Hickman	2.9	3.3
Lawrence	5.9	11.1
Lewis	4.9	5.5
Lincoln	13.0	8.6
Marshall	6.8	4.8
Maury	11.4	12.4
Moore	8.2	8.5
Perry	7.1	3.2
Wayne	4.0	3.9

Tennessee Kids Count-2010 data shows the Cohort dropout rate for Tennessee in 2009 at 8,934 persons, or, 10.4% of the population tabulated. This was an increase from the previous Community Survey data of 2006 showing 9.6%. The table alongside demonstrates the similar dropout rate for each of the thirteen service area counties, and data changes. Lawrence and Maury County are above the state dropout average, with 11.1% and 12.4% respectively. Hickman, Perry, and Wayne Counties showed below 4%, at 3.3%, 3.2%, and 3.9% respectively. Those that increased in that period are highlighted in red. Similar data below shows the Event High School Dropouts.

13 County Service Area Event High School Dropout Rate		
	2006	2009
Tennessee	2.7	3.0
Bedford	1.1	2.0
Coffee	2.4	2.2
Franklin	3.2	0.8
Giles	2.6	1.9
Hickman	0.9	0.6
Lawrence	0.6	2.9
Lewis	1.1	2.9
Lincoln	3.2	2.5
Marshall	1.0	2.2
Maury	3.3	4.4
Moore	1.0	1.0
Perry	1.4	0.9
Wayne	0.7	0.1

This table shows very slight improvement to the high school dropout rate within our 13 county service area. While the overall dropout rate increased only 0.3% in the State, those counties showing increases almost doubled their dropout rate in the same time frame. Only one county, Moore, showed no statistical change for this time frame. School expulsions (shown below) for the five year period showed relative decreases in the service area. Three out of two of the counties, Maury and Franklin, reported a 0.3% or 0.2% increase while Giles was 0.6%. The state average increased by 2.4%.

13 County Service Area Expulsion Rate		
	2006	2010
Tennessee	3.8	6.2
Bedford	0.0	0.0
Coffee	3.5	2.6
Franklin	0.0	0.2
Giles	0.4	1.0
Hickman	0.0	0.0
Lawrence	0.7	0.5
Lewis	0.0	0.0
Lincoln	0.9	0.4
Marshall	1.3	0.2
Maury	0.2	0.5
Moore	0.0	0.0
Perry	0.0	0.0
Wayne	0.0	0.0

For the State of Tennessee, data shows that the number of teens (ages 16 to 19, in thousands) that are/were not in school and were not high school graduates was declining in the five year period, after the high in 2007.

2006	2007	2008	2009	2010
20	24	23	18	16

As shown by the increasing numbers of immigrants moving into the area within the past five years, the following data reflects information concerning educational status of those parents of immigrant children. This table shows the numbers of

2006	2007	2008	2009	2010
12	18	16	16	19

estimated children (in thousands) in immigrant families in which the residing parent has less than a 9th grade education.

The Problem of Obesity

The organization Eat Well, Play More (www.eatwellplaymoretn.org) provided some startling facts concerning a statewide "epidemic". At 32.8 percent, adult obesity rates in Tennessee are the third highest in the United States. The rate of overweight and obesity is higher for adult males in Tennessee (73.7%) than adult females (64.2%). The bottom line is that over 3 million

Tennesseans are carrying too much weight, putting us at risk for some very serious diseases (heart disease, diabetes, high blood pressure, some cancers). Unfortunately, the problem of overweight and obesity is not limited to adults. The percentage of obese and overweight children between the ages of 10 and 17 in Tennessee is 36.5 percent (4th highest in the nation). Eighteen percent of 9th-12th graders in Tennessee are overweight, and another 17 percent are obese. In Tennessee, disparities in overweight and obesity clearly emerge during childhood. The rates of overweight Hispanic (37.4%) and African-American (43.9%) children are significantly higher than white children (21.1%). The prevalence of obesity among our youngest children is also increasing. Obesity in children ages 2 to 4 in Tennessee increased from 10 percent in 1998 to 13.8 percent in 2008. Over 29 percent of low-income children ages 2 to 5 are overweight or obese. Children who are obese in their preschool years are more likely to be obese in adolescence and adulthood, and to develop diabetes, hypertension, hyperlipidemia, asthma and sleep apnea. There is some good news, however. In this state, third in the nation for pediatric obesity, even a flat year-to-year rate could be considered progress. Researchers at East Tennessee State University found that school-age children who are overweight or obese dropped from 40.9 percent in 2007-08 to 39 percent in 2008-09. Just as obesity takes a devastating toll on health, it also places a huge financial burden on the health care delivery system. The rising costs of excess weight are the result of increased treatments specific to obesity-related illnesses. In addition to direct health care

Obesity rates--Adults	32.80%	Tennessee Rank: 3rd highest in U.S.
Obesity rates--children ages 10-17	36.50%	Tennessee Rank: 4th highest in U.S.
Hypertension rates--Adults	32.10%	Tennessee Rank: 6th highest in U.S.
Diabetes rates--Adults	10.20%	Tennessee Rank: 8th highest in U.S.
Adult Physical Inactivity	48.20%	Tennessee Rank: Highest in U.S.

costs, obesity results in lower worker productivity, increased absenteeism and higher workers' compensation claims than for normal weight employees. Obesity affects everyone, but the highest rates of obesity occur among the hungriest (poorest) people. This apparent paradox is driven in part by the economics of buying food. Low-income households often rely on cheaper, high calorie foods in an attempt to maximize caloric intake for each dollar spent, which can lead to over-consumption of calories and a less healthful diet. Many poor neighborhoods lack large grocery stores that offer the lowest prices and greatest range of fresh produce, brands, package sizes and quality choices, or farmers markets that sell locally grown fresh fruits and vegetables. Transportation to these large grocery stores and farmers markets may be unavailable or expensive. Consequently, numerous people in low-income neighborhoods depend on their neighborhood convenience stores - stocked with expensive, processed, prepackaged foods - to feed their families. Their other alternative is fast food restaurants, where value meal pricing provides calorie-dense, low nutrition foods. Recent studies have shown that people earning the lowest wages are more likely to have weights in the obese range. People living in the southern United States, where state minimum-wage levels are among the lowest, are more likely to be obese than people in other regions.

The worst poverty in Tennessee is found in rural counties with a much lower population density than the state average. Twenty-two percent of Tennessee's children live in poverty, and children living in rural areas are more likely to be overweight or obese than their urban counterparts. Because racial and ethnic minority groups are expected to comprise an increasingly larger portion of Tennessee's overall population, the future health of Tennessee will be greatly influenced by success in improving the health of these groups. Members of the Tennessee Obesity Taskforce recognize that it is critical to reduce health disparities related to race/ethnicity, socioeconomic status, disability, geography and age. Data collected from children enrolled in the Head Start / Early Head Start Programs shows the following percentages of overweight children. The counties shown at right with an asterisk reflect both HS/EHS programs. The overall percentage for our Head Start Centers is 17.3%. Five counties were above the average. The Dept. of Health and Human Services, Centers for Disease Control and Prevention presented a nine-point strategy paper with ideas for state policymakers to prevent school-based obesity. These strategies ranged from establishing strong wellness policies to setting nutrition standards for foods and beverages offered in schools. The CDC&P also detailed the growing issue of Tennessee's obesity problem through the Tennessee's Behavioral Risk Factor Surveillance System 2009, stating that risk factor of overweight/obesity is an increasing public health concern in Tennessee (www.health.state.tn.us/statistics).

County	Head Start/EHS Percent Overweight
Bedford	14.97%
Coffee	17.9%
Franklin	*21.4%
Giles	17.7%
Hickman	9.4%
Lawrence	19.75%
Lewis	14.6%
Lincoln	15.6%
Marshall	12.5%
Maury	*17.0%
Moore	11.8%
Perry	14.3%
Wayne	*19%

Food Security

Child Stats describes Food Security as a family's ability to provide for its children's nutritional needs—its access at all times to adequate food for an active, healthy life. The food security status is based on self-reports of difficulty in obtaining enough food, reduced food intake, reduced diet quality, and anxiety about an adequate food supply. In some households classified as food insecure, only adults' diets or food intakes were affected, but in a vast majority of such households, children's eating patterns were also disrupted to some extent, and the quality/variety of their diets were adversely affected. In a subset of food-insecure households—those classified as having very low food security among children—a parent or guardian reported that at some time during the year one or more children were hungry, skipped a meal, or did not eat for a whole day because the household could not afford enough food. (U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements). About 17.2 million children (23 percent of all children) lived in households that were classified as food insecure at times in 2009. About 988,000 of these children (1.3 percent of all children) lived in households classified as having very low food security among children. The percentage of children living in food-insecure households in 2009 was essentially unchanged from 2008 and was higher than the 17 percent observed in 2007.

The percentage of children living in households with very low food security among children did not change significantly between 2008 and 2009 (1.5 percent vs. 1.3 percent). In 2009, the proportions of children living in food insecure households were substantially above the national average of 23 percent for the following groups: those living in poverty (51 percent); Black, non-Hispanics and Hispanics (35 percent each); those whose parents or guardians lacked a high school diploma or General Educational Development (GED) certificate (43 percent); and those living with a single mother (38 percent).

HS/EHS Centers—Locations and Population in Micropolitan Areas

Head Start centers are typically located in or near the most populated communities within the counties we serve. The majority of these are located in the county seats; however, a few of the centers are still located in what is normally considered rural areas of these counties. The Noah facility in Manchester, as well as the Manchester expansion in Coffee County are just two such centers. The South Lawrence center is located in Iron City, TN (Lawrence County) which has an estimated population of 328. Similar in size, the Wartrace facility is also located in a rural area (Wartrace, pop. 610). Population data gathered from the Middle Tennessee Industrial Development Association, 2011 Community Data Profiles (www.mtida.org) provided the following information on city/town populations where HS/EHS centers are located, as well as information on population increases or decreases in those particular communities for the years 2000-2009. As shown on the table, Bedford and Coffee Counties show over seventeen percent growth in this time period.

County	County Seat/ Largest City*	Population Estimates July 2009	Percent Change 2000-2009
Bedford	Shelbyville	20,149	20.1
Coffee	Tullahoma*	18,533	2.9
	Manchester	10,070	17.6
Franklin	Winchester	7,876	6.9
Giles	Pulaski	7,826	-0.6
Hickman	Centerville	3,945	3.9
Lawrence	Lawrenceburg	10,891	0.9
Lewis	Hohenwald	3,820	1.7
Lincoln	Fayetteville	7,215	3.1
Marshall	Lewisburg	11,101	6.2
Maury	Columbia	35,248	6.2
Moore	Lynchburg	497	0.0
Perry	Linden	1,002	-1.3
Wayne	Waynesboro	2,106	-5.8
Totals/Avg.		140,279	+4.45

Bedford County alone is over a 20 percent population growth, justifying heavy considerations for Head Start expansions within the county. The Migration Policy Institute Data Hub (www.migrationinformation.org) generated the table below demonstrating percent changes in population for the ten states with the most change in a ten year period. Tennessee was ranked third in this group, and other neighboring Southern states made up six of the other remaining positions.



States Ranked by Percent Change in the Foreign-Born Population: 1990, 2000, and 2010
(Table sorted by 2010 figures)

State	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>Change: 1990 to 2000</u>		<u>Change: 2000 to 2010</u>	
	Estimate	Estimate	Estimate	Percent change	Rank	Percent change	Rank
United States	19,767,316	31,107,889	39,955,854	57.4%		28.4%	
Alabama	43,533	87,772	168,596	101.6%	17	92.1%	1
South Carolina	49,964	115,978	218,494	132.1%	11	88.4%	2
Tennessee	59,114	159,004	288,993	169.0%	6	81.8%	3
Arkansas	24,867	73,690	131,667	196.3%	4	78.7%	4
Kentucky	34,119	80,271	140,583	135.3%	10	75.1%	5
North Carolina	115,077	430,000	719,137	273.7%	1	67.2%	6
South Dakota	7,731	13,495	22,238	74.6%	27	64.8%	7
Georgia	173,126	577,273	942,959	233.4%	2	63.3%	8
Indiana	94,263	186,534	300,789	97.9%	20	61.3%	9
Nevada	104,828	316,593	508,458	202.0%	3	60.6%	10

Business/Employment Information

The Southern Middle Tennessee region is home to a wide variety of industrial and manufacturing facilities. The region's economy is very diverse, with approximately 25,563 people employed in manufacturing, 20,280 in retail, 16,070 employed in health care, and 15,241 employed in agriculture. Large individual businesses continue to be the primary employers in our service area, with companies in the automotive, chemical products and plastics, food processing, and advanced manufacturing sectors. A strategic planning workshop held in August of 2011 by some of the region's economic and workforce development stakeholders determined to focus economic development recruitment efforts largely on the aerospace, automotive, chemical products and plastics, and energy sectors. Populations in some of these communities tend to fluctuate with closings or expansions of those businesses. Lincoln County continues to rank first in the state with the lowest unemployment (6.4%), while neighboring Marshall County records a high 13.8% and Perry County (ranked 91 out of 95) with a 14.2% unemployment rate. The three businesses with the most employment per county / community are detailed in the table below. The counties with the largest number of employees are Maury, Coffee, Franklin, and Bedford, the least is Lewis, Hickman, Perry, and Wayne Counties. High numbers of employed residents points to the need for dependable, established child care facilities that can provide educational opportunities for enrolled children.

Community Employers: The Three Largest Industrial Manufacturers

County	Business 1	No. of Employees	Business 2	No. of Employees	Business 3	No. of Employees
Bedford	Tyson Foods	1300	Calsonic N.A.	712	Wal Mart Dist.	400
Coffee	A.E.D.C.*	2562	M-Tek	842	Batesville Casket	437
Franklin	ATA	2,116	Shaw Industrial	830	Nissan N.A.	800
Giles	Frito-Lay	511	Johnson Controls, Inc	305	Timken Company	256
Hickman	Sole Supports	95	Accurate Energetic Systems	95	Clark Container	80
Lawrence	Jones Dist. Group	442	Graphic Packaging	250	Dura Automotive Systems, Inc.	200
Lewis	Oliver Technology	75	Kanson Electronics	19	S.E. International	18
Lincoln	Goodman Co.	1250	Frito-Lay	500	Franke Foodservice	140
Marshall	Calsonic Kansei NA	1100	Walker Die Casting	550	Teledyne Electronic	300
Maury	General Motors	3200	Maury Regional Med.	2100	TN Farm Bureau	700
Moore	Jack Daniel's Distillery	300	Bluegrass Cooperage	40	George Garage	35
Perry	Bates Acquisition	275	Graham Lumber Co.	77	Reliable Products	20
Wayne	TN Apparel	206	Mueller Gas Products	160	TN Farm Bureau	65

Source: Middle TN Industrial Development Association: 2011 Community Data Profile

Per Capita Income and Poverty Data

When comparing Per Capita Income for the counties in the S.C.H.R.A. service area to the State of Tennessee and National averages, it is painful to note that twelve of our counties are below the state average of \$23,772 for

S.C.H.R.A. Service Area Household Income Data for 2009 / 2010							
	Per Capita Money Income (past 12 months, 2009 dollars) 2005-2009	Per Capita Money Income (past 12 months, 2010 dollars) 2006-2010	Median Household Income, 2009	Median Household Income, 2010	Average Private Sector Income 2010*	Persons below poverty level, %, 2009	Persons below poverty level, %, 2006-2010
Bedford	\$18,061	\$18,471	\$39,042	\$38,550	\$33,129	18.2	21.7
Coffee	\$20,571	\$20,737	\$39,882	\$40,078	\$38,039	16.6	17.5
Franklin	\$20,851	\$20,817	\$40,432	\$40,983	\$30,009	15.1	13.2
Giles	\$20,339	\$19,778	\$38,046	\$37,860	\$33,917	18.5	17.1
Hickman	\$17,174	\$18,447	\$38,516	\$42,075	\$28,013	18.5	16
Lawrence	\$17,715	\$18,086	\$34,254	\$34,985	\$28,817	18	17.4
Lewis	\$16,487	\$17,473	\$33,245	\$35,000	\$23,193	20.8	18.3
Lincoln	\$22,523	\$22,811	\$40,108	\$42,962	\$30,302	15.6	15.9
Marshall	\$20,296	\$20,157	\$41,681	\$40,435	\$31,202	14.8	16.4
Maury	\$22,641	\$23,136	\$43,564	\$46,278	\$37,425	14.8	13.3
Moore	\$27,510	\$26,678	\$46,494	\$44,433	\$41,788	14.2	14.5
Perry	\$16,367	\$17,028	\$32,054	\$31,776	\$26,064	20.2	24.2
Wayne	\$15,401	\$15,814	\$32,562	\$34,993	\$27,452	23	15.5
Average	\$19,687	\$19,956	\$38,452	\$39,262	\$32,713	17.56	17.00
TN	\$23,557	\$23,772	\$41,715	\$43,314	N A	17.21	16.5
U.S.	\$27,041	\$27,334	\$50,221	\$51,914	N A	14.3	13.8

SOURCE: U.S. CENSUS BUREAU QuickFacts

*TN Dept. of Economic and Community Development--Southern Middle TN-Regional Strategic Plan (www.tn.gov/ecd)

years 2006-2010. Wayne County had the lowest of the thirteen, with a PCI of \$15,814, almost \$8,000 less than that of the State.

Four of the counties showed decreases (shown in red) in PCI in the one year observed. The Median Household Income (MHI) for the one year period showed three of the same counties decreasing (Giles, Marshall, and Moore), while also adding Bedford and Perry Counties. The county with the lowest MHI from 2009 to 2010 was Perry County, with an MHI of \$31,776, almost \$12,000 below the state average and \$20,000 below the Nation's average. Particularly distressing, but likely typical is the fact that of the five counties showing decreases in the MHI in 2010, four of these also reported relative increases to the percentage of Persons below the Poverty Level. Perry County recorded a 4.0% increase from the previous year, while Bedford showed a 3.5% and 1.6% for Marshall, and the other counties had 0.9% and 0.3% increases.

Tennessee Youth in Poverty

The U.S. Census, 2010 American Community Survey, 1-Year Estimates, reported the Tennessee population for whom poverty status was determined at 6,195,120 persons. Of those, 7.9 percent were less than fifty percent of the poverty level, 17.7 percent were less than 100 percent of the poverty level, and 23.2 percent were less than 125 percent of the poverty level. Those under 18 years of age were a reported 1,469,563, with 12.2 percent at less than 50% of the PL, 25.7 percent at less than 100 percent of the PL, and 32.1% at less than 125 percent of the PL. Data from

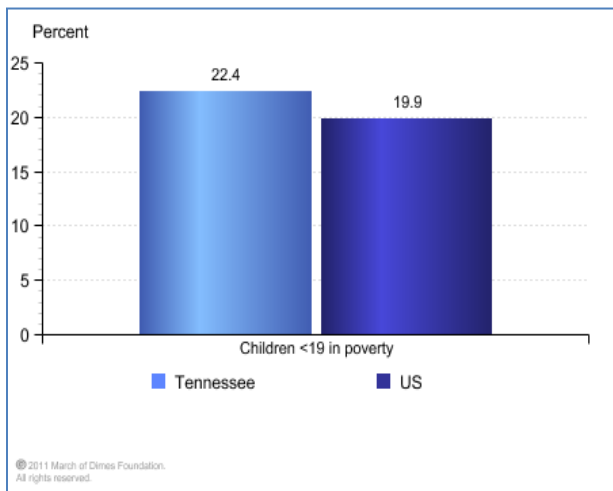
the 2006-2010 American Community Survey 5-year Estimates identified 110,602 persons in Tennessee as being female households (with no husband present) below the poverty level and with children under 5 years. This group was three times greater than that of married couples, and five times more than male households (with no wife present). Numbers for the specific service area counties are described in the table to the right. Maury, Coffee, and Lincoln Counties had the highest number of female-only households, with Bedford and Lincoln having a similar number of male-led households. More specific data from the same U.S. Census source, for the population ages 3 and over details school enrollment of those whose poverty status was determined. The table

Poverty Status of Family By Type 2006-2010 American Community Survey 5-Year Estimates (with related children Under 5 years)

BELOW THE POVERTY L.	Married Couple Family	Male Household- No Wife	Female Household- No Husband
Bedford	39	89	143
Coffee	125	7	281
Franklin	69	0	65
Giles	22	49	162
Hickman	28	0	55
Lawrence	100	10	70
Lewis	13	20	8
Lincoln	64	87	214
Marshall	11	66	70
Maury	70	26	358
Moore	16	0	17
Perry	7	20	43
Wayne	20	32	29
Tennessee	8,561	4,054	22,689

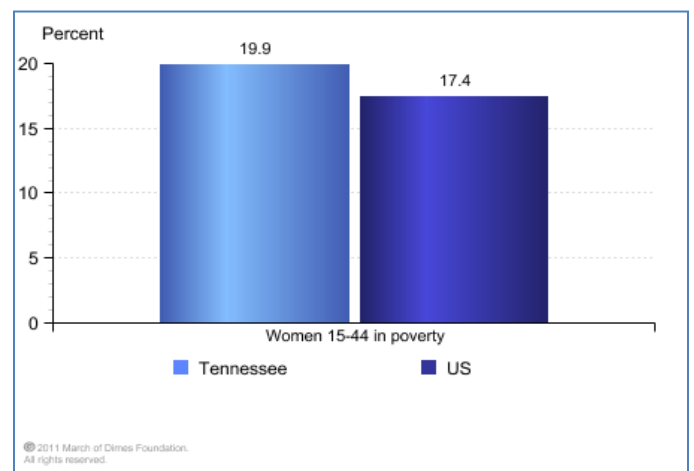
following reflects the relatively high numbers of children who do not or cannot participate in educational programs due to their limited financial situation, compared to those enrolled at or above the poverty level.

	Income Below the Poverty Level			Income At / Above the Poverty Level		
	Enrolled in School	Enrolled in Nursery / Preschool	Enrolled in Kindergarten	Enrolled in School	Enrolled in Nursery / Preschool	Enrolled in Kindergarten
Bedford	2,823	185	327	7,374	277	517
Coffee	2,618	229	125	10,209	665	601
Franklin	1,485	68	59	7,201	446	434
Giles	1,458	89	55	5,007	151	222
Hickman	1,045	25	23	4,407	211	199
Lawrence	2,164	103	235	7,662	522	303
Lewis	551	95	12	2,031	59	191
Lincoln	1,390	104	163	5,919	348	302
Marshall	1,630	17	72	4,931	234	287
Maury	3,145	212	231	14,409	798	926
Moore	362	73	25	1,018	0	43
Perry	591	28	86	1,060	42	54
Wayne	555	32	49	2,708	97	94
Tennessee	319,625	16,533	20,661	1,157,505	66,853	62,730



Children < 19 years below federal poverty level Tennessee and US, 2008-2010 Average

Women 15-44 years below federal poverty level: Tennessee and US, 2008-2010 Average



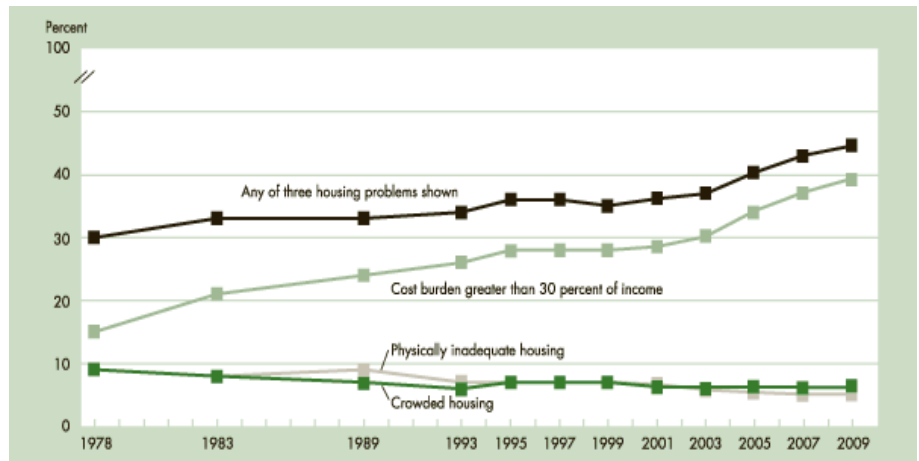
Housing Data

Inadequate, crowded, or too costly housing can pose serious problems to children's physical, psychological, and material well-being. Housing cost burdens, especially at high levels, are a risk factor for negative outcomes for children, including homelessness, overcrowding, and poor nutrition, frequent moving, and lack of supervision while parents are at work. Nationally, the percentage of households with children that report that they are living in physically inadequate, crowded, or costly housing provides insight into how commonly children's well-being may be affected by their family's housing.

In 2009, 45 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or cost burden resulting from housing that costs more than 30 percent of household income. In comparison, 43 percent of households with children had a housing problem in 2007, and only 30 percent had a housing problem in 1978. A historically low percentage of households with children have physically inadequate housing, defined as housing with severe or moderate physical problems. In 2009, 5 percent of households with children had physically inadequate housing, compared with 9 percent in 1978. Crowded housing, defined as more than one person per room, remained stable at 6 percent of households with children in 2009, following reductions in crowded housing observed through 1993. The proportion of households with severe cost burdens, defined as paying more than half of their income for housing, tripled over the same period, rising from 6 percent to 18 percent. The percentage of households with children facing severe housing problems increased from 15 percent in 2007 to 17 percent in 2009. The incidence of severe problems among very-low-income renters with children increased from 35 percent in 2007 to 40 percent in 2009. During 2009, an estimated 346,000 children utilized homeless shelters or transitional housing services, a rate of 4.6 per 1,000 children. An estimated 156,000 children, or 2.1 per 1,000 children, were found to be homeless during a single night in January 2009 (information collected from U.S. Census Bureau and Department of Housing and Urban Development, [American Housing Survey](#)). In the South Central service area and Tennessee in particular, the housing market seems to be performing a bit better than the state's economy as a whole.



Single-family construction was growing, but home prices weakened, as per the Tennessee Housing Report generated by the Business and Economic research Center at the Jennings A. Jones College of Business—Middle Tennessee State University. The 2010 American Community Survey 1-Year Estimates (Report CP04)

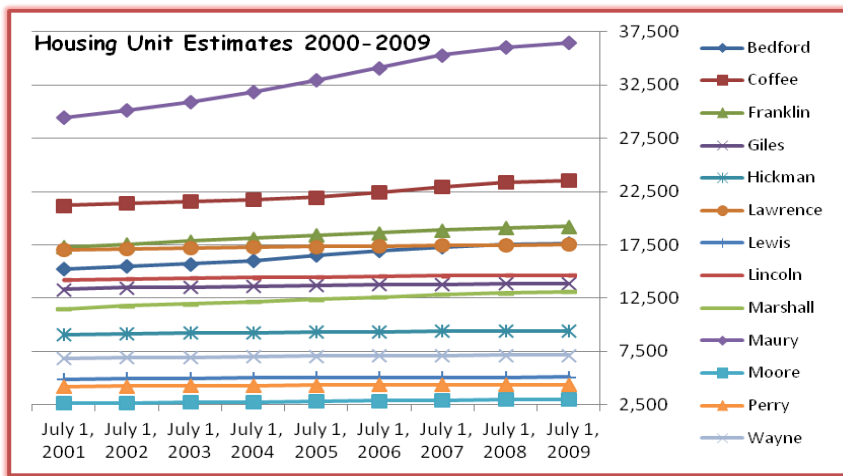


established at total of 2.81 million housing units for 2010 in the State of Tennessee. Thirty-five percent of the housing units were constructed since 1990. Of these, 13.3% were identified as vacant or vacated units.

OCCUPIED HOUSING UNIT CHARACTERISTICS—of the 2.44 million occupied units, 68.1% were owner-occupied, 31.9% were renter-occupied.

Seventy one and a half percent of these were single-unit structures, eighteen percent were multi-units, and almost ten percent were mobile home units. Households reporting no vehicle availability were at 6.2 percent, while 32.8% reported one vehicle, and 0.5% reported lacking complete plumbing facilities. Almost three percent of the housing units reported no telephone service available, and while just over 92% used electricity or gas for heating, two percent were still using wood to heat their homes.

HOUSING COSTS—the median monthly costs for mortgage holders was \$1,161, non-mortgage holders were paying approximately \$338, and 61.7% of renters were paying between \$500-\$999 per month. Thirty-three percent of owners with mortgages were paying 30 percent or more of their monthly income, while almost twelve percent of non-mortgage holders were at the same level of payout. An astonishing 9.4% of renters were paying 25.0-29.9% of their household income in rent, while 43.3% were paying 30.0% or more.



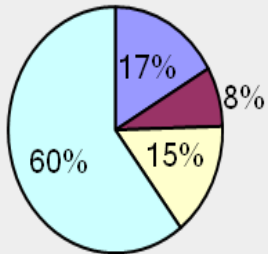
Housing unit trends for the period 2000 to 2009 were increasing, as shown on the graph. Maury, Coffee, and Franklin Counties had the most dramatic spike in projected increases. The remainder of the service area counties was flat or demonstrated very slight increases.

Head Start/Early Head Start Community Assessment Surveys

A Community Assessment Survey was distributed and conducted with Head Start/Early Head Start families, as well as the general communities. The Program's Multi-cultural Specialist translated the survey into Spanish for our Hispanic/Spanish language participants. Using a series of questions and choices, respondents were asked to share information concerning their community and themselves. Below are some of the questions and responses pertinent to the Program. A primary concern for some 75 percent of the respondents was the fact that their unemployment had lasted six months or more. Over half of the people surveyed reported they spent at least three to four hours together in some sort of family activity, but another 22 percent reported they spent no time together in these same activities. Thirty-four percent of the respondents requested/preferred some kind of year-round educational enrollment, while forty-five percent required some sort of extended/blended pre-school child care arrangement. More than ten percent of those surveyed answered they had no access to a health professional, either medical or dental.

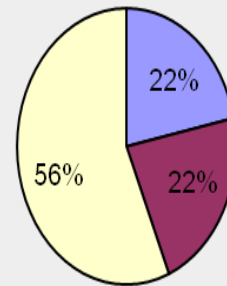
If unemployed (cannot find a job), how long have you been unemployed?

- 0-3 months ■ 4-6 months
- 6-12 months ■ more than 12 months

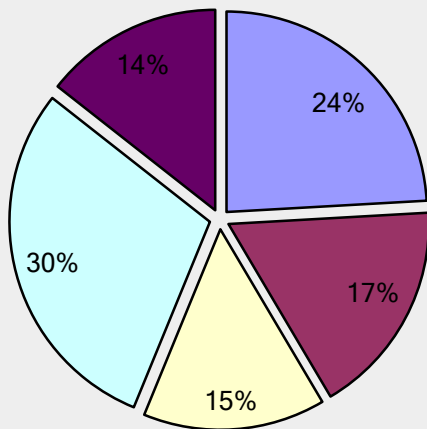


How much time per week does your family spend together doing group activities? i.e. games, reading, meals, etc.

- No Time ■ 1-2 hours □ 3-4 hours



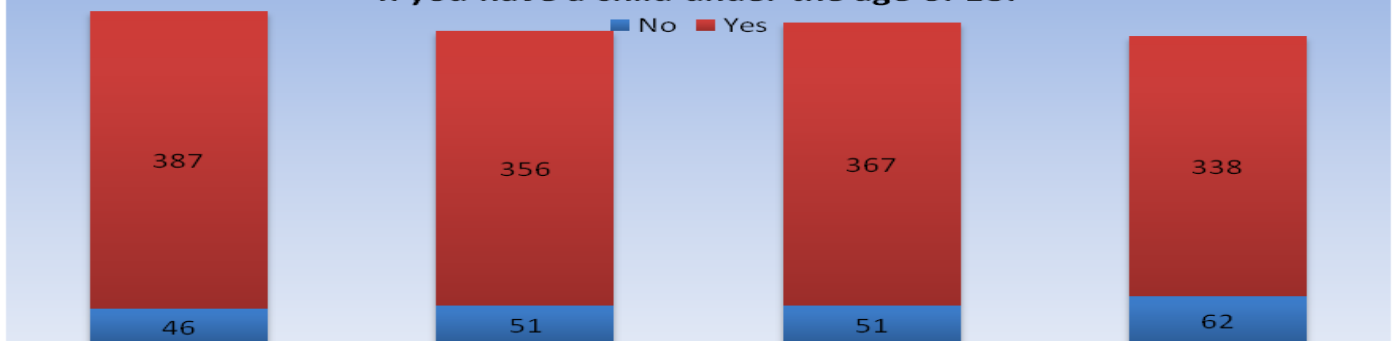
If each of the following options were available, would you prefer to enroll your preschool-aged child in:



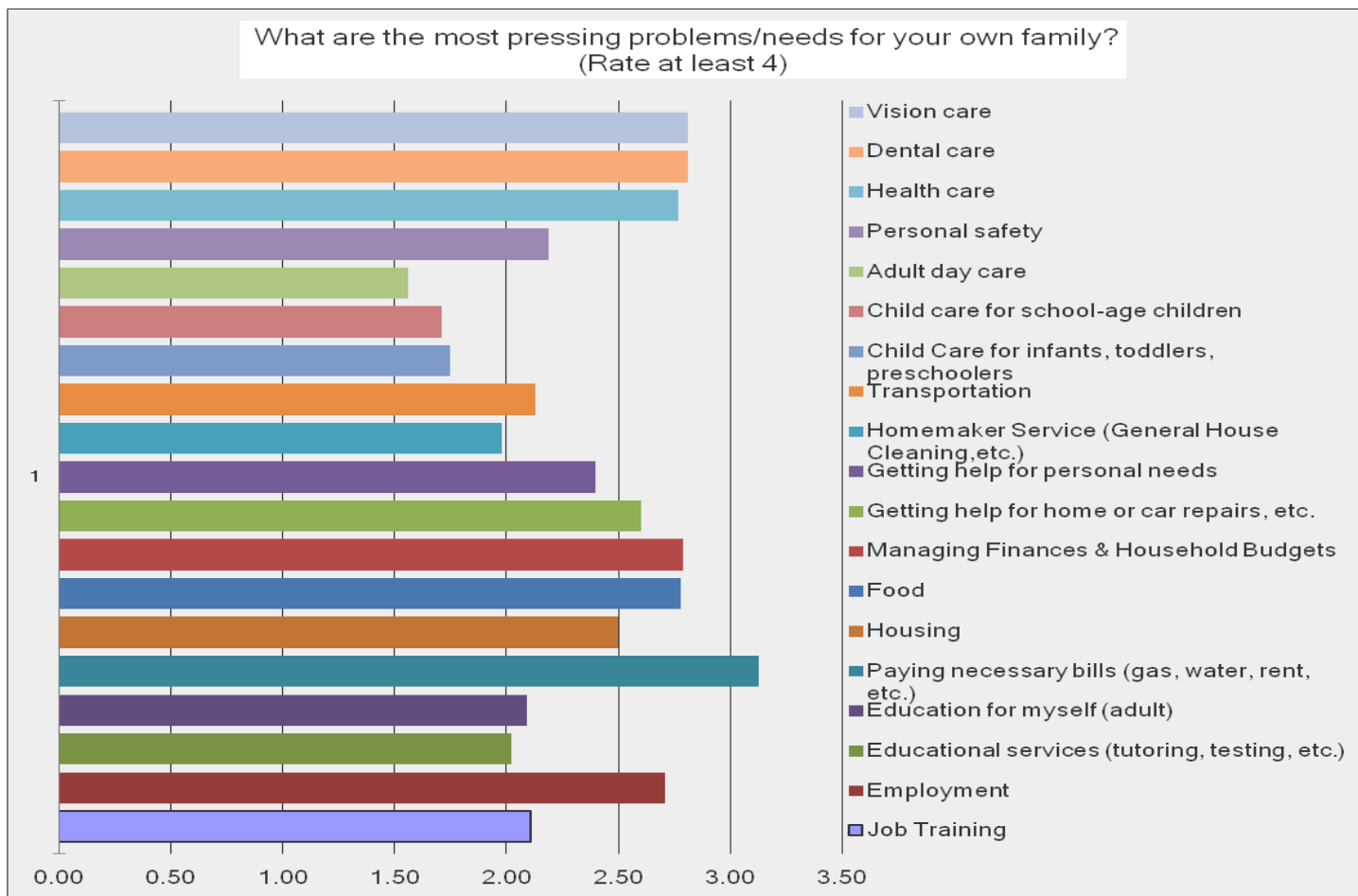
- 1/2 day services - September through May (8 a.m. - 2 p.m.)
- 1/2 day services - Year-round [12 month] (8 a.m. - 2 p.m.)
- Extended day (blended preschool & child care) services from September through May (7 a.m. - 6 p.m.)
- Extended day (blending preschool and child care) services - Year-round (7 a.m. - 6 p.m.)
- Combination of center and home-based services - Year-round

If you have a child under the age of 18:

- No ■ Yes



Does your child have access to a local doctor? Does your child go to the doctor for preventative medical care? Does your child have access to a local dentist? Does your child go to the dentist for preventative dental care?



The majority of the survey respondents were concerned with money for necessary bills due, as well as health care for themselves or their family. Equally pertinent was budgetary/financial management and food concerns.

Community Assessment: Identified Issues and Concerns Going Forward

A report to the Governor of Tennessee detailing the state's economic outlook as of January 2012, prepared by the Center for Business and Economic Research, College of Business Administration, The University of Tennessee—Knoxville, provided insight into Tennessee's current situation. A vast majority of the 7.0 percent increase in the number of children in Tennessee was made up of individuals of Hispanic origin. The median household income in the state, and the southern U.S., peaked in 2008. Tennessee's median was \$43,610 in 2008, dropping to \$41,461 in 2010. Tennessee in many ways mirrors national trends in economics and demographics—growing older, slightly poorer, and more Hispanic over the past few years. Employment will take two or three years to fully recover to pre-recession levels, but other indicators of economic activity, like the unemployment rate, may not fully rebound within the decade. The expected slowing of labor force growth in the years ahead will lead to somewhat lower growth in overall economic activity.

POVERTY—Poverty is a critical indicator of the well-being of our nation's children. Children who live in poverty, especially young children, are more likely than their peers to have cognitive and behavioral difficulties, to complete fewer years of education, and, as they grow up, to experience more years of unemployment. For the year 2010, the number and percentage of children in poverty increased in 27 states, among them Tennessee, with a 25.7 percent poverty rate. Identifying children who are poor at birth identifies a population that is disproportionately more likely to spend multiple years in poverty and to be persistently poor. Given that poverty status at birth is linked to worse adult outcomes, targeting resources to children born into poverty would reach a particularly vulnerable population. People who are poor at birth are significantly more likely to be poor as an adult, drop out of high school, and have a teen nonmarital birth than those not poor at birth. Programs targeted at increasing parental income, such as education and training programs and work supports, could improve children's future prospects by providing the family with economic security and stability. Greater resources may also increase how much parents invest in their children. Other supports for parents, such as home visiting programs, may improve family functioning and the home environment of vulnerable children.

OBESITY---Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease. Obese adolescents are more likely to have pre-diabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes. Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age 2 were more likely to be obese as adults. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors. Head Start Centers, as well as schools, also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors. SCHRA Head Start/Early Head Start has implemented a physical activity program in our centers called "**I'm Moving-I'm Learning**". The foundation for the program is based on implementing music, educational materials, play props, and other resources to promote health enhancing preferences for physical activity and nourishing nutrition for children and adults. Parents, children, and teaching staff become more informed about the motor domain of learning, the significance of movement and nutrition learning experiences, age appropriate motor skill practice, opportunities for play both indoors and outside, and brain based learning for young children. That, along with nutritious food is provided on a daily basis to our enrollees.

MIGRATION—The immigrant population in Tennessee living below the federal poverty threshold changed by 105.3 percent between 2000 and 2009. In Tennessee, 24.6 percent of

the foreign-born population lived below the poverty threshold, compared to 17.5 percent on the national level. The percent change in the foreign-born population in poverty, from 2000 to 2009 ranked the State of Tennessee as 5th out of 51 states (including the District of Columbia). Of the total foreign-born population in Tennessee, 46.9 percent were from Latin America (South and Central America, Mexico, and the Caribbean). Of these, 31.9 percent were born in Mexico, two percent higher than the national level. Between 2008 and 2009, 8563 immigrants moved to Tennessee from abroad and 13,494 immigrants relocated here from other states. Children of immigrants accounted for 12.9 percent of all children in low-income families (i.e. below 200 percent of the federal poverty threshold). Between 2000 and 2009, the foreign-born, limited English proficient (LEP) population aged 5 and older in the State of Tennessee increased by 75.9 percent. Within this same time frame, the number of immigrants in Tennessee with less than a high school diploma increased by 86.5 percent. Also, the immigrant workforce in the state grew by 68.4 percent. Head Start/Early Head Start programs we provide will continue to help develop skills and assist in assimilating these children into mainstream educational opportunities and school systems. Another benefit is that Head Start provides exposure to diverse cultures and languages to all of our participating children.

PRENATAL CARE—Head Start/Early Head Start provides opportunities, nutrition and health counseling, and support to participating pregnant women as well as newborn infants and their moms. Breast-feeding initiatives are promoted to encourage this healthy benefit. Eating a healthy diet during pregnancy is good for both the mother and her baby. We provide resources to offer guidance on nutritional needs; foods to eat, and foods to avoid for a safe and healthy pregnancy. Expectant mothers find this information useful to help increase awareness of healthy eating habits during pregnancy. Also, Family Partners provide strategies to the mothers during their pregnancy, such as steps to adopting a healthy lifestyle that includes moderate exercise, reducing stress, and avoiding exposure to smoking, alcohol, illegal drugs, and some medications that can harm a developing fetus. They also provide counseling care after the birth of the child.

The prenatal period of growth and development is critical to optimal child development in the first three years of life and beyond. From conception to age three, human development occurs more rapidly than at any other time in life. Fetal development, like all stages of development, is progressive, involves critical periods, and benefits from supportive practices administered through a range of supports and services offered as early as possible. Inadequate prenatal care is associated with a host of health and developmental problems - low birth weight, premature delivery, birth defects, and poor growth. Furthermore, these babies are at an increased risk of learning, social, and behavioral problems. Thus, our Early Head Start (EHS) program is in position to make a significant and long lasting impact on the future of America's most vulnerable children.

DENTAL/PREVENTATIVE CARE AND ROUTINE EXAMS—To ensure the prevention of dental disease, oral health care for infants and young children is incorporated into well-child care as soon as possible. Head Start program directors and staff gain insight for promoting prenatal

oral health, infant oral care, good dietary habits, and dental visits to the families and children they serve. It is important that the oral health needs of infants and young children be addressed as early as possible and as a part of well-child care, since dental disease in young children is preventable. By the time a child reaches the age of entry into Head Start, it is often too late for prevention of tooth decay in these children. Families and staff are then left with the difficult task of locating immediate treatment.

A healthy mouth and oral motor function are necessary for normal speech development and eating food. When faced with oral problems or diseases, particularly tooth decay in primary teeth, children may have long-term health and developmental consequences. Pain, resulting from untreated tooth decay and chronic infection, interfere with children's ability to eat, sleep, learn and play. Many oral diseases, including tooth decay are preventable. Professional risk assessment to detect problems, provision of anticipatory guidance to parents, referral of children in need of services for care and appropriate use of fluoride and other preventive measures by children and their families can prevent the onset or progression of tooth decay or other oral diseases, and is a service Head Start provides. Diet and nutrition also are key factors in children's oral health and overall health. Our program evaluates menu plans to ensure they incorporate nutritious foods that are low in sugars and are developmentally appropriate for infants and young children.

Dental visits

Numerous national dental, medical, and public health organizations, including the American Academy of Pediatrics, recommend that children receive their first oral examination by age one. Early Head Start helps families find a dental home for the child's subsequent check-ups at intervals based on a risk assessment and determined by an oral health professional. Many families find it difficult to access oral health care for infants and young children for a number of reasons. Some families may have to travel several hours to obtain dental care for their children. Some dentists are unwilling or have not been trained to provide care for infants and young children, or do not participate in their states' Medicaid or Children's Health Insurance Program. Many states are attempting to correct this situation by training oral health professionals and non-oral health professionals, including physicians, nurses, and dietitians. Early Head Start educates parents and children on the benefits of good oral health. We promote good oral habits by providing toothbrushes for the children, and they brush their teeth daily after a meal or snack. We collaborate with parents to determine the child's health status, and determine whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental, and mental health.