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EHS Community Assessment Team Members

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Calena Greenspan, CFRC Training Coordinator
Jennifer Thornton, EHS Family Services Specialist
Jessica Wilk, EHS Graduate Assistant
Community Assessment Process and Procedure for 2012

12/21/11

Plan and Organize

December 2011
- CA Process submitted to Policy Council for approval
- Volunteer sign-up sheet goes out to Policy Council, classrooms and Home-Based Families

Design the Work

January 2012
- CA Team Selected (by January
- Assign tasks (Jan 18th PC Meeting)

Gather Data

January 18- 30th, 2012
- Data Collection
February 1
- Submit Data Collection Summary form to Becky Carter-Steele

Review and Analyze Data

Feb (TBA)
- Management Team Reviews Data and begins Analysis
- Becky Carter-Steele completes CA summary
February 13th
- CA report Submitted to Policy Council for review and recommendations

NEXT STEPS

Start 2012 Community
- Select & develop 3 year program goals & objectives
- Develop annual refunding application
Section I – Executive Summary and Purpose

University of Nevada, Reno

The University of Nevada is a constitutionally established, land-grant university. The university served the state of Nevada as its only state-supported institution of higher education for almost 75 years. In that historical role, it has emerged as a doctoral-granting university which focuses its resources on doing a select number of things well. The University of Nevada, Reno offers a wide range of undergraduate and graduate programs including, selected doctoral and professional studies which emphasize those programs and activities which best serve the needs of the state, region, and nation. By fostering creative and scholarly activity, it encourages and supports faculty research and application of that research to state and national problems.

College of Education

The mission of the College of Education is to: (1) Share core values with faculty, staff, and students being guided by a strong sense of community that encourages collaboration, innovation, and involvement in a diverse society, (2) Create dynamic learning environments with services and programs for licensure, professional development, and preparation for positions in leadership and higher education, and (3) Accomplish results by preparing professionals who embody the conceptual framework of the College of Education by demonstrating a love of learning, a strong fund of knowledge, an ability to reflect as practitioners, and a commitment to democracy and multiculturalism.

Child and Family Research Center

The Child and Family Research Center (CFRC) began in 1962 as a morning preschool demonstration program. The CFRC operated as a part-time preschool program until 1972 when full day child care was offered for faculty, staff, and students of the university who needed care for their preschool age children during the semester. For the CFRC, 1987 was a pivotal year. The center began providing care for infants and toddlers and offering full day, full year service for faculty, staff, and students. In addition, a summer camp program for elementary age children began. The CFRC was the first center in Nevada to obtain accreditation from the National Association for the Education of Young Children. A second site was added in 1990 to provide additional care for preschool children. In 1993 the CFRC became the first program in the state to begin a continuity of care program where children remain with their teachers over long periods of time in order to promote relationships and build trust. The late 1990’s was another period of growth for the CFRC when the state licensed kindergarten began and the center received a grant to provide Early Head Start services for poverty level families with children age birth to three years as well as pregnant mothers.
Currently, the Child and Family Research Center has six sites serving 300 children and families through a variety of programs including, early care and education, an inclusion program in collaboration with Washoe County School District, a state licensed kindergarten and first grade, a summer camp, child care resource and referral, and Early Head Start.

Mission

It is the mission of the Child and Family Research Center (CFRC), both in partnership with others and through district services, to provide education and training of university students, to facilitate research, and offer high quality, comprehensive early childhood services and support to our community. The CFRC is recognized as a model for excellent programs and practices that result in successes for children, families, and staff.

Vision

It is the vision of the Child and Family Research Center that all children and families in our community have access to high quality early childhood services.

Our Motto

Creating Connections with Families through Relationships, Respect, and Continuity.

Core Values

There are six core values that all CFRC staff members strive to use when making decisions, interacting with others, and conducting their day-to-day work:

- **Respect**: We treat each other, staff, families, and community members in a respectful manner in all interactions. The definition of respect is to deem worthy of high regard.

- **Excellence**: We maintain high standards and act as a model for the community, raising the bar on delivering high quality, comprehensive, early childhood services.

- **Enjoyment**: We engage in humor and fun, even when time is short.

- **Commitment**: We are committed to achieving our mission and making a difference in the lives of children and families.

- **Diversity**: We accept and value differences found in each other, families, the staff, and our community.

- **Judgment**: We make choices, compare and decide, and come to opinions about issues or options with our core values in mind.
Keys to Success:

There are four things we recognize as being integral to our ability to achieve our mission and uphold our core values. These are the elements that serve as keys to success. When each of these elements is present, we are strong, we work as a team, and we are effective. They serve as a foundation for our efforts to improve quality and raise the bar for early childhood services. Our keys to success are as follows:

**Communication:** We strive to communicate effectively. Effective communication is defined as follows: It is open, honest, direct, and supportive. It is professional. It maintains confidentiality. Open communication flowing freely in both directions is essential. Both partners must assume the best about each other. The relationship shows a feeling of trust and safety where issues are discussed without fear of judgment or ridicule. There is curiosity and active listening. Either partner can ask, “What were you thinking when you did that?” in order to learn more.

**Accountability:** A focus on accountability recognizes that everyone may make mistakes or fall short of commitments. We understand the part our individual roles and responsibilities play in helping us achieve our mission. Accountability emphasizes keeping agreements and performing jobs in a respectful atmosphere. We are individually responsible for performing our tasks in a professional, high quality manner.

**Trust:** Trust is marked by the absence of politics, unnecessary anxiety, and wasted energy. We are given as much power and control as possible in conducting our work. Through effective communication and accountability we develop trust with each other. We honor our relationships and work to ensure that members of the team have the information they need to be successful in their role.

**Collaboration:** We understand that people are our most important resource. They are literally the difference between whether we succeed or not. Collaboration means that all share the responsibility and the control of power. Power comes from knowledge about children and families, the field of early care and education, and oneself. This does not mean that supervisors do not set limits or exercise authority. Collaboration means that there will be a dialogue. We support personal and professional growth and value each member’s unique strengths.
Section II – Service Areas, Programs, and Demographics

Service Area and Program Options

UNR Early Head Start is a federally funded program that provides comprehensive child development services and parenting support for families of children age birth to three years of age. Continuity of experience for pregnant women, children, and families is emphasized in the program philosophy and activities. Comprehensive services are delivered through a creatively designed model program of home-based and center-based programs. The service area for the Early Head Start program is the greater Reno/Sparks metropolitan area of Washoe County, Nevada.

The program serves a total of 180 children, including pregnant women who meet the income guidelines. Children and families in the program receive services in three different ways: (1) center-based child care, (2) a home-based program, and (3) a combination center based and home-based program. To date, 104 children are served through the center based child care facilities, 44 children and pregnant women are served through the home-based program, and 32 children are served through the combination center based/home-based program.

The center based program option provides full day full year center-based care for infants and toddlers at four sites. This program option is open to children of parents or caretakers who are working, attending school, or a combination of work and school for a total of 28 hours a week or more.

The Early Head Start home-based option is open to all children and families qualifying for the Early Head Start program. The home-based option is designed to capitalize on the learning opportunities in the home environment as well as to be flexible and offer support and child development services at times that are convenient to families. Home-based services are provided by certified parent educators who provide service to both children and pregnant women.

The combination center based and home-based program option is open to children and families of students enrolled in the Washoe County School District. This unique program provides full day center-based child care during the academic year and home-based services to children and families during times of closure.
Demographic Make-up of Eligible Children

Nevada is the 7th largest state in the union in land with 109,781 square miles. However, Nevada ranks 35th in population. Nevada has 16 counties with Clark County in the southern part of the state having the most population at 1,951,269 in 2010. Washoe County in the northern part of Nevada has the second most population at 421,407. In Washoe County there is one major metropolitan area comprised of Reno and Sparks with a combined 2010 population of 315,485, which is 74.8% of the total population of Washoe County. The University of Nevada Early Head Start program serves the Reno/Sparks metropolitan area of Washoe County.

In Reno/Sparks the percent of people by race is:

<table>
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<th>White</th>
<th>African American</th>
<th>Native American</th>
<th>Asian</th>
<th>Pacific Islander</th>
<th>Other</th>
<th>Two or More Races</th>
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<tr>
<td>74.2</td>
<td>2.7</td>
<td>1.2</td>
<td>6.2</td>
<td>1</td>
<td>10.7</td>
<td>4</td>
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Ethnicity in Reno/Sparks is:

<table>
<thead>
<tr>
<th>Hispanic</th>
<th>Non-Hispanic</th>
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</thead>
<tbody>
<tr>
<td>24.8%</td>
<td>75.2%</td>
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</table>

The US Census Bureaus states that in 2010 6.6% of the 421,407 people in Washoe County are children less than age 5. This means that there are 27,812 children under age 5 residing in Washoe County. The National Center for Children in Poverty estimates that 21% of young children (under age 3) in Nevada live in poverty. Using the 21% estimate of children in poverty means that there are approximately 5,840 children under age 5 in Washoe County that live in poverty. Given that 74.8% of Washoe County’s population resides in Reno/Sparks, it is estimated that 4,368 children under age 5 in Reno/Sparks live in poverty. Given that 4,368 children under age 5 live in poverty in Reno/Sparks, it is estimated that 3,276 of those children are age 3 and under. The University of Nevada, Reno Early Head Start program serves 180 children, which is 5% of the 3,276 eligible children in Reno/Sparks. The Bureau of Child, Family, and Community Wellness of the Nevada State Health Division has identified 15 census tracts in Reno/Sparks with high concentration of poverty. These census tracts lie between Virginia Street on the west and Highway 395 on the east, McCarran Boulevard on the north, and DeLucchi Lane on the south. The majority of Early Head Start eligible children reside in these census tracts.
Community Strengths and Assets

While the Reno/Sparks area has a population of over 300,000, the number of community agencies that serve EHS eligible families is small. As budgets have been cut for social services across the board, agencies are committed to collaborating in order to better serve clients.

The Nevada System of Higher Education (NSHE) has one of the main campuses in Reno/Sparks, the University of Nevada, Reno (UNR). Since the Early Head Start program is administered by the Child and Family Research Center at UNR EHS administrators have daily contact with students obtaining higher education degrees in Human Development and Family Studies, Social Work, Early Childhood Education, Psychology, and a variety of other disciplines. The EHS program provides direct service internship and practicum experiences for students which better prepares them for careers in their chosen fields.

The Access to Healthcare Network is a unique program located in Reno/Sparks that offers access to healthcare services at greatly reduced rates. Access to Healthcare (AHN) utilizes a “Shared Responsibility” model to provide a full range of discounted healthcare services to AHN members. Healthcare providers discount fees and members pay cash at the time services are rendered.

Other Child Development Programs Serving Eligible Children

Nevada ranks among the highest in the United States when it comes to the cost of child care for families. Nevada’s licensed family child care is the most expensive in the nation, and Nevada is the second least affordable state in the union for infant care according to the Children’s Cabinet which is the designated agency that administers child care subsidies. The National Association of Child Care Resource and Referral Agencies (NACCRRA) reports the cost of full time care for an infant can be as much as 31% of a family’s income.

In Reno/Sparks there are 83 licensed child care centers, 186 licensed family child care homes, and 2 group homes. Only two licensed child care centers in Reno/Sparks consider family income when determining the rate of child care. The Wiegand Youth Center serves children birth through age 12 and offers some scholarships to assist with tuition costs for qualifying parents. Additionally, Holy Child Early Learning Center serves children from 8 weeks to 18 years of age and offers a sliding fee tuition scale for parents based on income. These two centers serve a combined total of 325 children., with approximately 60 slots for children younger than age three.

For children aging out of Early Head Start there are two publicly funded pre-school options administered by Washoe County School District and Community Services Agency Head Start. The Washoe County School District (WCSD) has 12 pre-kindergarten sites throughout Reno/Sparks, with most classrooms in elementary schools located within the 15 census tracts that have high concentration of poverty. The WCSD pre-kindergarten classrooms serve approximately 432 children ages three to five, however priority is given to four-year-old children. Additionally, enrollment priorities are given to children who
are English language learners not already enrolled in publicly funded preschool and who are not currently eligible to attend kindergarten. In addition to the pre-kindergarten classrooms, WCSD provides pre-kindergarten education through the Classroom on Wheels (COW) bus that visits five sites weekly and serves 90 preschool age children. All of the pre-kindergarten services through WCSD are part-day programs, and WCSD gives priority for enrollment to four-year-old children. Thus, three-year-old children transitioning from Early Head Start are generally not eligible for pre-kindergarten services through WCSD.

Community Services Agency Head Start serves over 500 preschool age children in half- and full-day Head Start programs at various locations throughout Reno/Sparks. Priority is given to income eligible families with children aging out of Early Head Start. However, there is only one classroom providing full-day programming for parents who are working and/or going to school.

**Children with Disabilities**

In order to qualify for Part C early intervention services in Nevada, a child under the age of 3 must have at least a 50% delay in one developmental domain or a 25% delay in two developmental domains. The state of Nevada defines developmental domains as cognitive development, social or emotional development, physical development which includes vision and hearing, communication, and adaptive development. Some physical and mental conditions may also make children eligible for early intervention services if the condition has a high probability of resulting in a developmental delay.

In fiscal year 2008 2,601 children received comprehensive multi-disciplinary evaluations through early intervention providers in the state of Nevada. Of those 2,601 children 1,861 were eligible for services. Communication delays were the predominant reason children were eligible for early intervention services. The majority (85%) of children made eligible due to a 50% delay in one developmental area experienced delays in communication. The remaining 15% of children had delays in physical development (13%), adaptive development (1%), cognition (.05%), or social-emotional development (.05%). Only 23% of children eligible for services experienced delays in two developmental areas, and 36% of children had conditions likely to result in developmental delays or had been diagnosed with delays by clinicians. Conditions likely to result in developmental delays included premature birth, Down Syndrome, cleft lip and palate, gastrostomy tube, seizure disorder, torticollis, and autism spectrum disorder.

In the Part C 2008-2009 annual report there were 3,656 children under age 3 who received early intervention services in Nevada. In the northwestern region of Nevada, which includes Washoe County, 1,093 children under age 3 received early intervention services during fiscal year 2008. Given that 74.8% of Washoe County’s population is in Reno/Sparks, it is estimated that approximately 817 children under age 3 receive early intervention services each year.

Early intervention services in Reno/Sparks are provided by four agencies: Nevada Early Intervention Services which is a state agency, The Continuum and Advanced Pediatric Therapies, which are for-profit agencies, and Easter Seals, which is a non-profit agency. Parents in need of evaluation call one phone number, staffed by Nevada Early Intervention Services, and are assigned to one of the agencies for
evaluation and provision of services for eligible children. The Continuum, Advanced Pediatric Therapies, and Easter Seals are contracted to serve pre-determined numbers of children. Once the contracted threshold is reached the agencies cannot take on any more early intervention clients. Thus, Nevada Early Intervention Services often is the only available resource for evaluation and services.

Education, Health, Nutrition, and Social Services Needs of Eligible Children and Families

Education of Eligible Children

Nevada child care regulations are lacking in terms of structural indicators found in high quality early care and education requirements such as low staff to child ratios, group size requirements, staff turnover rate, and education level of staff. Longitudinal research has found these indicators of quality are linked to better outcomes for children in the areas of academics, behavior, and social interactions.

Ratios in Nevada for infants and toddlers range from 1 caregiver to 4 infants under 9 months of age to 1 caregiver for 10 children between the ages of 24 and 36 months. These ratios are far above the Head Start Performance Standards of 1 caregiver for every 4 children birth to age 3. Group size requirements do not exist in Nevada. Therefore, there is no maximum number of children per group for any age child. The staff turnover rate in early care and education in Nevada is 45% which falls within national estimates of turnover rates in the field of 35-50%. There are minimal education requirements for early care and education staff in Nevada. Nevada does not require early care and education staff to have a degree. One study found that only 8% of Nevada’s teachers in early care and education have an Associate’s degree and 6% have a Bachelor’s degree. The same study found that only 38% of early care and education staff have taken some ECE courses. Thus, Early Head Start eligible children often have teachers have little or no education in early childhood.

Education of Eligible Families

The National Center for Children in Poverty reports that in Nevada, 47% of young children living in poor families have parents who do not have a high school diploma while only 10% of young children living in poor families have parents who have some college education.

Health

Children who have a medical home and health insurance tend to have better health outcomes compared to children who do not have access to regular accessible and affordable health care. The 2007 National Survey of Children’s Health conducted by the Data Resource Center for Child and Adolescent Health found that more than half (54.6%) of the children in Nevada do not have a medical home. Additionally, 50% of children in Nevada are uninsured or underinsured. This means that approximately 1,700 of the Early Head Start eligible children in Reno/Sparks are without a medical home and are uninsured or underinsured.

Another indicator of health for children is immunization rate. The goal for the United States is to have 80% of two-year-old children fully immunized. The Children’s Defense Fund states that 41.4% of two-
year-old children in Nevada are not immunized. Based on this estimate, approximately 450 two-year-old children in Reno/Sparks have not been fully immunized.

**Nutrition**

Food security is defined as having enough food to fulfill the daily nutritional needs. According to the Food Bank of Northern Nevada, Nevada ranks 18th in the United States in families who experience food insecurity. Food insecurity means that diet quality is reduced, meals are repeatedly missed and in extreme cases food intake is reduced and severe hunger is experienced. Food insecurity and hunger in children can have adverse affects on child development. The two government funded programs in Nevada that address food insecurity issues are the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants, and Children (WIC) Supplemental Nutrition Program. As of January 2012 there were 125,000 children in Nevada receiving food stamps through SNAP and 75,691 women and children receiving WIC assistance. The Food Bank of Northern Nevada served 118,000 people in fiscal year 2008-2009. Two thirds of these clients are under 18 or over 65 years of age. Of this 66%, approximately 35,000 clients were under 18. In a study conducted by the Food Bank of Northern Nevada, in client households with children, 76% of children are food insecure. The study also found that while 81% of client households are eligible for assistance through SNAP, only 32% receive SNAP.

**Social Services**

The social service needs of children in Nevada can be defined by child abuse and neglect rates and children in foster care. The Children’s Defense Fund states that in Nevada 4,654 children are victims of child abuse and neglect, and 4,806 children are in foster care. Given that 15% of Nevada’s population reside in Washoe County, approximately 700 children of the 4,654 victims of children abuse are in Washoe County. Of the 700 victims in Washoe County, approximately 520 children in Reno/Sparks are victims of child abuse and neglect.

**The Education, Health, Nutrition, and Social Service Needs of Early Head Start Eligible Children and their Families as Defined by Families and Institutions in the Community**

**Education**

In fiscal year 2010-2011 12% of referrals provided to EHS families were for education related issues such as child care, child care subsidies, and developmental evaluations.

**Health**

In fiscal year 2010-2011 36% of referrals provided to EHS families were for health related issues to find medical homes and/or obtain health insurance coverage.

**Nutrition**

In fiscal year 2010-2011 5% of referrals provided to EHS families were for nutrition assistance including food stamps, WIC, and food from food pantries.
Social Services

In fiscal year 2010-2011 five reports were made to the child protective service agency in order to provide EHS families with assistance for child abuse and neglect issues.

Community Resources Available and Accessible to Address Needs of EHS Eligible Families

Education

The Children’s Cabinet provides resource and referral information for child care and administers the Child Care Subsidy program. Early Head Start has a long standing formal relationship with Children’s Cabinet and parents are easily able to access services with them. However, with recent state budget cuts, subsidies to assist family in paying for child care once they exit Early Head Start have been drastically reduced. Therefore, only families who are working full time and are eligible to receive 90% of their child care fees actually receive subsidies. This eliminates subsidies for parents who are going to school and only able to work part-time.

Community Services Agency (CSA) Head Start provides programming for three-year-old children transitioning from Early Head Start. While CSA Head Start serves over 500 children, they only have one classroom that provides full day programming. Early Head Start has a Memorandum of Understanding with CSA Head Start that give priority to Early Head Start children aging our of the program. However, only parents who are working and/or going to school full time are eligible for the full day program. Parents enrolled in on-line only courses are not eligible for full day Head Start services. Traditional Head Start services which are half-day programs that follow the school year are provided for any family meeting the poverty guidelines. Therefore, families in need of full time child care must find facilities that can provide half-day and year-round services.

Nevada Early Intervention Services (NEIS) provides eligibility evaluation and early intervention services for children with special needs. UNR EHS has a contract with Nevada Early Intervention Services that includes NEIS providing space for three EHS classrooms on-site and priority for evaluating EHS children for intervention services. State budget cuts have severely impacted early intervention services for children in Nevada. Contracted hours with therapists (Speech and Language, Occupational, and Physical) have been radically reduced so that the majority of children are only receiving specialized therapy services once a quarter. Developmental Specialists providing early intervention services are seeing children twice each month, unless the child is significantly impacted developmentally by the disabilities. Additionally, three agencies have recently received contracts through Part C to provided eligibility and early intervention services in Reno/Sparks. These agencies receive funds based on the number of slots they are contracted to serve. When the contracted number of slots are full, NEIS must absorb the remaining children in need of early intervention services.

Health

Many of the physicians in the Reno/Sparks area accept families receiving Medicaid or other publicly funded insurance programs. However, most physicians are only able to serve a few families per practice.
Therefore, finding a physician who takes Medicaid or Nevada Check-Up is difficult for Early Head Start families. There are clinics that are publicly funded for families in need of medical care and a medical home. The clinics are staffed by a number of physicians and families often do not see the same doctor twice. Also, families may wait up to four hours in one day in the waiting areas before seeing a physician. Thus, while medical care may be available, accessibility is often challenging. In Spring 2012, UNR EHS was able to secure a contract with UNR Family Medicine to pay for well child checks for EHS families that have no other available health care options.

**Nutrition**

Families experiencing food insecurity are able to apply for food stamps (Supplemental Nutrition Assistance Program-SNAP) and WIC. EHS has been unsuccessful in establishing a relationship with the Nevada State Welfare Division that administers these programs. Therefore, assistance for EHS families in need of these services is limited to application completion.

**Social Services**

UNR Early Head Start has a Memorandum of Understanding (MOU) with Washoe County Department of Social Services Child Protective Services. This enables open communication between UNR EHS and CPS regarding families receiving services through both programs. Collaboration between the agencies has assisted some families in maintaining or retaining custody of their children.
## Summary and Analysis

### 2012 Community Assessment Summary

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<td>Other Childcare Programs</td>
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<td>• Wiegand Youth Center-Scholarships for Infant/Toddler Care</td>
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<td></td>
<td>• CSA Head Start-Serves 3-5 year olds</td>
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<td>Children with Disabilities</td>
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<td>Needs of EHS Eligible Children</td>
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<td>% of Eligible Families Receiving SNAP</td>
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<td>Number of Nevada children who are victims of child abuse or neglect</td>
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</tr>
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**UNR Early Head Start 2012 Community Assessment**

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Causes of Child Poverty: Lack of Educational Attainment. *Low educational achievement leads to low earnings growth.* [Data File]


Center for Disease Control. (2010). *National immunization statistics* [Data file].


