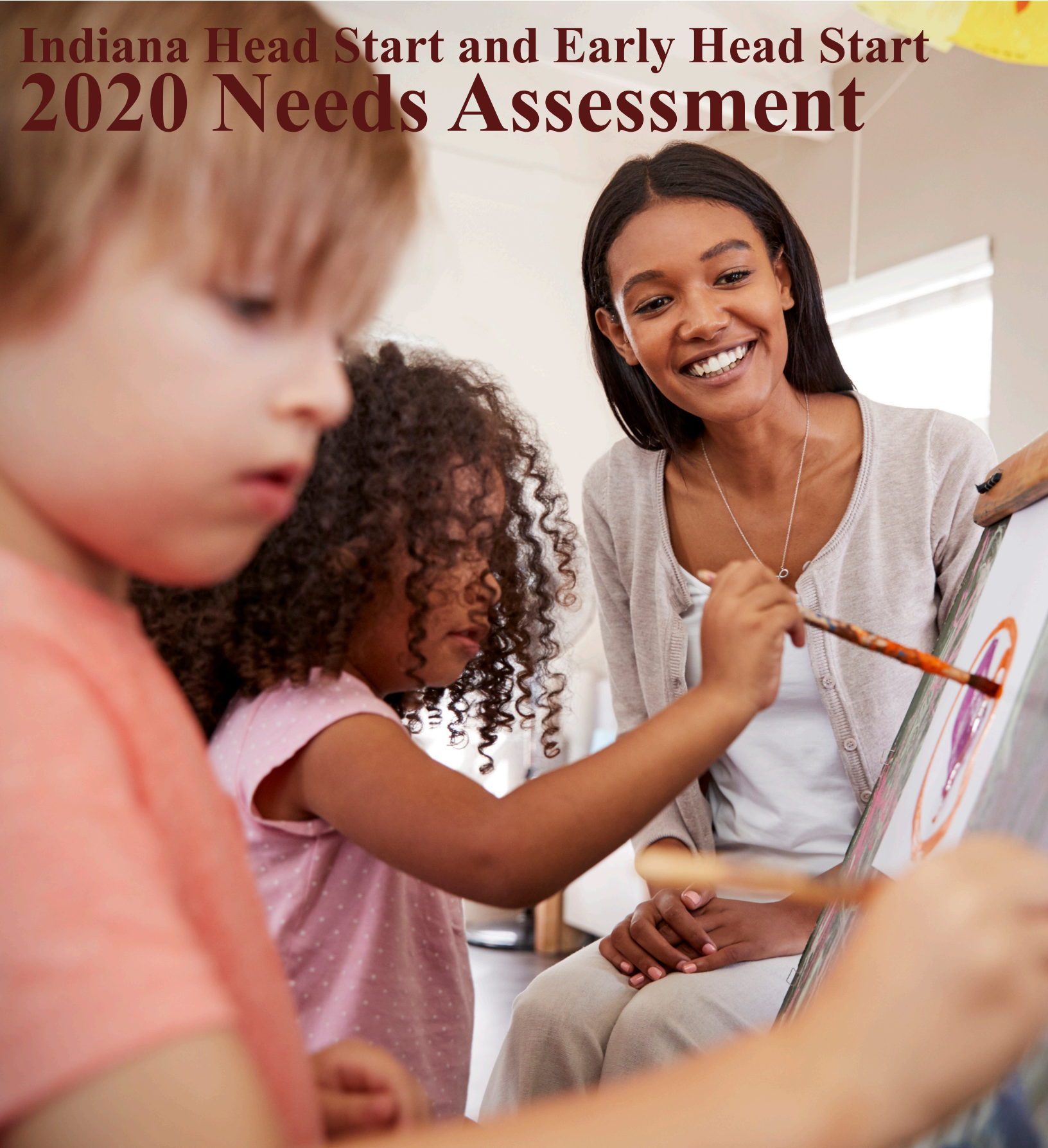# Indiana Head Start and Early Head Start
2020 Needs Assessment

Office of Early Childhood & Out-of-School Learning
Indiana Head Start State Collaboration Office
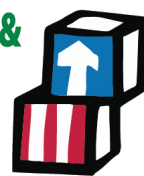
IFSSA — Indiana Family & Social Services Administration

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INTRODUCTION

In 1990, the Administration for Children and Families (ACF) began awarding Head Start collaboration grants to establish Head Start State Collaboration Offices (HSSCOs) with an appointed State Director of Head Start Collaboration tasked with supporting the development of multi-agency and public/private partnerships at the state level. State Directors of HSSCOs assist Head Start and Early Head Start grantees to collaborate with state and local planning entities and coordinate Head Start services with state and local services. The Indiana Head Start State Collaboration Office (IHSSCO) was established in 1996 to ensure the coordination of services and to lead efforts that support diverse entities working together.

The Improving Head Start for School Readiness Act of 2007 ("Head Start Act") requires HSSCOs across the country to annually assess the needs of Head Start grantees in their state. The Head Start Act also requires HSSCOs to use the results of a needs assessment to inform annual updates to the HSSCO's strategic plan goals and objectives. The information may be used to inform grantees' program improvement and support grantees in meeting Head Start Performance Standards and other federal regulations. A summary report is made available to the general public in each state.

The federal Office of Head Start has annual priority areas that guide Head Start State Collaboration Offices' work plans in supporting Head Starts, Early Head Starts, and Early Head Start-Child Care Partnerships.

1. Partner with state child care systems emphasizing the Early Head Start-Child Care (EHS-CC) Partnership Initiatives

2. Work with state efforts to collect data regarding early childhood programs and child outcomes

3. Support the expansion and access of high quality, workforce and career development opportunities for staff

4. Collaboration with State Quality Rating Improvement Systems (QRIS)

5. Work with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)

DATA COLLECTION & METHODOLOGY

The Indiana Head Start State Collaboration Office (IHSSCO) contracted with Transform Consulting Group to conduct its statewide needs assessment and report the results. This report has been compiled using feedback from Head Start/Early Head Start (HS/EHS) grantees and HS/EHS program information report data. IHSSCO also recognizes that feedback from external partners that support, complement, and streamline services for children and families is equally valuable. The needs identified from partners will also provide comprehensive feedback to inform HSSCO's strategic plan and relationships with Head Start programs in local communities.

Transform Consulting Group utilized a mixed methods design for this needs assessment including a review of the 2019 Head Start Program Information Report (PIR) for Indiana[1] and the United States, surveys distributed to Head Start programs, surveys distributed to Head Start partners, and focus groups conducted with Head Start and Early Head Start staff. The data collected for this 2020 needs assessment report looks at the 2018-2019 program year and includes comparisons to the 2016-2018 program years when possible.

Transform Consulting Group used an online survey to collect data from grantees and partners because of its efficiency, reduction of time and costs of collecting survey data, and convenience to survey respondents. Surveys included multiple choice, select all that apply, and open-ended questions. The purpose of the grantee survey was to assess how Head Start grantees collectively respond to the identified federal priority areas. The survey asked questions regarding Indiana Head Start grantees' experience with creating partnerships necessary for success, data collection and use, professional development, participation in state licensing and the state Quality Rating Improvement System (QRIS), and kindergarten readiness alignment with schools.

The program director survey link was emailed to all Head Start and Early Head Start program directors across the state. Every program director who was contacted to take the survey, completed it between February and May 2020. Respondents to the grantee survey serve all 92 counties in the state.[2]

The partner survey was sent electronically to key external stakeholders. In total, 158 survey responses were received during February and March 2020 from eight organizations (Department of Child Services, Early Learning Indiana, Indiana Department of Education, First Steps, Child Care Resource & Referrals, SPARK Learning Lab, Indiana Association of School Principals, and the Indiana Association for the Education of Young Children), with half of survey responses coming from local special education directors of public schools. More than 50% of respondents have worked at their organization for 5 or more years while 18% have worked for their employer for less than 1 year.

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1. *Transition Resources Corporation (TRC, also known as Telamon Corporation outside of Indiana) and the Community Development Institute (CDI) are organizations that operate sites in multiple states, and as a result, their information is not reported in Indiana's PIR. When their data was available for Indiana centers, it has been noted and included in this report.*
2. *A map of all grantees and their service areas can be found in Appendix A.*

Transform Consulting Group also conducted two focus groups with Head Start and Early Head Start staff attending regional cluster meetings in November and December 2019. The results of which have been combined for an analysis of 14 total individuals with positions such as program director, early childhood specialist, family services specialist, education manager, and site supervisor. Multiple participants have been with Head Start for over 20 years while some were as new as one month with the organization.

While collecting feedback and data for this 2020 needs assessment, the COVID-19 public health crisis reached Indiana, and on March 6th the Governor of Indiana declared a public health emergency. At this point, we suspended efforts to gather additional responses from partners who were busy dealing with the impact of COVID-19. As a result, the partner survey sample, while sufficient, is smaller and has a slightly different composition from previous years.

PROFILE OF INDIANA HEAD START PROGRAMS

Enrollment

In 2018-2019, Indiana's funded enrollment for Head Start was 12,219 children, and for Early Head Start was 2,530 children and 98 pregnant women. Due to attrition and new enrollment throughout the program year, Indiana Head Starts cumulatively served 14,371 children and Early Head Starts served 3,912 children and 320 pregnant women. In addition, Indiana served 372 children in migrant and seasonal Head Start programs.

Map 1: Total Head Start and Early Head Start Slots by County

Capacity
- Less than 25
- 25 to 74
- 75 to 149
- 150 to 299
- 300 to 499
- More than 500

County	Slots
Lake*	1,424
Porter*	183
LaPorte	515
St. Joseph*	544
Elkhart*	570
LaGrange	60
Steuben	127
Starke*	71
Marshall*	157
Noble*	62
DeKalb*	247
Kosciusko*	220
Whitley*	44
Allen*	551
Newton	55
Jasper	58
Pulaski	35
Fulton	20
Wabash	37
Huntington*	121
Wells	40
Adams	118
White	19
Cass*	128
Miami*	72
Benton*	51
Carroll	18
Grant*	322
Blackford*	70
Jay	91
Warren*	23
Tippecanoe*	370
Howard*	356
Tipton	10
Delaware*	376
Randolph	36
Clinton	88
Madison*	378
Fountain*	132
Montgomery*	106
Boone*	82
Hamilton*	128
Henry	144
Wayne*	454
Vermillion*	36
Parke*	86
Putnam*	82
Hendricks	61
Marion*	1,519
Hancock	98
Rush	66
Fayette	162
Union*	69
Morgan	74
Johnson	119
Shelby*	78
Franklin	47
Vigo*	254
Clay*	75
Owen*	60
Monroe*	344
Brown	16
Bartholomew*	142
Decatur	18
Ripley	49
Dearborn	114
Sullivan*	31
Greene*	75
Jennings	48
Ohio	18
Switzerland	38
Lawrence*	213
Jackson	50
Jefferson	96
Knox*	329
Daviess*	131
Martin*	45
Washington*	40
Scott	48
Clark*	394
Gibson	82
Pike	33
Dubois	50
Orange*	55
Crawford*	107
Harrison*	126
Floyd*	332
Vanderburgh*	472
Warrick	110
Spencer*	108
Perry*	130
Posey*	141

* Indicates county has EHS slots

Source: Indiana Head Start Program Director Survey, 2019-2020; Indiana Head Start State Collaboration Office (2019), *Centers,* pulled 10/2019.

Overall, funded enrollment stayed the same with slight fluctuation by enrollment category while cumulative enrollment decreased by less than 1% from the 2017-2018 program year. Head Start and Early Head Start funded enrollments have slightly more slots in 2018-2019 compared to the previous year while funded enrollment slots for pregnant women decreased. For cumulative enrollment, the number of children served in Head Start decreased by 3%, Early Head Start decreased by 2%, but the number of pregnant women served increased by 13%.

Figure 1: Trend of Enrollment by Program Type
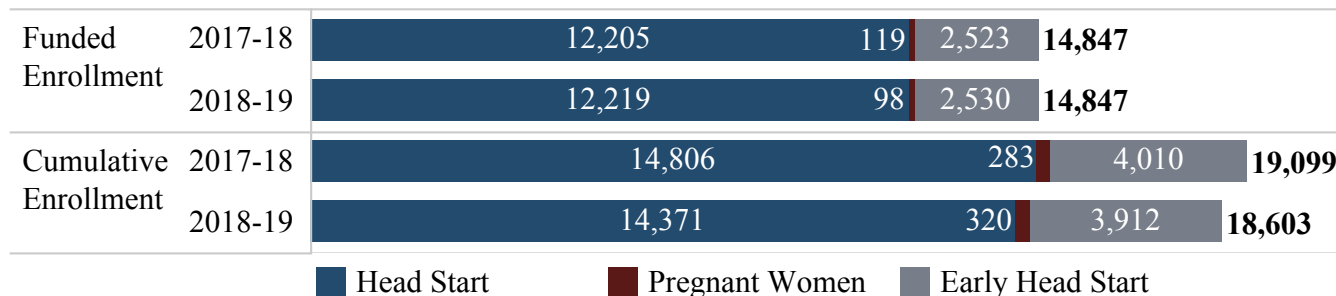
		Head Start	Pregnant Women	Early Head Start	Total
Funded Enrollment	2017-18	12,205	119	2,523	**14,847**
	2018-19	12,219	98	2,530	**14,847**
Cumulative Enrollment	2017-18	14,806	283	4,010	**19,099**
	2018-19	14,371	320	3,912	**18,603**

■ Head Start   ■ Pregnant Women   ■ Early Head Start

Office of Head Start, *Program Information Reports*, Indiana and Telamon Corporation's [Transition Resources Corporation (TRC)], 2018-19.

Eligibility

Head Start serves children ages 3 to 5 (age determined as of the state's kindergarten entry date) while Early Head Start serves pregnant women, infants, and toddlers to age 3. Federal eligibility guidelines state that (most) children and pregnant women must also fall into one of the following categories:

- Children from families with incomes below U.S. Department of Health and Human Services poverty guidelines (100% Federal Poverty Level [FPL])
- Children from homeless families
- Children from families receiving public assistance (such as TANF or SSI)
- Foster children are eligible regardless of foster family's income

Head Start programs may enroll up to 10% of children from families that have incomes above the poverty guidelines. Programs may also serve up to an additional 35% of children from families whose incomes are above the poverty guidelines, but below 130% of the poverty line ONLY IF the program can ensure that certain conditions have been met. The program must conduct sufficient outreach to ensure that it is meeting the needs of eligible children who fall in the above categories, prioritizing their enrollment before enrolling children from families with incomes up to 130% of the poverty line.

Locally, programs use the federal guidelines to create a point system to determine eligibility and prioritization. Additional local criteria may be considered (for example, children's health, parental status, child's disabilities, environmental factors) in a program's point system, so it is important to contact the local Head Start or Early Head Start program directly to learn of their specific eligibility requirements.
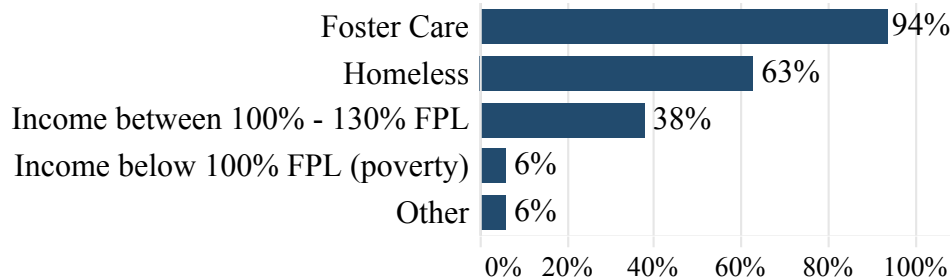
Almost half of Indiana grantees say that the level of influence of a certain priority or multiple priorities has changed in the last year to better meet the needs of the community.

Figure 2: Keeping these priorities in mind (enrollment priorities), has their level of influence changed in the last year to better meet need?

| Yes 44% | No 41% | Unsure 15% |

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
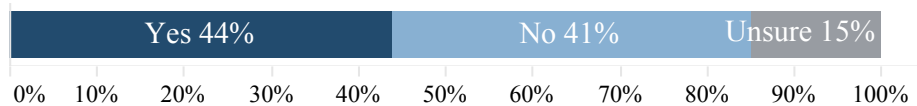
Sixteen grantees were then asked what priorities have changed in the last year and how. Nearly all (94%) selected foster care and about two thirds (63%) selected homeless. Grantees are seeing an increase in foster care and homelessness in their communities. One grantee shared that they are serving more families with incomes between 100% and 130% FPL due to the increase in children in foster care. These changes in levels of influence are in response to both what grantees are seeing at enrollment and what they have learned from parent surveys and community needs assessments.

Figure 3: Which priority (priorities) have changed in the last year?
(Select all that apply.)

Foster Care — 94%
Homeless — 63%
Income between 100% - 130% FPL — 38%
Income below 100% FPL (poverty) — 6%
Other — 6%

0% 20% 40% 60% 80% 100%

The rate of children experiencing maltreatment in the State of Indiana is currently the second highest rate in the country and twice the national average. Children under the age of 6 are disproportionately impacted by child maltreatment, totaling more than half (53%) of all children experiencing maltreatment in Indiana in 2018.[3]

In Indiana, there is also a disproportionate number of children under the age of 6 in foster care. In 2018, 8,411 children ages 0-5 were in foster care accounting for 45% of all children in foster care in Indiana.[4]

3. 2020 Indiana KIDS COUNT™ Data Book, pg. 9
4. https://datacenter.kidscount.org/data/tables/6244-children-in-foster-care-by-age-group?loc=16&loct=2#detailed/2/16/
   false/37,871,870,573,869,36,868,867,133,38/1889,2616,2617,2618,2619,122/12988,12989

Urban/Rural Analysis

According to the United States Department of Agriculture (USDA) definitions, which take into consideration the population size, degree of urbanization, and adjacency to a metro area, there are 44 metro counties and 48 nonmetro counties in Indiana. These terms are used as a proxy to identify urban and rural counties across the state and to determine the capacity for Head Start and Early Head Start centers to provide services for children under the age of 6 living in poverty by county.

Looking at the total number of slots (of all program types) in a county divided by the number of children under the age of 6 living in poverty, Head Start and Early Head Start programs have the capacity to serve a higher percentage of children in poverty in rural counties. Nearly half of urban counties (48%) only have the capacity to serve less than 15% of the population of young children in poverty, and that number is 33% for rural counties.

Still the vast majority of counties (over 90% urban or rural) do not have the capacity to serve more than 50% of potentially eligible children based on income. There are three counties where Head Start's number of slots is actually more than the number of young children in poverty. Eligibility isn't only determined by a family's income, and these other factors could identify more eligible families in these counties that Head Start is able to serve.

Map 2: Percentage of Children in Poverty that Head Start has the Capacity to Serve

Area Type
- Urban
- Rural

Source: Indiana Head Start State Collaboration Office (2019), *Centers,* pulled 10/2019; U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, Table B17024.

Summary of Head Start/ Early Head Start Capacity for Children in Poverty

Percentage of Children in Poverty Served	Urban Counties	Rural Counties
Less than 15%	21 | 48%	16 | 33%
15% - 24%	12 | 27%	12 | 25%
25% - 49%	8 | 18%	17 | 35%
50% or Greater	3 | 7%	3 | 6%
Total	44	48
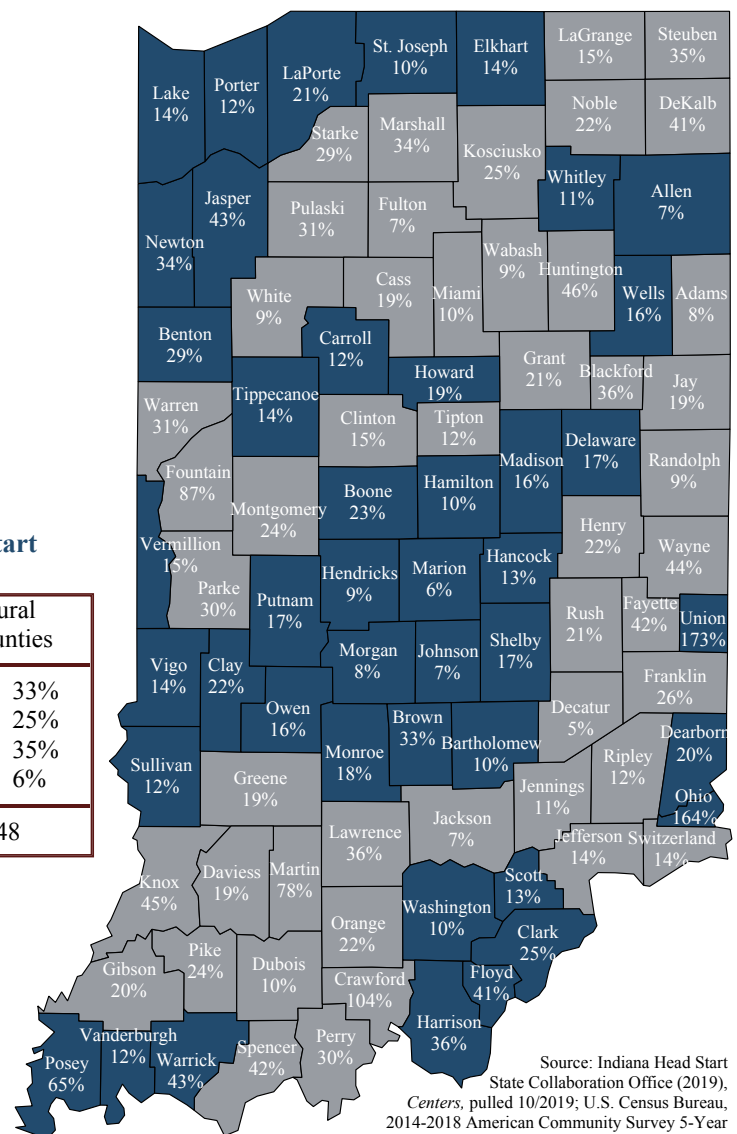
Age Breakdown

Head Start and Early Head Start serves pregnant women and children birth through age 5, but three quarters (74%) of children served are 3- and 4-year-olds. The breakout of children by single age and pregnant women served in Indiana is comparable to those served nationally by Head Start and Early Head Start. Compared to 2017-2018, nationally, the ages of children served is trending younger ever so slightly with 1% fewer 4-year-olds, and a 2% increase in the enrollment of 1- and 2-year-olds.

Figure 4: Cumulative Enrollment by Single Age Comparing Indiana to National Enrollment
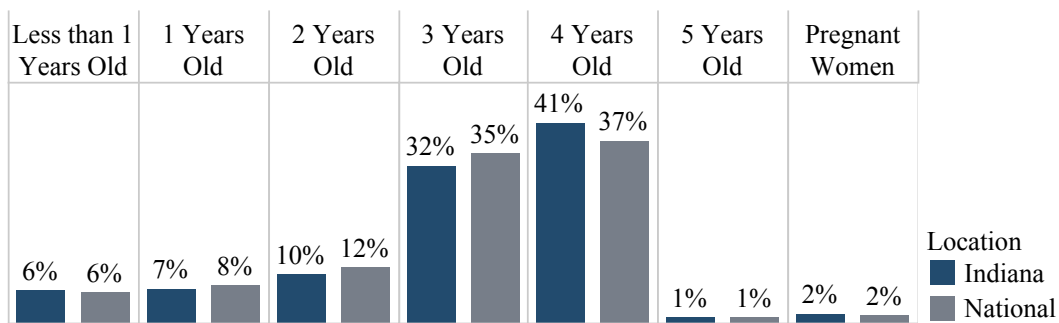
Source: Office of Head Start, *Program Information Reports*, National, Indiana, and Telamon Corporation's [Transition Resources Corporation (TRC)], 2018-19.

Pregnant women receive services and referrals through Early Head Start. Once the child is born, the child takes the mother's slot in Early Head Start. In 2018, the majority of women (49% of cumulative enrollment) enrolled in Early Head Start during their third trimester but 14% enrolled as early as the first trimester. Slightly more than one in five of the pregnant women (22%) had a pregnancy that was identified as high risk by a physician or other health care provider.

Figure 5: Trimester of Pregnancy in which the Pregnant Women Served were Enrolled
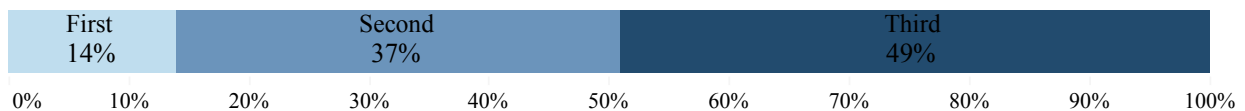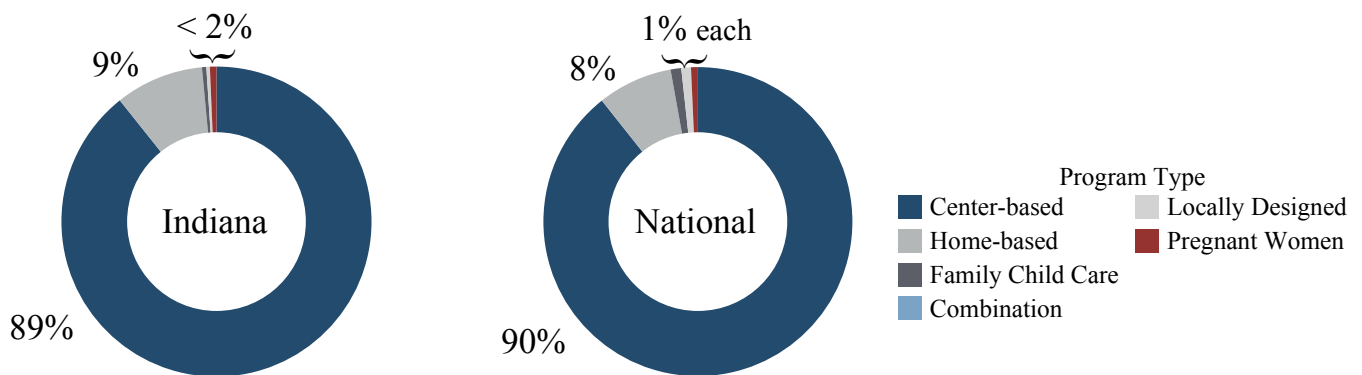

Source: Office of Head Start, *Program Information Reports*, Indiana and Telamon Corporation's [Transition Resources Corporation (TRC)], 2018-19.

Enrollment by Program (Funded Enrollment)

Head Start and Early Head Start operate multiple types of programs including center-based, home-based, combination, family child care, locally designed, and pregnant women. The majority of funded enrollment (90%) was in center-based programs, followed by home-based (9%). The breakout of funded enrollment by program type had little to no change over the last three program years. Indiana's breakout of funded enrollment by program is comparable to the National Head Start and Early Head Start funded enrollment breakout.
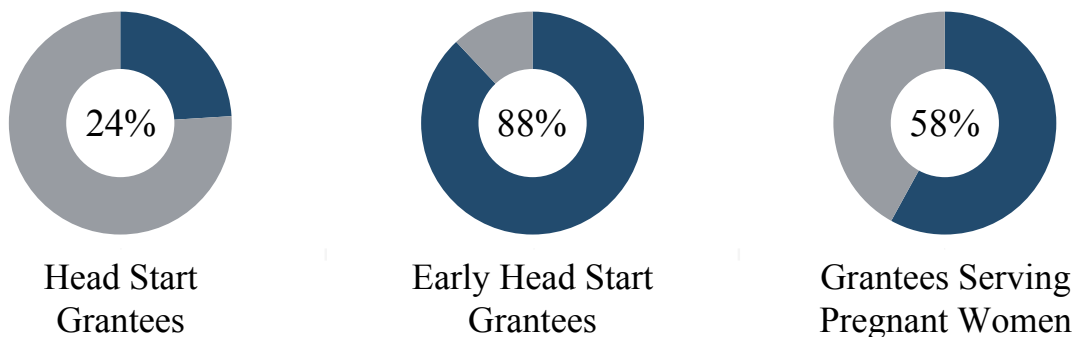
Figure 6: Funded Enrollment by Program Type

Source: Office of Head Start, *Program Information Reports*, National, Indiana, and Telamon Corporation's [Transition Resources Corporation (TRC)], 2018-19.
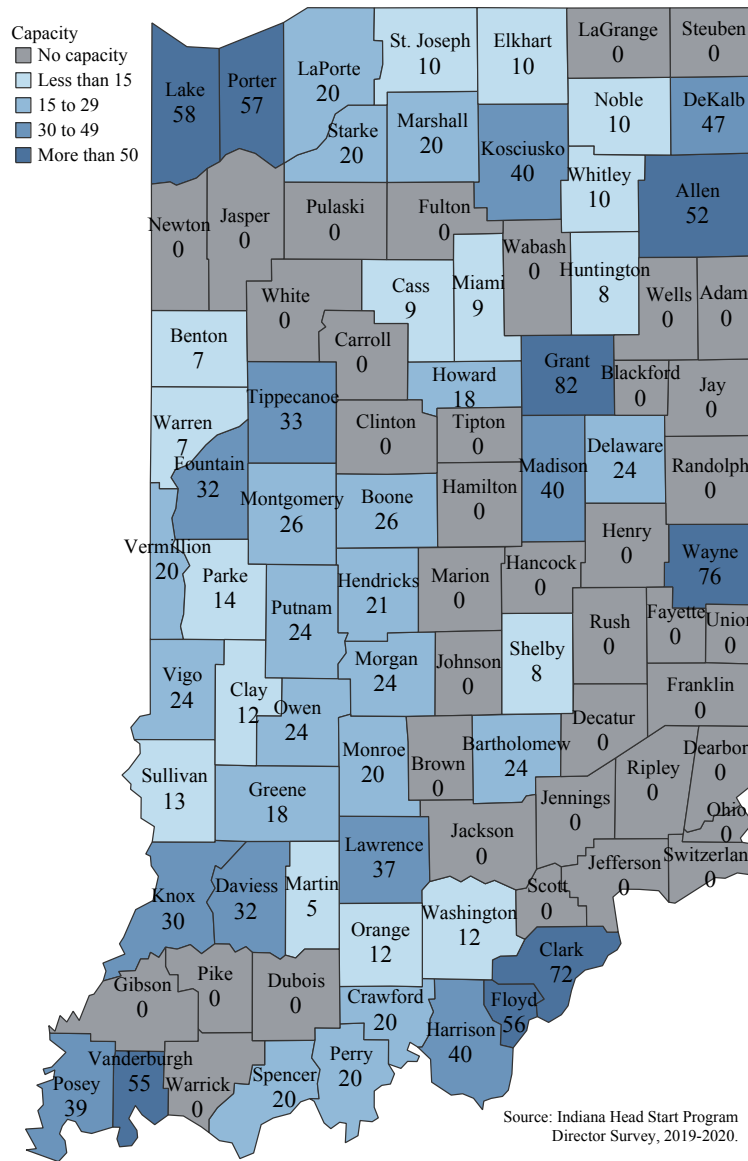
Home-based Programs

Nine percent of children and pregnant women are served by home-based programs. A breakdown of home-based slots by county has not been available in the Program Information Report; so grantees were asked to provide these numbers for their service area via survey. Home-based services are currently being offered in 49 of Indiana's 92 counties. Early Head Start grantees are most likely to provide home-based services (88%) but a quarter of Head Start grantees do as well.

Figure 7: Percentage of Grantees that Provide Home-Based Services
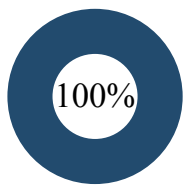

Source: Indiana Head Start Program Director Survey, 2019-2020.

Capacity
- No capacity
- Less than 15
- 15 to 29
- 30 to 49
- More than 50

County	Value
St. Joseph	10
Elkhart	10
LaGrange	0
Steuben	0
LaPorte	20
Lake	58
Porter	57
Starke	20
Marshall	20
Kosciusko	40
Noble	10
DeKalb	47
Whitley	10
Allen	52
Newton	0
Jasper	0
Pulaski	0
Fulton	0
Wabash	0
Huntington	8
Wells	0
Adams	0
White	0
Cass	9
Miami	9
Benton	7
Carroll	0
Howard	18
Grant	82
Blackford	0
Jay	0
Tippecanoe	33
Clinton	0
Tipton	0
Warren	7
Delaware	24
Randolph	0
Fountain	32
Madison	40
Montgomery	26
Boone	26
Hamilton	0
Henry	0
Wayne	76
Vermillion	20
Parke	14
Hendricks	21
Marion	0
Hancock	0
Putnam	24
Rush	0
Fayette	0
Union	0
Vigo	24
Clay	12
Owen	24
Morgan	24
Johnson	0
Shelby	8
Franklin	0
Decatur	0
Dearborn	0
Sullivan	13
Greene	18
Monroe	20
Brown	0
Bartholomew	24
Ripley	0
Jennings	0
Ohio	0
Lawrence	37
Jackson	0
Jefferson	0
Switzerland	0
Knox	30
Daviess	32
Martin	5
Scott	0
Orange	12
Washington	12
Clark	72
Gibson	0
Pike	0
Dubois	0
Crawford	20
Floyd	56
Harrison	40
Vanderburgh	55
Posey	39
Warrick	0
Spencer	20
Perry	20

Source: Indiana Head Start Program Director Survey, 2019-2020.

Center-based Programs

There are 336 programs (including seven migrant and seasonal programs) at 278 centers serving children across all of Indiana. The majority (74%) of programs are Head Start programs serving children ages 3 to 5, a quarter (24%) are Early Head Start programs serving children from birth through 2 years and pregnant women, and the remaining two percent are Migrant and Seasonal Head Start programs. A grantee may offer both center-based and home-based services. While only a quarter of Head Start grantees provide home-based services (mentioned above), all Head Start grantees provide center-based services.
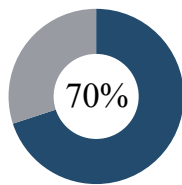
Figure 8: Percentage of Grantees that Provide Center-Based Services



100%
Head Start Grantees

70%
Early Head Start Grantees

Source: Indiana Head Start Program Director Survey, 2019-2020.

Indiana is home to just over a half million children ages 0-5. Even though there are roughly an equal number of children by single age (i.e., 1-year-olds, 2-year-olds, etc.), Early Head Start centers are located in 47 of Indiana's 92 counties and account for only 1 out of every 10 center-based (funded enrollment) slots. Head Start programs serve all 92 counties and have physical centers located in 90 of 92 counties accounting for 91% of the center-based funded enrollment.[5]

Map 4: Head Start and Early Head Start Programs by County

Total Programs: 336

Head Start Programs
257 Total

Early Head Start Programs
79 Total
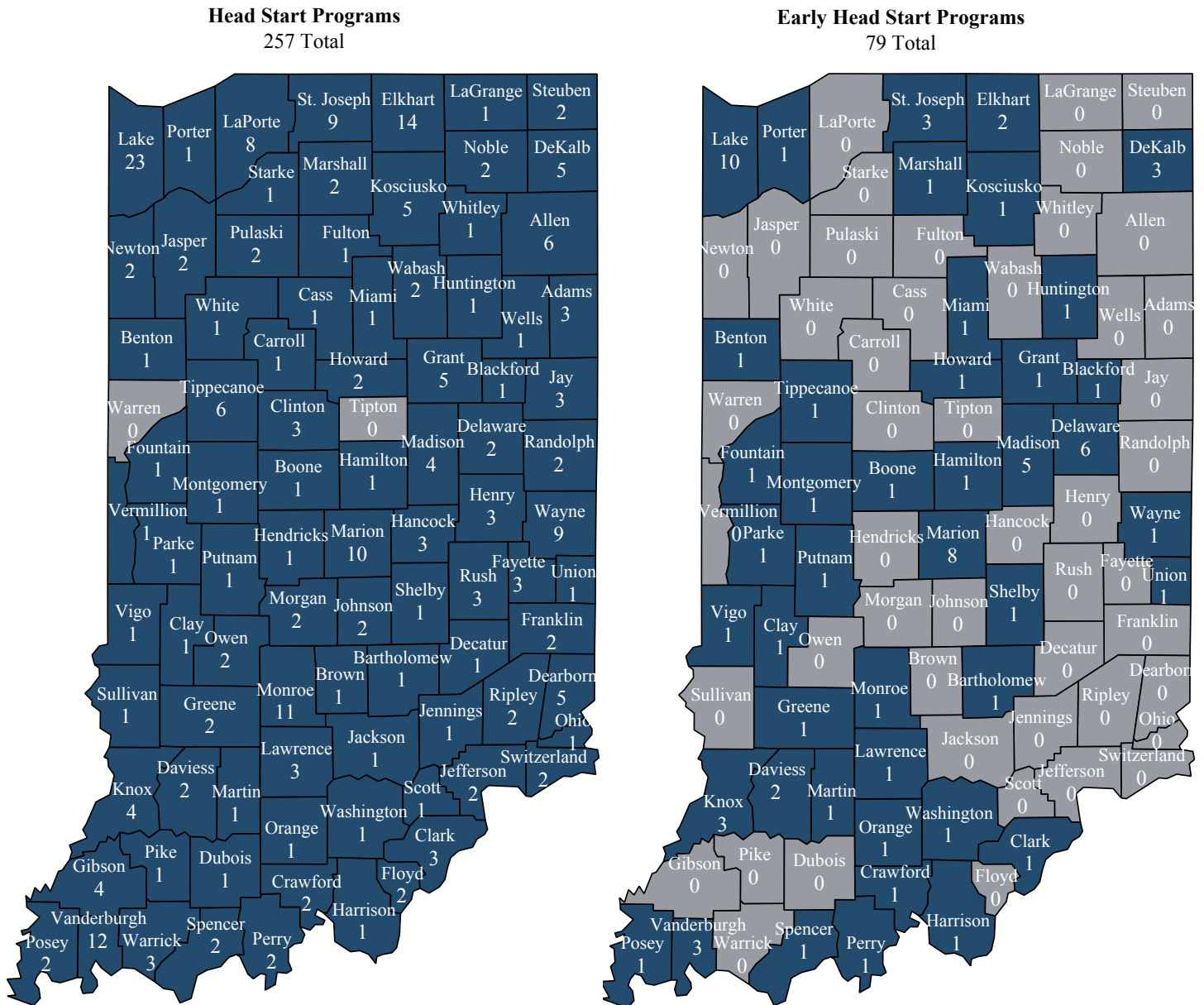
Source: Indiana Head Start State Collaboration Office (2019), *Centers,* pulled 10/2019.

To find out more about the locations in your county go to this website: https://eclkc.ohs.acf.hhs.gov/center-locator

5. A table of Head Start and Early Head Start slots by county can be found in Appendix C.

Center-based Program Schedule Breakdown

Center-based programs operate on four different schedules, including 4 part or full days and 5 part or full days a week. More than a third of center-based enrollment (36%) is in 5-day, full-day programs followed by 29% in 4-day, part-day programs. Enrollment is similar in 4-day, full-day versus 5-day, part-day programs.
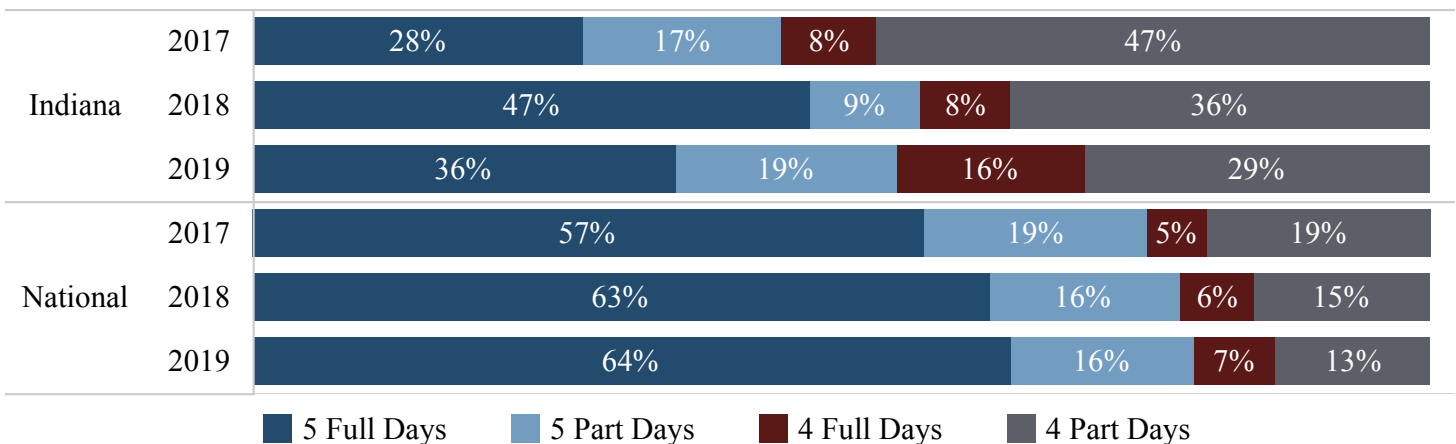
Despite almost doubling the percentage of enrollment in 5-day, full-day programs from 2017 to 2018, the percentage of enrollment has decreased more than 10% from last program year.

Nationally, nearly two thirds of Head Start and Early Head Start enrollment is in 5-day, full-day programs, which is significantly higher than Indiana's enrollment.

Nationally, nearly two thirds of Head Start and Early Head Start enrollment is in 5-day, full-day programs, which is significantly higher than Indiana's enrollment.

Figure 9: Percentage of Center-Based Program Enrollment

Comparison by Year to National Enrollment

	Year	5 Full Days	5 Part Days	4 Full Days	4 Part Days
Indiana	2017	28%	17%	8%	47%
Indiana	2018	47%	9%	8%	36%
Indiana	2019	36%	19%	16%	29%
National	2017	57%	19%	5%	19%
National	2018	63%	16%	6%	15%
National	2019	64%	16%	7%	13%

Legend: ■ 5 Full Days ■ 5 Part Days ■ 4 Full Days ■ 4 Part Days
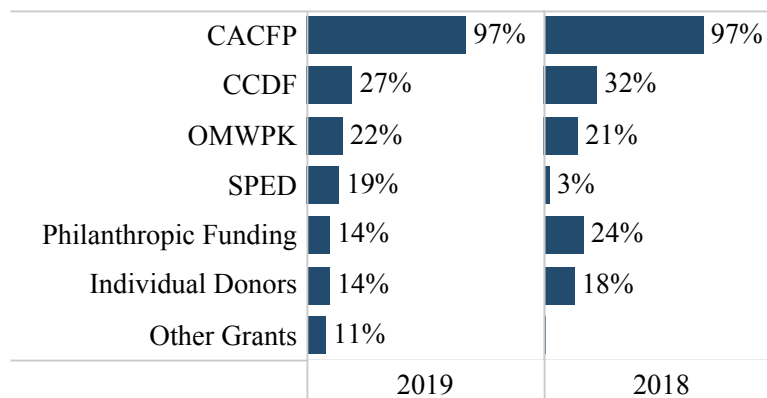
Grantees

During the 2018-2019 program year, $136,070,099 federal funding was awarded to 37 grantees (not including TRC and CDI) across Indiana[6]. Indiana does not dedicate any funding to Head Start or Early Head Start programs. In addition to their federal Head Start funding, the majority of grantees report that they blend and braid at least one additional funding stream to support their services.

Funding from the Child and Adult Care Food Program (CACFP) was once again the top funding stream utilized by nearly all grantees to blend and braid with their grant funding. Most funding streams saw a change in percentage of grantees using that funding stream compared to the previous year; however, special education (SPED) grants was the only one that changed in ranking. It saw an increase of 16% over last year after a brief dip in utilization from 2017 to 2018.

Approximately one fourth of grantees report layering funding from the Child Care and Development Fund (CCDF) voucher program, which is a decrease of five percent from last year. A similar percentage layer funding with the state-funded On My Way Pre-K (OMWPK) program, an increase of one percent from last year. Funding provided by philanthropic organizations or individual donors saw a combined drop of 14% from the previous year.

Figure 10: What funding streams does your program blend and braid to support your services? (Select all that apply.)

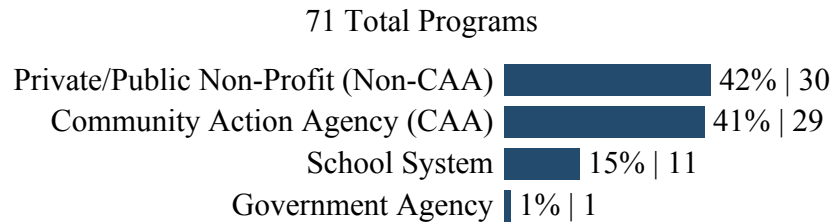|	2019	2018
CACFP	97%	97%
CCDF	27%	32%
OMWPK	22%	21%
SPED	19%	3%
Philanthropic Funding	14%	24%
Individual Donors	14%	18%
Other Grants	11%	

Grantees reported that they would like more resources or support regarding the blending and braiding of funds. They generally want more information and understanding on how the funds can work together and where to start with blending and braiding. One person in particular would like "fiscal training on the allowability and support to braid funds without audit issues later." The fiscal implications and the additional management time to blend and braid funds is a potential concern of programs.

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6. Additional grantee contact information can be found in Appendix B.

Indiana has 71 grantee programs[7] when considering Head Start, Early Head Start, and Early Head Start-Child Care Partnership individually. The majority of these programs are housed in community action agencies or private/public non-profits. The percentage of programs by agency type remains relatively unchanged over the last three years.

Figure 11: Percentage of Programs by Agency Type

71 Total Programs

Agency Type		
Private/Public Non-Profit (Non-CAA)		42% | 30
Community Action Agency (CAA)		41% | 29
School System		15% | 11
Government Agency		1% | 1

Office of Head Start, *Program Information Reports*, Indiana and Telamon
Corporation's [Transition Resources Corporation (TRC)], 2018-19.

7. *Includes 4 programs from Transition Resources Corporation.*

Comprehensive Services

Head Start focuses on the whole child, which extends to the whole family. Children and families involved with Indiana Head Start programs have a diverse set of needs. In order to meet these needs, Indiana Head Start programs provide many services beyond early childhood education.

Total children served in 2018-2019: 18,603
Total families served in 2018-2019: 16,639
Total pregnant women served in 2018-2019: 320

DISABILITY SERVICES

15.6% of enrolled children had an individualized education program (IEP) or an individualized family service plan (IFSP) indicating they were determined eligible to receive special education, early intervention, and related services.

- **14.6%** of Head Start Children had an IEP.
- **19.0%** of Early Head Start children had an IFSP.

HEALTH SERVICES

- **95.7%** of children had health insurance at the beginning of the enrollment year which increased to **97.0%** of children by the end of the year.

- **95.0%** of children had a medical home at the beginning of the enrollment year which increased to **97.5%** of children by the end of the year.

- **92.8%** of children had up-to-date immunizations at the beginning of the enrollment year which increased to **95.0%** of children by the end of the year.

- **81.2%** of children had a dental home at the beginning of the enrollment year which increased to **89.6%** of children by the end of the year.

FOSTER CARE

10.0% of enrolled children were in foster care at some time during the enrollment year.

HOMELESSNESS SERVICES

6.4% of enrolled children experienced homelessness.

FAMILY SERVICES

During the 2018-2019 enrollment year, **73.7%** of families received at least one family service. This is up 12% over the previous year and seven percent higher than the percentage of families receiving services nationally.

The top services that families were identified to be in need of were parenting education, health education, and emergency or crisis intervention.

PREGNANT WOMEN

While enrolled in Early Head Start, pregnant women received one or more of the following services:

- **92.2%** Prenatal health care
- **65.6%** Postpartum health care
- **29.1%** Mental health interventions and follow-up
- **41.9%** Substance abuse prevention
- **5.9%** Substance abuse treatment
- **88.8%** Prenatal education on fetal development
- **87.8%** Information on the benefits of breastfeeding

TAKEAWAYS

- 14,847 funded slots
- 18,603 cumulative enrollment
- 52% of counties have the capacity to serve more than 15% of the population of young children in poverty
- Home-based services are offered in 49 of 92 counties
- Center-based services are offered at 279 8enters, located in 90 of 92 counties
- The majority of children (55%) attending a center-based program attend 5 days a week.

FEDERAL PRIORITY AREAS

The federal Office of Head Start has created a list of priority areas to guide the work of Head Start State Collaboration Offices across the country. These priority areas create the themes under which data was collected and analyzed for this part of the report. Each priority area section consists of one or more of the following elements: additional program information, survey data from program directors and partners, focus group data from Head Start and Early Head Start program staff, and a summary of takeaways. The federal priority areas remain unchanged from previous years.

Priority Area 1: Early Head Start-Child Care Partnerships

Partner with state child care systems emphasizing the Early Head Start-Child Care Partnership Initiatives

Indiana has six Child Care Partnership (CCP) grantees operating 21 CCP sites in five counties. The 21 sites serve 408 children, down slightly from 443 last year. One quarter of the child care partnership slots (108) are partnered with Head Start programs. There were 48 formal agreements with child care partners during the program year. None of which were made void or broken during that time.

Figure 12: Head Start/Early Head Start Programs

336 Total Programs

Child Care Partner Site
■ Yes   ■ No

Head Start	7	250	76%
Early Head Start	14	65	24%
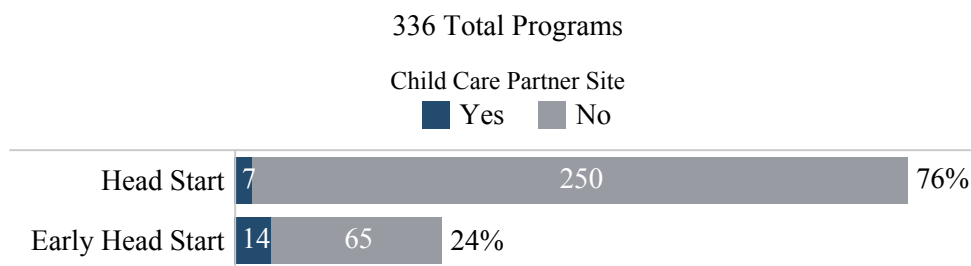
Source: Indiana Head Start State Collaboration Office (2019), *Centers,* pulled 10/2019.

Map 5: Early Head Start - Child Care Partnership Programs in Indiana

LaPorte
4

St. Joseph
1

Lake
9

Delaware
4

Marion
3

Source: Indiana Head Start
State Collaboration Office
(2019), *Centers,* pulled 10/2019.
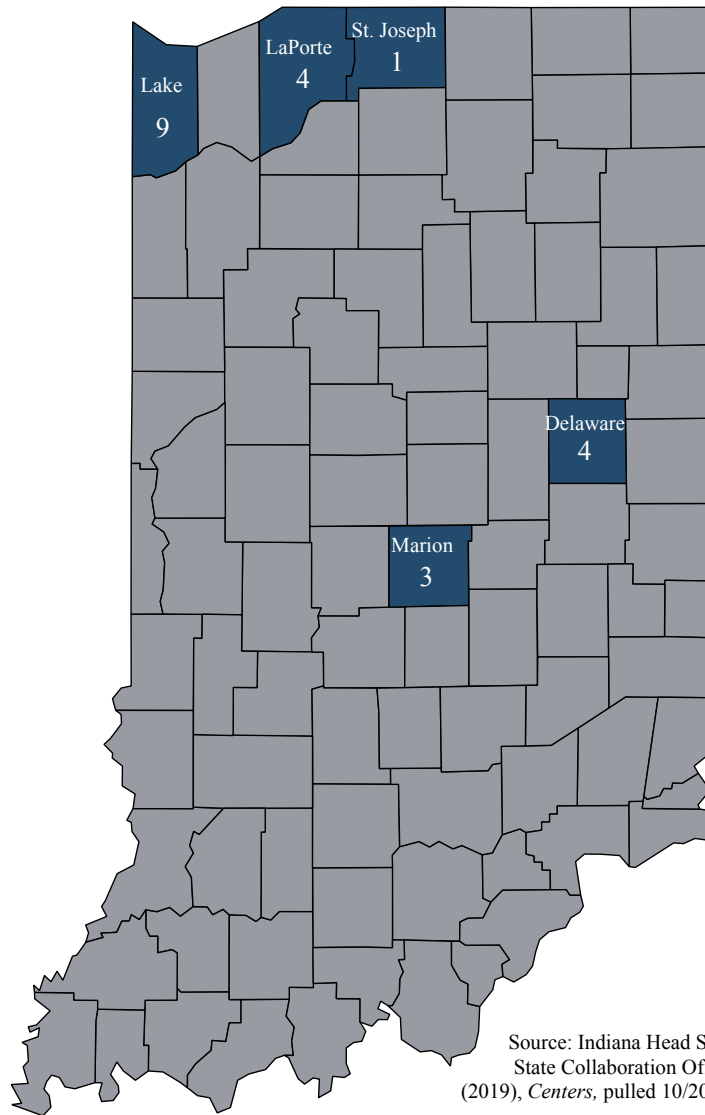
Survey Data

PROGRAM DIRECTORS

Many, but not all, grantees in Indiana offer more than one program (i.e., a combination of Early Head Start, Head Start, and/or Early Head Start-Child Care Partnership). Of the 39 respondents to this survey, 87% provide Head Start programming, 67% provide Early Head Start programming, and 10% manage an Early Head Start-Child Care Partnership (EHS-CCP) program. The EHS-CCP grant is the newest grant program under Head Start, established in January 2014. This, along with a competitive grant process, may explain why so few grantees currently have a Child Care Partnership grant.
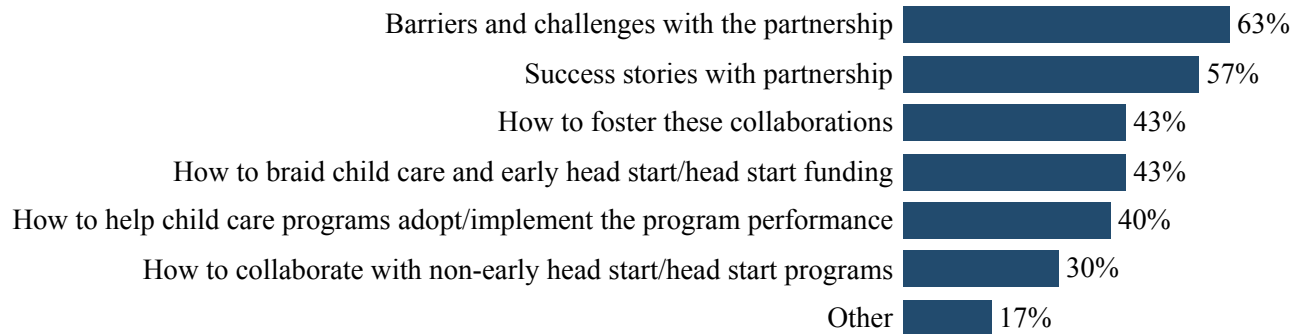
Figure 13: How knowledgeable are you of the Early Head Start - Child Care Partnership program?

(1 being least knowledgeable to 5 being very knowledgeable)

3.3

1 ●————————— 5

The knowledge of EHS-CCP has grown slightly among grantees over the previous year. The average score is 3.3 out of 5 (with 1 being least knowledgeable and 5 being very knowledgeable.

To improve their knowledge about the EHS-CCP program, grantees are more interested in learning about barriers and challenges with the partnership (up seven percent) and success stories with partnership (up 10%) versus last year. Grantees that selected "other" discussed barriers they have to EHS-CCP such as no viable partners in the area and frustration with rules applying differently to Head Starts versus child care partnerships.
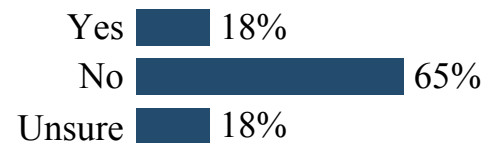
Figure 14: What information would be helpful, if any, to share about
Early Head Start - CCP initiative?

Barriers and challenges with the partnership	63%
Success stories with partnership	57%
How to foster these collaborations	43%
How to braid child care and early head start/head start funding	43%
How to help child care programs adopt/implement the program performance	40%
How to collaborate with non-early head start/head start programs	30%
Other	17%

Four grantees who completed the survey currently have an EHS-CCP program. For those who do not, they were asked if they are interested in applying. Only 18% said yes, 65% said no, and 18% are unsure.

FOCUS GROUPS

When asked whether they would apply for EHS-CCP funding if funding came available, the response was similar to what the program directors said in the survey. A few participants mentioned they're interested in expanding but not through the child care partnership grant, and participants shared more on the challenges and barriers with the program.

Figure 15: Are you interested in applying for an Early Head Start - Child Care Partnership program?

(n=34)

Yes	18%
No	65%
Unsure	18%

"There's not enough childcares. In one county, there's only one center. There's not enough capacity." - Head Start Grantee
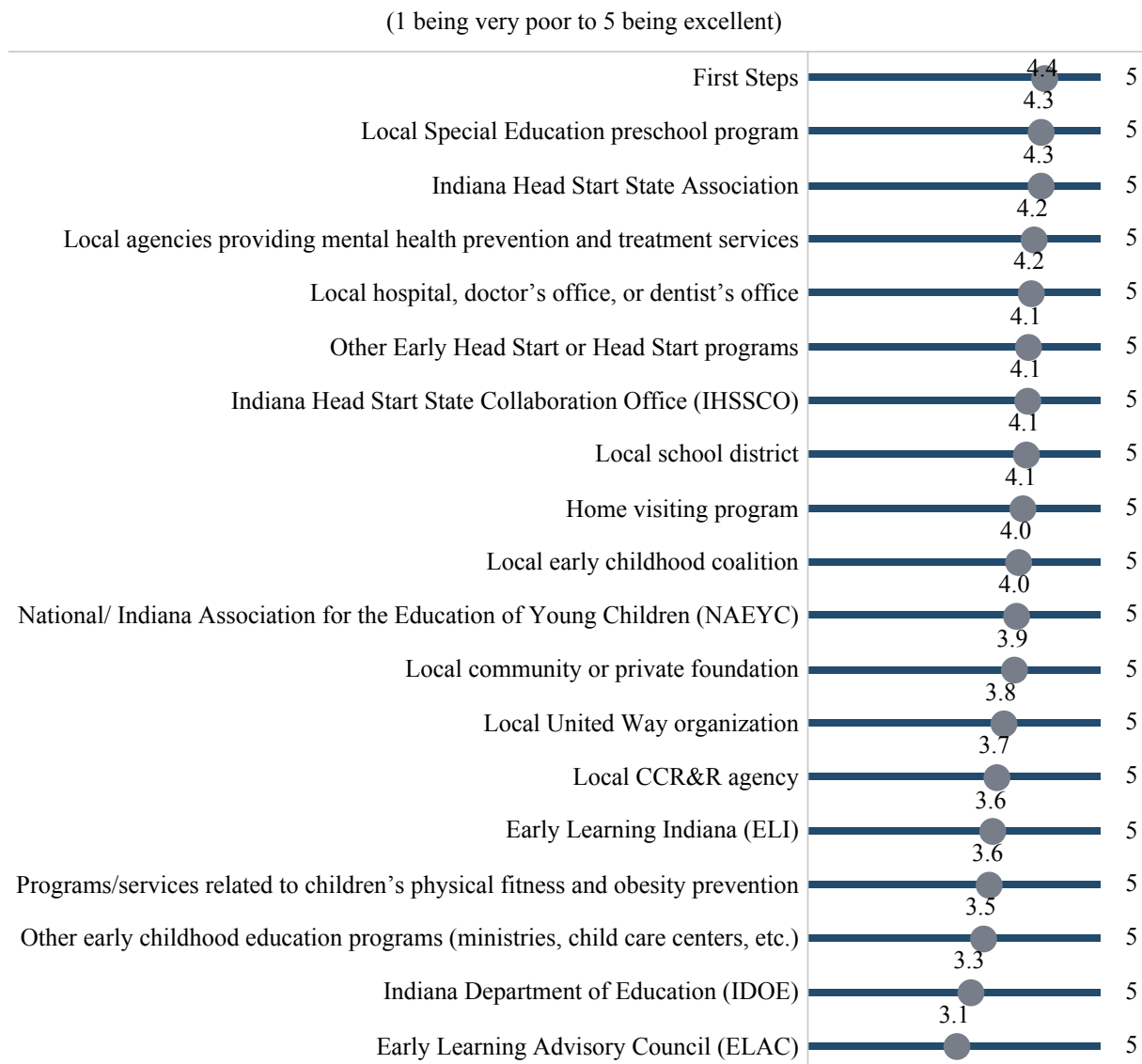
"It's hard to keep up the quality and keep up with what you do. It's lots of work." - Head Start Staff

OTHER PARTNERSHIPS

Grantees were asked if they collaborate with specific agencies and how they would rate that collaboration. If a grantee doesn't collaborate with a particular agency, they selected "not applicable." **The two agencies that grantees were least likely to collaborate with were early childhood coalitions and programs/services related to children's physical fitness and obesity prevention.**

Agencies rated the highest for collaboration or support were First Steps, the Indiana Head Start State Association, and local special education programs. These are partners that naturally have a higher level of engagement with grantees, by providing additional services for Head Start children and being the professional association for Head Start grantees. Even so, agencies with the lowest collaboration score were all rated "fair" or higher with an average score above 3.

Figure 16: What level of collaboration or support do you have with the following entities?

(1 being very poor to 5 being excellent)

Entity	Score
First Steps	4.4
Local Special Education preschool program	4.3
Indiana Head Start State Association	4.3
Local agencies providing mental health prevention and treatment services	4.2
Local hospital, doctor's office, or dentist's office	4.2
Other Early Head Start or Head Start programs	4.1
Indiana Head Start State Collaboration Office (IHSSCO)	4.1
Local school district	4.1
Home visiting program	4.1
Local early childhood coalition	4.0
National/ Indiana Association for the Education of Young Children (NAEYC)	4.0
Local community or private foundation	3.9
Local United Way organization	3.8
Local CCR&R agency	3.7
Early Learning Indiana (ELI)	3.6
Programs/services related to children's physical fitness and obesity prevention	3.6
Other early childhood education programs (ministries, child care centers, etc.)	3.5
Indiana Department of Education (IDOE)	3.3
Early Learning Advisory Council (ELAC)	3.1

Grantees were asked with which organizations they would like to strengthen their partnership, and nearly all of the above options were mentioned. Three organizations were mentioned by more than one grantee and specific suggestions for collaboration were provided. There is a desire for direct referrals from WIC offices, a stronger partnership with local DCS offices and school districts, and to partner (not compete) with other child care programs.

Only half of grantees say they have a strategic relationship with a foundation or coalition focused on early childhood education. One reason for this might be that in Indiana, coalitions tend to be focused on individual counties or small regions, and currently there is not an early childhood coalition covering every county in the state.

Figure 17: Do you have a strategic relationship with a foundation or coalition with a focus on early childhood education?

No 47%

Yes 53%
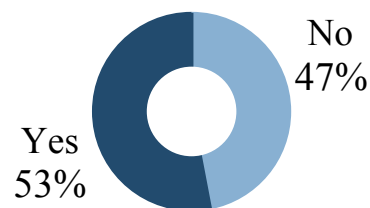
FOCUS GROUPS

The participants of the focus groups were asked who they are collaborating with. Many mentioned health providers and health initiatives. One grantee had a partnership with WIC that ended because families always landed on the Head Start program waitlist. Collaborations with philanthropic partners vary by area. Some participants do not have a United Way in their area or are not connected to the community foundation like others. Only one participant mentioned an active partnership with their local United Way; it has a mentor program that partners with them for volunteers and training.

PARTNERS

Respondents to the partner survey were asked how they collaborate with Head Start programs. Half of the respondents (53%) said they refer families to Head Start, a third of respondents (34%) say they receive referrals from Head Start, and 27% say they provide professional development and other services to Head Start programs. (Due to the coronavirus pandemic, this survey sample looks different from previous years in the number of respondents by partner agency. This may explain why partners who refer families to Head Start dropped 19% from last year.)

The frequency with which partners collaborate with Head Start programs varies, although more than half collaborate multiple times a year. This is similar to responses from previous years.

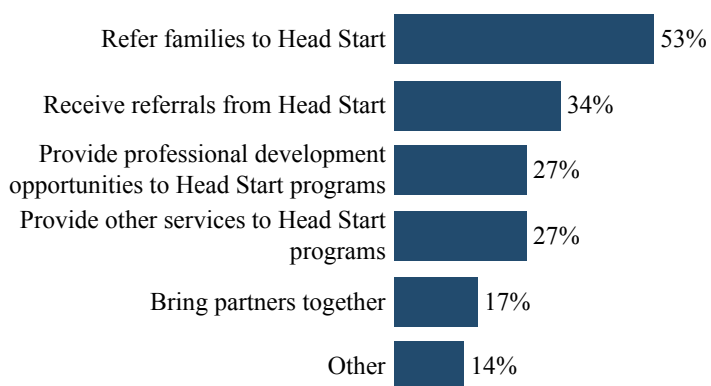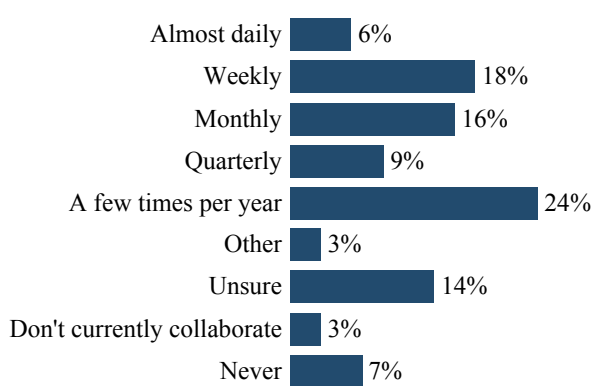Figure 18: In what capacity do you collaborate with Head Start programs? (Select all that apply.)

Refer families to Head Start — 53%
Receive referrals from Head Start — 34%
Provide professional development opportunities to Head Start programs — 27%
Provide other services to Head Start programs — 27%
Bring partners together — 17%
Other — 14%

Figure 19: How often do you or your office collaborate with Head Start programs?

Almost daily — 6%
Weekly — 18%
Monthly — 16%
Quarterly — 9%
A few times per year — 24%
Other — 3%
Unsure — 14%
Don't currently collaborate — 3%
Never — 7%

Satisfaction levels of partnering with Head Start programs remains about the same from last year. The majority of partners are satisfied or very satisfied with their partnership and a little more than a third are somewhat satisfied.

Figure 20: How satisfied are you with your partnership with Head Start and Early Head Start?

2% 6%	38%	39%	15%

- Very dissatisfied
- Somewhat satisfied
- Very satisfied
- Dissatisfied
- Satisfied
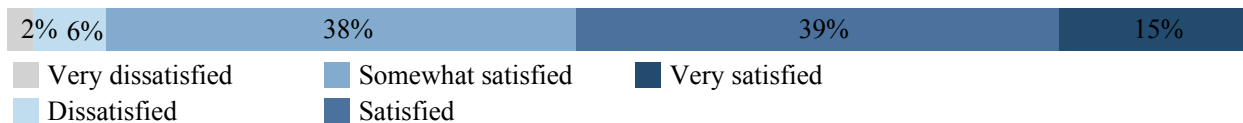
This year, partner survey respondents were asked if they had heard of the Head Start Policy Council and 39 respondents (29%) said yes and 9% were unsure. Seven respondents say they are currently on the Head Start Policy Council or have served previously which is the same number as last year.

A third of respondents provided stories of success and barriers to success regarding collaboration with Head Start. Respondents shared stories of collaboration to get children and families the services they need. Other respondents described Head Start's ability to correctly screen children with special needs and expressed appreciation for the ability to provide those services at Head Start locations. A few respondents have been successful at helping Head Start programs apply for accreditation or reaccreditation. These are some of the stories they shared.

Partners say:

- "As an intake speech therapist I can refer my families that do not qualify for the public agency preschool to Head Start. They are always willing to work with me and my families!"

- "At my previous job, I worked directly with the head start program and staff. I worked in an elementary school and a head start program was in the same building. It was nice to get to know the staff and students. This made for an easy transition into kindergarten."

- "Children in need of assessments and services are able to receive those services at Head Start. Without the location for therapy services some families may not follow through with the need for their child's services."

- "Collaboration with Head Start has led to more students with disabilities being serviced with their typical age peers. This has resulted in better outcomes and preparedness for Kindergarten."

- "Head Start and our office refer students to each other based upon needs of the student and we have a great working relationship."

- "I have really appreciated when youth in foster care are enrolled in Head Start and are getting much needed early education."

- "Several of our preschool students have benefited from the schedule that Head Start can provide with classes 5 days a week."

- "They are always willing to have First steps providers come in and work with children that we share."

- "We have been able to help them build partnerships with providers which has increased the quality of services in vulnerable areas."

- "We have collaborated by thinking outside the box. We shared the financial cost of a speech therapist. She did speech services as well as provide training for staff and parents. She ran early intervention groups and was able to close the gap for several students entering kindergarten."

The top barrier or challenge to collaboration with Head Start is not having information about locations, availability of slots, services provided, or the enrollment process. This may be related to the second most discussed barrier of staff turnover at Head Starts. Turnover can create a challenge to collaboration and communication, especially when changes in staffing aren't communicated to the partner. The majority of challenges and barriers varied and are particular to individual locations or grantees. The following are some examples of challenges and barriers respondents experience when partnering with Head Start programs.

Partners say:

- "Annual changes in either location or site supervisors are not shared proactively. This causes delays in contacting staff in a timely fashion. It is understandable that changes happen, but would like to be kept up to date."

- "As the special education director for the district, I do not have any contact or collaboration with head start. Knowing the students and their needs would help the elementary schools to better plan for the needs of the students."

- "Each location and region of the state is different, so many locations and it is hard to know what is available for any family based on their location (we serve state wide)."

- "There seems to be a lot of red tape that Head Start has to cut through to service students. The process seems extremely slow."

- "Time is the biggest barrier. Being able to meet in person is very difficult given the requirements of teaching in public school and then collaborating with the head start office."

PRIORITY 1 TAKEAWAYS

- Grantees have an interest in expanding but usually not through Child Care Partnerships, often due to the lack of willingness or capacity of child care programs in their service area.
- It appears that Head Start grantees have stronger partnerships with organizations that have both local and state connections.
- Both Head Start grantees and partners agree that their relationships are more positive than negative.
- Some partners appear to be concerned about staff retention in programs.

Priority Area 2: Child Outcomes

Work with state efforts to collect data regarding early childhood programs and child outcomes

Head Start grantees collect data related to child and family outcomes that can help support and provide valuable input and data for a state-level early childhood education (ECE) data system.

<div>

PIR DATA[8]

- 31 programs use the Ages & Stages Questionnaire (ASQ) and 15 programs use the Ages & Stages Questionnaire Social-Emotional (ASQ-SE) screening tool for developmental screenings

- 23 programs use some version of the Brigance Screen for developmental screenings

- 44 programs use the Teaching Strategies GOLD Online assessment tool

- 63 programs use some version of Creative Curriculum as their center-based curricula (potentially one of multiple)

- 51 programs use the Classroom Assessment Scoring System (CLASS) staff-child interaction observation tool, and the majority of programs with home-based services (18 of 23 who answered the question) use the Home Visitor Rating Scale (HOVRS) observation tool
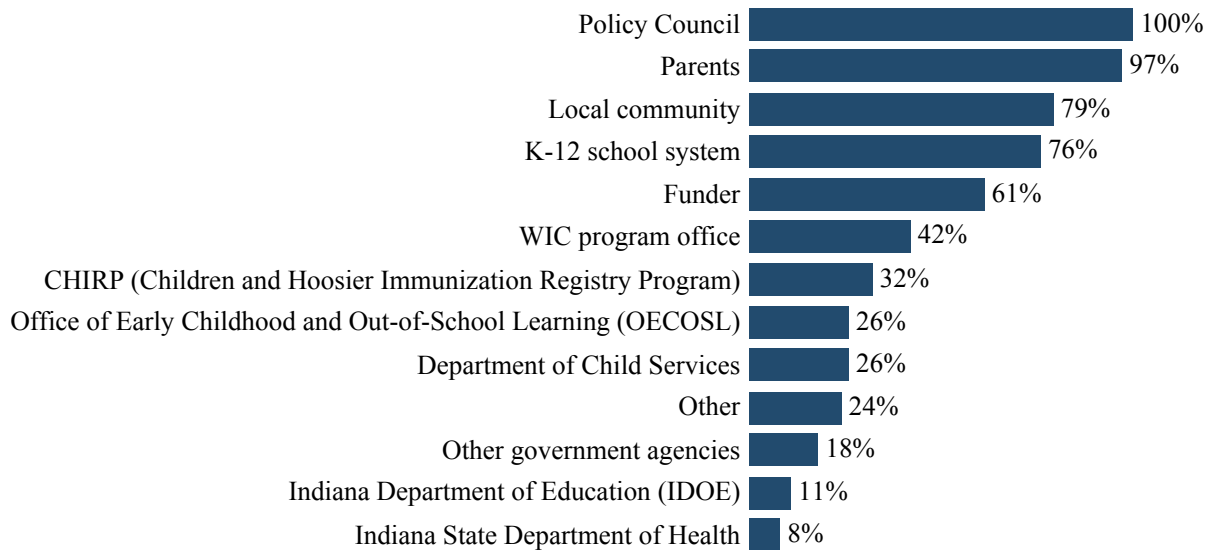
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8. There are 71 programs in Indiana (not including CDI), but not all programs may have answered all of these questions. Also, some programs may use more than one screening instrument or assessment tool.
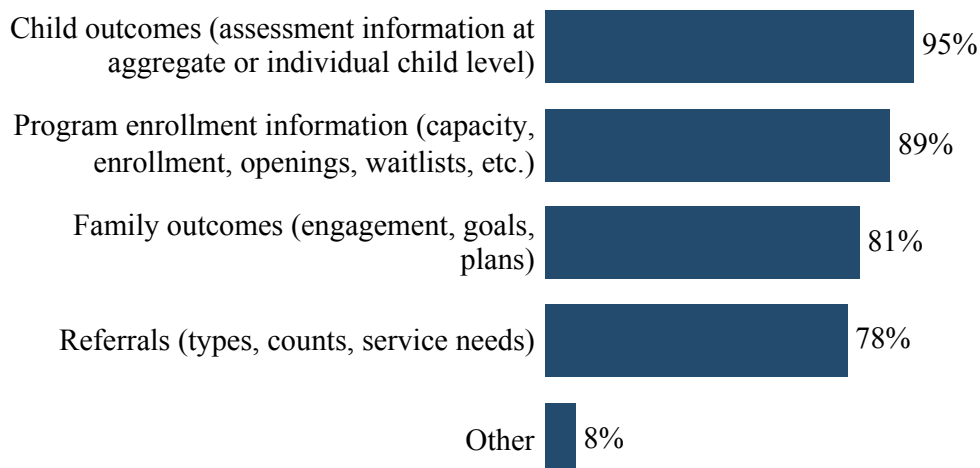
Survey Data

PROGRAM DIRECTORS

Nearly all grantees currently share data with their policy council and parents. More than half also share program data with their local communities, K-12 school systems, and funders. Individual government agencies were selected by a few program directors. Survey respondents who selected "other" mentioned sharing data with the United Way, a grantee's board, their own staff, and their board of directors.

Figure 21: Who do you currently share your program data with? (Select all that apply.)

Category	Percentage
Policy Council	100%
Parents	97%
Local community	79%
K-12 school system	76%
Funder	61%
WIC program office	42%
CHIRP (Children and Hoosier Immunization Registry Program)	32%
Office of Early Childhood and Out-of-School Learning (OECOSL)	26%
Department of Child Services	26%
Other	24%
Other government agencies	18%
Indiana Department of Education (IDOE)	11%
Indiana State Department of Health	8%

Grantees are most often sharing child outcomes data, program enrollment data, and family outcomes. More than three quarters of Head Start grantees (78%) said they share referral data (such as types, counts, and service needs), which saw the biggest change from last year with an increase of 16%.

Figure 22: What data does your program share with partners? (Select all that apply.)

Category	Percentage
Child outcomes (assessment information at aggregate or individual child level)	95%
Program enrollment information (capacity, enrollment, openings, waitlists, etc.)	89%
Family outcomes (engagement, goals, plans)	81%
Referrals (types, counts, service needs)	78%
Other	8%

Even though nearly all grantees say they share child outcomes data with partners, only a third say they are involved in any local or state efforts to share data and improve child outcomes. This is down 20% from the previous year. Even fewer grantees (just 29%) said they're involved in a local or state effort to share data to inform system building, which remains steady compared to the previous year.

Figure 23: Are you currently involved in any local or state efforts to share your data to improve child outcomes?
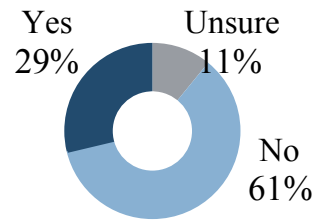
Yes 34%
Unsure 11%
No 55%
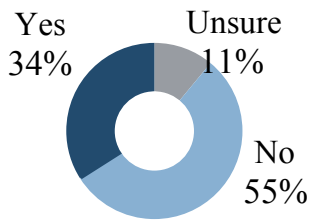
Figure 24: Are you currently involved in any local or state efforts to share your data to inform system building?

Yes 29%
Unsure 11%
No 61%

Programs see the biggest hurdle to collecting and sharing child outcomes data being the lack of a unified approach to data collection in the state.

Programs see the biggest hurdle to collecting and sharing child outcomes data being the lack of a unified approach to data collection in the state. Some programs think this would require a universal data system while others would like to see outcomes determined that allow programs to use their own assessment products and systems. At least two programs would like to track children as they continue into the K-12 system and see a child's outcomes over time.

In 2019, Indiana's State School Board of Education approved a new Kindergarten Readiness Indicators (KRI) assessment tool. However, it is only required to be administered by On My Way Pre-K programs and will not begin until the 2020-2021 school year. Head Start programs are not required to use the KRI, unless they also participate in On My Way Pre-K; therefore, the grantees are individually setting kindergarten readiness expectations both for themselves and in collaboration with local schools. The majority of Head Start grantees (84%) say they determine kindergarten readiness based on information provided by their local education agency (LEA), and almost three quarters (71%) use curriculum to help determine kindergarten readiness. Only a quarter of programs have a formal plan established with their LEA.

Figure 25: How do you determine kindergarten readiness? (Select all that apply.)

Based on local information provided by LEA — 84%
Curriculum — 71%
Formal plan established with LEA — 26%
Test — 13%
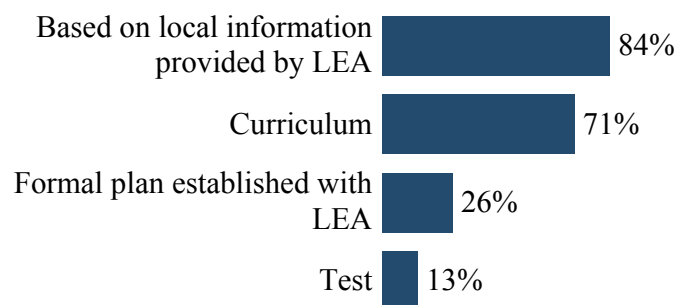
With regard to child outcomes, Head Start programs would like to see local education agencies help programs track child outcomes by sharing child data after they transition into kindergarten and up through third grade. Programs would like to demonstrate the impact that Head Start has on children as they get older, as well as compare Head Start children's school readiness at kindergarten entry to their peers without early childhood education. Two grantees would like to see a kindergarten readiness tool that is used with all children to help early childhood education programs determine what they need to be teaching. The same number of grantees want to see local education agencies continue collaborating and having discussions about expectations regarding child outcomes.

FOCUS GROUPS

Examples of how Head Start programs share data and how partners use it (and vice versa):

- One program has connected attendance data and outcomes data and showed that to parents to show how attendance really does make a difference in child outcomes.

- A local United Way has an initiative involving a screening assessment which is a source of data for their Head Start program.

- A participant shared that their program sends child outcomes data to kindergarten teachers.

> **"We share data with the public schools through our Title I agreements, and wrote into MOUs that we'd provide them data if they tell us how those kids did on the KEA (kindergarten entrance assessment). That's been successful." - Head Start Staff**
>
> **"We did several focus groups and had great turn out from the community. We sent out invitations and reviewed data, and people were surprised by that." - Head Start Staff**

PARTNERS

Individuals who took the partner survey were asked how knowledgeable they are about Head Start programs in Indiana. The average score was 3.4 (with 1 being least knowledgeable and 5 being very knowledgeable). This is fairly consistent with scores from previous years.
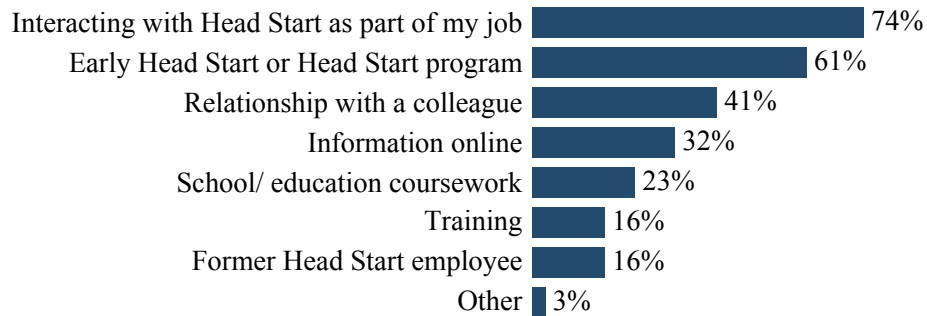
Figure 26: How knowledgeable are you about Head Start programs in Indiana?

(1 being least knowledgeable to 5 being very knowledgeable)

3.4

1 ————————————————————————————— 5

Partners say they are most likely to gather information about Head Start and Early Head Start through interacting with them as part of their job, which was selected by 74% of respondents. More than half (61%) say they also gather information directly from the programs. These two methods both increased six percent over last year, while finding information online dropped seven percent.
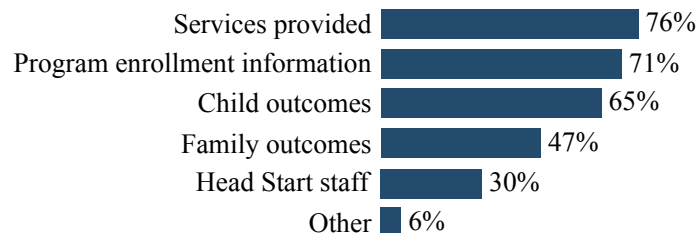
Figure 27: Where have you gathered your information about Head Start/Early Head Start?
(Select all that apply.)

Category	Percentage
Interacting with Head Start as part of my job	74%
Early Head Start or Head Start program	61%
Relationship with a colleague	41%
Information online	32%
School/ education coursework	23%
Training	16%
Former Head Start employee	16%
Other	3%

Even though three quarters of respondents work directly with Head Start, about the same amount of respondents would like information about services provided. More than half of partners taking the survey desire that information, along with program enrollment information and data on child outcomes.

Two thirds of respondents (approximately 100) to the partner survey provided examples of how they would use this Head Start data/information to inform their work and goals. The most frequently mentioned answer is to provide this information to families, specifically information on enrollment and outcomes. Along with providing information, respondents mentioned using this information from programs to help with making referrals to Head Start and Early Head Start. Individuals currently partnering with Head Start are interested in more information to help improve collaboration, reduce duplication of services, and coordinate goals for children and families.

Figure 28: What data/information about Head Start programs would be helpful to receive?
(Select all that apply.)

Category	Percentage
Services provided	76%
Program enrollment information	71%
Child outcomes	65%
Family outcomes	47%
Head Start staff	30%
Other	6%

Respondents also mentioned that data and information would help the transition in and out of Head Start programming, from early intervention services or moving to public school or special education services. Knowledge of child outcomes and support would help providers develop goals for incoming students.

PRIORITY 2 TAKEAWAYS

- Head Start grantees are interested in sharing child outcomes data and using it to show the impact of their work.

- There is currently no statewide data collection initiative, and only a third of grantees say they are involved in a local or state effort to share data to improve outcomes.

- While nearly all Head Start grantees say they share child outcomes data and program enrollment information with partners, those are the top two areas where partners would like more information.

- Partners would like more Head Start information to be able to share with their families and staff and to make appropriate referrals.

Priority Area 3: Career Development

Support the expansion and access of high quality, workforce and career development opportunities for staff

Indiana Head Start grantees work with state professional development systems, career centers, and institutions of higher education to promote the expansion of high-quality career development opportunities. These partnerships assist Head Start grantees with recruiting a high-quality workforce.

PIR DATA
• 4,110 Head Start and Early Head Start Staff (of which   - 841 are current or former Head Start or Early Head Start parents) • 31,304 volunteers (of which 20,238 are current or former parents)

	Head Start Classroom Teachers	Head Start Assistant Teachers	Early Head Start Classroom Teachers
Staff with advanced Early Childhood Education (ECE) degree	18	2	4
Staff with advanced degree in a related field	12	1	3
Staff with bachelor's degree in ECE	191	16	30
Staff with bachelor's degree in a related field	149	23	42
Staff with associate degree in ECE	226	112	104
Staff with associate degree in a related field	24	24	14
Staff with Child Development Associate (CDA) credential	10	182	125
Staff with no known ECE credentials	8	334	59
TOTAL	**638**	**694**	**381**

There are slightly fewer teachers and classroom assistants employed by Head Start grantees with a decrease of 8 and 14 respectively from 2018. **Just over half of Head Start classroom teachers (58%) hold a bachelor's degree or higher while 52% of assistant teachers hold a CDA or higher. The majority of classroom teachers in Early Head Start classrooms (85%) hold a CDA or higher.**
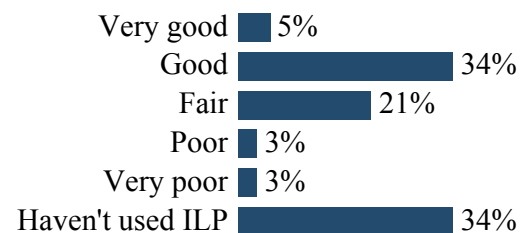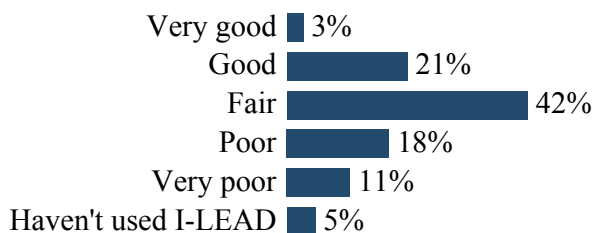
Survey Data

PROGRAM DIRECTORS

Two important new developments for the licensing and professional development of early childhood education professionals in Indiana are the Indiana Licensing & Education Depot (I-LEAD) and Indiana Learning Paths (ILP). I-LEAD allows programs to manage the licensing and regulatory process online and is designed to make licensing, background checks, and professional development easier to access and update. I-LEAD provides access to ILP which allows providers to access "on-your-time" professional development resources, and it will be home to additional technical assistance for Indiana's quality rating information system (Paths to QUALITY™). Both platforms came online in the summer of 2019 and are managed by Indiana FSSA's Office of Early Childhood and Out-of-School Learning.

Each platform has not been without challenges as it has been rolled out to the state. Moving from primarily in-person or paper-based processes to online has been a challenge for some providers. Head Start grantees were asked to rate their experience with each platform, and thus far ILP is going better than I-LEAD with more grantees selecting "good" versus just "fair" with I-LEAD. However, one third of grantees have not yet used ILP. In general, Head Start grantees are remaining in the middle as they wait and see how things will improve over time.

Figure 29: Rate your experience using I-LEAD.

Very good	3%
Good	21%
Fair	42%
Poor	18%
Very poor	11%
Haven't used I-LEAD	5%

Figure 30: Rate your experience using Indiana Learning Paths (ILP).

|	
Very good	5%
Good	34%
Fair	21%
Poor	3%
Very poor	3%
Haven't used ILP	34%

Grantees were asked to share their experiences using I-LEAD and ILP. With the rollout of I-LEAD, program directors express frustration with a system that glitches often, is not very user friendly, and has a support team who does not always know how to help. A handful of programs though do have hope that when the system works through its bugs and newness, that it will be a helpful system in the future.

Only a handful of grantees shared their experience with ILP, and while programs are also experiencing a learning curve, the early reviews are somewhat favorable. Programs appreciate the availability and quality of courses, although one program would like to see any required trainings be available all the time instead of once in a while.
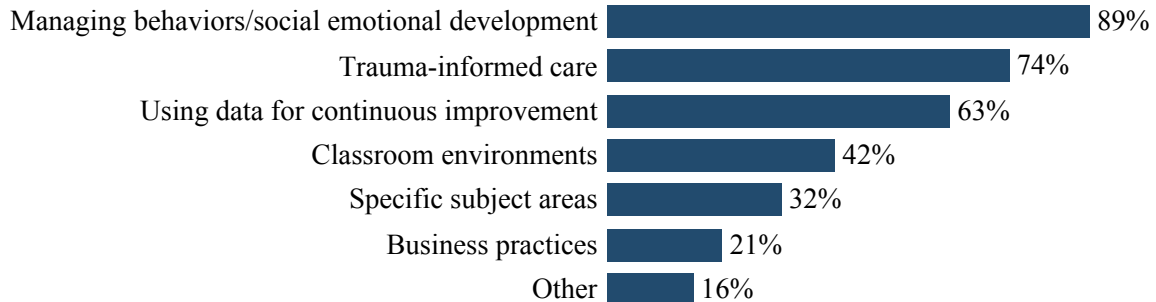
CAREER AND PROFESSIONAL DEVELOPMENT NEEDS

In terms of career development needs specific to Head Start staff, grantees continue to rate higher education as the greatest need, but it has dropped 10% since last year and is now tied with individual coaching, which went up eight percent since last year. Professional development is also seen as a need by 71% of grantees, which is also up five percent from last year.

Figure 31: What are your staff's career development needs? (Select all that apply.)

Higher education credentials and/or degrees	74%
Individual coaching	74%
Professional development	71%
Other	5%
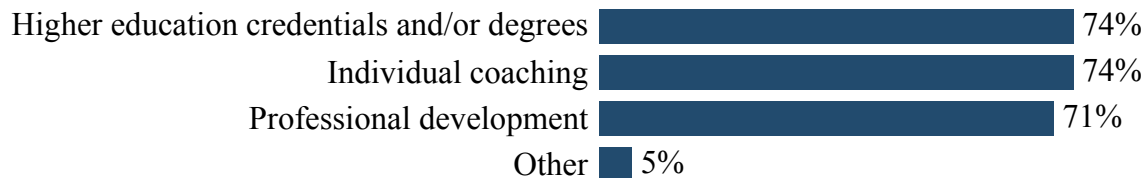
Specific areas of need regarding professional development also remain the same as last year; however, the percentage of grantees selecting trauma-informed care dropped 10%, and the number selecting specific subject areas increased 14%.

Figure 32: What are the professional development area that your staff need? (Select all that apply.)

Managing behaviors/social emotional development	89%
Trauma-informed care	74%
Using data for continuous improvement	63%
Classroom environments	42%
Specific subject areas	32%
Business practices	21%
Other	16%

Program directors were then asked if any resources are missing or need to be strengthened in Indiana to support the needs of their staff. Multiple programs would like to see more training, particularly in-person and online, on topics such as addressing mental health needs, behavioral concerns, and trauma in the classroom. Some programs would also like to see more specialized training for family development specialists, for early childhood educators, and in areas such as home visiting and motivational learning. Not having time set aside for training, as well as training being offered at inconvenient times, are currently barriers to staff professional development.

FOCUS GROUPS

Participants of the focus groups were asked "How have the needs of your families changed in the last 3-5 years?" which appears to give some context to the desired areas of professional development. Head Start and Early Head Start directors and staff noted an increase in challenging behaviors.

In the past, challenging behaviors may have been limited to a single child in a classroom; now programs have multiple children. Programs are also noticing an increase in health problems such as asthma and food allergies to medically fragile children, and this requires additional training for all staff, as well as possible adjustments to classroom environments.

WORKFORCE

Besides career and professional development, grantees were asked about their staffing needs. Most grantees (84%) still struggle to recruit staff, although this is down five percent from the previous year. Difficulty retaining staff remains high as well, with 66% of grantees saying it is a challenge (a four percent decrease from last year).
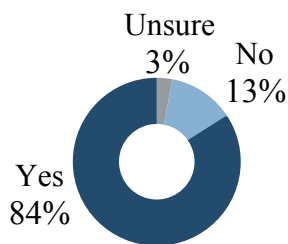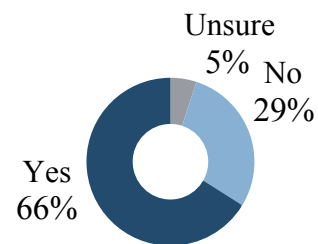
Figure 33: Do you have difficulty recruiting staff?

Unsure 3%
No 13%
Yes 84%

Figure 34: Do you have difficulty retaining staff?

Unsure 5%
No 29%
Yes 66%

To help with staff recruitment issues, a third of grantees (32%) have partnerships to help address workforce issues, but the majority do not. Those with partnerships mention partnering with GED programs, staffing agencies, and local institutions of higher education.

Figure 35: Do you have any partnerships to help address workforce issues?

Yes 32%
Unsure 5%
No 62%
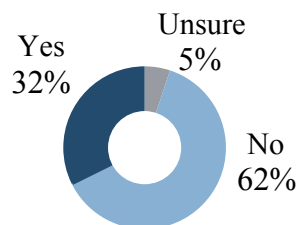
"A staffing agency takes care of our needs." - Program Director

"We collaborate with local colleges by sharing job positions and being a big part of their internships and practicum placements."
- Program Director

The preparation of graduates from 2- or 4-year postsecondary programs also appears to be improving slightly. Almost two thirds of grantees (63%) say that graduates are prepared when entering the classroom which is up eight percent from 2018. No respondents selected the answers at the top and bottom of the scale, "well prepared" and "not at all prepared."

Figure 36: When hiring graduates from a 2- or 4-year postsecondary program, how prepared are they when they enter the classroom?

63%	32%	5%
■ Prepared	■ Poorly prepared	■ Not applicable
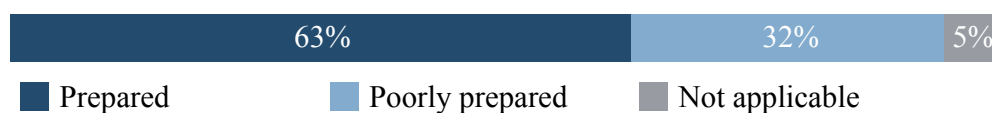
To help support expansion of a high-quality workforce and improve the preparedness of recent graduates, respondents provided ideas on what needs to improve. Half of the responses were grantees wanting students in higher education to be required to get more hands-on experience in the classroom where they can learn about current research and practice, as well as determine if early childhood education is the profession for them. Beyond more practicum or time in the classroom, programs believe early childhood education students need more training in social work and trauma and its impact in the classroom.

FOCUS GROUPS

In response to the question of partnerships to help address workforce issues, participants shared that there are challenges with these partnerships. Simply having them is not enough to improve the early childhood education workforce pipeline for their programs, and if they cannot find staff that meet certain degree requirements, a center may lose its rating as "high quality" and drop down to Level 2.

PRIORITY 3 TAKEAWAYS

- While there are challenges with new state platforms being launched for licensing and professional development, grantees are remaining fairly neutral about them during their initial rollout.

- Difficulties around staff recruitment and retention improved slightly from the previous year, but these are still challenges for the majority of grantees.

- Grantees have an increased interest for training in specific subject areas (e.g., literacy, math, science, health).

- There is still interest in more professional development on trauma-informed care, and grantees would also like to see more around challenging behaviors, social emotional development, and mental health.

Priority Area 4: High-Quality Care

Collaboration with State Quality Rating Improvement Systems (QRIS)

Head Start grantees are collaborating with Indiana's Quality Rating Improvement System (QRIS) called Paths to QUALITYTM (PTQ). PTQ is a statewide rating system for early childhood education programs, and participation is voluntary. Programs are given a rating of Level 1-4 with Level 4 being the highest rating that can be attained. Indiana's Early Learning Advisory Committee (ELAC) defines high-quality programs as those rated with a Level 3 or Level 4 designation in PTQ or national accreditation.[9]

LEVEL 4
Highest Rated!

National Accreditation

LEVEL 3

Planned Curriculum

Planned Curriculum

LEVEL 2

Learning Environments

Learning Environments

Learning Environments

LEVEL 1

Health & Safety

Health & Safety

Health & Safety

Health & Safety

Meets the health and safety needs of children

Provides an environment that supports children's development & learning

Uses a planned curriculum to guide child development and prepare children for kindergarten

Has achieved the highest indicator of quality, National Accreditation

As of December 31, 2019, the Office of Early Childhood and Out-of-school Learning shows 162 Head Start and Early Head Start centers (58%) as active and participating in PTQ. This is two percent less than were active and participating in 2018. Of the centers participating in PTQ, 143 centers (88%) are rated as high quality (Levels 3 or 4), which is an increase of two centers since 2018. Head Start and Early Head Start centers rated as high quality are located in 61 of Indiana's 92 counties.

9. Source: http://childcareindiana.org/

PTQ went through significant system changes over the past year. While the requirements for each rating level and the levels themselves did not change, the support system for coaching and developing programs through PTQ changed dramatically. Changes made to PTQ's administration and supports were scheduled to take place over a 6- to 9-month period with full implementation around Spring 2020. This may account for why certain programs are no longer active in PTQ or may have delayed moving up in the system. Another reason for little change in PTQ participation numbers is that when a Head Start center moves to a new location, it must start the PTQ process all over again. So some centers may be moving up in PTQ, but others may be temporarily losing their rating level.

Map 6: Head Start and Early Head Start Centers by County Compared to High-Quality Centers by County

All Centers
278 Total

High-Quality Centers
143 Total (51%)

Legend: ☐ No centers   ☐ 1 to 3 centers   ☐ 4 to 9 centers   ☐ More than 10 centers

All Centers map county values:
Lake 28, Porter 1, LaPorte 4, St. Joseph 10, Elkhart 15, LaGrange 1, Steuben 2, Noble 2, DeKalb 5, Newton 2, Jasper 2, Starke 1, Marshall 2, Kosciusko 5, Whitley 1, Allen 6, Pulaski 2, Fulton 1, White 1, Cass 1, Miami 2, Wabash, Huntington 2, Adams 3, Wells 1, Benton 1, Carroll 1, Howard 3, Grant 6, Blackford 2, Jay 3, Warren 0, Tippecanoe 6, Clinton 3, Tipton 0, Delaware 6, Randolph 2, Fountain 1, Boone 1, Hamilton 1, Madison 6, Henry 3, Wayne 10, Montgomery 1, Hancock 3, Vermillion 1, Parke 1, Hendricks 1, Marion 13, Fayette 3, Union 1, Putnam 1, Morgan 2, Johnson 2, Shelby 1, Rush 3, Franklin 2, Vigo 2, Clay 1, Owen 2, Brown 1, Bartholomew 1, Decatur 1, Dearborn 5, Monroe 11, Greene 2, Jennings 1, Ripley 2, Ohio 1, Sullivan 1, Lawrence 3, Jackson 1, Jefferson 2, Switzerland 2, Knox 4, Daviess 2, Martin 1, Washington 1, Scott 1, Clark 3, Gibson 4, Pike 1, Dubois 1, Orange 1, Crawford 2, Floyd 2, Harrison 2, Posey 2, Vanderburgh 12, Warrick 3, Spencer 2, Perry 3

High-Quality Centers map county values:
Lake 17, Porter 1, LaPorte 0, St. Joseph 3, Elkhart 4, LaGrange 1, Steuben 0, Noble 2, DeKalb 3, Newton 0, Jasper 2, Starke 0, Marshall 1, Kosciusko 5, Whitley 1, Allen 3, Pulaski 1, Fulton 1, White 0, Cass 1, Miami 0, Wabash 2, Huntington 2, Wells 1, Adams 0, Benton 1, Carroll 0, Howard 2, Grant 4, Blackford 1, Jay 1, Warren *, Tippecanoe 3, Clinton 0, Tipton *, Madison 0, Delaware, Randolph 1, Fountain 1, Montgomery 1, Boone 0, Hamilton 1, Henry 1, Wayne 5, Vermillion 0, Parke 1, Hendricks 0, Marion 12, Hancock 0, Rush 0, Fayette 4, Union 1, Putnam 1, Morgan 0, Johnson 1, Shelby 1, Franklin 0, Vigo 2, Clay 0, Owen 0, Monroe 6, Brown 0, Bartholomew 1, Decatur 1, Ripley 0, Dearborn 1, Sullivan 0, Greene 0, Jennings 0, Ohio 0, Lawrence 2, Jackson 1, Jefferson 2, Switzerland 0, Knox 3, Daviess 2, Martin 1, Washington 1, Scott 0, Clark 2, Gibson 4, Pike 1, Dubois 1, Orange 1, Crawford 0, Floyd 1, Harrison 1, Posey 1, Vanderburgh 9, Warrick 2, Spencer 0, Perry 2

* Not applicable due to no physical centers within county

Source: Family and Social Services Administration Office of Early Childhood and Out-of-School Learning (2019), *Centers* and *Head_Starts_Providers_Detail*, pulled 9/1/2019.

Survey Data

PROGRAM DIRECTORS

While only 55% of Head Start and Early Head Start centers are currently participating in PTQ, all but one survey respondent said they participate. The discrepancy could be due to the fact that grantees operate many locations in their service area, and PTQ is a rating given to individual facilities. Some facilities may have more challenges than others to meet PTQ standards, especially to be rated high quality.

Two thirds of grantees (68%) selected branding and recognition as a benefit to participating in PTQ. Behind that at 54% is financial incentives, 41% selected funding opportunity, and 38% selected coaching assistance. Coaching assistance was selected by 50% of grantees last year as a benefit, but the changes in the PTQ system and its delivery of coaching and similar services may have contributed to the drop in responses.
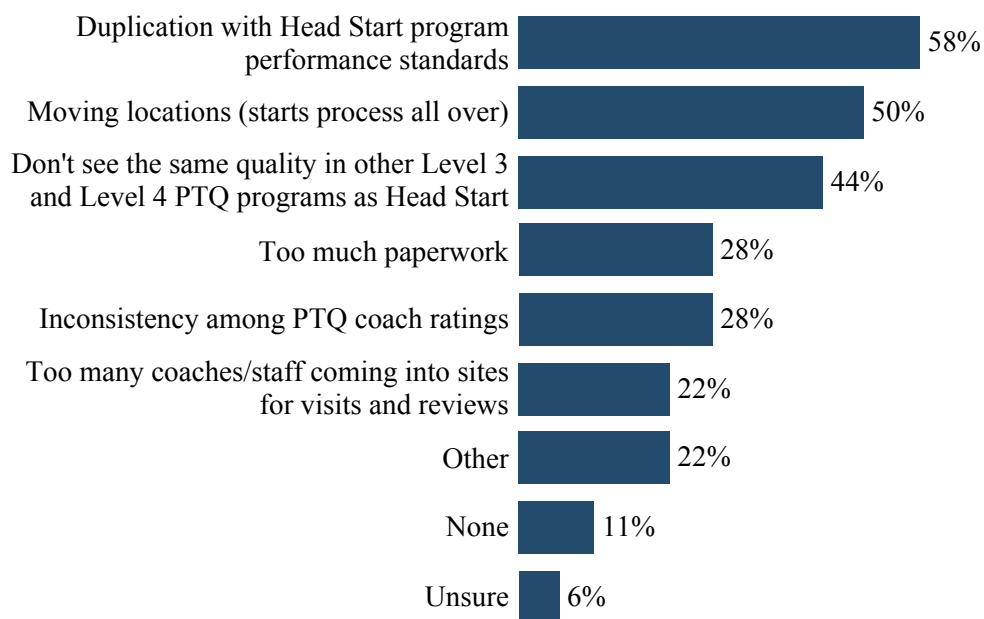
While only 55% of Head Start and Early Head Start centers are currently participating in PTQ, all but one survey respondent said they participate.

Figure 37: What are the benefits to participating in PTQ? (Select all that apply.)

Branding and recognition	68%
Financial incentives	54%
Funding opportunity	41%
Coaching assistance	38%

There can be barriers and challenges for a Head Start program to participate in PTQ. More than half of grantees (58%) said that duplication with Head Start program performance standards is a challenge, and this is up 15% from a year ago. Also increasing 12% from last year, half of grantees (50%) said that moving to a different location is a challenge when participating in PTQ because it forces the center to start the process all over. Additional barriers selected were not seeing the same quality in other programs rated high quality, having too much additional paperwork, and having too many site visits for reviews. Grantees who selected "other" mentioned barriers such as inconsistent quality extending to national accreditors, a lack of a fast track similar to schools, and that in general the process is too slow.

Figure 38: What are the barriers and challenges to a Head Start/Early Head Start participating in PTQ? (Select all that apply.)

Category	Percentage
Duplication with Head Start program performance standards	58%
Moving locations (starts process all over)	50%
Don't see the same quality in other Level 3 and Level 4 PTQ programs as Head Start	44%
Too much paperwork	28%
Inconsistency among PTQ coach ratings	28%
Too many coaches/staff coming into sites for visits and reviews	22%
Other	22%
None	11%
Unsure	6%

To improve collaboration between Head Start and PTQ, grantees would like to see more consistent ratings of programs and to have one PTQ coach assigned to all Head Start sites. Head Start programs would also like the ability to be "fast tracked" to high quality (Level 3) assuming no deficiencies, based on the high standards each program is expected to meet for the Office of Head Start. Also, with the changes occurring to PTQ over the last year, one grantee said they were without a PTQ coach as they worked through the renewal process.

COLLABORATION WITH INDIANA'S PREKINDERGARTEN PROGRAM - ON MY WAY PRE-K

Participation in Indiana's prekindergarten program, On My Way Pre-K, opened up to all counties and providers rated as high quality (rated Level 3 or 4) in the 2019-2020 school year, since beginning as a pilot program in only a few counties back in 2015. Eligible 4-year-old children can apply for a grant to attend preschool at an On My Way Pre-K program. A program must accept CCDF vouchers and be rated Level 3 or higher in the PTQ system to become an On My Way Pre-K provider.

Comparison of eligibility between On My Way Pre-K and Head Start

	On My Way Pre-K	Head Start and Early Head Start
Income	Up to 185% of the Federal Poverty Level if all qualified families below 127% that have applied are enrolled.	100% Federal Poverty Level
Child age	The child will be 4 years old by August 1, 2020, and plan to start kindergarten in the 2021-2022 school year.	Ages 6 weeks to 5 years[10]
Parent Work/School Requirement	Parents or guardians in the household must be working, going to school, or attending job training.	None

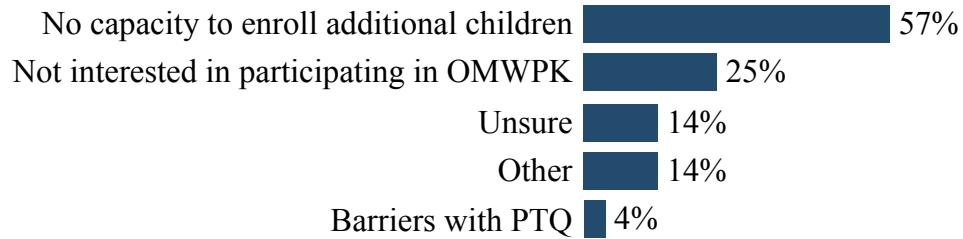Just under a quarter of grantees (24%) are designated as an On My Way Pre-K program, and nearly half of grantees (46%) are not interested in participating. While these percentages are higher than in previous years, the expansion of the program meant that all grantees could be asked this question as they are all now in eligible counties.

> **Just under a quarter of grantees (24%) are designated as an On My Way Pre-K program, and nearly half of grantees (46%) are not interested in participating.**

Figure 39: Are you an OMW Pre-K program?

Yes — 24%
No but interested in participating — 14%
No and not interested — 46%
Not applicable — 16%
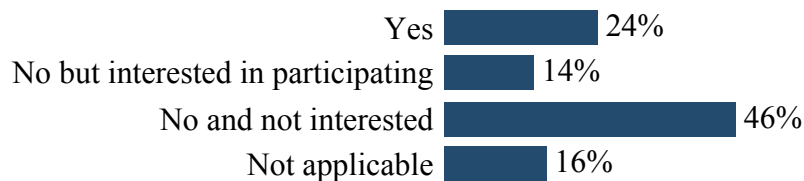
10. For Head Start, a child must: (i.) Be at least three years old or, turn three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located; and (ii.) Be no older than the age required to attend school. (HSPS 1302.12)

The 28 grantees who said they were not interested in becoming an On My Way Pre-K program were asked if there are any barriers to participation. Over half (57%) said that they do not have the capacity to enroll additional children, and a quarter of grantees said they are simply not interested.

Figure 40: What are barriers to participating in On My Way Pre-K? (Select all that apply.)

Barrier	Percentage
No capacity to enroll additional children	57%
Not interested in participating in OMWPK	25%
Unsure	14%
Other	14%
Barriers with PTQ	4%

To improve collaboration between Head Start and On My Way Pre-K, grantees are still looking to remove the feeling of competition that they have mentioned over the last three years. They feel that the two programs are set up to serve the same populations, and that there is little to no collaboration happening to ensure the greatest number of children get served. Two grantees have also reached out to local school districts about working together to offer On My Way Pre-K and blend and braid Head Start funding, but they have not gotten a positive response. On the flip side, two grantees say that collaboration between Head Start and On My Way Pre-K is working well for them and allowing them to reach more families in their county. Their success reflects that Head Start and On My Way Pre-K serve populations that are similar, but not quite the same. There are opportunities for program administrators in communities to work together to ensure that families enroll in programs that best fit their eligibility and needs.

> **"Children who are income eligible (at or below 100% FPL) should be enrolled in Head Start which would allow On My Way to enroll those at or above 100%. We have many children in our community who are between 100-130% that do not get services because the OMW slots are filled with children who are 100% FPL or below. We struggle to fill our slots with 100% income-eligible children and those eligible for OMW aren't served because those slots are taken by children who are eligible Head Start." - Program Director**
>
> **"Head Start needs space and K-12 schools could use our funding and expertise to create blended classrooms to provide quality care to at-risk and typically developing children. Most On My Way Pre-K providers see Head Start as a competitor rather than an asset." - Program Director**
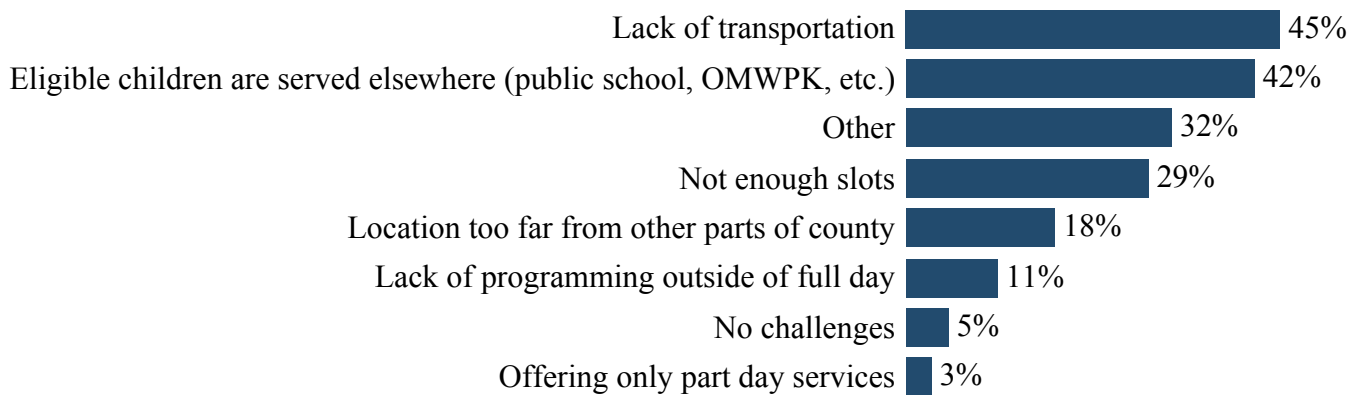
FOCUS GROUPS

There are some challenges for programs working with On My Way Pre-K. Participants mentioned having attendance tied to funding reimbursement causes a lot of extra work. Additionally, part-day programs may not see a benefit to partnering with On My Way Pre-K, and a grantee noted that "you have to blend and braid funding to be able to use it."

MEETING COMMUNITY NEEDS

A new question on the program director survey this year asked grantees what may stand in their way to serving the needs of the community. The top response was a lack of transportation followed by eligible children being served elsewhere. The choice of "other" was selected by a third of grantees where 21% of all grantees said they do not have enough space to meet the community's needs, and 11% do not have enough qualified staff.

Figure 41: Do any of the following stand in the way of your ability to serve the community's needs?

Category	Percentage
Lack of transportation	45%
Eligible children are served elsewhere (public school, OMWPK, etc.)	42%
Other	32%
Not enough slots	29%
Location too far from other parts of county	18%
Lack of programming outside of full day	11%
No challenges	5%
Offering only part day services	3%

Just over a quarter of grantees (28%) say they do have plans to expand and the 10% who selected "other" are also open to expanding if funding or another opportunity presents itself. Those who said they have plans to expand intend to do so by adding more spots (Head Start, Early Head Start, or On My Way Pre-K, apply for Child Care Partnership, or add additional hours).

Figure 42: Do you have plans to expand?

Category	Percentage
Unsure	18%
Yes	28%
Other	10%
No	44%
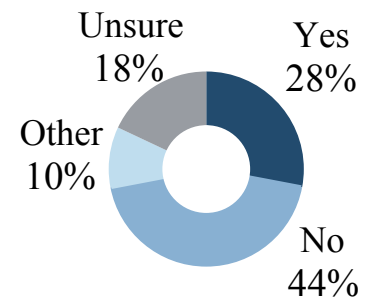
FOCUS GROUPS

Head Start and Early Head Start directors and staff were asked "Who are the families you are unable to serve?" Their responses touched on some of the challenges discussed above such as transportation and 3-year-olds being under-served because of additional programming (e.g., On My Way Pre-K) available for 4-year-olds. Transportation is a complex issue. Some programs do not provide it, and the programs that do sometimes have a hard time finding bus drivers or keeping the buses serviced. Others mentioned providing bus passes, but rural directors noted that public transportation does not exist in their areas. Another group of families that programs feel unable to serve are families that are over income but still considered "working poor." They know these families are still struggling and would benefit from their services, but they are not eligible for Head Start.

PARTNERS

Survey respondents were asked how well Head Start programs are meeting the local community's needs, and their response was generally favorable. The average score was 3.5 out of 5 (with 1 being not at all and 5 being fully meeting community needs) which is slightly higher than last year.
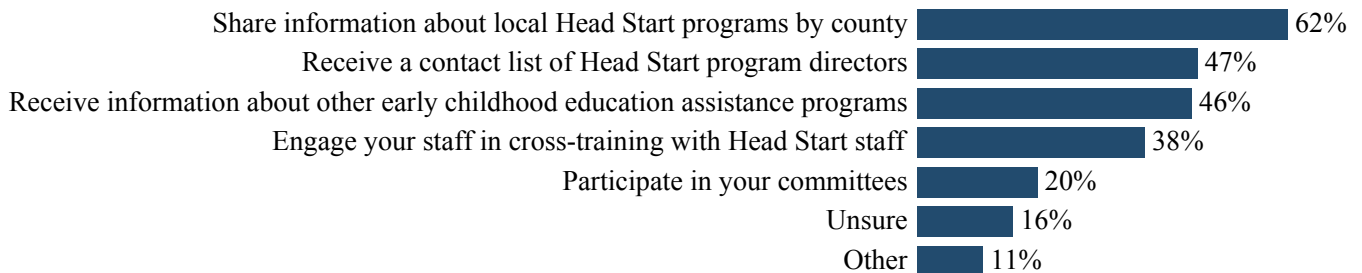
Figure 43: How well would you say Head Start programs are meeting the local community's needs?

(1 being not at all to 5 being fully meeting the community needs)

3.5

1 ————————————●———————————— 5

According to 62% of respondents, Head Start programs could better support the work of partner agencies in the community by sharing information about local Head Start programs by county. This is once again the top answer although selected by fewer partners this year. Partners that selected "other" mentioned a need for more classrooms in their community, access to enrollment information, and more collaboration and cross-training among agencies and Head Start.

Figure 44: How could Head Start programs better support your work in the community?
(Select all that apply.)

Share information about local Head Start programs by county	62%
Receive a contact list of Head Start program directors	47%
Receive information about other early childhood education assistance programs	46%
Engage your staff in cross-training with Head Start staff	38%
Participate in your committees	20%
Unsure	16%
Other	11%

PRIORITY 4 TAKEAWAYS

- The level of participation in Paths to QUALITY™ was lower this year and may have been impacted by the QRIS undergoing changes.

- About a third of grantees have plans to expand or are interested in expanding if funding were to become available.

- Almost half of grantees report no desire to participate in the state-funded pre-K program, On My Way Pre-K.

- Partners feel that Head Start is doing a fairly good job at meeting the needs of their communities. To do better, they would like to receive more information from Head Start and the early childhood system.

Priority Area 5: School Partnerships

Work with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)

The State of Indiana does not currently use a statewide Kindergarten Entrance Assessment (KEA). The newly approved Kindergarten Readiness Indicators (KRI) assessment tool, which replaces the previous assessment, ISTAR-KR, is only required for On My Way Pre-K programs and will not be implemented until the 2020-2021 school year. Head Start programs may choose to use the KRI but are not required to do so, unless they also participate in On My Way Pre-K.

Head Start programs work to foster positive transitions (e.g., child care, preschool, or kindergarten) and therefore the long-term success of Head Start children. Local school systems are a critical partner for successful transitions, and with the Every Student Succeeds Act (ESSA) signed into law in December 2015, local education agencies (LEAs) receiving Title I funds must develop written agreements with early childhood providers to increase coordination. This new requirement, now in its second year of implementation, could improve partnerships between Head Start and LEAs and help ensure positive transitions for children.

PIR DATA

- 48 programs have a formal collaboration and resource sharing agreement with public school prekindergarten programs

- Head Starts and Early Head Starts have formal collaboration agreements with 347 Local Education Agencies (LEAs) to coordinate services for children with disabilities and 331 LEAs to coordinate transition services (85% and 81% of LEAs in grantee service areas, respectively)

There are 410 LEAs in grantee service areas. Head Start programs have formal agreements with 85% of LEAs to coordinate services for children with disabilities, which is up 22% from last year. Formal collaboration agreements have also increased with LEAs to coordinate transition services. Those agreements are up five percent from last year.

Survey Data

PROGRAM DIRECTORS

After last year's nine percent increase in kindergarten transition plans, this year remains steady at 85% having a plan with their local school(s). (Four grantees selected "not applicable" because they only have an Early Head Start grant.) What sort of transition plan they have varies by grantee and possibly by school.

Some are part of a memorandum of understanding (MOU) with the district or part of their ESSA agreement; others have planned transition activities such as joint parent training, onsite registration for kindergarten students, site visits, and having the kindergarten teacher as a guest speaker.

Figure 45: Does your program have a kindergarten transition plan with the local school(s)?

Unsure
6%

No
9%

Yes
85%
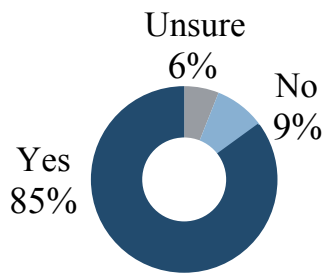
"These are not formal plans. We reach out to the kindergarten teachers and administrators to determine their expectations for entry level kindergarten skills, they visit our classrooms and we visit theirs, results for each child are shared with their elementary school. Principals/kindergarten teachers speak at our parent education meetings."
- Program Director

"In Tippecanoe County, we collaborated with [a local school district] and other PTQ level 3 and 4 providers to create a School Readiness Checklist that Kindergarten teachers approve. In all 4 counties [this grantee serves], Head Start participates in Kindergarten Orientation. In White County, we deliver their K assessment and have K teachers visit our classroom in the spring. However, so much more can be done to support K-bound families." - Program Director

While 85% of grantees say they have a kindergarten transition plan with their local schools, 73% say there are clear guidelines for kindergarten entrance. There is communication occurring between schools and grantees though, and this communication is happening with a variety of staff at the schools including directors of early childhood or elementary education, school counselors, and assistant superintendents along with the more popular choices of principal and kindergarten teacher.

Figure 46: Are there clear guidelines for kindergarten entrance that your program uses for planning programs?
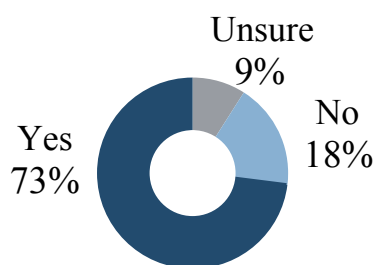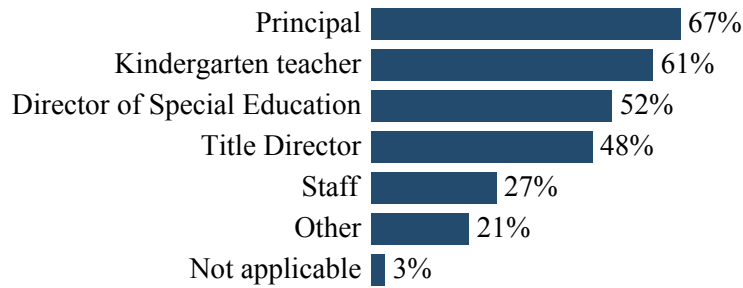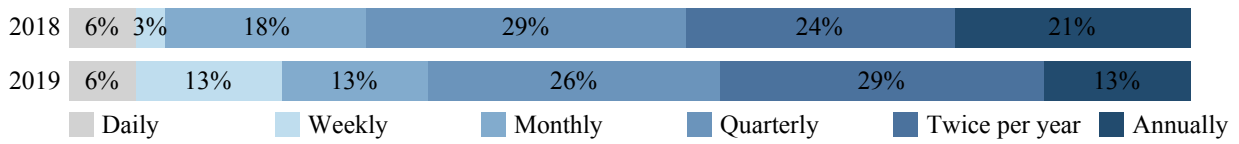
Unsure
9%

No
18%

Yes
73%

Figure 47: Who is your school district contact for collaboration or information sharing?
(Select all that apply.)

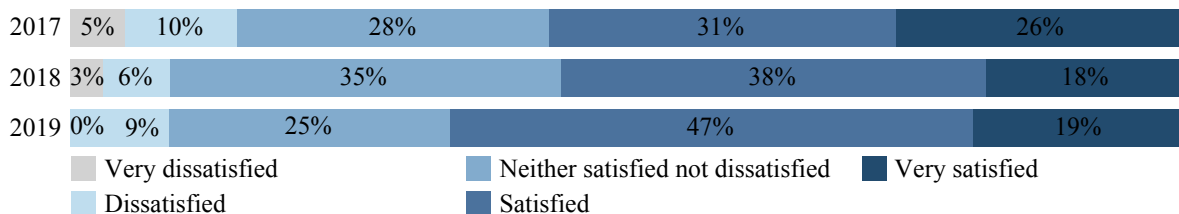| Contact	Percentage
Principal	67%
Kindergarten teacher	61%
Director of Special Education	52%
Title Director	48%
Staff	27%
Other	21%
Not applicable	3%

It appears that the frequency of communication between Head Start grantees and school partners is increasing with an improvement in the number of grantees saying they speak with school partners at least quarterly.

Figure 48: How often do you communicate with your school partners?

Year	Daily	Weekly	Monthly	Quarterly	Twice per year	Annually
2018	6%	3%	18%	29%	24%	21%
2019	6%	13%	13%	26%	29%	13%

Along with frequency of communication, the satisfaction with school partners supporting kindergarten transition is improving as there are fewer grantees as "neither" or "very dissatisfied."
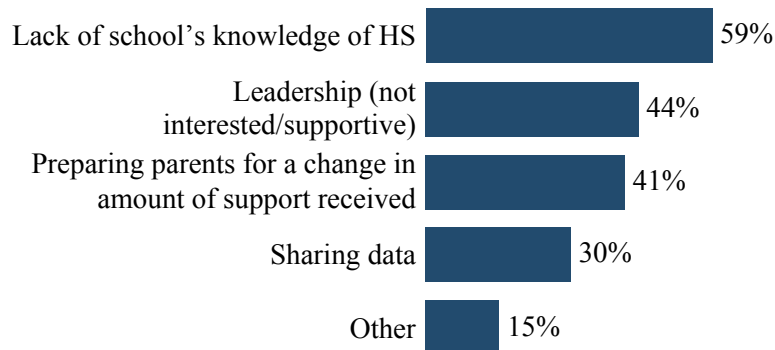
Figure 49: How satisfied are you with your school partners supporting kindergarten transition?

Year	Very dissatisfied	Dissatisfied	Neither satisfied not dissatisfied	Satisfied	Very satisfied
2017	5%	10%	28%	31%	26%
2018	3%	6%	35%	38%	18%
2019	0%	9%	25%	47%	19%

The greatest challenges to working with schools to ensure continuity between Head Start and kindergarten remain the same, although with a slight increase in the number of grantees that selected each response. The challenge of preparing parents for the change in support they will receive is a new answer choice this year, and it was selected by 41% of grantees.

Survey respondents who selected "other" mentioned inconsistency in relationships among school districts, as well as individual schools. Other respondents feel that the early childhood education perspective is not valued, and another has faced the challenge of a school not onboarding a new staff member to be familiar with early childhood education and the relationship needed.

Figure 50: What are your greatest challenges when working with schools to ensure continuity between Head Start and kindergarten? (Select all that apply.)

Challenge	Percentage
Lack of school's knowledge of HS	59%
Leadership (not interested/supportive)	44%
Preparing parents for a change in amount of support received	41%
Sharing data	30%
Other	15%

Grantees see a need for a system to share data and would like more time (possibly mandated) to discuss Head Start with principals and kindergarten teachers to improve partnerships with schools. For grantees with open communication with their local school districts, they have fewer challenges with their partnership. One grantee mentioned that the Every Student Succeeds Act (ESSA) helped them get their foot in the door, but now they would like more time to intentionally collaborate rather than just a few minutes to sign off on required documentation of collaboration.

Examples of ways to improve collaboration between Head Start and schools:

"Love to have a standard form from the school system showing the expectations for new children entering kindergarten at the beginning of the program year so that we can support these learning skills throughout play, throughout the year." - Program Director

"A conference (during the summer) with Head Start management, principals and Kindergarten teachers." - Program Director

"Deeper understanding of (Head Start) program for school staff. Sharing from schools/HS Programs who have made a successful partnership (i.e. sharing of data, co-training in trauma-informed care or Conscious Discipline)." - Program Director

Examples of successful collaborations with schools to ensure continuity between Head Start and kindergarten:

> **"We currently have HS classrooms in some public schools as a result of our relationships with administration."** - Program Director
>
> **"We have students who are dually enrolled and supported by both programs."** - Program Director
>
> **"We work very well with some of the school systems in our districts. Kindergarten teachers call the pre-school teachers for items that worked for them is a success story for the children."** - Program Director
>
> **"Our Head Start teachers are at the table when creating class rosters. We are also involved with kindergarten round up to help ease nervousness and provide continuity of care."** - Program Director
>
> **"We've had a transition plan for at least 20 years that we follow 10% of the children to 3rd grade. We feel this is very successful and insightful in our planning."** - Program Director
>
> **"We are working with a 'Strengthening Families' project with one local elementary school. For Head Start children who have a sibling enrolled in the school, we are working with the families on specific goals of attendance, bedtime routines, homework, etc. between both programs with the hopes of making a greater impact."** - Program Director

PRIORITY 5 TAKEAWAYS

- More grantees are communicating with their school partners at least quarterly, and satisfaction in the relationship with school partners is growing.
- The challenges to working with schools remain the same with more than half of grantees responding that schools lack knowledge of Head Start.
- The lack of a unified early childhood data system limits the coordination of sharing data between Head Start programs and LEAs.

FOCUS ON PARTNERSHIP

This annual needs assessment is an opportunity for state collaboration offices to review and reflect each year. Its results are typically shared with the general public and also taken into account by state collaboration offices to inform their strategic plans and work. For these purposes, the Indiana Head Start State Collaboration Office (IHSSCO) asked survey takers and focus group participants where they think IHSSCO should focus its work and how it could be helpful in strengthening
partnerships across the state.

PROGRAM DIRECTORS

Nearly all program directors provided a response about where they would like to see IHSSCO focus their work. Some responses simply expressed that IHSSCO is doing a great job and had no suggestions. The top response that came up over and over is assistance with building relationships with state agencies and programs such as DCS, WIC, and First Steps, as well as public schools. Each agency or program is different, and each grantee may have a different experience. However, in general grantees would like to improve the knowledge of Head Start with these groups then build buy-in and grow collaboration among them. Some would even like to see it extend to formal memorandums of understanding (MOUs) and expectations to ensure these connections exist and grow.

FOCUS GROUPS

Participants believe one important role of IHSSCO is to be a liaison between the programs and what is going on at the state level and with other state agencies. They look to IHSSCO to keep them informed and to be the voice of Head Start and advocate for the programs.

PARTNERS

The majority of external partners who took this survey were not familiar with IHSSCO; however, the percentage of those who said yes increased from 16% last year to 27%. Time will tell whether that indicates the effectiveness of additional outreach or if the smaller sample acquired due to the COVID-19 crisis is impacting this question.

Nonetheless, 43 respondents answered the question of how IHSSCO could be helpful to strengthening their organization's relationship with Head Start. To strengthen partnerships at the state and local levels, survey respondents would like **Head Start to reach out and provide more information**. Some suggestions include providing information about Head Start through onsite training or open houses for staff.

Other individuals would like invitations to meetings and to be made aware of opportunities for collaboration.

A few survey respondents who provide services to a similar or the same population recommend cross-training or joint professional development to encourage knowledge and collaboration among organizations.

> **"Come speak to our staff and provide them with information about your programs." - Head Start Partner**
>
> **"It would be helpful if the schools and Head Start could coordinate training in Evidence Based Practices. This would help HS staff and make the transition to public schools a little smoother. If that could be added for staff, then parent training should follow."- Head Start Partner**
>
> **"It would be helpful to know more about what Head Start works on in the area of child development." - Head Start Partner**
>
> **"Provide open house type situations where providers and head start coordinators/teachers can come together to learn more about each other and how they can work together to provide the most opportunities." - Head Start Partner**

A similar number of partners responded to the question asking what their top concerns are that IHSSCO should consider as it develops a new strategic plan. Many of the top concerns appear to be local since there was not too much overlap in responses, but again two concerns were expressed more frequently than anything else: **more slots and more (and better) communication**. Partners would like to see more slots available in their county, and this was mentioned in urban, suburban, and rural areas. Specific to communication, partners would like to see Head Start increase the awareness of its work in communities and continue their partnerships with other early childhood agencies in their communities and statewide.

> **"As a school district, we receive complaints from patrons about the lack of communication they receive from Head Start once the enrollment process has started. I have attempted to help several of them get answers to their questions but haven't had much luck---a lot of run around." - Head Start Partner**
>
> **"Head Start should step up their leadership role in early childhood. They have been doing early education since 1965 and not forgetting their foundation of developing the child's social and emotional development." - Head Start Partner**

"We are seeing a huge need for more parent training in how to better parent their children re: structure in the home, early learning activities, behavior management, etc." - Head Start Partner

"We would like to see continued collaboration with other state agencies to support the early childhood system as a whole."

"Increase awareness of the valuable work Head Start provides to the community." - Head Start Partner

"Information for the program seems to change so often it's hard to know when families are receiving the most updated information regarding the Head Start program and their enrollment." - Head Start Partner

"It seems as though the need for Head Start exceeds the capacity available in our community." - Head Start Partner

RECOMMENDATIONS

Many of this year's recommendations center on communication. The report shows that much collaboration and partnership is occurring, and in general, these experiences are positive. However, partners still need more information from Head Start and grantees still feel that partners do not understand the work they are doing. Now is the time for Indiana to go deeper by strengthening local relationships, providing more information, and growing stronger collaborations. There doesn't appear to be a disinterest in partnerships and collaboration but a misunderstanding of why and how things can occur.

Priority Area 1: Partner with state child care systems emphasizing the Early Head Start-Child Care (EHS-CC) Partnership Initiatives

- Work to increase the availability of Early Head Start in Indiana, which currently only reaches 51% of counties.

- Identify approaches or possible partnerships to address the lack of willing or capable Child Care Partnership providers in certain areas

- Encourage grantees to share more information with local agencies and their communities regarding what Head Start is doing

Priority Area 2: Work with state efforts to collect data regarding early childhood programs and child outcomes

- Increase the visibility of Head Start grantees' work regarding child outcomes

- Look for opportunities to join efforts around child outcomes data and early childhood data systems

- Consider adopting the state's new KRI whose data could then be aggregated at a county and state level

- Share program data with local funders to identify gaps and opportunities for support

Priority Area 3: Support the expansion and access of high quality, workforce and career development opportunities for staff

• Identify barriers to participation with Indiana Learning Paths for the third of grantees who have not engaged with the new statewide professional development platform

• Investigate additional partnerships that can assist with recruiting and retaining a quality workforce

• Collaborate with partners or LEAs on professional development and cross-training

Priority Area 4: Collaboration with State Quality Rating Improvement Systems (QRIS)

• Identify barriers to participation with On My Way Pre-K among the nearly 50% of grantees not interested

• Share Head Start grantee experiences with state officials as new processes related to technical assistance with PTQ continue to be implemented and adjusted

• Identify any need or gap in service that occurs as a result of the new processes related to technical assistance with PTQ, and help grantees find resources to meet these needs

• With more partnerships in place with LEAs, grantees can look to grow and deepen these relationships

Priority Area 5: Work with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)

• Increase communication and sharing of resources between grantees and LEAs

• Foster relationships with state K-12 professional organizations such as the Indiana Association of Public School Superintendents, the Indiana School Counselor Association, and the Indiana Association of School Principals

• Consider advocating for a unique child identifier like a Student Test Number (STN) that could help with the transition and coordination of Head Start students into K-12

APPENDIX

A: Map of Indiana Head Start Grantees

B: Table of Indiana Head Start Grantee Information

C: List of Head Start and Early Head Start Funded Slots by County

Appendix A: Map of Indiana Head Start & Early Head Start Grantees By Cluster, July 2019

Northern Cluster
- Area Five Agency on Aging and Community Services, Inc.
- Bona Vista Programs, Inc.
- Cardinal Services, Inc. / Kosciusko County HS/EHS
- Carey Services Inc.
- Community Action of Northeast Indiana, Inc. d/b/a Brightpoint
- Elkhart and St. Joseph Counties Head Start Consortium
- Fremont Community Schools
- Garrett-Keyser-Butler Community Head Start
- Geminus Corporation
- Kankakee-Iroquois Regional Planning Commission
- Kokomo School Corporation Head Start Program
- Marion Community Schools
- Marshall Starke Development Center
- Paladin, Inc.

Central Cluster
- Bauer Family Resources, Inc.
- Community & Family Services, Inc.
- Community Action of East Central Indiana, Inc.
- Community Action Program, Inc. of Western Indiana
- Community Care in Union County, Inc.
- Community Development Institute Head Start
- Early Learning Indiana, Inc.
- Family Development Services, Inc.
- Fayette County School District
- Hamilton Center Inc
- Interlocal Community Action Program, Inc.
- Pathfinder Services, Inc.
- Transition Resources Corporation (Telamon)
- Western Indiana Community Action Agency, Inc.

Southern Cluster
- Community Action of Southern Indiana, Inc.
- Community Action Program of Evansville and Vanderburgh County, Inc.
- Floyd County Community Action Agency
- Hoosier Uplands Economic Development Corporation
- Human Services, Inc.
- Lincoln Hills Development Corporation
- Ohio Valley Opportunities, Inc.
- Pace Community Action Agency, Inc.
- South Central Community Action Program, Inc.
- Southeastern Indiana Economic Opportunity Corp
- Tri-Cap Head Start
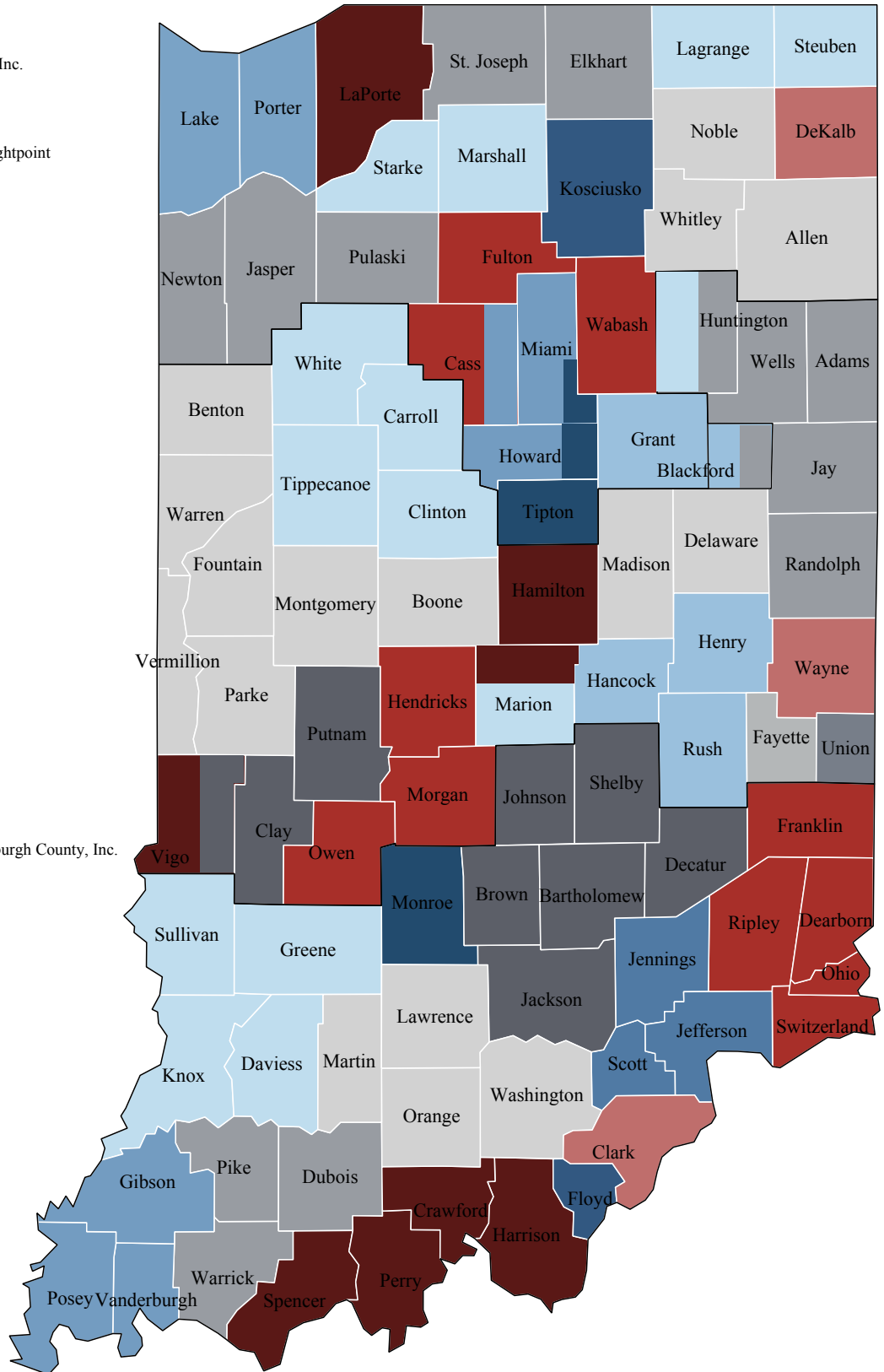
Appendix B: Table of Indiana Head Start Grantee Information

	Grantee	Counties Served	Contact Name and Email
1	Area Five Agency on Aging and Community Services, Inc.	Cass, Fulton, Wabash	Lori Frame, lframe@areafive.com
2	Bauer Family Resources, Inc.	Carroll, Clinton, Tippecanoe, White	Amanda Hill, ahill@bauerfamilyresources.org
3	Bona Vista Programs, Inc.	Cass, Howard, Miami	Bailley Maxwell, bnmaxwell@bonavista.org
4	Cardinal Services, Inc. / Kosciusko County HS/EHS	Kosciusko	Lynne Dittman, lynne.dittman@cardinalservices.org
5	Carey Services Inc.	Blackford, Grant	Beth L. Wickham, bwickham@careyservices.com
6	Community & Family Services, Inc.	Adams, Blackford, Huntington, Jay, Randolph, Wells	Jill A Moser, jmoser@comfam.org
7	Community Action of East Central Indiana, Inc.	Wayne	Melissa Lingar, mlingar@caeci.org
8	Community Action of Northeast Indiana, Inc. d/b/a Brightpoint	Allen, Noble, Whitley	Mary Lee Freeze, maryleefreeze@mybrightpoint.org
9	Community Action of Southern Indiana, Inc.	Clark	Debra Ann Gaetano, dgaetano@casi1.org
10	Community Action Program of Evansville and Vanderburgh County, Inc.	Gibson, Posey, Vanderburgh	Mary Goedde, mgoedde@capeevansville.org
11	Community Action Program, Inc. of Western Indiana	Benton, Boone, Fountain, Montgomery, Parke, Vermillion, Warren	Robin Curry-Shumaker, rcurry@capwi.org
12	Community Care in Union County, Inc.	Union	Jennifer English, jennenglishnow@gmail.com
13	Community Development Institute Head Start	Hendricks, Morgan, Owen	Dedee Rhea, drhea@cdihshmo.org
14	Early Learning Indiana, Inc.	Marion	Christine Garza, christineg@earlylearningindiana.org
15	Elkhart and St. Joseph Counties Head Start Consortium	Elkhart, St. Joseph	Kathy L Guajardo, kguajardohs@sbcsc.k12.in.us
16	Family Development Services, Inc.	Hamilton, Marion	Teresa Rice, trice@fds.org
17	Fayette County School District	Fayette	Kelly E. Pflum McCullum, kpflum@fayette.k12.in.us
18	Floyd County Community Action Agency	Floyd	Tara L Meachum, tmeachum@fcheadstart.com
19	Fremont Community Schools	Lagrange, Steuben	Susan D Swager, susan.swager@vistulahs.org
20	Garrett-Keyser-Butler Community Head Start	DeKalb	Jonell K Malcolm, jomalcolm@gkb.k12.in.us
21	Geminus Corporation	Lake, Porter	Karen Carradine, karen.carradine@geminus.org
22	Hamilton Center Inc	Vigo	Amanda Posey, ehs@hamiltoncenter.org
23	Hoosier Uplands Economic Development Corporation	Lawrence, Martin, Orange, Washington	Debra Beeler, dsbeeler@hoosieruplands.org
24	Human Services, Inc.	Bartholomew, Brown, Decatur, Jackson, Johnson, Shelby	Aimee Nichalson, anichalson@hsi-headstart.com
25	Interlocal Community Action Program, Inc.	Hancock, Henry, Rush	John Pennycuff, jpennycuff@icapcaa.org
26	Kankakee-Iroquois Regional Planning Commission	Jasper, Newton, Pulaski	Tiffany Stigers, tberkshire@urhere.net
27	Kokomo School Corporation Head Start Program	Howard, Miami, Tipton	Kelly Wright, kwright@kokomo.k12.in.us
28	Lincoln Hills Development Corporation	Crawford, Harrison, Perry, Spencer	Kelly Luker, kluker@lhdc.org
29	Marion Community Schools	Grant	Sarah Summersett, ssummersett@marion.k12.in.us
30	Marshall Starke Development Center	Marshall, Starke	Jane Pollitt, jpollitt@marshall-starke.org
31	Ohio Valley Opportunities, Inc.	Jefferson, Jennings, Scott	Melanie Harrell, mharrell@ovoinc.org
32	Pace Community Action Agency, Inc.	Daviess, Greene, Knox, Sullivan	Angela Lange, alange@pacecaa.org
33	Paladin, Inc.	LaPorte	Theresa Argueta, theresa.argueta@imagination.care
34	Pathfinder Services, Inc.	Huntington	Elizabeth Hire, ehire@pathfinderservices.org
35	South Central Community Action Program, Inc.	Monroe	Stacey Edwards, stacey@insccap.org
36	Southeastern Indiana Economic Opportunity Corp	Dearborn, Franklin, Ohio, Ripley, Switzerland	Melody Minger, hsdirector@sieoc.org
37	Transition Resources Corporation (Telamon)	Delaware, Madison	Kay Gordon, kgordon@transitionresources.org
38	Tri-Cap Head Start	Dubois, Pike, Warrick	(Interim) Molly Wuchner, molly@tri-cap.net
39	Western Indiana Community Action Agency, Inc.	Clay, Putnam, Vigo	Shelly A Vicars, svicars@wicaa.org

Appendix C: List of Head Start and Early Head Start Funded Slots by County

County	Early Head Start Slots	Head Start Slots	County	Early Head Start Slots	Head Start Slots
Adams	0	118	Lawrence	79	134
Allen	52	499	Madison	120	258
Bartholomew	88	54	Marion	200	1,319
Benton	19	32	Marshall	60	97
Blackford	16	54	Martin	9	36
Boone	26	56	Miami	15	57
Brown	0	16	Monroe	77	267
Carroll	0	18	Montgomery	34	72
Cass	9	119	Morgan	0	74
Clark	144	250	Newton	0	55
Clay	24	51	Noble	10	52
Clinton	0	88	Ohio	0	18
Crawford	40	67	Orange	21	34
Daviess	63	68	Owen	12	48
Dearborn	0	114	Parke	20	66
Decatur	0	18	Perry	40	90
DeKalb	107	140	Pike	0	33
Delaware	148	228	Porter	90	93
Dubois	0	50	Posey	75	66
Elkhart	106	464	Pulaski	0	35
Fayette	0	162	Putnam	24	58
Floyd	56	276	Randolph	0	36
Fountain	44	88	Ripley	0	49
Franklin	0	47	Rush	0	66
Fulton	0	20	Scott	0	48
Gibson	0	82	Shelby	24	54
Grant	196	126	Spencer	40	68
Greene	23	52	St. Joseph	122	422
Hamilton	8	120	Starke	20	51
Hancock	0	98	Steuben	0	127
Harrison	40	86	Sullivan	10	21
Hendricks	0	61	Switzerland	0	38
Henry	0	144	Tippecanoe	111	259
Howard	104	252	Tipton	0	10
Huntington	68	53	Union	20	49
Jackson	0	50	Vanderburgh	135	337
Jasper	0	58	Vermillion	14	22
Jay	0	91	Vigo	104	150
Jefferson	0	96	Wabash	0	37
Jennings	0	48	Warren	7	16
Johnson	0	119	Warrick	0	110
Knox	74	255	Washington	23	17
Kosciusko	80	140	Wayne	112	342
LaGrange	0	60	Wells	0	40
Lake	286	1,138	White	0	19
LaPorte	0	515	Whitley	10	34

Slots from all grantees, including TRC, CDI, and Migrant programs are included in this table.
Source: Indiana Head Start Program Director Survey, 2019-2020; Indiana Head Start State Collaboration Office (2019), *Centers*, pulled 10/2019.