



BISHOP INDIAN HEAD START COMMUNITY ASSESSMENT 2025-2030 6.27.25 Final

The BIHS Policy Council has received, reviewed, and approved of the BIHS Community Assessment Draft on 4.14.25

The Bishop Paiute Tribal Council has received, reviewed, and approved of the BIHS Community Assessment on 7.28.25

Head Start Program Performance Standard

1302.11 Determining community strengths, needs, and resources.

(a) *Service area.* (1) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation.

(i) A tribal program may propose a service area that includes areas where members of Indian tribes or those eligible for such membership reside, including but not limited to Indian reservation land, areas designated as near-reservation by the Bureau of Indian Affairs (BIA) provided that the service area is approved by the tribe's governing council, Alaska Native Villages, Alaska Native Regional Corporations with land-based authorities, Oklahoma Tribal Statistical Areas, and Tribal Designated Statistical Areas where federally recognized Indian tribes do not have a federally established reservation.

(ii) If the tribe's service area includes any area specified in paragraph (a)(1)(i) of this section, and that area is also served by another program, the tribe may serve children from families who are members of or eligible to be members of such tribe and who reside in such areas as well as children from families who are not members of the tribe, but who reside within the tribe's established service area.

(2) If a program decides to change the service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval.

(b) *Community wide strategic planning and needs assessment (community assessment).* (1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

(A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

(B) Children in [foster care](#); and

(C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies.

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being.

(iii) Typical work, school, and training schedules of parents with eligible children.

(iv) Other child development, childcare centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten- (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(3) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.

Executive Summary

The 2024-2025 Bishop Indian Head Start Community Assessment describes Head Start eligible children and their families. The objective of the Community Assessment is to determine the characteristics of low-income families and to describe the communities in which they live in. Based on the results of this Community Assessment, the Head Start program can make effective decisions about program design and services. Community Assessment is an important tool in strategic planning and developing priorities for the Head Start program that will be used to better address the needs of the Head Start eligible children and families.

The comprehensive Community Assessment Report is presented in seven sections. Each section contains primary and secondary data gathered from numerous sources. The data provides a profile of the wide range of characteristics and issues within the Bishop Service Area.

Section I includes a general description of the Bishop Paiute Native Americans. Demographic data was gathered to portray the population residing on the reservation. Specifically, information on tribal enrollment, economic development activities, population characteristics and trends, median income levels, poverty data and emerging trends and issues that impact Head Start eligible children and families.

Section II presents data on the status of child and family well-being, specifically education, health, nutrition and social services of Head Start eligible children and families.

Section III provides a comprehensive view of currently enrolled Head Start children and families. Bishop operates a Head Start program with a funded enrollment of 60. The recruitment area, racial/ethnic composition, language, health/dental, enrollment and information about Head Start children are provided.

Section IV reports a compilation of the results of the community, family and staff surveys.

Section V Community Assessment report covers Community resources.

Section VI presents the summary and conclusions of the Community Assessment Report

Section VII identifies sources of information used to gather the Community Assessment data. The Community Assessment represents a collection and analysis of information of the Bishop Head Start program's service area. This report reflects the characteristics and needs of Head Start eligible children and their families, including available resources and provides a broad knowledge base for strategic planning for program services and management systems.

Assessment Process

Community assessments are a vital part of any Head Start program in determining an appropriate course of action. The primary purpose of preparing the Community Assessment is to make decisions about Head Start program design and services.

The Bishop Head Start program chose to use a team to conduct the comprehensive Community Assessment. The team consisted of Head Start staff, Volunteers, Tribal program staff, Head Start parents, and Collaborative Community Service team. The team determined that the Community Assessment should include examination and prioritization of issues based on two types of data: primary and secondary. **Primary** data includes surveys and interviews with parents, staff and community representatives. **Secondary** data includes statistics gathered via the internet or via publications to the Agency.

Information about Head Start families was obtained by administering a survey designed by the Head Start staff and the Policy Council for this project. The BIHS 2024 Community Assessment Survey was sent to the Bishop Paiute Staff, Community Members during major events and to our Head Start parents. Overall, 30% Return Rate of the Community Surveys. There was a 60% return rate on the Annual Parent Survey, a 13% decrease over last year. Data was also collected through surveys from the Bishop Tribal Community, Collaborative Community Agencies, and the Bishop Indian Head Start staff. These surveys were designed to identify the strengths, needs, and barriers of the community and staff. Parent-Teacher conferences and community meeting input were also collected. All this information was analyzed and is presented in the Community Assessment Report.

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Section I: General Area Description

Introduction: The Bishop Indian Head Start (BIHS) program is located on the Bishop Paiute Reservation. The Bishop Paiute Tribe, also known as the Nüümü or the Owens Valley Paiute, are the original inhabitants of the Owens Valley, located at the foot of the Eastern Sierra Nevada mountains in California. Payahuunadü is the Paiute name for the Owens Valley, meaning "place of flowing water". The Owens Valley is located in east-central California, specifically in Inyo County. It's known for the Owens River and the Owens Lake, though the river has been diverted to Los Angeles since 1913, significantly impacting the valley's ecosystem. The Bishop Paiute Tribe, one of the largest tribes in California with the smallest land base. The Bishop Paiute Indian Reservation is 8.75 square miles in size and located west of the City of Bishop. Bishop, California in the heart of the Eastern Sierra Nevada Mountain range in Inyo County. It is located near the northern end of the Owens Valley within the Mojave Desert, at an elevation of 4,150 feet. BIHS serves the population located on or near the federally recognized Bishop and Big Pine Indian Reservations. A map of the Bishop and Big Pine are shown in reservations is shown in Appendix A. The Bishop and Big Pine Indian Reservations are in the northern portion of Inyo County. Inyo County is a rural, geographically isolated county and is the second largest county in California with 10,197.3 square miles. ([Inyo County, California - Census Bureau Profilehttp://www.inyocounty.us](http://www.inyocounty.us)) Bishop is the only incorporated city in Inyo County with a land area of 1.75 square miles. The Bishop Paiute Indian Reservation covers approximately 875 acres and Big Pine Reservation, approximately 299.58 acres. The Big Pine Reservation is 15 miles south-southeast of Bishop. The town of Big Pine California has a population of 1,464 (2023 Wikipedia). The area is 2.95 square miles with an elevation of 4,019.

Note: Inyo County: <https://www.inyocounty.us/government/about-inyo-county/demographics>

- ❖ **Highest Point:** Mount Whitney 14,505'

- ❖ **Lowest Point:** Badwater 282' *below* sea level

Grantee Governing Structure

the Bishop Paiute Tribe is federally recognized Indian Tribe listed in the federal register. The five-member council is elected by the General Council and governs by the “General Council Rule”. The Bishop Indian Tribal Council is the governing body of the Head Start grantee and is responsible for legal and fiscal oversight of the program. Tribal Council membership includes a chairperson, vice-chairperson, secretary-treasurer and an additional Tribal Council elected leader. Primary elections are held in June with final elections held in July of every year and council members serve for four-year staggered terms. The tribal administration has responsibilities for maintaining governmental functions, including community development and housing, educational services, enrollment and membership, land assignments, social services, childcare, and financial accounting functions.

Demographic Data

Tribal Enrollment: As of April 28th, 2025, Bishop Paiute Tribe’s membership count stands at 2,229, according to Bishop Paiute Tribe Enrollment Department. Enrolled membership has increased since the Bishop Paiute Reservation Census Analysis in 2017, which stood at 2,042. Of the 2,229 enrolled tribal members, 84 members are under the age of 5. An additional 44 children under the age of 5 have pending applications. Therefore, BIHS is tracking 128 children under the age of 5, who may need preschool services. 1,954 individuals or 88% of total enrolled members reside on the Reservation, according to the American Community Survey 5-year estimate. Of this number 1,151 (58.9%) are female and 803 (41.1%) are male (Bishop Paiute Tribe CEDS 2023-2028). Tribal members live around the Bishop region, including the City of Bishop, Round Valley, and Red Hill.

Population Growth and Density

Population: The estimated Inyo County population in 2023 is 18,669. City Data, Inyo County. As of 2022, Bishop Ca, population is 3,771 a +5.5 growth rate since 2000, City Data, Bishop, Ca. As of 2020, Big Pine Ca, population is at 1,875 a +30.1 growth rate since 2010, Wikipedia Big Pine, Ca.

The following are the populations of Inyo County's Census-designated areas.

<https://www.inyocounty.us/government/about-inyo-county/demographics>

Community	Status	Population 1990 Census	Population 2000 Census	Population 2010 Census	Population 2020 Census
Big Pine	Census-designated place	1,610	1,812	1,756	1,875
Bishop	Incorporated city	3,470	3,590	3,879	3,821
Cartago	Census-designated place	52	109	92	62
Charleston View	Census-designated place	...	...	33	45
Darwin	Census-designated place	...	54	43	36
Dixon Lane-Meadow Creek	Census-designated place	2,561	2,702	2,645	2,780
Furnace Creek	Census-designated place	300	31	24	136
Homewood Canyon	Census-designated place	...	...	44	40
Independence	Census-designated place	650	660	669	593
Keeler	Census-designated place	37	66	66	71
Lone Pine	Census-designated place	2,062	1,867	2,035	2,014
Mesa	Census-designated place	174	214	251	275
Olancha	Census-designated place	45	134	192	131
Pearsonville	Census-designated place	...	27	17	8
Round Valley	Census-designated place	658	278	435	482
Shoshone	Census-designated place	37	52	31	22
Tecopa	Census-designated place	114	99	150	120
Trona	Census-designated place	...	25	18	11
Valley Wells	Census-designated place	...	...	...	0
West Bishop	Census-designated place	2,908	2,807	2,607	2,754
Wilkerson	Census-designated place	157	562	563	543

The population of the reservations according to the Big Pine Tribal Council is 462. Equaling 1,059 persons per square mile in Big Pine and 945 persons per square mile in Bishop, largely due to the small land size of the reservations. The Bishop Paiute Tribe is constrained by an extremely small land base, according to CEDS 2023-2028, Bishop Tribe has 875 acres.

- ❖ *Tribal assignments are already crowded, and housing opportunities are limited. Off-reservation housing is prohibitively expensive, and opportunities are extremely limited.*

Population of Bishop, CA

[Last official estimated **population of Bishop city** (Inyo County**, California state) was **3,819** (year 2020)¹¹. This was 0.001% of the total US population and 0.01% of total California state population. Area of Bishop city is **1.9 mi²** (=4.9 km²)¹⁶, in this year population density was **2,010 p/mi²**.

<http://www.cityofbishop.com/about-bishop/demographics/>

Population of Big Pine, CA

[The 2020 United States Census^[4] reported that Big Pine had a population of 1,875. The population density was 8.2 people per square mile (229.4/km²).]

- ❖ The population of the Tribe is trending to be younger than that of the City of Bishop. The median age for Tribal residents is 33.6. – CEDS 2023-2028
- ❖ By square mileage, Inyo is the second largest county in California yet one of lowest in population. Based on the 2015-2019 American Community Survey (ACS) 5-Year Narrative Profile, it had a population of 17,977 people, and 9% were in poverty. An estimated 12% of children under 18 years were below the poverty level, compared with 6% of people 65 years old and over (2022-2023 Community Needs Assessment-IMACA)
- ❖ Low population rates are partly due to the unusually low supply of privately owned land. The federal government controls 92 percent of all land within the county, by way of Inyo National Forest, Death Valley National Park, China Lake Naval Weapons Center, and Bureau of land Management holdings. The state of California owns 2.4% and the Los Angeles Department of Water and Power owns 3.9%, leaving only 1.7% of the land that is privately owned, Demographics | Inyo County California. The population of fewer than 20,000 (in an area larger than New Jersey) has remained virtually unchanged for over 30 years.
- ❖ Bishop is currently declining at a rate of -0.73% annually and its population has decreased by -3.53% since the most recent census, which recorded a population of 3,823 in 2020.
<https://worldpopulationreview.com/us-cities/california/bishop>

Racial Compositions and Trends

Race of the Bishop Paiute Tribal Residence total Population 1,954 (Bishop Paiute Tribe CEDS 2023-2028)

- ❖ 69% (1,351) American Indian/Alaska Native
- ❖ 14% (266) White
- ❖ 11% (220) Two or More Races
- ❖ 5% (92) Some Other Race
- ❖ Less than 1% (9) Native Hawaiian/Pacific Islander
- ❖ Less than 1% (8) Black/African American
- ❖ Less than 1% (8) Asian
- ❖ Of the Two or More Race and some other race: 35% identified as Hispanic or Latino of any race; of the 35% identified as Hispanic or Latino of any race, 91% identified as Mexican, 7% other Hispanic or Latino and less than 1% Puerto Rican.

Bishop, CA 2023-Population <https://worldpopulationreview.com/us-cities/california/bishop>

- ❖ 85.1% (3,228) White
- ❖ 11% (408) Two or More Races
- ❖ 1.05% (40) Some Other Race
- ❖ Less than .84% (32) Native American
- ❖ Less than 2.24% (85) Asian

Last 2020 Census

[The racial makeup of Bishop is 2,426 (63.5%) White, 8 (0.2%) African American, 106 (2.8%) Native American, 92 (2.4%) Asian, 3 (0.07%) Pacific Islander, 663 (17.4%) from other races, and 521 (13.6%) from two or more races. Hispanic or Latino of any race were 1,146 persons (30%)].
2023

- ❖ The portion of the city’s population identified as Hispanic is increasing.
Welcome to City of Bishop, CA

Big Pine, CA

[The racial makeup of Big Pine was 1,081 (57.7%) White, 3 (0.2%) African American, 468 (25%) Native American, 22 (1.2%) Asian, 2 (0.1%) Pacific Islander, 146 (7.8%) from other races, and 153 (8.2%) from two or more races. Hispanic or Latino of any race were 317 persons (17%)].

Common Language

https://data.census.gov/	https://data.census.gov/
<p>Bishop CA 2023 Types of Language Spoken at Home: 91% English 6.9% Spanish 1.7% Asian and Pacific Islander Languages 0.4% Other Indo-European Languages 0% Other Languages</p>	<p>Big Pine CA 2023 Types of Language Spoken at Home: 86% English 8.4% Spanish 0.2% Asian and Pacific Islander Languages 0.1% Other Indo-European Languages 5.3% Other Languages</p>

NÜÜMÜ YADOHA

The language of the Owens Valley Paiute is part of the Shoshonean family of languages. Distinctive dialects occurred at: Owens Lake and Lone Pine, Fish Springs, Independence, Big Pine, Deep Springs Valley, Bishop, Laws and Round Valley. To revitalize Paiute language, The Owens Valley Career Development Center has implemented a Paiute Language Program which includes instruction utilizing local teachers and Elders who are fluent in Paiute language. Classes are held in Bishop Paiute Tribe, Big Pine Paiute Tribe, Lone Pine Paiute-Shoshone Tribe, Bridgeport Tribe and Benton Tribal communities. Currently the Inyo-Mono Language program

has 7 Paiute Language Instructors to facilitate Paiute and Northern Paiute Instruction. <http://www.ovcdc.com/inyo-language/>

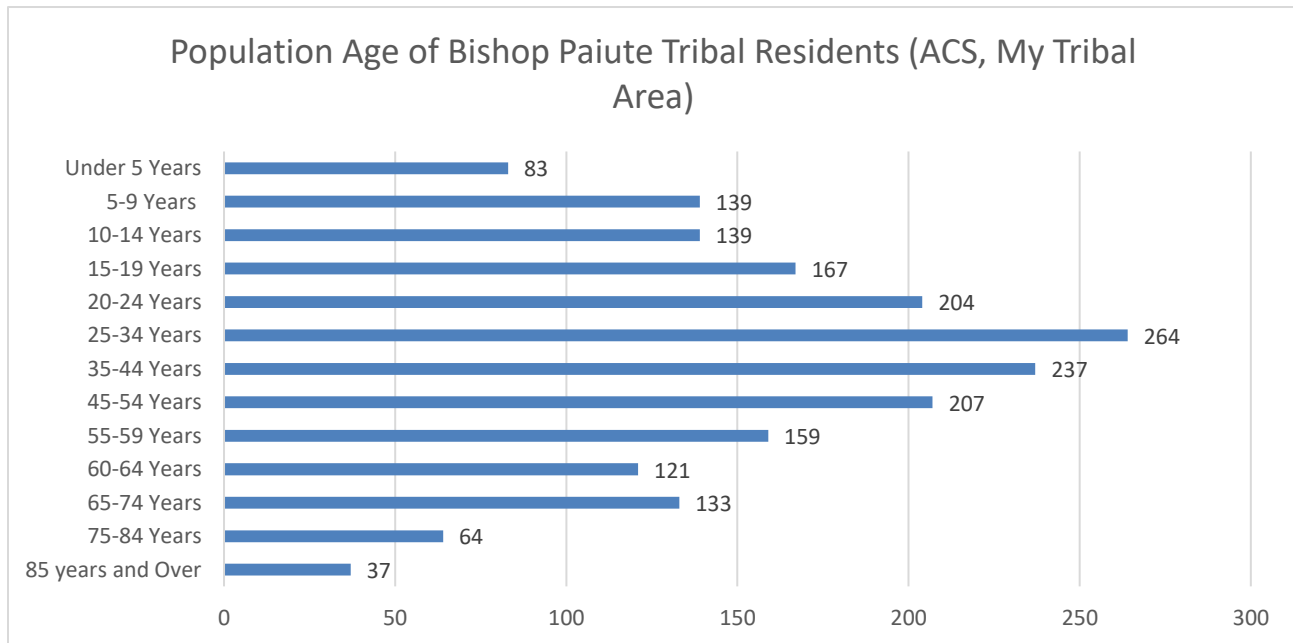
- ❖ The Bishop Paiute Tribe plans to develop a language program better suited for its tribe. However, the Bishop Paiute Tribe lacks the resources to do this and is currently dependent on Owens Valley Career Development Center to administer a language program.

Age Distribution

The population of Inyo County and the City of Bishop is overall, older than the population living on the Bishop and Big Pine Reservations.

- ✓ About half the population in the city is between the ages of 20 and 60 years old, with about one quarter of the population being younger than 20 and older than 60. The city's median age is about 37.9 years old. <https://cityofbishop.ca.gov/residents/about/demographics.php>
- ✓ The median age for Big Pine residents is 49.4 years young. [Big Pine CDP, California - Census Bureau Profile](#)

TABLE Provided by CEDS 2023-2028



Reservation Families and Children: CEDS report 2023-2028, reported 528 tribal members are under the age of nineteen years old. 167 tribal members are fifteen years old- nineteen years old, 139 are between the ages ten years old, fourteen years old, 139 are five years old to nine years old, and 83 members are under five years old.

Education

Education-According to CEDS 2023-2028 Report update: Education is one of the most important indicators of economic success where the workforce grows faster and has higher incomes. The Bureau of Labor Statistics (BLS 2017) showed higher education correlated with lower unemployment rates and higher wages. The Bishop Indian Education Center (BIEC) and the Owens Valley Career Development Center (OVCDC) focus on providing quality education service for Native American students. Cerro Coso Community College is just outside the City of Bishop and provides opportunities for onsite and virtual classes leading to advanced degrees. Cerro Coso Fast Facts 2021-2022, enrollment from highest to lowest: 42.8% Hispanic/Latino, 38.2% White, 7.1% Black/African American, 4.1% two or more ethnicities, 2.6% Asians, 2.0% Native American/Native Alaskan, 1.4% Filipino, and 1.2% unknown/not reported, 0.6% Pacific Islander. BIEC provides a computer lab, access to reading materials and other educational supplies and events. The program prepares students to succeed in elementary and secondary school. Counseling is offered about post-secondary education and career pursuits. OVCDC includes Bishop Tribal TANF, the Tuniwa Nobi Family Literacy Program, the Nüümü Yadoha Language Program and a Career Education Program. The U.S. Census reports that of 1,222 Reservation residents over 25 years of age, 481 (39.4%) are High School graduates or equivalent, 342 (28%), some college but no degree, 181 (14.8%) Associate Degrees, 79 (6.5%) Bachelor of Arts Degrees, 20 (1.6%) in Graduate school. However, Tribal records kept by the Bishop Indian Education Center shows that in the last four years, from 2018 to 2022 alone there have been 63 graduates of higher education: 4 Vocational Certifications, 13 Associate Degrees, 27 Bachelor of Arts Degrees, 15 Master of Arts Degrees, 3 Juris Doctor Degrees, 1 PhD in Medicine, and 1

registered Nurse. This difference shows the disparity in data collection by the U.S. Census.

Of the 3, 177 residents of the City of Bishop over 25 years of age, 3,074 (96.8%) are High School graduates or equivalent. Data is not collected in the same categories to make further comparison.

Table provided by CEDS 2023-2028

**Educational Attainment Bishop Paiute Tribal Residents
(ACS, My Tribal Area)**

Population	Estimate	ACS Margin of Error
Population 25 years and over	1,222	+/-222
Less than 9th grade	17	+/-19
9th-12th grade, no diploma	102	+/-55
High School Graduate or equivalent	481	+/-120
Some college, no Degree	342	+/-86
Associate of Arts Degree	181	+/-51
Bachelor of arts Degree	79	+/-48
Graduate or Professional Degree	20	+/-15
Percent High School graduate or higher	90.3%	+/-3.9
Percent Bachelor of Arts Degree or higher	8.1%	+/-3.5

<https://www.caschooldashboard.org/reports/>

- ✓ Bishop has 92% percent of high school graduates in 2024 (6.1% increase).
- ✓ 37.1% percent have a bachelor’s degree or higher.
- ✓ Dropout rate: In 2021 Inyo County had a percentage of 31.1% of students drop out of High School compared to the State of California, 9.4%.

- ✓ Bishop has a 10% higher rate of High School graduates than the state of California, which is 84.6%.

Of the 1,222 Reservation residents over 25 years of age

CEDS 2023-2028

- ✓ 481 are High School graduates or equivalent.
- ✓ 342 some college but no degree.
- ✓ *181 Tribal records kept by the Bishop Indian Education Center show that in the last four years, from 2018 to 2022 there have been 63 graduates of higher education, 4 Vocation Certifications, 13 associate degrees, 27 Bachelor of Arts Degrees 15 Master of Arts Degrees, 3 Juris Doctor Degrees, 1 PhD in Medicine and 1 Register nurse.

*This difference shows the disparity in data collection by the U.S. Census.

For population 25 years and over in Big Pine

Big Pine CDP, California - Census Bureau Profile:

- ✓ High school or higher: 92%
- ✓ Bachelor's degree or higher: 17.5%
- ✓ Graduate or professional degree: 11%

Income; Poverty Level; Unemployment

Income Characteristics, Bishop	Income Characteristics, Big Pine
http://www.city-data.com/poverty/poverty-Bishop-California.html#ixzz4hmmqfCXp	https://www.city-data.com/poverty/poverty-Big-Pine-California.html
Residents with income below the poverty level in 2023: Bishop: 6.0% Whole state: 12.0%	Residents with income below the poverty level in 2023: Big Pine: 11.4% Whole state: 12.0%
Residents with income below 50% of the poverty level in 2023: Bishop: 2.5% Whole state: 5.9%	Residents with income below 50% of the poverty level in 2023: Big Pine: 5.3% Whole state: 5.9%

Unemployment/Poverty

Bishop Paiute CED 2023-2028 data revealed:

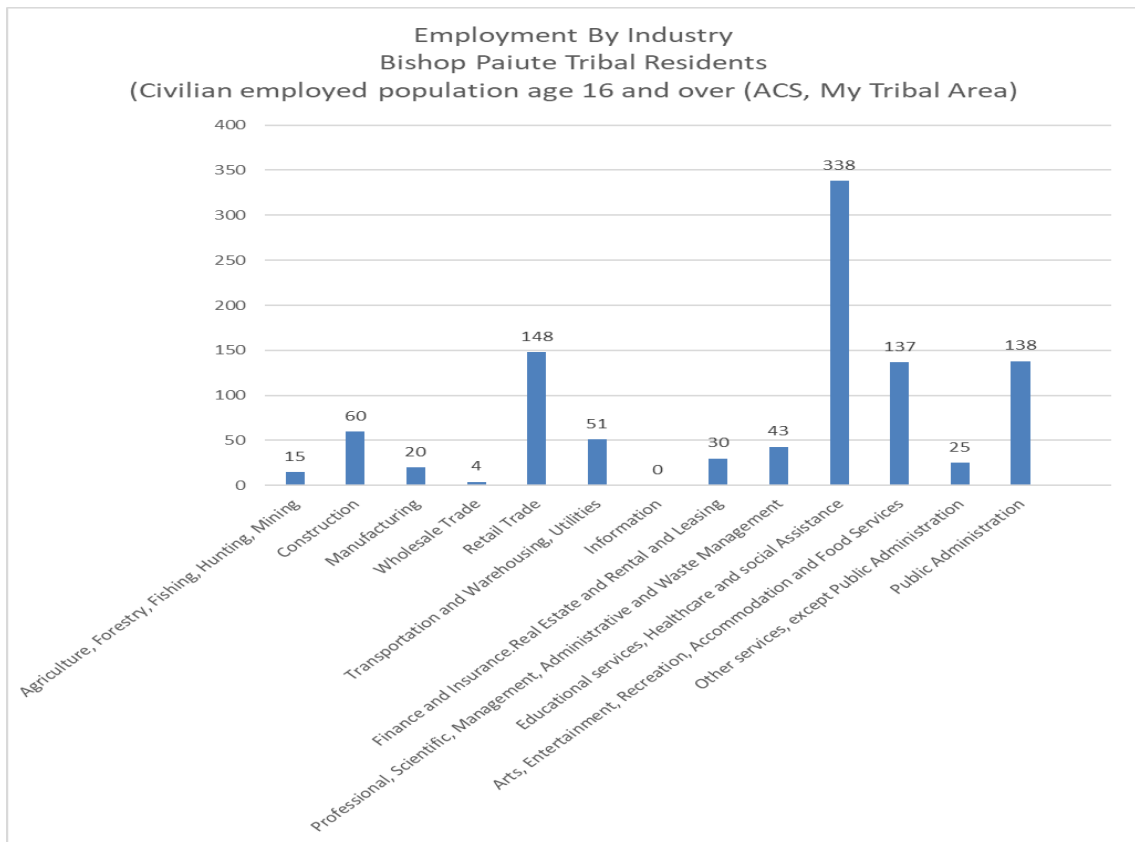
- ❖ Bishop Paiute Tribe has a 7.3% unemployment rate compared with;
- ❖ 2023 (3.8%) Inyo County Unemployment rate;
- ❖ 5.3% unemployment rate in 2025 in California. (<https://www.bls.gov/lau/>);
- ❖ The US unemployment rate held steady at 4.2% in May 2025. <https://tradingeconomics.com/united-states/unemployment-rate>.
- ❖ The unemployment rate in the city of Bishop in August was 3.1% with a market decrease by -9.2%, Bishop, Ca Unemployment Home Facts. Future job growth over the next ten years is predicted to be at 21.3%. From 2022 to 2023, employment in Big Pine, CA declined at a rate of -11%, from 724 employees to 644 employees. <https://datausa.io/profile/geo/big-pine-ca> (<http://www.city-data.com/city/Bishop-California.html>)

The poverty rate based on household income is significant on the reservation. Survey results demonstrate 15.4% of households are below the poverty rate based on Bishop Paiute Tribe 2023-2028 CEDS report. The median

household income for Bishop Paiute Tribal families is \$50,375. HUD Low Income Guidelines 2024 for a family of 2 in Inyo County is \$56,250. The median Household income for Inyo County in 2023 was \$72,432 which is an increase from \$45,000 in 2012.

% Below Poverty Level	Estimate	ACS Margin of Error
All Families	15.4%	+/-12%
With related children of householder under 18 years	13.0%	+/-7.5%
With related children of householder under 5 years only	18.2%	+/-22.1%
Married couple families	27.3%	+/-27.6%
With related children of householder under 18 years	12.0%	+/-16.9%
With related children of householder under 5 years only	0.0%	+/-100.0%
Families with female householder, no spouse present	10.1%	+/-6.7%
With related children of householder	14.5%	+/-10.0%
With related children of householder under 5 years only under 18 years	21.6%	+/-24.9%

Workforce
Table provided by CEDS 2023-2028



Per capita income for the Bishop Paiute Tribe is \$50,375 which is an increase of \$12,692 compared to the United States per capita income of \$37,683, US Census Bureau 2022 data. City of Bishop income per capita is \$54,307, city data. Which includes all adults and children. The median household income is \$81,511, City-

<https://labormarketinfo.edd.ca.gov/>

Employment Development Department State of California

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Occupation	Estimated Year-Projected Year	Employment		Employment Change	
		Estimated	Projected	Number	Percent
Cooks, Restaurant	2020 - 2030	730	1,200	470	64.4
Air Transportation Workers	2020 - 2030	40	60	20	50.0
Bartenders	2020 - 2030	340	490	150	44.1
Dining Room, Cafeteria, and Bartender Helpers	2020 - 2030	310	440	130	41.9
Hosts, Hostesses, Restaurant, and Coffee Shop	2020 - 2030	170	240	70	41.2
Chefs and Head Cooks	2020 - 2030	150	210	60	40.0
Separating and Filtering Machine Workers	2020 - 2030	50	70	20	40.0
Cooks and Food Preparation Workers	2020 - 2030	1,780	2,460	680	38.2
Food Preparation and Serving Workers, Other	2020 - 2030	930	1,290	360	38.7
Food Preparation and Serving Workers, All Other	2020 - 2030	80	110	30	37.5

Employment Development Department State of California

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Occupation	Year	Period	Hourly by Percentile			
			Hourly Mean	25th	Median	75th
Family Medicine Physicians	2024	1st Qtr	\$171.30	\$0.00	\$0.00	\$0.00
Psychiatrists	2024	1st Qtr	\$122.53	\$72.71	\$74.23	\$0.00
Administrative Law Judges and Hearing Officers	2024	1st Qtr	\$111.28	\$0.00	\$0.00	\$0.00
Chief Executives	2024	1st Qtr	\$110.51	\$59.90	\$0.00	\$0.00
Physicians, All Other	2024	1st Qtr	\$109.93	\$36.01	\$0.00	\$0.00
Dentists, General	2024	1st Qtr	\$100.60	\$59.91	\$0.00	\$0.00
Physician Assistants	2024	1st Qtr	\$78.43	\$73.35	\$79.37	\$0.00
Architectural and Engineering Managers	2024	1st Qtr	\$78.33	\$59.01	\$79.88	\$0.00
Natural Sciences Managers	2024	1st Qtr	\$77.54	\$48.94	\$51.74	\$73.31
Lawyers	2024	1st Qtr	\$76.32	\$51.39	\$63.72	\$79.82

Major Employers in Inyo County

<https://labormarketinfo.edd.ca.gov/majorer/countymajorer.asp?CountyCode=000027>

See chart on next page

[Select Another Area](#)

Employer Name	Location	Industry
Bishop_Care_Ctr	Bishop	Nursing & Convalescent Homes
Bishop_Paiute_Gaming	Bishop	Casinos
Bishop_Unified_School_District	Bishop	School Districts
C_G_Roxane_Water	Olancha	Water Companies-Bottled/Bulk & Etc
Carsons_Tahoe_Behavioral_Hlth	Bishop	Mental Health Services
Coso_Operating_Co_LLC	Olancha	Geothermal Htg/Cooling Equip/Systs-Dlrs
Death_Valley_National_Park	Death Valley	Fire Departments
Department_of_Water_&_Power	Independence	Government Offices-City/Village & Twp
Independence_Courthouse	Independence	County Government-Courts
Inyo_County_Sheriff	Independence	Government Offices-County
Inyo-Mono_Advocates	Bishop	Child Care Service
Lone_Pine_Unified_School_Dist	Lone Pine	School Districts
Los_Angeles_Water_&_Power_Dept	Bishop	Construction Companies
Mc_Donald's	Bishop	Limited-Service Restaurant
Northern_Inyo_Healthcare_Dist	Bishop	Health Care Management
Oasis_At_Death_Valley	Death Valley	Hotels & Motels
Owen_Valley_High_School	Independence	Schools
Owens_Valley_Career_Dev_Ctr	Bishop	Child Care Service
Perry_Motors_Inc	Bishop	Automobile Dealers-New Cars
Southern_Inyo_Healthcare_Dist	Lone Pine	Health Care Management
Stovepipe_Wells_Village	Death Valley	Hotels & Motels
Transportation_Dept-Ca_Dist_9	Bishop	Government Offices-State
US_Forestry_Dept	Bishop	Government Offices-Federal
Vons	Bishop	Grocers-Retail
Wanaaha_Casino	Bishop	Casinos

Link to site to view the following information:

Name and description of business, location and contact information, number of potential employees, and related links.

Housing

According to the Bishop Paiute Tribe CEDS 2023-2028 report, individuals over the age of sixteen years old, 1,009 out of 1,088 individuals are employed fulltime, part-time, or seasonally. This is an increase of 50% in the workforce. This may be due to increased business development on the reservation which uses Indian preference. Of the Tribal population, approximately 316 (31.3%) work in sales and office occupations, 247 (25.5%) work in management, business, science, and art occupations, 206 (20.4%) work in service occupations, 121 (11.9%) work in production, transportation, and material moving, and 119 (11.9%) work in natural resources, construction, and maintenance.

The U.S. Census has reported that the Bishop Paiute Reservation has 713 total housing units with 643 (90.2%)

occupied and 70 (9.8%) vacant. Of the occupied units, 371 (57.7%) were occupied by the owner and 272 (42.3%) were rented. The average household size was 3.22 individuals in occupied units and 2.79 in rented units. 166 units (25.8%) were moved into either 1989 or earlier and 477 units (74.2%) were built and moved into after 1990.

The U.S. Census figure of 70+/-24 vacant homes on the Reservation is inaccurate. A recent count shows only 5-7 homes vacant. Therefore 99% of the 713 homes are occupied and approximately 1% are vacant. Many of the homes considered vacant by the census have either been condemned or deemed uninhabitable. This includes many of the dilapidated wooden structures, old cinder blocks and pensioner homes. Many trailers are uninhabitable and are being used by land assignment owners as storage. The inaccuracy of the U.S. Census calls into question the other related data.

According to CEDS 2023-2028 report, Bishop Paiute Tribal population resides on 875 acres. There is a continuous housing waiting list of approximately 20 families and a rental waiting list of 20-25. Housing is scarce on the reservation and in the resort area of Bishop housing is unaffordable. Many eligible residents move away from their land and family or live in multigenerational households. This factor is not captured in the Census data and is very different from non-Tribal households. The ancestral ties to the land are not recognized. With so many residents on such a limited land base, land for economic development must be carefully planned. The pattern of land holders in Inyo County is extreme. Inyo County has over 6 million acres. Approximately 99.9% of the land is federal, state, county, city, and/or privately held, leaving less than 1% for the three tribes of the Owens Valley. Water and wastewater caps are placed on the county by Los Angeles Department of Water and Power (LADWP) further limiting tribal growth and enterprise.

Table provided by CEDS 2023-2028

Housing Tenure Bishop Paiute Tribal Residents
(ACS, My Tribal Area)

Occupied Housing Units	Estimate	ACS Margin of Error
Occupied Housing Units	643	+/-111
Owner-occupied	371	+/-74
Renter-occupied	272	+/-75
Avg household size owner-occupied	3.22	+/- .46
Avg household size renter-occupied	2.79	+/-5.1%

Table provided by CEDS 2023-2028

Housing Occupancy Bishop Paiute Tribal Residents
(ACS, My Tribal Area)

Housing Units	Estimates	ACS Margin of Error
Total Housing Units	713	+/-114
Occupied housing units	643	+/-111
Vacant housing units	70	+/-24
Homeowner vacancy rate	0.0%	+/-10.2%
Rental vacancy rate	1.1%	+/-2.1%

- ✓ Bishop’s median household income is about \$82,205 and the median home price is about \$405,700.
[Bishop, CA - Profile data - Census Reporter](#)
- ✓ In 2023, the median household income of Big Pine residents was \$52,647 and the median home price is about \$281,300.
[Big Pine, CA - Profile data - Census Reporter](#)
- ✓ Bishop CA Renting rate in this city among poor and not poor residents:
Residents below poverty level: 78.5%
Residents above poverty level: 55.5%
- ✓ Big Pine CA Renting rate in this place among poor and not poor residents:
Residents below poverty level: 56.7%
Residents above poverty level: 20.6%

Health Services

Toiyabe Indian Health Project is a primary care clinic serving Inyo and Mono Counties, primarily funded by the Indian Health Service (IHS). Established in 1968 to help provide health care services to 9 Eastern Sierra tribal communities, today TIHP provides non-profit community health care to people of all ethnicities and races. Patient services include medical care, dental care, dialysis, pharmacy, counselling, and behavioral health services, WIC

services, diabetes care and prevention, and more.

- ✓ IHS funding has decreased in recent years, both for Toiyabe and for contract health care services. The result of reduced IHS funding is basic health care from Toiyabe is unavailable for tribal members who are uninsured. Moreover, tribal members who cannot seek contract service providers due to prohibitive costs of travel are also being affected.

The following are inserts from the Toiyabe Indian Health Project Webpage <https://www.toiyabe.us/>

Medical services offered in Bishop, Lone Pine and Coleville include:

Comprehensive outpatient care including maternal child health, pediatrics, immunizations, sports medicine, and routine health maintenance care for all ages, allergy shots, routine periodic lab testing, orthopedics including trauma, fracture care including reductions and casting, geriatric medicine, management of common psychiatric disorders (i.e., anxiety disorder, panic disorder, depression).

- Routine diagnostic testing including pap smears and referrals for mammograms
- Management of all forms of chronic disease (i.e., especially diabetes, chronic lung disease, COPD, hypertension, renal disease, cardiac disease, arthritis)
- End of life care for the terminally ill who are bedridden at home, including home visits
- Comprehensive family planning offering oral contraception, Depo Provera, barrier methods and IUD placement
- Counseling and referral to outside providers for natural family planning and adoption
- Monthly nursing home rounds for patients in nursing homes in Bishop
- Diagnosis and treatment of common eye, ear, nose and throat diseases with referral as necessary to consultants
- HIV/Aids counseling and testing services

Outpatient surgery

Skin and soft tissue tumors removed, laceration repair, incision and drainage of abscesses.

Dental Services/ Preventive Dentistry:

Dental prophylaxis and scaling – the cleaning of teeth; the removal of stains, plaque, and calcified deposits from the surfaces of the teeth and restoration of the health of the supporting soft tissue and underlying bone of the mouth.

Hygiene instruction – instruction on proper tooth brushing and flossing; instruction on the prevention of dental disease – gum disease and dental cavities.

Dental Sealants – protective coating applied to the tops of the teeth which help to prevent dental cavities.

Prenatal visit – an important consultation period for a prospective parent in preventing the spread of dental disease from parent to child, or from siblings/peers to child.

One-year old visit – an important first step in evaluating the child's oral health issues, parental counseling pertaining to the prevention of dental disease, and it allows the child to have a positive first dental health visit experience.

Oral Diagnosis-Examinations and dental x-rays, checking for dental caries, periodontal (gum) health, evaluation of potential "bite" problems including jaw function, oral cancer screening, evaluation of the patient's overall health & medication use as it relates to their oral health issues.

Oral surgery-Simple and complex extractions; removal of hard and soft cysts; biopsy; dental implants.

Operative dentistry-Restoration of decayed teeth, removal of dental caries, occlusal adjustment, aesthetic dentistry.

Prosthetics-Removable full and partial dentures fixed partial dentures (dental bridges) and crowns; crown/bridge placement on dental implants.

Endodontics-Root canal therapy; removal of advanced dental decay from the inner central canal of a tooth, sterilization and placement of a sealant material in the canal; pedo dental pulp treatment.

Periodontics-Evaluation of periodontal disease status, additional deep scaling of teeth involving removal of plaque and calcified deposits below the gum line, periodontal surgery, bone and soft tissue graft (guided tissue regeneration).

Orthodontics-Limited to space maintenance and minor tooth movement.

Panoramic and Cephalometric dental x-rays

Dialysis Center

- The award-winning Toiyabe Dialysis Center is a certified 12 station facility with advanced dialysis equipment serving local dialysis patients. It is fully staffed with medical professionals.
- The Toiyabe Dialysis center offers a patient traveling program. Patients from all over the world can come to the beautiful Owens Valley for dialysis.
- Water treatment **and** Lab services
- Patients who are interested in transplants are referred to UCLA, Loma Linda University Medical Center and others. We work with these facilities in preparing the patient for kidney transplants.

The Pharmacy-Toiyabe features a full-service pharmacy department consists of Registered Pharmacists, licensed pharmacy technicians, and pharmacy clerks, serving all three clinic sites. The pharmacy utilizes most major prescription insurance programs and is registered by the State of California. The licensed pharmacy has recently upgraded to new software, hardware and robotics to meet the demanding needs of their profession.

Optometry-Toiyabe provides full optometry services. The Optometry department can perform eye exams and offer an array of lens options for glasses and full contact lens services. The Optometrists team utilizes advanced retinal imaging as well as a variety of other techniques, to ensure your eyes are healthy, as well as diagnosing and treating eye diseases. Most Insurances or Medi-Cal cover the cost of the eye exam and frame.

Family Services-Toiyabe Family Services proposes to strengthen Indian families and communities by providing professional therapeutic counseling combined with prevention strategies and counseling interventions with a strong emphasis on cultural and traditional activities.

The Family Services department provides individual, couple, family and group therapies for adults and children. Other annual activities include Safe Talk Training, the Walk for Life suicide prevention event, and Pine Nut Camp. Toiyabe Family Services is committed to increasing community awareness about mental health concerns and spreading the message that recovery is possible. Toiyabe strives to reduce stigma, increase understanding, and promote compassion for those struggling with mental health and substance use challenges. The Family Services team provides a comprehensive healing and wellness program by integrating traditional cultural practices and western medicine treatment modalities. Toiyabe's target population consists of the seven tribal communities of the Toiyabe Indian Health Project consortium. However, Toiyabe clinic is open to all community members, including non-tribal members. Toiyabe opens their door in the spirit of healing the community.

Programs offered, Wellness and Recovery, Behavioral Health and Youth Prevention:

Family Services strives to strengthen Native American individuals and families by providing professional therapy tailored to the needs of their patients, with a strong emphasis on cultural and traditional activities. Toiyabe's experienced team offers a range of services to adults, adolescents and children. Additionally, Family services hosts outreach and prevention activities throughout the year, such as the annual Walk for Life suicide prevention event, annual Youth Trade Walk, and various community education and outreach events. Programs offered by

Family Services are, Wellness and Recovery, Behavioral Health and Youth Prevention.

- Wellness and Recovery for Substance Abuse - The Wellness and Recovery Team strives to create a supportive and stigma-free environment to walk the path of recovery. Services offered include level-of-care assessments, daily outpatient treatment, Medication-Assisted Treatment, Contingency Management, and more.

Family Services programs:

Substance Abuse: The counselors follow the Matrix model that has been culturally adapted towards the Native population, including in the Intensive Outpatient Program groups are drug testing and individual sessions with counselors that help on the road to recovery.

The Intensive Outpatient Program includes:

- Relapse prevention
- Early recovery
- Drug testing
- Individual, group and family counselling
- Acupuncture
- Referrals to treatment programs
- Outreach to incarcerated patients

Wellness and Recovery: The Wellness and Recovery Team strives to create a supportive and stigma-free environment to walk the path of recovery. Services offered include level-of-care assessments, daily outpatient treatment, Medication Assisted Treatment, Contingency Management, and more.

Several treatment programs are available, and clients may be enrolled in more than one program.

- 90-day Outpatient Treatment Program
- Medication-Assisted Treatment Program (MAT)
- Contingency Management for Methamphetamine Use Program (CM)
- ASAM Assessment
- Residential Substance Abuse Treatment

Mental Health: Behavioral Health program has a wide spread of services and techniques such as:

- Individual sessions for adults, children, and families
- Eye Movement Desensitization and Reprocessing (EMDR)
- Art Therapy
- Play Therapy (children)
- Couple's counseling
- Cognitive Behavior Therapy (CBT)
- Psychiatry
- Tele-Psychiatry

Behavioral Health: The Behavioral Health program provides professional individual, family, and group therapy. The clinical team strives to provide high-quality, trauma-informed, and culturally competent treatment. Psychiatric care is available to patients who are engaged in our services. Telehealth is available for both therapy and psychiatric services.

Youth Prevention: The Family Services youth Prevention Program organizes culturally based outreach events, education activities, and health awareness campaigns to address behavioral and public health issues, such as the prevention of drug and alcohol use, suicide awareness, and pregnancy prevention, youth activities include:

- Boys and girls' group through the school year, covering the TIHP service area of Inyo and Mono County
- Prep hikes followed by the Trade Walk
- Tribal PREP covering teen responsibility, pregnancy, STDs, STIs, and HIV prevention
- Youth conferences – Youth Leader Summit and the Youth Health Summit
- Nuumu Life Skills for K-5th grades
- Indigenous Games
- Individual Sessions
- Creative Writing
- Signs of Suicide (SOS) and self-injury
- Healing Our Own People (HOOP) and historical trauma

Public Health-Toiyabe Public Health supports patients, Elders, and families to live a healthy life, including assisting patients in times of medical need. In addition to the WIC, Elders, and Community Health programs, Public Health also oversees the Pre-Diabetes Program, funded by the Center for Disease Control and Prevention. The program efforts include capacity building within Toiyabe to prevent Diabetes, and working with patients diagnosed or at-risk of pre-Diabetes.

Public Health staff are active in the community and in collaborations, including:

- Participating with Team Inyo for Healthy Kids coalition
- Focusing on Emergency Preparedness
- Participating member of Head Start Health Advisory committee
- Offering staff trained in car seat installations
- Offering counseling in smoking cessation
- Hosting Women's Health Day
- Participating in Pre Renal Taskforce
- Participating in Diabetes Multidisciplinary group

Community Health: Toiyabe Community Health supports patients, Elders, and families to live a healthy life, including assisting patients in times of medical need. In addition to the WIC, Elders, and Community Health programs, Public Health also oversees the Pre-Diabetes Program, funded by the CRIHB. The program efforts include capacity building within Toiyabe to prevent Diabetes, and working with patients diagnosed or at-risk of pre-Diabetes. Programs included are:

- Community Health – Community Health program focuses on the health of the community as a whole and its individual members. The goals of the program aim for three health care levels: health promotion, disease prevention and health maintenance.
- Diabetes Care & Prevention – Information and clinical supports to Native Americans to better manage their diabetes through physical activity, nutrition, and culture.
- Elders – Toiyabe Indian Health Project title VI Elders Nutritional/supportive Services is a program of Tribal government whose intent is to provide services to the Tribal Elders of the reservations and services to the Tribal Elders of the reservations and service areas. This program serves those with the greatest economic and social needs.
- Nutrition Services – The Nutrition Services Program helps patients learn how to lead a healthier life through better food choices while working with a dietician.
- Women, Infants & Children – WIC, the Women, Infants and Children Program, is a nutrition program that helps pregnant women, mothers who recently had a baby, and children up to age 5 eat well, be active, and stay healthy.

Elders-The TIHP Title VI Elders Nutritional/Supportive Services is a program of Tribal government whose intent is to provide services to the Tribal Elders of the reservations and service areas. This program serves those with the greatest economic and social needs. These needs include low income, frail and impaired, geographically and socially isolated, and non-English speaking. It is the programs intent to improve the quality of life for our Elders through fostering an environment of quality, dignity, and pride. Services are adjusted to elders needs, but generally include nutrition, information, cultural activities, traditional food gathering, referral, supportive services, care giving, transportation, respite, cross-cultural communication, and education. Services are provided to Elders ages 55 and older. There is a vital, real and definite need to continue these services for this age group. These services enable Elders to participate in their rightful role as teachers to the people and increase the elders' feeling of self-worth. In addition, these activities promote Elders in becoming more active members of their communities to help preserve and expand their cultural heritage.

WIC-The Women, Infants and Children Program, is a program that helps pregnant women, mothers who recently had a baby, and children up to age 5 eat well, be active, and stay healthy.

Health Concerns

Consultations with tribal leadership and managers revealed other health and wellness priorities important to Bishop Paiute Tribe community:

- ✓ *Care for Tribal Elders, especially personal assistance in a more intimate, home-like environment than that provided in nursing homes is a concern.*
- ✓ *The Bishop Paiute Tribe's Indian Child Welfare Act Office and Violence Against Women Advocacy program are examples of high priority commitments made by tribal government to support children and women.*
- ✓ *Tribal Council members and staff managers each expressed concerns about drug and alcohol abuse on the reservation, especially abuse by young adults.*
- ✓ *A disproportionate number of tribal members suffer from diabetes, cancer, or heart diseases.*
- ✓ *And for those without health insurance, health care services are extremely limited. According to the U.S. Census Bureau, 7.1% percent of the population is uninsured in Inyo County. The state average is 6.4% percent. According to CEDS report 15% of the Bishop Paiute tribe is without health insurance and According to the U.S. Census Bureau 16.7% of Native Americans in Inyo County are without health insurance. The lower uninsured rate could reflect Toiyabe Indian Health Project's impact on the region.*
- ✓ *Teen birth rate in Inyo County has been proportionally low with the exception of 2012 (70 teen birth rates), [Inyo 2023 Profile V1.pdf](#). However, there is still a concern for infants who are born with low birth weight. In 2022, Inyo County reported 8.11% of the live births recorded were with low birth weight (less than 5 pounds, 8 ounces) <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx>*
- ✓ *According to Carolyn Arnold, Northern Inyo Hospital Birth Statistics 2021-2023 on average 194 babies were born. 2024 Northern Inyo Hospital saw an increase of live births recorded, totaling 230. Of the live births recorded 45.8% were documented as Native American. For the year 2024, there is no data currently.*

Leading Causes of Death: Inyo County's death rates are greater than the local area and the state by a large margin. In every category, Inyo County is worse off (CEDs)

- ✓ Deaths from diseases of the heart are 3 times higher in Inyo County than California.
- ✓ Cirrhosis of the liver is also more than 3 times higher.
- ✓ In most death classifications, the local area is worse off than the state. The two biggest disparities are deaths from Alzheimer's disease and cirrhosis of the liver.

Economic Activities

The Bishop Paiute Development Corporation provides opportunities for income generation, management, ownership, training and employment of members of the Bishop Paiute Indian Tribe. Approximately 40 percent of tribal government revenue is from federal grant income or other transfer payments. The other 60 percent of tribal revenue is generated from the Wanaaha Casino, and Paiute Palace Gas Station and the Yuhubi Nobi Gas Station and Market. Please refer to the Bishop Paiute Tribe CEDs 2023-2028 for the Tribes Economic Development Strategy for strengths, weakness, threats and opportunities and goals, objectives, action plans, and performance measures. The vision of the Economic Development Strategy is to promote economic diversification and business development that enhances economic resilience and advances self-government while preserving Nuumu traditions and customs (CEDs). Highlights from CEDs 2023-2028 Economic Development Strategy:

- Tax and free revenue can be used for housing, education, health, public safety, cultural and other programs.
- Tribal self-sufficiency and self-determination.
- As the Bishop Paiute Tribe's local economy becomes more diverse, its dependence on federal funding and other outside resources will decline.
- 7.3% of Bishop Paiute Tribe's members living on the reservation are reported as unemployed, job creation is a concern.
- Re-acquiring land, improving infrastructure, new housing, educational, social, cultural and other community development goals will require new financial resources that are best generated and sustained through prudent investments in economic development.
- Diversified sources of revenue generation are important to fund new programs and services, they are vital to ensuring that existing services aren't vulnerable to revenue declines caused by unforeseen interruptions in the casino and gas station business activity.
- Reaching consensus about what kind of business investment to target will require deliberate, communitywide dialog.
- A tribal land use planning process must be closely integrated with BPDC's economic development plans to fully realize the substantial economic development benefits available to Bishop Paiute Tribe.

Economic Development Strategy: (objectives and performance measures outlined in CEDS pages 42-48)

Goal 1 – Develop a resilient community through economic growth and diversification.

- ✓ Bishop Paiute Tribe will construct a 78-room hotel.
- ✓ Construct a Retail Center that will provide six (6) retail spaces for lease to Bishop Paiute Tribal member businesses.
- ✓ Identify and plan the optimal business model for existing commercial land parcels.
- ✓ Identify, plan, acquire and develop off-Reservation business development opportunities.

Goal 2 – Enhance the Infrastructure Capacity of the Tribe.

- ✓ Ensure adequate water and sewer utility service for households and businesses on the Bishop Reservation
- ✓ Develop and design a wastewater treatment facility to serve the Bishop reservation
- ✓ Maintain and improve the Bishop Paiute Tribe's irrigation system
- ✓ Maintain and improve a public road system on the Bishop Reservation
- ✓ Provide and ensure proper housing needs are being met for members of Bishop Reservation
- ✓ Provide Inter-communication (Internet) service within the Bishop Reservation
- ✓ New Water and sewer system to improve the current water and sewer systems lines on the Reservation and to develop and construct a tribally owned wastewater treatment facility.
- ✓ Install supervisory Control and Data Acquisition (SCADA) to the water pump system.
- ✓ Improve and encourage the quality of life for the residents of the Tribal Community through responsive, efficient, and effective delivery of irrigation services.
- ✓ Increase and improve Tribal housing. To provide safe residential housing or apartment units to meet the increasing demand for housing.
- ✓ Maintain and improve Reservation roads and sidewalks. To provide safe mobility for pedestrians, bicyclists, and children and to offer alternative transportation modes such as transit, bicycle facilities, and pedestrian walkways.
- ✓ Continue building the broadband network. The Bishop Paiute Tribe will continue to build a broadband network within the Tribe and explore becoming an Internet service Provider for the area.
- ✓ Support and enhance the Bishop Paiute Tribe Fire Management Plan. The Bishop Paiute Tribe will implement the Fire Mitigation Plan for the protection against destructive fires of buildings, equipment, homes and lands.
- ✓ Restructure the Tribal Food Sovereignty Program to increase food sovereignty and availability of healthy foods, including traditional foods, for the Tribal community.

Goal 3 – Develop Opportunities for Tribal members, entities organizations and businesses to obtain training and loans for small business startups, growth and sustainability.

- ✓ Research, identify and pursue funding opportunities.

Monitoring and Evaluation -The Bishop Paiute Tribe will submit five-year updates to the CEDS reviewing the

success of economic development projects in the region. Community data will also be updated. Performance

measures will be calculated and made available in a separate report whether goals and objectives are being met.

Community Development Department (CDD) – Recent Construction Accomplishments

- Bishop Indian Education Center (BIEC) renovation / addition
- Arrowhead Trails Apartment remodel.

- Tribal Home Remodels
- Maintained 150-200 units with annual repair and renovation.
- Constructed 28 new stick-built homes.

Section I Summary

The information seems to consistently show the following:

- The tribe is engaged in progressive development and highly values self-sufficiency, self-reliance, and maintains committed to being a strong self-governing sovereign nation.
- The Bishop Reservation has a rich history, and the people have strong values and beliefs in their tradition and heritage.
- The Bishop Reservation has strong advocates in the community to bring awareness to leadership teams regarding the needs of families and children in the community.
- The Bishop Reservation has several resources and or consistently seeks additional resources through a strong collaborative partnership with other agencies that serve the needs of the community.
- Affordable Housing is needed on and off the Bishop Reservation.
- Affordable Shopping for clothes and food is needed in the Bishop and Big Pine Area.
- Onsite and online college courses are available in the Inyo County Area to earn a AA and AS degrees. However, community members must leave the area or take online courses to complete BA, BS, Masters or doctorate degrees.

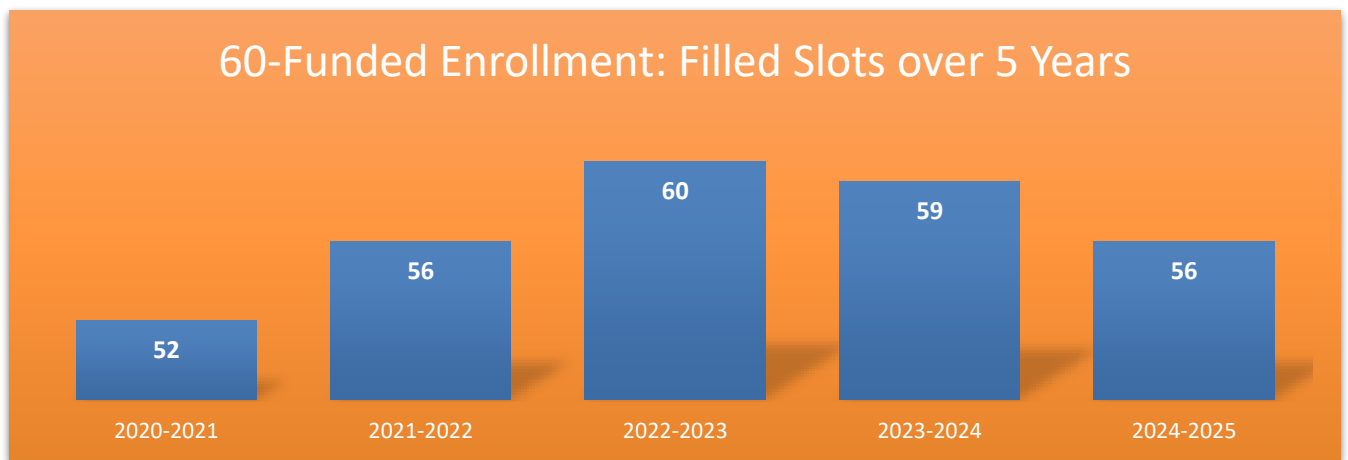
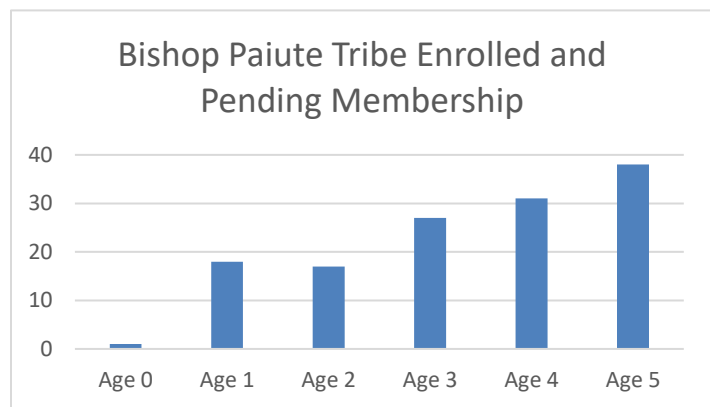
Section II: Head Start Eligible Children and Families

The Bishop Paiute Tribal Office Reports 2,229 Enrolled Tribal Members as of April 28th, 2025. Of the 2,229 Tribal members, 84 are enrolled Tribal Members under the age of 5 and eligible for Head Start services with an addition 44 children waiting to be enrolled. Currently, BIHS is tracking 128 children located on the Bishop Reservation that may need Head Start Services. The Big Pine Education Activity Assistant and Team reported 84 Children under the age of 18 receiving services. Of the 84 children reported, 22 children are under the age of 5 and eligible for Head Start services.

Table provided by CEDS 2023-2028

In 2024-2025, BIHS maintained a 94-95% enrollment and a waitlist. State Preschool and TK program was not able to reach full enrollment this year as well. In 2025-2026,

BIHS enrollment team is predicting 100% full enrollment with a waitlist.



In a Universal Prekindergarten California's Great Start Workgroup presentation, a 2023 Needs Assessment Data was presented to childcare providers for Inyo County.

2023 Inyo County Needs Assessment				
Spaces	Infants (0-2)	Preschool (3&5)	School Age (5-12)	Total
Licensed Centers	54	162	24	
Licensed FCCH	43	91	48	
License Exempt Centers	24	60	304	
Total Child Care Spots	121	313	375	809
Child Population	502	281	1,420	2,203
Unmet Need for Care (numbers of spaces)	381	-32	1,045	1,394
Unmet Need for Care (% of spaces needed)	76%	-11%	74%	63%

Other Child Development and Child Care Programs Serving Head Start Eligible Children

Bishop and Big Pine June 6th 2025				
Centers	Type	Age	capacity	Location
Early Head Start	Center	0-3	16	Bishop Reservation
Bishop Indian Head Start	Center	Preschool	60	Bishop Reservation
Big Pine State Preschool (License #143801727)	Center	0-12	8	Big Pine
Bishop State Preschool (License #144803397)	Center	preschool	16	Bishop
Elm St State Preschool (License #147750002)	Center	preschool	16	Bishop
Little Explorers State Preschool (License #147750001)	Center	preschool	15	Bishop
Round Valley State Preschool (License #144802244)	Center	preschool	8	Bishop
West Bishop State Preschool/Inclusion Program (License #147750006)	Center	preschool	18	Bishop
Wonder Years Preschool (License #147750006)	Center	preschool	16	Bishop
Rainbow Connection	Center	preschool	30	Bishop
Discovery Point	Center	18 months-12	45	Bishop
Available openings as of 5.31.25	14	94% Full	248	
	# providers	openings		
In Home Day Care Providers in Bishop	16	30 openings		
In Home Day Care Providers in Big Pine	1	3 openings		

Children with Disabilities Four Years and Younger:

Inyo County Superintendents of School, Special Education Local Planning Area (SELPA) is responsible for providing and/or coordinating special education services for children identified with Individual Education Plans (IEPS). According to Heather Carr, SELPA Director, Inyo County has 30 children under the age of 4 years old and 58 children under the age of 5 years old with IEPS. Inyo County has 179 Native American children with IEPS under the age eighteen years old. Types of disabilities and diagnosis are, Autism, Orthopedic Impairment, Speech and Language Impairment, Intellectually Disabled, Multiple Disability, Other Health Impairment, and Traumatic

Brain Injury. BIHS collaborates with SELPA to provide services onsite. Therapy services provided to Head Start may include speech and language intervention, physical and occupational therapy, specialized academics services, and behavioral consultations. Staff at BIHS are communicative and open to sharing concerns, providing access to students and classrooms for assessments and observations, a place to provide therapy and providing input to add to a student's report and/or IEP'S.

On Tue, Jan 28, 2025, at 12:46 PM Brynn Norman <bnorman@inyocoe.org> responded to the following questions:

- 1. How many children under 5 years old are on an IEP in Inyo County?** <= 5 years old 58 <=4 years old 30
- 2. Does SELPA provide services to Mono County?** Mono County has their own SELPA; however, we service preschool and school-aged students that attend any Inyo County School or preschool.
- 3. How many Native American people are on and IEP from 18 years and younger?** <=18 years old & Native = 179 (entire county)
- 4. Has the number of children needing services decreased, increased or stayed the same in the last few years?**
Numbers have been steadily increasing.
- 5. Can we please have a copy of your agencies' organizational chart?** We do not have an organizational chart.
- 6. How can BIHS help support SELPA? BIHS already supports the activities of SELPA?** We have a referral process that is followed when a student is suspected of having a disability (helping us with Child Find). The staff at BIHS are communicative and open to sharing concerns, providing access to students and classrooms for assessments and observations, and providing input to add to a student's report or an IEP. When service providers are on the BIHS campus to provide service, the teachers and staff allow access to the student(s) and a place to provide the therapy. We appreciate the support of BIHS and continued collaboration for student success.
- 7. What professional services does SELPA Provide?** OT, Speech etc. Attached is the list of services that can be provided to a student on an IEP. We are directly providing psychological services, specialized academic instruction to preschool aged students through an inclusive preschool program, occupational therapy, physical therapy, visual impairment services, deaf and hard of hearing services, speech and language therapy, behavioral services, intensive individualized services, and counseling.
- 8. Are all service areas at SELPA filled or are the areas that need hiring?** We are currently hiring the following positions: Special Education Instructional Aide, Student Intern Trainee Mental Health Specialist, Speech and Language Therapist, Occupational Therapist Yes, all our service areas are currently filled. We have open positions in an effort to recruit in-person therapists instead of virtual (but the virtual therapists are helping us fulfill all service areas).

Summary of Key Findings from the Inyo County First 5 Strategic Plan 2024-2029

Health Concerns for Head Start Eligible Children and Their Families- Categories appeared on the community survey for parents and providers to rank the top 5 categories they felt were of greatest priority for Inyo County children & their families. Inyo County First 5 facilitated a survey to obtain input on the awareness, use, and needs of children and families in Inyo County. The survey was available on the Inyo County First 5 Website, Team Inyo for Health Kids Facebook, Inyo County Health and Human Services Facebook, Inyo County Health and Human Services Facebook page and passed out to 14 preschools serving 129 children under 5 years old. [Strategic Plan 24-29](#)

Children’s Health and Childcare:

- The overall health and well-being of children were related highly, with 42.11% relating as 4 and 47.37% rating it as 5 on a scale of 1 to 5.
- Common childcare arrangements included family members or friends (45%), followed by licensed private childcare centers (30%), and licensed in-home childcare (15%).

Community Resources and Barriers:

- Respondents indicated varying levels of awareness about local community resources for parents and children, with a need for more support and information in specific parenting areas.
- Barriers to accessing community resources included logistical challenges and a lack of awareness or information about available services.

Overall, the survey highlights a strong interest in parenting resources and educational programs with a significant need for better awareness and access to community resources. The insights can help tailor future programs and communications strategies to better support parents and caregivers in the community.

Description of Health Services System- [According to Inyo County Health in Action-Summary Data Report](#), The report combines data from community health assessments and stakeholder insights to identify the most pressing health inequities in Inyo County. These findings will inform coalition discussions and decision-making on priority actions for 2025.

Behavioral Health	Chronic Disease Management	Socioeconomic Barriers	Priority Populations
Access to Healthcare	Health Behaviors	Education and Health Literacy	Suicide Injury

Behavioral Health

- **Mental health Services:**

Behavioral health remains a critical need in Inyo County. Access to mental health services is limited, particularly for youth and families, and the stigma around seeking care continues to prevent individuals from utilizing available resources.

- **Stakeholder Input:** Stakeholders identified schools as key access points for mental health services but noted a lack of on-site resources and integration with community mental health providers. Expanding school-based programs like North Star Counseling was recommended.
- **Source:** NIHD Community Health Needs Assessment 2022; Stakeholder interviews, Stakeholder interviews, December 2024; Inyo County Health Assessment, 2024

- **Substance Use Disorders (SUD):**

Inyo County faces a high prevalence of untreated substance use disorders, particularly opioid addiction. Barriers include a lack of detox facilities, limited counseling services, and pervasive stigma.

- **Stakeholder input:** Stakeholders highlighted Crossroads Recovery Center as a critical resource but emphasized the need for expanded detox facilities and community-based treatment programs.
- **Source:** Inyo County Health Assessment, 2024; Stakeholder interviews, December 2024.

- **Geographic Barriers:**

Services are largely centralized in Bishop, limiting access for residents in remote areas like Big Pine, Lone Pine, and Owens Valley.

- **Stakeholder Input:** Transportation and comfort levels accessing care outside of their immediate communities were noted as significant obstacles. Recommendations included mobile outreach services.
- **Source:** Stakeholder interviews, December 2024.

Access to Healthcare

- **Provider Shortages:**

- Population-to-primary care provider ratio:1,504:1 (State average 1,061:1)
- Population-to-mental health provider ratio: 2, 440:1 (state average 310:1)
- **Stakeholder Input:** Long wait times for appointments and recruitment challenges were identified as critical issues, exacerbated by high housing costs and limited incentives to attract providers.
- **Source:** County Health Rankings 2024; Inyo County Health Assessment, 2024; Stakeholder interviews, December 2024

- **Specialist Availability:**

Limited access to specialists for advanced care, including maternal mental health and addiction treatment.

- **Stakeholder input:** Stakeholders reported that residents often travel outside the county for specialized care, creating further delays in treatment.
- **Source:** Inyo county Health Assessment, 2024; Stakeholder interviews, December 2024.

- **Maternal Mental Health:**

High rates of postpartum depression and perinatal substance use underscore gaps in maternal healthcare.

- **Stakeholder Input:** Families cited stigma and insufficient resources as barriers, with programs like First 5 offering some support but lacking in reach and visibility.
- **Source:** Stakeholder interviews, December 2024

Chronic Disease Management

- **Obesity and Hypertension:**

Adults in Inyo County face challenges managing chronic conditions, with obesity rates at 28%, higher than California's 26%.

- **Stakeholder Input:** Stakeholders pointed to limited access to nutrition and physical activity programs, particularly in rural areas, and recommended community-based interventions.
- **Source:** County Health Rankings 2024; Stakeholder interviews, December 2024.

- **Diabetes:**

Diabetes continues to place a significant burden on the healthcare system due to inadequate preventive care and disease management.

- **Source:** NIHD Community Health Needs Assessment 2022.

Health Behaviors

- **Tobacco Use:**

14% of adults smoke, compared to California's 10%.

- **Source:** NIHD Community health Needs Assessment 2022.

- **Excessive Drinking:**

22% of adults report excessive drinking, exceeding the state average of 19%.

- **Stakeholder Input:** Alcohol use was highlighted as a pervasive issue, with stakeholders noting a lack of public education campaigns or prevention programs targeting youth and families.
- **Source:** County health Rankings 2024; Stakeholder interviews, December 2024.

Socioeconomic Barriers

- **Housing Instability:**

10.3% of residents face housing insecurity, and over 65% of housing structures predate 1980, leading to increased risks of health hazards like lead exposure.

- **Stakeholder Input:** Housing costs were cited as a barrier to attracting qualified healthcare and social service providers, compounding workforce shortages
- **Source:** Inyo County Health Assessment, 2024; Stakeholder interviews, December 2024.

- **Poverty Rates:**

10.8% of Residents live below the federal poverty level.

- **Source:** Inyo County Health Assessment, 2024.

Education and Health Literacy

- **High School Graduation Rate:**

Graduation rates in Inyo County lag state averages, with disparities among racial and ethnic groups.

- **Source:** Inyo County Health Assessment, 2024.

- **Health Literacy:**

Limited understanding of healthcare services impacts engagement in preventive care and chronic disease management.

- **Stakeholder Input:** Stakeholders stressed the need for culturally relevant health education targeting Latino and Tribal communities.
- **Source:** Stakeholder interviews, December 2024.

Priority Populations

- **Tribal Communities:**

While Tribal communities benefit from targeted healthcare systems, stakeholders noted gaps in collaboration between Tribal and non-Tribal health services.

- **Stakeholder Input:** Recommendations included building stronger partnerships with Tribal health organizations to bridge service gaps.
- **Source:** Inyo County Health Assessment, 2024; Stakeholder interviews, December 2024.

- **Older Adults:**

Older adults face challenges accessing healthcare and social support, with no local assisted living or long-term care facilities.

- **Stakeholder Input:** Stakeholders emphasized the need for senior care programs and infrastructure.
- **Source:** Stakeholder interviews, December 2024.

Suicide and Injury

- **Suicide Rate:**

17.6 per 100,000, significantly higher than the state average of 10.0 per 100,000.

- **Source:** County Health Rankings 2024.

Social Services:

The Bishop Paiute Tribe Social Services Department administers federal, state and grant funded programs to enrolled tribal members. <http://bishoppaiutetribe.com/social-services.html>

Services Provided:

The General Assistance Program is a temporary, emergency service used for the essential needs of food, clothing, shelter, and utilities to clients deemed eligible for services provided by the Bishop Paiute Tribe pursuant to the Code of Federal Regulation 25 CFR §20.

Eligibility Requirements:

- Must be a Bishop Paiute Tribal Member residing in an approved or designated service area of Inyo/Mono counties;
- Must prove the inability to meet the essential needs of food, clothing, shelter, and utilities;
- Must apply concurrently for all other Federal, State, Tribal, County, and local program's that he/she may be eligible.
- Must NOT be receiving any comparable assistance (SSI, SSI Disability, Tribal TANF, County General Assistance and/or CalFresh (food stamps)).
- Must meet income/poverty guidelines set forth by the federal government.

Tribal Child Care and Development Fund- The Tribal Child Care and Development Fund (CCDF), a federal block grant for States, Tribes, and Territories, is a key resource to help increase the availability, affordability, and quality of child care services. With Child Care and Development Funds, Tribal CCDF administrators can support low income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care services so they may work, attend school, or participate in educational training. Tribal CCDF direct service dollars are to provide financial assistance to

eligible and low-income families in need of childcare. Parents can choose from available licensed, or license exempt childcare. Types of care might include center-based care, group-home care, in-home care and relative/family-home care. All childcare providers must meet applicable requirements including Tribal CCDF Provider Eligibility Standards.

Eligibility Requirements:

- Parent(s) who are working, going to school or attending a job training or educational program.
- Eligible children must be aged 0-12; and children ages 13-19 who have special needs.
- Families must meet the Bishop Tribe's Child Care and Development Fund, Gross monthly income guidelines. Parents must share the cost of childcare by paying a monthly copayment fee based on a sliding fee scale.
- Income does not exceed 85% of the Grantee Median Income (GMI) for a family of the same size;
- Child/children is an enrolled member of the Bishop Paiute Tribe.
- Parent(s)/ Guardian(s), must reside within service area

Low Income Home Energy Assistance Program (LIHEAP)-is administered with federal funds through the US Department of Health & Human Services, Administration for Children and Families (US DHHS ACF), and is not tribally funded. LIHEAP provides utility assistance to low-income families who meet certain income-based requirements as set forth by the annual federal poverty level index. Mandatory guidelines and specific application requirements are set forth as they apply to federal LIHEAP statutes. Every state and individual Tribe set forth their own eligibility requirements for the distribution of LIHEAP in their service area. There are two categories of assistance that are available through LIHEAP during the fiscal year, which are the Energy Assistance and Crisis Assistance.

Energy Assistance - is designated for winter heating or summer coolant costs, and if approved payment will be paid directly to the vendor for electric, natural gas or propane services. Energy assistance does not assist with past due or delinquent accounts, nor does it assist with deposits, disconnection notices, or reconnect ions in accordance to federal regulations.

Crisis Assistance - is for emergency assistance to prevent disruption of service of gas or electricity. In order to be eligible to receive assistance the applicant's household income must meet the State Median Guidelines.

Eligibility Requirements:

- Reside on the Bishop Paiute Reservation.
- Be a member of a federally recognized tribe.
- Meet the income guidelines and provide proof of gross income from all sources for all members of the household.
- Be the party responsible for the energy cost and provide copies of the energy bills.
- Housing units must meet the definition of a dwelling. *Note: The LIHEAP program uses a priority point system serving those with the greatest need first. Payment is not guaranteed.*

Other Social Services Available in the area to serve Head Start eligible families:

- Toiyabe Indian Health Project provides family services for individuals and family counseling, foster/adoption home recruitment and licensing, support to youth groups, community education and legal referral. General assistance is provided for eligible tribal members who need financial assistance, including burial, disaster and emergency assistance. Information and referral services are provided as well.
- The Salvation Army of Bishop provides Social Services/Casework is available to families and individuals in emergency situations and circumstances with the intent of helping them overcome an immediate crisis. These services relate to the attaining of basic human needs, such as food, clothing, health and shelter.
- CalWORKs is a welfare program that gives cash aid and services to eligible needy California families. The program serves all 58 counties in the state and is operated locally by county welfare departments. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, it may be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses.
- Inyo Mono Advocates for Community Action, Inc. (IMACA)- IMACA's services include, but are not limited to: Energy Conservation and Assistance * Home Weatherization * Eviction Prevention * Emergency Food and Shelter * USDA Commodity Distribution * Donation Distribution * Affordable Housing Management and Development * Rental Subsidies * Head Start Programs * Subsidized Child Care (Mono County) * Community Work Experience * Economic Development * Holiday Food and Gifts * Advocacy * Information and Referrals. IMACA's service region is one of the largest in California – encompassing approximately 13,000 square miles.
- Owens Valley Career Development Center-OV CDC is a Tribal organization providing career education, family literacy, language and temporary assistance services in the six California Counties of Fresno, Inyo, Kern, Kings Tulare and Mono. An American Indian organization operating under a consortium of Sovereign Nations.

Tribal TANF Services-Eligibility limited to families: Time Limits – 60 months in a lifetime limit for employable adults Program focuses on work, self-sufficiency and personal responsibility.

Services:

- Cash assistance.
- Referrals to employment, education and training providers.
- Supportive Services – Child Care, transportation, other.
- Incentive Payments – Clothing allowances for school children attending school, payments upon successful completion of activities, other.
- Prevention Program
- Coordination and/or funding for services/activities for families and children who are at risk of being on public assistance focusing on traditional culture, art, education, culture, recreation, music and sport.
- Tribal TANF Prevention Services: The Owens Valley Career Development Center offers prevention services for our TANF cash aid clients and Native American communities within our service areas. The focus of the prevention department is to provide educational workshops and activities that will strengthen life skills, healthy decision making and reinforce the Native American culture towards self-sufficiency and stronger family bonds.

Cash Aid Eligibility Requirements:

- Income – Equal to or less than 300% of the Federal Poverty level.
- Resources – Countable resources not to exceed \$10,000.00
- Adults able to work, must satisfactorily participate in approved work activities for a minimum 24 hours per week.

Approved Work Activities include, but not limited to:

- ❖ Employment
- ❖ Work experience (WEX)
- ❖ On-the-Job training (OJT)
- ❖ Subsidized Employment
- ❖ Job club/Job search
- ❖ Community service training
- ❖ Post-secondary education
- ❖ Vocational education
- ❖ Job skills training directly related to employment
- ❖ Education directly related to employment
- ❖ Domestic violence, substance abuse and mental health counseling/treatment
- ❖ Vocation rehabilitation
- ❖ Small business/micro enterprise training
- ❖ Life skills training
- ❖ Native American culture related education and training activities

• Detailed list of services provided by the Bishop Paiute Tribal Social Service Department

ICWA	RAVE	Social Services Assistance	Family Formation	Child Abuse Services
Case management Advocacy Guardianship Monitors and enforces compliance with ICWA	24-hour victim services Case management Emergency housing Crisis counseling Medical and dental assistance Court accompaniment Hospital accompaniment Advocacy Victim rights Outreach and education Transportation Healing groups Talking Circles Sweat Lodges Safety planning Protection Orders Assistance	LIHEAP Emergency Assistance Child Care Assistance	Cultural events and family strengthening activities. Financial assistance for school age sports activities Family preservation Drug and alcohol prevention Pregnancy prevention Youth employment program	Case management Advocacy Counseling services Crisis intervention Emergency Assistance Outreach and awareness Referrals Court Accompaniment Victim Rights Information

Data provided by the Bishop Paiute Tribe's Peer Crisis Counselor at The Bishop Paiute Tribe						
Event	New Clients	Domestic Violence	Sexual Assaults	Bullying/Harassment	Adult Physical Assault	Bed Nights Safe Haven
Jan 2022	81	63	2	5	11	622 between 2022-2024
Jan 2023	78 ↓	67 ↑	0 ↓	5	6 ↓	
Jan 2024	71 ↓	61 ↓	0	6 ↑	4 ↓	
Total	230	191 (83%)	2 (-1%)	16 (7%)	21 (9%)	

California Child Abuse 2022 Stats
<p align="center">California 2022</p> <p align="center">https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/california/</p>
<p>Maltreated Victims-50,869</p> <p>Down 12,926 victims</p>
<p>Children subject of an investigation report alleging child maltreatment-34.4 per 1,000</p> <p>Maltreated victims-6 per 1,000</p>
<p>Child Fatalities -1.9 per 100,000 and increase from 2018-1.7 per 100,000</p>

Inyo County -2020
<https://m.kidsdata.org/table/358/inyo-county/3/reported-abuse-race>



Reports of Child Abuse and Neglect, by Race/Ethnicity

Year(s): 2020

Inyo County	Rate per 1,000
African American/Black	0
American Indian/Alaska Native	246.2
Asian/Pacific Islander	0.0
Hispanic/Latino	58.5
White	41.4

California Child Welfare Data

Age of Child Victims (%)

Year	2018	2019	2020	2021	2022
Maltreatment Types of Child Victims (%)⁹					
Year	2018	2019	2020	2021	2022
Emotional abuse	10.3	9.3	9.2	8.3	8.0
Medical neglect	0.2	0.1	<1	0.1	0.1
Neglect	93.0	94.3	94.0	93.2	93.5
Physical abuse	7.8	7.3	7.0	6.6	7.0
Sexual abuse	5.4	5.4	5.5	7.0	6.9
Sex trafficking	<1	0.1	0.1	0.1	0.2
Missing data	0.0	0.0	0.0	0.0	0.0
Other	0.8	0.7	0.8	0.7	0.6
Number	63,795	64,132	60,317	55,503	50,869
Missing age data	<1	<1	<1	<1	<1
Number	63,795	64,132	60,317	55,503	50,869

<https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/california/>

Race/Ethnicity of Child Victims (%)

Year	2018	2019	2020	2021	2022
Alaska Native / American Indian	0.8	0.9	0.8	0.8	0.9
Asian	2.5	2.6	2.6	2.5	2.5
Black	13.3	13.0	13.1	13.0	13.0
Native Hawaiian / Other Pacific Islander	0.3	0.3	0.3	0.3	0.2
Hispanic (of any race)	55.6	55.9	55.8	57.0	57.4
White	20.0	19.9	19.7	18.9	18.8
Two or more races	2.0	2.2	2.1	2.3	2.2
Missing race data	5.5	5.2	5.6	5.2	4.9
Number	63,795	64,132	60,317	55,503	50,869

- Inyo County provides early learning childcare services for children 5 and under and for children ages 5-12.
- The Bishop Paiute Tribe and Big Pine Tribe provides afterschool tutoring services and summer programs.
- The Bishop Paiute Tribe operates a Head Start program to serve 60 children ages 3-5.
- Owens Valley Career Development Center operates a Early Head Start to serve children 3 and under.
- Inyo County has established Child Abuse Prevention Council: The mission of the CAPC is to eliminate child abuse and neglect and the adversity it causes by ensuring a safe and nurturing environment for all children. The CAPC stands firmly in the belief that all children deserve support and advocacy, especially regarding race, color, gender, gender identity or expression, sexual orientation, or disability.
- The Bishop Paiute Tribe has established Indian Child Welfare Act (ICWA)program. The Goal for ICWA: Every child must have access to community based, culturally appropriate services that help them grow up safe, healthy, and spiritually strong – free from abuse, neglect, sexual exploitation, and the damaging effects of substance abuse. The Bishop Paiute Tribe ICWA Program will provide quality service and advocacy for the children and family members of the community. The program will place high regard to the cultural, tribal, spiritual and personal values, serving the people with respect and dignity.

Section III: Head Start Enrolled Children and Families

General Description

Bishop Indian Head Start (BIHS) serves the population located on and near the federally recognized Bishop and Big Pine Reservation with the primary recruitment area being on or near the Bishop Paiute Indian Reservation. The Bishop Paiute Tribe Bishop operates a Head Start program with a funded enrollment of 60 children. Classes are held Monday through Thursday from 8:00 am to 2:30 pm and on Friday from 8:00 am to 12:00 pm. BIHS collaborates with the Inyo Board of Education and provides a blended preschool service of 175 days with a minimum of 1,020 school hours during a 10-month period per year. The program currently operates 4 classrooms: two classrooms serving 4–5-year-olds and two classrooms serving 3–4-year-olds. BIHS is the only preschool in our area to provide school bus services to enrolled children. The program currently provides afternoon school bus transportation from school to home for enrolled children. School bus transportation for children with families who do not have safe transportation is also provided.

Pre COVID-19 Pandemic:

Prior to the COVID-19 Pandemic, BIHS maintained 60 enrolled children with a waitlist. On March 16th, 2020 (Year 1), BIHS closed all onsite services. During this time BIHS provided emergency meals and snack services and Distant Learning activities throughout May 2020. BIHS reopened onsite services in August of 2020 and provided a Kindergarten camp for all BIHS children transferring to kindergarten funded by Office of Head Start and the Bishop Paiute Tribe. In the Fall of 2020, BIHS reopened our onsite service to our four-year-old students transitioning to kindergarten in 2021. BIHS provided a Distant Learning Program option to our families for three and four-year-old students. By the end of the program year, we ran 4 onsite classrooms of 10 children and 12 children participating in Distant Learning via Zoom. BIHS provided breakfast, lunch and an afternoon snack for each child enrolled onsite through our Child Adult Care Food Program. BIHS was granted a waiver to provide home delivery for our Distant Learning families. In June 2021, BIHS partnered with the Bishop Paiute Tribal Social Services to host a summer Childcare program for Essential Workers for a second summer. Program

year 2021-2022 (Year 2) we opened a 5th classroom to lower class sizes as we transitioned through the COVID-19 protocols. The 5th classroom was funded by Inyo County First 5, Edison California, Inyo County State Preschool and the Office of Head Start. However, due to COVID-19 protocols and staffing challenges we made the decision to close the 5th classroom and transfer the 6 children to our 4 existing classrooms. In summary, we served 57 children and maintained an enrollment of 56 children. The average classroom size during this pandemic year was fourteen (14).

Post COVID-19 Pandemic:

In 2022-2023 (Year 3), we met our goal and opened all 4 classrooms with an average classroom size of 15 children following COVID-19 guidelines suggested by Centers for Disease Control and Prevention (CDC). We maintained full enrollment, provided 100% onsite services and opened the campus once again for our families. We experienced Zero (0) classroom and school closures due to COVID-19 related exposures or illnesses. In 2023-2024 (Year 4), we maintained an enrollment of 60 children with 1 classroom closure for 1 week due to Covid-19 outbreak. However, we did not close school due to COVID-19 related exposures or illnesses. In program year 2024-2025 (Year 5): BIHS average enrollment was 95% with no age eligible children on the waitlist. At the start of the school year, 4 children went to Transition Kindergarten, 1 child moved out of state, and the remaining 2 children reason for ending Head Start services was in the Best Interest of the family. As of May 9th, 2025, we had no classroom or school closures due to Covid-19.

2024-2025 Enrollment

- Funded for 60 children.
- BIHS served 63 children and families throughout the year.
- At the end of the year, we maintained 94% enrollment.
- Of the 7 families that did not finish the school year, 3 enrolled in Transition Kindergarten; 2 moved out of the service area, 1 transferred to another preschool closer to home and 1 dropped for personal reasons.

Enrollment:

2024-2025: 56/60 (95%) Children Enrolled with 20 children on the waitlist.

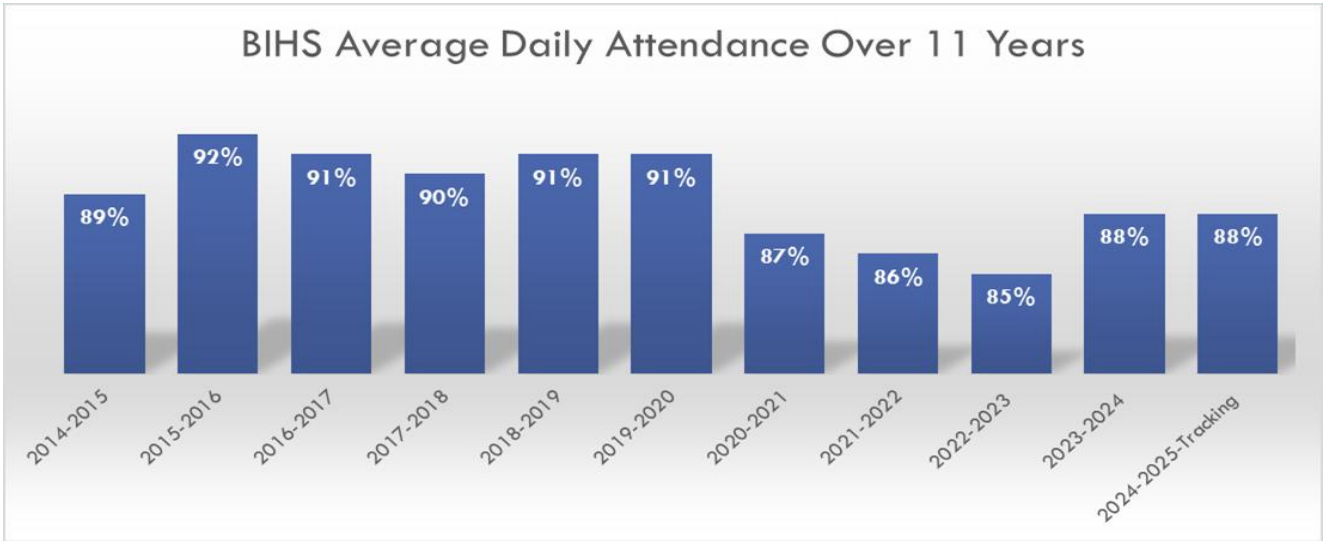
August-45/60= 75%	September-48/60=80%	October-53/60 (88%)	November-54/60 (90%)
December-55/60 (92%)	January-2025-56/60 (93%)	February-2025-56/60 (93%)	March-2025-56/60 (93%)
April-57/60 (95%)	May-56/60 (93%)	June -July Not in school	TYD=89.2% enrollment

2024-2025 Attendance

2024-2025 Tracking Child Absence Trends:

Month ADA	Service Days	# Absences	In Attendance	Illness	Medical/dental	Injury/Family Emergency	Best Interest	Tardy against students in attendance After 8:30am
August 94%	10 days	27	427	19 (70%)	2 (less than 1%)	2 (less than 1%)	4 (15%)	2 (less than 1%)
September 90%	19 days	100	804	84 (84%)	7(less than 1%)	0	9(less than 1%)	6(less than 1%)
October 90%	22 days	116	1005	83(72%)	6 (5%)	0	27 (23%)	9 (less than 1%)
November 83%	15 days	134	675	66 (49%)	9(less than1%)	3(less than1%)	47 (35%)	13 (2%)
December 89%	14 days	87	676	47 (54%)	6(less than1%)	1(less than1%)	31(36%)	31(less than 1%)
January 85%	19 days	151	890	89 (59%)	11(less than1%)	0	46 (30%)	16(less than 1%)
February 84%	19 days	174	890	119(68%)	7(less than1%)	0	11 (6%)	20(less than 1%)
March 91%	15 days	77	760	37 (48%)	3 (less than1%)	0	19 (25%)	24 (3%)
April 90%	21 days	123	915	74 (60%)	9 (7%)	0	40 (33%)	26 (3%)
May 89%	21 days	132	1044	40 (30%)	15 (11%)	0	59 (47%)	29 (3%)
YTD 88.9%	175 days	1,121	8,976	658(59%)	75 (7%)	6 (less than 1%)	246 (22%)	160 (2%)

BIHS Average Daily Attendance Over 11 Years



Service Days and Hours: 175 required by State and 1020 required by Head Start

Month	Operational Days	School Days	School Closure	Hours (6.5 hours x days)	Hours (4 hours x days)	Total
August	22	10	0	6.5 x 8=52	2 x 4 = 8	60
September	21	19	0	6.5 x 15=97.5	4 x 4 = 16	113.5
October	23	22	0	6.5 x 18=117	4 x 4 = 16	133
November	21	15	0	6.5 x 11=71.5	4 x 4 = 16	87.5
December	22	14	0	6.5 x 12=78	2 x 4 = 8	86
January	23	19	0	6.5 x 15=97.5	4 x 4 = 16	113.5
February	20	19	0	6.5 x 15=97.5	4 x 4 = 16	113.5
March	21	15	0	6.5 x 13=84.5	2 x 4 = 8	92.5
April	22	21	0	6.5 x 17=110.5	4 x 4 = 16	126.5
May	22	21	0	6.5 x 16 = 104	5 x 4 = 20	124
Actual Total	217	175	0	910	140	1,050

Race and Ethnicity:

Race and Ethnicity	2023-2024	2024-2025
Hispanic or Latino Origin	7-10%	
Non-Hispanic or Non-Latino Origin	65-90%	
Race of Children Served		
American Indian or Alaska Native	65-90%	
White	0	
Other: Mexican American	7-12%	
Primary Language		
English	67-93%	
Spanish	3-4%	
Native North American	2-2%	

Screenings 2023-2024

Screenings Percent complete within 45-day deadline:

82% of all children enrolled at BIHS completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported.

Of these, 41% of the children were identified as needing follow-up assessments or formal evaluation to determine if the child has a disability.

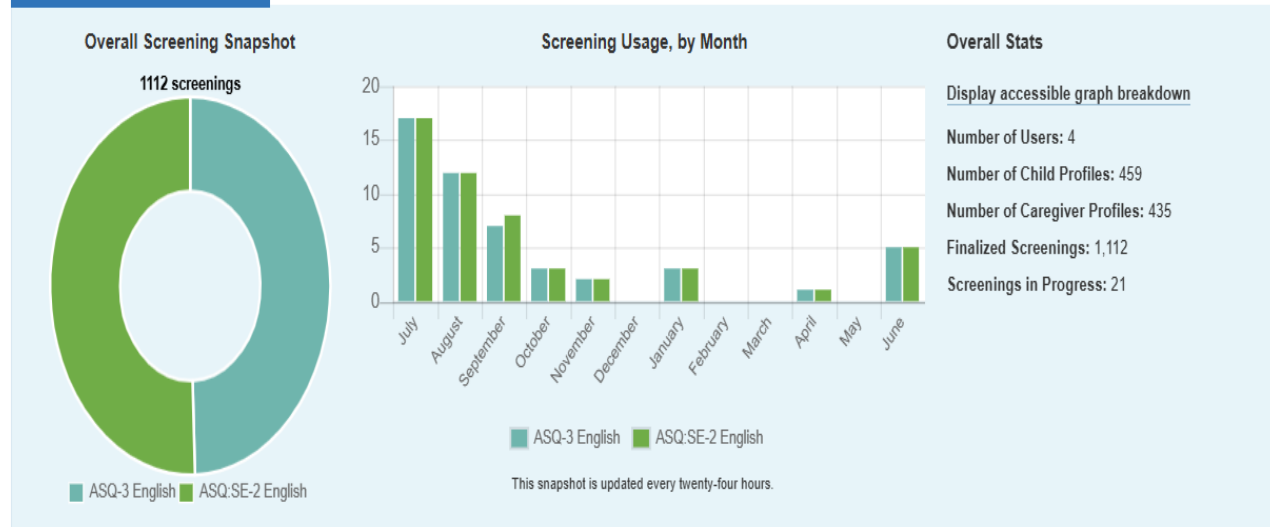
BIHS utilizes the ASQ program to screen children.

AI Overview



ASQ, or [Ages & Stages Questionnaires](#), is a developmental screening tool for children from birth to six years old. It helps identify potential developmental delays or progress by asking parents about their child's skills and abilities in various areas.
2024-2025

Program Snapshot





Stats Snapshot, by Provider

Date Range: 2024-06-01 to 2025-05-31

Program: Bishop Indian Head Start

Provider	# Child Profiles	# Caregiver Profiles	Screening Response Rate				Children Identified for Referral
			Manual Entry	Program FA	Provider FA	Total	
Cisneros, Susie	317	312	74 (100%)	0 (0%)	0 (0%)	74 (100%)	12 (4%)
Cisneros, Susie	47	50	48 (100%)	0 (0%)	0 (0%)	48 (100%)	9 (19%)
Ramirez, Sylvia	24	24	38 (100%)	0 (0%)	0 (0%)	38 (100%)	7 (29%)
Figueroa, Virginia	43	43	74 (100%)	0 (0%)	0 (0%)	74 (100%)	13 (30%)
NO PROVIDER	109	90	0 (0%)	0 (0%)	0 (0%)	0 (0%)	16 (15%)
Program Total	459	435	120 (100%)	0 (0%)	0 (0%)	120 (100%)	21 (5%)

Program total screening counts represent all child profiles uniquely, however provider rows may repeat screenings due to child profiles with more than one assigned provider.



ASQ-3 Aggregate Results, by Category

Programs: Bishop Indian Head Start

Date Range: 2024-06-01 to 2025-05-31

Interval (mo.)	# of Children	Communication						Gross Motor						Fine Motor						Problem Solving						Personal Social						Overall			
		Above Cutoff (No Concern)		Monitoring Zone (Possible Concern)		Below Cutoff (Concern)		Above Cutoff (No Concern)		Monitoring Zone (Possible Concern)		Below Cutoff (Concern)		Above Cutoff (No Concern)		Monitoring Zone (Possible Concern)		Below Cutoff (Concern)		Above Cutoff (No Concern)		Monitoring Zone (Possible Concern)		Below Cutoff (Concern)		Concern		No Concern							
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%				
24	1	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	0	0%	1	100%
33	1	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%
36	13	13	100%	0	0%	0	0%	13	100%	0	0%	0	0%	12	92.31%	0	0%	1	7.69%	10	76.92%	2	15.38%	1	7.69%	13	100%	0	0%	0	0%	8	61.54%	5	38.46%
42	18	14	77.78%	2	11.11%	2	11.11%	15	83.33%	3	16.67%	0	0%	10	55.56%	4	22.22%	4	22.22%	12	66.67%	4	22.22%	2	11.11%	13	72.22%	2	11.11%	3	16.67%	8	44.44%	10	55.56%
48	13	7	53.85%	1	7.69%	5	38.46%	9	69.23%	0	0%	4	30.77%	8	61.54%	2	15.38%	3	23.08%	6	46.15%	3	23.08%	4	30.77%	7	53.85%	4	30.77%	2	15.38%	10	76.92%	3	23.08%
54	12	9	75%	3	25%	0	0%	8	66.67%	1	8.33%	3	25%	6	50%	1	8.33%	5	41.67%	9	75%	1	8.33%	2	16.67%	10	83.33%	2	16.67%	0	0%	8	66.67%	4	33.33%
60	2	2	100%	0	0%	0	0%	2	100%	0	0%	0	0%	2	100%	0	0%	0	0%	2	100%	0	0%	0	0%	2	100%	0	0%	0	0%	1	50%	1	50%



ASQ:SE-2 Aggregate Results

Questionnaire type: ASQ:SE-2

Date Range: 2024-06-01 to 2025-05-31

Age Interval	# of Children	Below Cutoff (No Concern)		Monitoring (Possible Concern)		Above (Concern)	
		Count	%	Count	%	Count	%
24	1	1	100%	0	0%	0	0%
36	26	21	80.77%	5	19.23%	0	0%
48	27	18	66.67%	5	18.52%	4	14.81%
60	6	6	100%	0	0%	0	0%

BIHS Disabilities Services:2023-2024 and 2024-2025

Individuals with Disabilities Education Act (IDEA) during the program year

2023-2024	2024-2025
❖ 26% of children referred under IDEA	❖ 22% of children referred under IDEA
❖ 100% of children referred received an evaluation.	❖ 100% of children referred received an evaluation.
❖ 53% of the children evaluated were diagnosed with a disability under IDEA.	❖ 71% of the children evaluated were diagnosed with a disability under IDEA.

Diagnosed primary disability: Speech or language impairment:

Preschool Primary Disabilities	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Health impairment (i.e. meeting IDEA definition of "other health impairment")							(1) 2%	(2) 3%					
Speech or language Impairments	(15) 25%	(7) 12%	(7) 12%	(6) 10%	(6) 10%	(12) 20%	(17) 28%	(15) 23%	(11) 21%	(9) 16%	(7) 12%	(6) 8%	(7) 12%
Hearing Impairments, including deafness							(1) 2%						
Autism					(1) 2%				(1) 2%	(3) 5%	(1) 2%	(3) 4%	(3) 4%
Traumatic brain injury											(1) 2%	(1) 2%	

Children with Disabilities During program year 2024-2025, BIHS has served 11 children with an Individual Education Plan (IEP). Of the 11, 100% received speech and language services. 2 of the 11 children did not complete the Head Start Year. Of the 2 children with an IEP, 100% were offered IEP continued services. Of the 9, completing Head Start services, 2 were diagnosed with Autism.

Health and Dental: During the program year 2023-2024, 100% of families completed their initial physical and dental exams. BIHS Health Manager reported children with health Insurance was at 100% at the end of the year.

Immunizations: During program year 2023-2024, 100% of the children were up to date with immunizations.

Lead Screening: During program year 2023-2024, 100% of our children served received Lead Screening conducted by Toiyabe Indian Health Project or Private Physician with no follow-up needed.

Mental Health Services: In 2023-2024, BIHS Teachers collaborated with Inyo County Superintendent of Schools; Kelly M Devine, Master of Education (Special Education) a Board-Certified Behavior Analyst, Inyo County Behavioral Health and Toiyabe Indian Health Project, Behavioral Health to ensure parents/guardians and teachers receive the resources they need to support their student's success in higher education. Our goal for 2024-2025 is for the Teaching Team to earn a certificate in Behavior Therapy. In addition, to increase mental health consultants to support our families and teachers with challenging behaviors in the classroom and at home. 75% of our classrooms received assistance from a mental health consultant through observation and consultation. 2024-2025-Number of children for whom the MH professional consulted with program staff about children's behavior/ mental health: 4-7%.

Chronic Condition (s)	# of Children 2018-2019	# of Children 2019-2020	# of Children 2020-2021	# of Children 2021-2022	# of Children 2022-2023	# of Children 2023-2024	# of Children 2024-2025
Autism spectrum disorder (ASD)	0	1	1	4	1	2	3
Attention deficit hyperactivity disorder (ADHD)	0	0	0	0	0	0	0
Anemia	0	1	0	0	0	0	0
Asthma	2	4	6	3	3	3	6
Seizures	1	2	1	1	0	2	1
Life-threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in system anaphylaxis)	4	4	3	1	1	1	0
Hearing Difficulties	1	2	0	0	0	0	1
Vision Problems	0	1	1	1	0	1	2
Blood lead level test elevated lead levels >g/dL	0	0	0	0	0	0	0
Diabetes	0	0	0	0	0	0	0
Cleft Palate	1	1	0	0	0	0	0
Blood Disorder	1	1	0	0	0	0	0
Intestinal Disorder	1	1	0	0	0	0	0
Chronic Kidney Disease	1	1	0	0	0	0	0
Child Heart Disease	1	1	1	0	0	0	0
Serious Brain Injury	0	0	0	0	1	1	0
Total	13	20	13	10	6	10	13

Body Mass Index (BMI)-Children												
Number of children in the following weight categories per the 2000 CDC BMI –for-age growth charts	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Underweight (BMI less than 5 th percentile for the child’s age and sex)	0	0	5%	3%	3%	2%	5%	3%	3%	4%	3%	4%
Healthy weight (at or above 5 th percentile and below 85 th percentile of the child’s age and sex)	95%	96%	85%	73%	90%	53%	63%	80%	75%	80%	72%	61%
Overweight (BMI at or above 85 th percentile and below 95 th percentile of the child’s age and sex)	2%	2%	5%	5%	2%	13%	20%	11%	6%	9%	15%	17%
Obese (BMI at or above 95 th percentile of the child’s age and sex)	3%	2%	5%	18%	5%	32%	12%	6%	15%	7%	10%	18%

2024-2025 Bishop Indian Head Start School Wide School Readiness Goals										
Approaches to Learning- Self-Regulation										
(ATL-REG-5) Self Control of Feeling and Behavior: Child increasingly develops strategies for regulating feelings and behavior, becoming less reliant on adult guidance over time.										
Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year.										
Building Middle: Expresses strong feeling through constructive forms of communication, seeking the assistance of familiar adults when needed.										
3 x students	Not Rated	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle Target Goal	Building Later	Integrating Earlier
Fall 2024 (47)				40% (19)		26% (12)	15% (7)	11% (5)	9% (4)	
Winter 2025(53)				9% (5)		43% (23)	19% (10)	15% (8)	8% (4)	6% (3)
Spring (56)						7% (4)	41% (23)	29% (16)	14% (8)	9% (5)
Fall Progress			Winter Progress			Spring Progress				
9/47 (19%) Goal Continued			15/53 (28%) Goal Continued			29/56 (52%) (Goal Met)				

Social and Emotional Development

(SED-2) Social and Emotional Understanding: Child shows developing understanding of people's behaviors, feelings, thoughts, and individual characteristics.

Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year.

Building Middle: Communicates, with adult assistance, about feelings that caused own behavior or other's behavior.

3 x students	Not Rated	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle Target Goal	Building Later	Integrating Earlier
Fall 2024 (47)						2% (10)	19% (9)	11% (5)	6% (3)	
Winter 2025(53)						49% (26)	28% (15)	4% (2)	17% (9)	
Spring 2025(56)						9% (5)	41% (23)	21% (12)	14% (8)	14% (8)
Fall Progress			Winter Progress			Spring Progress				
8/47 (17%) Goal Continued			11/53 (21%) Goal Continued			28/56 (50%) Goal Met				

Physical Development-Health Safety

(PD-HLTH 5) Safety: Child shows awareness of safety of increasingly demonstrates knowledge of safety skills when participating in daily activities.

Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year.

Building Middle: Follows basic safety practices on own in familiar environments, with occasional adult reminders.

3 x students	Not Rated	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle Target Goal	Building Later	Integrating Earlier
Fall 2024 (47)			9% (4)	19% (9)		34% (16)	26% (12)	13% (6)		
Winter 2025(53)						2% (1)	55% (29)	36% (19)	8% (4)	
Spring 2025(56)						2% (1)	9% (5)	41% (23)	34% (19)	14% (8)
Fall Progress			Winter Progress			Spring Progress				
6/47 (0%) Goal Continued			23/53 (43%) Goal Continued			50/56 (89%) Goal Met				

Physical Development-Health

(PD-HLTH 6) Personal Care Routines: Hygiene: Child increasingly responds to and initiates personal routines that support hygiene)

Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year.

Building Middle: Carries out most steps of familiar hygiene routines, with occasional reminders of when or how to do them.

3 x students	Not Rated	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle Target Goal	Building Later	Integrating Earlier
Fall 2024 (47)			4% (2)	17% (8)		40% (19)	23% (11)	13% (6)	2% (1)	
Winter 2025(53)						2% (1)	55% (29)	38% (20)	2% (1)	
Spring 2025(56)						2% (1)	4% (2)	34% (19)	45% (25)	16% (9)
Fall Progress			Winter Progress			Spring Progress				
6/47 (13%) Goal Continued			21/53 (40%) Goal Continued			53/56 (95%) (Goal Met)				

Cognition, Including Math and Science

(COG-8) Cause and Effect: Child demonstrates an increasing ability to observe, anticipate, and reason about the relationship cause and effect.

Goal: 50% or more of BIHS enrolled children will be at Building Later by the end of current school year.

Building Later: Others possible explanations for why certain actions or behaviors result in specific effects.

3 x students	Not Rated	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later Target Goal	Integrating Earlier
Fall 2024 (47)			11% (5)	17% (8)		32% (15)	36% (17)	4% (2)		
Winter 2025(53)				2% (1)		8% (4)	47% (25)	42% (22)	2% (1)	
Spring 2025(56)				2% (1)			27% (15)	29% (16)	34% (19)	9% (5)
Fall Progress			Winter Progress			Spring Progress				
0/47 (0%) Goal Continued			2/53 (21%) Goal Continued			24/56 (43%) (Goal Continue)				

History-Social Science

(HHS 4) Conflict Negotiation: Child increasing understanding of the needs of other children and is increasingly able to consider alternatives and to negotiate constructively in conflict situations.

Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year

Building Middle: Uses appropriate words and actions to express desires in some conflict situations, often seeking adult assistance to resolve conflict.

3 x Students	Not Rated	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle Target Goal	Building Later	Integrating Earlier
Fall 2024 (47)					28% (13)	43% (20)	21% (10)	6% (3)	2% (1)	
Winter 2025(53)					3% (3)	26% (14)	42% (22)	21% (11)	6% (3)	
Spring 2025(56)						18% (10)	11% (6)	41% (23)	18% (10)	12% (7)
<p>Goal Outcomes: 4/47 (9%) of BIHS enrolled children were at Building Middle to Integrating during Fall of 2024, goal continued. 14/53 (26%) of enrolled children were at Building Middle during Winter of 2025, goal continued.</p>										
Fall Progress			Winter Progress			Spring Progress				
4/47 (9%) Goal Continued			14/53 (26%) Goal Continued			40/56 (71%) Goal Met				

Listed below is a 5-year review of the BIHS School Readiness Goals and Outcomes.

(ATL-REG-5) Self Control of Feeling and Behavior: Child increasingly develops strategies for regulating feelings and behavior, becoming less reliant on adult guidance over time.

Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year.

Building Middle: Expresses strong feeling through constructive forms of communication, seeking the assistance of familiar adults when needed.

2020-2021 SR	2021-2022 SR	2022-2023 SR	2023-2024 SR	2024-2025 SR
(ATL-REG-5) Outcomes: 31/52 (60%) of BIHS enrolled children were at <u>Building Middle</u> to Integrating Earlier by the end of current school year.	Outcomes: 34/52 (65%) of BIHS enrolled children were at Building Later to Integrating by the end of current school year.	Outcomes: 44/61 (72%) were at <u>Building Middle</u> during Spring of 2023.	Goal Outcomes: 41/59 (69%) were at Building Middle during Spring of 2024. Goal Met	Goal Outcomes: 29/56 (52%) were at Building Middle during Spring of 2025. Goal Met

<p>(SED-2) Social and Emotional Understanding: Child shows developing understanding of people's behaviors, feelings, thoughts, and individual characteristics. Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year. <u>Building Middle</u>: Communicates, with adult assistance, about feelings that caused own behavior or other's behavior.</p>				
2020-2021 SR	2021-2022 SR	2022-2023 SR	2023-2024 SR	2024-2025 SR
<p>(SED-2) Outcomes: 30/52 (57%) of BIHS enrolled children were at <u>Building Middle</u> to Integrating Earlier by the end of current school year.</p>	<p><u>Outcomes: 33/52 (63%)</u> of BIHS enrolled children were at Building Middle to Integrating Earlier by the end of current school year.</p>	<p><u>Outcomes: 43/61 (70%)</u> were at Building Middle during Spring of 2023. Goal Met</p>	<p><u>Goal Outcomes: 45/59 76%</u> were at Building Middle during Spring of 2024. Goal Met</p>	<p><u>Goal Outcomes: 28/56 50%</u> were at Building Middle during Spring of 2025. Goal Met</p>
<p>(COG-8) Cause and Effect: Child demonstrates an increasing ability to observe, anticipate, and reason about the relationship cause and effect. Goal: 50% or more of BIHS enrolled children will be at Building Later by the end of current school year. <u>Building Later</u>: Others possible explanations for why certain actions or behaviors result in specific effects.</p>				
2020-2021 SR	2021-2022 SR	2022-2023 SR	2023-2024 SR	2024-2025 SR
<p>(COG-8) Outcomes: 21/52 (40%) of BIHS enrolled children were at <u>Building Later</u> by the end of current school year.</p>	<p><u>Outcomes: 16/52 (31%)</u> of BIHS enrolled children were at Building Later by the end of current school year.</p>	<p>Outcomes: 27/61 (44%) were at Building Middle during Spring of 2023. Goal 6% below target.</p>	<p><u>Goal Outcomes: 29/59 (49%)</u> were at Building Middle during Spring of 2024. Goal continued</p>	<p><u>Goal Outcomes: 24/56 (43%)</u> of BIHS enrolled children were at Building Later during 2025. Goal Continue</p>
<p>(PD-HLTH 5) Safety: Child shows awareness of safety of increasingly demonstrates knowledge of safety skills when participating in daily activities. Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year. <u>Building Middle</u>: Follows basic safety practices on own in familiar environments, with occasional adult reminders.</p>				
2020-2021 SR	2021-2022 SR	2022-2023 SR	2023-2024 SR	2024-2025 SR
<p>(PD-HLTH 5) Outcomes: 38/52 (67%) of BIHS enrolled children were at <u>Building Middle</u> to Integrating Earlier by the end of current school year</p>	<p>Outcomes: 36/52 (70%) of BIHS enrolled children were at Building Middle to Integrating Earlier during Spring of 2022.</p>	<p>Outcomes: 54/61 (89%) were at Building Middle during Spring of 2023.</p>	<p><u>Goal Outcomes: 41/59 (69%)</u> were at Building Middle during Spring of 2024. Goal Met.</p>	<p><u>Goal Outcomes: 50/56 (89%)</u> were at Building Middle during Spring of 2025. Goal Met.</p>

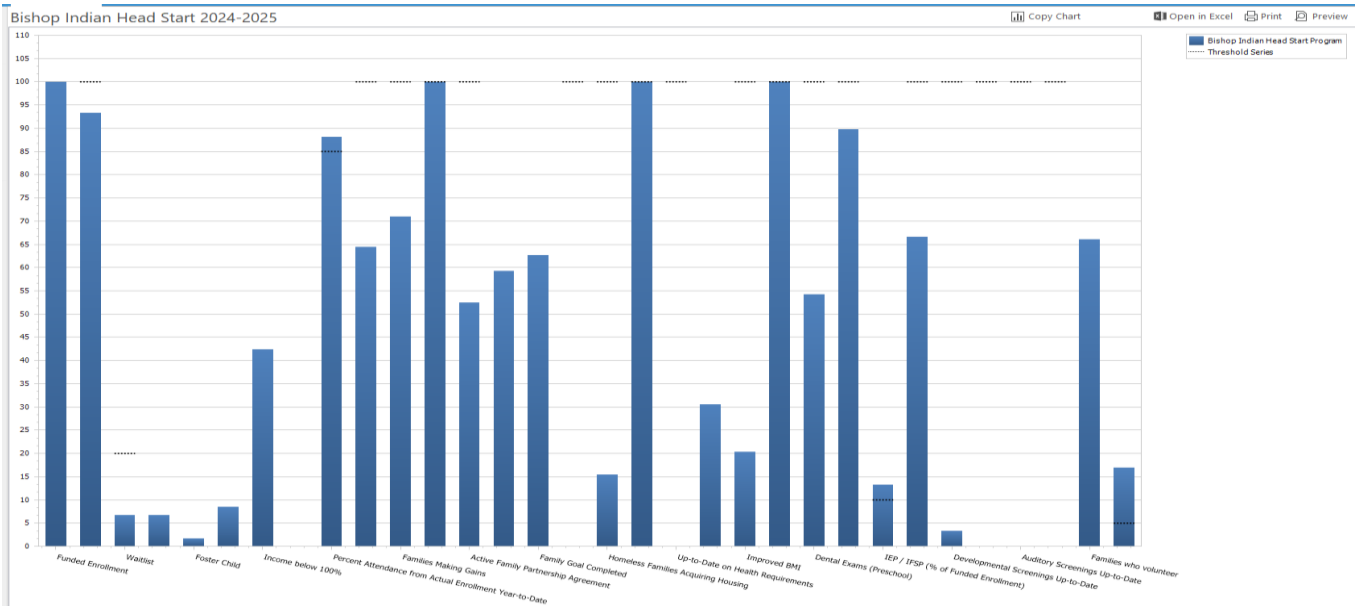
(PD-HLTH 6) Personal Care Routines: Hygiene: Child increasingly responds to and initiates personal routines that support hygiene)
 Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year.
Building Middle: Carries out most steps of familiar hygiene routines, with occasional reminders of when or how to do them.

2020-2021 SR	2021-2022 SR	2022-2023 SR	2023-2024 SR	2024-2025 SR
(PD-HLTH 6) Outcomes: 38/52 (67%) of BIHS enrolled children were at <u>Building Middle</u> to Integrating Earlier by the end of current school year.	<u>Outcomes: 49/52 (84%)</u> of BIHS enrolled children were at Building Middle to Integrating Earlier during Spring of 2022.	<u>Outcomes: 54/61 (89%)</u> of BIHS enrolled children were at Building Middle during Spring of 2023.	<u>Goal Outcomes: 45/59 (76%)</u> of BIHS enrolled children were at Building Middle during Spring of 2024. Goal Met.	<u>Goal Outcomes: 53/56 (95%)</u> of BIHS enrolled children were at Building Middle during Spring of 2025. Goal Met.

(HHS 4) Conflict Negotiation: Child increasing understanding of the needs of other children and is increasingly able to consider alternatives and to negotiate constructively in conflict situation.
 Goal: 50% or more of BIHS enrolled children will be at Building Middle by the end of current school year
Building Middle: Uses appropriate words and actions to express desires in some conflict situations, often seeking adult assistance to resolve conflict.

2020-2021 SR	2021-2022 SR	2022-2023 SR	2023-2024 SR	2024-2025 SR
(HHS 4) Outcomes: 30/52 (58%) of BIHS enrolled children were at <u>Building Middle</u> to Integrating Earlier by the end of current school year.	<u>Outcomes: 30/52 (58%)</u> of BIHS enrolled children were at Building Middle to Integrating Earlier during Spring of 2022.	<u>Outcomes: 42/61 (69%)</u> of BIHS enrolled children were at Building Middle during Spring of 2023.	<u>Goal Outcomes: 38/59 (64%)</u> of BIHS enrolled children were at Building Middle during Spring of 2024. Goal Met.	<u>Goal Outcomes: 40/56 (71%)</u> of BIHS enrolled children were at Building Middle during Spring of 2025. Goal Met

Child Plus Calculated Data: 2024-2025



2024-2025 Head Start Families

- BIHS total number of families ready to be served in 2024-2025=59.
- Of those 59 families, 15% (4) decided to attend Transition Kindergarten before the start of 2024-2025, and 5% dropped during the program year 2024-2025.
- Of the 59 families, 63% (37) were two-parent families and 37% were single-parent families.
- Of the 37% (22) single parent families, 45% (10) of the family's head of house are females (biological mothers, grandmothers or aunts). 0% of single parent families are headed by males. 55% (12) of single parent families are defined as shared households. Meaning a child spends time with each parent in separate homes.
- Of the 59 families: 7% are foster and kinship care families.

Employment

- Of the 59 families, 76% (45) one or both parents and/or guardians are working.
- Of the 59 families, 17% (10) families are not receiving income from employment.

Federal or other assistance

- Of the total 63 children served or ready to be served in program year 2024-2025, 56% (35) were categorically eligible for Head Start services. 16% (10) received SNAP; 19% (12) received public assistance (TANF, Cal Works); 6% (4) Foster or Kinship Care; 14% (9) homeless or doubling up. 35% (22) children received WIC services during the program year.

Education

- Advanced degree or baccalaureate= less than 1% (3)
- Associate degree, vocational school, or some college = 32% (19)
- High school or have a GED = 53% (31)
- Less than a High School Education = less than 10% (6)

Family Needs and Outcomes

- BHS families requested and received the following supportive supplies during the school year:

Requested Need	Total	Requested Need	Total
Fire Extinguishers	10	Baby Blanket	1
Child Car Seats	28	Air Purifier	1
Thermometer	13	Emergency clothing	3
Dial a Ride	17	Diapers	1
CO2 Smoke Alarm	35		
PPE	3		
First Aid Kit	5		
Breast Pump	1		

Family Needs Assessment indicated the following needs from the Child Plus Outcome Analysis Report

At least one or more families indicated one of the following needs:			
Volunteering	Family and Community Outreach	Leadership and Advocacy	
School Readiness	Promoting Primary Language	Nurturing Relationships	
Many families indicated the following strengths:			
Housing	Safety	Health	Mental Health Substance abuse
Transportation	Financial Security	Employment	Food/Clothing
Nurturing Relationships	Child Development/Parenting	Family Education	School Readiness
Promoting Primary Language	Education and Training	Transitions	Family and Community Outreach
Leadership and Advocacy			

Family Goals

Desired Family Goals

Family Wellbeing	School Readiness:	Family Strengthening:	Family Culture:
Mental Health	Language and Literacy	Communication and Collaboration	Speak more Nüümü
Safety and Happiness	Punctuality	Adoption	Learn Spanish
Behavior Management	Attendance	Less screen time	Learn English
	Social/Emotional Development	More family time.	
	Academics	Shared responsibilities	
		Extended family support	
Health and Fitness	Housing	Education	Financial Security
Walking	Purchase a house	Earn a diploma	Increase earnings
Spend time outdoors	House for family	Earn a college degree	Employment
Go to the park	A home on property	Enroll in college	Get a better job
Increase physical activities	Move into a bigger home		
Nutrition	Self-Care		
Family Style Eating at the table	Child Potty Trained		

Transportation Updates: 2024-2025

BIHS operates two CHP Certified school buses throughout the school year. BIHS serves Bishop and Big Pine enrolled children. BIHS provides transportation from school to home. If a family does not have transportation, BIHS will provide services to school. 100% of enrolled children utilize the bus for school field trips. BIHS school bus drivers are California Highway Patrol certified. Buses are inspected every 45 days by a certified mechanic and annually for an assigned CHP Officer. BIHS school bus drivers must complete 10 hours a year of professional development related to school bus safety service and verified by a Department of Transportation School Bus Driver Trainer. Listed below is Transportation Data collected and reported in our annual reports.

Last 8 Year of BIHS Transportation Data.

<u>Data</u>	<u>Children utilizing transportation</u>	<u>Fuel Cost</u>	<u>Mileage</u>	<u>Repair and Maintenance Cost</u>
2024-2025 Post COVID Based on Based 175 school days	5,320 children used transportation services	\$6,538.80 In a year	11,142	\$7,755.62 45-day inspections, repair taillights, tire repair, oil changes, light switches, tune-ups, Carb Test, HVAC
Stats	31/57=54% of children using transportation services each day	\$37.36 in fuel a day.	Travel 64 miles per school day	The cost to maintain the buses is \$44.32 a day
2023-2024 Post COVID Based on Based 175 school days	6,025 number of times children used transportation services	\$7,951.33 In a year	13,700.40	\$4,020.81 45-day inspections, repair taillights, bus computer, wipers, breaks, heater
Stats	35/60=59% of children using transportation services each day	\$45.43 a day	Travel 79 miles per school day	The cost to maintain the buses is \$22.97 a day
2022-2023 Post COVID Based on 170 school days	5,952 number of times children used transportation services	\$9,345.15 In a year	15,033	\$4,441.47 45-day inspections, repair bus seat, bus hood, bus handle and HVAC sys.
Stats	36/60=60% children using transportation services each day	\$54.97 a day	Travel 89 miles per school day	The cost to maintain the buses is \$26.12 a day
2021-2022 COVID-19 Based on 175 school days	4,459 number of times children used transportation services	\$7,295.07 In a year	12,524	\$11,838.15 45-day inspections, bus computer repair, stop arm, brakes, new tires, steering gear, new belts, and visor repair
Stats	26/56=46% of children using transportation services each day	\$42.00 a day	Travel 72 miles per school day	The cost to maintain the buses is \$67.65 a day
2020-2021 COVID-19 Based on 162 school days	4,471 number of times children used transportation services	\$4,463.36 In a year	11,687	\$2,651.32 45-day inspections, bearings, batteries
Stats	28/52=54% of children using transportation services each day	\$27.55 a day	Travel 72 miles per school day	\$16.37 a day to maintain buses
2019-2020 COVID-19 Based 129 school days	6,131 number of times children used transportation services	\$5,729.06 In a Year	13,664	\$7,226.01 45-day inspections, batteries, oil changes, switches, horn
Stats	48/52=92% of children using transportation services each day	\$15.69 a day	Travel 106 miles per school day	\$56.02 a day to maintain buses
2018-2019 Based 175 school days	8,427 children used transportation services	\$7,264.82 In a Year	16,572	\$9,749.28 Due to Mandatory Child Safety Check Installation on 4 School Buses.
Stats	49/64=77% children using transportation services each day	\$19.90 a day	Travel 95 miles per school day	\$55.71 a day to maintain buses
2017-2018 Based 175 school days	7,439 number of times children used transportation services	\$6,232.00 In a Year	16,030	\$3,720 45-day inspections
Stats	43/64=68% children using transportation services each day	\$17.07 a day	Travel 92 miles per school day	\$22.00 a day to maintain buses

Section III: Summary

- BIHS provides transportation for enrolled BIHS children. However, over the past two years, BIHS does not have transportation funding and relies on the Bishop Paiute Tribe's General Funds to fund school bus operational cost. We serve less than 10% of families from the Big Pine Reservation and surrounding area. Inyo County State Preschool center is now open in the Big Pine Area and could be contributing to the lower enrollment percentage of Big Pine families in BIHS.
- BIHS enrollment was affected by Covid-19, however BIHS quickly pulled resources and enhanced partnerships to maintain services throughout the pandemic and post pandemic. BIHS has policies and procedures in place in case of a similar emergency. BIHS in program 2025-2026 will be at full enrollment capacity with a waitlist.
- BIHS attendance has maintained at or above full attendance. BIHS has a low percentage of chronic tardiness and absenteeism. Although there are plans in place to encourage families to work with BIHS to improve individual chronic tardiness and absenteeism, there is still a need for BIHS Leadership team to remain consistent in supporting our families with resources and consultation.
- BIHS meets the required 175 child operational days in **2024-2025** as well as meeting the 1,020 service hours required by OHS by 30 additional hours for a total of 1,050 hours of direct services for children. **In 2023-2024**, We had to move to half days 1/16/2024 through 2/2/2024 due to severe staffing. Lost 30 school hours, still meeting 1020 hours by 7.5 hours.
- 100% of all enrolled children parents/guardians have completed the ASQ Academic and Social Emotional Screenings to identify children who may need additional school readiness support.
- Of the 143 children evaluated and diagnosed with a disability under IDEA over the last 12 years, 87% received a Speech or language Impairment diagnosis. 8% of the children evaluated and diagnosed with a disability under IDEA over the last 8 years were identified with Autism.
- 85 children have been diagnosed with a Chronic Condition over the past 7 years which is an

average of 12 children. Asthma -32%; autism spectrum disorder (ASD)-14%; and Life-threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in system anaphylaxis-16%.

- Body Mass Index (BMI)-Children over the last 12 years: Underweight (BMI less than 5th percentile for the child's age and sex)-up by 4%; Healthy weight (at or above 5th percentile and below 85th percentile of the child's age and sex)-down by 19%; Overweight (BMI at or above 85th percentile and below 95th percentile of the child's age and sex)-up by 15%; and Obese (BMI at or above 95th percentile of the child's age and sex)-up by 15%.
- DRDP Positive Outcome results over the past 5 years indicate that by the end of the school year, children schoolwide are meeting school readiness goals. However, (COG-8) Cause and Effect: Child demonstrates an increasing ability to observe, anticipate, and reason about the relationship cause and effect has not been met each year.

Section IV -Results the community, family and staff surveys




Purpose: To determine the needs of The Head Start eligible families, community members and staff, surveys were distributed to gather information about strengths and needs of the community and the BIHS program. These surveys provide a great deal of information, which is part of the planning and evaluation process. The surveys were customized to fit the needs, both cultural and programmatic, of Bishop Indian Head Start. Head Start staff and parents (e.g., director, parent policy council, management staff, and teachers) reviewed the surveys. Changes requested by the group were integrated into the surveys.

Desired Results Parent Survey Summary Overview-2024-2025

2024-2025 Parent Survey Data 68% Return Rate (12% increase over 2023-2024 Return Rate). The DRDP Parent Survey provides parent/guardian feedback regarding the childcare and development program of BIHS. The California Department of Education is very interested in how BIHS helps families to support their child's learning, development and meets their family's needs. Responses are completely confidential and will help us to improve the services provided to families. Data from this Parent Survey will be used for program planning and program improvements utilizing State Preschool, Head Start, Edison, and Tribal funding resources.



The next 11 questions gathered from parents and guardians related to the information they may or may not have received about the program.

<p>Section A – How children develop at different ages? 2024-93% indicated Yes. 2025-92% indicated Yes.</p>	<p>Section B – How your child is growing and developing? 2024-97% indicated Yes. 2025-92% indicated Yes.</p>
<p>Section C – How your child is doing in the program? 2024-100% indicated Yes. 2025-100% indicated Yes.</p>	<p>Section D – Schedule of daily activities? 2024-94% indicated Yes. 2025-96% indicated Yes.</p>
<p>Section E – What you can do to help your child learn and develop? 2024-100% indicated Yes. 2025-100% indicated Yes.</p>	<p>Section F – Parenting skills? 2024-88% indicated Yes. 2025-92% indicated Yes.</p>
<p>Section G – How to find other services in the community? 2024-94% indicated Yes. 2025-96% indicated Yes.</p>	<p>Section H – Where to report health or safety concerns and complaints? 2024-97% indicated Yes. 2025-92% indicated Yes.</p>
<p> Section I – Experience and training of program staff? 2024-91% indicated Yes. 2025-88% indicated Yes.</p>	<p> Section J – Discipline problems? 2024-90% indicated Yes. 2025-92% indicated Yes.</p>
<p> Section K – How to get involved with your child’s program? 2024-100% indicated Yes. 2025-100% indicated Yes.</p>	

	2022	2023	2024	2025
Sections	Yes	Yes	Yes	Yes
Accept a job?	44%	12%	66%	52%
Keep a job?	53%	68%	81%	58%
Accept a better job?	31%	34%	57%	48%
Attend educational or training program?	38%	42%	57%	61%

How satisfied are you with these characteristics of your child's program?	2022			2023			2024			2025		
	% Very Satisfied	% Satisfied	% Not Satisfied	% Very Satisfied	% Satisfied	% Not Satisfied	% Very Satisfied	% Satisfied	% Not Satisfied	% Very Satisfied	% Satisfied	% Not Satisfied
Section A – Hours of operation	73%	24%	3%	75%	22%	3%	79%	21%	0%	69%	28%	3%
Section B – Location of program	79%	18%	3%	84%	16%	0%	94%	6%	0%	83%	17%	0%
Section C – Number of adults working with children	84%	16%	0%	78%	19%	3%	82%	15%	3%	80%	20%	0%
Section D – Background and experience of staff	78%	22%	0%	69%	26%	6%	79%	21%	0%	75%	25%	0%
Section E – Languages spoken by staff	81%	16%	3%	82%	18%	0%	81%	19%	0%	76%	24%	0%
Section F – How program staff communicate with you	86%	14%	0%	80%	17%	3%	82%	18%	0%	86%	14%	0%
Section G – Meeting the individual needs of your child	83%	17%	0%	82%	18%	0%	84%	16%	0%	83%	17%	0%
Section H – Interaction between staff and children	82%	16%	3%	82%	18%	0%	85%	15%	0%	81%	19%	0%
Section I – Interaction with other parents	72%	28%	0%	74%	26%	0%	50%	50%	0%	75%	19%	6%
Section J – Parent involvement	64%	36%	0%	63%	38%	0%	61%	39%	0%	78%	22%	0%
Section K – Equipment and materials	86%	14%	0%	87%	13%	0%	73%	24%	3%	81%	17%	3%
Section L – Cultural activities	86%	14%	0%	87%	13%	0%	79%	18%	3%	75%	22%	3%
Section M – Daily activities	95%	5%	0%	79%	21%	0%	81%	19%	0%	83%	17%	0%
Section N – Environment	95%	5%	0%	82%	18%	0%	85%	15%	0%	86%	14%	0%
Section O – Nutrition	92%	5%	3%	67%	33%	0%	85%	15%	0%	81%	19%	0%
Section P – Health and safety policies and procedures	84%	14%	3%	84%	16%	0%	84%	16%	0%	83%	17%	0%
Section Q – How the program promotes your child's learning and development	86%	14%	0%	84%	16%	0%	88%	12%	0%	81%	19%	0%

Community Assessment Survey

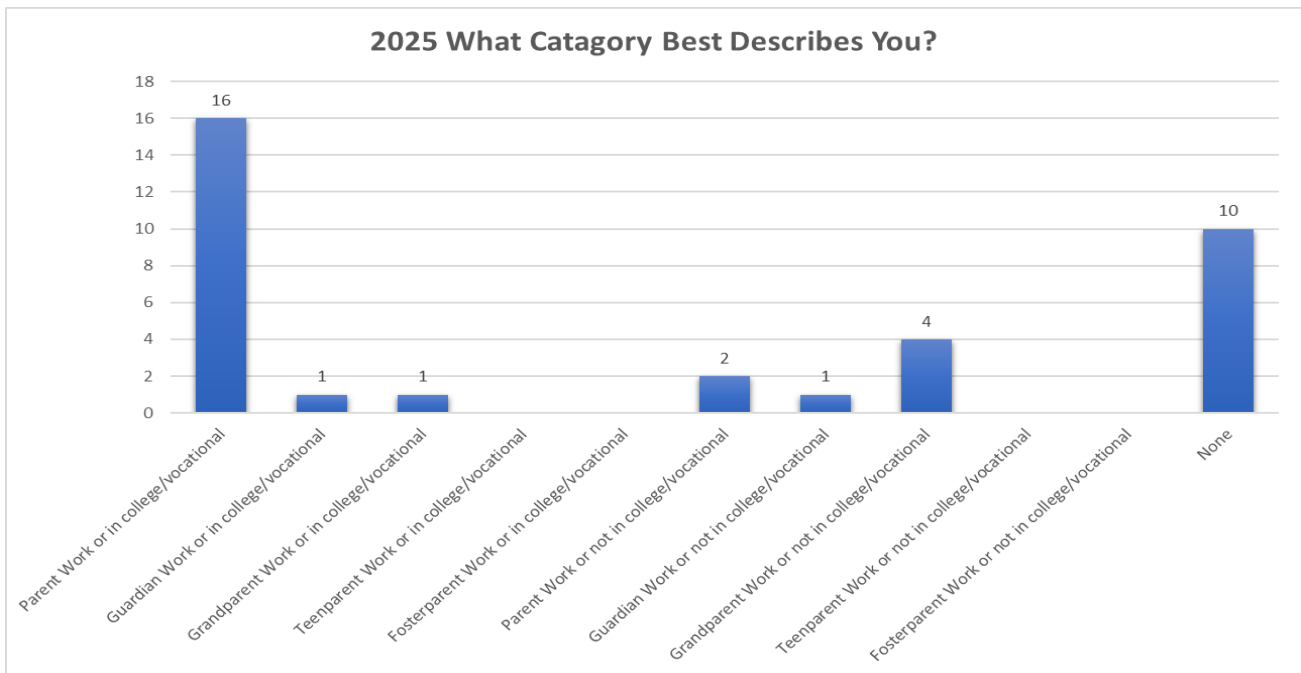
The Bishop Head Start Parent Survey was administered in Program Year 2024-2025 and provides a wealth of information for program planning. The survey consisted of twelve sections. The overall goals of the questionnaire were: (1) to identify the availability of health, social, and other-support service needs of Head Start-eligible families and their preferred patterns for using these services; (2) to discover barriers to accessing and receiving these services; and (3) to learn about the satisfaction of current Head Start services.

Participants: The survey was distributed to every parent of enrolled Bishop Indian Head Start children, Via email and to community members during special events. We received a 30% Return Rate. A total of 34 surveys were collected out of 100 physically distributed. 1 returned via email. Compared to in 108 surveys collected in 2017 from the Bishop and Big Pine Tribal Community.

Tell Us About Yourself

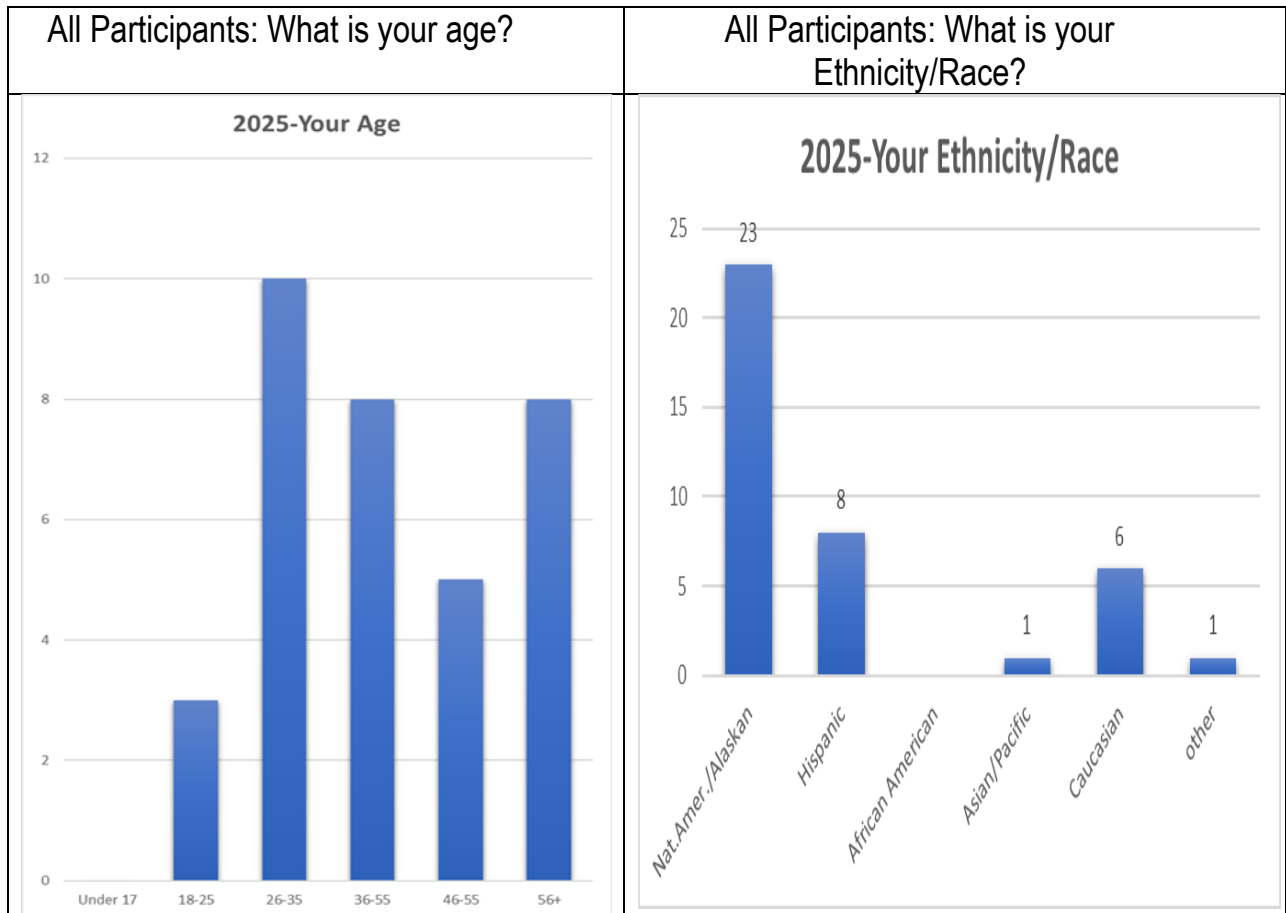
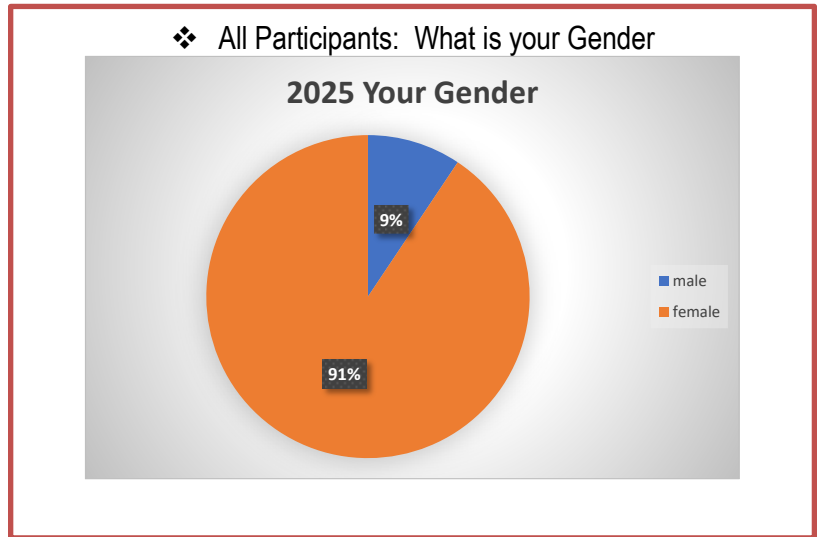
All Participants:

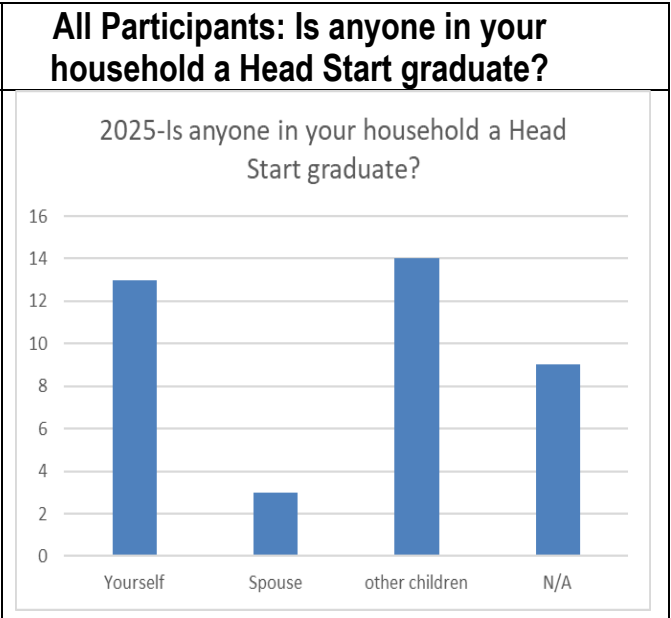
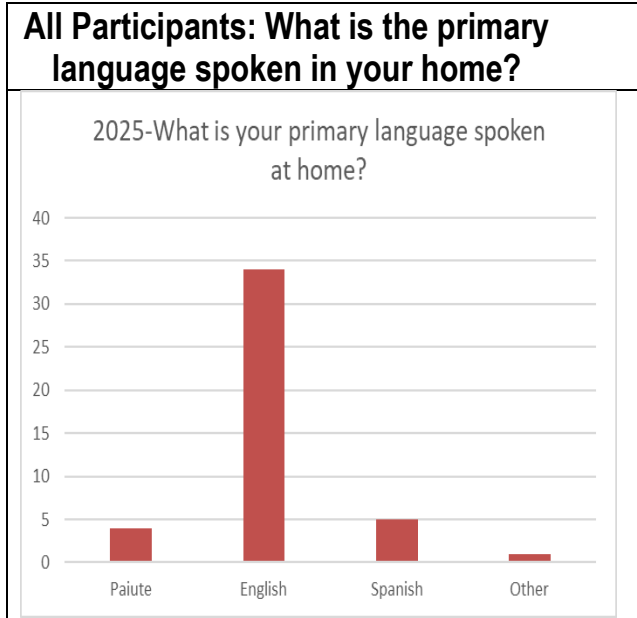
- ❖ What category best describes you?



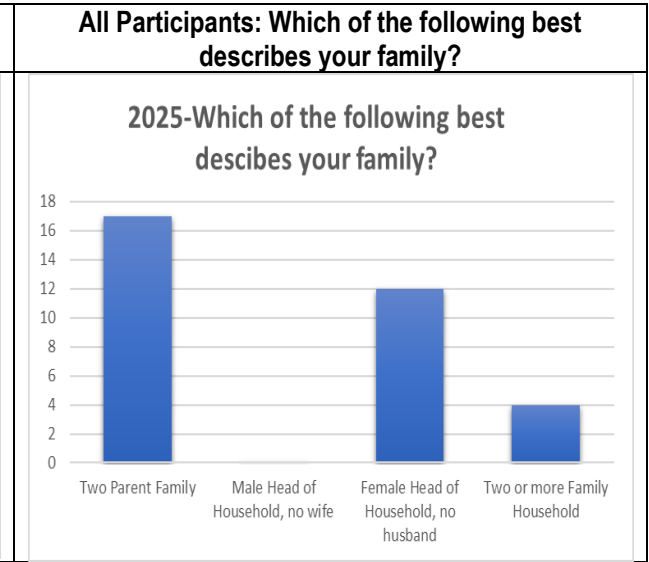
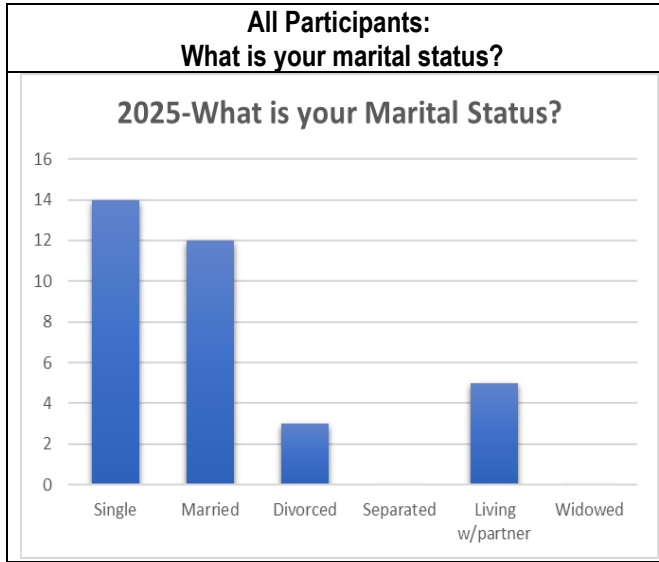
Other:

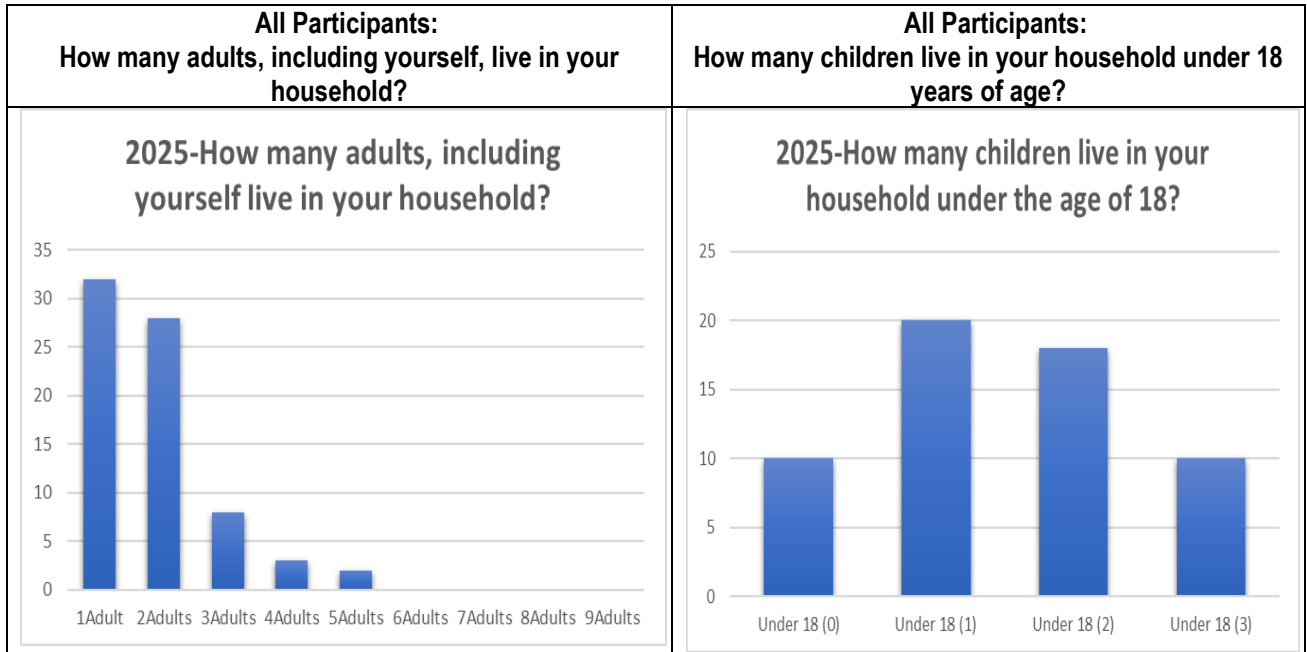
- Bar prep
- BIHS Staff
- Auntie
- Divorced women no children
- Working female, not a mom
- BIHS staff in college
- Stay at home mom
- Tribal employee
- Single, working & in college



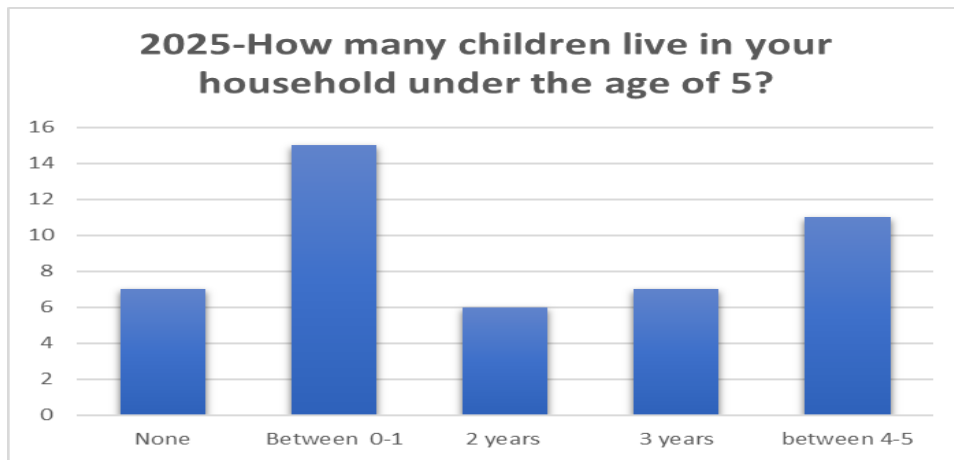


Tell Us About Your Family



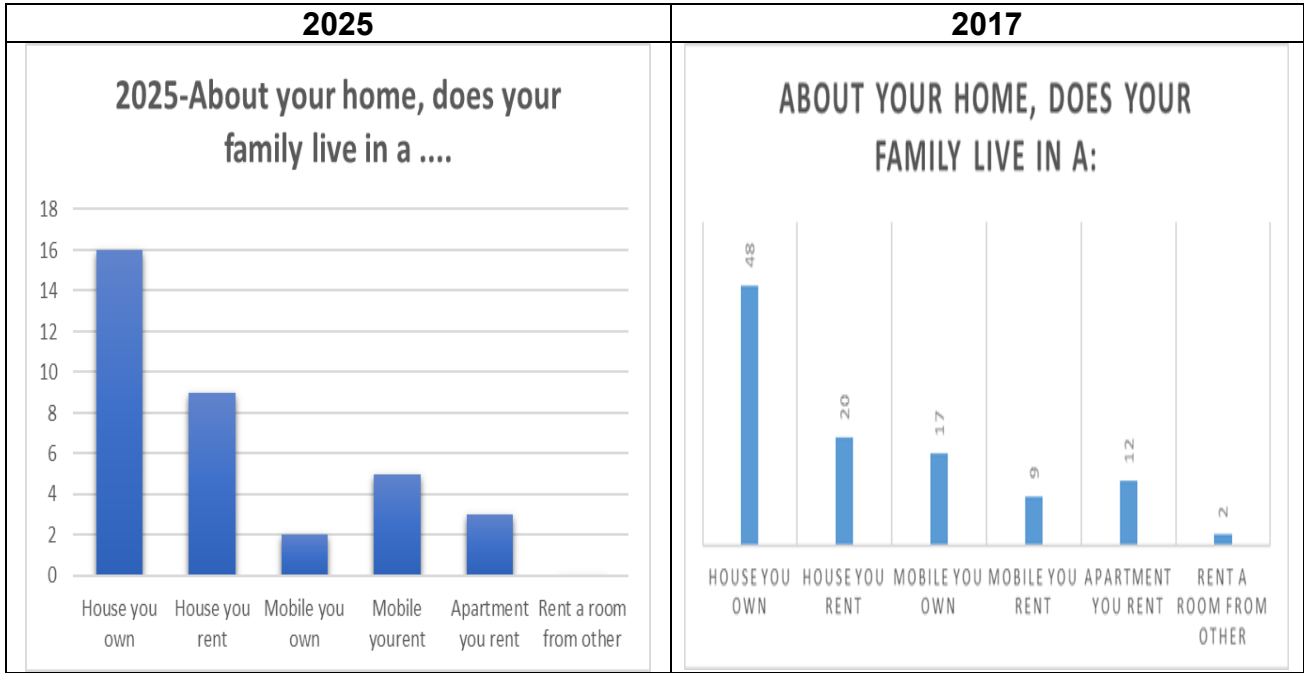


All Participants: How many children live in your household under 5 years of age?

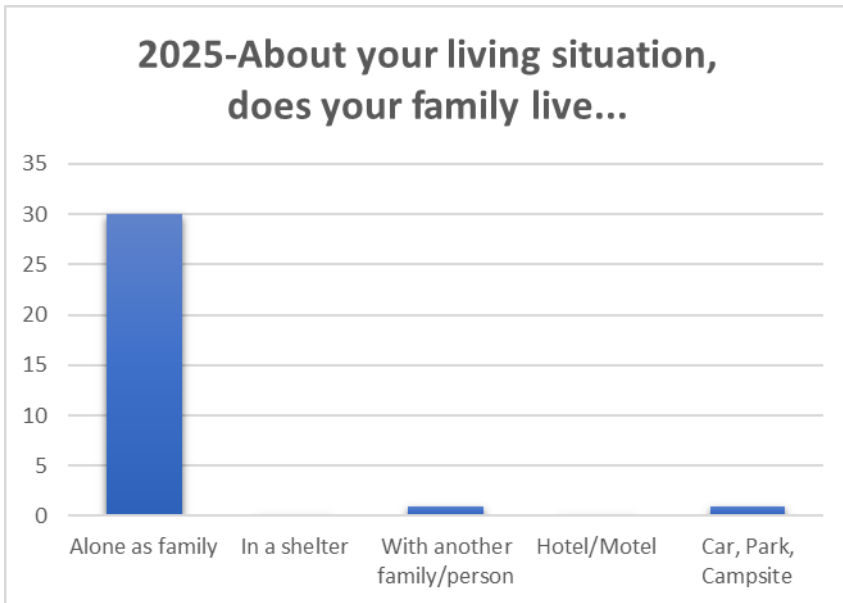


Tell Us About Your Family's Home

All Participants: About Your home, does your family live in a?



All Participants: About your living situation, does your family live...



In 2017:

85% of all participants lived alone as a family compared to 88% in 2025.

8% of all participants lived with another family or person compared to 1% in 2025.

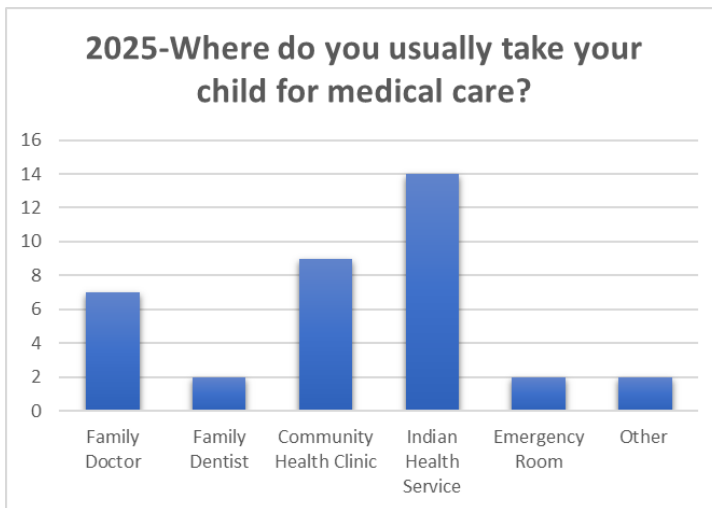
0% of all participants indicated they lived in a car, park, or campsite compared to 1% in 2025.

Tell Us About Your Family's Health and Dental Care

All participants: Does your family have access to affordable Health Care Service?

- ✚ In 2017 and 2025 Community Assessment Years indicated 97% had access to medical care.
- ✚ In 2017: 92% had access to Dental Care and 97% in 2025.
- ✚ In 2017: 78% indicated they had access to Mental Health Care and 85% in 2025.

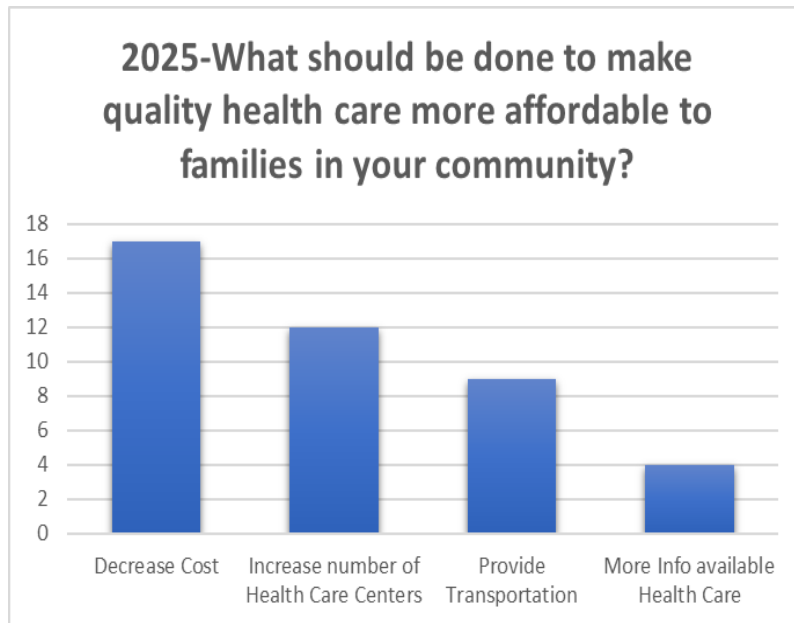
All participants: Where do you usually take your child to get medical care?



2017-All participants indicated

- 64% Indian Health Services compared to 41% in 2025.
- 22% Family Doctor compared to 20% in 2025.
- 18% Community Health Clinic compared to 26% in 2025.
- 16% indicated Emergency room compared to 5% in 2025.
- 10% Family Dentist compared to 5% in 2025.
- 10% other compared to 5% in 2025.

All participants: In your opinion what should be done to make quality health care more affordable to families in the community?



2017 of All Participants:

- 56% indicated a decrease in cost compared to 50% in 2025.
- 30% indicated to provide transportation compared to 26% in 2025.
- 30% indicated to provide more information about affordable health care compared to 12% in 2025.
- 29% indicated to increase the number of Health Care Centers compared to 35% in 2025.

Tell Us About Your Family's Transportation

All Participants: How does your family get your child(ren) to school or childcare?

- ❖ **2025:** 88% use their car compared to 81% in 2017. 11% use the morning BIHS bus compared to 16% in 2017. Currently, 16% of all enrolled BIHS students are using the morning BIHS bus. 1% is using public transportation compared to 6% in 2017

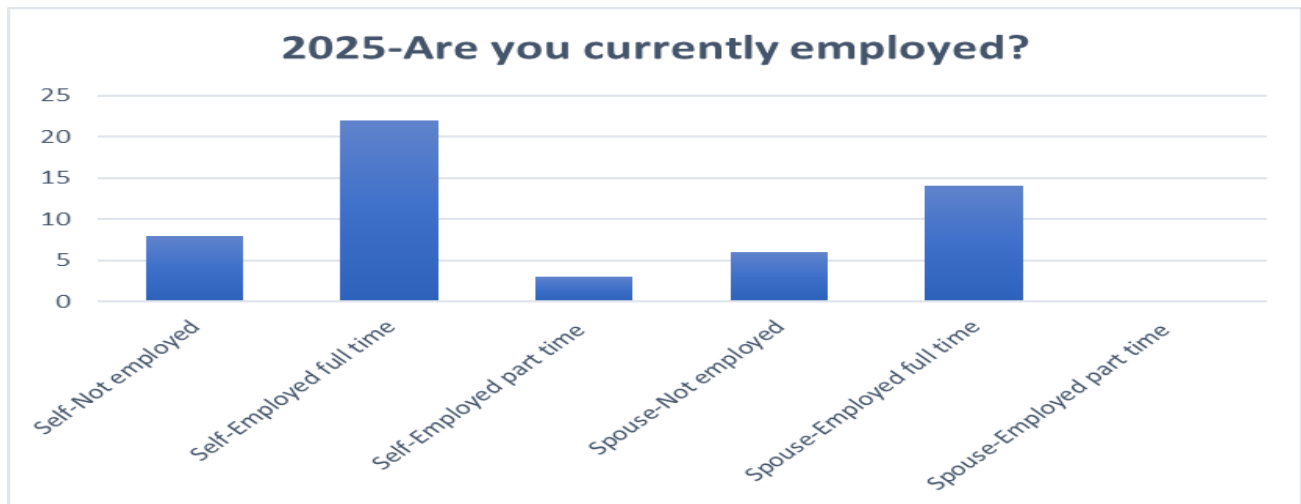
All Participants: Do you have a reliable car?

- ❖ **2025:** 91% indicated they have a reliable car compared to 86% indicated they had a reliable car in 2017.

All Participants: Would you like to see improvements to any of the following on the reservation?

- ❖ **2025:** 74% indicated they would like to see bike and walking paths to school compared to 78% in 2017 and 44% indicated they would like to see sidewalks around education services compared to 32% in 2017.

Tell Us About Your Employment



All Participants:

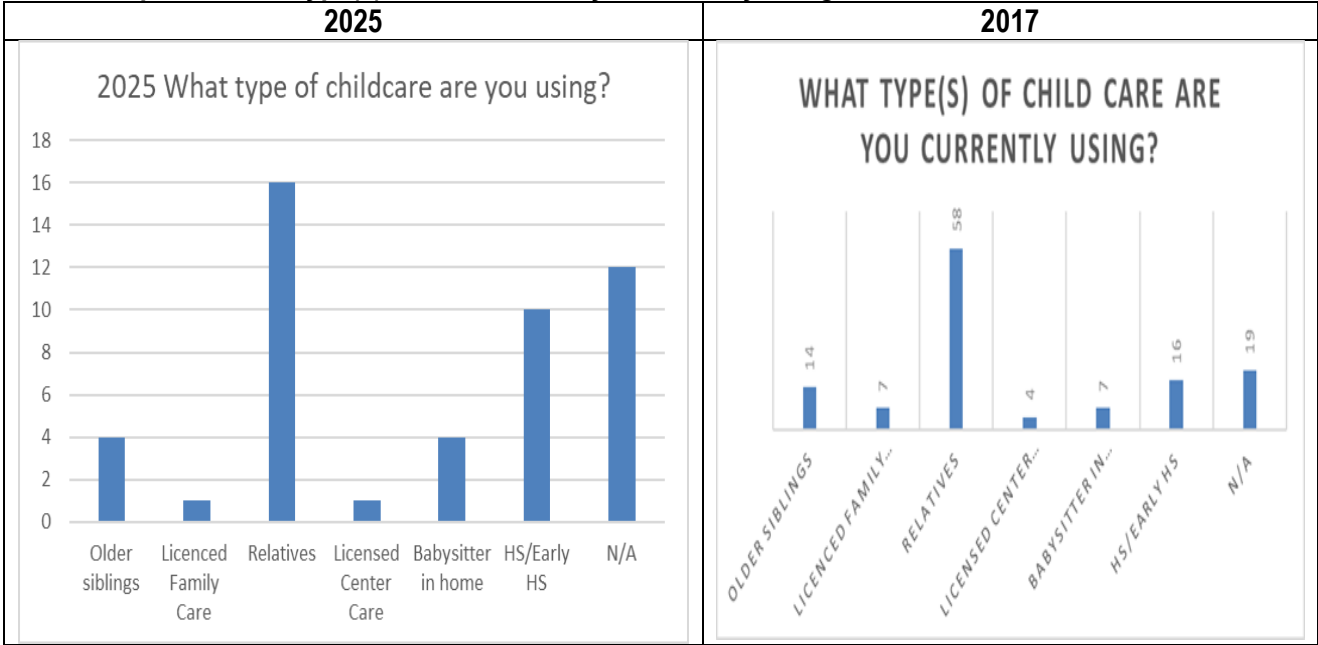
- 2025: 6% not employed compared to 31% in 2017.
- 2025: 62% employed full time compared to 52% in 2017.
- 2025: 8% employed part time compared to 14% in 2017.
- 2025: 18% spouses were not employed compared to 12% in 2017.
- 2025: 41% of spouses employed full time compared to 30% in 2017.
- 2025: 0% of spouses employed part time compared to 6% in 2017.

Tell Us About Your Child Care Needs

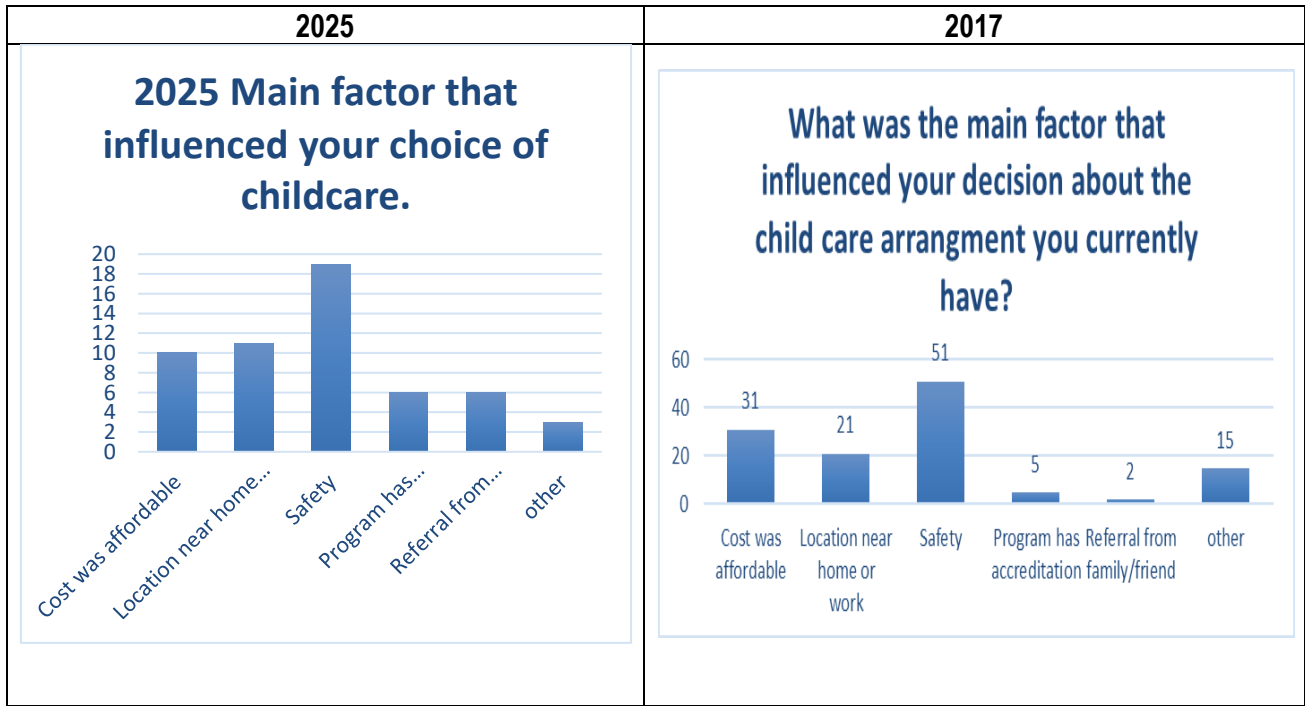
All Participants: Do you need childcare on a regular basis?

❖ 2025: 38% answered yes compared to 36% in 2017.

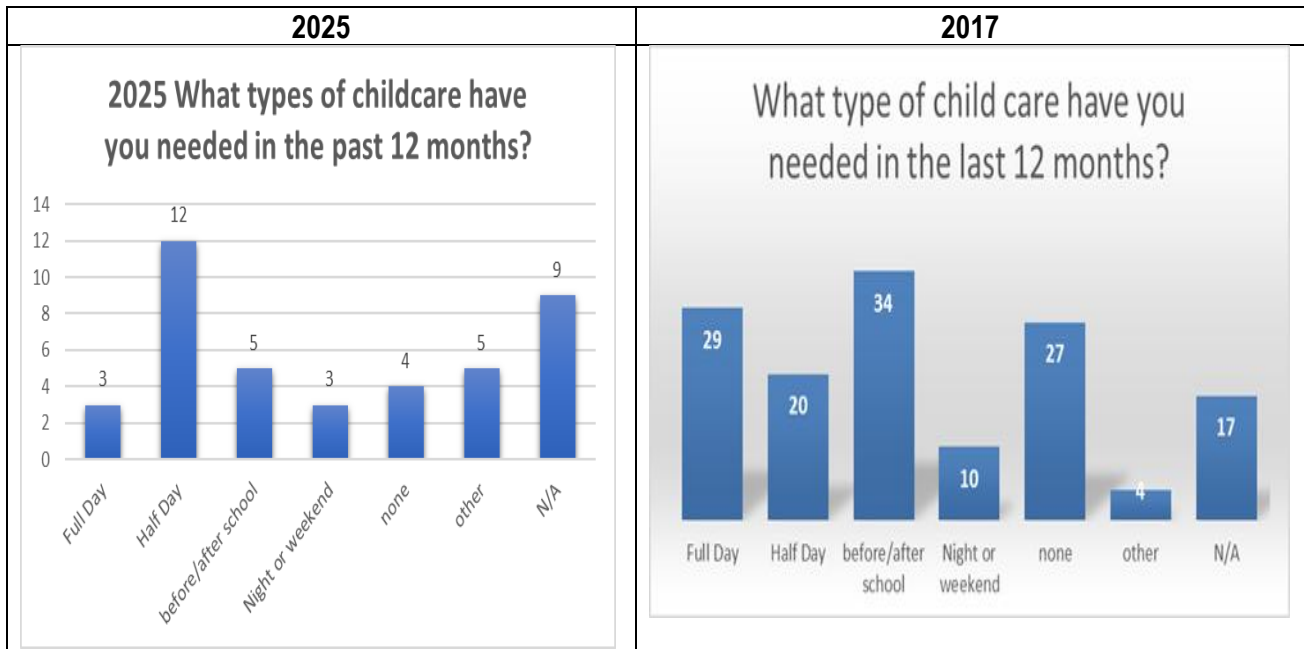
All Participants: What type(s) of childcare are you currently using?



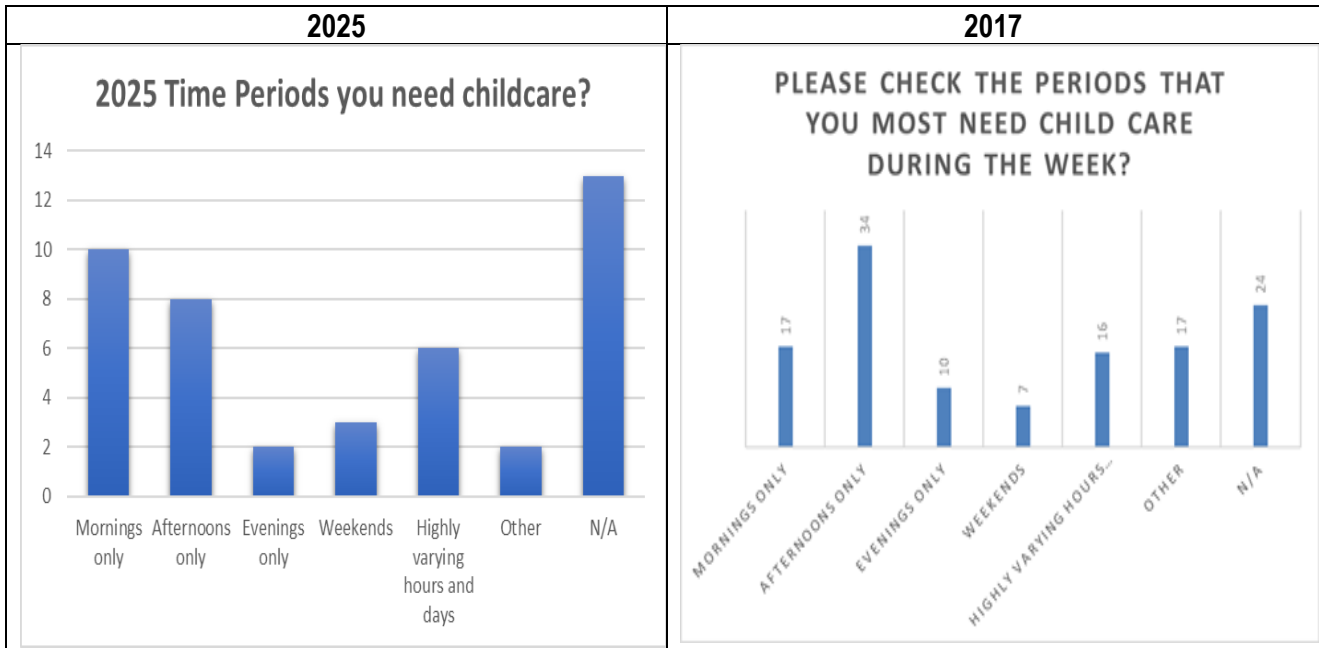
All Participants: What is the main factor that influenced your decision about the childcare arrangements you currently have?



All Participants: What types of childcare have you needed in the last 12 months?



All Participants: What time periods do you most need childcare?



All Participants: How difficult is it for you to arrange back-up childcare?

❖ 2025: 44% answered yes compared to 50% in 2017.

All Participants: How difficult is it for you to arrange childcare in the summer?

❖ 2025: 35% answered yes compared to 47% in 2017.

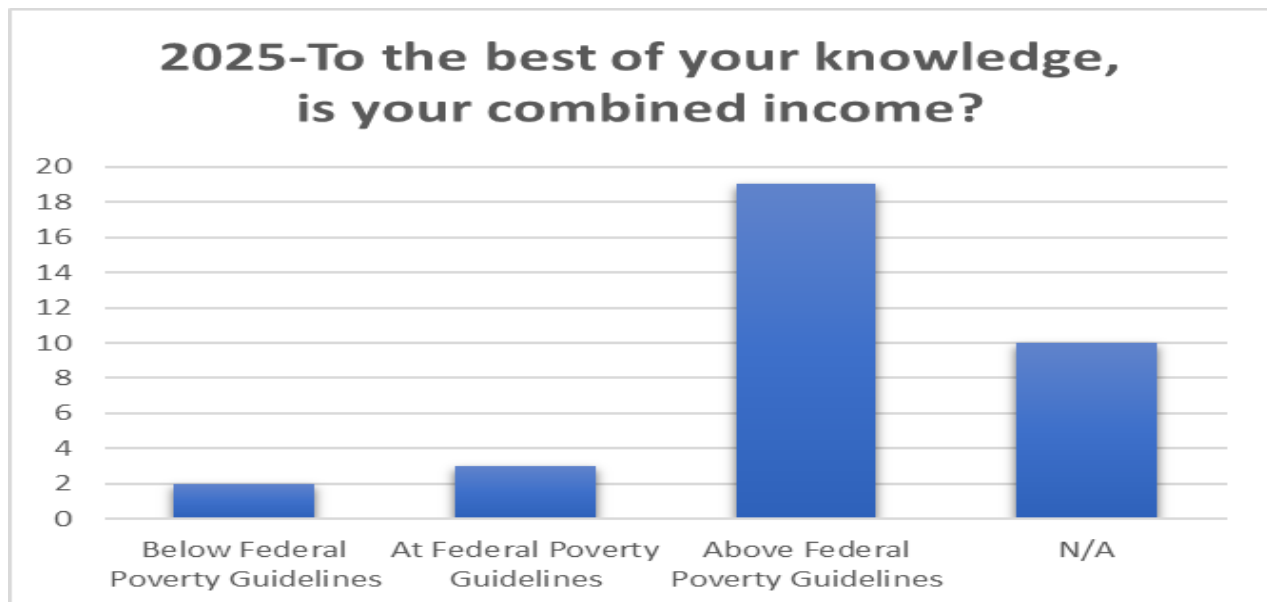
Tell Us About Your Income?

All participants: What is your source of household income?

Answers ranked in order of highest answer to least answered.

	2025	2017
Highest	Fulltime work	Fulltime work
	Per Cap	Per Cap
	TANF	Parttime Work
	Parttime Work	TANF
	Retirement	SSI
	SSI	Seasonal
	Seasonal	Retirement
	No Income: No one answered	No Answer
Lowest	No Answer	No Income

All participants: To the best of your knowledge is your combined family income...

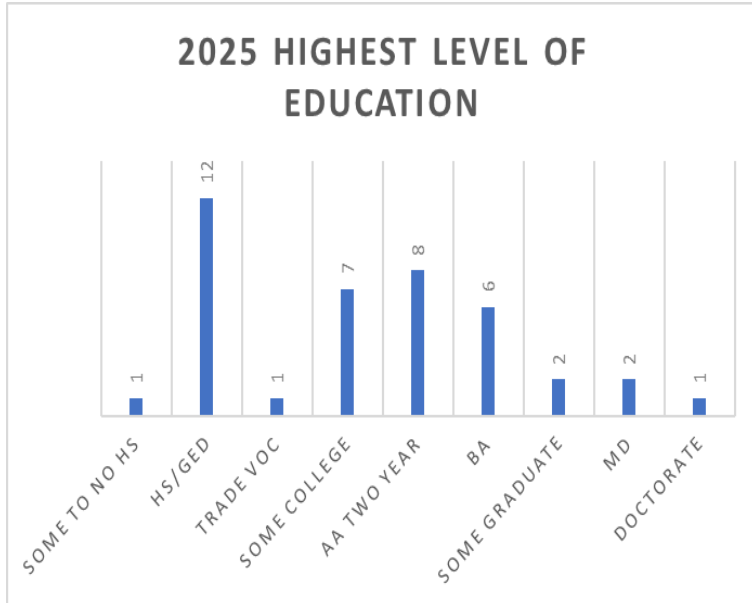


In 2017:

- 52% of participants indicated their combined income was at or below the Federal Poverty Level compared to 14% in 2025.
- 35% of participants indicated their combined income was above the Federal Poverty Level compared to 56% in 2025.

Tell Us About Your Education?

Participants in the 2024-2025 Community Assessment Data Gathering were asked: **“What was their highest level of education completed?”**



2025: Similar question regarding highest level of education of significant other.

Less than 2% had a doctrine

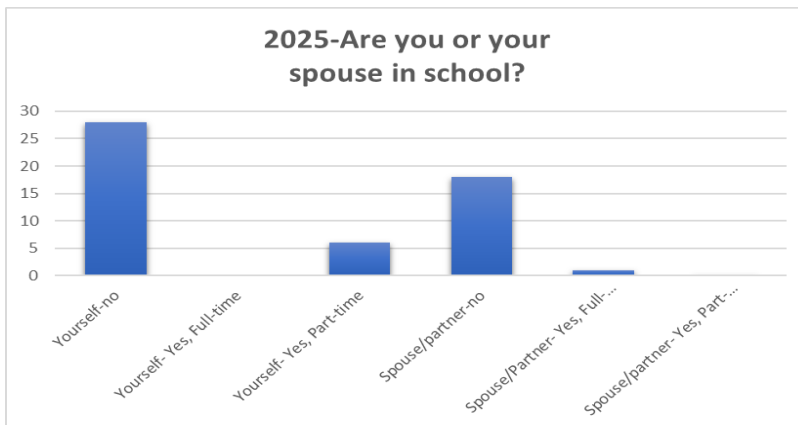
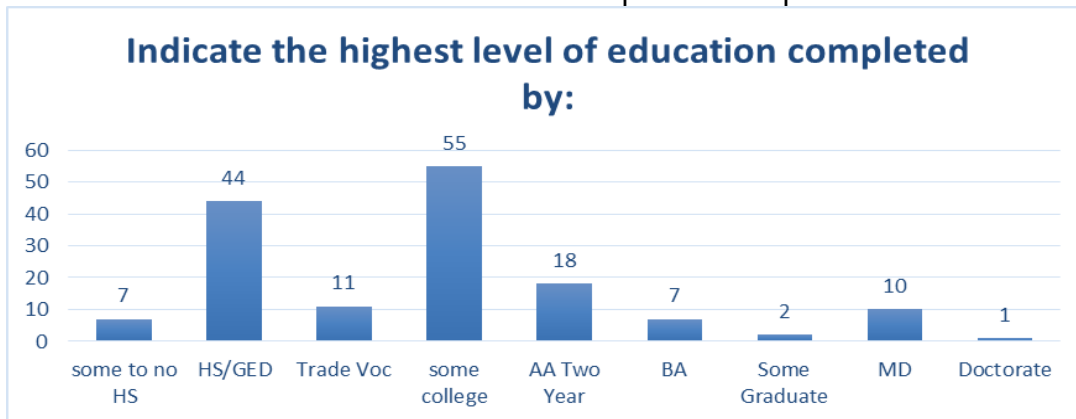
11% had some graduate work or a BA degree

18% had an AA degree, some college or trade school experience.

26% had a high school degree or a GED.

Less than 9% had some high school to no high school.

2017 Chart below illustrates a similar pattern compared to 2025.



All Participants Five Years Ago:

2017: 77% Not in School

2025: 73% Not in School

2017: 5% in school full time

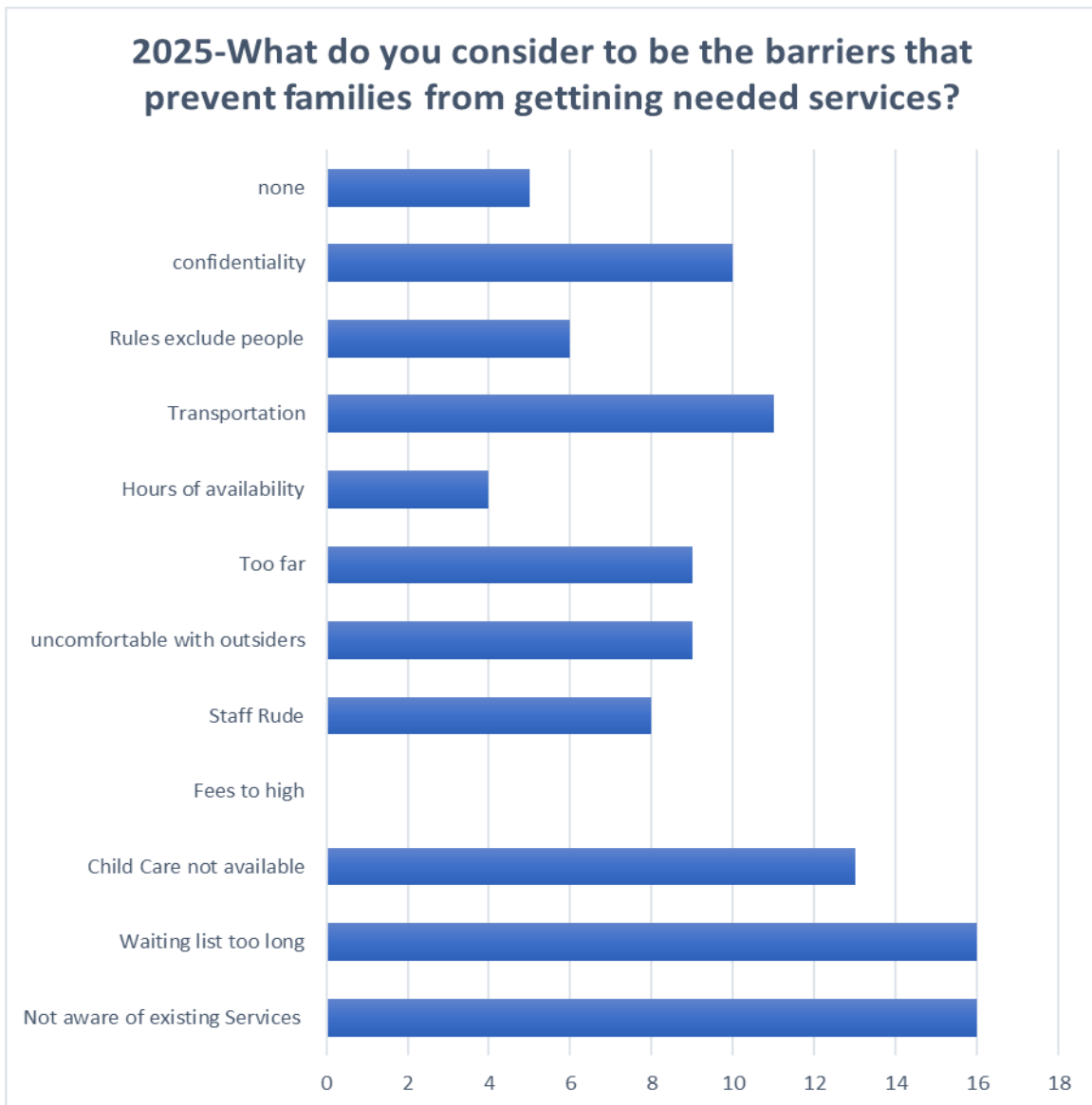
2025: 1% in school full time

2017: 17% in part time school

2025: 6% in school part time

Tell Us About Your Community?

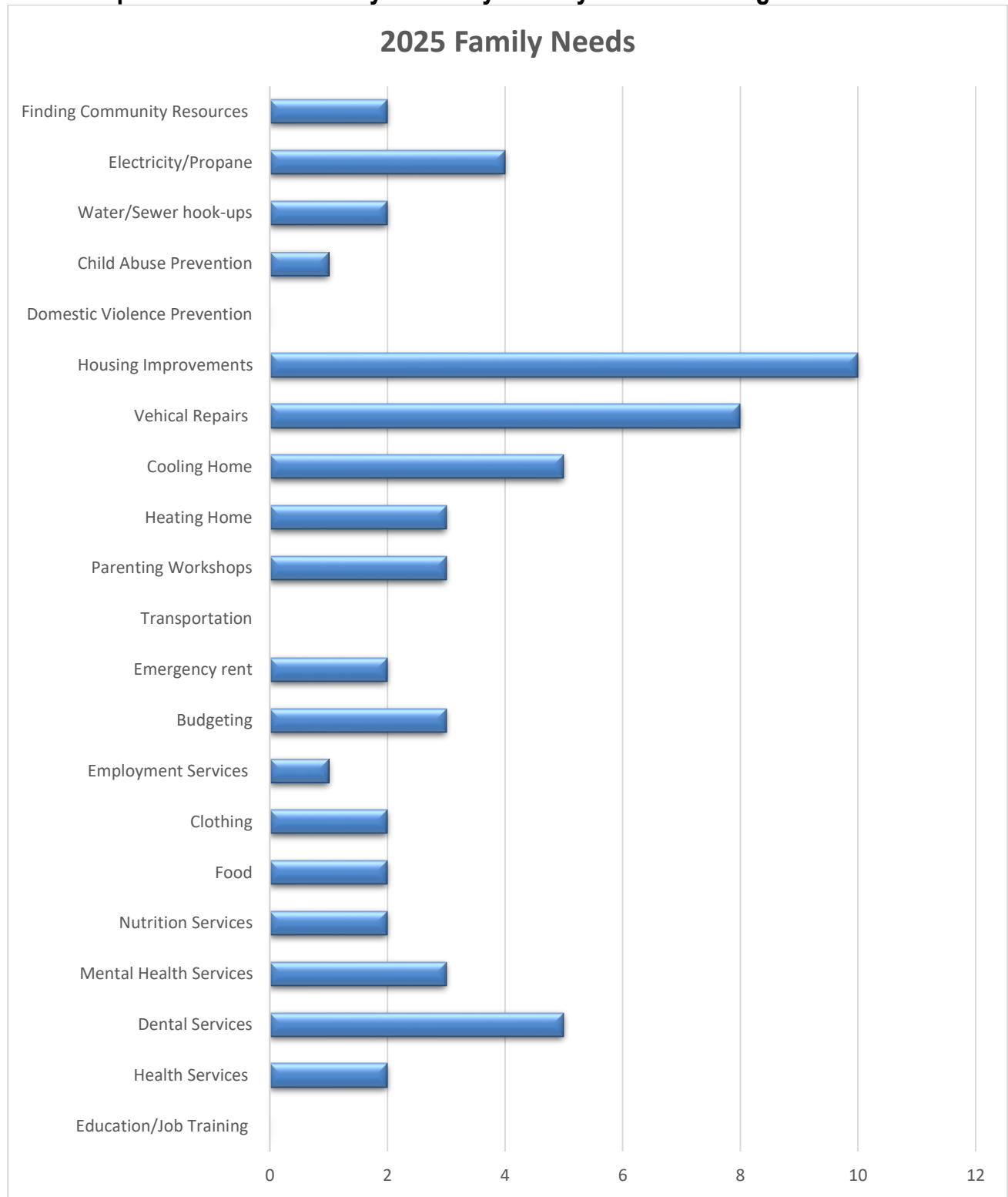
Participants in the 2024-2025 Community Assessment Data Gathering were asked: “What do you consider to be the barriers that prevent families from getting needed services?”

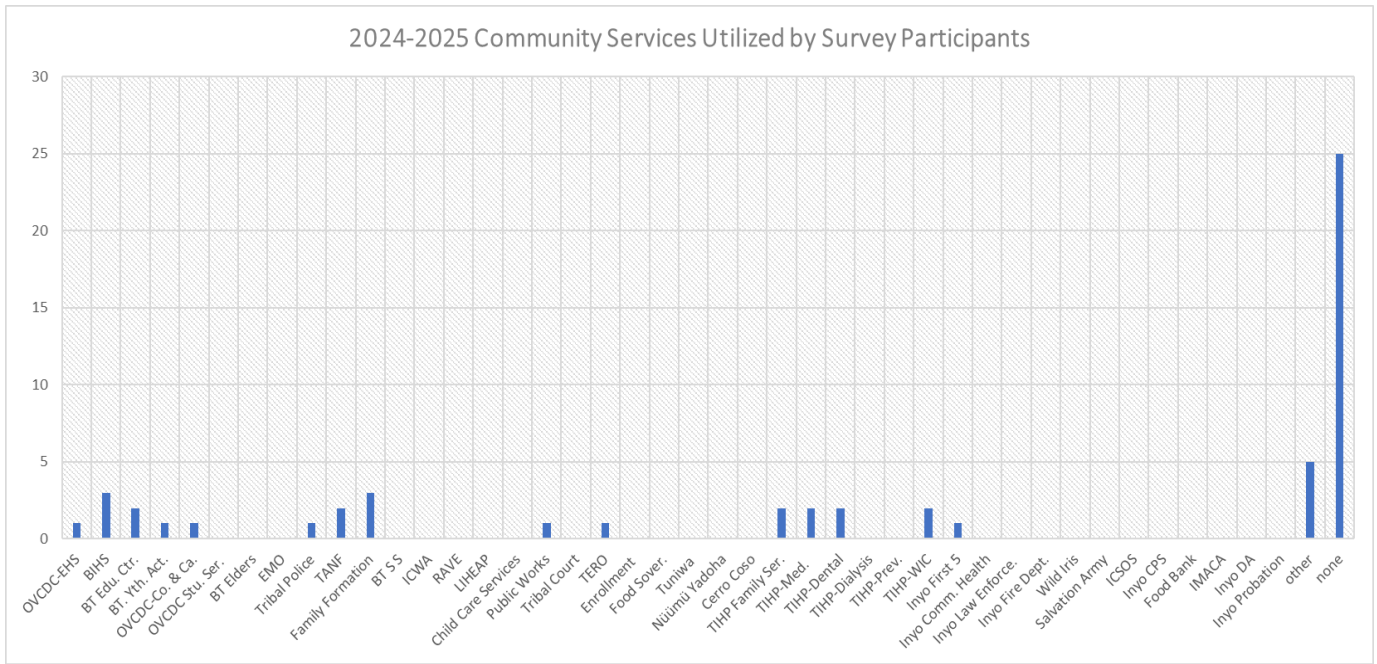


Similar results in 2017-Top 6 regarding barriers and prevention of services.

- Not aware of existing services.
 - Waiting list too long.
 - Childcare is not available.
 - Rules exclude people.
- Confidentiality and Transportation
 - Staff are rude.

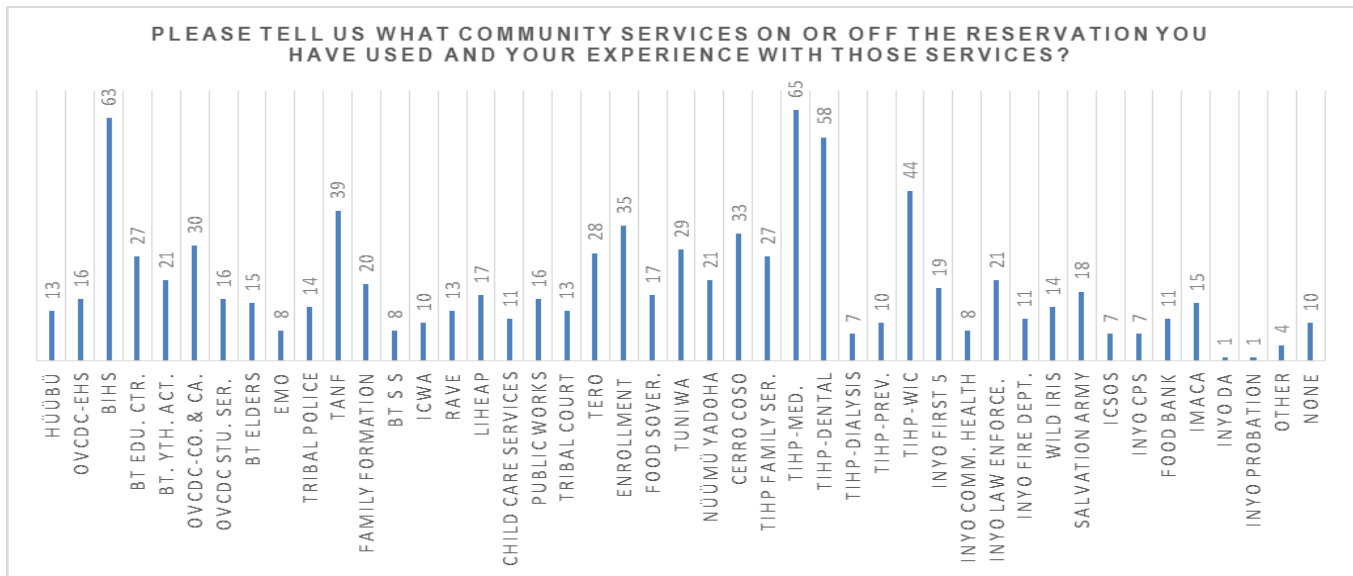
All Participants: 2025 Indicate if your family has any of the following needs.





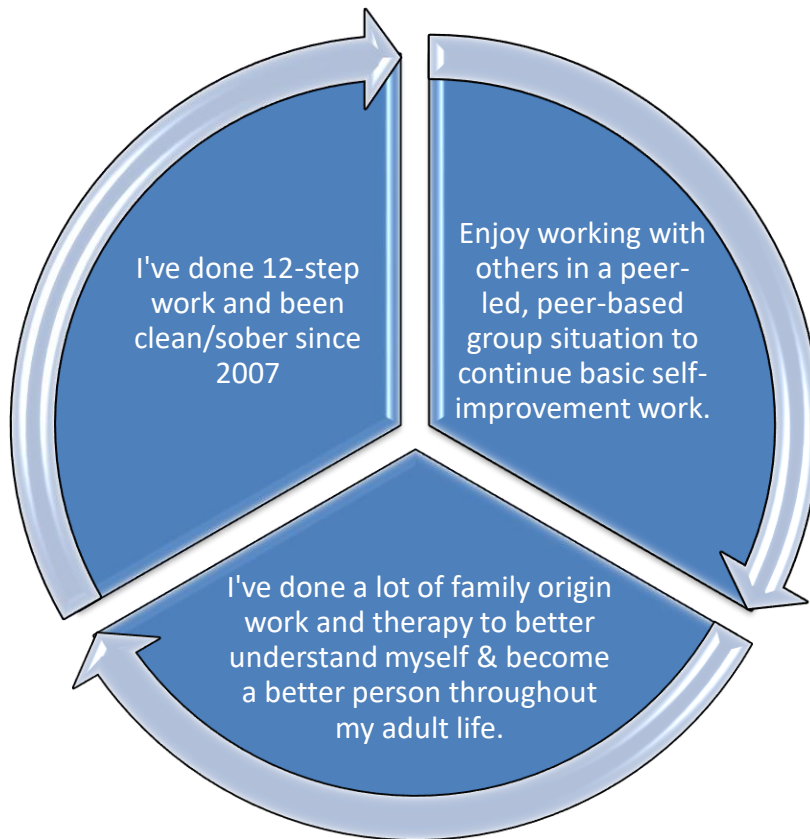
The Chart above was not a solid source compared to the 2017-2018 participants. Moving forward, requesting enrollment numbers and waitlists should be a stronger indication of what resources are being used and or needed in our community. In 2017, participants could check off what they used and in 2025, it was opened question.

2017-2018



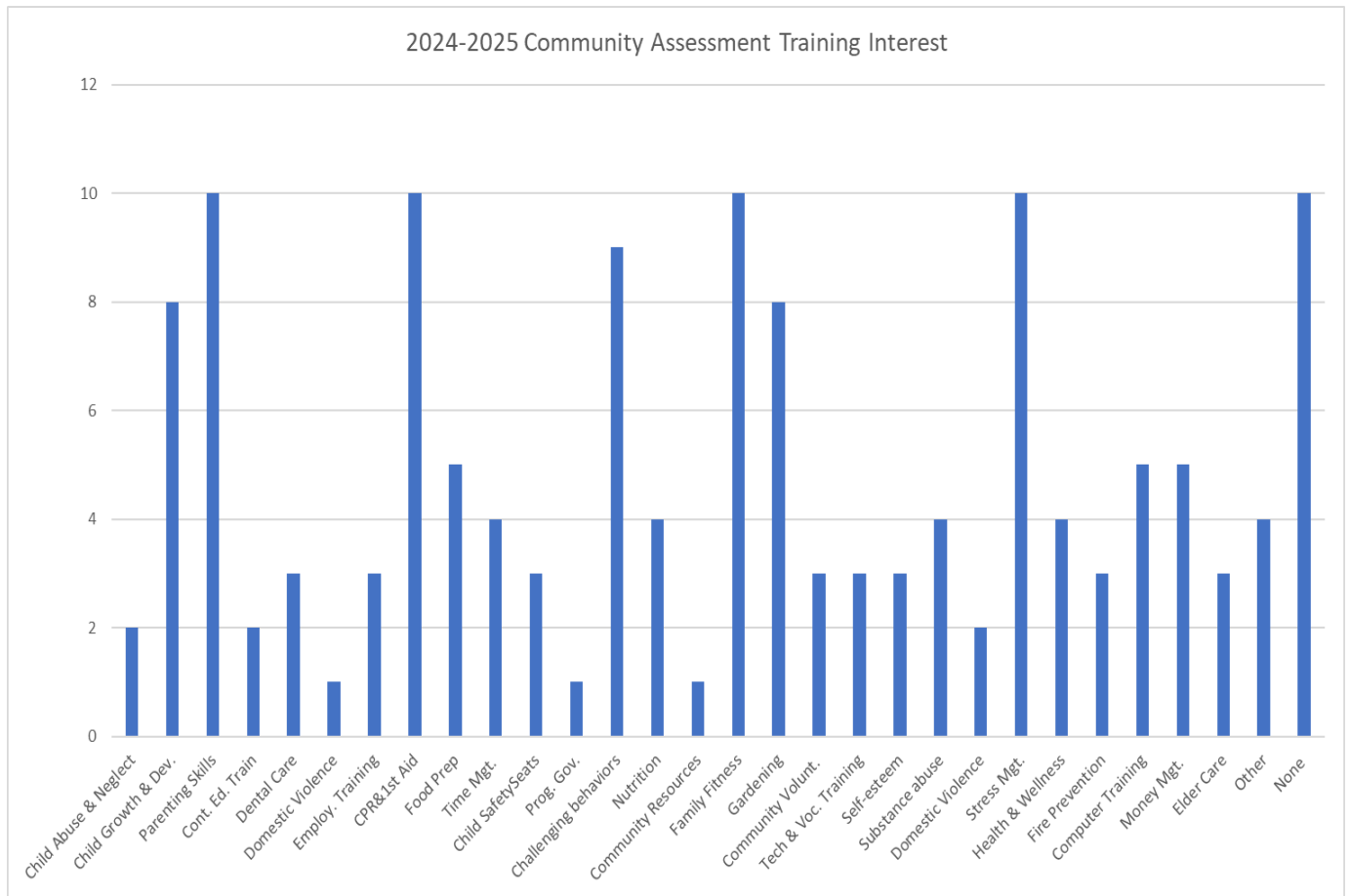
2025, BIHS provided an opportunity for participants to share their experiences with the services they utilized in the community:

- Housing
- 12-Step work, Family origin work, & therapy
- NIHD & Rural Health Clinic
- SBDC- Business center
- Career Development & Masters Gardeners
- Inyo Co. Job Fair



Tell Us About Your Training Interest?

2024-2025 BIHS Community Assessment Training Interests



The Top 6 Training Interest in the 2017 BIHS Community Assessment was:

- ❖ **Stress Management**
- ❖ **Gardening**
- ❖ **CPR and First Aid**
- ❖ **Family Fitness**
- ❖ **Child Growth and Development**
- ❖ **Nutrition**

BIHS Staff, Positions, Qualifications and Training

2024-2025 BIHS Administration and Staff:

- 21 BIHS hired staff members.
- Of the 21 hired staff members, (7) substitute staff members employed by BIHS.
- Of the 7-substitute staff we have: 2 assistant cooks, 1 associate teacher and 4 qualified substitute teachers.
- Of the 21 staff members, 14 are former and current Head Start parents/grandparents. and 6 were Head Start graduates.
- Of the 14 former and current Head Start parents/grandparents, 4 were former Head Start graduates.
- 81% of our staff participated in BIHS as a child and or later in life as an adult.
- The ethnicity of the staff is 67% Native American, 10% Caucasian, 24% Mexican American. Of the Native American ethnic group: 54% are Bishop Paiute Tribal members, 28% are Big Pine Paiute Tribal Members, 1% Yerington Paiute and 14% are Timbisha Tribal Members.
- All staff hold a current food handler permit, CPR and First Aid/AED certification, maintain mandated reporter status, SDS training annually, Active Supervision Training, Indian Health Service Pre Service Training, hold a Pest Management Certification of annual training and CACFP mandatory trainings. The TEAM completes over 24 hours of developmental training and includes Practice Based Coaching. All staff received background checks, child abuse and sex offender registry checks and drug screenings, and Livescan fingerprint screenings every five years.

Indian Health Service provides the following preservice trainings each year:

<p>Injury Prevention</p> <ul style="list-style-type: none"> - Safe sleep practices - Transportation safety - Medication storage and administration - Playground safety 	<p>Fire Safety and Emergency Management</p> <ul style="list-style-type: none"> - Planning and response for emergencies - Components of planning - Conducting and evaluating drills 	<p>Building Safety, Maintenance, & Functional Design</p> <ul style="list-style-type: none"> - Identification & Protection from hazards - Minimum functional design requirements
<p>Hazard Communication & Blood-borne Pathogens</p> <ul style="list-style-type: none"> - Responsible for Chemical use and Handling - Exposure prevention and response - Universal precautions - Handling and disposal of biological contaminants 	<p>Communicable Disease Control in the Children’s Environment & COVID-19 Guidance</p> <ul style="list-style-type: none"> - Recognition and transmission of common communicable diseases - Isolation, exclusion, and re-admittance - Handwashing and hand hygiene - Cleaning, sanitizing, and disinfecting - Diaper changing procedures - Vaccination waivers -Serv Safe Manager Training 	<p>CACFP Mandatory Training</p> <ul style="list-style-type: none"> Civil Rights Performance Standards Food Service Recordkeeping Financial Management and Maintaining a Nonprofit Food Service Program Program Oversight and the Serious Deficiency Process

BIHS EMPLOYMENT POSITIONS

2018-2019	2019-2020	2021-2022	2022-2023	2024-2025
BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person	BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person	BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person	BIHS Director; Education Manager; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person	BIHS Director; Transportation and Nutrition Manager; Civil Rights Manager; Bus Driver 1 person
Family and Community Advocate/ERSEA 1 person	Family and Community Advocate/ERSEA 1 person	Family and Community Advocate/ERSEA 0 person	Family and Community Advocate/ERSEA 0 person	Family and Community Advocate/ERSEA 1 person
Health and Disabilities, Assistant Director; Nutrition Monitoring; Safety Monitoring 1 person	Health and Disabilities, Assistant Director; Nutrition Monitoring; Safety Monitoring 1 person	Health and Disabilities, Assistant Director; Nutrition Monitoring; Safety Monitoring 1 person	Health and Disabilities, Assistant Director; Nutrition Monitoring; Safety Monitoring 1 person	Health and Disabilities, Assistant Director; Nutrition Monitoring; Safety Monitoring 1 person
Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person	Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person	Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person	Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person	Bus Driver/Administration Assistant; Transportation Monitoring; BIHS assist. cook 1 person
BIHS full time Cook; Food Safety and Cooking 1 person	BIHS full time Cook; Food Safety and Cooking 1 person	BIHS full time Cook and parttime assist. cook Food Safety and Cooking 2 person	BIHS full time Cook Food Safety and Cooking 1 person	BIHS full time Cook and parttime assist. cook Food Safety and Cooking 2 person
Teachers (5) 3 AA 1 Interim under Director Lead (BA)	Teachers (6) 4 AA 2 Interim under Director Lead (BA)	Teachers (6) 4 AA 2 Interim under Director Lead (BA)	Teachers (5) 3 AA 2 Interim under Director Lead (BA)	Teachers (5) 3 AA 2 Interim under Director Lead (BA)
Teacher Associates (3) 1 AA 2 Assistant Teacher Permit	Teacher Associates (3) 1 AA 2 Assistant Teacher Permit	Teacher Associates (4) 0 AA 2 Assistant Teacher Permit	Teacher Associates (3) 0 AA 2 Assistant Teacher Permit	Teacher Associates (3) 0 AA 2 Assistant Teacher Permit
Substitutes 1 Nurse 1 Teacher BA	Substitutes 1 Nurse	Substitutes 1 Nurse 1 Teacher BA	Substitutes 1 Nurse 2 Teacher BA	3 Teacher BA
1 Full Time Bus Driver Maintenance	1 Full Time Bus Driver Maintenance	1 Full Time Bus Driver Maintenance	1 Full Time Bus Driver Maintenance	1 Full Time Bus Driver Maintenance
1-part time bus monitor Gardener/Landscaper	1- bus monitor Gardener/Landscaper	1- bus monitor Gardener/Landscaper	1- bus monitor Gardener/Landscaper	1- bus monitor Gardener/Landscaper/Janitor
1 Data Entry Clerk	1-Sub Bus Driver/Monitor(temp)	1-Sub Bus Driver/Monitor(temp)	0 Sub Bus Driver/Monitor	0 Sub Bus Driver/Monitor
	1-Part Time Janitor (temp)	1-Part Time Janitor	1 Full Time Janitor	0 Full Time Janitor

BIHS Qualifications

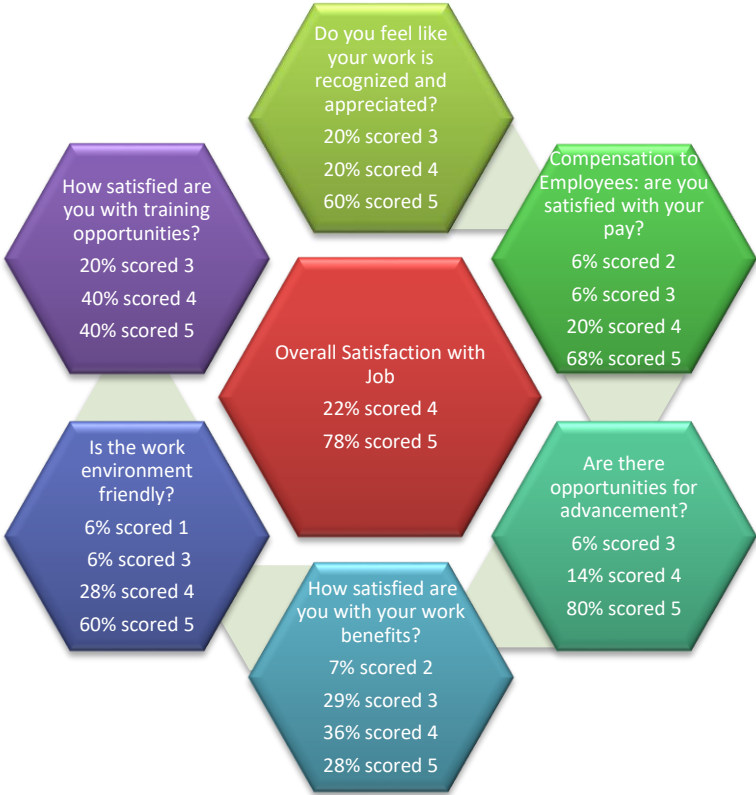
- ✓ **Director:** Holds a Baccalaureate Degree in Child Development with a Multiple Teaching Credential and holds a Child Development Director Permit. Director holds a Special School Bus Driver License and Serv Safe Manager Certificate.
- ✓ **Health and Disabilities Manager:** Holds an Associate Degree in Human Services and holds a Child Development Assistant Permit. Certified car seat technician and CPR/First Aid/AED instructor.
- ✓ **Education/ERSEA/PFCE Manager:** Holds a Bachelor of Arts Degree Liberal Arts: Sociology, Associate of Science Degree in Child Development and holds a Child Development Site Supervisor Permit.
- ✓ **All School Bus Drivers** hold: a Special School Bus Driver License certified by the California Highway Patrol every 5 years.
- ✓ **Lead Head Start Chef:** Holds a Food Handler Certification and receives annual CACFP pre-service training and online professional development training specific to Child Adult Care Food Program requirements.
- ✓ Approximately, 75% (3 of 4) **Teachers** hold an AA Degree and Child Development Teacher Permit or higher in early childhood or related field.
- ✓ Approximately 25% (1 of 4) **Teachers** hold an AA Degree and Child Development Site Supervisor Permit or higher in early childhood or related field.
- ✓ Approximately 25% (1 of 4) **Teacher Assistant** holds an Associate Child Development Permit and is currently earning an AA Degree in early childhood or related field. Holds a Special School Bus Driver License certified by the California Highway Patrol every 5 years.
- ✓ Approximately 75% (3 of 4) **Teacher Assistants** hold a Child Development Associate permit or higher.
- ✓ **Sub Teachers:** 2 holds a Standard Teaching Credential from the State of California; 1 holds a Bachelor of Science in Child Development and Associate of Arts Degree in General Education; 1 holds a Bachelor of Arts with a major in Liberal Studies- Multiple Subjects
- ✓ **Sub Teacher:** Holds Child Development Associate Teacher Certificate and applied for an Assistant Child Development Permit.

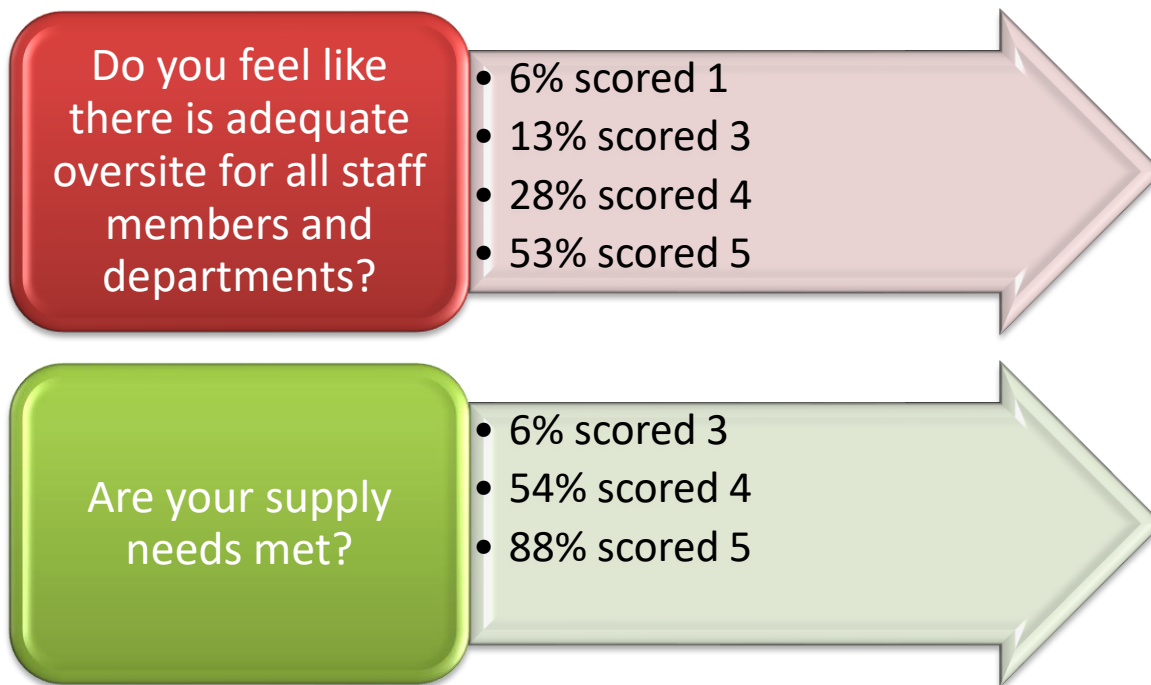
2025-2026 Staff Needs Assessment

94% (15/16) Return Rate

Instructions: All staff: Please take the time to complete our staff needs assessment survey for Head Start Grant Planning. This is a survey for employees of Bishop Indian Head Start. The purpose is to understand the working conditions, professional expectations, and overall job satisfaction of all our team members. Your feedback is anonymous. Your responses will help identify areas that need improvement and improve the working experience for everyone

Please rate the following matters from 1-5, 1 being low and 5 being high Topic





How long have you worked for this employer?

2 years: 13%	5 years: 33%	10 years 6%	20+ years 48%
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Do you see yourself working for this employer in the future? Circle one and mark one below.

Yes (64%)

(33% left Blank)

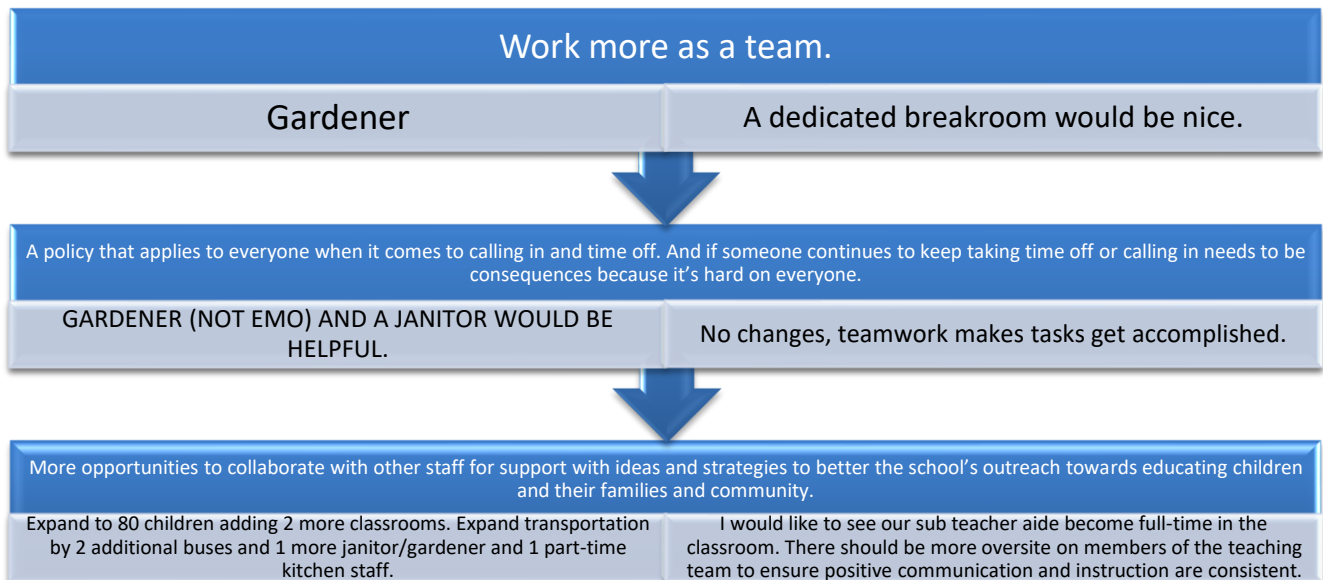
What could be done to improve your working conditions?

❖ 33% of the respondents did not provide a written response to this question.



What changes, if any, would you like to see in the future?

❖ 40% of the respondents did not provide a written response to this question.



Do you feel that your mental health needs are met? Please Explain. If you don't feel your mental health needs are being met, what can be done to improve this?

- ❖ 13% of the respondents did not provide a written response to this question.
- ❖ 53% of the respondents responded with a yes, mental health needs are met.



If any of the above answers were rated 3 or below, please explain why and add any additional comments or suggestions you feel appropriate. Positive or Negative feedback welcomed.

❖ 53% of the staff participants did not provide a response to this question.

BENEFITS-MEDICAL-THIS HEALTH INSURANCE DOES NOT COVER MUCH-THE OUT OF POCKET COST IS EXPENSIVE.

Not enough time for training and I would like better training opportunities. A lot of the training fill like rinse and repeat. Need encouraging team communication in a calm cool manner. NOT ALL STAFF ARE HELD ACCOUNTABLE

Copayment for insurance is very expensive

New health insurance isn't as good as our last health insurance. It is cheaper but staff are being denied with this insurance and that never happened with our pervious health insurance.

I rated my answer a 2 because I know I could make more or would get paid more in my position elsewhere.

Having witnessed issues between staff not being compromised through communication and feelings of disrespect would prompt my rating a 3.

Team Members need to get along put personal thing aside and don't be rude to each other.

What are the greatest needs for children and Families in our Tribal Community?

Resources: 2015-2016 Survey Monkey; 2025 Community Assessment

2015-2016 Survey Monkey	2025 Community Assessment
A place where they can go and have interactions with others their age. A place that would make them feel safe and give them the necessary skills to handle problems that may arise at school and home.	Accessibility & opportunities to learn Nüümü Yadoha with littles & implement @ home. i.e. lunch workshops, home handouts, online materials (interactive), translated animations, kids' books, flash cards, etc.
Daycare; Afterschool Programs; and the cost of daycare expenses	Childcare; After school programs. Access to healthy foods. Access to child dentists.
PEOPLE THAT WORK FULL-TIME BUT STILL HAVE TROUBLE RECEIVING SERVICES BECAUSE THEY MAKE TOO MUCH MONEY.	Medical & waitlist for services
Testing for disabilities at a younger age and a representative to help them get the proper educational start.	Support for children/families' w/ disabilities, cultural activities, family game/ movie nights
Their parents to be drug and alcohol free. BIHS is a wonderful start for them. Positive role models. Education and opportunities	Motivating people to take responsibility for themselves, their families, and their future. Education.
Economic and family strengthening resources. The greatest need for families is to provide the opportunity to improve their situations and improve their lives.	Support tribally owned members businesses for more diverse incomes. Grants for small businesses. Financial education for young adults. Update TANF policies to reflect Bishop average median income.
The greatest need for children is for them to have a safe, comforting and nurturing environment to grow up in. Homes, Food, Safety, Culture, Family All children need stability in their home life.	Dental care for children & elders. (TIHP refers out of town to pull teeth & do child dental care). Housing-affordable rentals. Sewer & water take too long to get hooked up. Families are homeless. Housing hook-ups. Solar for homes. More low-income housing.
FOSTER OR TEMPORARY CARE FOR CHILDREN THAT ARE PLACED IN THE COURT SYSTEM. All children need stability in their home life.	Elimination of poverty/ illness.
A safe playground, good education and healthy meals. Education on healthy eating and physical activity. Healthy foods & exercise, nurturing families, healthy communities (no violence, drugs & alcohol); quality Education with cultural values taught.	Safety- Cars do not abide by the 25-35 mph speed limit. Tribal/County lanes: See Vee, Tus Su Ln., Barlow Ln. The county should put up speed check monitors. Jobs- Tribal/TIHP/OV CDC Job fair (annual)

What are the greatest strengths in our Tribal community?

2015-2016 Survey Monkey



Section V Community Resources

The Bishop community has several sources of resources from individuals to institutions. Resources from individuals include the capabilities of community members to make unique contributions to the development of the community. For example, individuals may offer time, ideas, creatively, enthusiasm and energy to help share the directions that the community takes. While, institutions include formal public, private, and not-for-profit organizations that work together to achieve a particular community-building objective. There are numerous resources available from the tribe, city, county, and state. Team Inyo, established in April 2010, is a collaborative of many different agencies and community members working to address health equity in Inyo County. One of the major projects Team addressed was an online resource site, organized in way to make it easier for families and staff members to navigate resources quickly. Please open link:

Resilience Resources

aces aware
SCREEN. TREAT. HEAL.

HANG ME ON THE FRIDGE

WHAT WOULD YOU LIKE HELP WITH?

Resilience Resources for Inyo County
CONTACT WELLNESS NAVIGATOR
LWILSON@OVCDC.COM
FOR MORE INFO

Hotlines:
Suicide prevention Hotline: 1-800-273-8255
Crisis Text Line: text "ACES" to 741741
Domestic Violence Hotline: 1-800-799-7233
National Child Abuse Hotline: 1-800-422-4453
Inyo County 24hr Crisis Line: 1-800-841-5011

MENTAL HEALTH & RECOVERY	MEDICAL CARE	HOUSING	FOOD	CHILD & ELDER CARE	DOMESTIC VIOLENCE
<p><u>HHS BEHAVIORAL HEALTH</u> 760-873-6533 WELLNESS CENTER 760-873-8039</p> <p><u>TOIYABE FAMILY SERVICES</u> 760-873-6394</p> <p><u>ALPINE CENTER</u> 760-873-4357</p> <p><u>WELLBRIETY GROUPS</u> 760-873-8464 EXT 242</p> <p><u>NORTHSTAR COUNSELING</u> 760-873-6394</p> <p><u>PROGRESS HOUSE</u> 760-873-8045</p> <p><u>ALCOHOLICS ANONYMOUS</u> 760-873-6700</p>	<p><u>NORTHERN INYO HOSPITAL</u> 760-873-5811</p> <p><u>SOUTHERN INYO HOSPITAL</u> 760-876-5501</p> <p><u>RURAL HEALTH CLINIC BISHOP</u> 760-873-7411 LONE PINE 760-876-1146</p> <p><u>TOIYABE INDIAN HEALTH PROJECT BISHOP</u> 760-873-8464 LONE PINE 760-876-4795</p> <p><u>INYO COUNTY PUBLIC HEALTH</u> 760-873-7868</p> <p><u>WOMENS CLINIC BISHOP</u> 760-873-2602</p>	<p><u>INYO MONO ADVOCATES FOR COMMUNITY ACTION (IMACA)</u> 760-873-8557</p> <p><u>WILD IRIS (FOR VICTIMS OF IPV)</u> 760-873-6601</p> <p><u>BISHOP PAIUTE TRIBE SOCIAL SERVICES</u> 760-873-4414 EXT. 2800</p> <p><u>HHS WELLNESS CENTER (REFERRALS ONLY)</u> 760-873-8039</p> <p><u>PROGRESS HOUSE</u> 760-873-8045</p> <p><u>SHINE (FOR YOUTH AGED 18-24)</u> 760-648-3075</p>	<p><u>IMACA</u> 760-873-8557</p> <p><u>BPT FOOD SOVEREIGNTY</u> 760-873-3584 ELDERS PROGRAM 760-873-3052</p> <p><u>SALVATION ARMY FREE BREAKFAST ON SUNDAYS</u> 760-872-2124</p> <p><u>BISHOP UNIFIED METHODIST</u> 760-872-7701</p> <p><u>HHS</u> 760-873-5240 HHS WELLNESS CENTER 760-873-8039</p> <p><u>OASIS OF GRACE CHURCH</u> 760-920-0350</p>	<p><u>ADULT PROTECTIVE SERVICES</u> 760-873-6364</p> <p><u>SENIOR CENTER</u> 760-873-5240</p> <p><u>INYO WOMENS INFANTS AND CHILDREN (WIC)</u> 760-872-1885</p> <p><u>CHILD PROTECTIVE SERVICES (CPS)</u> 760-872-1727</p> <p><u>CHILD CARE CONNECTION</u> 760-873-5123</p> <p><u>FIRST 5 INYO</u> 760-873-6453</p>	<p><u>RAVE</u> 760-873-4414 24HR. HOTLINE 760-873-9018</p> <p><u>WILD IRIS</u> 760-873-6601 CRISIS LINE 1-877-873-7384</p> <p>OVCDC Tribal organization providing temporary assistance, career education, & family literacy 760-873-5107</p> <p>Disability Services Kern Regional Center 760-873-7411</p> <p>Great Steps Ahead 760-872-2270</p> <p>Inyo-Mono Association for the Handicapped (IMACA) 760-873-8668</p>

Resources available for adult services in Inyo County

To request updates to the list or more info contact Danielle Rose at drose@inyocounty.us or 760-878-8559

Adult Services

Employment

OVCDC CAREER EDUCATION PROGRAM
760-873-6547

WELLNESS CENTERS
760-873-8039

SIERRA EMPLOYMENT SERVICES
760-873-8599

TRIBAL EMPLOYMENT RIGHTS ORDINANCE
760-873-7893

CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC
760-873-3419

CALWORKS
760-872-1394

OVCDC TRIBAL TANF
760-873-5107

Education

INYO COUNTY ADULT EDUCATION PROGRAM
760-299-5959

WELLNESS CENTERS
760-873-8039

CERRO COSO COMMUNITY COLLEGE
760-872-1565

OVCDC CAREER EDUCATION
760-873-6547

KERN INDIAN EDUCATION CENTER
661-328-6206

OVCDC TUNIWA NOBI FAMILY LITERACY PROGRAM
760-872-2115

BISHOP INDIAN EDUCATION CENTER
760-873-3584

VETERAN SERVICES
760-873-7850

BISHOP PAIUTE TRIBE FAMILY FORMATION PROGRAM
760-873-4473

CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC
760-873-3419

Legal

SELF-HELP CENTER & FAMILY LAW FACILITATOR
760-872-6240

TRIBAL EMPLOYMENT RIGHTS ORDINANCE
760-873-7893

RAVE
760-873-4414

WELLNESS CENTER
760-873-8039

EASTERN SIERRA CHILD SUPPORT SERVICES
866-901-3212

WILD IRIS
760-873-6601

Cash Assistance

INYO COUNTY GENERAL ASSISTANCE
760-872-1394

VETERAN SERVICES
760-873-7850

CALWORKS
760-872-1394

IMACA LIHEAP UTILITY ASSISTANCE AND WEATHERIZATION
760-873-8557

CHILD CARE CONNECTION ALTERNATIVE PAYMENT PROGRAM
760-873-5123

WILD IRIS
760-873-6601

RAVE
760-873-4414



For more info on each resource, visit teaminyo.com

Resources available to meet basic needs
in Inyo County

To request updates to the list or more
info contact Danielle Rose at
drose@inyocounty.us or 760-878-8559

Basic Needs



Resources available to provide health related services in Inyo County

To request updates to the list or more info contact Danielle Rose at drose@inyocounty.us or 760-878-8559

Health

For more info on each resource, visit teaminyo.com

Medical

PUBLIC HEALTH CLINIC
760-873-7868

SOUTERN INYO RURAL HEALTH CLINIC
760-876-1146

RURAL HEALTH CLINIC
760-873-2849

TOIYABE MEDICAL SERVICES
760-873-8461

BISHOP PEDIATRIC AND ALLERGY
760-873-6373

CALIFORNIA CHILDREN'S SERVICES
760-873-7868

MEDICAL
760-872-1394

RURAL HEALTH WOMEN'S CLINIC
760-873-2602

NORTHERN INYO HOSPITAL
760-873-5811

SOUTHERN INYO HOSPITAL
760-876-5501

Nutrition

NIHD NUTRITION SERVICES
760-873-5811

TOIYABE NUTRITION SERVICES
760-873-8461

RURAL HEALTH CLINIC
760-873-2849

BISHOP PEDIATRIC
760-873-6373

BISHOP PAIUTE TRIBE FOOD SOVEREIGNTY PROGRAM
760-873-3584

CALFRESH
760-872-1394

INYO COUNTY WIC
760-872-1885

TOIYABE WIC
760-873-8464

Recovery

PROGRESS HOUSE
760-873-8045

WELLBRIETY MOVEMENT
760-873-6394

NARCOTICS ANONYMOUS
800-407-7195

PUBLIC HEALTH CLINIC
760-873-7868

RURAL HEALTH CLINIC
760-873-7868

ALPINE RECOVERY CENTER
760-873-4357

SOUTHERN INYO RURAL HEALTH CLINIC
760-876-1146

TOIYABE SUBSTANCE ABUSE PROGRAM
760-873-8464

INYO COUNTY SUBSTANCE ABUSE PROGRAMS
760-873-5888

AL-ANON MEETINGS
760-872-7701

ALCOHOLICS ANONYMOUS
760-872-7701

Dental

TOIYABE DENTAL SERVICES
760-873-3443

INYO COUNTY WIC
760-872-1885

TOIYABE WIC
760-873-8464

SPIKA DENTAL
760-873-3208

SKYLINE FAMILY DENTISTRY
760-873-6513

BRIAN L CARKEET DENTISTRY
760-873-3227

Mental Health

NORTH STAR COUNSELING CENTER
760-873-3262

OVCDC ACES AWARE
760-873-5107

INYO COUNTY BEHAVIORAL HEALTH
760-873-3305

VETERAN SERVICES
760-873-7850

PROGRESS HOUSE
760-873-8045

ALPINE RECOVERY CENTER
760-873-4357

NIHD BEHAVIORAL HEALTH
760-873-2849

TOIYABE FAMILY SERVICES
760-873-6394

WELLNESS CENTERS
760-873-8039

MENTAL HEALTH CRISIS LINE
1-800-841-5011

BUSD SCHOOL COUNSELORS
760-872-3680

FIRST
760-872-1394

WILD IRIS
760-873-6601



Resources available to provide family support in Inyo County

To request updates to the list or more info contact Danielle Rose at drose@inyocounty.us or 760-878-8559

Family Support

Groups, Classes, Resources

Child Care

CHILD CARE CONNECTION
760-873-5123

IMACA PRESCHOOLS
760-873-8557

BISHOP INDIAN HEAD START
760-937-6735

OVCDC EARLY HEAD START
760-873-5107

CITY OF BISHOP AFTER SCHOOL PROGRAM
760-920-1089

DISCOVERY POINT PRESCHOOL
760-258-1333

WILD ROOTS FOREST SCHOOL
805-570-3913

GRACE LUTHERAN PRESCHOOL
760-873-8818

RAINBOW CONNECTION
760-872-1272

DISCOVERY POINT EARLY LEARNING CENTER
760-258-1333

Crisis Support

CHILD PROTECTIVE SERVICES
760-872-1727

FIRST
760-872-1394

BISHOP SCHOOL COUNSELORS
760-872-3680

NORTH STAR COUNSELING
760-873-3262

INYO COUNTY BEHAVIORAL HEALTH
760-873-3305

BISHOP PAIUTE TRIBE SOCIAL SERVICES
760-873-4414

INDIAN CHILD WELFARE ACT
760-873-3584

RAVE
760-873-4414

WILD IRIS
760-873-6601

Development

KERN REGIONAL CENTER
760-873-7411

GREAT STEPS AHEAD
760-872-2270

STRIVE
760-587-2700

INYO COUNTY OFFICE OF EDUCATION
760-873-5123

ACHIEVE BEHAVIORAL ASSOCIATES
760-282-8081

AGES AND STAGES DEVELOPMENTAL SCREENINGS
760-873-6453

CALIFORNIA HOME VISITING PROGRAM
760-873-6453

BISHOP PEDIATRIC
760-873-6373

TOIYABE MEDICAL SERVICES
760-873-8461

TRIPLE P POSITIVE PARENTING
760-873-6453

Literacy

BISHOP INDIAN EDUCATION CENTER
760-873-3584

INYO COUNTY FREE LIBRARY
760-878-0260

DOLLY PARTON'S IMAGINATION LIBRARY
760-878-8559

OVCDC KERN INDIAN EDUCATION CENTER
661-328-6206

TUNIWA NOBI FAMILY LITERACY PROGRAM
760-872-2115



For more info on each resource, visit teaminyo.com

KERN REGIONAL CENTER
760-873-7411

TRIPLE P POSITIVE PARENTING
760-873-6453

HEALTHY COMMUNITIES OF SOUTHERN INYO
760-876-1011

MENTOR PROGRAM
760-873-5040

CASA
760-873-6601

WELLNESS CENTER
760-873-8039

KERN INDIAN EDUCATION CENTER
661-328-6206

BISHOP PAIUTE TRIBE FAMILY FORMATION PROGRAM
760-873-4473

TOBACCO PREVENTION PROGRAM
760-872-1885

TOY LENDING LIBRARY
760-873-5123

OUTDOOR PROGRAM
760-545-5181

Summary/Conclusions-Section VI- presents the summary and conclusions of the Community Assessment Report.

While all the information presented contributed to the Community Assessment report's overall conclusions, there was certain specific information that looked more prominent and important. This specific information formed the core conclusion. From the conclusions, recommendations emerged that are intended to be useful in future Bishop Indian Head Start program planning.

The most noted information that emerged from the overall Community Assessment formed conclusions in two areas: (1) the ongoing needs of current Head Start families, and (2) the unmet needs of eligible children and families.

The Bishop Indian Head Start program provides an array of community resources available for children and families, especially in health and social services. Efforts to improve the need to collaborate services within and without the Tribal Community have proven to be successful since the 2017 Community Assessment to ensure services are being provided in a consistent and timely manner and to reduce duplication.

Current and eligible Head Start families remain vulnerable to the effect of socioeconomic and health problems. Many Head Start eligible families continue to cope with profound poverty; others have more material resources, but most families experience an underlying sense of the inevitability of need. Service providers essential to the wellbeing of families served by Bishop Indian Head Start including those who address issues of employment, education, job skills, substance abuse, domestic violence, mental health, childhood obesity, parenting, child development and now homelessness.

Revisiting the 2017 Community Assessment

Community Needs Identified in the 2017 BIHS Community Assessment	How BIHS and/or Community Partners Are addressing Community Needs
Food Sovereignty Community and School Gardens Farmers Market Eating Healthy Family Fitness Nutrition Polices	<ol style="list-style-type: none"> 1. The Bishop Paiute Tribe Environmental Management Office developed the Tribal Food Sovereignty Program to address community self-determination to the local food system, increasing availability of and access to healthy food. FSP host free garden & traditional food activities and share resources and knowledge. 2. BIHS with parents, staff, community partners, volunteers, Orange Lutheran High School Mission Volunteers, Food Core, Edison International, EMO-Bishop Paiute Tribal Food Sovereignty (Farm to School Grant) and Toiyabe REACH and PICH grant provide resources to build community gardens, including the BIHS Children’s Garden. BIHS planted over 30 fruit and nut trees. 3. Our Partnership with FSP provided gardening education or adults and children, and Healthy Cooking Classes for families. 4. Prior to Covid 19: Monthly Farmers Markets located at the Owens Valley Paiute Shoshone Cultural Centers. 5. Bishop Paiute Tribe provided monthly Talley Boxes provided to Elders and BIHS families. 6. Toiyabe Partnerships to Improve Community Health (PICH) and Racial and Ethnic Approaches to Community Health (REACH) provided funds to expand the BIHS outdoor space for children provided plenty of space for children to develop their gross motor development.
CPR and First Aid Training	<ol style="list-style-type: none"> 1. BIHS Health Manager is a certified CPR and First Aid Instructor. 2. BIHS Health Manager provides ongoing CPR and First classes to parents, staff and community. 3. BIHS is an Official training site for the National Institute for Healthcare Education.
Stress management	<ol style="list-style-type: none"> 1. Inyo County Social Services provided awareness training and events related to Adverse Childhood Experiences (ACES). 2. Owens Valley Career Development Center (OVCDC) provided Trauma Informed Care (TIC) to address mental health and provider care related to stress management. 3. BIHS reached out to Inyo County and (OVCDC) to present TIC training to BIHS Team.
Parenting skills. Child Growth and Development. Parenting skills	<ol style="list-style-type: none"> 1. OVCDC hosts fatherhood and motherhood is sacred. BIHS hosted a workshop with an OVCDC Facilitator. 2. Inyo County First 5 provides the following resources for families in our community: <ul style="list-style-type: none"> ➤ Ages and Stages Questionnaires ➤ Diaper Depot ➤ Home Visiting ➤ Imagination Library ➤ IMPACT (Improve and Maximize Programs so All Children Thrive) ➤ New Parent Kits ➤ Reach Out and Read

	<ul style="list-style-type: none"> ➤ Triple P Positive Parenting (BIHS Director completed training and Triple P resources are available onsite). ➤ BIHS hosted Triple P courses with a First 5 Facilitator.
<p>Since most enrolled and eligible Head Start families are employed, there is a continuing need to provide a full-day continuum of services that will blend the Head Start and Child Care programs to address the childcare needs of working families.</p>	<ol style="list-style-type: none"> 1. BIHS hosted an afterschool children's garden program for 1 month. The program was successful. Challenge: Supervised by Director and Food Core. No budget at the time to hire permanent positions. 2. BIHS provided Kindergarten Transition Program 30 days before the start of Kindergarten during Covid-19. 3. BIHS hosted a summer program funded by the Bishop Paiute Tribe Social Service Program before and during Covid 19. <ul style="list-style-type: none"> ➤ BIHS has not hosted a summer program after COVID -19. After school programs and summer programs for childcare remain a need for BIHS enrolled families and Tribal employees.
<p>There is a continuing need in the community to address issues of single parenting.</p>	<ol style="list-style-type: none"> 1. Inyo County Wrap Around Team: A Wraparound program is a comprehensive, individualized, and family-centered approach to supporting individuals with complex needs, particularly those with mental health or behavioral challenges. It involves a collaborative team, including the child/youth, family, service providers, and natural support, working together to develop and implement a customized plan of care. The goal is to create a stable and supportive environment where the individual can thrive, focusing on their strengths and needs, and promoting their participation in their community. 2. First 5 services and Triple P Parenting 3. Single Parents may receive priority for BIHS services pending overall needs of the family.
<p>Program improvements issues identified by staff, parents and community partners: parent involvement; culture in the classroom; team building; more culture into the curriculum, Staffing and Supervision. Provide parent education in these areas; nutrition day with the families, the importance of overall health of the family, how the child's brain grows with neglect, abuse, observing abuse and how to foster children in a good way. Increase parent participation, more school presentations, and after school daycare.</p>	<ol style="list-style-type: none"> 1. BIHS gathers a Way to Volunteer Survey at the start of enrollment and provide results to the teaching team. 2. Teaching Team facilitates classroom projects for parents, invites families to attend field trips, encourages families to participate in health advisory, parent committee, policy council, IEP meetings, workshops, and parent teacher conferences. 3. All BIHS teachers utilize to the best of their ability provide experience of the Paiute Language and Culture in their classroom. BIHS teachers have access to a Paiute Language Curriculum. 4. Team building strategies and activities are practiced in our preserve training each year and through out the year. 5. BIHS Teachers complete Active Supervision Training each year. BIHS is fully staffed with a sufficient substitute teacher list. 6. FSP Team, Food Core, and First 5 partnered with BIHS to provide family cook nights, BIHS Health Manager partnered with Toiyabe Nutritionist to provide at least 2 nutrition workshops during the program year 2025-2030. 7. BIHS collaborates with all our partners to provide an Annual Health Fitness Carnival to provide wellness resources. 8. BIHS worked with a licensed therapist to provide a brain development workshop during the program years 2025-2030. BIHS is completing a behavior therapy course for staff. In addition to ACES workshops sponsored during an OVDCD event at the college and at a preserve. 9. BIHS provides 2 annual presentations for parents and the community and provides at least 2 presentations a year for our elders. 10. BIHS provided 1 pilot after school garden afterschool program.
<p>Program/Community improvement</p>	<ol style="list-style-type: none"> 1. BIHS continues to provide School Bus Transportation; and Dial a Ride

<p>issues identified by community partners include transportation, resources to address homelessness, drug and alcohol residential rehabilitation facility, assisting families in obtaining resources in the community to support their family needs and goals; decreasing the required paperwork load on families to obtain resources.</p>	<p>passes for our enrolled families.</p> <ol style="list-style-type: none"> Eastern Sierra Transit Authority provided low-cost transportation for families: non-emergency medical transportation; mileage reimbursement program for families traveling out of area for medical appointments. The Bishop Paiute Tribe and Toiyabe provided financial resources for Medical Travel. The Bishop Paiute Tribe is planning to purchase an Electric School Bus and 2 transit electric buses. New: Crossroads and Recover Center: Addiction treatment from a community perspective with a goal to provide a Recovery Residence Program.
<p>Universal Referral form identifying the various Tribal Program Services. <i>Improve communication and collaboration between agencies to maximize resources within our community.</i> <i>Increase communication and collaboration between the Bishop Indian Head Start program and community partners in efforts enhance services and provide a variety of parent trainings that will meet the needs of our Head Start community.</i></p>	<ol style="list-style-type: none"> BIHS Health Manager hosts Monthly Health Advisory Meetings attended by BIHS Community Partners and ongoing invites to potential partners addressing family needs and strengths. BIHS hired an Education Manager/Family Advocate with Social Service/Case Management Experience. Ongoing Tribal and Non-Tribal Social Service meetings each month addressing community needs and resources and events to address needs. Ongoing communication with Community Partners via email announcing events with flyers, pamphlets and downloadable posters to distribute to families and staff. Universal Referral Available and utilized by BIHS. In addition to community partner referrals. Team Inyo: Online Resource Site and community calendar; community collaborative with a mission to make our local community healthier and easy for families to make healthy choices.

Community Needs Summary Report 2025-2030



- **Homelessness-** There is a housing waiting list and rental waiting list of approximately 40 families/individuals. Housing is scarce on the reservation and unaffordable in the City of Bishop. Residents have either moved away or live in multigenerational homes.
 - Inyo County has over 6 million acres. Approximately 99.9% of the land is federal, state, county, city, and/or privately held, leaving less than 1% for the three tribes of the Owens Valley.
 - Bishop Paiute Reservation has 713 total housing units with 643 (90.2%) occupied and 70 (9.8%) vacant. Of the occupied units, 371 (57.7%) were occupied by the owner and 272 (42.3%) were rented. The average household size was 3.22 individuals in occupied units and 2.79 in rented units. 166 units (25.8%) were moved into either 1989 or earlier and 477 units (74.2%) were built and moved into after 1990.
 - A recent count shows only 5-7 homes vacant. Therefore 99% of the 713 homes are occupied and approximately 1% are vacant.
 - Many of the homes considered vacant by the census have either been condemned or deemed uninhabitable. This includes many of the dilapidated wooden structures, old cinder blocks and pensioner homes. Many trailers are uninhabitable and are being used by land assignment owners as storage.
 - Bishop Paiute Tribal population resides on 875 acres. There is a continuous housing waiting list of approximately 20 families and a rental waiting list of 20-25.
 - Housing is scarce on the reservation and in the resort area of Bishop housing is unaffordable.
 - Many eligible residents move away from their land and family or live in multigenerational households.

- **Resources/information-** In questionnaires from programs and agencies working with children and families, Links to resources and information has been a request. Families are mentioning that they are not aware of the resources available to them and how to access them.

- Respondents indicated varying levels of awareness about local community resources for parents and your children, with a need for more support and information in specific parenting areas.
- Barriers to accessing community resources included logistical challenges and a lack of awareness or information about available services.
- Stakeholders identified schools as key access points for mental health services but noted a lack of on-site resources and integration with community mental health providers.
- Families cited stigma and insufficient resources as barriers, with programs like First 5 offering some support but lacking in reach and visibility.
- Stakeholders stressed the need for culturally relevant health education targeting Latino and Tribal communities.
- **Increase childcare costs-** HHS recommends families who pay for childcare should be using 7% of their income to pay for childcare. However, Data is suggesting a family eligible for childcare subsidy, who receives financial assistance from other qualified safety net programs, has 44% of their income left each month for other expenses, such as transportation, clothing and other basic needs.
 - County Median Family Income (\$59,139) will use 22% of their income for housing, 32% for childcare and 45% for all other family needs.
 - Full Time preschool care in a childcare center is \$8,880.00 compared to \$9,060.00 in a licensed childcare home.
 - Cost of Full-Time infant care in a childcare center is \$14,232.00 compared to \$10,164.00 in licensed childcare home.
 - Major reasons families seek childcare: 137% indicated employment, 4% alternative care and 3% enrichment and or development.

- According to Carolyn Arnold, Northern Inyo Hospital Birth Statistics 2021-2023 on average 194 babies were born. 2024 Northern Inyo Hospital saw an increase of live births recorded, totaling 230. Of the live births recorded 45.8% were documented as Native American. For the year 2024, there is no data currently.
- **Increase childbirths-** According to Carolyn Arnold, Northern Inyo Hospital Birth Statistics 2021-2023 on average 194 babies were born. 2024 Northern Inyo Hospital saw an increase of live births recorded, totaling 230. Of the live births recorded 45.8% were documented as Native American. For the year 2024, there is no data currently.
- **Poverty-** 15.4% of households are below the poverty rate based on the CEDS report. The median household income for tribal families is \$50,375 which places a family within low-income bracket eligibility regarding to HUD guidelines. Poverty is associated with substandard housing, homelessness, inadequate childcare, food insecurity, cognitive and health related issues.
 - Bishop Tribe has 875 acres, Tribal assignments are already crowded, and housing opportunities are limited. Off-reservation housing is prohibitively expensive, and opportunities are extremely limited.
 - Bishop Paiute Tribal residents, population 25 years and over, 17 out of 1,222 have less than 9th grade education.
 - Bishop Paiute Tribal residents, population 25 years and over, 102 out of 1,222 have 9th-12th grade, no diploma.
 - Dropout rate: In 2021 Inyo County had a percentage of 31.1% of students drop out of High School compared to the State of California, 9.4%.
 - 6% of Bishop residents live with an income below the poverty level in 2023.
 - 2.5% of Bishop residents live with an income below 50% of the poverty level in 2023.
 - 11.4% of Big Pine residents live with an income below poverty level in 2023.
 - 5.3% of Big Pine residents live with an income below 50% of the poverty level in 2023.
 - Children 0-12 with parents in the labor force in 2021 make up 23% of the County

- Single mothers in the labor force make up 29% of the County
- One minimum wage earner (\$18,720) will use 66% of their budget for housing and 44% of their income for childcare.
- County Median Family Income (\$59,139) will use 22% of their income for housing, 32% for childcare and 45% for all other family needs.
- The cost of Full-Time infant care in a childcare center is \$14,232.00 compared to \$10,164.00 in licensed childcare home
- Full Time preschool care in a childcare center is \$8,880.00 compared to \$9,060.00 in a licensed childcare home.
- Major reasons families seek childcare: 137% indicated employment, 4% alternative care and 3% enrichment and or development.
- Inyo County had an increase of licensed family childcare homes, 2019 reported 20 licensed family childcare homes and in 2021, there were 37 reported licensed family child care homes, an 85% increase.
- 40% of childcare centers have one or more federal/state/local contracts,
- 20% of childcare programs participating in the Child Care Food Program

Where do we go from here....

The 2025-2030 Community Assessment report will be used as the foundation for developing goals and objectives for the 2025-2030 Continues 5-Year Noncompetitive Grant. Parent, Staff, and Community Needs Data will be updated each year to analyze trends, positive outcomes and program/community needs.

The Bishop Indian Head Start Community Assessment process is an effort to target collaborative program planning among our Tribal agencies as well as social services outside the reservation

The following pages (104-132) illustrate BIHS 5-year Strategic Goals-2025-2030; School Readiness Goals-2025-2030 and Program Improvement Goals for 2025-2026.

**Program Goals over Five Year Project Period-Nutrition
PROGRAM PLAN: 2025 - 2030**

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
Nutrition					
Bishop Indian Head Start will work towards reducing household food insecurity and improve nutrition knowledge.	1. Improve family knowledge and skills in preparing healthy budget-friendly foods by providing resources, monthly information, and annual activities.	1. BIHS will develop an annual MOU with FSP to provide food, education, and garden supplies.	Families will learn about and prepare nutritious meals regularly. Families and children will have access to healthy foods.	MOU developed, Meeting minutes. Sign in sheets. Food Education and supplies inventory.	Increase in families accessing WIC, SNAP, TANF from beginning to year end.
	2. Expand families' access to food by facilitating connections with community resources.	2. BIHS will collaborate with SNAP, WIC, and TANF to provide information at first Parent meeting and Health Carnival.		Sign-in sheets. Meeting minutes and agendas.	Survey on increasing healthy cooking.
		3. BIHS will provide quality information. To families in Community Garden and food banks.		BIHS Newsletter	How often did families receive produce from garden!
		4. BIHS will partner nutrition experts to provide cooking classes twice a year.		Sign in sheets	
		5. BIHS will provide healthy meal kits to families annually.		Number of families received kits.	Number of families received a kit.

Program Goals over Five Year Project Period-Health

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staffs' knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
Health					
BIHS will enhance lifelong well-being of children and families by elevating healthy behaviors	1. Increase family access to tools and resources to support mental well-being.	1. In conjunction with the BIHS Health advisory, maintain, update and distribute a list of tools and resources during monthly parent committee meetings, carnivals and online webpages.	BIHS Families and children are healthy, safe and successful in their self-care.	1. Health Advisory sign in sheets.	Number of mental health referrals and follow-up notes.
		2. BIHS will update MOUs with existing and potential partners annually.		2.Update the resources list readily available, current to families and staff.	Number of families accessing mental health services based on information provided at designated events.
		3. BIHS will offer adult Mental Health First Aid bi-annually with the Inyo County Department of Education.		3.Parent Committee Sign in Sheets.	Education feedback follow-up through one to one and talking circles with participants to measure effectiveness of training/resources.
				4.Resource List is online.	Feedback from pre-and-post training surveys.
				5.Monthly Newsletter with Mental Health Information.	
				6. Number of new and existing MOUs.	
				7. Number of families signatures on the participation sign in sheets.	
				8. Number of families signatures on the participation sign in sheets.	

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
	2. Increase family knowledge about the impact of childhood obesity.	1. BIHS will provide monthly Nutrition articles regarding childhood obesity posted in the BIHS Newsletter.		1. Monthly Newsletter with Healthy Weight Information.	Parent DRDP Surveys conducted in February.
				2. Number of families signatures on the participation sign in sheets.	
Continued Health		2. During enrollment the Education Manager will review and discuss the creating health schools letter related to the effects of high sugary foods on children's health.		1. Signed Creating Healthy Schools Letter in section 6 enrollment file.	
		3. BIHS will track BMI and provide parents with information about their child's growth.		1. Summary of Screenings	BMI Annual Tracking
	3. Increase children's participation in gross motor play by providing structured gross motor activities.	4. Director will ensure monthly lesson plans include 1 scheduled structured gross motor activity each day.		1. Lesson plans signed off by the Director and daily observations.	DRDP Outcomes Development Domain Physical Development - Health PD-HLTH 2: Gross Motor Locomotor Movement Skills.
	4. Increase family access to tools and resources to support family safety.	1. The Health Manager will offer CPR and First Aid courses 4 times a year.		1. Monthly Newsletter posting information related to the availability of safety devices.	Education feedback follow-up through one to one and talking circles with participants in order to measure effectiveness of training/resources.
		2. The Health Manager will offer safety devices such as: smoke alarms and Co2 detectors		2. Tracking and inventory forms of devices provided to families.	Parking lot observations on car seat usage.
Continued Health		3. The Health Manager will provide Child Car Seat Safety Education and Child Car Seats to enroll BIHS children.		3 Number of families signatures on the participation sign in sheets, including child attendance sheets.	Satisfaction Survey related to Safety Events.
		4. BIHS will plan and host at least 1 car seat safety Check Point with the collaborative support of our community partners.		4. Car seat safety checkpoint forms	

Program Goals over Five Year Project Period -Parent Family Community Engagement

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
PFCE					
BIHS will build families' knowledge and confidence in guiding children to be successful in school.	1) Increase family knowledge and skills to promote children's literacy and development through materials and training.	1) BIHS will facilitate two workshops annually on how to read to children.	Families and children will read more!	Workshops provided with sign-in sheets documenting the number of parents participating.	Pre-Survey of enrollment. Post-Survey in February. Are families reading more? To children? Adults reading for pleasure?
	2) Increase the number of families reading for pleasure and to gain information.	2)The Health Manager will include bi-annually (tips on reading to children) in the BIHS Newsletter submitted by Education Manager.		Tips sheets biannually to parents via BIHS Newsletter.	
		1) The Education Manager will organize a monthly family book club.		Sign-in sheets	
		2) The Education Manger will renew partnership support letter with library and invite parent to library activities/events.		Support letter established. Library flyer of events shared with parents monthly.	Number of families participate in Library events.
		3)BIHS will partner with OVCDE and First Five to offer a bookfair on site annually.		Planning Meeting. Annual book fair with number of participants.	DRDP:(LLD 5) Interest in Literacy: Child shows interest in books, stories, and other literacy activities in increasingly complex ways.
		4)The BIHS Team will sign up families for Dolly Parton Imagination library reading program.		The number of completed applications families signed up for Dolly Parton program.	Number of families receive books from the Dolly Parton program.

Program Goals over Five Year Project Period-Education

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
Education					
Bishop Indian Head Start will build children's self-identity and connection to the community through integration of language and culture.	Increase children, families, and staff's knowledge of Paiute Language and culture by offering a variety of activities monthly and during classroom activities.	1. The BIHS Team will organize a cultural committee to include enrolled families, elders, and staff in 1st quarter of grant.	Children can have basic conversations in Paiute and are familiar with traditional cultural practices.	Committee Meeting Minutes and sign sheets.	Focus group with parents during pumpkin pie social.
		2. The Cultural Committee will build an annual calendar of culture events and activities.		Cultural Calendar Developed and shared via online post, classroom board and online.	Focus group with staff at Pre-Service.
		3. The BIHS Cultural Committee will invite community members to present traditional music, dance, and traditions at four events annually.			Pre-Survey -words at home.
		4. The BIHS Education Manager will arrange quarterly field trips to the Owens Valley Paiute Shoshone Cultural Center.		Children Attendance sign-in sheets, Bus logs/safety drills and fieldtrip forms.	DRDP -Language, Community, Self-Identify, Music, and Dance
		5. The BIHS Director will ensure BIHS employs or contracts a full-time Paiute Native speaker on Teaching Staff.			LLD 1: Understanding of Language (Receptive)Child understands increasingly complex communication and language.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Continue Education		6. BIHS Teachers will provide daily language circle time and or activities.		Lesson Plan review signed off by Director or Education Manager. Language circle time observation.	SED 1: Identity of Self in Relation to Others: Child shows increasing awareness of self as distinct from and also related to others
		7. The BIHS Team will ensure the Environment is rich in Paiute Language.		Classroom Environment observations documented.	VPA 2: Music Child expresses and creates by making musical sounds, with increasing intentionality and complexity
					VPA 4: Dance Child develops capacity to respond, express, and create through movement in dance
					HSS 2: Sense of Place Child demonstrates increasing awareness of the characteristics of physical environments and connections among their attributes, including the people and activities in them

2025-2030 School Readiness Goals

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
(ATL-REG-5) Self Control of Feeling and Behavior:					
BIHS will provide ongoing opportunities for children to build their social emotional toolbox in order to thrive on their own when faced with socially challenging events.	Year 1: 50% or more of our enrolled children will be at Exploring Later: Relies on communication or guidance from familiar adult to regulate emotional or behavioral reactions in moderately stressful situations.	1. BIHS Team will receive annual PATHS training during preservice in August. PATHS, or Promoting Alternative Thinking Strategies, is a curriculum that helps elementary school children develop social and emotional skills. It also aims to reduce aggression and behavior problems.	Children will leave BIHS with strategies for regulating feelings and behavior and become less reliant on adult guidance over time.	Preservice Agenda, Staff Sign in and out participation sheets	All Teachers and Teacher Associates will provide 1 PATHS Lesson to the BIHS Team and will provide feedback regarding training received on a Pre and Post Survey.
Goal P-SE-3. Child engages in and maintains positive interactions and relationships with other children.		2. Parents will receive a PATHS orientation during enrollment, first conference, parent committee meeting and Back to School Night.		Training Agenda, Parent Sign in and out participation sheets, parent and teacher signed meeting sheets	DRDP Parent Survey Feedback (Additional questions: Do parents know what Social Emotional Curriculum BIHS Teachers are using in the classroom?)
Goal P-SE-4. Child engages in cooperative play with other children.		3. The Director and Education Manager will ensure PATHS lessons are in weekly lesson plans.		Director and or Education Manager signature of lesson plan weekly reviews.	Number of times PATHS are written in lesson plans. Number of lessons completed throughout the year.
		5. The Director and Education Manager will observe a PATHS lesson plan each month and identify strengths and needs of the Teaching Team utilizing PATHS.		DRDP 3 x (fall, winter and spring) outcome reports	Number of times PATHS is observed. Number of PATHS observations are completed throughout the year.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Continued (ATL-REG-5) Self Control of Feeling and Behavior:		5. Director and Education Manager will implement Practice Based Coach Model in August.		Practice Based Coaching Needs Assessment form, Goal and resource sheet, meeting forms and Observations forms.	All members of the Teaching Team is equipped with trainings, materials and resources to teach Self-Control of Feelings and Behavior School Readiness lessons.
		6. BIHS Teachers will assess children by collecting data from DRDP children's observations and parent input 3 x a year (fall Winter and Spring).		DRDP Observations for all children are available; Parent DRDP Reports are reviewed and signed; School Readiness Outcomes are updated and distributed among staff during planning meetings.	DRDP Outcomes reflect 50% of enrolled students are at Exploring Later, Spring 2026.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
(SED-2) Social and Emotional Understanding:					
BIHS will provide ongoing opportunities for children to observe awareness of other people's uniqueness in order to evolve their own behavioral response to the emotional response of people who are less familiar.	Year 1: 50% or more of our enrolled children will be at Exploring Later: Adjusts behavior in response to emotional expressions of people who are less familiar.	1. BIHS Team will receive annual PATHS training during preservice in August. PATHS, or Promoting Alternative Thinking Strategies, is a curriculum that helps elementary school children develop social and emotional skills. It also aims to reduce aggression and behavior problems.	Children will leave BIHS with an understanding of people's behaviors, feelings, thoughts, and individual characteristics.	Preservice Agenda, Staff Sign in and out participation sheets	All Teachers and Teacher Associates will provide 1 PATHS Lesson to the BIHS Team and will provide feedback regarding training received on a Pre and Post Survey.
Goal P-SE-5. Child uses basic problem-solving skills to resolve conflicts with other children.		2. BIHS Team will receive annual Head Start Early Learning Outcomes Framework (ELOF) training during preservice in August. Focus will be on Social Emotional Development resources under the Interactive Head Start Early Learning Outcomes Framework: Ages Birth to Five A guide to what children should know and do in five central developmental domains.		Preservice Agenda, Staff Sign in and out participation sheets	Video and resource staff feedback sheets from the 15 minute suites, staff development hours met.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Goal P-SE-6. Child expresses a broad range of emotions and recognizes these emotions in self and others.		3. The Director and Education Manager will review the weekly lesson plan and identify PATHS curriculum activities.		DRDP 3 x (fall, winter and spring) outcome reports	Teacher weekly lesson plans will document a Social Emotional Strategy used and the resource.
Continued (SED-2) Social and Emotional Understanding:		4. Director and Education Manager will implement Practice Based Coach Model in August.		Practice Based Coaching Needs Assessment form, Goal and resource sheet, meeting forms and Observations forms.	All members of the Teaching Team is equipped with training, materials and resources to teach School Readiness lessons.
		5. BIHS Teachers will assess children by collecting data from DRDP children's observations and parent input 3 x a year (fall Winter and Spring).		DRDP Observations for all children are available; Parent DRDP Reports are reviewed and signed; School Readiness Outcomes are updated and distributed among staff during planning meetings.	DRDP Outcomes reflect 50% of enrolled students are at Exploring Later, Spring 2026.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
(LLD 5) Interest in Literacy:					
BIHS will empower and liberate children by cultivating a genuine enthusiasm for reading and engaging with text by encouraging children to actively seek out books and materials related to their personal interests, fostering a desire to learn and explore through reading, and ultimately promoting a lifelong love of literacy.	Year 1: 50% or more of our enrolled children will be at Building Earlier: Looks at books page by page, or participates, from beginning to end, in listening to stories, singing songs, or playing rhyming games, when supported by an adult.	1. BIHS Team will receive annual Head Start Early Learning Outcomes Framework (ELOF) training during preservice in August. Focus will be on Literacy Development resources under the Interactive Head Start Early Learning Outcomes Framework: Ages Birth to Five A guide to what children should know and do in five central developmental domains.	Children will leave BIHS with an understanding of the purpose of literacy and the knowledge gained from books and stories.	Preservice Agenda, Staff Sign in and out participation sheets	All Teachers and Teacher Associates will provide 1 hand on Literacy Lesson related to building a love for literacy.
Goal P-LIT 4. Child demonstrates an understanding of narrative structure through storytelling/re-telling.		2. Parents will receive ELOF Training orientation during enrollment, the first conference, parent committee meeting and Back to School Night.		Training Agenda, Parent Sign in and out participation sheets, parent and teacher signed meeting sheets	Video and resource staff and parent feedback sheets from Literacy related to training and resources.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Goal P-LIT 5. Child asks and answers questions about a book that was read aloud. Continued (LLD 5) Interest in Literacy:		3. The BIHS Education Manager will facilitate two workshops annually on how to read to children for parents utilizing ELOF, State Framework or DRDP resources related to reading to your children.		Training Agenda, Parent Sign in and out participation sheets, parent and teacher signed meeting sheets	Pre-Survey at enrollment. Post-Survey in February. Are families reading more? To children? Adults reading for pleasure?
		4. The BIHS Team will sign up families for Dolly Parton Imagination library reading program.		The number of completed applications families signed up for Dolly Parton program.	Number of families receive books from the Dolly Parton program.
		5. The Director and Education Manager will review weekly lesson plan and identify Literacy activities.		Director and or Education Manager signature of lesson plan weekly reviews.	All members of the Teaching Team is equipped with training, materials and resources to teach Interest in Literacy School Readiness lessons.
		6. BIHS Teachers will assess children by collecting data from DRDP children's observations and parent input 3 x a year (fall Winter and Spring).		DRDP Observations for all children are available; Parent DRDP Reports are reviewed and signed; School Readiness Outcomes are updated and distributed among staff during planning meetings.	DRDP Outcomes will reflect 50% of enrolled children will be at Building Earlier, Spring 2026.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
(COG-8) Cause and Effect:					
BIHS will furnish enriching open-ended manipulatives for children to demonstrate understanding of cause and effect by predicting the consequences of their actions in real-life situations.	Year 1: 50% or more of our enrolled children will be at Exploring Later: Searches for possible causes of actions, events, or behaviors.	1. BIHS Team will receive annual Head Start Early Learning Outcomes Framework (ELOF) training during preservice in August. Focus will be on Scientific Reasoning resources under the Interactive Head Start Early Learning Outcomes Framework: Ages Birth to Five A guide to what children should know and do in five central developmental domains.	Children will have the ability to demonstrate their ability to observe, anticipate, and reason about the relationship between cause and effect as it relates to actions.	Preservice Agenda, Staff Sign in and out participation sheets	All Teachers and Teacher Associates will have at least 4 hands on lesson plan utilizing resources provided in the preservice training. Each lesson will have a list of materials needed to facilitate a formal Scientific Inquiry Lesson. BIHS Team and will provide feedback regarding training received on a Pre and Post Survey.
Goal P-SCI 1. Child observes and describes observable phenomena (objects, materials, organisms, and events).		2. BIHS Lead Teachers and associates will take an inventory of their science materials and based on their inventory create a order list of materials needed to meet Goals P-SCI 3 by September 30th 2026		Lesson plans, completed inventory list, and purchase orders, packing slips	Classroom Science Centers are fully stocked and rotated quarterly throughout the school year.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Goal P-SCI 2. Child engages in scientific talk.		3. BIHS Director and Education Manager will host at least 2 Family Science Nights based on Cause and Effect		Workshops provided with sign-in sheets documenting number of parents participating.	Pre-Survey at enrollment. Post-Survey in February. Are families reading more? To children? Adults reading for pleasure?
Goal P-SCI 3. Child compares and categorizes observable phenomena.		4. The Director and Education Manager will review the weekly lesson plan and identify Cause and Effect activities.		Director and or Education Manager signature of lesson plan weekly reviews.	Teacher weekly lesson plans will document Science Lesson Plans used and the resource.
		5. Director and Education Manager will implement Practice Based Coach Model in August.		Practice Based Coaching Needs Assessment form, Goal and resource sheet, meeting forms and Observations forms.	All members of the Teaching Team are equipped with trainings, materials and resources to teach Cause and Effect School Readiness lessons.
		6. BIHS Teachers will assess children by collecting data from DRDP children's observations and parent input 3 x a year (fall Winter and Spring).		DRDP Observations for all children are available; Parent DRDP Reports are reviewed and signed; School Readiness Outcomes are updated and distributed among staff during planning meetings.	DRDP Outcomes will reflect 50% of enrolled children will be at Exploring Later, Spring 2026.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
(PD-HLTH 10) Nutrition:					
BIHS will work towards decreasing childhood obesity and increasing children's knowledge on the effects of healthy eating.	Year 1: 50% or more of our enrolled children will be at Building Earlier: Recognizes or identifies a variety of foods.	1. BIHS Team will receive annual Nutrition training during preservice in August. Training will include:1302.44 Child Nutrition; CACFP Civil Rights; Meal Patterns; Food Allergies; Meal Accommodations; positive food and eating environments and child obesity.	Children will leave BIHS demonstrating increased knowledge about nutrition and healthful food choices.	Preservice Agenda, Staff Sign in and out participation sheets	All Teachers and Teacher Associates will provide feedback regarding training received on a Pre and Post Survey.
		2. The BIHS Staff will review and update the Health Schools Parent Letter to support the movement to prevent childhood obesity.	Children will have a healthier weight appropriate for their age.	Final Health Schools Letter signed by Staff and Parents.	Staff and Parents understand the effects of high sugary foods have on children's healthy weight and are not bringing in high sugary foods into the center.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Continued (PD-HLTH 10) Nutrition:		3. BIHS Team will facilitate Child Nutrition Hands on Workshops each month to encourage children to try new veggies and fruit.		Scheduled Lana Iguana Likes to Eat Fruits and Veggies on Monthly Lesson Plans.	Parents and Teachers report on surveys: children are eating more veggies and fruits. Parents and staff are trying healthy recipes provided by the Nutrition Team.
		4. BIHS will partner with the Tribal Food Sovereignty Program to provide preschool garden lessons to children each quarter.		Scheduled preschool garden activities on Monthly Lesson Plans.	Children's gardens actively grow vegetables & fruits available for children, families and staff. Children understand where fruits and veggies come from and to grow& care for plants.
		5. BIHS Teachers will assess children by collecting data from DRDP children's observations and parent input 3 x a year (fall Winter and Spring).		DRDP Observations for all children are available; Parent DRDP Reports are reviewed and signed; School Readiness Outcomes are updated and distributed among staff during planning meetings.	All members of the Teaching Team, Parents and children are equipped with trainings, materials and resources to teach School Readiness Nutrition lessons. DRDP Outcomes will reflect 50% of enrolled children will be at Building Earlier, Spring 2026.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
(HHS 4) Conflict Negotiation:					
BIHS will empower children to develop skills for resolving disagreements peacefully and respectfully, fostering communication, empathy, and problem-solving abilities	Year 1: 50% or more of our enrolled children will be at Exploring Earlier: Responds emotionally and often impulsively in conflict situations, requiring adult assistance to resolve conflict or reduce stress.	1. BIHS Team will receive annual Conflict Resolution training for adults and children during preservice in August. Trainings will include: https://headstart.gov/publication/ensuring-collaborative-partnerships-strategies-effective-meetings-decision-making-conflict and https://headstart.gov/video/problem-solving-moment and other Head Start and State Resources	Children will leave BIHS with an increased understanding of the needs of other children and are increasingly able to consider alternatives and to negotiate constructively in conflict situations.	Preservice Agenda, Staff Sign in and out participation sheets.	Video and resource staff feedback sheets from Conflict Resolution related to training and resources. Increase in adults resolving conflicts with
	Year 2: 50% or more of our enrolled children will be at Building Earlier: Uses words for gestures to express desires in some conflict situations but require adult assistance to communicate constructively and resolve conflict.	2. The BIHS Team will collaborate to draft a Conflict Resolution Policy for BIHS staff, parents, and children.		Completed Conflict Resolution Plan to be presented to the Policy Council in September.	Video and resource staff and parent feedback sheets from Conflict Resolution related to training and resources.
		3. The Teaching Team will take an inventory conflict resolution materials and curriculum and submit requests to the Director before the start of school year.		All classrooms are fully stocked with conflict resolution materials and curriculum.	Director and Education Manager scheduled observations documenting teaching team and support staff utilizing conflict resolution strategies with children.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Continued: (HHS 4) Conflict Negotiation:		4. BIHS will continue partnerships with SELPA, Toyabe and Health and Human Resources to provide one-to-one counseling to children, identified by parents and staff needing additional behavioral support.		Parent and Teacher referrals. Progress Notes between specialists and teachers. Child Plus Tracking. Daily Behavior charting. Parent Teacher conference notes.	Decrease in teaching team requesting additional support from management to redirect children in their classroom. Children follow the Teacher's redirection guidance on the first and second request. Positive outcomes are noted in the daily behavior logs and parent teacher conference forms.
		5. Director and Education Manager will implement Practice Based Coach Model in August.		Practice Based Coaching Needs Assessment form, Goal and resource sheet, meeting forms and Observations forms.	All members of the Teaching Team are equipped with training, materials and resources to teach Conflict Resolution School Readiness lessons.
		6. BIHS Teachers will assess children by collecting data from DRDP children's observations and parent input 3 x a year (fall Winter and Spring).		DRDP Observations for all children are available; Parent DRDP Reports are reviewed and signed; School Readiness Outcomes are updated and distributed among staff during planning meetings.	DRDP Outcomes will reflect 50% of enrolled children will be at Building Earlier, Spring 2026.

PROGRAM IMPROVEMENT PLAN 2026

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Over a five-year period, our program will establish processes and offer services so that:					
Part 1301 Program Governance sub-section 1301.5 Training					
Broad Goal: BIHS Program Governance systems will include a governance structure, strong communications, and regular reporting that supports shared decision making.	Goal: BIHS Policy Council, Tribal Council, Fiscal. and Human Resources will receive training in Leadership and Governance to include all areas under Program Management, Planning & Oversight Systems. Including Financial Training	1. Online training Resources from the Office of Head Start Knowledge Center will be utilized by the Director to inform and train the Policy Council and Tribal Council on at least 4 trainings a year regarding the Performance Standards.	BIHS is supported by a knowledgeable Shared Governance Team with the ability to make sound programming decisions affecting the well-being of children, families, staff and the community.	Time Frame: June 2026; Responsible: Director; Documentation: Minutes and completed forms; Check list documenting the completion of each training and certificate; Cost: 0	The Policy Council, Tribal Council and Fiscal Team will continue to provide support to the Director in all shared governance decisions. Participants indicate they have received sufficient training on a post survey.
		2. The Program Governance Calendar will have training scheduled and reviewed at each meeting.	A program calendar will ensure consistent communication and training.	Timeframe: Schedule complete July 31st of each year; Responsible; Director; Costs: 0	The Bishop Paiute Tribal Council, Policy Council, Fiscal Team will increase training participation certification from 50% to 75%.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Part 1302—Program Operations -1302 Subpart C—Education and Child Development Program Services					
Broad Goal: BIHS will ensure that we maintain our system for measuring child outcomes and use results to plan for continuous program improvement.	Goal: BIHS Management and Teachers will engage parents/guardians in core and supplement curriculum discussion.	(1) Director will collaborate with Education Team to continue research updates to Creative Curriculum, an alternative Core curriculum based on our School Readiness Goals, Early Head Start Curriculum and State Preschool identified Curriculum.	BIHS will have a Core Curriculum that is based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation.	Time Frame: May-December 2025; Responsible: Education Manager; Documentation: Emails, Meeting Minutes, Curriculum Research binder, curriculum chart and signatures of participation; Cost: May cost up to 28,000.00 for Creative Curriculum upgrade.	The BIHS Teaching Team and parents/guardians will have learning materials and training to ensure lesson plans are targeting school readiness goals and meeting set benchmarks on the DRDP each year. Parents/Guardians and staff indicated they received sufficient training on the DRDP Annual Survey (Satisfied to Very Satisfied=90-100%).
		(2) Director, Education Manager and Lead Teachers will involve parents in the discussion of Curriculum choices.	Parent Engagement in Curriculum Choice and Lesson Planning.	Time Frame: Start September of each school year. Responsible: Director and Education Manager; Agenda, participation records; Cost 0	Parents/Guardians and staff indicated they received sufficient training on the DRDP Annual Survey (Satisfied to Very Satisfied=90-100%).
		(3) BIHS will add curriculum topics to each meeting agenda for all parent meetings and the Policy Council.	same	same	same

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
1302 Subpart D—Health Program Services					
Broad Goal: BIHS will ensure a comprehension system of services is in place to prevent health problems; supports health development by encouraging practices that prevent illness or injury and promotes positive culturally relevant health behaviors that enhance lifelong well-being.	Goal: Bishop Indian Head Start will have a consistent schedule of ongoing services for children identified as needing support in the classroom.	(1) The Health and Disabilities Manager with the Director will draft MOU between all our Mental Health Partners describing services BIHS will provide as well as our mental health partners.	All BIHS children will be able to form Positive relationships with others and institutions, show kindness and understanding, use strategies to deal with challenges, Be part of a supportive group, and take care of yourself and others.	Time Frame: June 2025-December 2026 ; Responsible: Director and Health Manager; Documentation: Certification of Completion, Classroom Observation forms, Plans of Action Forms, signatures of participation; Cost: 0	100% All Mental Health Partners will have an MOU or Letter of Support. Child DRDP Spring Outcomes will meet the benchmark of 50% Exploring Later (SE 4).
		(2) The Health and Disabilities Manager will collaborate with Mental Health Community partners to draft a consistent schedule for child /classroom observations and assessments	Mental Health Classroom Schedule will be provided to each teacher and each parent for their own child to ensure maximum participation of services.	Time Frame: September 2025; Responsible: Health Manager; Documentation: Schedule, Classroom Observation forms, Service Logs; Cost: 0	100% of classroom teachers and parents receiving mental health services will have a schedule. The average daily attendance of services will be 85% or better.
	Goal: BIHS will have a consistent schedule of quarterly to monthly mental health trainings for parents and staff to support the behavioral health needs of our children, families and staff.	(1) The Health and Disabilities Manager and all Direct Service Staff will complete a 40-hour Behavioral Therapy Course.	All BIHS children will be able to form Positive relationships with others and institutions, show kindness and understanding, use strategies to deal with challenges, be part of a supportive group, and take care of yourself and others.	Time Frame: June 2025-December 2026 ; Responsible: Director and Health Manager; Documentation: Certification of Completion, Plans of Action Forms, signatures of participation. Cost: 0	100% of the BIHS Teaching Team will earn a 40 Hour Completion Certificate. 2024-2025 5 out of 12 Direct Service Team Members completed the Course.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Health goal continued.		(2) The BIHS Director, Education Manager and Health Manager will observe all teaching team members utilizing PATHS. [A Complete Solution to Boost Calm Classrooms, Safer Schools, and Student and Educator Well-Being].	Same	Time Frame: September 2025-December 2026 ; Responsible: Director and Education Manager; Documentation: Classroom Observation forms, Lesson Plans, Plans of Action Forms, signatures of participation. Cost: 0	100% of the BIHS Teaching Team will have at least 2 PATHS Observations a year. 100% of classrooms will utilize PATHS.
		(3) The BIHS Director, Education Manager and Health Manager will identify if any staff team members need additional coaching.	Same	Same	Same

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
1302 Subpart E—Family and Community Engagement Program Services					
Broad Goal: BIHS ensures the family identifies and discusses their needs and strengths to identify resources and additional services for each family while offering the family an opportunity to self-assess their progress during periodic reassessments.	Goal: Management Team will continue to improve process for summarizing parent and family strengths and needs to plan workshops and trainings to support positive family outcomes.	(1) ERSEA Team will input the Parent Needs Assessment, Parent Education Interest and Volunteer Interests in Child Plus prior to child's first school day.	Expected Outcomes: BIHS Program Impact Areas will ensure families will have resources needed to strengthen all 7 Family Outcomes and ensure a positive child comes for all enrolled children.	Time Frame: By September 2025 Responsible: Director and ERSEA Team, Health Manager, Documentation: Agenda, Minutes and completed forms, training, workshop schedule, parent survey summary report, participation sign in sheets. Cost: 0	Child Plus reports, Needs Assessments Report, PIR Report, Parent Needs Health Tracking Forms, Family Goal Reports and the DRDP Parent Survey are all indicating an increase in the number of families receiving resources as compared to prior years. BIHS will start tracking dates and length of time parent receives a response to need.
		(2) The Education Manager will use family data collected during enrollment in section 3 to summarize is an illustrated chart during parent, staff and collaborative partnership meetings to collaboratively analyze the data.	Parent needs are being addressed in a timely manner.	Same	Same

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
		(3) The analyzed data will be used to identify existing resources in our community to support BIHS in assisting our families meet their identified needs, interests and strengths.	Same	Same	Same
		(4) The Education Manager, Health Manager and Director will facilitate a partnership meeting to schedule at least 4 workshops and training a year related to analyzed data.	Same	Same	Same

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
1302.53 Community partnerships and coordination with other early childhood and education programs.					
Broad Goal: BIHS ensures the family identifies and discusses their needs and strengths to identify resources and additional services for each family while offering the family an opportunity to self-assess their progress during periodic reassessments.	Goal: The Management Team will train each year to analyze data and align services to families individualized needs, strengths and interests using the Head Start Parent Family and Community Engagement Framework.	(1) The Director will provide a copy of the Head Start Parent and Family and Community Engagement Framework and ensure support team has online access.	Expected Outcomes: BIHS Program Impact Areas will ensure families will have resources needed to strengthen all 7 Family Outcomes and ensure a positive child comes for all enrolled children.	Time Frame: May-June ; Responsible: Director and Education Manager; Documentation: Completed forms; Cost: 0	Director, Education Manager, and Health Manager will track the use of the PFCE framework in monthly reports. 100% of all reports, newsletters, meetings and flyers will use PFCE language.
		(2) The Director will review the PFCE Framework with the Education Manager and assist with any questions and training needed to implement framework.	Same	Same	Same
		(3) The Education Manager will draft updated BIHS Policies and Procedures aligning with updated Head Start regulations. The draft will be presented to the Policy and Tribal Councils.	Same	Time Frame: May-June ; Responsible: Director and Education Manager; Documentation: BIHS Parent Family Community Engagement Policies and Procedures updated to 2025; Cost: 0	The Head Start Federal Review will document which we are meeting Federal Standards. Program Self-Assessment will document no area of program improvement.

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
	Goal: BIHS Section 3 (Family Engagement) will have attractive user-friendly forms aligning with Head Start Parent Family and Community Engagement Framework, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders.	(1) The Education Manager will update all forms in Section three after reviewing online resources available in the Early Childhood Learning Knowledge Center. https://eclkc.ohs.acf.hhs.gov/ .	All enrollment forms will be legible. Forms will be condensed and not repeat the same information in other forms.	Time Frame: June-August. Responsible: Director; Documentation: Completed forms; Cost 0	BIHS ERSEA Team will survey parents at the end of enrollment regarding enrollment forms and receive at least a 90% approval rating. The BIHS Teachers response to missing forms and signatures will decrease by 50% or greater.
		(2) The Education Manager will review forms with EHS and BIHS Family staff, parents and community partners for their input.	Same	Same	Same
		(3) The ERSEA Team will utilize the new forms during the 2025-2026 enrollment period.	Same	Same	Same
		(4) The Director and ERSEA team will enter data from new forms into Child Plus and summarize data in August.	Same	Same	Same

Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
		(5) The Education Manager and Director will present Parent Summary Data to all stakeholders.	Parent needs are being addressed in a timely manner.	Time Frame: September -October. Responsible: Director; Documentation: Completed forms; Cost 0	The number of Community partners and resources will match the needs of the parents. 100% of parent needs identified will have a resource and or referral. 100% of the needs will be tracked and addressed in a monthly report.
		(6) The Education Manger, Director and or teachers (if needed) will follow up with families at least three times a year to assist with resources to meet BIHS families individualized strengths, interests and needs.	Same	Time Frame: Fall, Winter and Spring. Responsible: Education Manager; Documentation: Family Goal Notes, Needs Assessment, Child Plus Reports, and Education Manager Reports; Cost 0	PIR and Child Plus reports indicate an increase of parent needs and family goals are being addressed. DRDP parent Survey Indicates Parents are 100% Satisfied to Very Satisfied for the information provided to their families and the way staff talks to families.
		(7) Enrollment Forms to be translated in Spanish as needed.	All enrollment forms will be legible. Forms will be condensed and not repeat the same information in other forms.	Time Frame: June-August. Responsible: Director; Documentation: Completed forms; Cost 0	All families will have equal access to BIHS enrollment information and an interpreter to assist with enrollment.

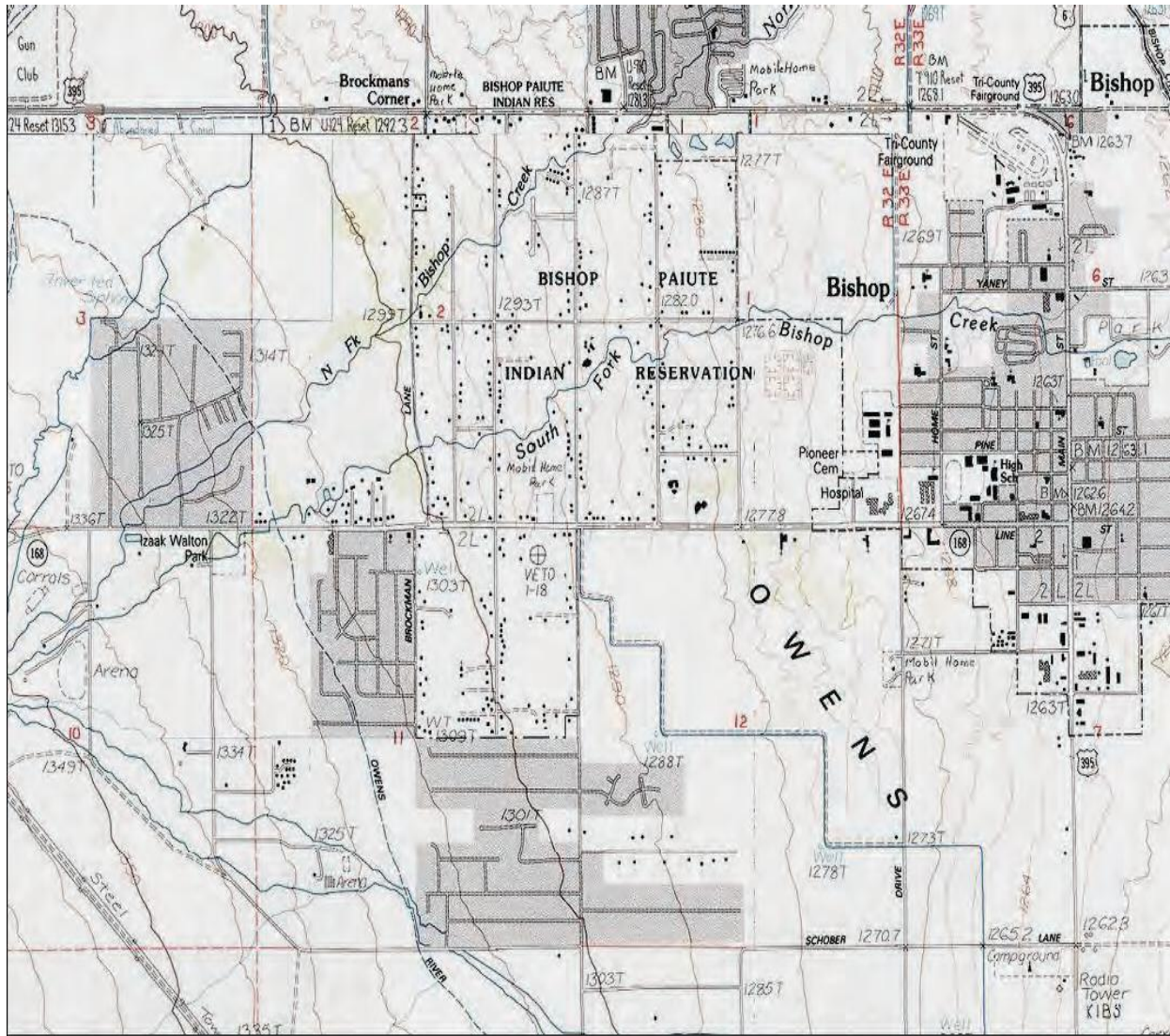
Goal	Objectives	Services (Actions)	Expected Outcome	Tracking Progress	Tracking Progress2
<i>What goal does our program want to accomplish?</i>	<i>What are we planning to do to reach our goal?</i>	<i>What actions are we going to take to reach our objectives?</i>	<i>Which expected outcomes relate to our goals, objectives, and services (actions)?</i>	<i>Measures of Effort: How much programming are we offering? Are we carrying out services as planned?</i>	<i>Measures of Effect: What difference is our program making? What are the changes in families' and/or staff's knowledge and behavior? Other effects?</i>
Part 1303—Financial and Administrative					
Broad Goal: BIHS will ensure that these important infrastructures support program operations: Facilities, Materials, and Equipment, Transportation, and technology systems services.	Goal: BIHS will purchase a new gasoline bus and or an electric bus for local and Big Pine Routes. Note: Cleaner air and fewer health risks. Electric school buses have zero tailpipe emissions, so students, drivers, and community members are not directly exposed to toxic diesel exhaust that contributes to fine particulate pollution — the environmental exposure that causes the most deaths in the country. https://www.climatecentral.org/climate-matters/electric-school-buses	(1) BIHS Bus drivers are seeking quotes from California School Bus Vendors.	Expected Outcome: BIHS will have the opportunity to own an Electric school bus in California and help reduce pollution, save money, and support the state's transition to clean energy.	Time Frame: Started in 2023-ongoing; Responsible: Director and Bus Drivers; Documentation: Meeting minutes and participation signatures and Interviews with EMO Director and Drivers	Decrease in Diesel Bus usage by 50%. Decrease in the cost of maintaining a school bus program due to repairs and upkeep of a diesel school bus.
		(2) Bishop Paiute Tribe Environmental Director is working collaboratively with grant writers to set up Solar Panel System with charging stations.	BIHS will have to equipment in place to charge an electric school bus.	TBA	Same
		(3) Once Charging Systems are in place, EMO Director, Admin, Elders, Education and BIHS will purchase electric transportation vehicles for our programs.	Same	Same	Same
		(4) Director will plan training for BIHS Drivers on operating an Electric School Bus.	BIHS School Bus Drivers are proficient in driving an electric school bus.	Time Frame: TBS; Responsible: Director and Bus Drivers; Documentation: T01 and T02 forms are completed by School Bus Driver Trainer; Cost: 1,000	CHP Bus inspection of the BIHS Fleet is Satisfactory

Section VII identifies sources of information used to gather the Community Assessment data. The Community Assessment represents a collection and analysis of information of the Bishop Head Start program's service area. This report reflects the characteristics and needs of Head Start eligible children and their families, including available resources and provides a broad knowledge base for strategic planning for program services and management systems.

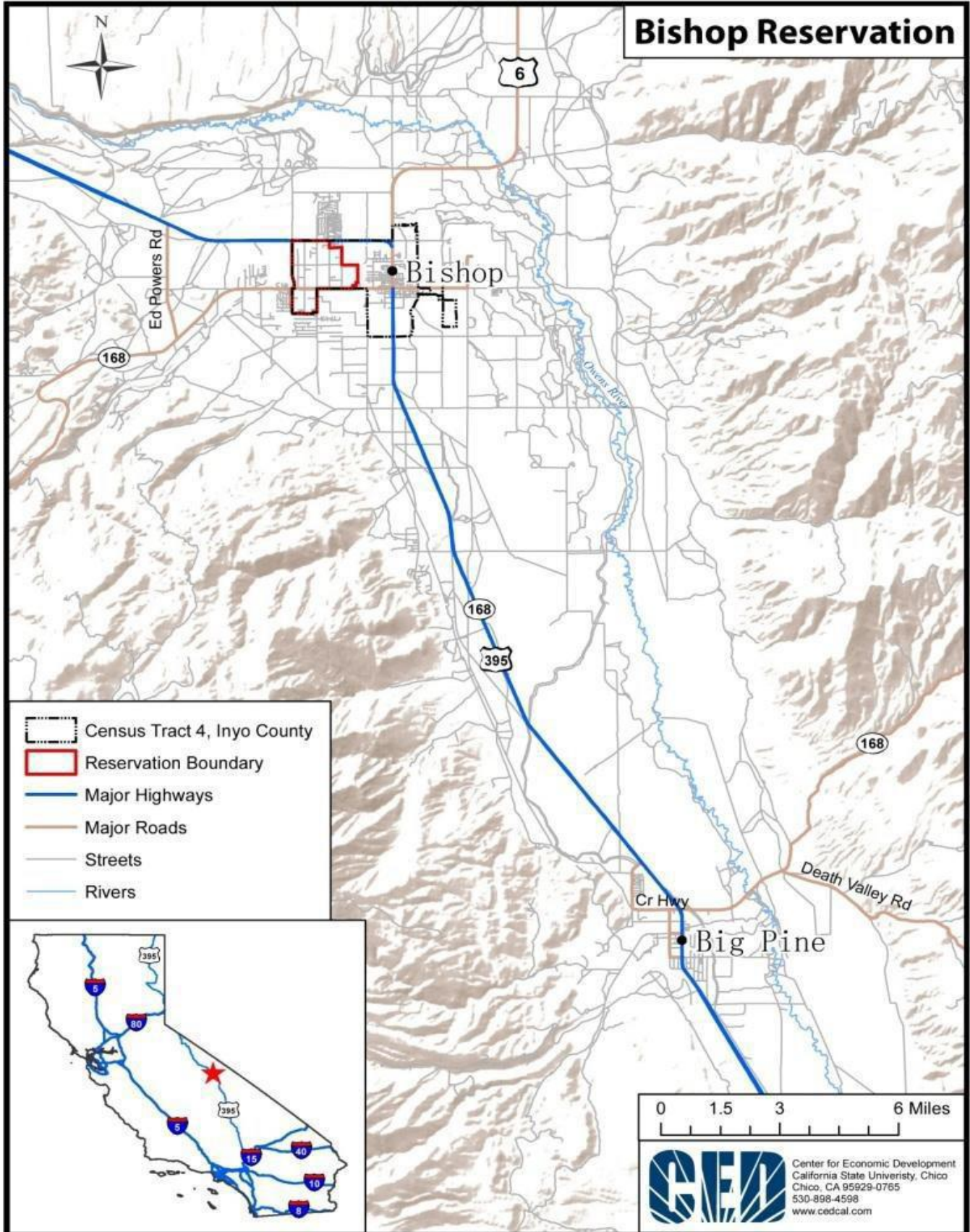
- <https://bishoppaiute.net/>
- Bishop Paiute Tribe CEDS 2023-2028
- Inyo County, California - Census Bureau Profile
- http://www.city-data.com/county/Inyo_County-CA.html
- <http://www.city-data.com/city/Bishop-California.html>
- <http://population.us/ca/bishop/>
- 2020 United States Census[4]
- Welcome to City of Bishop, CA
- Demographics | Inyo County California
- Bishop city, California - Census Bureau Profile
- Big Pine CDP, California - Census Bureau Profile
- <https://data.census.gov/>
- <https://cityofbishop.ca.gov/residents/about/demographics.php>
- Big Pine CDP, California - Census Bureau Profile
- Cerro Coso Fast Facts 2021-2022
- <http://www.city-data.com/poverty/poverty-Bishop-California.html#ixzz4hmmqfCXp>
- <https://www.city-data.com/poverty/poverty-Big-Pine-California.html>
- Bishop, CA - Profile data - Census Reporter
- Big Pine, CA - Profile data - Census Reporter
- <http://www.city-data.com/poverty/poverty-Big-Pine-California.html#ixzz4hmmNtMve>
- First 5 Inyo County Strategic Plan 24-29
- Inyo County Health in Action – Summary Data Report
- Child Care Portfolio
- <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx>
- Inyo 2023 Profile V1.pdf
- Home | Toiyabe Indian Health Project, Inc.
- Demographics | Inyo County California
- 2017 Community Assessment
- 2020-2024 Annual Reports
- 2022-2023 Community Needs Assessment IMACA
- <https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/california/>
- <https://www.oviw.org/>
-

Appendix A

Maps of the Bishop Reservation Area



2023-2028 Bishop Paiute CEDS



Appendix B

Community Survey Form



Every Five years Bishop Indian Head Start must conduct a community needs assessment to collect data about community strengths, needs, and resources. Bishop Indian Head Start will use this data to make decisions about long- and short-term goals, selection criteria, the type of services provided for children and families and to determine collaboration possibilities with other agencies. The purpose of this survey is to assess our current service outcomes, target service areas of improvement and if determined enhance our current Head Start services. Data will be updated each year as needed. Your feedback is very important and will be kept confidential. Thank you for taking the time to answer these questions.

Tell Us about Yourself

1. What category best describes you?			
<input type="checkbox"/> Parent working or in (college/vocational)	<input type="checkbox"/> Parent not working or in (college/Vocational)		
<input type="checkbox"/> Guardian working or in (college/vocational)	<input type="checkbox"/> Guardian not working or in (college/Vocational)		
<input type="checkbox"/> Grandparent working or in (college/vocational)	<input type="checkbox"/> Grandparent not working or in (college/Vocational)		
<input type="checkbox"/> Teen Parent working or in (college/vocational)	<input type="checkbox"/> Teen Parent not working or in (college/Vocational)		
<input type="checkbox"/> Foster Parent or in (college/vocational)	<input type="checkbox"/> Foster Parent not or in (college/Vocational)		
<input type="checkbox"/> None of the above. Please describe: _____			
2. Your gender			
<input type="checkbox"/> Male		<input type="checkbox"/> Female	
3. Your age			
<input type="checkbox"/> 17 and under	<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-35	
<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56 and Over	
4. Your ethnicity/race (check all that apply)			
<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Other _____	
5. What is the primary language spoken in your home? (check all that apply)			
<input type="checkbox"/> Paiute	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
6. Is anyone in your household a Head Start graduate? (check all that apply)			
<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other children in family	<input type="checkbox"/> None

Tell Us about Your Family

7. What is your marital status?			
<input type="checkbox"/> Single	<input type="checkbox"/> Separated		
<input type="checkbox"/> Married	<input type="checkbox"/> Living with my partner		
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		
8. Which of the following best describes your family? (Check only one)			
<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Female Head of Household, no husband		
<input type="checkbox"/> Male Head of Household, no wife	<input type="checkbox"/> Two or more Family Household		
9. How many adults, including yourself, live in your household? _____			
10. How many children live in your household? (under 18 years old) _____			
11. How many children live in your household? (under 5 years old)			
Ages:			
Between 0-1 years # _____		2 years # _____	3 years # _____
Between 4-5 years # _____			

Tell Us about Your Family's Home

12. About your home, does your family live in a:		
<input type="checkbox"/> House, you own	<input type="checkbox"/> Mobile, you own	<input type="checkbox"/> Apartment (rent)
<input type="checkbox"/> House, you rent	<input type="checkbox"/> Mobile, you rent	<input type="checkbox"/> Rent a room from other family



13. About your living situation, does your family live...		
<input type="checkbox"/> Alone as a family	<input type="checkbox"/> With another family or person because of loss of housing or because of economic hardship (sometimes referred as "doubled-up")	
<input type="checkbox"/> In a shelter	<input type="checkbox"/> In a hotel/motel	<input type="checkbox"/> In a car, park, or campsite

Tell Us about Your Family's Health and Dental Care

14. Does your family have access to affordable Health Care Services?		
<input type="checkbox"/> Yes, Type of insurance:	<input type="checkbox"/> No, why not?	
15. Does your family have access to affordable Dental Health Care Services?		
<input type="checkbox"/> Yes, Type of insurance:	<input type="checkbox"/> No, why not?	
16. Does your family have access to affordable Mental Health Care Services?		
<input type="checkbox"/> Yes, Type of insurance:	<input type="checkbox"/> No, why not?	
17. Where do you usually take your child to get medical care? (Check all that apply)		
<input type="checkbox"/> Family doctor	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Emergency room
<input type="checkbox"/> Family dentist	<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Other _____
18. In your opinion, what should be done to make quality health care more available to families in your community? (Check all that apply)		
<input type="checkbox"/> Decrease cost	<input type="checkbox"/> Provide transportation	
<input type="checkbox"/> Increase the number of health centers	<input type="checkbox"/> Provide more information about available health care	
<input type="checkbox"/> Do you have to travel out of town for Specialized Medical/Dental Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Tell Us about Your Transportation

19. How does your family get your child(ren) to School or childcare?		
<input type="checkbox"/> Car	<input type="checkbox"/> Head Start transportation	<input type="checkbox"/> Bike
<input type="checkbox"/> Ride with a friend	<input type="checkbox"/> Public transportation	<input type="checkbox"/> Walk
20. Do you have a reliable car?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, car is reliable	
21. Would you like to see improvement to any of the following on the reservation?		
<input type="checkbox"/> Sidewalks around Educational Services	<input type="checkbox"/> Bike and Walking Paths to Schools	

Tell Us about Your Employment

22. Are you currently? (Mark one each for you and your spouse/partner)		
Yourself		Spouse or Partner
<input type="checkbox"/>	Not employed	<input type="checkbox"/>
<input type="checkbox"/>	Employed, full-time	<input type="checkbox"/>
<input type="checkbox"/>	Employed, part-time	<input type="checkbox"/>

Tell Us about Your Child Care Needs

23. Do you need childcare for your children on a regular basis?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
24. What type(s) of childcare are you currently using? (Check all that apply)		
<input type="checkbox"/> Older siblings	<input type="checkbox"/> Relatives	<input type="checkbox"/> Babysitter in the home
<input type="checkbox"/> Licensed Family Child Care	<input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Head Start/Early Head Start
25. What was the main factor that influenced your decision about the childcare arrangement you currently have? (Check all that apply)		
<input type="checkbox"/> Cost was affordable	<input type="checkbox"/> Location near home or work	<input type="checkbox"/> My child would be safe
<input type="checkbox"/> Program has accreditation	<input type="checkbox"/> Referral from family or friend	<input type="checkbox"/> Other



26. What types of childcare have you needed in the last 12 months? (Check all that apply)		
<input type="checkbox"/> Full-day care	<input type="checkbox"/> Half-day care	<input type="checkbox"/> Before/after school care
<input type="checkbox"/> Night or weekend care	<input type="checkbox"/> None	<input type="checkbox"/> Other
25. Please check the periods that you most need childcare during the week. (Check all that apply)		
<input type="checkbox"/> Mornings only	<input type="checkbox"/> Evenings only	<input type="checkbox"/> Weekends
<input type="checkbox"/> Afternoons only	<input type="checkbox"/> Highly varying hours and days	<input type="checkbox"/> Other
26. How difficult is it for you to arrange back-up childcare when your regular childcare arrangement doesn't work?		
<input type="checkbox"/> Very difficult	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Not at all difficult
27. How difficult is it for you to find childcare for your children in the summer months when Head Start is not in session?		
<input type="checkbox"/> Very difficult	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Not at all difficult

Tell Us about Your Income

28. What is your Source of Household Income? (Check all that apply)			
<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> TANF/Cal Works	<input type="checkbox"/> Retirement
<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Seasonal Worker	<input type="checkbox"/> SSI	<input type="checkbox"/> Tribal Distribution/Per Cap
<input type="checkbox"/> No income, Other Family or other people provide food and shelter for my family.			
29. To the best of your knowledge is your combined family income? (See FPG Chart below)			
<input type="checkbox"/> Below Federal Poverty Guidelines	<input type="checkbox"/> At Federal Poverty Guidelines	<input type="checkbox"/> Above Federal Poverty Guidelines	

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$5,380 for each additional person.	
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

Tell Us about Your Education

31. Indicate the highest level of education completed by: (Mark one for you and your spouse/partner)		
Yourself		Spouse/Partner
<input type="checkbox"/>	Some to no high school education	<input type="checkbox"/>
<input type="checkbox"/>	High School graduate/GED	<input type="checkbox"/>
<input type="checkbox"/>	Trade/Vocational School	<input type="checkbox"/>
<input type="checkbox"/>	Some College	<input type="checkbox"/>
<input type="checkbox"/>	AA degree (2-year degree)	<input type="checkbox"/>
<input type="checkbox"/>	Bachelor's degree	<input type="checkbox"/>
<input type="checkbox"/>	Some graduate school	<input type="checkbox"/>
<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>
<input type="checkbox"/>	Doctorate Degree	<input type="checkbox"/>



32. Are you or your spouse/partner currently in school? (Mark one for you and your spouse/partner)		
Yourself		Spouse/Partner
<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Yes, full-time	<input type="checkbox"/>
<input type="checkbox"/>	Yes, part-time	<input type="checkbox"/>

Tell Us about Your Community

33. What do you consider to be barriers that prevent families from getting needed services? (Check only those that apply to you and your family)		
<input type="checkbox"/> Not aware of existing services	<input type="checkbox"/> Services are too far away from home	
<input type="checkbox"/> Waiting list are too long	<input type="checkbox"/> Agencies are not open at convenient time	
<input type="checkbox"/> Childcare is not available	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Agencies fees are too high	<input type="checkbox"/> Rules and eligibility exclude people	
<input type="checkbox"/> Agencies staff are rude	<input type="checkbox"/> Concerns about confidentiality	
<input type="checkbox"/> Uncomfortable with "outsiders"	<input type="checkbox"/> None	
34. Indicate if your family has any of the following needs (Check only those that apply to you and your family)		
<input type="checkbox"/> Education/Job Training	<input type="checkbox"/> Employment Services	<input type="checkbox"/> Vehicle repairs
<input type="checkbox"/> Health Services	<input type="checkbox"/> Budgeting income	<input type="checkbox"/> Housing improvements
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Emergency Rent	<input type="checkbox"/> Domestic Violence Prevention
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Abuse Prevention
<input type="checkbox"/> Nutrition Services	<input type="checkbox"/> Parenting Workshops	<input type="checkbox"/> Water/Sewer hook ups
<input type="checkbox"/> Food	<input type="checkbox"/> Heating Home	<input type="checkbox"/> Electricity / Propane
<input type="checkbox"/> Clothing	<input type="checkbox"/> Cooling Home	<input type="checkbox"/> Finding Community Resources to assist you in meeting your family needs.

Tell Us How We Are Doing?

35. How did you hear about Head Start?	
<input type="checkbox"/> Friends/Relatives	<input type="checkbox"/> Mental Health Office
<input type="checkbox"/> Dental or Doctor Office	<input type="checkbox"/> Head Start Staff
<input type="checkbox"/> Head Start flyer or brochure	<input type="checkbox"/> Early Head Start Staff
<input type="checkbox"/> Bishop Tribal Radio	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Other: _____
36. Are you interested in serving as a volunteer? How would you like to volunteer?	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
37. Would you please tell us what program would best fit your needs?	
<input type="checkbox"/> Full day-full year program; five days a week; year-round (8:00 am-5:00pm)	
<input type="checkbox"/> Full day program; five days per week; 10 months a year (8:00 am-2:30pm)	
<input type="checkbox"/> Other: _____	
38. If your child went to BIHS, please tell us about your experience:	

39. Please describe suggested improvements for the Head Start program.



Tell Us about Your Training Interest?	
40. Please specify your interest in attending the following training classes or workshops.	
<input type="checkbox"/> Child Abuse & Neglect	<input type="checkbox"/> Family Fitness
<input type="checkbox"/> Child Growth & Development	<input type="checkbox"/> Gardening
<input type="checkbox"/> Parenting Skills	<input type="checkbox"/> Volunteering in the Community
<input type="checkbox"/> Continuing Education Training	<input type="checkbox"/> Technical or Vocational Training
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Self-Esteem
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Employment Training	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> CPR & First Aid/AED /NARCAN	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Health, Wellness & Hygiene
<input type="checkbox"/> Time Management	<input type="checkbox"/> Fire Prevention Training
<input type="checkbox"/> Child Car Seat Safety	<input type="checkbox"/> Computer Training
<input type="checkbox"/> Program Governance	<input type="checkbox"/> Money Management
<input type="checkbox"/> Challenging Behavior	<input type="checkbox"/> Elder Care
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Other
<input type="checkbox"/> Navigating through Community Resources	<input type="checkbox"/> Other
41. Please tell us what Community Services on or off the Reservation you have used <u>and your</u> experience with those services?	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
What do you think are the greatest needs in our community?	
What other additional services do you feel are needed in our community?	

Additional Comments, Concerns and or suggestions:

Please contact Susie Cisneros, Program Director, if you are interested in becoming a Community Representative for the Bishop Indian Head Start Program.

Susie.Cisneros@bishoppaiute.org

760-872-3911 Extension 2510

Thank you for your participation in the BIHS Community Needs Planning!

2025 Community Comments, Concerns and or Suggestions

Ya'll are doing great! Our kiddo loves going to school each & every day. Thank you!

Extend hours much needed for a safe place for my child if I must run errands. Extend Hours P.S Good Use of language (Nüümü Yadona, Spanish, English).
Why I want my child to go to 4yr old class instead of TK

Thank you, BIHS staff, for attending to our tribal youth & families.

I am so grateful my child attends this program. It is such a relief to leave my child in the hands of caring and knowledgeable educators.

Love BP Bus

Thank you for having my feedback.

He speaks more, great manners, and positive relationships.

Great Program helps you where they can.

If possible, I would like information on how I can help my child progress further and academically. This program allows the kids to get an early start acclimating to the academic environment in the future.

Wonderful Program

Elise loves going to school- she's learning a lot! Thank You

More Paiute language daily

Love It!

I am grateful to staff/teachers for helping children grow. I wish they didn't have to leave.

To learn how to read.

Transportation is a big help.

Grateful for HeadStart my daughter loves it.

Very Accommodating.

Rainy day's activities.
Wonderful Staff,
Welcoming teachers.

Susie has a terrific team of talented people. Meets top standards.

YOU'RE THE BEST!

Everything is great

Meets needs in every way and some.

They do amazing work! Utilizing a communication platform.