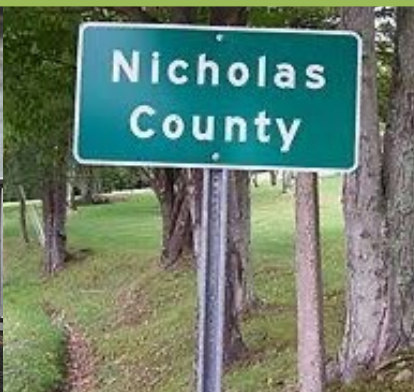




**Nicholas**  
Community Action Partnership, Inc.  
SUPPORT • EMPOWER • GROW

# 2022 Community Needs Assessment Report



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## INTRODUCTION

Community Action Agencies have been key players in the war on poverty since their inception in the 1960s. Because they work directly with low-income individuals and families in dealing with the problems of poverty on a daily basis, Community Action Agencies are uniquely qualified to examine the needs of communities and individuals as they strive to eliminate poverty. In most cases, Community Action Agencies provide a wide range of services that address a variety of poverty problems.

Why, then, does poverty continue to affect so many Americans? How can **Nicholas Community Action Partnership** develop and improve strategies to be more effective in helping people move out of poverty? Before answering these questions and deciding upon an approach, NCAP must determine what NEEDS exist in Nicholas County. Before determining a plan of action, NCAP must develop a deep understanding of the current conditions, likely future trends, and issues of greatest concern within the county.

## EXECUTIVE SUMMARY

In 2022, NCAP enlisted the assistance of Kingery and Company, LLC, to conduct a needs assessment. The project included surveying residents and other service providers, interviewing community members, conducting secondary data research, facilitating an analysis retreat, and providing a summary report with key findings and recommendations.

### Goal:

Plan and conduct an all-inclusive Community Needs Assessment for NCAP, ensuring compliance with the Community Services Block Grant and Head Start program requirements.

### Objectives:

- Provide a broad view of demographic and economic changes, region and county infrastructure, and community-wide changes.
- Focus on providing a localized assessment of needs by reporting county level data.
- Collect *primary* data by gathering external community feedback through surveys, obtaining the perspective of service providers through surveys, and conducting *qualitative* data through individual interviews.
- Collect *secondary* data by researching national, state, and local data resources, and utilizing NCAP's customer outcome tracking system.
- Facilitate an analysis process that identifies potential causes of poverty.
- Mobilize NCAP and community resources in action plans that address priority needs.

**Coverage Area:** Nicholas County

### About Nicholas Community Action Partnership

**Agency Overview:** Nicholas Community Action Partnership, Inc. provides quality services, collaborates with partners and serves as innovative leaders in our communities by creating opportunities for individuals and families to help themselves and each other.

### Nicholas Community Action Partnership Programs:

- Head Start Program
- Emergency Utility Assistance
- Senior Services Program
- Weatherization Program



Community needs assessments can and should be more than just a gathering and analyzing of data; they can also be a basis for **creating change**. A comprehensive community-based needs assessment can help an agency address community and family needs by providing a snapshot of the community and families within that area, including their economic well-being, educational status, health, and welfare. A comprehensive assessment can provide important community information regarding the work of other agencies or organizations, areas they may be working on to address particular issues, and where gaps in community services lie. It **provides a mechanism to meet and develop partnerships** with other community groups interested in strengthening services to citizens in the area. Finally, a comprehensive community needs assessment can help an agency in its planning process by providing the foundation for strategic and operational planning, assessing the agency's impact on meeting the needs of the community, determining what programs or strategies may have become obsolete, and deciding what strategies may provide new opportunities for the agency and the community.

A multi-level community needs assessment approach was used to provide guidance in the planning process for improving services and programs to **combat poverty** in Nicholas County. The comprehensive needs assessment can be used for a variety of situations, including the following:

- Guide board governance in sound decision-making
- Create opportunities for community buy-in to the agency's planning process
- Create opportunities for new alliances and connections with new partners
- Form successful strategies
- Ensure services meet the current needs of the community
- Build credibility
- Provide a foundation for pursuing new/different funding
- Guide staff training and educational planning
- Enhance NCAP's capacity to respond to change
- Generate authentic input from stakeholders
- Indicate causes as well as conditions of poverty

#### Assessing Needs - The Four Step Process



#### Step One: Develop a Plan

Our first step began with the development of a plan, a plan that maintains focus on the big picture all the while accounting for every detail. A **work plan** comprised of tasks, timelines, responsible persons, and progress updates served to guide the needs assessment process.



## Step Two: Collect Data

Since NCAP is a community-needs organization, it was important to use the following areas as the foundation on which to build the needs assessment:

### Areas of Focus:

- Employment
- Education
- Housing
- Health
- Nutrition
- Use of Income
- Transportation
- Emergency Situations
- Children's Needs

### Primary and Secondary Data Collection

After determining the poverty indicators, the focus shifted to the identification of primary data collection sources. Primary sources included gathering *quantitative* and *qualitative* feedback through surveys and interviews.

### Quantitative Surveys

One source of primary data collection was in the form of surveys. The Needs Assessment Steering Committee identified survey distribution partners throughout Nicholas County to distribute a quantitative survey to be completed by low-moderate income level individuals. As a result, there were 369 survey respondents.

In addition, service providers were asked to complete a separate quantitative survey to assess the needs of their clients and community from their perspective. The purpose of the surveys was to identify needs, how other agencies might be addressing the key poverty indicators, and determine possible gaps in services. This information would avoid duplication of services when developing a needs-based action plan.

### Qualitative Interviews and Focus Groups

The second form of primary data collection came from focus groups of low-moderate income level community members in an effort to obtain a qualitative perspective.

We provided open-ended questions about each of the focus areas and encouraged the expression of qualitative feedback. Questions such as, "Identify and describe any health issues affecting you and/or your family" were used to determine the needs of those being served in each community.

### Secondary Data Collection

Secondary data collection included gathering relevant and current statistics and research from reliable sources such as other social service agencies and government entities in an effort to supplement the primary data. Research on each of the poverty indicators was compiled and is presented in detail as part of the Poverty Indicators sections of this report.

### Data sources included

- US Census Bureau
- US World News Report
- DHHR
- Centers for Disease Control and Prevention
- WV KIDS COUNT
- amfAR Opioid & Health Indicators Database

### **Step Three: Analyze Data**

As a result of analyzing primary data including Community Survey results, Community Interviews and Focus Groups feedback and Service Provider perspectives, as well as secondary data for each key poverty indicator, the priority needs of Nicholas County include the following:

**Issue #1:** Transportation

**Issue #2:** Health

**Issue #3:** Employment

**Issue #4:** Children's Needs

### **Step Four: Take Action**

This report is where it all comes together to tell the needs assessment story and **capture the process, results, and action plans**.

The final needs assessment report was shared with NCAP staff in advance of the public release. Although NCAP spearheaded the needs assessment project, the organization considers the report as the '**community's report**'. Results will be shared in a news release and electronic copies will be made available upon request. In addition, the report will be incorporated into the agency-wide strategic planning process.

# Step 1: Develop a Plan





## ***STEP ONE: Develop a Plan***

Kingery & Company developed a comprehensive work plan with tasks, timelines, responsibilities, and progress notes. This plan guided every detail of the needs assessment process.

In addition, Kingery & Company worked with NCAP's Executive Director to establish a Needs Assessment Steering Committee comprised of staff, board members and community representatives.

Committee meetings focused on the following:

1. Orienting the committee to the purpose, process and roles.
2. Identifying target participants for surveying and interviewing.
3. Reviewing work plan including tasks, responsibilities and deadlines.
4. Identifying secondary data resources as needed.

The responsibilities of the committee included:

- Attending meetings (beginning, middle, and end of project).
- Assisting in identifying where the surveys might be distributed.
- Playing a key role in reviewing the data collected, determining priority community needs and identifying ways that NCAP might meet the needs.
- Receiving a copy of the report in advance of the public release so they too could share the report with their stakeholders for their own planning process.



## **STEP TWO: Collect Data**

Primary and secondary data sources were identified. Primary sources included community surveys, service provider surveys and community interviews.

### **Primary Data Collection**

#### **Community Survey Summary**

A quantitative community needs survey was distributed electronically and hard copy throughout the county to targeted individuals and groups with low to moderate levels of income. In total, there were 365 community respondents.

#### **Service Provider Listening Session**

In addition, a quantitative service provider listening session was completed by service providers throughout the county to assess needs from their perspective, identify services already being provided, and identify potential gaps in services. In total, there were 24 service provider respondents. Service Providers from the following organizations participated in the service provider Listening Session survey – all serving Nicholas County:

- NCAP
- Family Center of Richwood, Ferguson Services Inc
- Summersville Elementary
- Nicholas County Head Start
- WV Ministry of Advocacy and Workcamps
- Nicholas County Board of Education
- UM Churches
- United Methodist Church
- St. John the Evangelist Catholic Church
- Wilderness Volunteer Fire Department
- Nicholas County Health Department
- Nicholas County Emergency Management

#### **Community Interviews and Focus Groups**

The third form of primary data collection came from interviewing community members in various settings within the service area. The purpose was to hear directly from community members about what issues impact them. Interviews took place at the Senior Center and the Food Bank at a Weekly Food Bank at St. John the Evangelist Catholic Church.

**24** people participated in these interviews.

The fourth form of primary data collection came from talking to community members in various settings within the service area during a focus group session. The purpose was to hear directly from community members about what issues impact them. Interviews took place at the Day Reporting Center and Wilderness Volunteer Fire Department.

**17** people participated in these focus groups.

Additionally, Steering Committee members were asked to send secondary data sources about any of the poverty indicators of which their agency would have reliable information. This information substantiated and supplemented the list of validated secondary data sources already in use.



SOURCES OF DATA
Centers for Disease Control and Prevention
County Health Rankings
United States Census Bureau
U.S. Department of Health & Human Services
WV KIDS COUNT
Wikipedia
U.S. Department of Labor
Workforce WV
WV Department of Agriculture – ZoomWV
WV Coalition to End Homelessness

**Community Participation**

The Steering Committee consisted of community stakeholders from organizations throughout Nicholas County. The list of participating members follows.

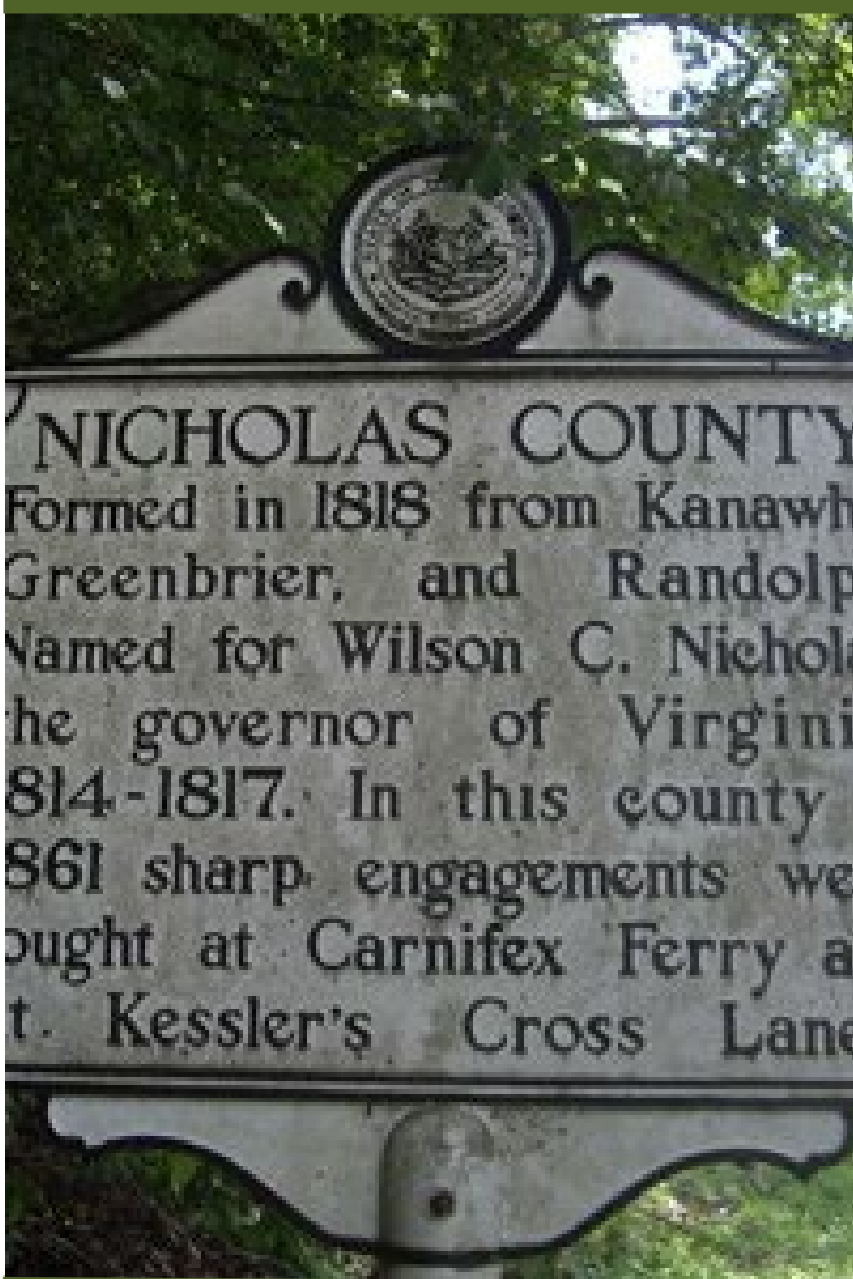
Name	Organization
Barbie Radcliff	Richwood Food and Clothing Pantry
Brandon and Angie Trescott	Nicholas Co Childhood Hunger Prevention
Glenna and Joe Butler	St. Luke’s Methodist Church
Tom King	Bread of Life Food Pantry
Jackie Keiffer	New Beginnings Resource Center
Charles Bickford	Wilderness Volunteer Fire Dept
Pattie Howard	Family Resource Network
Victor Morris and Tim Stewart	WV Advocacy Workcamp
Natasha Tucker	Children’s Home Society
Lindsey Skidmore	Summersville Convention Center
Kim Major	Child Advocacy
Sara Sanson	Camden Family Health
Andrea Cook	SOZO Recovery House
Patty Martin	DHHR

Robin Brown	NCFRN
Stephanie Westfall	DRC
Shawn Wolford	NCDHSEM
Chris Simms	I heart Church
John Foster	Celebrate Recovery
Leslie Durham	Summit Media
Heather Tharp	SESC Spokes
Elaine Hines	Love Inc.
David Terry	WoodForest Bank
Glen Butler	St. Luke's Methodist Church
Heather Tharp	Southern Education Service Cooperative
Melanie Hayslette	Webster County Adult Learning
Delanie Daniles	MountainHeart
Gary Jarrell	Nicholas Day Corrections
Jessica Shieler	Seneca
Rene Gerona	St. John's Catholic Church
Barbara Taylor	New Hope Community Center
Britt Legg	WVESC
Garrett Cole (Gauley District)	County Commission
D. Craig Chapman (Birch District)	County Commission
Lloyd Adkins (Cherry District)	County Commission
John McGinnis	County Emergency Services
Gary Johnson	Town of Richwood
Robert Shafer	Town of Summersville
Rhonda Willey	Birch River Elem.
Laura Young	Cherry River Elem.
Tanya Martin	Glade Creek Elem.
Regina Thomas	Gauley River Elem.
Glen Tyree	Mt. Nebo Elem.
Julia Duffield	Mt. Lookout Elem.
Jennifer Davis	Summersville Elem.
James Marsh	Zela Elem.
Josh Asbury	Panther Creek Elem.
Gene Collins	Richwood Middle
Kristina Frame	Summersville Middle
Amelia Morrison	Summersville Middle
Greg Groves	Summersville Middle

Heather Sigley	Summersville Middle
Kendra Rapp	Nicholas County High
Scott Williams	Richwood High
Sundie Casto	Richwood High
Tom Bayless	Nicholas County Career/Technical
Louis G Roe, Jr.	Summersville Memorial Hospital
Michelle Underwood	Nicholas Health Department
Marla Short	Richwood Tots to Teens Child Development Center
Lisa McKee	Bennett Memorial Chapel United Methodist Church
Pastor Ryan	Calvary Baptist Church
Micheal Simms	Church of God
Brandon Moll	First United Methodist Church
Sue Lowther	Gilgal United Methodist Church
Cassie Fisher	Hinkle Mountain United Methodist Church
Dana Gatewood	Southern Baptist Fellowship Church
Xavier Cooney	Saint John's Church
Victor Morris	WV Ministry of Advocacy
Earl. L Borders	Summersville Church of God
Joan Stewart	Summersville Presbyterian Church



# County Profile



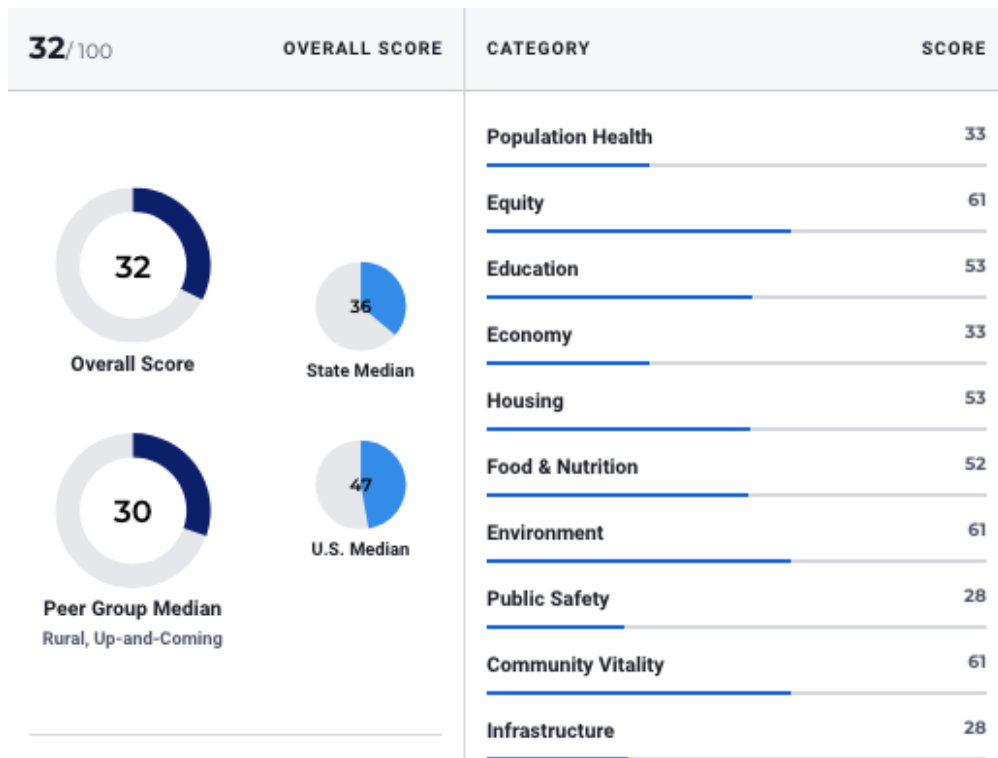
**NICHOLAS COUNTY**  
*Geography*

The county has a total area of 654 square miles, of which 647 square miles is land and 7.6 square miles is water (Wikipedia).

**Population Facts**

County	2021
Total Population	24,300
White	97.3%
Black or African American	0.7%
Asian	0.4%
American Indian And Alaska Native	0.4%
Hispanic or Latino	0.9%
Two or More Races	1.2%
Population Under 5 Years	4.5%

2021 US Census



2021 US News Healthiest Communities

# Overall Results And Respondent Details

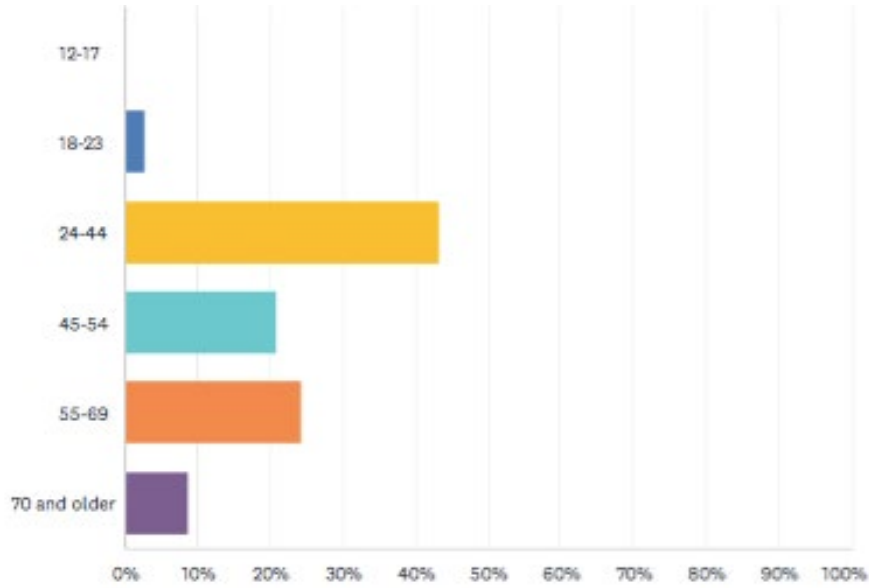




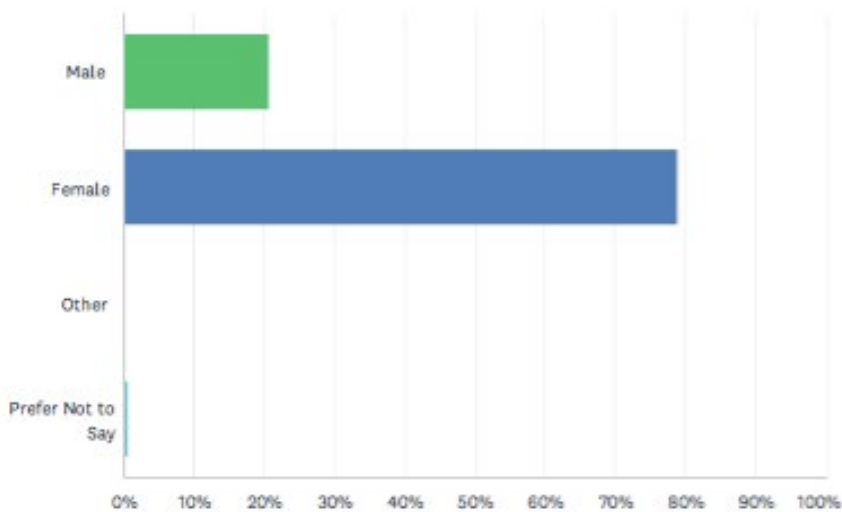
## Community Survey Results

Throughout the survey process, **369** community members completed the Community Needs Assessment Survey. Below is a demographic synopsis of the individuals who took part in the process.

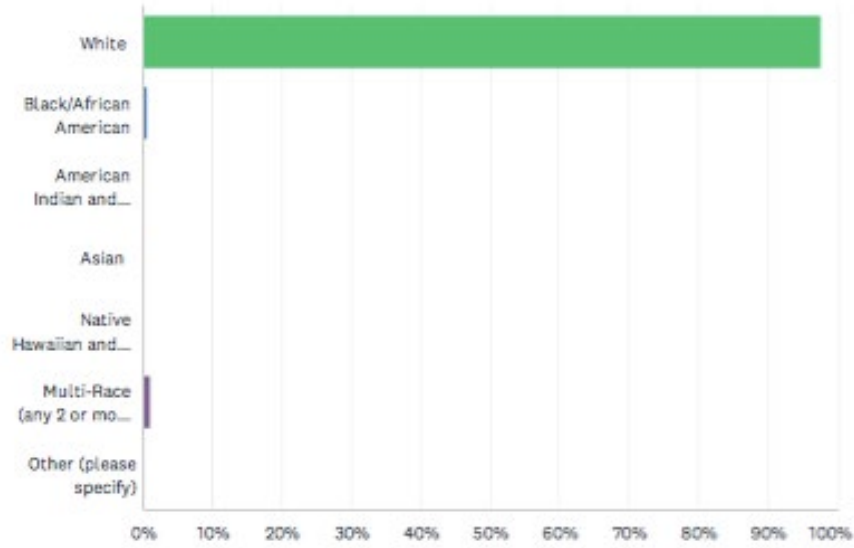
### Your Age



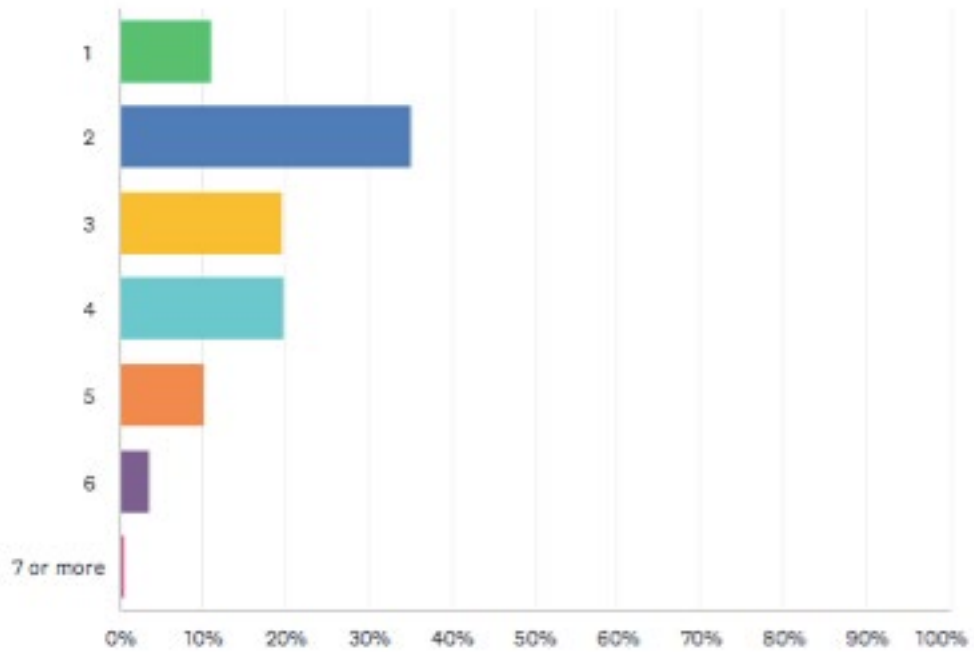
### Your Gender



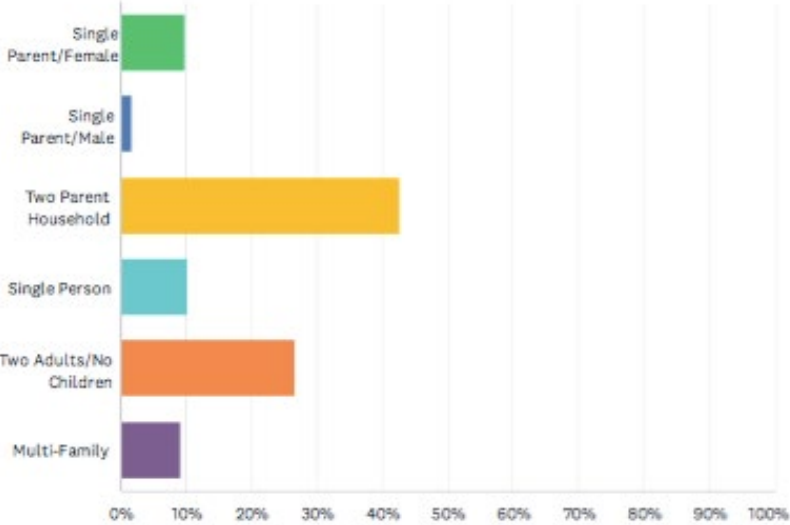
### Your Ethnic Background



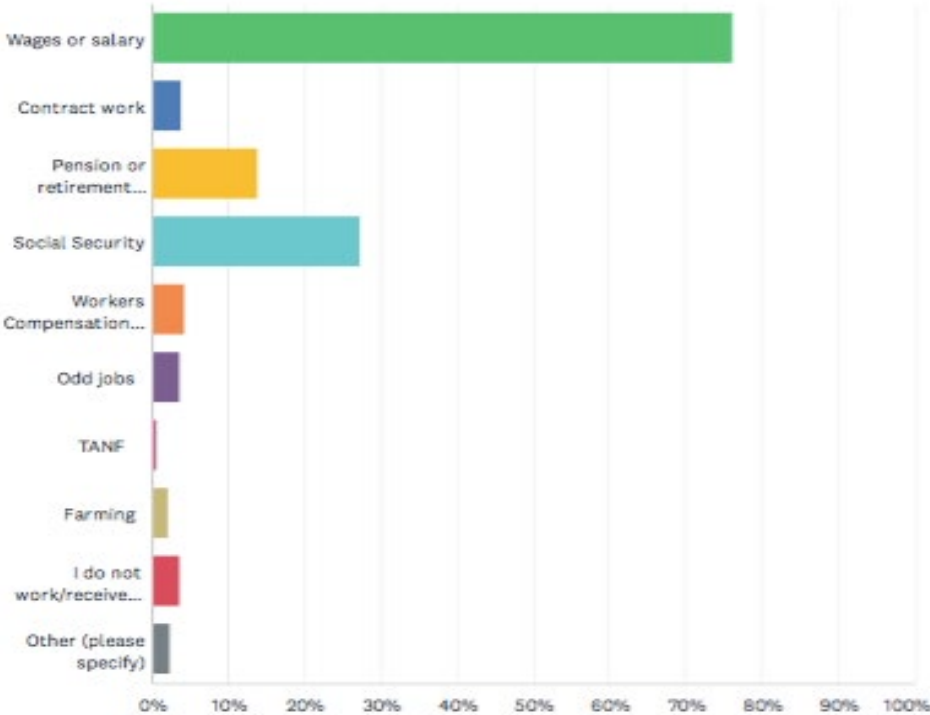
### Number of People in Your Household



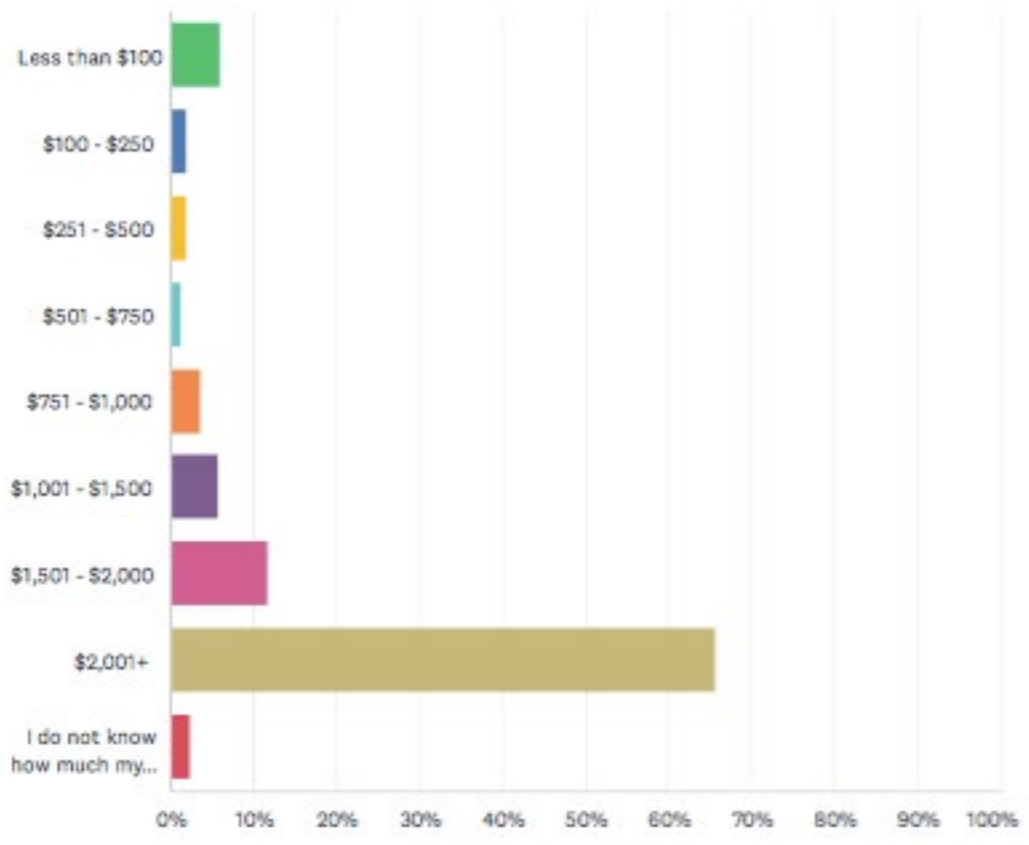
**Household Type**



**Sources of Household Income (Check all that apply)**



**Monthly Household Income**



### **Service Provider Listening Session**

The second form of primary data collection came from a service provider listening session. As part of the community needs assessment process, we spoke to service providers to gain understanding of community needs and resources. This listening session explored the issue of poverty in the community in terms of services currently provided and potentially needed. A total of \_\_\_ service providers were interviewed.

### **Qualitative Interviews**

The third form of primary data collection came from interviewing community members in various settings within the service area. The purpose was to hear directly from community members about what issues impact them. Interviews took place at the Senior Center and the Food Bank at a Weekly Food Bank at St. John the Evangelist Catholic Church.

24 people participated in these interviews.

**Eligibility-** Participants needed to meet the following guidelines:

- Be over the age of 18.
- Resident of Nicholas County

Open-ended questions about each of the focus areas encouraged expression of qualitative feedback.

### **Weekly Food Bank at St. John the Evangelist Catholic Church - Community Interview**

#### ***What is it like living in Nicholas County?***

- Lived here all my life, it's home.
- Lived here all my life.
- I like it, good community.
- I can't complain. Best place I've ever lived.
- It is good. People are friendly, lots of the time.
- Different, hard to make it. Not enough resources.
- I love it. Quiet, calm, not a lot of crime.
- I love it, born and raised here.
- I love it, moved here for landscape.
- Better than Ohio, moved here when I was 9.
- I like it, always treated me ok.
- It's great, everyone is nice, caring people.
- Enjoy, drugs are bad
- Foster care system not good, government needs looked into.
- I feel isolated, lack of transportation, no public transportation.
- Hard, depressing, houses seem abandoned, not a lot of jobs.
- I love it, it is home.

#### ***What is your biggest worry?***

- No worries
- Getting home fixed up, house destroyed my family members.
- Transportation, air conditioner broke down.
- Money is biggest worry. Cost of living, utilities increased.
- Worried about schools in the county.
- Worried about children, nothing for them to do, no activities.
- Live paycheck to paycheck, not enough money to pay bills.

- Pressures of life.
- Worried about roads.
- Bills are biggest worry, putting food on the table.
- Paying bills, prices increasing.
- Worried about kids and grandkids Medicaid, social issues for kids.
- More activities for kids
- Need better cops.
- Paying bills is biggest worry.
- Finances, food, taking care of your family.
- Rental assistance, trying to find assistance

***What is one thing that would make your life easier?***

- Don't know.
- Walking to dr. appointments, medical.
- God makes life easier.
- A million dollars help.
- Having better health, more doctors that listen, no interviews
- Get rid of COVID affected people.
- I leave everything to GOD to take care of. Having more money would help but disabled and can't work.
- Praying for God's help.
- Stopping inflation.
- Having gas money to get where we need to go. Health issues for daughter.
- Give me a raise in social security check.
- Having more money, stretching my dollars
- Better people in charge
- Better government, better mayor
- Having better transportation
- Easier access to public services, public transportation is a big need.
- More workers for home health jobs, can't find people to work.

**NCAP Senior Center - Community Interview**

***How long have you lived in Nicholas County?***

- Lived here all life. 75 years old.
- Lived here 83 years.
- All my life.
- Lived in Nicholas County my entire life.
- Lived here 22 years.
- Lived here 86 years.
- Lived here 55 years.
- Came here in '72, very nice people.
- 67 years lived here.
- 71 years lived here.

***What is it like living in Nicholas County?***

- Great living here, do what I can for the Lord.
- Love living here, good people.
- Great living here.



- I like it here; it is home for me.
- Love it here.
- I've been all over the world in service, quiet, no crime.
- Best place, good people.
- Good people here, very friendly.
- Nice place to live.
- Nice people here.

***What is your greatest challenge?***

- No challenge- go to church every time I can.
- Keeping yard work up.
- No challenge.
- No challenges at this time.
- My wife has dementia, I have to take care of her all the time.
- Help for youth and teen pregnancy.
- Gas prices so high.
- No needs I'm a veteran.
- Weather is bad.
- Health care, lack of providers in the area. Hard to get records sent to providers.

***What is one thing that would make your life easier?***

- No needs.
- Nothing to make life easier, like to meal prep.
- Money
- Happy like I am.
- Would like to be younger.
- Having more money.
- Nothing I need, would like to have my wide out of nursing home.
- Cost of prescription drugs, insulin is expensive.
- Healthcare would make it easier.

**Focus Groups**

The fourth form of primary data collection came from talking to community members in various settings within the service area during a focus group session. The purpose was to hear directly from community members about what issues impact them. Interviews took place at the Day Reporting Center and Wilderness Volunteer Fire Department. **17** people participated in these focus groups.

**Eligibility-** Participants needed to meet the following guidelines:

- Be over the age of 18.
- Resident of Nicholas County

Open-ended questions about each of the focus areas encouraged expression of qualitative feedback.

# Poverty Indicator: Employment

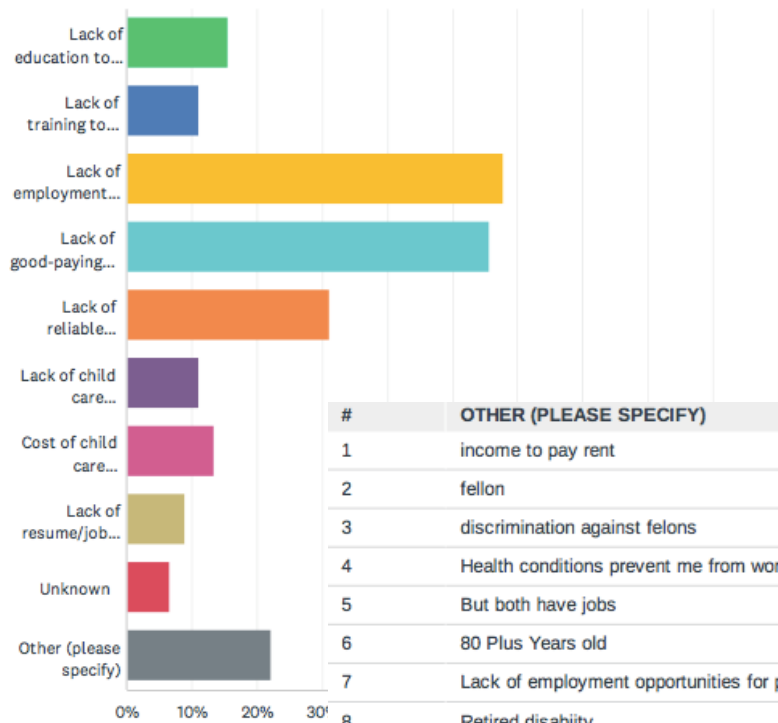
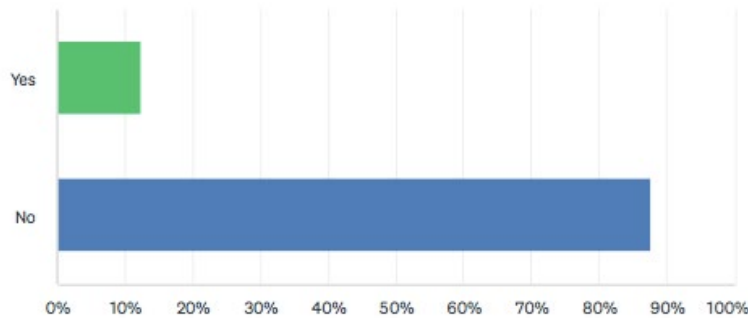


**POVERTY INDICATOR: EMPLOYMENT**

**Employment Primary Data: Survey Results**

**Community Survey**

The Needs Assessment Survey asked the basic question, “*Is **employment** an issue for you and/or your family?*” Of the individuals who answered the question, **12.3%** of respondents felt that employment was an issue. To gain an understanding of the root causes, the Needs Assessment Survey provided the opportunity for respondents to identify **WHY** they felt employment was an issue.



#	OTHER (PLEASE SPECIFY)
1	income to pay rent
2	felon
3	discrimination against felons
4	Health conditions prevent me from working
5	But both have jobs
6	80 Plus Years old
7	Lack of employment opportunities for persons with disabilities.
8	Retired,disability
9	Back surgery
10	Child care in the area is outrageous

## Service Provider Listening Session

Is your organization addressing EMPLOYMENT issues in your community. If so, how?

10 people said **no**.

14 people said **yes**, please explain

- Offer jobs to community members.
- Job posting is available by social media, local newspaper. Set goals with parents to assist with finding employment.
- We encourage parents to apply for employment.
- We are attempting to, by obtaining and seeking grants to fund programs at the FD for higher education, insurance, employment, retirement, etc.
- Not really sure with either place I work. I know they do though.
- Family services make referrals, we provide 1<sup>st</sup> aid, CPR, food handlers, etc. Job opp.
- Provide referrals, help families write goals, Head Start give precedence to currently enrolled families for job opps., notify families served of job openings available, provide assistance for payment of CDL.
- Provide referrals to families, share postings within the agency to families, CPR/ First Aid, Food Handlers.
- The Nicholas County Career and Technical Center helps students become certified in certain areas. Also provide college credit hours for a discounted or free charge. Nicholas County Board of Ed., aides, custodians, bus drivers, etc., multiple times a month.
- We provide referrals for families to get their GED, we have a small amount of funding to purchase materials needed to work such as CNA Scrubs or shoes. We have in house/ out of house job postings (employment opportunities both part time/ full time with benefits).
- We are all volunteers.
- We offer jobs for individuals regularly. We have a family friendly atmosphere.
- Senior programs employ 70+ members of community

## Focus Group Results

### *What's the hardest part about finding and keeping a job?*

- Staying with friends hard to get apartment with no income and lack of housing
- Application fees for apartments
- Getting appraisal
- No sober living homes in the area
- No halfway houses for state or federal prison.
- Hard to get loans on single or double wide trailers.
- Having a felony, it is hard to get a job
- Transportation is a huge issue
- Lack of public transportation
- Have to be at day report during the day it is hard to get a job.
- Having gaps in resumes it is hard when you have been in person.
- Having to do applications on the computer
- Hard to get Wi-Fi and cell phone service.
- Public transportation does not run in the evenings.

## Secondary Data: Research

Understanding the employment situation in the community provides the background necessary for determining what types of jobs are available, what skills business and industry need and what it takes for a family to become self-sufficient. Amidst falling home equity, the rising cost of food, health care and housing along with national unemployment rates, employment plays a tremendous role in a community's ability to overcome a recession.

Unemployment Rate	
County	
US	6.5%
West Virginia	8.2%
Nicholas County	10.3%

*US Census*

Nicholas County Labor Statistics	
Top Industries	Top Employers
Trade, Transportation, and Utilities	Nicholas County Board of Education
Education and Health Services	WVU Medicine
Government	Wal-Mart Stores, Inc
Leisure and Hospitality	Columbia West Virginia, Inc.
Manufacturing	Contura Energy

*Workforce WV*

# Poverty Indicator: Education

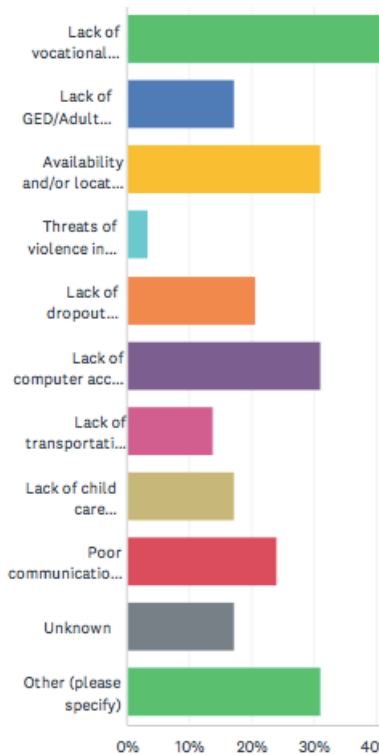
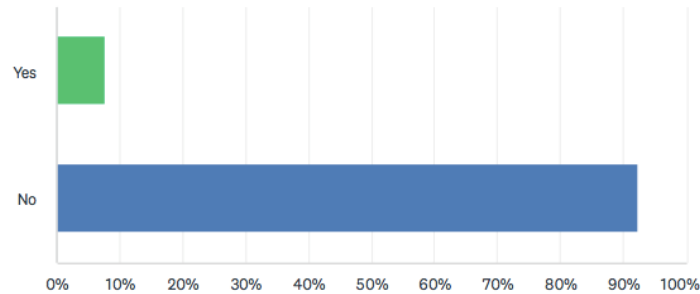


**INDICATOR: EDUCATION**

**Education Primary Data: Survey Results**

**Community Survey**

The Needs Assessment Survey asked the basic question, “Is **education** an issue for you and/or your family?” Of the individuals who answered the question, **7.71%** of respondents felt that education was an issue. To gain an understanding of the root causes, the Needs Assessment Survey provided the opportunity for respondents to identify **WHY** they felt education was an issue.



#	OTHER (PLEASE SPECIFY)
1	Need more college courses
2	New schools need finished
3	Lack of funding for 2 kids in college for working middle class.
4	Would like to pursue a higher degree and it's difficult due to poor internet access where we live. It's not very fast and not super reliable. This could stand much improvement.
5	All the funds for the schools is given to the football teams and the bigger schools. We are small so we get what's left
6	Tuition
7	times of classes
8	Lack of middle schools and high schools countywide except NCHS. Trailer for six years and being moved all over while the adults squabble. No broadband that is reliable for remote learning, work.
9	Lack of time



## Service Provider Survey

Is your organization addressing EDUCATION issues in your community. If so, how?

4 people said **no**.

20 people said **yes**, please explain.

- We are presently working on partnering with our schools to help foster better learning. Still in planning.
- Yes, several programs to educate citizens in different health issues in the county, such as Hep, STD, Covid, etc.
- Through Head Start Services
- We have HS services that collaborates with the BOE. We set goals with parents to assist with education services (CPR, CDC, GED)
- Family services coordinator sets education goals with families. Refer to Family Learning Center for literacy and GED.
- We provide Fire Safety & basic first aid education to the community.
- Chamber of Commerce offers scholarships for college.
- We support home schooling facilities in our church. We support youth-using “40 Developmental Assets”
- Heart and Hope campaign. Getting churches involved with their schools. Meeting at Millgral UMC-Mt. Nebo on Aug. 23<sup>rd</sup> 6:00 pm to learn more.
- We have people who volunteer at the Mt. Nebo Elem. School and encourage children to read by reading to them and showing them, we care about them.
- We provide educational services to ages 3-5 years. We refer families for GED, college within our community.
- recruit families to participate in Head Start/Pre-K, evidence-based curriculum is used, provide training on topics such as CPR, job enhancement.
- Head Start.
- Summersville Elem. Host parent engagement activities to help parents by modeling ways to help students at home. We have an afterschool and summer program for students to learn using fun activities. They have parent activities with the program as well.
- Early intervention is key to children getting a head start on their education. We provide comprehensive services health/education/family/nutrition services and have collaborations with community partners to which we can refer families to them.
- We offer a computer lab, currently wanting to open back up but need more volunteers to oversee.
- Head Start is working to educated children and families on the importance of starting and continuing the whole family’s education.
- For employees to further training and education that improve NCAP workforce.
- Head Start.

## Qualitative Interviews

***How is EDUCATION an issue for you and/or your family?***

- Schools don’t follow IEP
- Transportation to school
- Kids arent given many oportunities
-

## Education Secondary Data

Nicholas County Data	
Number of Elementary Schools	9
Number of Middle Schools	2
Number of High Schools	2
Graduation Rate	94%
Enrollment	3,447

*ZoomWV - WV Department of Education*

### Percent 4-Year-Olds Enrolled in Pre-K

County	Number
Nicholas	68.6%

*WV KIDS COUNT*

# Poverty Indicator: Housing

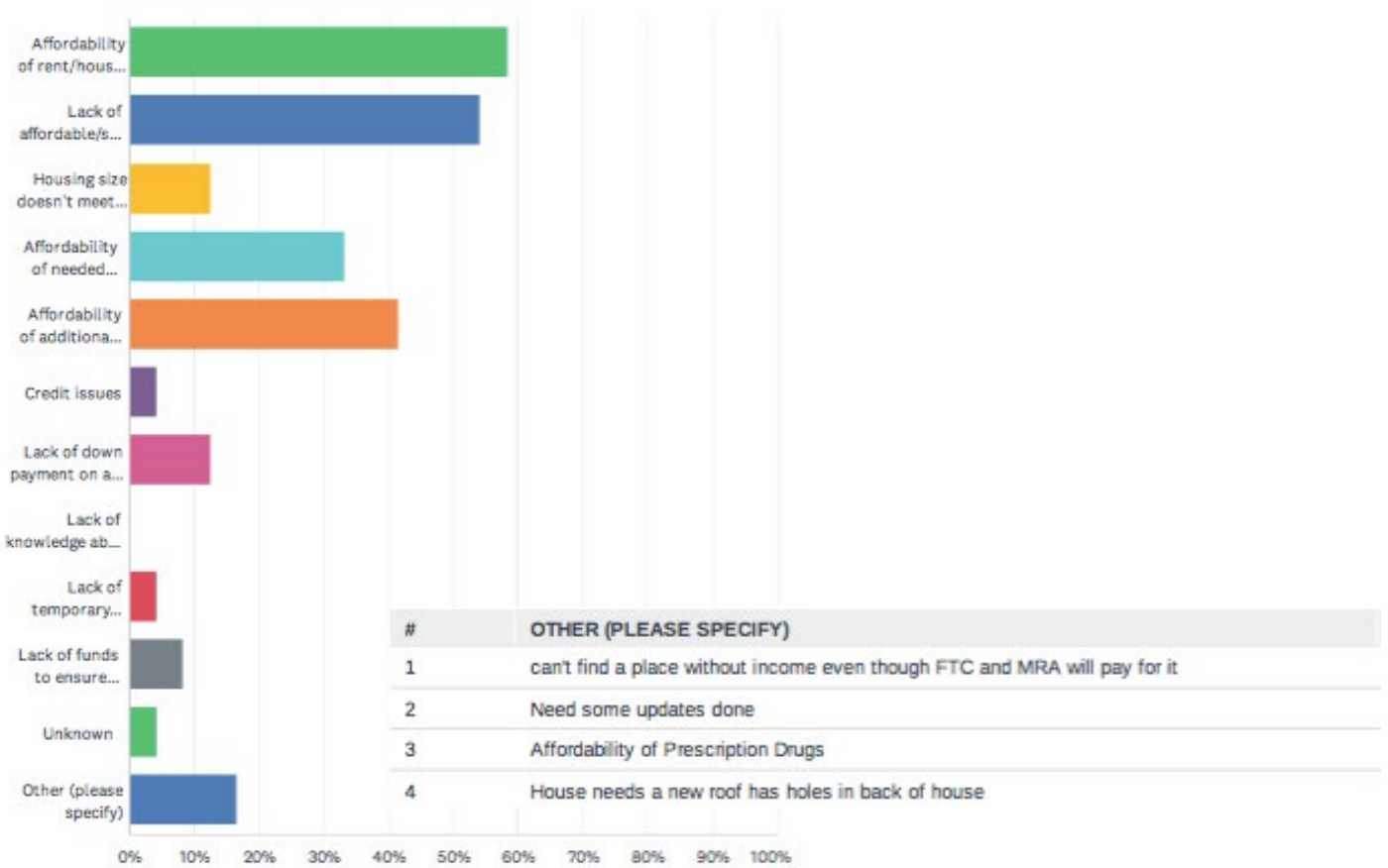
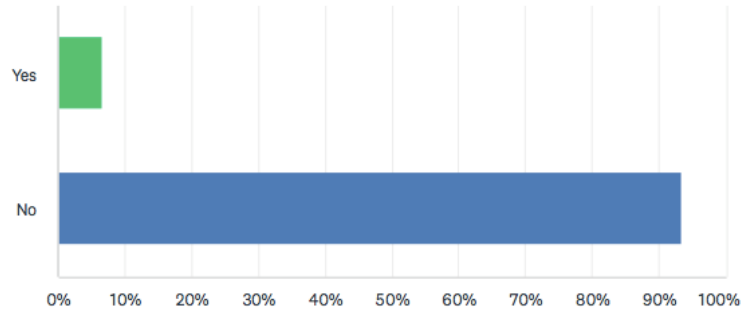


**INDICATOR: HOUSING**

**Housing Primary Data: Survey Results**

**Community Survey**

The Needs Assessment Survey asked the basic question, “*Is **housing** an issue for you and/or your family?*” Of the individuals who answered the question, **6.61%** of respondents felt that housing was an issue. To gain an understanding of the root causes, the Needs Assessment Survey provided the opportunity for respondents to identify **WHY** they felt housing was an issue.



## Service Provider Survey

Is your organization addressing HOUSING issues in your community? If so, how?

9 people said **no**.

15 people said **yes**, please explain.

- Refer to DHHR and Emergency Services.
- Weatherization, referrals.
- Referred to emergency services.
- AIRBNB ordinance in planning and zoning.
- WVMAW does repairs for families in need to make homes warm, safe, dry. We also build wheelchair ramps for the handicapped and aging.
- Referrals to HUD.
- Families are referred to resources to address needy, referral to HUD.
- Give families resources on HUD referrals.
- We have the McKinney Veto grant that helps students that are classed homeless with clothing, bedding, food, school supplies, etc.
- Case manager provided mountaineer rental assistance applications (paid back rent/forward rent). Referrals to HUDD and low-income housing. McKinney Vento Act.
- Making their homes more energy efficient so they can focus on other needs that they need and work with work camps that sometimes build homes for those in need.
- Our weatherization program helps families become more energy efficient. When families need home repairs our organization, with work camps to better their living situations.
- Emergency rental pay utilities.
- Paying emergency utilities or rent, weatherization of homes.
- Weatherizing homes, Emg rent., work camps.

## Qualitative Interview Results

### *How is HOUSING an issue in your household?*

- Still living in childhood home
- Not a lot of options
- Housing is hard to find and utilities are hard to pay
- Inflation making utilities cost higher

## Housing Secondary Data

	Housing Units	Owner Occupied Rate
Nicholas County	12,517	78.9%

	Nicholas County	WV
Median Rent	\$613	\$732

*US Census*

# Poverty Indicator: Health



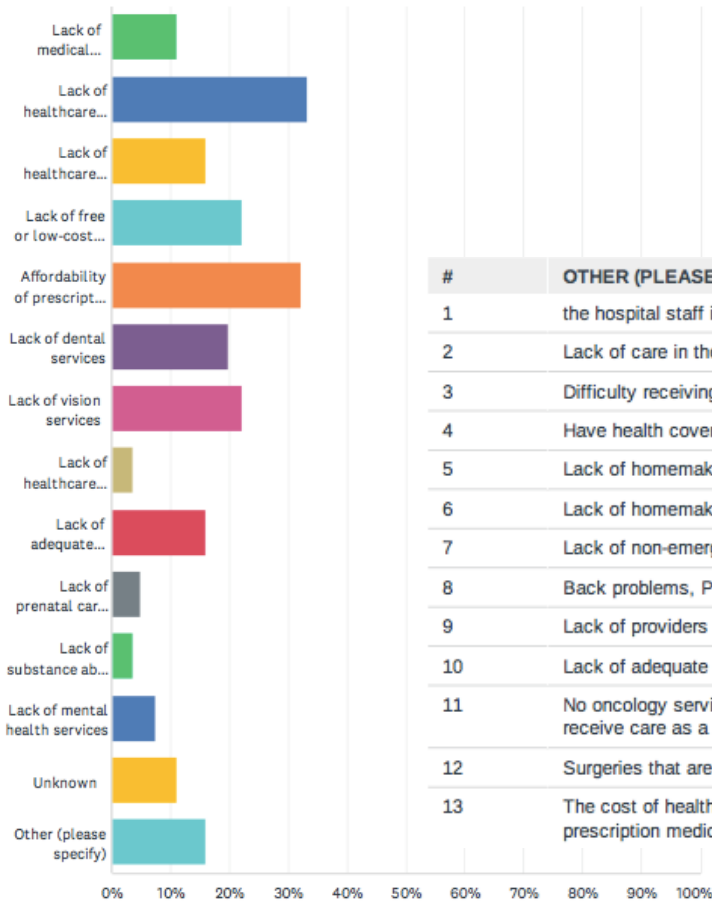
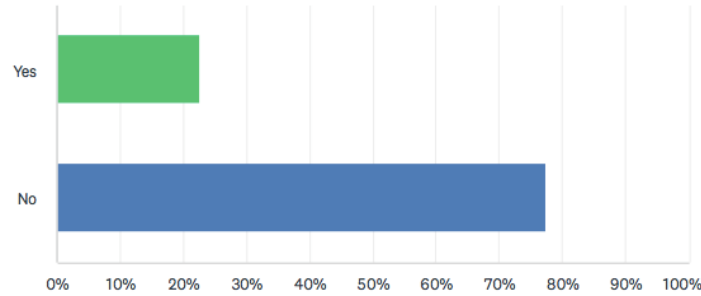


**INDICATOR: HEALTH**

**Health Primary Data: Survey Results**

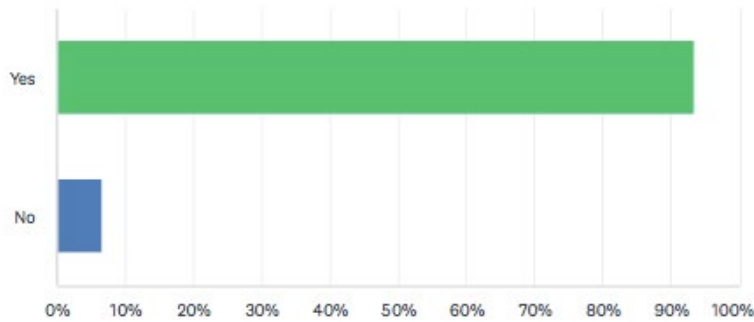
**Community Survey**

The Needs Assessment Survey asked the basic question, “Is **health** an issue for you and/or your family?” Of the individuals who answered the question, **22.59%** of respondents felt that health was an issue. To gain an understanding of the root causes, the Needs Assessment Survey provided the opportunity for respondents to identify WHY they felt health was an issue.



#	OTHER (PLEASE SPECIFY)
1	the hospital staff is not very nice to people who have had addiction problems
2	Lack of care in the evening/night. (hospital)
3	Difficulty receiving mental health care due to high demand
4	Have health coverage
5	Lack of homemaker assistant for disabled senior
6	Lack of homemaker assistant for disabled senior
7	Lack of non-emergent medical transport
8	Back problems, PTSD, depression
9	Lack of providers who accept Vision insurance. Insurance will not pay for hearing aids
10	Lack of adequate healthcare providers in our area. They are quacks.
11	No oncology services, no telemedicine options. You have to get in a car and drive 2-3 hours to receive care as a cancer patient.
12	Surgeries that are needed you can get approved
13	The cost of healthcare and the amount of what the insurance pays on medical bills and prescription medications

**Do you have public water?**



---

Yes	93.35%
No	6.65%

**Service Provider Survey**

Is your organization addressing HEALTH issues in your community? If so, how?

6 people said **no**.

18 people said **yes**, please explain.

- Through Loyal Works (this also includes substance use, domestic violence, aging seniors, etc.).
- Brochures, bad info on website.
- Children and adult health issues through family services and engagement services.
- Track physical, dentals, hemo, lead for HS students, provide referrals for families.
- Physical, dental, immunizations received with applications. Refer to Seneca.
- We partner with local health resources to provide vaccine clinics, conduct health fairs, participate in public health community events and workgroups. Our EMS program offers ems memberships to help offset out of pocket costs from ems transports, for our community members. The ems program offers a local, quick access emergency ambulance 24/7.
- Again, not really sure.
- In so far as making homes safe for those who are ill or handicapped, or if the home is unsafe because of mold, etc.
- Family services track health requirements for Head Start Children. We refer families to health/care providers.
- Educate families on the importance of having an ongoing source of health and dental needs, provide assistance with cost of dental and Well Child exams if no insurance is available.
- Offering to pay dental/ physicals for Head Start students.
- We have Camden Clinic on site to assist students with medical needs. Our school nurse works with the teacher to provide health information and lessons.
- Nutrition-healthy eating, up-to date immunizations, screen vision/hearing/speech/growth development/social emotional. Up-to-date physicals, leads, and hemoglobin. Up-to-date dentals, need a program like McGruff (dog), substance misuse-5020, Seneca.

- Yes, with Head Start-health records meals, seniors' programs- ast. to seniors, food at Meals on Wheels and health & safety measure installed in the homes.
- Seniors has an RN on staff to help seniors to take better care of their health needs. Head Start monitors children's health needs with immunization checks, physicals details, hemoglobin and lead screenings. Head Start provides breakfast and lunch for children that meet FDA nutrition guidelines. Serious provide congregate and delivered meals that follow their "FDA guidelines for their age group".
- Assist at risk seniors in home-many are disabled, sick, or too frail to do items on our own.
- Home delivered meals.

## **Qualitative Interview Results**

### ***How is HEALTH an issue for you or your household?***

- Finding a health provider for health care
- No providers taking new patients
- No OBGYN services
- Can't deliver babies
- VA closest is in Beckley
- They don't treat recovering addicts good in health care program.
- Most people have Medicaid
- VA benefits
- Blue Cross Blue Shield
- No issues with accepting insurance, also have Telehealth.
- Dental and vision insurance is hard to find and to have coverage

### ***Where do you do if you are sick or injured?***

- Summersville Family Health
- Med Express
- There is an emergency room, but a lot of people do not trust the hospital here.
- Some good providers
- Seneca Mental Health Services for mental health.

### ***How do you pay for health care?***

- Medicaid (6)
- VA benefits
- Blue Cross Blue Shield
- Telehealth
- Dental and vision insurance is hard to find and to have coverage

## Health Secondary Data

<i>Type of Facility</i>	<i>Nicholas County</i>
Hospitals	1
Urgent Care Facilities	3
Dental Services	6
Vision Services	2
Mental Health Services	1

*Local Secondary Data Survey*

<i>Adults in Poor or Fair General Health</i>	<i>25.5%</i>	<i>23.6%</i>
<i>Adults with Frequent Mental Distress</i>	<i>21.2%</i>	<i>20.6%</i>
<i>Smoking Rate</i>	<i>26.3%</i>	<i>24.5%</i>
<i>Obesity Rate</i>	<i>38.6%</i>	<i>35.5%</i>
<i>Adults with no Leisure-Time Physical Activity</i>	<i>31.2%</i>	<i>31.8%</i>
<i>Population with No Health Insurance</i>	<i>8.8%</i>	<i>8.1%</i>
<i>Primary Care Doctor Availability/1k</i>	<i>1.10</i>	<i>1.35</i>

*U.S. News Healthiest Communities Report*

# Poverty Indicator: Nutrition

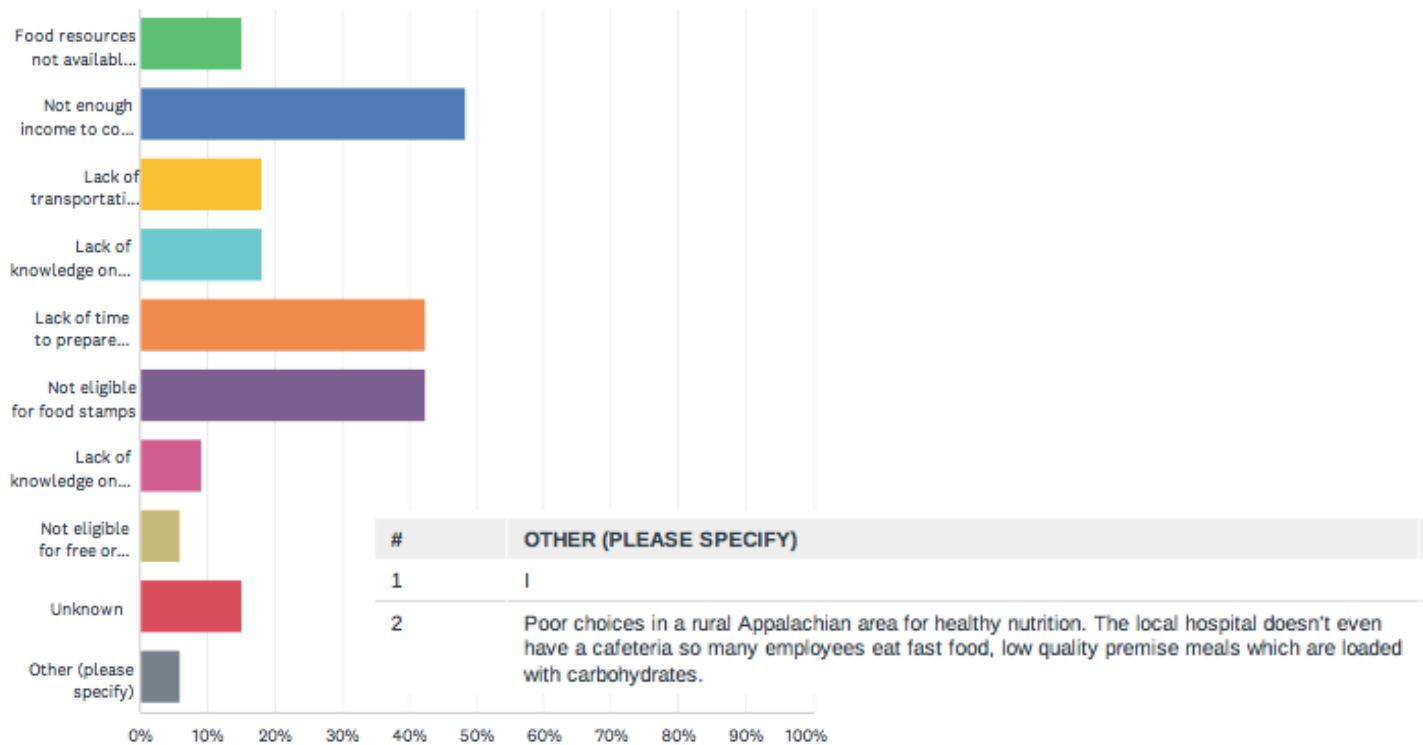
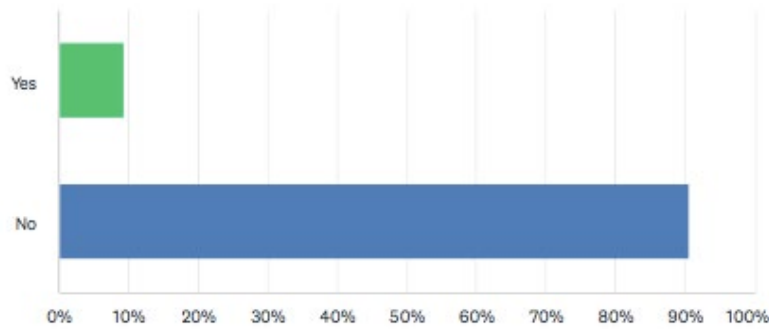


**INDICATOR: NUTRITION**

**Nutrition Primary Data: Survey Results**

**Community Survey**

The Needs Assessment Survey asked the basic question, “*Is nutrition an issue for you and/or your family?*” Of the individuals who answered the question, **9.44%** of respondents felt that nutrition was an issue. To gain an understanding of the root causes, the Needs Assessment Survey provided the opportunity for respondents to identify WHY they felt nutrition was an issue.



## Service Provider Survey

Is your organization addressing NUTRITION issues in your community . If so, how?

5 people said **no**.

19 people said **yes**, please explain

- Train parents on Healthy eating habits, we provide snacks for all children.
- Senior needs, purchase snacks for preschool students, provides training, referrals.
- Senior meals & home delivery. Breakfast. Lunch & snack for 3-4-year old's in our program.
- Senior caterers, food services.
- We operate a monthly food pantry that provides one week's worth of healthy food to participating families. We have participated in backpack program for Summersville elem. and NCHS.
- We help supply for the school to send home with the children for the weekend.
- Presbyterian church partners with the Ministerial Association of Summersville to have the Bread of Life Food Pantry. It is open every Tuesday and Thursday 9 am to 12 pm for food (including produce and meat when available).
- We provide 3 meals to our students
- Nutritious meals and snacks provided, referrals to food bank, provide trainings
- Meals to senior's delivery or in person, provide free meals to Head Start children
- health education about nutrition to all students. Nutrition programs through the office of nutrition to help introduced new foods, WVU extension partners with teacher to provide nutrition information to students.
- Health/Education/Family advisory, nutritionist reviews snack menus, Hts/Wts monitored 3x a yr.
- Yes, we have the senior feeding with NCAAP
- Seniors Program provide services to home bound people with meals on wheels and community centers
- Head Start and seniors provide meals and monitoring of healthy eating.
- Provide HS and seniors.
- Senior programs provide home delivered, congregate and take-out meals to seniors-food security.
- Home delivered meals.
- Senior nutrition sales.



## Qualitative Interview Results

### *In what ways is NUTRITION an issue for you or your household?*

- It is more expensive to buy fruits and vegetables.
- Expensive to buy healthy options.
- Good food goes bad.
- I have to gather own food.
- Runs out of food stamps.
- With inflation, groceries are expensive

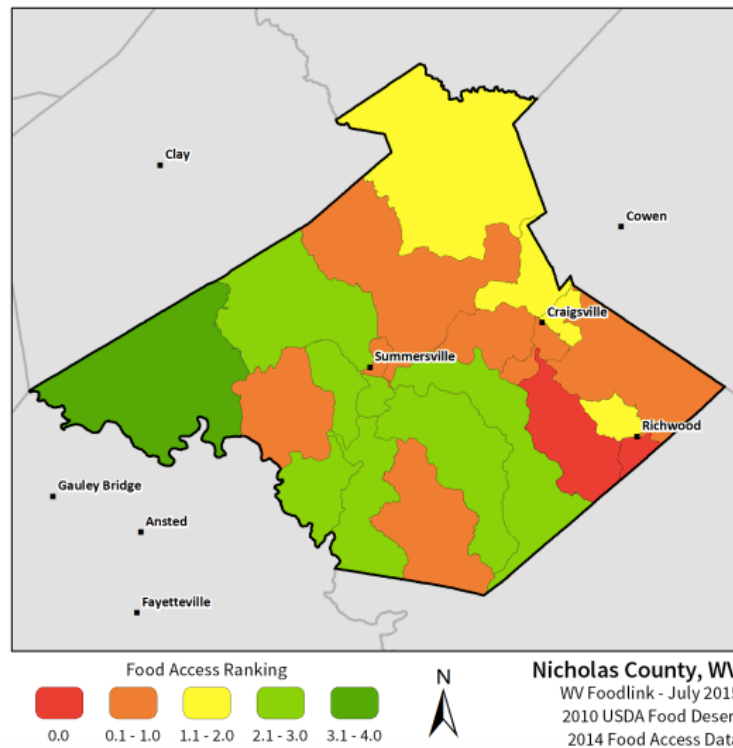
## Nutrition Secondary Data

	Nicholas County	West Virginia
Food insecurity rate	14.8%	12%
Those in Food Insecurity Eligible for SNAP benefits	84%	73%
Average cost of a meal	\$2.95	\$2.81
Free & Reduced School Meal Eligibility	89%	78%

Feeding America

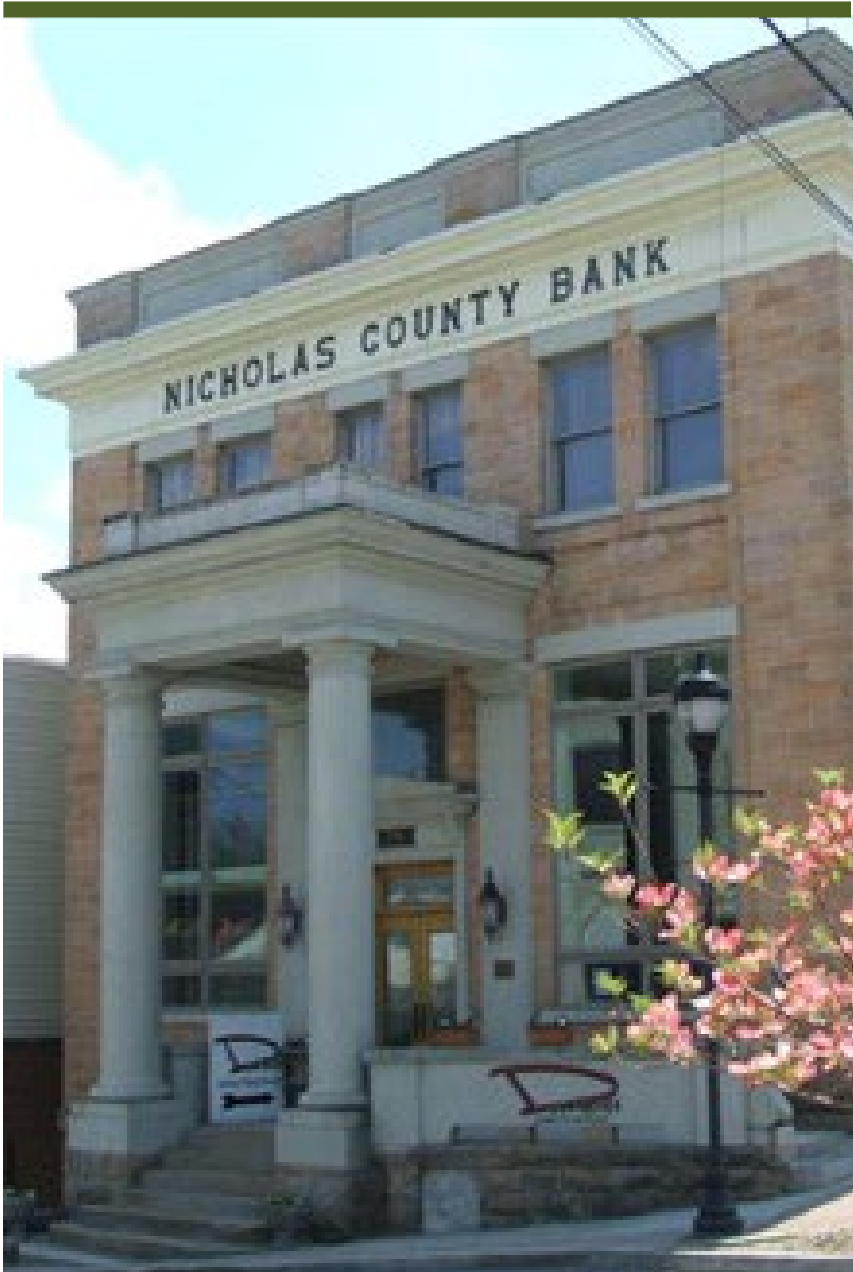
Food Services	Number Available County Wide
Food pantries	11
Hot meal programs	8
Backpack programs	7

WV FoodLink



WV Foodlink

# Poverty Indicator: Use of Income

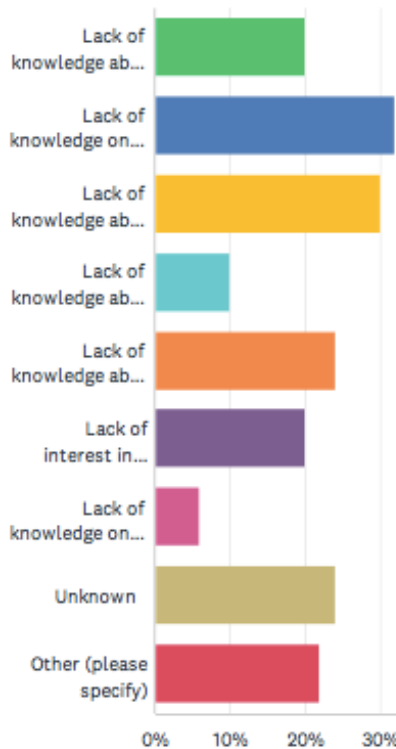
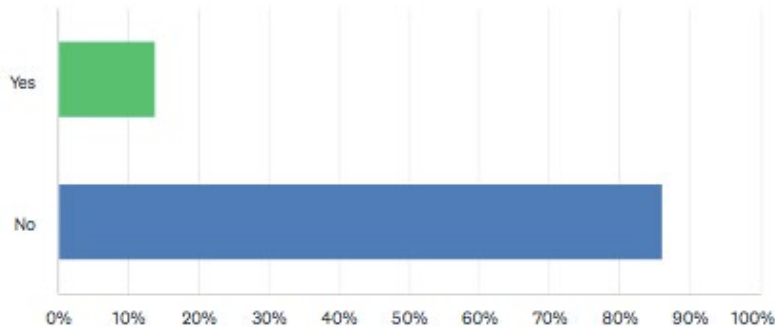


**INDICATOR: USE OF INCOME**

**Use of Income Primary Data: Survey Results**

**Community Survey**

The Needs Assessment Survey asked the basic question, *“Is use of income an issue for you and/or your family?”* Of the individuals who answered the question, **13.80%** of respondents felt that use of income was an issue. To gain an understanding of the root causes, the Needs Assessment Survey provided the opportunity for respondents to identify WHY they felt use of income was an issue.



- 1 didn't specify
- 2 Bills are just really a lot when you don't have enough income
- 3 only able to work part time
- 4 Just not enough money
- 5 Too much income for most types of assistance. Lack of rural infrastructure such as safe places to walk and sidewalks for example. We are two retired seniors and one disabled adult.
- 6 Lack of discipline
- 7 I live in \$900.00 a month
- 8 Increased prices on fuel, food, heating, power, etc. and no increase in income. Not eligible for any benefits or tax credits.
- 9 I do not qualify for assistance because im just over and everything is costing more
- 10 Low wages
- 11 Ways to STRETCH a dollar. Example: home fix its, clothing repairs vs buying, bartering, etc.

**Service Provider Survey**

Is your organization addressing USE OF INCOME (how to manage, spend and save money) issues in your community? If so, how?

7 people said **no**.

17 people said **yes**, please explain.

- Through e-services, budgeting classes.
- Budgeting class, VITA.
- Budgeting class available to parents, VITA, budgeting class for emergency services clients.
- Emergency services at NCAP.
- Meeting on budgeting on little income.
- Referral to Woodforest National Bank.
- Referral to Woodforest.
- Referral to Woodforest for budget course.
- Prior to COVID, United Bank did a program with 4<sup>th</sup> graders about saving money.
- Referrals to Woodforest for budgeting course.
- At one time, we did budget/finances classes. How to reconcile bank statements
- Budget management courses.
- We refer families that receive emergency utilities assistance to Woodforest National Bank. Woodforest provides a budget management course to families.
- Send clients to counseling.
- Emergency services assist with high utility bills and send them for budget courses @ Woodforest National Bank.
- Budget management course through Woodforest Bank.
- Budget Management Course

**Qualitative Interview Results**

How is use of income an issue for you and your family?

- Not enough income to distribute accordingly
- Living paycheck to paycheck
- Unable to save
- Cost of things are high, cannot save or invest

**Use of Income Secondary Data**

Income Statistics	Nicholas Co.	WV
Median Household Income	\$47,524	\$55,197
Poverty Rate	19.1	17.1
Medical Debt in Collections	26%	27%
Number of Banks	10	n/a
Number of Credit Counseling Services	0	n/a

*US News Healthiest Communities  
Banks Forge*

# Poverty Indicator: Transportation

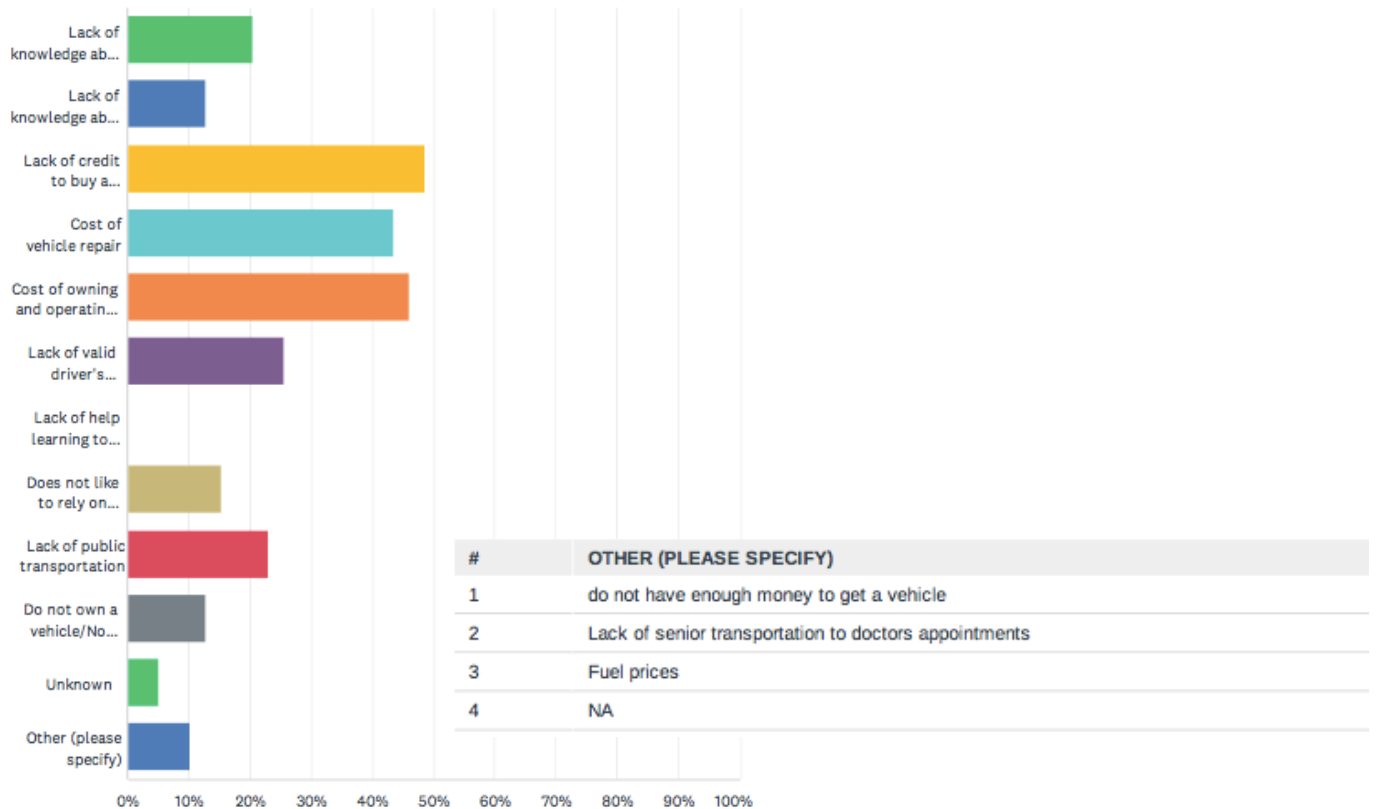
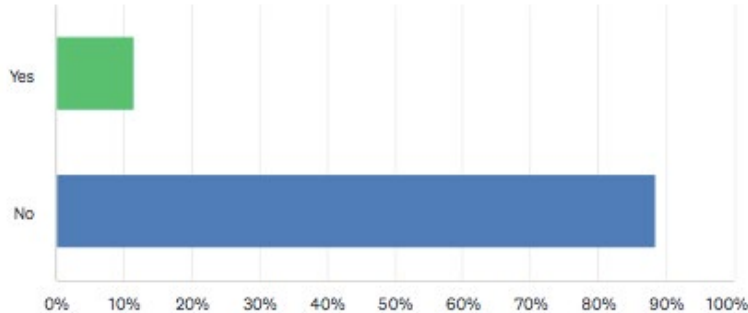


**INDICATOR: Transportation**

**Transportation Primary Data: Survey Results**

**Community Survey**

The Needs Assessment Survey asked the basic question, “*Is **transportation** an issue for you and/or your family?*” Of the individuals who answered the question, **11.58%** of respondents felt that transportation was an issue. To gain an understanding of the root causes, the Needs Assessment Survey provided the opportunity for respondents to identify **WHY** they felt transportation was an issue.



## Service Provider Survey

Is your organization addressing TRANSPORTATION issues in your community? If so, how?

10 people said **no**.

1 person was **unsure**.

12 people said **yes**, please explain

- Have a mobile unit to provide vaccines and other immunizations to help with citizens not having transportation.
- Provide services to children and families.
- Provide buses for preschool, referrals for NPA.
- Will provide transportation for families to get health care. Provide buses for preschool kids.
- We partner with local health resources to provide vaccine clinics, conduct health fairs, participate in public health community events and workgroups. Our EMS program offers ems memberships to help offset out of pocket costs from ems transports, for our community members. The ems program offers a local, quick access emergency ambulance 24/7.
- Minimally. We provide individual sums of money to those individuals who come to the parish requesting help with gas money. This is vital-. Several of our food pantry clients miss distribution dates for lack of money for gas. We are considering distributing gas cards along with food.
- Referral to MTA
- MTA, Good News for Garage
- MTA
- MTA provides transportation for students to Day Care at the end of the day.
- Limited assistance (routes/time challenging), Mountain Transit Authority.
- Provide information to the MTA and transport seniors to the local centers.
- We provide transportation to senior to our center to eat.
- Utilities rent and food.

## Qualitative Interview Results

*How is TRANSPORTATION an issue in your household?*

- Doesn't have a license
- MTA is the public transportation, but they don't run out of Summersville and Richwood once a day.
- MTA doesn't go to Craigsville anymore.
- Need more transportation outside of Summersville.



**Transportation Secondary Data**

	Mean Travel Time to Work in Minutes	Motor Vehicle Mortality Rate (per 100,000 population)	Workers Commuting 60 Minutes or More
<b>Nicholas</b>	<b>33.1</b>	<b>25.4</b>	<b>18.4%</b>
WV	26.1	44.3	9.3%

*U.S. News Healthiest Communities Report & U.S. Census*

**Public Transportation Available in Nicholas County**

1. Mountain Transit Authority
2. Senior transportation
3. VA transportation
4. Day Reporting Center Transportation

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# Poverty Indicator: Emergency Situations



## INDICATOR: EMERGENCY SITUATIONS

### Emergency Situations Primary Data: Survey Results

#### Community Survey

The Needs Assessment Survey asked the basic question, “*What **emergency situations** are an issue for you and/or your family?*”

ANSWER CHOICES	RESPONSES	
Lack of food	16.81%	58
Access to medical emergency resources, not covered by insurance	26.96%	93
Lack of emergency shelter, i.e. due to fire, flood, eviction, domestic violence, etc.	30.72%	106
Access to mental health services	28.99%	100
Lack of income for prescription drugs	16.81%	58
Alcohol, drug abuse and/or gambling	44.35%	153
Lack of income for utilities/fuel	28.12%	97
No health insurance	15.65%	54
Legal assistance	8.12%	28
Lack of healthcare providers - local services	18.84%	65
Losing/lost home	6.09%	21
Other (please specify)	17.39%	60

## Service Provider Survey

Is your organization addressing EMERGENCY SITUATION issues in your community? If so, how?

7 people said **no**.

1 person was **unsure**.

16 people said **yes**, please explain.

- Sending out messages throughout the county via social media, phones, both cell & land lines, offering training and possible meetings.
- Meetings with OES director, and other agencies for pre planning and exercises.
- Reunification process through Head Start/ BOE
- We have a disaster/emergency plan for all the preschool classrooms
- Disaster policy in place
- Fire/ rescue/ ems services. Help with Red Cross to assist in emergency shelter/ placement.
- Emergency services, NCAP.
- All WVMAW locations are available for disaster response, immediate temporary housing in an emergency with cots. WVMAW is a long-term recovery organization as opposed to first responder. We remain there for the long haul.
- Schools have a reunification site- a safe place children are relocated to in case of emergency.
- Keep families up to date on current situations
- NCAP emergency assistance, Head Start-reunification process-if an emergency would occur during school-where the children would go
- Emergency plan in place for school building based on different situations. We work with the police dept. to maintain a safe environment.
- Local Fire Depts., dept. of emergency management, Health Dept.-good communication for the global pandemic
- Yes, we help with utility shut offs. We refer families that have suffered natural disasters to a variety of churches and nonprofits.
- Assist with emergency utility assistance.
- Utilities, rent and food.
- Utilities, rent and food.

## Qualitative Interview Results

*Which EMERGENCY SITUATIONS are an issue in your household?*

- Did not have power for 2-3 months for Deratio.
- Experienced some bad flooding.
- Death due to power outage.
- Increased utilities due to power outages.
- Had to get DHHR to reimburse for food that was lost but I have to prove it which was difficult.
- Have had to use FEMA offered services.

## Emergency Situations Secondary Data: Survey Results

	Nicholas County	West Virginia
Violent Crime Rate (per 100,000 population)	725	346.9
Property Crime Rate (per 100,000 population)	1,679.1	2,026.1
Accidental Death Rate (per 100,000 population)	91.4	99.8
Population Living Close to Emergency Facilities	23.4%	35%
Public Safety Professionals in Population	0.97%	0.80%

*US News Healthiest Communities*

# Additional Indicator: Children's Needs



## INDICATOR: CHILDREN'S NEEDS

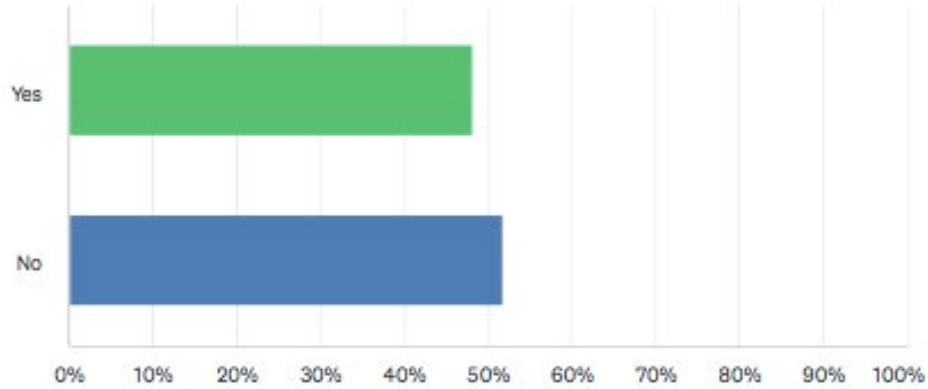
### Children's Needs Primary Data: Survey Results

#### Community Survey

The Needs Assessment Survey asked questions to determine needs specifically impacting children.

ANSWER CHOICES	RESPONSES	
Live in an unsafe area to raise children	12.94%	44
Money to afford childcare/daycare	30.29%	103
Early child education programs (Age 0-5)	6.47%	22
Knowledge about available childcare/daycare resources	5.88%	20
After school programs	24.12%	82
Adequate childcare/daycare facilities	16.47%	56
Safe, suitable forms of recreation	35.88%	122
Knowledge on childrearing methods	12.06%	41
Summer activities for children	35.29%	120
Money to properly provide for child's physical needs, i.e. food, clothing, shelter	25.59%	87
Knowledge about proper child nutrition in the home	14.12%	48
Money to provide for child's wants, i.e. video games, name brand clothing, activities with friends	7.35%	25
Family support in caring for children	21.47%	73
Unknown	10.00%	34
Other (please specify)	10.29%	35

**Are there children living in your household? 48.24% responded yes.**



**Please indicate how many children living in your household are in each age group below?**

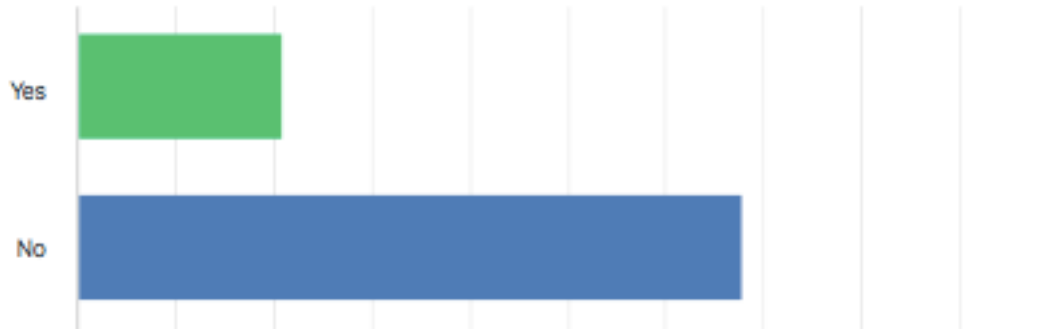
	0	1	2	3	4	5 OR MORE	TOTAL RESPONDENTS
0-2 years	64.10% 50	28.21% 22	3.85% 3	1.28% 1	1.28% 1	1.28% 1	78
3-5 years	52.13% 49	39.36% 37	6.38% 6	2.13% 2	0.00% 0	0.00% 0	94
6-11 years	27.10% 29	46.73% 50	24.30% 26	1.87% 2	0.00% 0	0.00% 0	107
12-14 years	44.94% 40	44.94% 40	8.99% 8	1.12% 1	1.12% 1	0.00% 0	89
15-17 years	53.09% 43	40.74% 33	6.17% 5	0.00% 0	0.00% 0	0.00% 0	81
18-25 years	65.33% 49	16.00% 12	18.67% 14	1.33% 1	0.00% 0	0.00% 0	75



**List the number of children in your household that will be:**

	0	1	2	3	4	5 OR MORE	TOTAL RESPONDENTS
4 years of age by July 1	82.35% 126	11.11% 17	5.23% 8	0.65% 1	0.00% 0	0.65% 1	153
3 years of age by July 1	94.53% 121	5.47% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	128
2 years of age by July 1	92.31% 120	7.69% 10	0.00% 0	0.00% 0	0.00% 0	0.00% 0	130
1 years of age by July 1	95.97% 119	4.03% 5	0.00% 0	0.00% 0	0.00% 0	0.00% 0	124

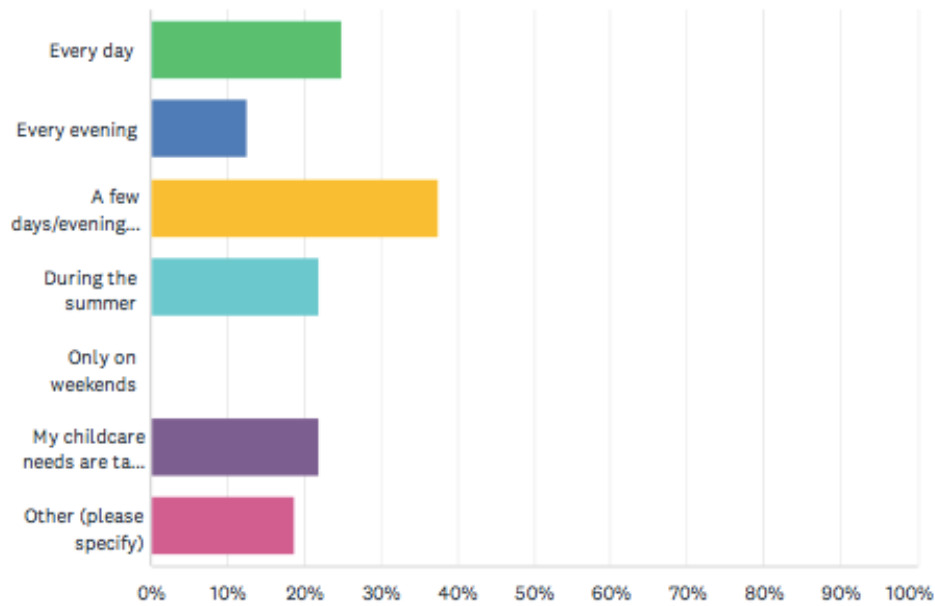
**Do your children receive fluoride supplements? 20.99% answered yes.**



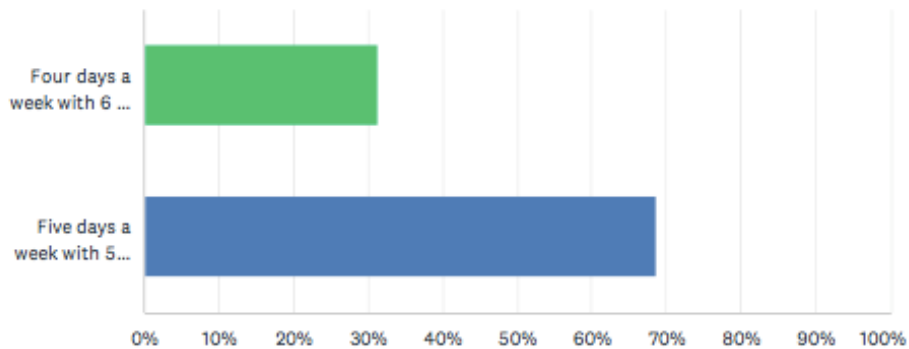
**Are there children in your household that need or utilize childcare services? 15.43% answered yes.**



**You indicated that there are children in your household that need or utilize childcare services. How often do the children need childcare? (Choose all that apply.)**

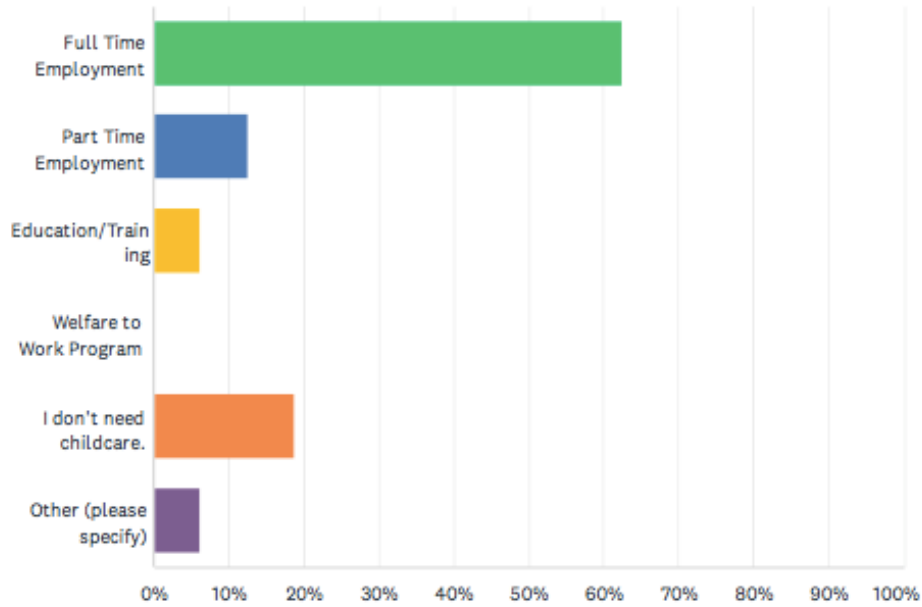


**You indicated that there are children in your household that need or utilize childcare services. What days/hours do you prefer?**

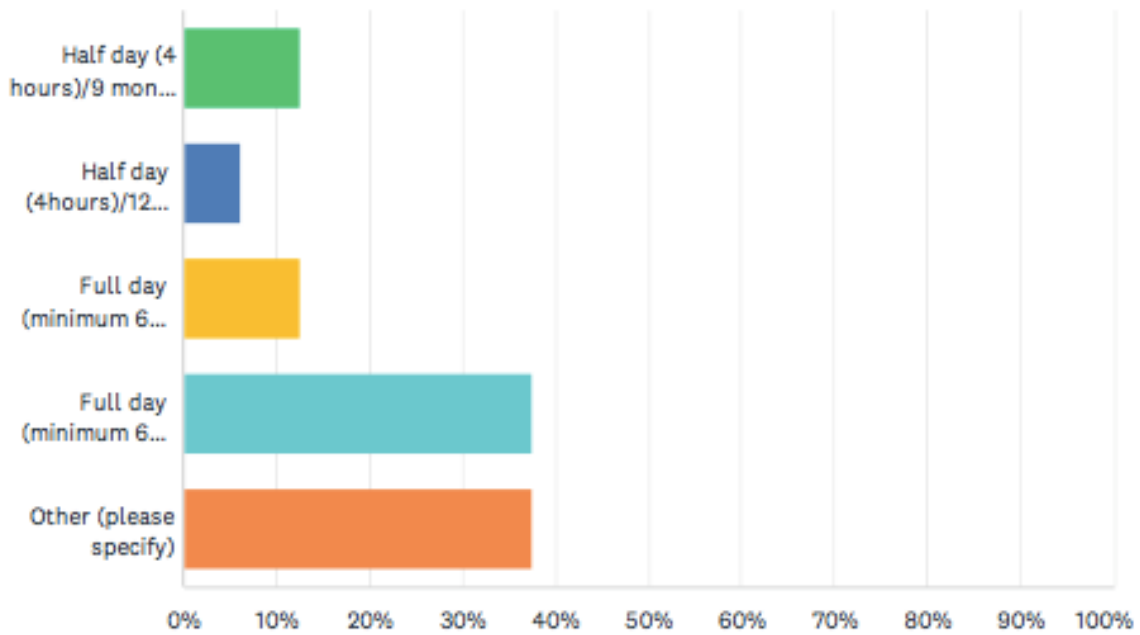


ANSWER CHOICES	RESPONSES	
Four days a week with 6 1/2 hours each day	31.25%	10
Five days a week with 5 hours each day	68.75%	22
<b>TOTAL</b>		<b>32</b>

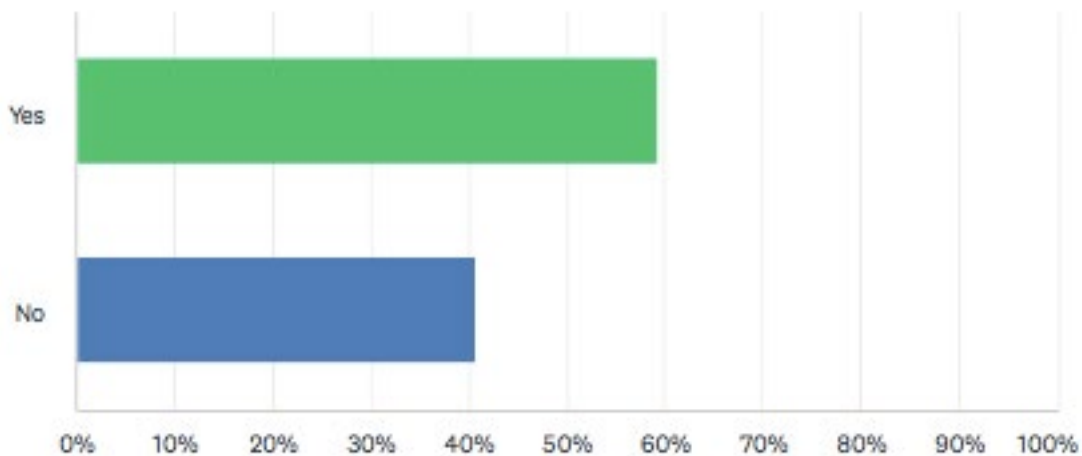
**Why do you need childcare? (Choose ONE)**



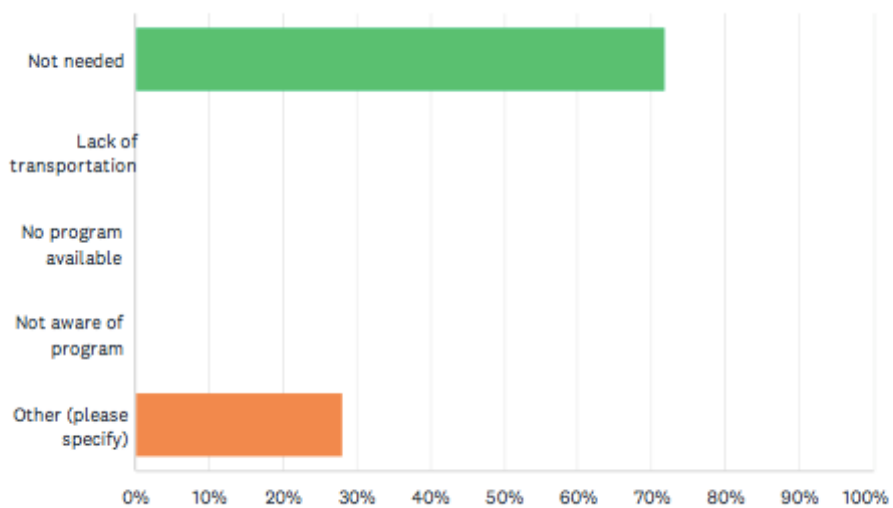
**How often do your child(ren) need childcare? Select your preference to participate:**



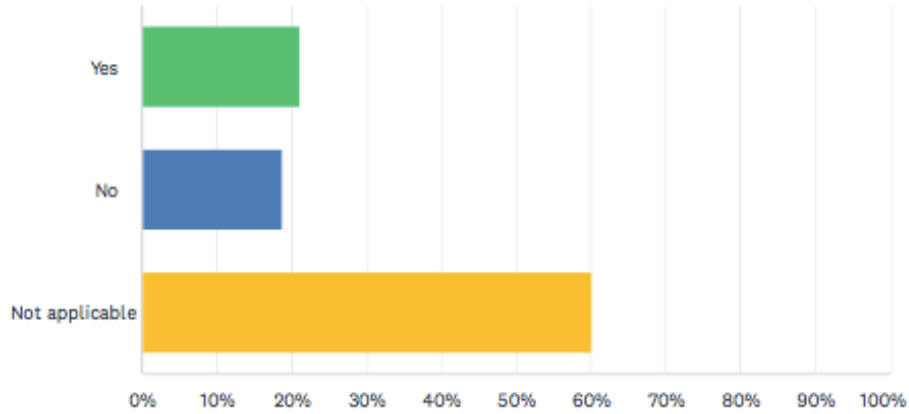
**Do children in your household attend an early child learning program such as Early Head Start or Head Start/Preschool?  
59.93% answered yes.**



**You indicated your children do not attend an early child learning program such as Early Head Start or Head Start/Preschool, what might prevent you?**

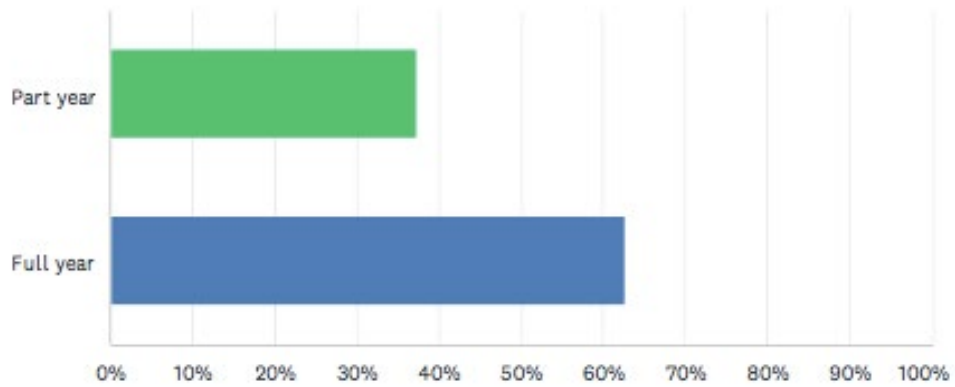


***If there was an Early Head Start (pregnant - 3 years old) program available would you send your child?***

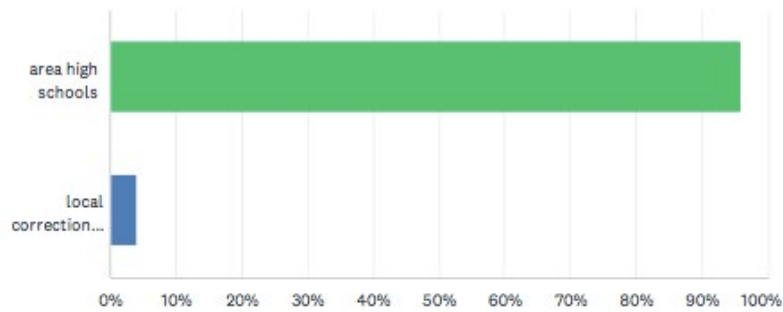


ANSWER CHOICES	RESPONSES	
Yes	21.14%	26
No	18.70%	23
Not applicable	60.16%	74
<b>TOTAL</b>		<b>123</b>

***If your child(ren) is three years or younger and qualifies for Early Head Start, how often does your child(ren) need care?***

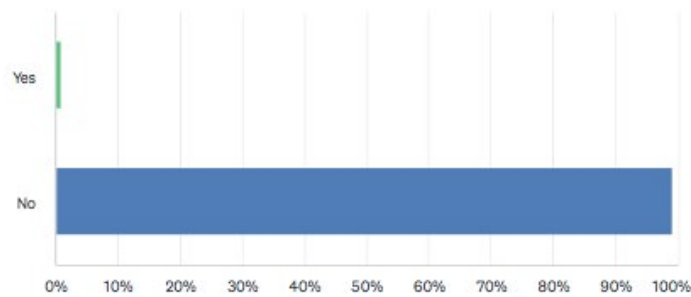


***If early child learning programs were made available in new/alternative settings, which settings listed below would you be most interested?***



ANSWER CHOICES	RESPONSES	
area high schools	95.93%	118
local correction center	4.07%	5
TOTAL		123

***Is anyone pregnant in your household?***



ANSWER CHOICES	RESPONSES	
Yes	0.91%	3
No	99.09%	328
Total Respondents: 331		

## Service Provider Survey

Is your organization addressing CHILDREN'S NEEDS issues in your community? If so, how?

3 people said **no**.

21 people **yes**, please explain.

- We are developing plans to do so.
- Our agency goal is to serve children in all ways. Head start/ Pre-K.
- Provide Pre-k/ Head start.
- Preschool/ Head Start. Work with pediatricians/ dentists.
- We offer fire safety education. We also co-founded "Shop with a first responder" to help provide clothing and toys to children in the county at Christmas.
- Head Start NCAP.
- We provide multiple opportunities to train our children to resist drug and other destructive behaviors. Opportunities to meet and bond with other youth and adults to mentor them. Use "40 Developmental Assets" to prepare our youth to live healthy, productive, spiritual lives.
- Through the upcoming Heart and Hope program.
- If there are children in need the church (always) help those in need.
- Making homes safe for children.
- That's what our program is about. Head Start ages 3-5yr. Providing services
- Ongoing communication with families to identify their needs.
- Head Start Program, School Age, playgroup for children with special needs.
- Working with all children through programs mentioned previously.
- Head Start, Birth to 3, Playgroup IFSP, IEP.
- Head Start and families.
- Head Start.
- HS addresses education, health for children and families.
- Head Start.
- Head Start offers a variety of services to families as well as the children.
- Head Start and Comm. Partners.

## Qualitative Interview Results

What CHILDREN's NEEDS are an issue in your household?

- No services for special education students who have special educational needs.
- Big issues in schools
- Feel that the IEP's are not followed.
- Nothing for kids to do in the community, no recreational activities.
- Kids get in trouble because of boredom.
- It is a big trend of grandparents raising grandchildren and Grandparents can't get any recourses for their grandchildren.
- Need more things for kids to do in the are like youth centers

## Children's Needs Secondary Data

### Number of Licensed Child Care Facilities

County	Number
Nicholas	27, 3 Head Start

*Nicholas County Health Report*

### Percent 4-Year-Olds Enrolled in Pre-K

County	Number
Nicholas	68.6%

*WV KIDS COUNT*



# Head Start PIR Data

8/2/2022  
10:55 AM

**Nicholas Com Action Partn, Inc.**  
**9900 - PIR Report (current values)**  
HS 2021-2022

A. Enrollment & Program Options			
<b>Funded Enrollment by Funding Source</b>			
1. Funded Enrollment			
a. Head Start/Early Head Start Funded Enrollment, as identified on NOA that captures the greatest part of the program year	0		
b. Funded Enrollment from non-federal sources, i.e. state, local, private	0		
c. Funded Enrollment from the MIECHV Grant Program using the Early Head Start home visiting model	0		
<b>Funded Enrollment by Program Option</b>			
2. Center-based option			
a. Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0		
1. Of these, the number available for the full-working-day and full-calendar-year	0		
b. Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	121		
1. Of these, the number that are available for 3.5 hours per day for 128 days	0		
2. Of these, the number that are available for full working day	0		
3. Home-based option	0		
4. Family child care option	0		
5. Locally designed option	0		
6. Pregnant women slots	0		
<b>Funded Slots at Child Care Partner</b>			
7. Total number of slots in the center-based or locally designed option (A.2.a + A.2.b + A.5)	121		
a. Of these, the total number of slots at a child care partner	0		
8. Total funded enrollment at child care partners (includes center-based, locally designed, and family child care program options) (A.4 + A.7.a)	0		
<b>Classes in Center-based</b>			
9. Total number of center-based classes operated	11		
a. Of these, the number of double session classes	0		
<b>Children by Age</b>			
10. Children by Age:			
a. Under 1 year	0	d. 3 years old	48
b. 1 year old	0	e. 4 years old	85
c. 2 years old	2	f. 5 years and older	0
g. Total cumulative enrollment of children (A.10.a + A.10.b + A.10.c + A.10.d + A.10.e + A.10.f)	135		
<b>Cumulative enrollment of pregnant women</b>			
11. Cumulative enrollment of pregnant women	0		
<b>Total cumulative enrollment</b>			
12. Total cumulative enrollment (A.10.g + A.11)	135		

**Nicholas Com Action Partn, Inc.**  
9900 - PIR Report (current values)  
HS 2021-2022

A. Enrollment & Program Options	
<b>Primary type of Eligibility</b>	
13. Report each enrollee only once by primary type of eligibility:	
a. Income at or below 100% of federal poverty line	78
b. Receipt of public assistance such as TANF and SSI	8
c. Foster care	12
d. Homeless	9
e. Eligibility based on other type of need, but not counted in A.13.a through d	10
f. Incomes between 100% and 130% of the federal poverty line, but not counted in A.13.a through e	18
14. If the program serves enrollees under A.13.f, specify how the program has demonstrated that all income-eligible children in their area are being served.	

**Prior enrollment**

15. Enrolled in Head Start or Early Head Start for:	
a. The second year	27
b. Three or more years	0

**Transition and Turnover (HS Programs)**

16. Total number of preschool children who left the program any time after classes or home visits began and did not re-enroll	16
a. Of the preschool children who left the program during the program year, the number of preschool children who were enrolled less than 45 days	3
17. Of the number of preschool children enrolled in Head Start at the end of the current enrollment year, the number projected to be entering kindergarten in the following school year	76

**Transition and Turnover (EHS Programs)**

18. Total number of infants and toddlers who left the program any time after classes or home visits began and did not re-enroll	0
a. Of the infants and toddlers who left the program above, the number of children who were enrolled less than 45 days	0
b. Of the infants and toddlers who left the program during the program year, the number who aged out of Early Head Start	0
1. Of the infants and toddlers who aged out of Early Head Start, the number who entered a Head Start program	0
2. Of the infants and toddlers who aged out of Early Head Start, the number who entered another early childhood program	0
3. Of the infants and toddlers who aged out of Early Head Start, the number who did NOT enter another early childhood program	0
19. Total number of pregnant women who left the program after receiving Early Head Start services but before the birth of their infant, and did not re-enroll	0
20. Number of pregnant women receiving Early Head Start services at the time their infant was born	0
a. Of the pregnant women enrolled when their infant was born, the number whose infant was subsequently enrolled in the program	0
b. Of the pregnant women enrolled when their infant was born, the number whose infant was NOT subsequently enrolled in the program (A.20 - A.20.a)	0

**Nicholas Com Action Partn, Inc.**  
9900 - PIR Report (current values)  
HS 2021-2022

**A. Enrollment & Program Options**

**Transition and Turnover (Migrant Programs)**

21. Total number of children who left the program any time after classes or home visits began and did not re-enroll	0
a. Of the children who left the program during the program year, the number of children who were enrolled less than 45 days	0
b. Of the children who left the program during the program year, the number of preschool children who aged out, i.e., left the program in order to attend kindergarten	0

**Attendance**

22. The total number of children cumulatively enrolled in the center-based or family child care program option	135
a. Of these children, the number of children that were chronically absent	88
1. Of the children chronically absent, the number that stayed enrolled until the end of enrollment	74
23. Comments on children that were chronically absent:	

**Child Care Subsidy**

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

25. Race and Ethnicity	(1) Hispanic/Latino	(2) Non-Hispanic
a. American Indian or Alaskan Native	0	0
b. Asian	0	2
c. Black or African American	0	1
d. Native Hawaiian or Pacific Islander	0	0
e. White	2	124
f. Biracial/Multi-racial	1	5
g. Other	0	0
h. Unspecified	0	0
25.g.1 Comments:		
25.h.1 Comments:		

**Primary Language of the Family at Home**

26. Primary language of family at home:	
a. English	134
1. Of these, the number of children acquiring/learning another language in addition to english	1
b. Spanish	0
c. Native Central American	0
d. Caribbean Languages	0
e. Middle Eastern & South Asian	0
f. East Asian Languages	0
g. Native North American/Alaskan	0
h. Pacific Island Languages	0
i. European/Slavic Languages	0
j. African Languages	0
k. American Sign Language	0
l. Other	0
m. Unspecified	1
26.l.1 Comments:	

**Dual Language Learners**

27. Total number of Dual Language Learners (A.26.a.1 + A.26.b through A.26.m)	2
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**Transportation**

28. Number of children for whom transportation is provided to and from classes	120
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**Nicholas Com Action Partn, Inc.**  
**9900 - PIR Report (current values)**  
HS 2021-2022

A. Enrollment & Program Options	
<b>Management Information Systems</b>	
29. List the management information system(s) your program uses to support tracking, maintaining, and using data on enrollees, program services, and program staff.	
Name/title	
a. ChildPlus	



**Nicholas Com Action Partn, Inc.**  
**9900 - PIR Report (current values)**  
HS 2021-2022

**B. Program Staff & Qualifications**

<b>Staff by type</b>	<b>(1) Head Start Early Head Start Staff</b>	<b>(2) Contracted Staff</b>
1. Total number of staff members, regardless of the funding source for their salary or number of hours worked	0	0
a. Of these, the number who are current or former Head Start or Early Head Start parents	0	0

<b>Volunteers by type</b>	
2. Number of persons providing any volunteer services to the program during the program year	188
a. Of these, the number who are current or former Head Start or Early Head Start parents	149

<b>Preschool Classroom and Assistant Teachers (HS and Migrant Programs)</b>	<b>(1) Classroom Teacher</b>	<b>(2) Assistant Teachers</b>
3. Total number of preschool education and child development staff by position	0	0
a. An advanced degree in:	0	0
early childhood education or any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children.		
b. A baccalaureate degree in one of the following:	0	0
early childhood education any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children or any field and is part of the Teach for America program and passed a rigorous early childhood content exam		
c. An associate degree in:	0	0
early childhood education a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children		
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	0	0
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	0	0
e. None of the qualifications listed in B.3.a through B.3.d	0	0

<b>Preschool Classroom Teachers Program Enrollment</b>	
4. Total number of preschool classroom teachers that do not meet qualifications listed in B.3.a or B.3.b	0
a. Of these preschool classroom teachers, the number enrolled in a degree program that would meet the qualifications described in B.3.a or B.3.b	0

<b>Preschool Classroom Assistant Teachers Program Enrollment</b>	
5. Total number of preschool assistant teachers that do not meet qualifications listed in B.3.a through B.3.d	0
a. Of these preschool assistant teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet the qualifications listed in B.3.a through B.3.d	0

**Nicholas Com Action Partn, Inc.**  
**9900 - PIR Report (current values)**  
HS 2021-2022

B. Program Staff & Qualifications	
<b>Infant and Toddler Classroom Teachers (EHS and Migrant Programs)</b>	
6. Total number of infant and toddler classroom teachers	0
a. An advanced degree in:	0
early childhood education with a focus on infant and toddler development or any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	
b. A baccalaureate degree in:	0
early childhood education with a focus on infant and toddler development or a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers	
c. An associate degree in:	0
early childhood education with a focus on infant and toddler development or a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers	
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	0
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	0
e. None of the qualifications listed in B.6.a through B.6.d	0
7. Total number of infant and toddler classroom teachers that do not have any qualifications listed in B.6.a through B.6.d (B.6.e)	0
a. Of these infant and toddler classroom teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet one of the qualifications listed in B.6.a through B.6.d.	0
<b>Home Visitors and Family Child Care Provider Staff Qualifications</b>	
8. Total number of home visitors	0
a. Of these, the number of home visitors that have a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's, baccalaureate, or advanced degree	0
b. Of these, the number of home visitors that do not meet one of the qualifications described in B.8.a.	0
1. Of the home visitors in B.8.b, the number enrolled in a degree or credential program that would meet a qualification described in B.8.a	0
9. Total number of family child care providers	0
a. Of these, the number of family child care providers that have a Family Child Care CDA credential or state equivalent, or an associate, baccalaureate, or advanced degree in child development or early childhood education	0
b. Of these, the number of family child care providers that do not meet one of the qualifications described in B.9.a	0
1. Of the family child care providers in B.9.b, the number enrolled in a degree or credential program that would meet a qualification described in B.9.a.	0
10. Total number of child development specialists that support family child care providers	0
a. Of these, the number of child development specialists that have a baccalaureate degree in child development, early childhood education, or a related field	0
b. Of these, the number of child development specialists that do not meet one of the qualifications described in B.10.a.	0
1. Of the child development specialists in B.10.b, the number enrolled in a degree or credential program that would meet a qualification described in B.10.a	0



**Nicholas Com Action Partn, Inc.**  
9900 - PIR Report (current values)  
HS 2021-2022

**B. Program Staff & Qualifications**

**Classroom teacher salary by level of education**

11. Classroom teacher salary by level of education:	
a. Advanced degree in early childhood education or related degree	Not Entered
b. Baccalaureate degree in early childhood education or related degree	Not Entered
c. Associate degree in early childhood education or related degree	Not Entered
d. A Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements	Not Entered
e. Classroom teachers that do not have the qualifications listed in B.12.a - B.12.d	Not Entered

**Child development staff - average salary**

12. Average salary:	Avg. Annual Salary	Avg. Hourly Rate
a. Classroom teachers	Not Entered	Not Entered
b. Assistant teachers	Not Entered	Not Entered
c. Home-based visitors	Not Entered	Not Entered
d. Family child care providers	Not Entered	Not Entered

**Child development staff - race**

13. Race and Ethnicity:	(1)Hispanic/Latino	(2)Non-Hispanic
a. American Indian or Alaskan Native	0	0
b. Asian	0	0
c. Black or African American	0	0
d. Native Hawaiian or other Pacific Islander	0	0
e. White	0	0
f. Biracial/Multi-racial	0	0
g. Other	0	0
h. Unspecified	0	0
13.g.1 Comments:		
13.h.1 Comments:		

**Child development staff - language**

14. The number who are proficient in a language(s) other than English	0
a. Of these, the number who are proficient in more than one language other than English	0
15. Language groups in which staff are proficient:	
a. Spanish	0
b. Native Central American, South American, and Mexican Languages (e.g., Mixteco, Quichean)	0
c. Caribbean Languages (e.g., Haitian-Creole, Patois)	0
d. Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)	0
e. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)	0
f. Native North American/Alaska Native Languages	0
g. Pacific Island Languages (e.g., Palauan, Fijian)	0
h. European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
i. African Languages (e.g., Swahili, Wolof)	0
j. American Sign Language	0
k. Other	0
15.k.1 Comments:	
l. Unspecified (language is not known or staff declined identifying the language)	0

**Nicholas Com Action Partn, Inc.**  
9900 - PIR Report (current values)  
HS 2021-2022

**B. Program Staff & Qualifications**

**All Staff Turnover**

	Staff	Contract Staff
16. Total number of staff who left during the program year (including turnover that occurred while the program was not in session, e.g. summer months)	0	0
a. Of these, the number who were replaced	0	0

**Education and Child Development Staff Turnover**

17. The number of teachers, preschool assistant teachers, family child care providers, and home visitors who left during the program year (including turnover that occurred while classes and home visits were not in session, e.g., during summer months)	0
a. Of these, the number who were replaced	0
b. Of these, the number who left while classes and home visits were in session	0
c. Of these, the number that were teachers who left the program	0
18. Of the number of education and child development staff that left, the number that left for the following primary reason:	
a. Higher compensation	0
1. Of these, the number that moved to state pre-k or other early childhood program	0
b. Retirement or relocation	0
c. Involuntary separation	0
d. Other (e.g., change in job field, reason not provided)	0
19. Number of vacancies during the program year that remained unfilled for a period of 3 months or longer	0



**Nicholas Com Action Partn, Inc.**  
**9900 - PIR Report (current values)**  
HS 2021-2022

**C. Child & Family Services**

	(1) At enrollment	(2) At end of enrollment year
<b>Health Insurance - children</b>		
1. Number of all children with health insurance	126	125
Of these, the number of children whose primary insurance fits into the following categories:		
a. Of these, the number enrolled in Medicaid and/or CHIP	116	115
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance (C.1-C.1.a)	10	10
2. Number of all children with no health insurance (A.10.g - C.1)	9	10

	(1) At enrollment	(2) At end of enrollment year
<b>Health insurance - pregnant women (EHS programs)</b>		
3. Number of pregnant women with at least one type of health insurance.	0	0
a. Of these, the number enrolled in Medicaid	0	0
b. Of these, the number enrolled in state-only funded insurance (e.g. medically indigent insurance), private insurance, or other health insurance (C.3 - C.3.a)	0	0
4. Number of pregnant women with no health insurance (A.11 - C.3)	0	0

	(1) At enrollment	(2) At end of enrollment year
<b>Accessible Health Care - Children</b>		
5. Number of children with and ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care	128	126
a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility	0	0

	(1) At enrollment	(2) At end of enrollment year
<b>Accessible Health Care - Pregnant Women (EHS Programs)</b>		
6. Number of pregnant women with an ongoing source of continuous, accessible health care provided by a health care professional that maintains their ongoing health record and is not primarily a source of emergency or urgent care	0	0

**Nicholas Com Action Partn, Inc.**  
9900 - PIR Report (current values)  
HS 2021-2022

**C. Child & Family Services**

	(1) At enrollment	(2) At end of enrollment year
<b>Medical services - children</b>		
7. Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's EPSDT schedule for well child care	129	116
a. Of these, the number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed		5
1. Of these, the number who received medical treatment for their diagnosed chronic health condition		2
b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment		<b>Number of Children</b>
1. No medical treatment needed		0
2. No health insurance		0
3. Parents did not keep/make appointment		0
4. Children left the program before their appointment date		0
5. Appointment is scheduled for future date		0
6. Other		0
8. Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:		
a. Autism spectrum disorder (ASD)	1	f. Hearing Problems
b. Attention deficit hyperactivity disorder (ADHD)	0	g. Vision Problems
c. Asthma	0	h. Blood lead level test with elevated lead levels > u5 g/dL
d. Seizures	0	i. Diabetes
e. Life threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis).		1

<b>Body Mass Index (BMI) - children (HS and Migrant programs)</b>	<b>Children at enrollment</b>
9. Number of children who are in the following weight categories according to the 2000 CDC BMI-for-age growth charts	
a. Underweight (BMI less than 5th percentile for child's age and sex)	9
b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	32
c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	5
d. Obese (BMI at or above 95th percentile for child's age and sex)	11

	(1) At enrollment	(2) At end of enrollment year
<b>Immunization services - children</b>		
10. Number of children who have been determined by a health professional to be up-to-date on all immunizations appropriate for their age	123	119
11. Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age	3	2
C.12 Number of children who meet their state's guidelines for an exemption from immunizations	0	0

**Nicholas Com Action Partn, Inc.**  
**9900 - PIR Report (current values)**  
HS 2021-2022

**C. Child & Family Services**

**Medical services - pregnant women (EHS programs)**

13. Indicate the number of pregnant women who received the following services while enrolled in EHS:	
a. Prenatal health care	0
b. Postpartum health care	0
c. A professional oral health assessment, examination, and/or treatment	0
d. Mental health interventions and follow-up	0
e. Education on fetal development	0
f. Education on the benefits of breastfeeding	0
g. Education on the importance of nutrition	0
h. Education on infant care and safe sleep practices	0
i. Education on the risks of alcohol, drugs, and/or smoking	0
j. Facilitating access to substance abuse treatment	0

**Prenatal health - pregnant women (EHS programs)**

14. Trimester of pregnancy in which the pregnant women served were enrolled:	
a. 1st trimester (0-3 months)	0
b. 2nd trimester (3-6 months)	0
c. 3rd trimester (6-9 months)	0
15. Of the total served, the number whose pregnancies were identified as medically high risk by a physician or health care provider	0

	(1) At enrollment	(2) At end of enrollment year
<b>Accessible dental care - children</b>		
C.16 Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment	105	123

**Preschool dental services (HS and Migrant programs)**

17. Number of children who received preventive care during the program year	83
18. Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination during the program year	84
a. Of these, the number of children diagnosed as needing dental treatment during the program year	15
1. Of these, the number of children who have received or are receiving dental treatment	2
b. Specify the primary reason that children who needed dental treatment did not receive it:	<b>Number of Children</b>
1. Health insurance doesn't cover dental treatment	0
2. No dental care available in local area	0
3. Medicaid not accepted by dentist	0
4. Dentists in the area do not treat 3 - 5 year old children	0
5. Parents did not keep/make appointment	3
6. Children left the program before their appointment date	1
7. Appointment is scheduled for future date	4
8. No transportation	0
9. Other	0

**Infant and toddler preventive dental services (EHS and migrant programs)**

19. Number of all children who are up-to-date according to the dental periodicity schedule in the relevant state's EPSDT schedule	0
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**C. Child & Family Services**

<b>Mental health consultation</b>	
20. Total number of classroom teachers, home visitors, and family child care providers (B.3(1) + B.6 + B.8 + B.9)	0
a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation	0

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

<b>Preschool disability services (HS and Migrant programs)</b>	
23. Number of children enrolled in the program who had an individualized Education Program (IEP), at any time during the program year, indicating they were determined eligible by the LEA to receive special education and related services under the IDEA	25
a. Of these, the number who were determined eligible to receive special education and related services:	
1. Prior to this program year	21
2. During this program year	4
b. Of these, the number who have not received special education and related services	0

<b>Infant and toddler Part C early intervention services (EHS and Migrant programs)</b>	
24. Number of children enrolled in the program who have an Individualized Family Service Plan (IFSP), at any time during the program year, indicating they were determined eligible by the Part C agency to receive early intervention services under the IDEA	0
a. Of these, the number who were determined eligible to receive early intervention services:	
1. Prior to this program year	0
2. During this program year	0
b. Of these, the number who have not received early intervention services under IDEA	0

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C. Child & Family Services		
Preschool primary disabilities (HS and Migrant programs)	(1) Determined to have Disability	(2) Receiving Special Services
25. Diagnosed primary disability:		
a. Health impairment	0	0
b. Emotional disturbance	0	0
c. Speech or language impairment	16	16
d. Intellectual disabilities	0	0
e. Hearing impairment, including deafness	0	0
f. Orthopedic impairment	1	1
g. Visual impairment, including blindness	0	0
h. Specific learning disability	0	0
i. Autism	0	0
j. Traumatic brain injury	0	0
k. Non-categorical/developmental delay	8	8
l. Multiple disabilities, excluding deaf-blind	0	0
m. Deaf-blind	0	0

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**C. Child & Family Services**

**Education and Development Tools/Approaches**

**Screening**

26. Number of all newly enrolled children since last year's PIR was reported	108
27. Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	32
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	2
28. The instrument(s) used by the program for developmental screening:	
a.	
b.	
c.	

**Assessment**

29. Approach or tool(s) used by the program for ongoing child assessment:	Locally designed
a.	No
b.	No
c.	No

**Curriculum**

30. Curriculum used by the program:	
a. For center-based services:	Locally designed
1.	No
2.	No
3.	No
b. For family child care services:	Locally designed
1.	No
2.	No
3.	No
c. For home-based services:	Locally designed
1.	No
2.	No
3.	No
d. For pregnant women services:	Locally designed
1.	No
2.	No
3.	No
e. For building on the parents' knowledge and skill (i.e. parenting curriculum)	Locally designed
1.	No
2.	No
3.	No

**Staff-child interaction observation tools**

	Yes (Y)/ No (N)
31. Does the program routinely use classroom or home visit observation tools to assess quality?	No
32. If yes, classroom and home visit observation tool(s) used by the program:	Locally designed
a. Center-based settings	No
b. Home-based settings	No
c. Family child care settings	No



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**C. Child & Family Services**

**Family and Community Partnerships**

**Number of families**

33. Total number of families:	120
a. Of these, the number of two-parent families	62
b. Of these, the number of single-parent families	58
34. Of the total number of families, the number in which the parent/guardian figures are best described as:	
a. Parent(s) (e.g. biological, adoptive, stepparents)	107
1. Of these, the number of families with a mother only (biological, adoptive, stepmother)	43
2. Of these, the number of families with a father only (biological, adoptive, stepfather)	5
b. Grandparents	7
c. Relative(s) other than grandparents	2
d. Foster parent(s) not including relatives	4
e. Other	0

**Parent guardian education**

35. Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s)	
a. An advanced degree or baccalaureate degree	5
b. An associate degree, vocational school, or some college	46
c. High school graduate or GED	52
d. Less than high school graduate	12

**Employment, Job Training, and School**

36. Total number of families in which at enrollment	
a. At least one parent/guardian is employed, in job training, or in school at enrollment	76
1. Of these families, the number in which one or more parent/guardian is employed	72
2. Of these families, the number in which one or more parent/guardian is in job training (e.g. job training program, professional certificate, apprenticeship, or occupational license)	11
3. Of these families, the number in which one or more parent/guardian is in school (e.g. GED, associate degree, baccalaureate, or advanced degree)	6
b. Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g. unemployed, retired, or disabled)	44
37. Total number of families in which at end of enrollment:	
a. At least one parent/guardian is employed, in job training, or in school at end of enrollment	77
1. Of these families, the number of families that were also counted in C.36.a (as having been employed, in job training, or in school at enrollment)	74
2. Of these families, the number of families that were also counted in C.36.b (as having not been employed, in job training, or in school at enrollment)	3
b. Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g. unemployed, retired, or disabled)	43
1. Of these families, the number of families that were also counted in C.36.a	2
2. Of these families, the number of families that were also counted in C.36.b	41

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**C. Child & Family Services**

**Military Families**

38.a At least one parent/guardian is a member of the United States military on active duty	0
38.b At least one parent/guardian is a veteran of the United States military	7

	(1) At enrollment	(2) At end of enrollment year
<b>Federal or other assistance</b>		
39. The number of families receiving any cash benefits or other services under the Federal Temporary Assistance for Needy Families (TANF) Program	10	8
40. Total number families receiving Supplemental Security Income (SSI)	7	8
41. Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	35	32
42. Total number of families receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	69	64

Family Services	Services Received
43. The number of families that received the following program service to promote family outcomes:	
a. Emergency/crisis intervention such as addressing immediate need for food, clothing, or shelter	20
b. Housing assistance such as subsidies, utilities, repairs, etc.	1
c. Asset building services (e.g. financial education, debt counseling)	1
d. Mental health services	0
e. Substance misuse prevention	0
f. Substance misuse treatment	1
g. English as a second language (ESL) training	1
h. Assistance in enrolling into an education or job training program	1
i. Research-based parenting curriculum	14
j. Involvement in discussing their child's screening and assessment results and their child's progress	101
k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten)	87
l. Education on preventative medical and oral health	75
m. Education on health and developmental consequences of tobacco product use	20
n. Education on nutrition	93
o. Education on postpartum care (e.g. breastfeeding support)	1
p. Education on relationship/marriage	0
q. Assistance to families of incarcerated individuals	0
44. Of these, the number that received at least one of the services listed above	102

**Father engagement**

45. Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family Assessment	58
b. Family goal setting	42
c. Involvement in child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, volunteering)	65
d. Head Start program governance, such as participation in the Policy Council or policy committees	2
e. Parenting education workshops	4



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**C. Child & Family Services**

**Homelessness Services**

46. Total number of families experiencing homelessness that were served during the enrollment year	9
47. Total number of children experiencing homelessness that were served during the enrollment year	9
48. Total number of families experiencing homelessness that acquired housing during the enrollment year	3

**Foster care and child welfare**

49. Total number of enrolled children who were in foster care at any point during the program year	13
50. Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	1

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**D. Grant Level Questions**

**Intensive Coaching**

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

**Management Staff Salaries**

	(1) Annual Salary	(2) Percent Funded by Head Start or Early Head Start	(3) Number of Management Staff in this Position
3. Management staff:			
a. Executive Director	0	0	0
b. Head Start and/or Early Head Start Director	0	0	0
c. Education Manager/Coordinator	0	0	0
d. Health Services Manager/Coordinator	0	0	0
e. Family & Community Partnerships Manager/Coordinator	0	0	0
f. Disability Services Manager/Coordinator	0	0	0
g. Fiscal Officer	0	0	0

**# of education  
managers  
/coordinators**

**Education Management Staff Qualifications**

4. Total number of education managers/coordinators (D.3.c.(3))	0
a. Of these, the number of education manager/coordinators with a baccalaureate or advanced degree in early childhood education or a baccalaureate or advance degree and equivalent coursework in early childhood education with early education teaching experience	0
b. Of these, the number of education manager/coordinators that do not meet one of the qualifications in D.4.a	0
1. Of the education manager/coordinators in D.4.b, the number enrolled in a program that wo	0

**# of family  
services staff**

**Family Services Staff Qualifications**

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

**# of formal  
agreements**

**Formal Agreements for Collaboration**

6. Total number of formal agreements with child care partners	0
7. Total number of LEAs in the service area	0
a. Of these, the total number of formal agreements with those LEAs to coordinate services for children with disabilities	0
b. Of these, the total number of formal agreements with those LEAs to coordinate transition services	0

Nicholas Community Action Partnership, Inc.

<b>PIR Trends</b>			
<b>Program Year</b>	<b>2016-2017</b>	<b>2017-2018</b>	<b>2018-2019</b>
Head Start Students Served	132	129	141
Total Enrollment	132	129	141
Classrooms	11	11	11
Students who left the program	10	12	19
Number of HS students transported	85	95	141
Number of Volunteers	373	307	400
Total number of families	128	123	133
Number of Father figures who participated	110	116	110
Total number of children enrolled in foster care	6	10	19
Total number of families experiencing homelessness	16	30	16
Number of families that received at least one service	132	129	141
<b>PIR Performance Indicator Report</b>			
<b>Program Year</b>	<b>2016-2017</b>	<b>2017-2018</b>	<b>2018-2019</b>
% of children with health insurance	100%	100%	100%
% of children with medical home	100%	99.2%	100%
% of children with up-to-date immunization	100%	96.1%	99%
% of children with a dental home	92%	96.9%	97%
Children with ongoing health care	100%	99%	100%
Number up to date with EPSDT	100%	100%	85%
Children with dental care provided	93%	100%	33%
Number of children with an IEP	—	21.7%	18%
% of classroom teachers/BA Degree	90%	90.9%	90.9%
% of Classroom Teachers/AA Degree	0%	0%	0%
% of Classroom Assistants with a CDA/ACDS	100%	100%	100%

Nicholas Community Action Partnership, Inc.

**PIR Trends**

Program Year	2019-2020	2020-2021	2021-2022
Head Start Students Served	129	114	135
Total Enrollment	129	114	135
Classrooms	11	11	11
Students who left the program	8	6	16
Number of HS students transported	141	70	120
Number of Volunteers	345	55	188
Total number of families	119	103	120
Total number of children enrolled in foster care	13	10	12
Total number of families experiencing homelessness	13	8	9
Number of families that received at least one service	129	102	102

**PIR Performance Indicator Report**

Program Year	2019-2020	2020-2021	2021-2022
% of children with health insurance	98%	99%	93%
% of children with medical home	98%	100%	94%
% of children with up-to-date immunization	74%	91%	86%
% of children with a dental home	94%	93%	92%
Children with ongoing health care	98%	100%	94%
Number up to date with EPSDT	74%	91%	86%
Children with dental care provided	94%	93%	92%
Number of children with an IEP	24%	28%	19%
% of classroom teachers/BA Degree	91%	91%	91%
% of Classroom Teachers/AA Degree	0%	0%	0%
% of Classroom Assistants with a CDA/ACDS	100%	100%	100%

# Step 3: Analyze Data



**STEP THREE: Analyze Data**

As a result of analyzing primary data including Community Survey results, Community Interviews and Focus Groups feedback and Service Provider perspectives, as well as secondary data for each key poverty indicator, the priority needs of Nicholas County include the following:

**Issue #1:** Transportation

**Issue #2:** Health

**Issue #3:** Employment

**Issue #4:** Children's Needs



# Step 4: Take Action



#### ***STEP FOUR: Take Action***

With the priority needs identified, it was time to determine the “why” or otherwise known as the root cause of each need, along with potential solutions to address the needs by filling gaps in services and resources. Some needs will be addressed by NCAP as part of the Strategic Planning process if the need falls within the scope of NCAP’s mission. Some needs may be addressed by other organizations in the community. That’s why this Needs Assessment Process was inclusive of a diverse representation of the community so that the community at large can leverage resources to make a meaningful and positive impact on the quality of life of its residents throughout the county.

#### **Issue #1: Transportation**

##### **Root Cause: Rural Geography**

Aside from downtown Summersville, the majority of the county is rural and somewhat secluded. Most residents live 30, 40 or 50 minutes away from grocery stores, gas stations, doctors’ offices, schools, and other basic necessities. Maintaining reliable transportation is a challenge and with car maintenance and insurance, along with the rise in gas prices, owning a vehicle gets harder and harder. Additionally, drug use and arrests cause many to lose their driver’s license. The one public transportation option is through Mountaineer Transit Authority (MTA) which has limitations on where and when rides are available.

##### **Potential Solutions:**

Transportation is the key to freedom and provides access to opportunities. It effects all aspects of a person’s life. Solutions may include:



- Meeting with MTA to determine if expanded routes are an option. Also, there may be opportunities to partner on submitting grant proposals.
- Partnering with Good News Mountaineer Garage to support them in getting cars donated to individuals in need.
- Partnering with Recovery Point to promote the expansion of their non-emergent transportation program.
- Promoting the availability of taking an Uber.
- Explore the idea of creating a Facebook group devoted to connecting people to carpooling opportunities.

## **Issue #2: Health**

### **Root Cause: Availability of Local Healthcare Providers**

With one hospital and one primary care office, there are not enough options to access basic healthcare services. Additionally, the scope of services is very limited. There are essentially no healthcare specialists such as gynecologists, oncologists, psychiatrists and more. There's a direct link between healthcare and transportation challenges. While conducting interviews and focus groups, three women revealed they delivered their babies in the car on the way to the hospital due to the time it took to get to the hospital.

### **Potential Solutions:**

Access to good healthcare shouldn't depend on where you live. In fact, access to affordable, quality health care is important to physical, social, and mental health. High quality care in outpatient and inpatient settings can help protect and improve health and reduce the likelihood of receiving unnecessary or inappropriate care. However, such care can be harder to attain in rural areas than in urban or suburban areas. Adopting and implementing strategies that reduce barriers to care and better match providers to community needs can increase access to high quality care.

Examples include:

- Community health workers engage professional or lay health workers to provide education, referral and follow-up, case management, home visiting, etc. for those at high risk for poor health outcomes.
- Federally qualified health centers increase support for non-profit health care organizations that receive federal funding and deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay.
- Higher education financial incentives for health professionals serving underserved areas expand incentives such as scholarships and loans with service requirements and loan repayment or forgiveness programs for health care providers who practice in rural or other underserved areas.
- Rural training in medical education expand medical school training and learning experiences focused on the skills necessary to practice successfully in rural areas.
- School dental programs provide sealants, fluoride treatment, screening, and other basic dental care on school grounds via partnerships with dental professionals.
- Telemedicine deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring; also called telehealth.
- Telemental health services provide mental health care services (e.g., psychotherapy or counseling) via telephone or videoconference.

### **Issue #3: Employment**

#### **Root Cause: Lack of good paying jobs**

Economic challenges make finding a good paying job difficult. Lack of industry and an aging population compound job seeking challenges.

#### **Potential Solutions:**

A strong local economy supports employment opportunities and healthy lifestyle choices for individuals and families, and is linked to lower rates of poverty and unemployment. Poverty and unemployment rates are higher in rural areas than in urban and suburban areas. Employers, educational institutions, and community members can work together to increase job skills for residents, enhance local employment opportunities, and set children on a path towards academic and financial success.

Examples include:

- Career Academies establish small learning communities in high schools focused on fields such as health care, finance, technology, communications, or public service
- College access programs help underrepresented students prepare academically for college, complete applications, and enroll, especially first generation applicants and students from low income families
- Dropout prevention programs provide supports such as mentoring, counseling, or vocational training, or undertake school environment changes to help students complete high school
- Flexible scheduling offers employees control over an aspect of their schedule through arrangements such as self-scheduled shift work, flex time, and compressed work weeks
- Preschool education programs provide center-based programs that support cognitive and social-emotional growth among children who are not old enough to enter formal schooling
- Rural transportation systems establish transportation services for areas with low population densities, using publicly funded buses and vans on a set schedule, dial-a-ride transit, volunteer ridesharing, etc.
- School-based social and emotional instruction (SS) \*  
Implement focused efforts to help children recognize and manage emotions, set and reach goals, appreciate others' perspectives, and maintain relationships; also called social and emotional learning.
- Transitional jobs establish time-limited, subsidized, paid job opportunities to provide a bridge to unsubsidized employment

## **Issue #4: Children’s Needs**

### **Root Cause: Parental/Caregiver Drug Use**

The number of grandparents raising grandchildren continues to rise. The drug epidemic, an aging population and economic challenges contribute to childhood hardships. Early care and education as well as lack of social activities for teens were identified as the greatest challenges.

### **Potential Solutions:**

- Early childhood home visiting programs provide parents with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors.
- Extracurricular activities for social engagement support organized social, academic, or physical activities for school-aged youth outside of the school day.
- Intergenerational communities create communities that promote interaction and cooperation between individuals of different ages and focus on the needs of all residents, especially children and older adults.
- Partner with "Handle with Care" - a program that provides the school or child care agency with a “heads up” when a child has been identified at the scene of a traumatic event. It could be a meth lab explosion, a domestic violence situation, a shooting in the neighborhood, witnessing a malicious wounding, a drug raid at the home, etc. Police are trained to identify children at the scene, find out where they go to school or daycare and send the school/agency a confidential email or fax that simply says . . . “Handle Johnny with care”. That’s it. No other details. In addition to providing notice, officers also build positive relationships with students by interacting on a regular basis. They visit classrooms, stop by for lunch, and simply chat with students to help promote positive relationships and perceptions of officers.
- Get involved in the Adverse Childhood Experiences (ACEs) Coalition of WV. The Coalition includes over 400 different organizations and individuals working together to improve the health and well-being of all West Virginians by reducing the impact of Adverse Childhood Experiences (ACEs) and preventing their occurrence through awareness, training, research, programs and services and legislative advocacy.

In summary, this information will be critical to NCAP’s Strategic Planning process. The agency and specific programs will develop goals, objectives and action plans to address the priority needs, issues and challenges outlined in this report.

For more information or clarification about this report, please contact:

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