

Members

Rep. Tim Wesco, Chairperson
Rep. Vanessa Summers
Sen. Travis Holdman
Sen. Earline Rogers
Cinda Kelley
Tracie Wells
Melanie Brizzi
Mark Everson
Mitch Roob
Jim Greeson
Tony Bennett
Gregory Larkin
David McKee



COMMITTEE ON CHILD CARE

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Authority: IC 12-17.2-3.3

MEETING MINUTES¹

Meeting Date: August 25, 2011
Meeting Time: 10:00 A.M.
Meeting Place: State House, 200 W. Washington St., Room 404
Meeting City: Indianapolis, Indiana
Meeting Number: 1

Members Present: Rep. Tim Wesco, Chairperson; Sen. Travis Holdman; Sen. Earline Rogers; Tracie Wells; Melanie Brizzi; Mark Everson; Jim Greeson; Tony Bennett; Gregory Larkin; David McKee.

Members Absent: Rep. Vanessa Summers; Cinda Kelley; Mitch Roob.

Rep. Wesco called the meeting to order at 10:00 a.m. and asked the members and staff to introduce themselves.

Recent Child Care Activity Updates

Melanie Brizzi, Bureau of Child Care (BCC), Family and Social Services, provided a slide presentation² detailing her testimony. She provided background information on the BCC's functions, child care related funding sources, children and families served, costs of child care, and child care provider licensing, certification, and quality activities. Ms. Brizzi described the collaboration of the BCC with various governmental and community organizations to perform its functions.

In response to questions from Sen. Holdman, Sen. Rogers, Rep. Wesco, and Ms. Wells, Ms. Brizzi stated that:

¹ These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative>. Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

² Attachment 1.

- (1) the CCDF waiting list increase is inversely proportional to the recent funding decreases and it is currently unknown where the funding decreases will stop;
- (2) the BCC's cost of care per child doesn't change significantly over time, so the CCDF payment rate has not changed for four years, but the full cost of child care is more than the CCDF payment and is supplemented by family payment of copayments and other costs;
- (3) the number of registered child care ministries participating in Paths to Quality (PTQ) has increased from 16 to 82;
- (4) requirements for advancement in PTQ include program requirements (which take time to implement), and facility change (which can be expensive);
- (5) she will provide to the members documentation of the requirements of PTQ;
- (6) she will provide to the members an updated list of child care complaints received by the BCC;
- (7) evaluation of child outcomes of PTQ is difficult due to the short time that PTQ has been in existence, other factors affecting children, the length of time providers have participated in PTQ, the length of time children have been cared for by child care providers that participate in PTQ, the level within PTQ that has been achieved by the provider, and the length of time of maintenance of a certain level;
- (8) PTQ is implemented in every county in Indiana and outreach efforts are used to increase participation;
- (9) Purdue University's evaluation of PTQ determined that PTQ does not create barriers to quality child care for lower income children;
- (10) "other license exempt" in the slides refers to license exempt child care providers, including homes caring for less than 6 children, school aged programs, etc.;
- (11) she will provide to the members: (a) data concerning family spending for various types of child care in Indiana; and (b) in the next few months, information concerning where applicants for CCDF funding currently obtain child care; and
- (12) child care is the primary barrier to employment for low income families.

Carol Johnson, Child Care Centers Advisory Committee (CCCAC), provided a summary of her testimony³. She emphasized that the CCCAC's primary concern is that all Indiana children have access to quality in their child care, regardless of the type of child care provider. Ms. Johnson related a story told to her by a consultant from Purdue University concerning two CCDF-eligible child care providers visited for one hour each by the consultant: (1) the first hour was spent in a room of 14 infants in 14 cribs around the room with a single caregiver, during which time the children all remained in the cribs with bottles propped and little attention paid to them; and (2) the second hour was spent in a room of ten children who ranged from ten to twelve months of age and were freely moving about the room, fighting over one book and five toys, the only items in the room. Ms. Johnson expressed her concern that children who are cared for in such circumstances by providers receiving government funding (which sends to parents a message of acceptability of the provider) is a disservice to the children and parents.

Joey Scherschel, Child Care Homes Advisory Committee (CCHAC), provided a summary of her testimony⁴. She summarized the CCHAC's discussions during the past twelve months and plans for future discussions.

Jean Casmir Hill, Unlicensed Registered Ministry Advisory Group, stated that the group fully supported legislation which was previously introduced by Rep. Summers (HB 1036-2010) and would have specified basic health and safety requirements for registered child care ministries and established the group as a statutory advisory committee to the BCC, which the group has requested for 3 years. Ms.

³Attachment 2.

⁴Attachment 3.

Hill stated that she was officially renewing this request of the General Assembly. She noted that: (1) of 736 registered ministries in Indiana, 82 are Voluntary Certification Program participants; and (2) there are 6900 children cared for by registered ministries in Indiana, indicating that registered ministries are a vital child care group and should be statutorily recognized during the 2012 legislative session.

In response to questions from Ms. Wells, Mr. Carnes, and Sen. Holdman, Ms. Hill:

- (1) clarified that the group requests that the General Assembly statutorily establish the group as an advisory group to the BCC;
- (2) specified that the group would like legislatively established basic safety and brain development standards for registered ministries;
- (3) stated that the registered ministries that are represented by the group strive to care for children to the best of their ability and appreciate the assistance that they have received from the BCC and other organizations to date;
- (4) stated that all registered ministries are not represented by the group; and
- (5) stated that the group:
 - (a) meets quarterly throughout the state;
 - (b) would like to include a registered ministry representative from each Indiana county; and
 - (c) encourages registered ministries to participate in PTQ.

Judy Ganser, M.D., Indiana State Department of Health (ISDH), provided a folder⁵ containing a summary of her testimony and several additional items. Dr. Ganser outlined the ISDH's Sunny Start program, which began in 2005 and receives \$120,000 of federal funding to provide parents and children with developmental and health service and support through age 5 years. She described the: (1) resource materials available on the internet site, including training, certification, and endorsement programs; and (2) collaborative efforts of the ISDH and other government and community organizations to provide various services and support.

Dr. Ganser referred to the Sunny Start 2011 report, noting: (1) particular Indiana findings, including: (a) an increase in teen births; (b) a decrease in first trimester care; and (c) comparatively high smoking rates among pregnant women; and (2) recommendations for future work.

Dana Jones, Indiana Department of Education (DOE), provided a summary of her testimony⁶. She described the DOE's work in: (1) developing its Birth to Age 5 Literacy Framework, which is providing an earlier focus on reading for children; (2) revising the structure of its Foundations to the Indiana Academic Standards for Children Birth to Age 5 to align the standards with its ISTAR-KR assessment (Indiana Standards Tool for Alternate Reporting-Kindergarten Readiness) to assist child care providers in preparing children for school; (3) providing the Child and Adult Care Food Program, which provides funding to feed children in child care, Head Start, shelters, after school care programs, etc.; and (4) applying for a federal Striving Readers Comprehensive Literacy Grant to assist early childhood providers of literacy instruction.

In response to questions from Sen. Rogers, and Mr. Carnes, Ms. Jones stated that: (1) the materials referred to are available to child care providers and others, though low funding inhibits outreach efforts which may be assisted by the Striving Readers grant; (2) the Indiana Association of Child Care Resource and Referral (IACCRR) and Indiana Association for the Education of Young Children (IAEYC) assist in distribution of curriculum information; (3) the food program reimburses child care facilities that meet health and nutrition standards for meals; and (4) approximately 90% of child care

⁵Attachment 4.

⁶Attachment 5.

homes participate in the food program.

Marsha Thompson, IACCRR, provided a folder⁷ containing items detailing her testimony. She provided information concerning the average annual cost of child care in Indiana, as follows:

Infant care	Child Care Centers	\$9,200.00
	Child Care Homes	\$5,900.00
Four year old care	Child Care Centers	\$7,000.00
	Child Care Homes	\$4,950.00
School age care	Child Care Centers and Homes	\$4,400

Due to the unavailability of the information during the meeting, Ms. Thompson agreed to provide information concerning registered child care ministry costs.

Ms. Thompson provided information related to:(1) IACCRR's various mentoring and technical assistance activities related to child care quality improvement, particularly PTQ, and provided participation figures; (2) a particular project coordinating replacement of 678 cribs by Lowe's; (3) American Recovery and Reinvestment Act projects, including quality expansion and enhancement projects; and (4) marketing of child care resources.

Dianna Wallace, IAEYC, provided a summary of her testimony⁸. She provided participation figures and background information concerning the IAEYC's collaborative activities with public and private agencies and organizations for its: (1) TEACH (Teacher Education and Compensation Helps) program; (2) Indiana Nonformal Child Development Certificate project; (3) Indiana Accreditation Project; and (4) ARRA funded projects, including: (a) playground equipment improvement; (b) an early childhood workforce study; (c) an early childhood higher education articulation project; and (d) early childhood conference scholarships. Ms. Wallace stated that the results of the early childhood workforce study will be available soon.

Ted Maple, United Way of Central Indiana (UW), provided a document concerning the "Central Indiana Child Care Improvement Project"⁹, and provided the history, current activities, and results of the project. He discussed the perceived need for school readiness, a lack of licensed child care in certain parts of the UW's coverage area, and a realization that many child care ministries in the area needed assistance to meet staffing ratios, professional development requirements, and basic health and safety needs. He explained that the Project facilitates mentoring and obtaining capital improvement funding to assist with physical upgrades to child care ministry facilities. The project expanded two years ago with a goal of assisting 60 child care ministries in the six county UW coverage area with: (1) mentoring, professional development, and curriculum assistance for all participants; and (2) capital improvement assistance for some participants. Mr. Maple reported that: (1) 25 participating child care ministries have reached level one of PTQ; and (2) several child care ministries were not chosen to participate, primarily because either: (a) too much of the available funding would be required to be spent to bring the facility itself into compliance with quality or licensure requirements; or (b) the child care ministry was determined to have little to no support or oversight by a faith based organization.

Jillian Ritter, Military Child Care Liaison Initiative, provided a handout¹⁰ summarizing her testimony and

⁷Attachment 6.

⁸Attachment 7.

⁹Attachment 8.

¹⁰Attachment 9

a table¹¹ of the federal Department of Defense standards for child care providers caring for children of military personnel. She noted that Indiana is one of 13 states chosen to participate in the Initiative, which began in 2010 with a goal of expanding the availability of community based child care for military families. She provided a description of the: (1) Military Child Care Act of 1989, including its requirements for appropriate sanitation, discipline, development, and safe sleeping practices; and (2) effectiveness ratings and quality improvement system applying to the child care providers.

Other Business

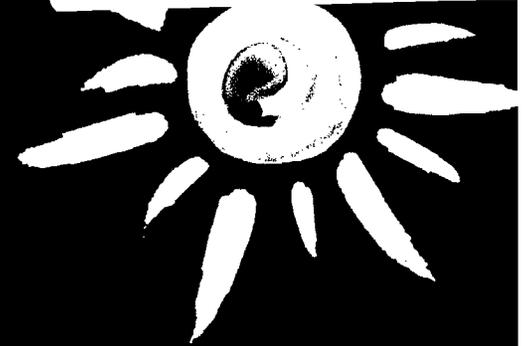
Sen. Holdman suggested that it may be beneficial for the members to visit a sampling of child care homes, centers, and ministries, including some that have attained PTQ goals. Rep. Wesco and Ms. Wells expressed interest in pursuing such visits and Rep. Wesco requested that Ms. Brizzi arrange for tours of some child care facilities following the meeting on September 27, 2011. Ms. Brizzi agreed to arrange the visits, and informed the members that they are welcome to individually accompany BCC employees during their visits to child care facilities near their homes and in their legislative districts.

Rep. Wesco noted the next meeting of the Committee will occur on September 27, 2011, at 10:00 a.m. in Room 404 of the State House.

With no further business to discuss, Rep. Wesco adjourned the meeting at approximately 12:00 noon.

¹¹Attachment 10.

Indiana Bureau of Child Care:



Updates to the Child Care Committee

August 25, 2011

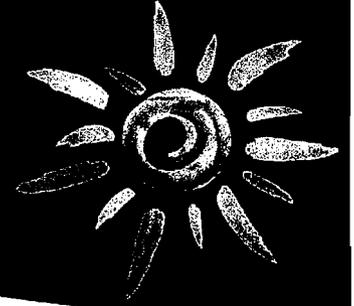


Free
Child Care
Search

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Bureau of Child Care (BCC)

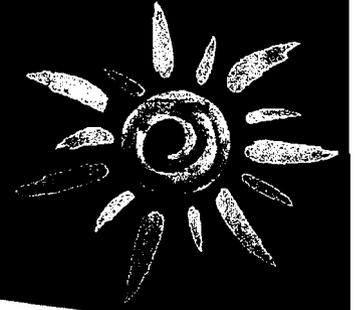


Indiana Family and Social Services
Administration (FSSA), Division of Family
Resources

Mission: To provide Indiana families with
child care choices that ensure their
children are safe, healthy and learning.

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***Child Care and
Development Fund
(CCDF) – A Federal
Block Grant program***



Primary federal requirements and goals:

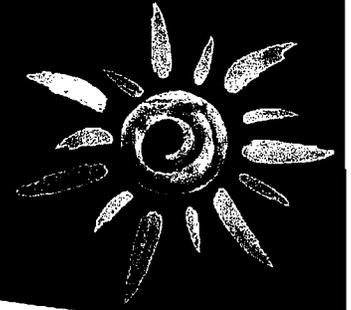
Support low-income working families through child care financial assistance (voucher subsidies)

Promote children's learning by improving the quality of early care and education and programs

Provide consumer education initiatives that promote parental choice and informed decision making

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Bureau of Child Care

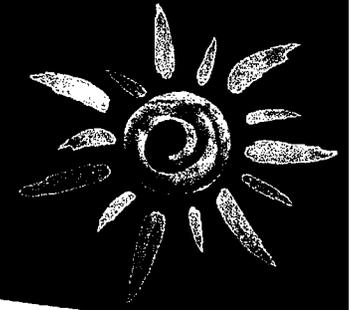


Oversight of daily CCDF Operations

- ★ Budget
- ★ Family Eligibility
- ★ Waitlist Management
- ★ Provider Eligibility
- ★ Licensing/Registration
- ★ Quality Initiatives

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CCDF Annual Budget



- ★ Funding- Combination of Federal (\$142 M) and State Match (\$33 M)
- ★ Direct Services- \$154 M
- ★ Quality/Admin/Automation makes up the remainder

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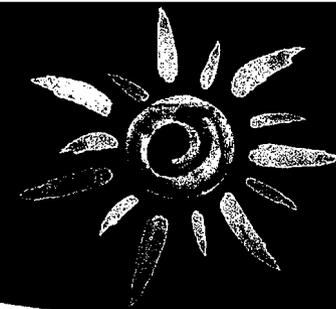
*CCDF Facts and
Figures
July 2011*



- ★ 31,395 children authorized (16,569 families)
- ★ 13,019 Children on the waitlist (7,830 families)
- ★ 75% Children in licensed care
- ★ 95.8% Single parent households
- ★ 77.6% below the poverty level

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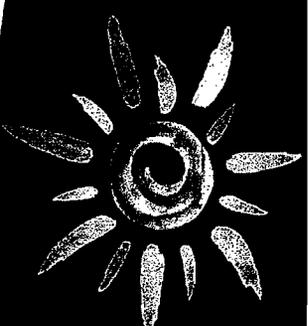
*CCDF Facts and
Figures-
July 2011*



- ★ Average cost of care for month per child was \$400
- ★ Average monthly cost of care for children under 1 year of age was \$440
- ★ 68.6% of expenditures was for children under 6 years of age

Family Eligibility

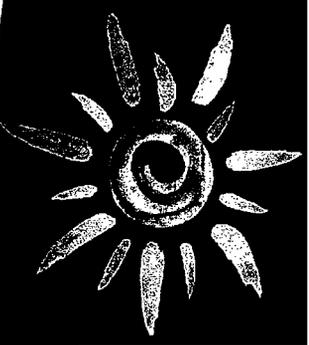
- ★ Income Guidelines
- ★ Service Need Requirements



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Service need
Requirements:

Must be working, in school, or participating
in an allowable TANF work activity



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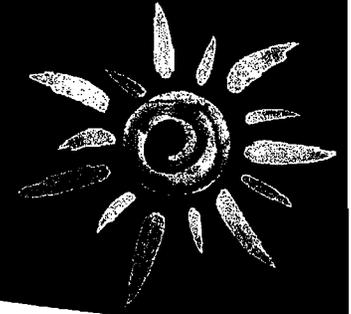
Income Guidelines



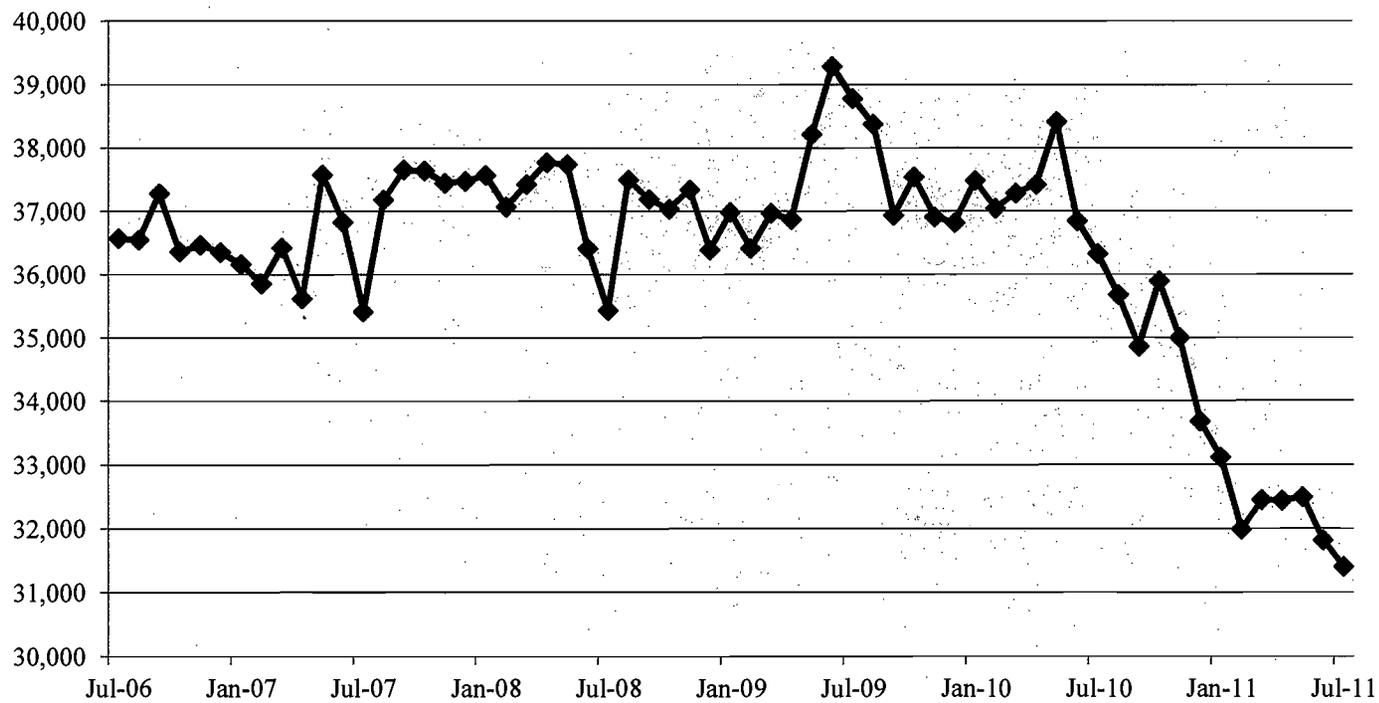
- ★ 127–170% Federal Poverty Level (FPL)

- ★ Maximum Allowable monthly gross income for Family of 4:
 - 127% FPL – \$28,380 yr (\$2,365 mo)
 - 170% FPL - \$37,992 yr (\$3,166 mo)

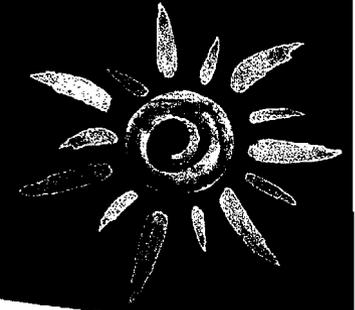
Indiana CCDF Voucher Children



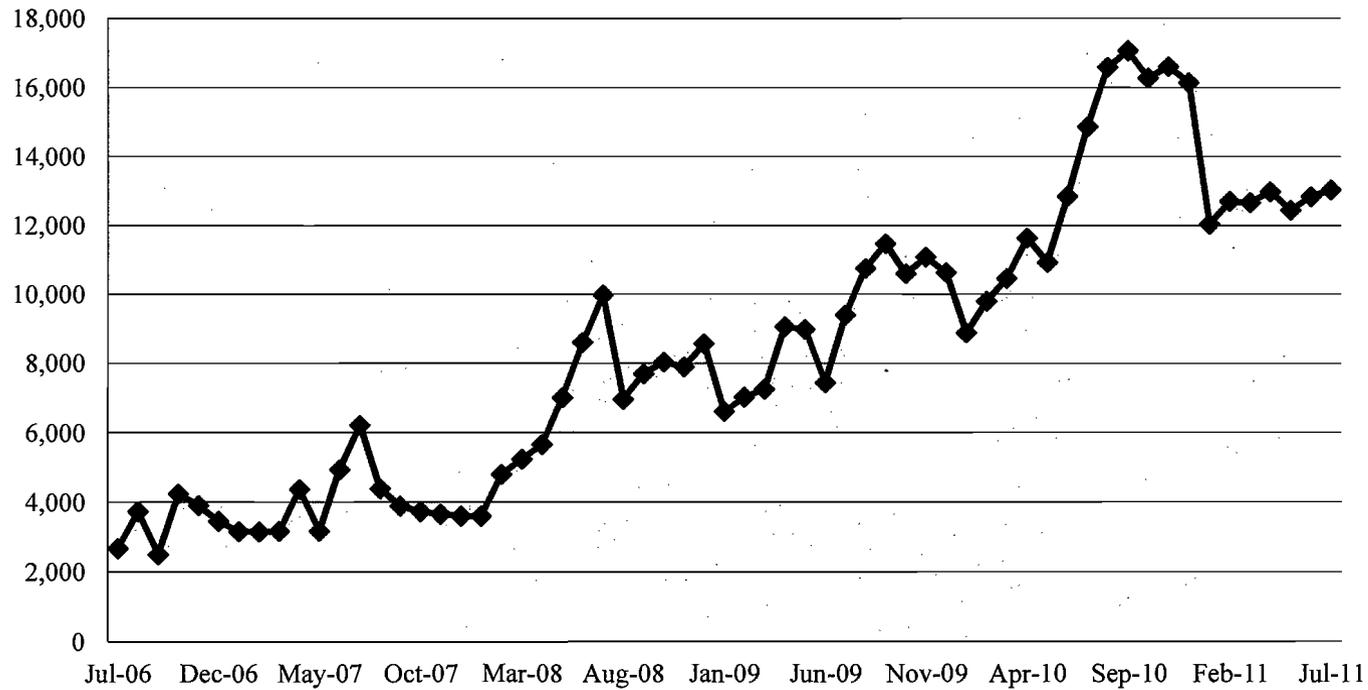
**Authorized Children
FFY 06 - FFY 11**



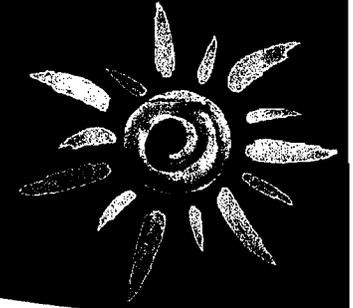
CCDF Wait List



**Monthly Wait List
FFY 06 - FFY 11**



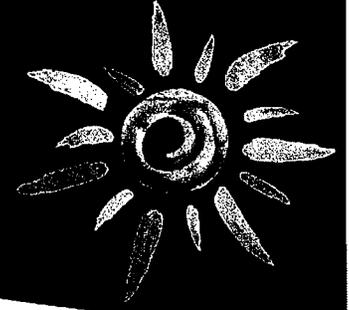
Types of Child Care Providers



- ★ Licensed Centers
- ★ Licensed Homes
- ★ Unlicensed Registered Ministries
- ★ Legally Licensed Exempt Providers (LLEPS)
- ★ Legally Licensed Exempt Centers

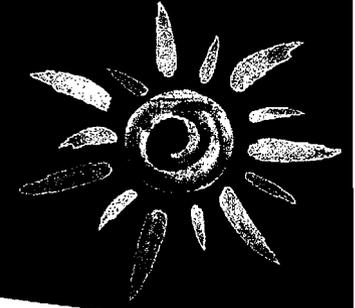
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Child Care Provider Eligibility



- ★ Licensed providers are automatically eligible for CCDF reimbursement
- ★ Exempt child care providers must meet CCDF Provider Eligibility Standards (IC 12-17.2-3.5) in order to be eligible for CCDF reimbursement (this includes exempt homes and unlicensed ministries, licensed exempt centers)

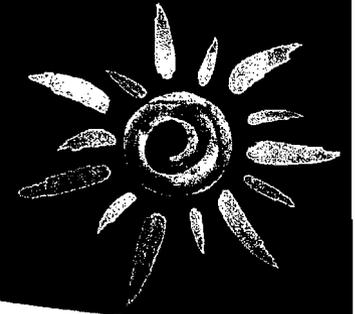
CCDF Provider Eligibility Standards



- ★ Unlicensed Providers must meet these basic standards to be eligible to receive CCDF payments. Standards include:

Working telephone, hot and cold running water, criminal background checks, negative drug test, supervision of children,

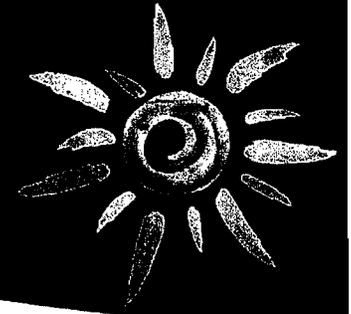
Indiana Child Care Licensing and Registration



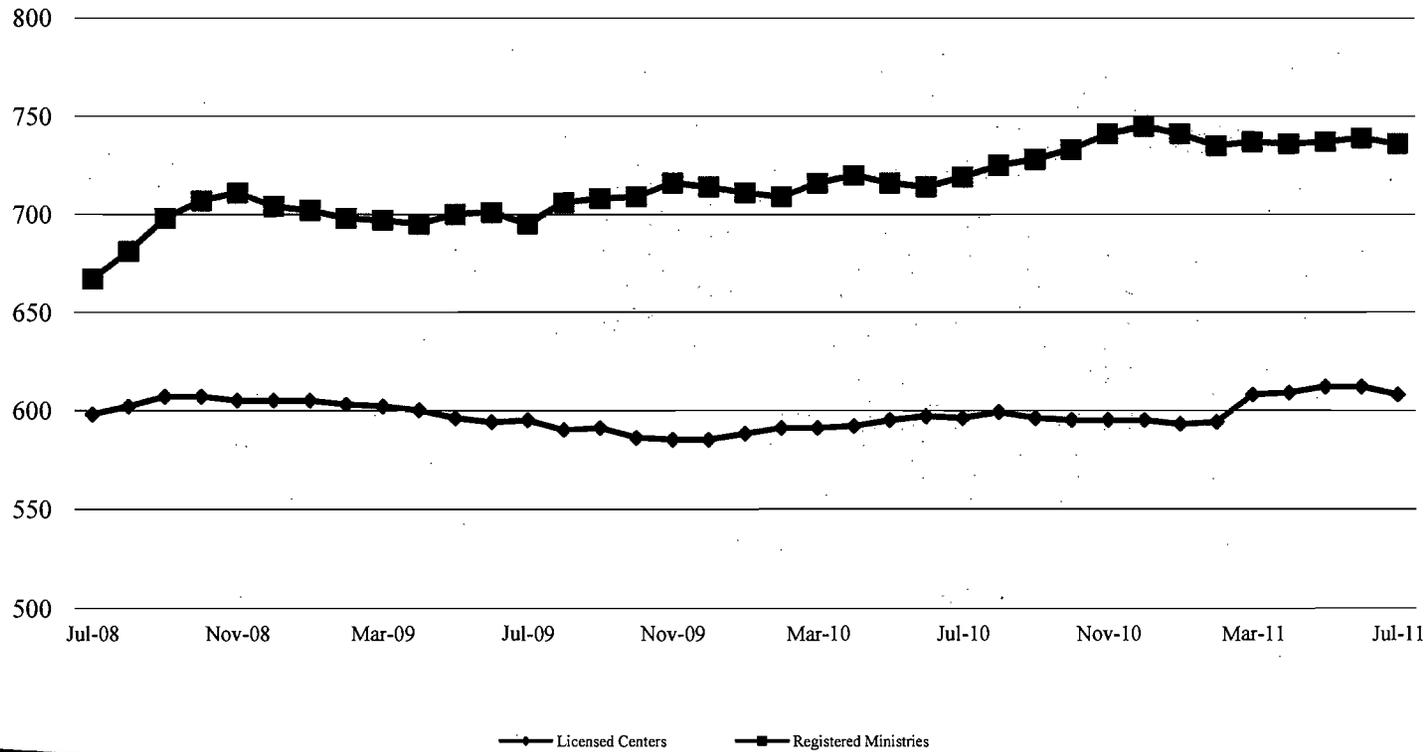
- ★ 608 Licensed Child Care Centers
- ★ 2,972 Licensed Child Care Homes
- ★ 736 Unlicensed Registered Child Care Ministries
- ★ 790 Legally Licensed Exempt Child Care Homes and Unlicensed Facilities that receive CCDF reimbursement

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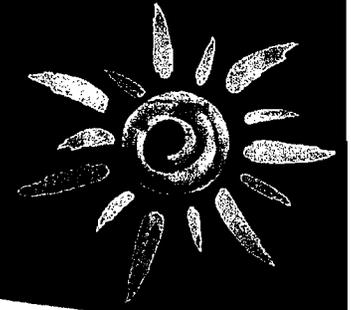
Indiana Child Care Providers



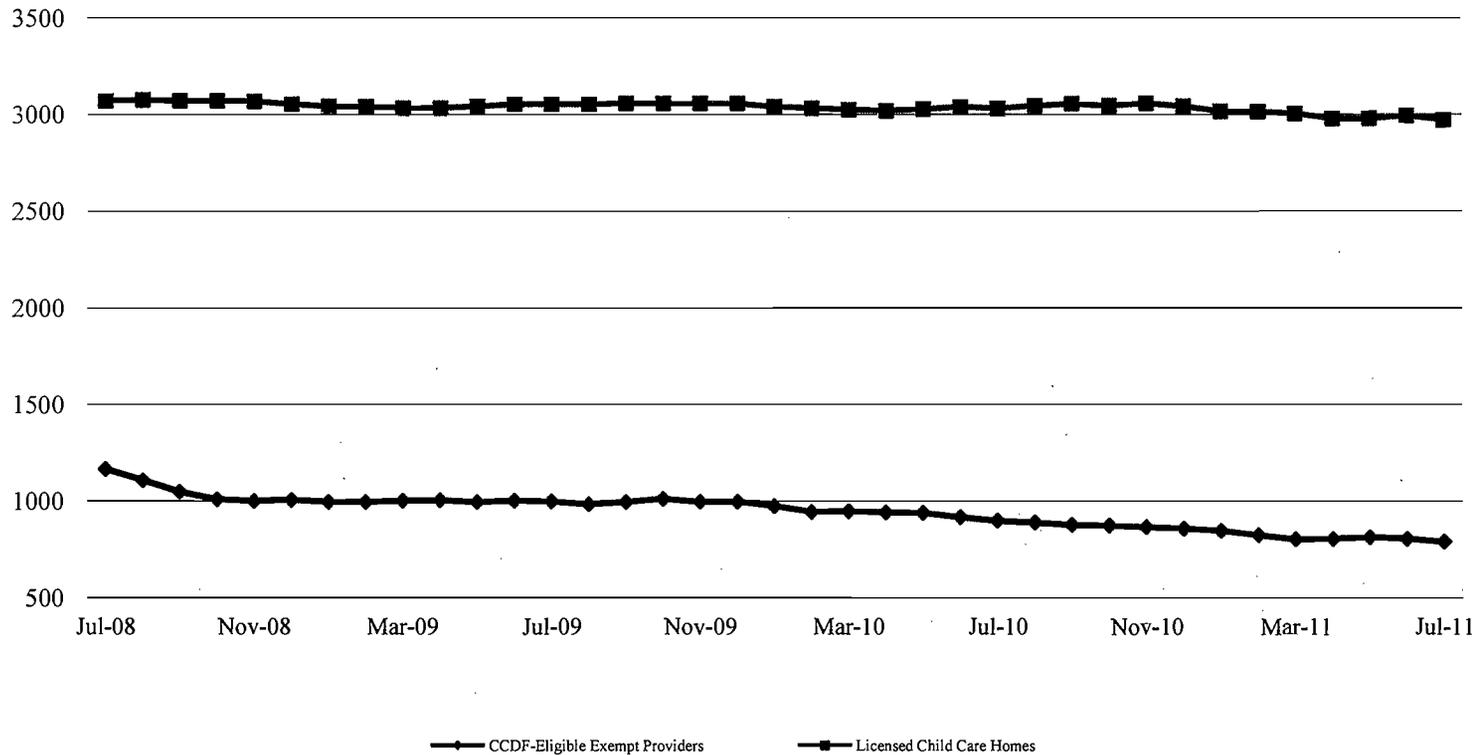
Licensed Centers / Registered Ministries State of Indiana



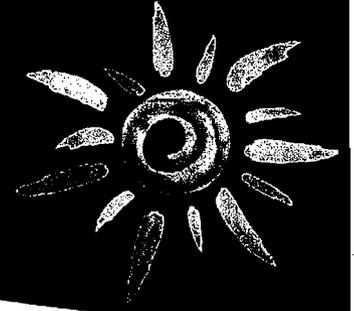
Indiana Child Care Providers



Licensed Homes / CCDF Exempt Providers



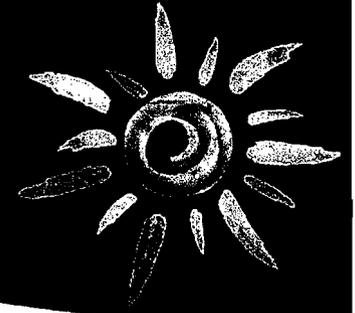
*Provider Participation
in CCDF*



- ★ Licensed Centers- 86%
- ★ Licensed Homes- 92.3%
- ★ Registered Ministries- 73.2%

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Funding Received by Provider Type

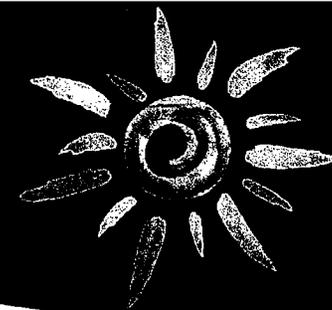


- ★ Licensed Centers: \$70.6M
- ★ Homes: \$52.0M
- ★ Ministries \$26.0M
- ★ Other licensed exempt: \$4.9M

★ SFY11

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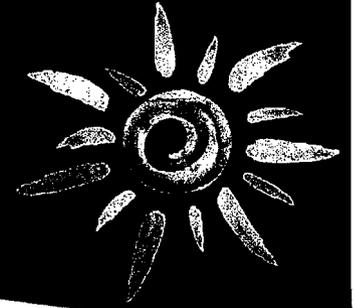
BCC Monitoring



- ★ Licensed Centers- annual
- ★ Licensed Homes- annual
- ★ Registered Ministries- semi-annual
- ★ PES- annual
- ★ Investigate all complaints received
- ★ Additional visits for technical assistance
- ★ Additional monitoring visits during probationary periods
(licensed providers only)

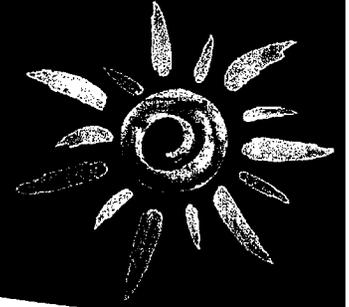
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Probationary Licenses- Centers and Homes



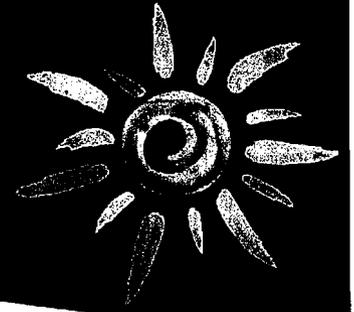
- ★ Repeated violations of the same requirement and the non-compliance doesn't present an immediate threat to the health and safety of the children
- ★ May be issued for up to 6 months at a time, after the probationary license has expired can extend probation (no more than 12 mo), resume regular license or revoke
- ★ Parents are notified

Suspensions
Temporary Closures



- ★ For violations that pose an immediate threat to the health and well being of the children an emergency or temporary order may require that the home/center immediately cease operations.
- ★ Families are notified

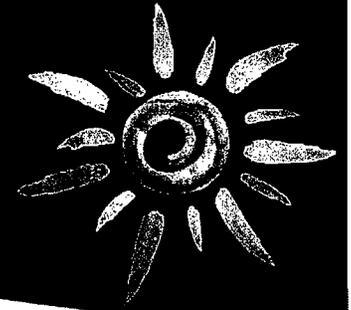
Emergency Closures for Centers/Homes



- ★ Building damage due to flooding, earthquakes, fire, wind, tornado, ice, lead or asbestos contamination
- ★ Sewage problems
- ★ Inadequate or unsafe water supply
- ★ No electricity
- ★ No heat
- ★ Gas leaks
- ★ Filthy conditions
- ★ Rodent, roach, vermin infestation
- ★ Building renovation in the area(s) occupied by the children

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*Numbers of
Probationary/Revoked
Licenses*



Probationary licenses

Centers 44

Homes 44

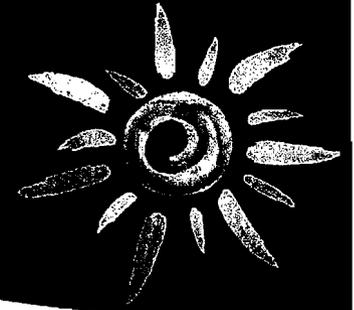
Revoked Licenses

Centers 4

Homes 36

Aug 2010- July 2011

*Number of Denied
Licensed/Emergency
Closures*



Denied Licenses

Centers 0

Homes 19

Emergency Closures

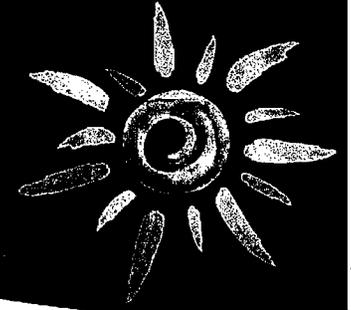
Centers 0

Homes 12

★ Aug 2010-July 2011

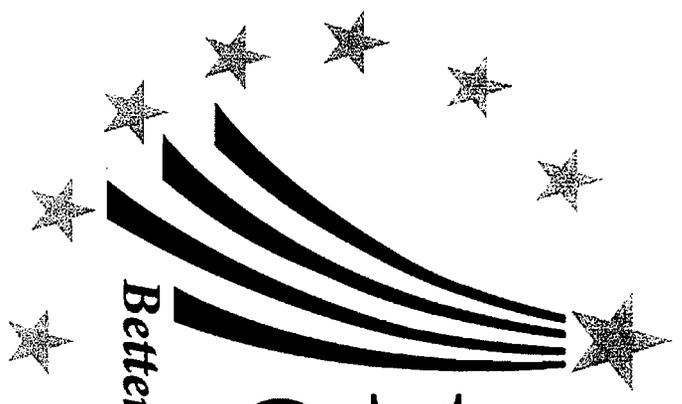
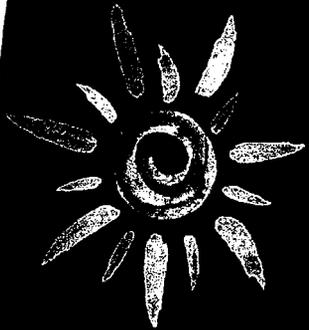
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Quality Initiatives



- ★ 4% of CCDF Block Grant dollars must be spent on initiatives that will improve the quality of child care or increase community awareness, additional quality funds are set aside for Infant/Toddler and School Age and Referral initiatives
- ★ Initiatives funded include Paths to QUALITY™, T.E.A.C.H. Scholarships, Family Referrals, Infant Toddler Specialist, Registered Ministry Improvement, Inclusion Specialists, Trainings and Technical Assistance

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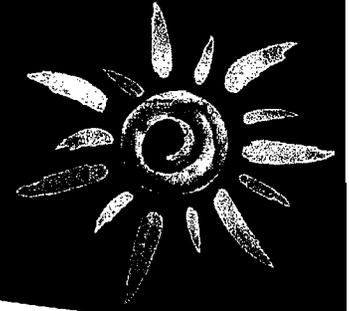


**Paths to
QUALITY™**

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Better Child Care. Brighter Futures.

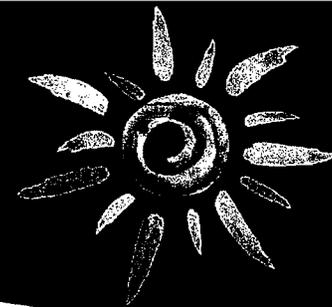
*Quality Rating and
Improvement Systems
(QRIS):*



A method to
improve,
assess,
and communicate
the level of quality in early care and
education settings

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QRIS Goals

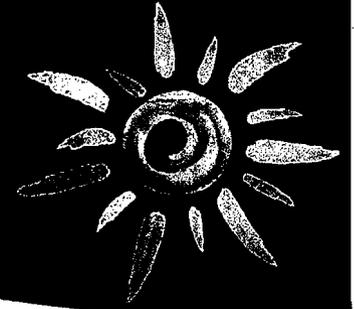


- ★ Increase the quality of care for children
- ★ Increase parents' understanding and demand for high quality child care
- ★ Increase professional development opportunities for child care providers

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QRIS

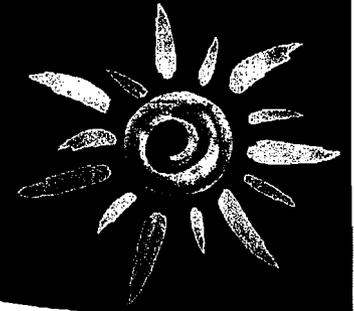
Foundations:



- ★ Builds on licensing and Voluntary Certification Program standards (VCP)
- ★ Adds levels between licensing and higher quality criteria
- ★ Supports/incentives for reaching higher levels
- ★ Easily recognized symbols for achieving higher levels of quality

Better Child Care. Brighter Futures.

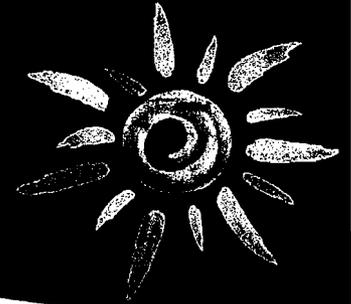
Steering Committee/Contributing Partners



- ★ Indiana Family and Social Services Administration (FSSA)
- ★ Bureau of Child Care (BCC)
- ★ Indiana Association for Child Care Resource and Referral (IACCRR)
- ★ Indiana Association for the Education of Young Children (IAEYC)
- ★ The Consultants Consortium (TCC)
- ★ Purdue University Child Development and Family Studies Consumer and Family Sciences
- ★ Early Childhood Alliance (ECA)
- ★ 4C of Southern Indiana, Inc.
- ★ Indiana Head Start Collaboration Office
- ★ Indiana Department of Education

Better Child Care. Brighter Futures.

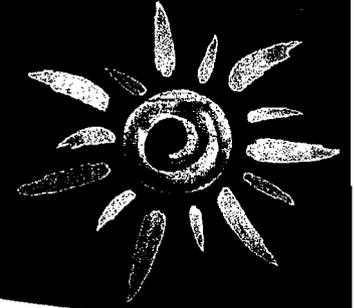
Indiana Paths to QUALITY



- ★ Voluntary and free system
- ★ Benefits parents, children, providers, and your community
- ★ Promotes high quality child care for all children
- ★ Licensed Centers, Licensed Homes, and Registered Ministries that have obtained VCP certification may join

Better Child Care. Brighter Futures.

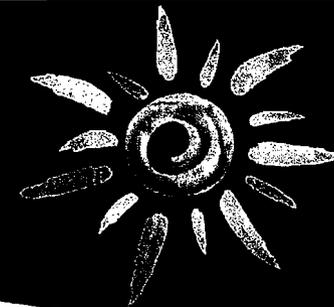
Paths to QUALITY- Benefits Children



- ★ Research shows that high quality early learning experiences prepare children for future success in school, work and life.
- ★ From birth through age three is the most significant time for growth of the human brain.
- ★ The early years and how the brain is “wired” affect later years.
- ★ Promotes school readiness- tied to the Early Learning Guidelines

Better Child Care. Brighter Futures.

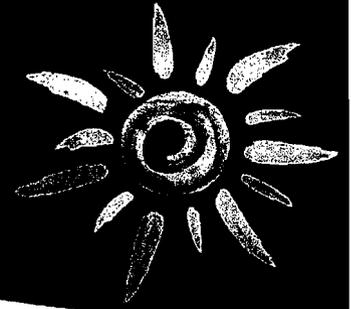
Paths to QUALITY- Benefits Providers



- ★ Recognizes and rewards provider commitment to continuous quality improvement
- ★ Provides meaningful professional development opportunities and supports
- ★ Provides access to:
 - ★ Marketing tools and strategies
 - ★ Useful resources
 - ★ Individualized support and consultation

Better Child Care. Brighter Futures.

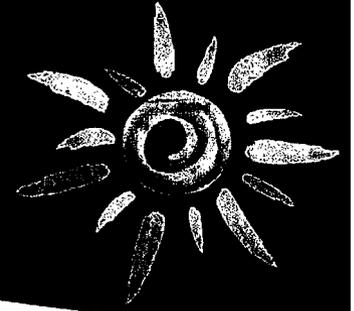
Paths to QUALITY- Benefits Communities



- ★ High quality child care supports the current workforce- decreased absenteeism and tardiness, increased productivity
- ★ High quality supports school readiness, decreased retention rates and remediation, increased literacy, graduation rates

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The Standards and the Research



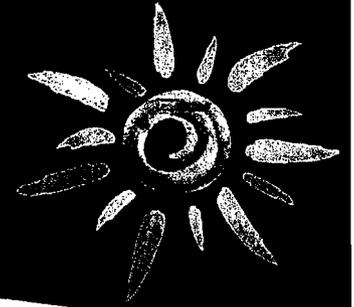
- ★ **Purdue University Validity Report**

 - An independent verification study validated PTQ standards as evidence based and related to improving quality and outcomes for Indiana children

- ★ **Further evaluation by Purdue**

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Understanding the Levels



Level 1

- ★ Health and safety needs of children are met

Level 2

- ★ Environment supports children's learning

Level 3

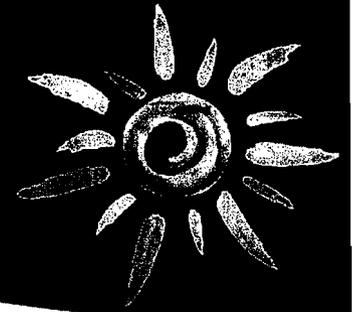
- ★ Planned curriculum guides child development and school readiness

Level 4

- ★ National Accreditation (the highest level of quality) is achieved

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Level Awards



Level 1

- ★ Sign On Incentive Award

Level 2

- ★ Non-Cash One Time Award

★ Homes \$300.00 Centers/Ministries \$1000.00

Level 3

- ★ One Time Non-Cash Award

★ Homes \$300.00 Centers/Ministries \$1000.00

Level 4

- ★ One Time Cash Award

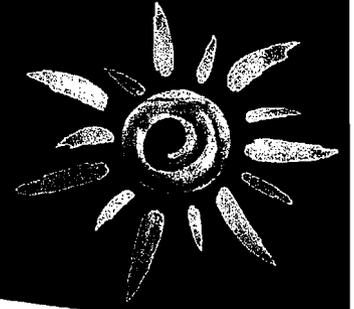
★ Homes \$500.00 Centers/Ministries \$1500.00

- ★ Annual Maintenance Cash Award

★ Homes \$300.00 Centers/Ministries \$1000.00

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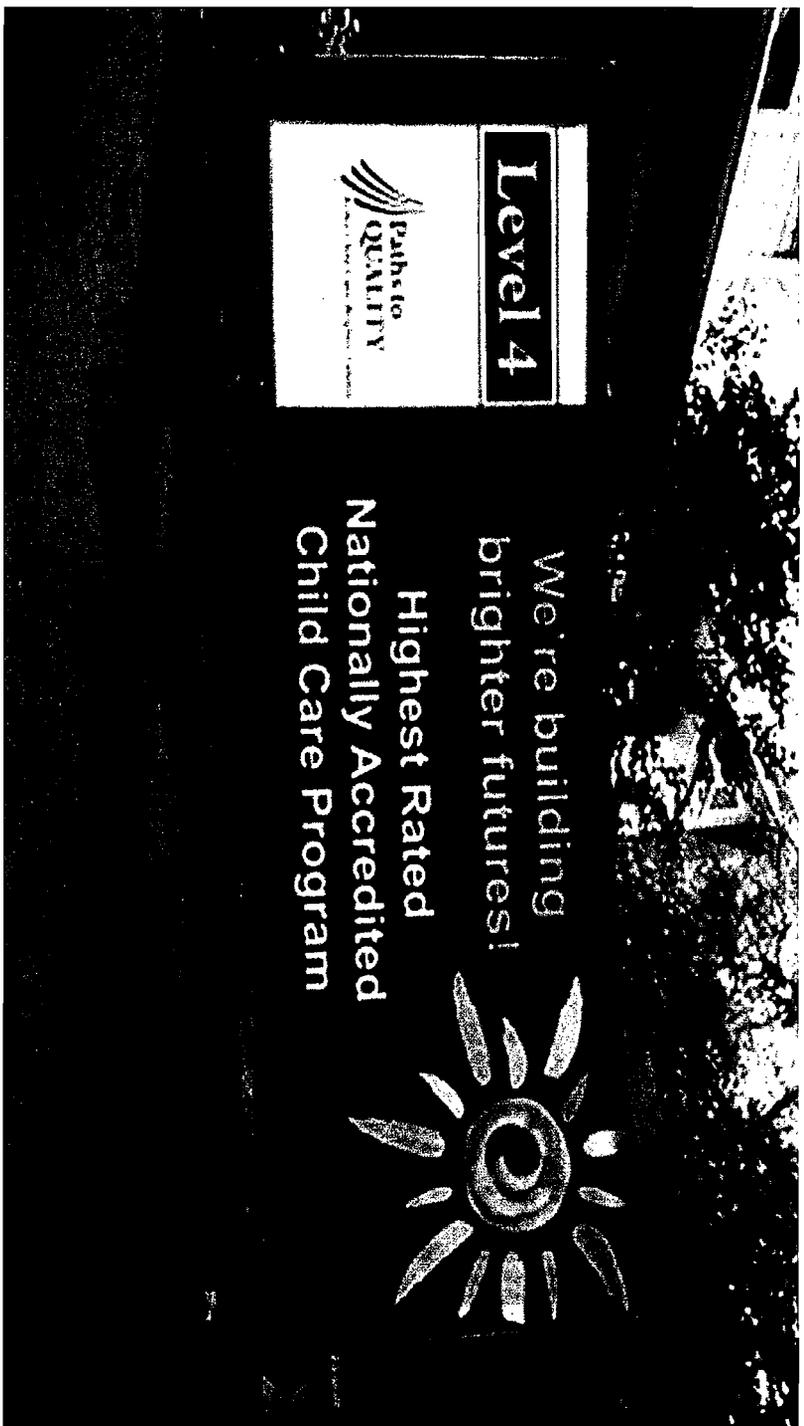
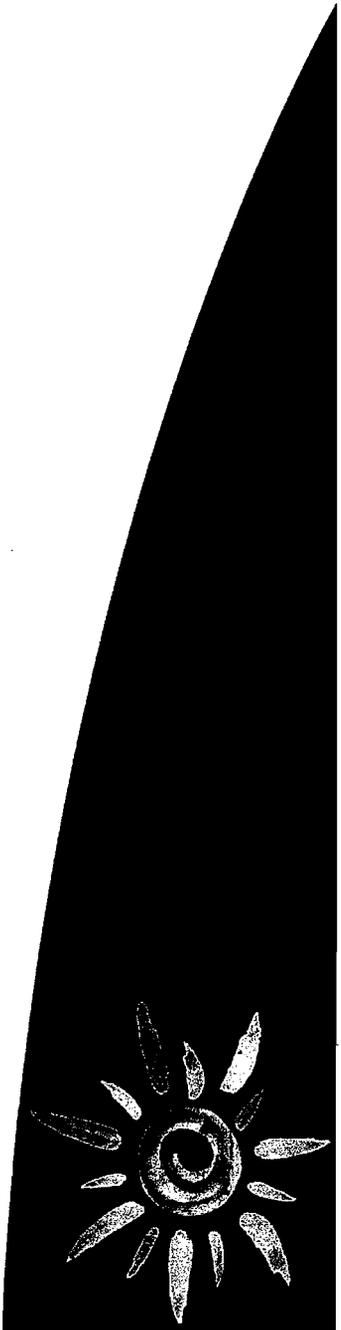
Support for Providers



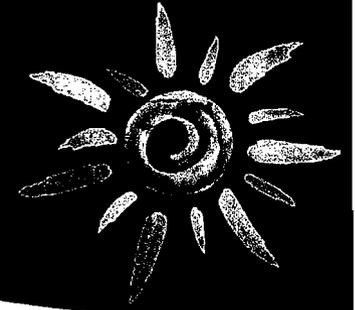
★ Additional support and resources available to Paths to QUALITY participants:

- ★ Free on-site mentoring/technical assistance
- ★ Indiana Accreditation Project
- ★ T.E.A.C.H scholarships
- ★ Free or low cost on-going professional development opportunities
- ★ Free marketing support

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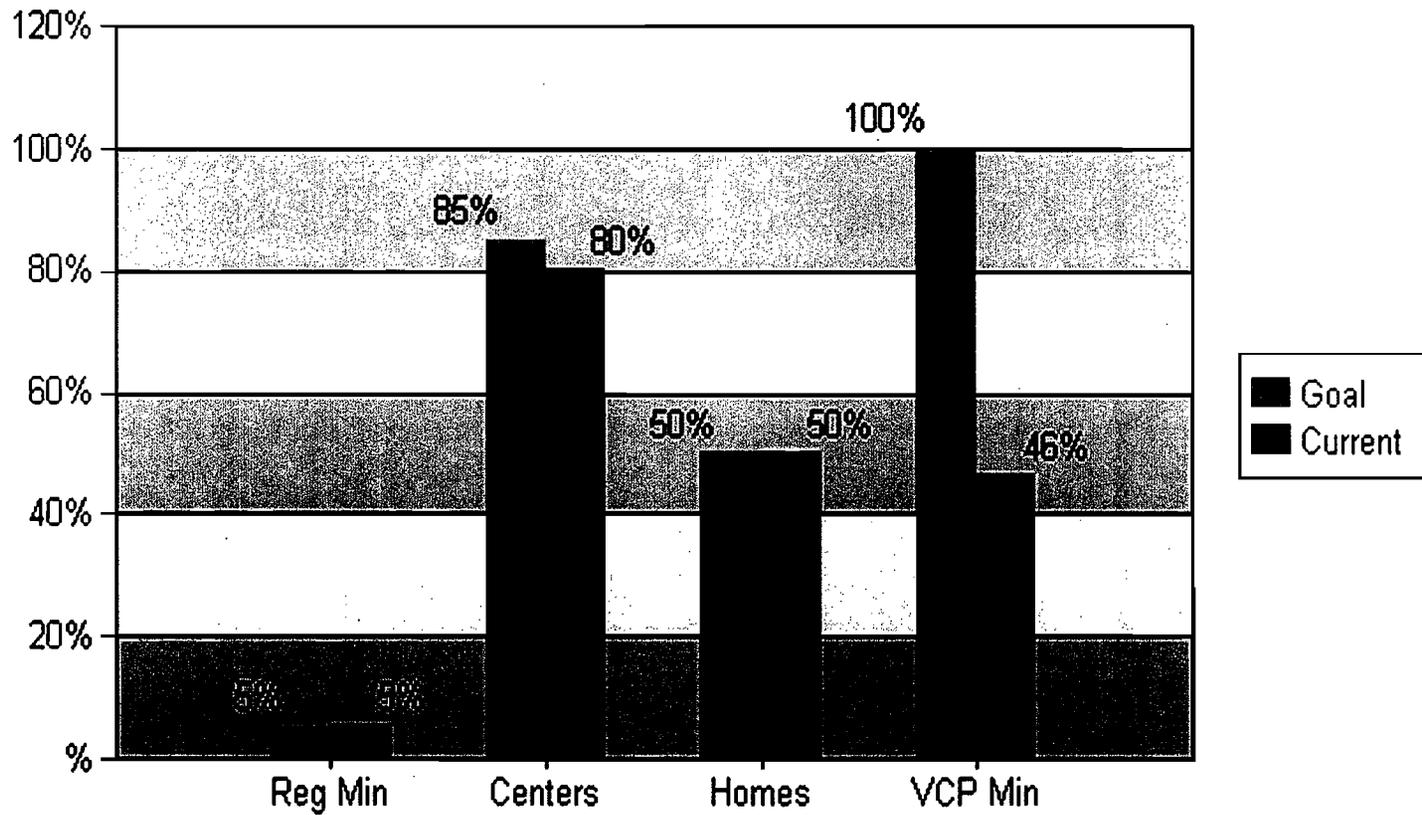
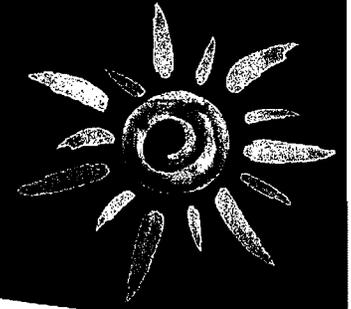
Current Status

- ★ Currently in year 3- ends Oct 1, 2011
- ★ Each year BCC sets participation goals
- ★ Currently have 2,046 programs enrolled
 - 489 Licensed Centers
 - 1,503 Licensed Homes
 - 54 Unlicensed Registered Ministries

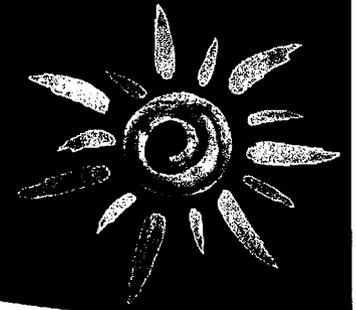
This means that up to 76,746 Hoosier children are benefiting from higher quality child care

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Participation



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Level Increases

- ★ Level Increase Goals
- ★ Ensure adequate support for providers
- ★ Ensure continuous quality improvement

Currently:

Level 1- 1106

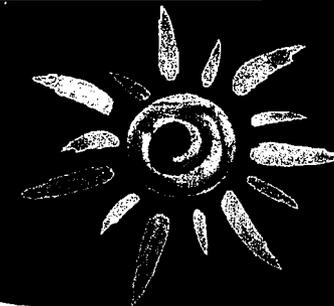
Level 2- 432

Level 3- 290

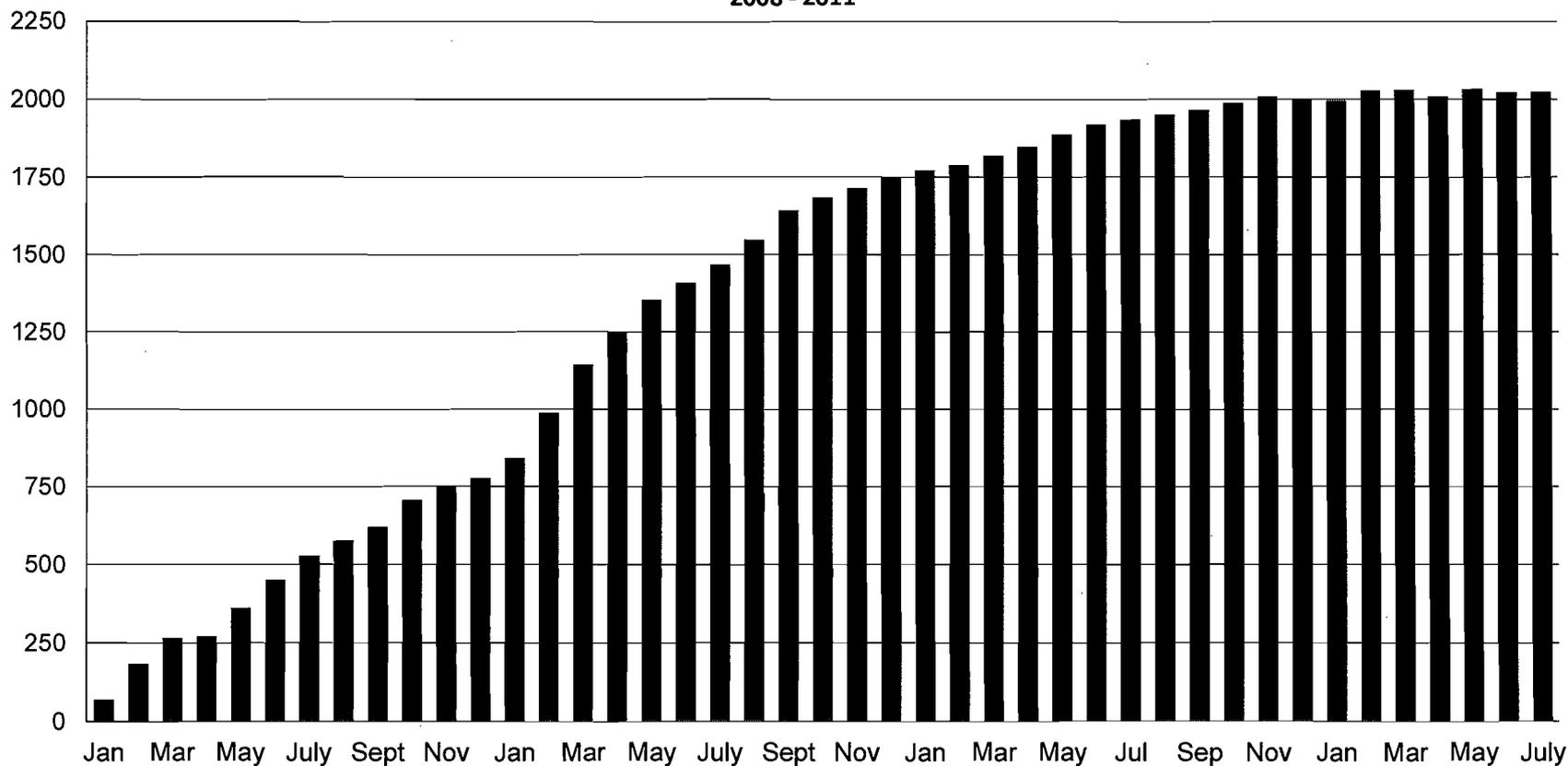
Level 4- 218

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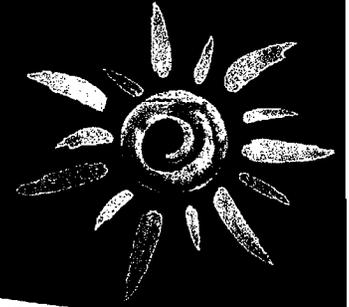
Paths to QUALITY Providers by Level



YTD Providers by PTQ Level
2008 - 2011

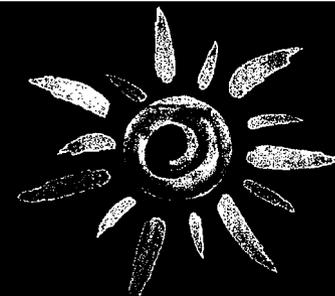


Other Updates- ARRA funding



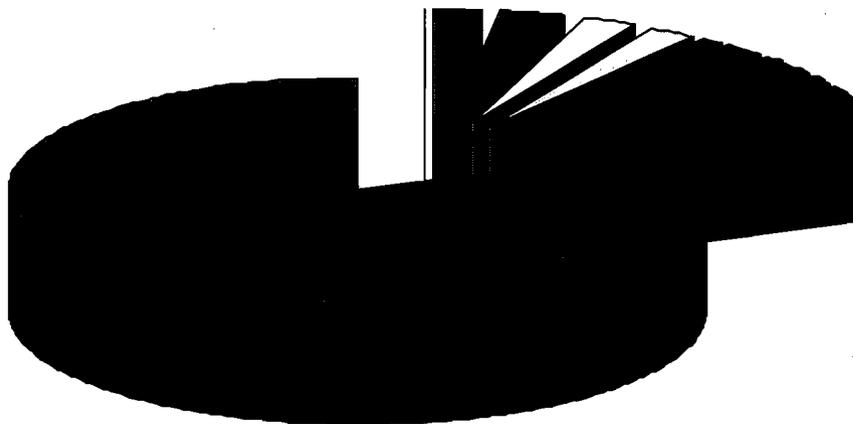
- ★ Indiana received \$42 million dollars in additional CCDF funding under the American Recovery and Reinvestment Act
- ★ Funds to be spent under same CCDF guidelines. \$37 M direct services (vouchers) and \$7 M for quality projects.
- ★ Quality projects- designed to support providers across the continuum of pre-licensure to accreditation, included targeted projects for infant/toddlers, registered ministries, outdoor environments, high quality professional development opportunities and school age child care

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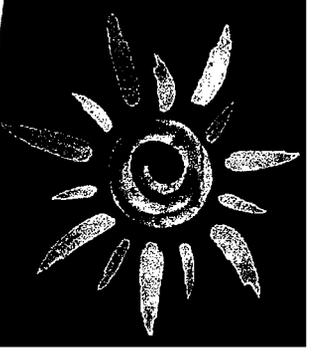
ARRA CCDF Funds by Project June 2010

**TOTAL CCDF ARRA
FUNDING: \$42,764,321**



- Paths to QUALITY Community Awareness
- Hoosier Child Care Quality Project
- Ministry Improvement Project
- Child Care Playground Improvement Grants
- Infant/Toddler Supplies and Equipment
- Infant/Toddler Specialists
- Technical Assistance Certification
- 2010 Indiana Work Force Study
- Scholarships for IAEYC conference
- Grant Writer
- Higher Education Articulation Program
- ARRA Project Coordinator
- School Age quality Improvement Project
- PTQ Advancement Project
- IDEM Scholarships
- ARRA Intake Active Families
- ARRA Direct Services
- Unobligated

Questions?



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Licensed Child Care Center Director's Advisory Board Report to the Committee on Child Care – 2011

The report from the Advisory Board is very similar to the 2010 report which began “The Licensed Child Care Center Advisory Board would like to see all children in Indiana have the opportunity to receive **quality** child care and early childhood education”. Additional research from the 2011 State of Young Hoosier Child Report facilitated in part by Indiana’s State Department of Health only adds to the urgency for **quality** early childhood programs. The report focused on four areas:

- Physical health and well-being
- Social and Emotional Development
- School Readiness
- Family Support

Children and families enrolled in **quality** early childhood programs were rated higher in all four focus areas.

The report also noted the following benefits **quality** early childhood programs bring to all children as well as society at large:

- Children who receive high-quality early childhood education attain higher levels of education
- Children who receive high-quality early childhood education earn more money and pay more taxes
- Children who receive high-quality early childhood education commit fewer crimes
- Children who receive high-quality early childhood education are healthier and have positive health behaviors as children which continues into adulthood.
- For every \$1 invested, there would be a \$7 return. (crime prevention for example)

The Annie E. Casey Foundation report states that “high-quality pre-K for at-risk kids helps narrow the achievement gap, reduces grade repetition and special education placements, increases high school graduation rates, reduces crime, and leads to greater employment and higher earnings among adults.

Nobel Laureate James Heckman stated that achieving better outcomes for children is the single most effect way to create greater productivity and prosperity. Indiana’s children deserve the opportunity to be in **quality** early childhood programs where each child can meet his/her full potential. Indiana can make a difference in school performance, high school graduation rates, fewer children needing special education services, lower crime rates, health, and economic recovery by focusing on giving children from birth to age 5 **quality** early childhood programs. The first place to look is the CCDF voucher program and assuring that these children who are considered ‘at risk’ due to poverty are in **quality child care/early childhood programs**. Parents do not always recognize what **quality** look like and assume that any program approved by the State of Indiana to accept CCDF vouchers is a quality program—even though the program only meets minimum standards and not **quality** standards.

Licensed Child Care Home Advisory Board

August 25, 2011

At this time we do not have a formal recommendation. However, we'd like to share:

Past Year Discussions/Topics:

- We had a new election in January. Nominated a new President and Secretary.
- We have met 4 times this past year.
- Some special guests have included; Military Child Care Liaison Initiative and IACCRR.
- Our Facebook page has reached over 60 people. Providers are able to post early childhood articles and stay up to date with other current topics.
- Discuss ways to educate the public on what Paths to QUALITY is and that it is a voluntary program.

Future Discussions/Topics:

- Looking for continued support and more of a level playing field for **ALL** child care programs in Indiana. We need high-quality early childhood programs for **ALL** young children in Indiana.
- Continue to work with other agencies to make the public aware of what high-quality child care is and how important it is to young children. And continue to support, mentor, and educate other child care providers on Paths to QUALITY.
- Looking to find other ways to help child care providers as small business owners survive.

CARE

August 25, 2011

Attachment 4



**Indiana's Early Childhood Comprehensive Systems Initiative
Update for Committee on Child Care
August 25, 2011**

PURPOSE of the Early Childhood Comprehensive Systems Initiative (Sunny Start: Healthy Bodies, Healthy Minds) is to create a comprehensive system of services and supports for children zero to age five and their families in Indiana. Children from birth to age five comprise an estimated 8.3% of the total Hoosier population. In 2009, there were an estimated 534,603 children between the ages of zero (birth) and five in the state of Indiana. The project's goal is to further efforts to ensure healthy development and school readiness of Indiana's children. Sunny Start has five focus areas which include: access to health insurance and a primary medical provider; mental health and socio-emotional development; early care and education; parent education and family support.

OBJECTIVES for the project include:

- All young children in Indiana will have a medical home.
- All children will be covered by a source of payment, whether public or private, for medical and developmental services that are identified by the medical home.
- The medical home will facilitate developmental, behavioral and mental health screening with appropriate treatment and referrals to community resources.
- An information clearinghouse will include information about resources and supports at the state and local level for families of young children and providers of early childhood services.
- Parents will have the necessary information, support and knowledge about child development and be able to recognize their child's progress.
- Families will have timely access to resources and supports to address their child's health, safety and developmental needs.

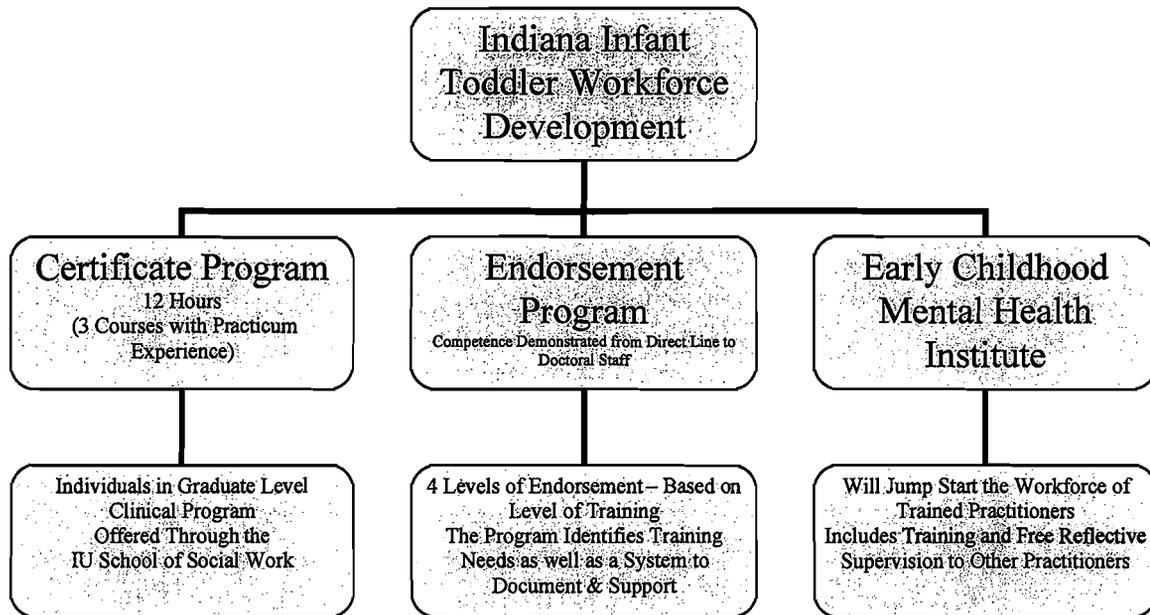
PROGRESS toward objectives includes:

- Expansion of the Early Childhood Meeting Place website to provide families and early childhood providers with resource and support information.
- A developmental calendar for families and providers which highlights important health and safety information such as infant and toddler's nutritional needs, oral health issues, communication and gross motor development. The calendar is available in English and in Spanish.
- A Wellness Passport for Indiana's Kids, a personal healthcare record-keeping tool (in English and Spanish) that allows parents to collect, track, store and access important information about their children's growth and development – all in one easy-to-access location. An online tutorial about the use of the passport available.

- A Special Health Care Needs Addendum to the Wellness Passport, providing additional sections for families raising children with disabilities and special healthcare needs. Available in English and Spanish.
- Resource Fact Sheets, a series of 35 fact sheets that highlight the basics of key financial resources and children's environmental health for Hoosier families.

Social and Emotional Development in young children continues to be a focus of Sunny Start as the project supports the development of a highly qualified early childhood mental health workforce. Efforts supported include:

- A consensus statement regarding the content and core competencies for social-emotional training activities across all providers/caretakers of young children birth to age five has been developed.
- An assessment tool created in conjunction with the Consensus Statement helps individuals or organizations assess the social and emotional competencies that their training addresses.
- A white paper on the state of Infant and Toddler Mental Health in Indiana
- A comprehensive one week Summer Institute in July, 2007, which assisted mental health professionals in Indiana to build skills in the area of social and emotional development in young children, infants and toddlers. In August 2008, 2009, 2010, and 2011, the support for mental health professionals continued as Sunny Start sponsored additional training to help build competencies at the Indiana Association for Infant and Toddler Mental Health (IAITMH) Annual Conference.
- To address the shortage of the infant/toddler trained workforce, the IAITMH (in conjunction with the Sunny Start Social Emotional and Training Committee) has received financial support to develop Indiana's Early Childhood Mental Health Institute (ECMHI), a project to train a cadre of providers with skills in infant and early childhood mental health assessment, treatment, consultation, and reflective supervision. Providers were recruited to represent and serve all parts of the state. Support from the DMHA allows providers to attend the sessions at no cost to them or their agencies. Graduates of the ECMHI will make an immediate impact in Indiana workforce capacity by increasing access to services for families across the state. The ECMHI also supports and complements other efforts, including the Certificate Program and the Endorsement Program, by increasing the number of supervisors available to mentor future cohorts of providers participating in those programs. Together, the three programs create the infrastructure needed to attain the goal of access to infant/early childhood mental health services throughout all Indiana communities.
- Also, the Indiana State Department of Health/ Maternal Child Health Division has as one of its ten 2011-2015 State Performance Measures to "Build capacity for promoting social and emotional health in children from birth to age 5" with the objective to ensure that families of young children have access to trained providers within their local communities.



The Sunny Start Core Partners and subcommittees continue to meet regularly. Over the current grant cycle the initiative will:

- develop opportunities for training and family leadership;
- distribute the “State of the Young Hoosier Child” report;
- develop a Children’s Environmental Health report;
- distribute a DVD to child care providers (including Head Start and Early Head Start sites) on lead poisoning prevention;
- continue the medical home learning collaborative;
- maintain and expand the Early Childhood Meeting Place website;
- further integrate activities related to parent education and medical home into the Early Care and Education efforts.

WEBSITE URL www.sunnystart.in.gov

EARLY CHILDHOOD MEETING PLACE <http://earlychildhoodmeetingplace.org>

For more information, please contact:

Project Director: Judith Ganser, MD, MPH, jganser@isdh.in.gov

Project Manager: Andrea L Wilkes, awilkes@isdh.in.gov

The Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services funds the Sunny Start initiative to promote infrastructure between child serving organizations and communities and has committed monies for implementation of the Sunny Start Strategic Plan which began September 1, 2005 and continues through May 31, 2012.



Resource Fact Sheets

The Indiana State Department of Health's Sunny Start initiative has created a series of fact sheets to highlight the basics of key resources available for Hoosier families. Fact sheets on the following topics are now available:

- Assistive Technology
- Autism Mandate
- Child Care Vouchers
- Children's Special Health Care Services (CSHCS)
- CHOICE
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Dental
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Early Childhood Special Education
- Environmental Threats
- Family and Medical Leave Act (FMLA)
- Finding Safe Child Care
- First Steps
- Head Start and Early Head Start
- Healthy Homes
- Household Chemicals
- Indoor Air
- Legal Resources
- Medicaid
- Medicaid Disability
- Medicaid Waivers: Aged, Disabled & TBI
- Medicaid Waivers: DD, Autism & Support Services
- Medical Home
- Other Funding Options
- Pest Prevention
- Pesticides
- Prescription Drugs
- Preventing Lead Poisoning
- Private Health Insurance
- Resource Organizations
- Safe Drinking Water
- Secondhand Smoke
- Section 504
- Supplemental Security Income

Fact sheets can be found at <http://earlychildhoodmeetingplace.org>

1. Click on "Family Resources"
2. Click on "Resource Fact Sheets"
3. Select the sheet you would like to see (sheets are listed on 3 pages)

Please share this information with families and the professionals who serve them!



Where to Learn More:

Indiana State
Department of Health
Lead-Safe and
Healthy Homes
Program:
www.in.gov/isdh/19124.htm or 800-433-0746.

Improving Kids'
Environment:
www.ikeycoalition.org
or 317-253-1312.

www.leadfreekids.org
(a partnership of the
U.S. EPA, U.S.
Department of
Housing and Urban
Development, The
Coalition to End
Childhood Lead
Poisoning, and the Ad
Council.)

Preventing Lead Poisoning

What causes lead poisoning?

The most common causes of lead poisoning are lead paint dust, lead paint chips, and lead in soil. Lead paint is found in homes built before 1978. Only a tiny amount of lead can be enough to poison a child.

What happens to children exposed to lead?

Children exposed to lead can have problems learning, paying attention, and controlling violent behavior. Lead can even lower a child's IQ score.

Why are young children most at risk?

Under age 7, lead in a child's blood stream can easily enter the brain and cause permanent damage. If you are pregnant, you can pass lead to your unborn child.

Who should be tested?

All children living or playing in property built before 1978 should be tested. All children eligible for Medicaid must be tested at 12 months and 24 months. State or local health agencies can check your child's blood for lead at no charge to you. If a child has lead poisoning:

- The health department must provide services to reduce your child's lead level.
- The health department must investigate to find the source of the lead.
- If you rent your home and lead hazards are found on the property, the landlord must correct them.

Where do you find lead-based paint and dust?

Lead paint is found in homes built before 1978.

When is lead-based paint a hazard?

When paint chips, peels or creates dust, it becomes dangerous. If paint is in good condition, keep it that way. If you are planning work on your home, use lead-safe work practices to minimize dust.

How do I know if someone is qualified to work on my home?

If you hire someone to work in your pre-1978 home and they will be sawing, sanding, ripping out or disturbing lead paint, the company must be certified by the U.S. Environmental Protection Agency (EPA) and must use trained workers.



How can I protect my child from lead poisoning?

- Fix peeling lead paint and make home repairs safely: seal off work area, minimize dust and clean up all dust and paint chips.
- Wash dust off hands, toys, bottles, windows, and floors.
- Be careful not to bring lead home on clothes, toys, or jewelry. If you work with lead or lead paint on your job, leave your work shoes at work and don't leave work clothes on the floor.
- Let tap water run for one minute before using it, if it hasn't been run for a few hours. If you have a well, you still need to run your water because both town and well water could have lead from old plumbing.
- Serve foods high in calcium, iron, and Vitamin C. Foods such as milk, cheese, greens, potatoes, watermelon, strawberries, oranges, beef, pork and chicken help keep lead from being stored in your child's body.

Supported in part by
project H25 MC 00263
from the Maternal and
Child Health Bureau (Title
V, Social Security Act),
Health Resources and
Services Administration,
Department of Health
and Human Services.

Programs and systems change often. It is important to ensure that you are using the most current information. This Fact Sheet was created on **May 31, 2011**. Please check with <http://earlychildhoodmeetingplace.org> for the **most recent editio**

NEW LOOK! NEW FEATURES! NEW URL!

<http://www.earlychildhoodmeetingplace.org>

early childhood meeting place

CONNECTING INDIANA'S EARLY CHILDHOOD COMMUNITIES TO EDUCATION, RESOURCES, AND NEWS

HOME

EVENTS CALENDAR

PROFESSIONAL RESOURCES

FAMILY RESOURCES

FAMILIA INFORMACIÓN Y RECURSOS



Connecting Indiana's
early childhood communities to
education, resources, and news.



**A gateway to information, services, and resources for Indiana's early
childhood professionals and families of young children.**



EVENTS CALENDAR

- Workshops
- Conferences
- Meetings



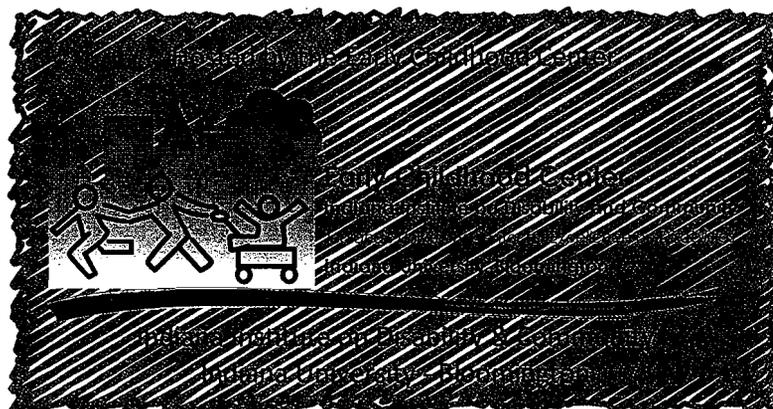
PROFESSIONAL RESOURCES

- News for Professionals
- Continuing Education Resources
- Professional Organizations



FAMILY RESOURCES

- Community Resources
- Child Care and Early Education
- Health and Safety
- Parenting and Family Support
- Resource Fact Sheets



Supported in part by project H25 MC 00263 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services, the Sunny Start Initiative.



¡NUEVA IMAGEN! ¡NUEVAS FUNCIONES! ¡NUEVA URL!

<http://www.earlychildhoodmeetingplace.org>

early childhood meeting place

CONECTANDO A LAS COMUNIDADES DE INFANCIA TEMPRANA DE INDIANA A LA EDUCACIÓN, LOS RECURSOS Y LAS NOVEDADES

INICIO

CALENDARIO DE
EVENTOS

RECURSOS PROFESIONALES

RECURSOS
FAMILIARES

FAMILIA, INFORMACIÓN
Y RECURSOS



Conectando a las
comunidades de infancia temprana
de Indiana a la educación, los
recursos y las novedades.



Una puerta a la información, servicios y recursos para los profesionales
de infancia temprana de Indiana y las familias de niños pequeños.



CALENDARIO DE EVENTOS

- Talleres
- Conferencias
- Reuniones



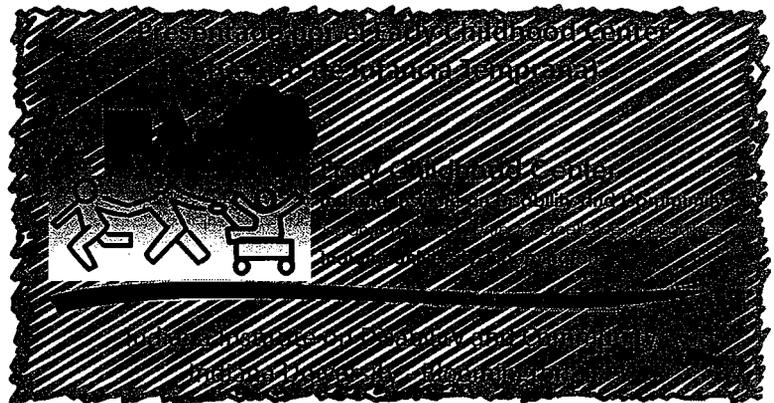
RECURSOS PROFESIONALES

- Novedades para Profesionales
- Recursos de Educación Continua
- Organizaciones Profesionales



RECURSOS FAMILIARES

- Recursos Comunitarios
- Cuidado Infantil y Educación Temprana
- Salud y Seguridad
- Crianza de los Hijos y Apoyo Familiar
- Hojas Informativas de Recursos



Apoyado en parte por el proyecto H25 MC 00263 de la Maternal and Child Health Bureau (Agencia de Salud Maternal e Infantil) (Título V, Ley de Seguridad Social), Health Resources and Services Administration (Administración de Recursos y Servicios de Salud), Department of Health and Human Services (Departamento de Servicios de Salud y Humanos), la Sunny Start Initiative (Iniciativa Sunny Start).



Young Hoosier Child





Acknowledgments

This report could not have been produced without the help of many people and agencies who supplied information and reviewed the text. We wish to thank our data providers as well as the Sunny Start Core Partners:

About Special Kids

Anthem

Covering Kids & Families

Family Voices Indiana

Healthy Families

Improving Kids' Environment

Indiana Department of Child Services

Indiana Academy of Family Physicians

Indiana Association for Child Care

Resource and Referral

Indiana Association for Infant and Toddler Mental Health

Indiana Association for the Education of Young Children

Indiana Child Care Resource & Referral

Indiana Department of Education

Indiana Department of Environmental Management

Indiana Head Start Association

Indiana Head Start State Collaboration Office

Indiana Institute for Disability and Community

Indiana Minority Health Coalition

Indiana Office of Faith-Based & Community Initiatives

Indiana Perinatal Network

Office of Medicaid Policy and Planning
Parents

Riley Child Development Center

The Indiana Chapter of the American Academy of Pediatrics

The Indiana Division of Mental Health and Addiction

The Indiana Family and Social Services Administration, Bureau of Child Care

The Indiana Family and Social Services Administration, Bureau of Child Development - First Steps

The Indiana State Department of Health, Maternal and Child Health Division

The Indiana State Department of Health, Children's Special Health Care Services

The Indiana State Department of Health, Early Hearing Detection and Intervention Program

The Indiana State Department of Health, Indiana Community Integrated System

of Services

United Way - Success by Six

In 2011, Sunny Start commissioned the Indiana Youth Institute to conduct The State of the Young Hoosier Child report. Information collected and compiled by Sarah Patterson, Maureen Greer, Andrea Wilkes, Dr. Judith Ganser, Mary Ann Galloway, Adam Shoemaker, Emily Krauser, and Julie Whitman. Design and layout provided by Vicky Rockwell, CAVU; printing provided by Lori Darland, Delp Printing and Mailing.

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the state of the Young Hoosier Child

Birth to Age Five



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Introduction

The truth of the statement “children are our future,” is never more apparent than when looking at the investment in early childhood.

Multiple studies show significant benefits from investing in early childhood in regard to health and education, with a return to greater society in various ways, such as improved health, reduced reliance on government programs, and positive academic outcomes.¹ The research of James Heckman, Nobel Laureate in Economic Sciences, demonstrates the benefits of investing in young children and shows that early experiences and environments follow children through to later life.² This life course perspective helps to understand the importance of early childhood and what the outcomes mean for society as a whole. This includes the concept that disparities during the early years may lead to differential developmental trajectories across the life span.³ Researchers, economists, and legislators have achieved a general consensus regarding the need to invest in the early childhood years in order for young children to be prepared for success in school and beyond.

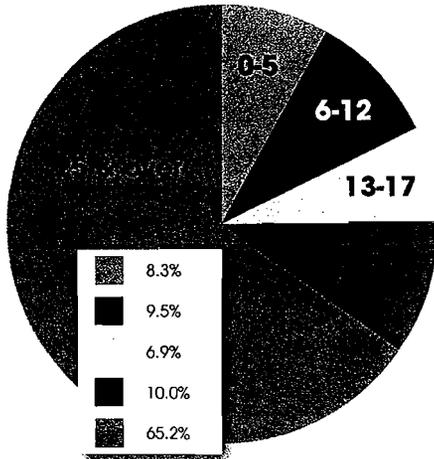
Numerous research studies show that at a minimum, every dollar invested in early childhood programs is returned, if not returned in greater numbers.⁴ These costs are calculated based on the greater academic success and reduced reliance on government programs that result from greater early childhood investment.⁵ Health research shows the positive effect on investing in early childhood, noting that healthy children are more likely to become healthy adults. Negative health outcomes from early experiences affect the “wiring” of the body and reactions, which means greater susceptibility to illness and negative health outcomes well into adulthood. Therefore, focusing on health promotion in early childhood can help reduce the social and economic burdens of illness, not only in childhood but also throughout the adult years.⁶

The recent federal focus on young children and the critical importance of a “good start” for those children in developmental, educational and emotional areas underscores what policy makers in Indiana have been working toward for a long time. With funding provided by the Federal Maternal and Child Health Bureau, Indiana has participated in the national Early Childhood Comprehensive Systems (ECCS) initiative since 2003. Facilitated by the Indiana State Department of Health’s Maternal and Child Health Division, Indiana’s ECCS initiative titled Sunny Start: Healthy Bodies, Healthy Minds brings together representatives of numerous state agencies, community organizations and families of young children to coordinate, inform and advocate for young children and their families. By federal intent, ECCS is focused on five component areas:

- Access to Health Insurance and Medical Homes
- Early Care and Education
- Mental Health and Social/Emotional Development
- Family Support
- Parent Education

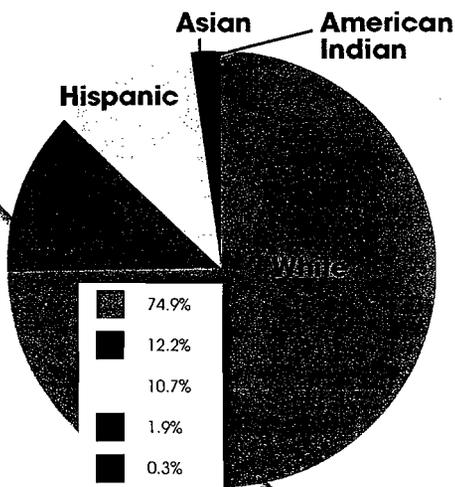


**Figure 1:
Total Population
by Age Group**



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: *Easy Access to Juvenile Populations: 1990 - 2009*

**Figure 2: Zero to Five
Population by Race and
Ethnicity, Indiana: 2009**



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: *Easy Access to Juvenile Populations: 1990 - 2009*



Introduction (continued)

This report, *The State of the Young Hoosier Child*, is the result of the significant efforts of the many Sunny Start stakeholders on behalf of young Hoosier children. The report is intended to provide a snapshot of the well-being of children in Indiana from birth through age five. Reflecting the five component areas of ECCS, the report is focused on four areas:

- Physical Health and Well-Being
- Social and Emotional Development
- School Readiness
- Family Support

This report shines a spotlight on indicators that research has shown influence the outcomes for young children and their future well-being. Indicators help provide a picture of how well children are doing in certain areas.⁷ Starting with the basic indicators of population, demographics can help with understanding who exactly the young children in Indiana are.

Children ages birth to age five comprise an estimated 8.3% of the total Hoosier population. In 2009, there were an estimated 534,603 children between the ages of zero (birth) and five in the state of Indiana. When looking only at children under 18, those in the 0 - 5 category make up a third (33.6%) of the child population.⁸ Hoosier children are more racially and ethnically diverse than the adult population (here regarded as 18+), and children ages 0 - 5 are more diverse than the total under age 18 population.⁹ The sheer size of the population and the needs discovered in this report illustrate the importance of continued and improved investment in young Hoosier children.

Children's physical health, social and emotional development, and family and environmental factors all influence their health and well-being throughout their life course.¹⁰ This report, *The State of the Young Hoosier Child (SYHC)* contains state level information and national comparisons that can be used as a resource by communities, policy makers, and youth workers. When 0 - 5 data are not available, information on the whole child population is used to complete the picture. Measurable indicators that enable tracking of progress are critical to understanding children's well-being;¹¹ therefore, this report also provides a set of County Data Profiles which includes indicators of the well-being of children 0 - 5 across time for each of Indiana's 92 counties. These profiles can be used for comparison to the state or other counties. This information is useful for local program development and grant applications. These County Data Profiles are available online at www.sunnystart.in.gov/syhc.



Physical Health and Well-Being

There are a number of factors that contribute to a child's physical health and well-being. For example, access to health care is an essential component of the equation.¹² Access may be limited by geography, transportation, or the lack of health insurance. Health insurance coverage enables children to receive medical services, preventive and otherwise.¹³ Research has found that problems such as heart disease and diabetes may be consequences of low birthweight or other early health issues.¹⁴ Newborn screenings and establishing a medical home are all important to children's health, as well as certain other indicators, such as oral health and lead poisoning. Certain groups may be at greater risk for health issues or lower access to care, so understanding the population is important to gauging overall health and well-being.¹⁵ From existing research into the life course perspective, we now know that health care for a child starts with prenatal care for the mother. This report begins with birth outcomes and prenatal care.

Birth Outcomes

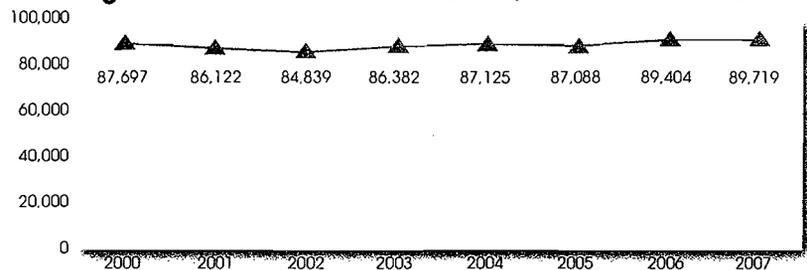
Research identifies several maternal health factors that give children a strong start at birth and can positively affect their childhood. These factors include good pre-pregnancy maternal health, access to financial and social support, along with a high level of maternal education and the absence of smoking, drinking alcohol and drug use during pregnancy.¹⁶ A father's intentions for having children and active involvement during pregnancy may also have positive implications for his children, such as better health outcomes.¹⁷

The most recent birth data available in Indiana are for 2007. The total number of live births in Indiana has been increasing since 2002 following a period of decline from 2000. In Indiana, a slightly higher proportion of males are born (51.2% of 2007 live births), compared to females (48.8%).¹⁸ Women between the ages of 20 and 34 account for the majority of births in Indiana (78.6%).¹⁹

Births to Teen Mothers

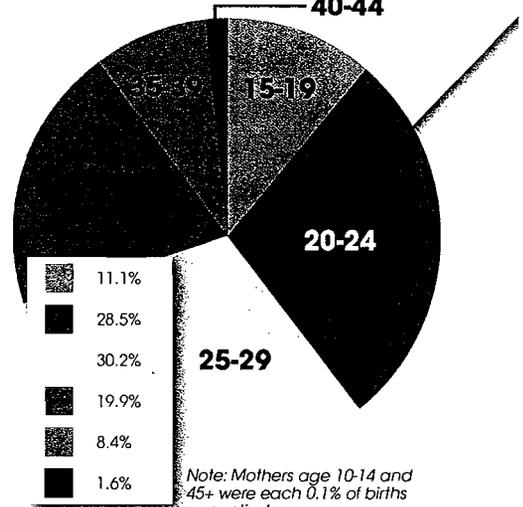
Teen mothers face a variety of issues and needs that older mothers may not face. As seen within this report, younger mothers are less likely to obtain prenatal care or breastfeed their baby. Research also shows that children of teen mothers may have poorer academic and health outcomes, and teen mothers themselves are less likely to complete school and more likely to rely on government programs.²⁰

Figure 3: Total Number of Live Births, Indiana: 2000 - 2007



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Figure 4: Percentage of Live Births by Age of Mother, Indiana: 2007



Note: Mothers age 10-14 and 45+ were each 0.1% of births respectively

Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Figure 5: Teen Birth Rate per 1,000 Females Ages 15-17 by County, Indiana: 2007



Less than 15
 15 to 28
 More than 28

Source: *The State of the Young Hoosier Child (May 2011)*
 Original Data From: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

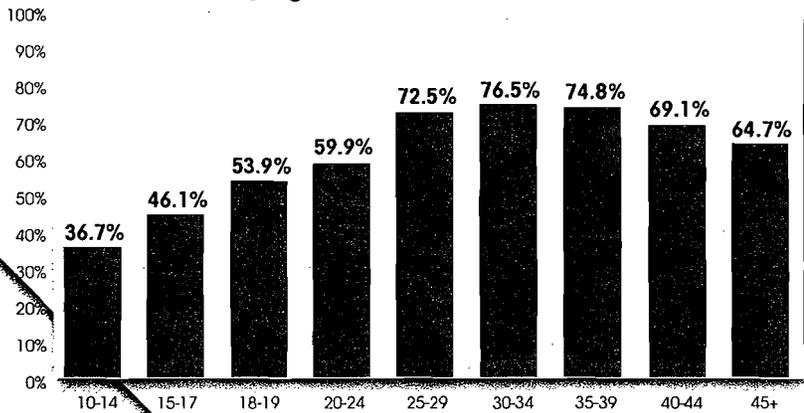
After several years of decrease, Indiana’s teen birthrate has increased slightly in the last few years of reported data. In CY 2007, the birthrate for Hoosier females ages 15-17 was 22.0 per 1,000 females of that age, similar to the nation’s rate of 22.1. This is an increase from 2006, when the birthrate for females ages 15-17 was 20.8 per 1,000. When the age range is extended, the birthrate for Indiana girls ages 15-19 was 45.1 per 1,000, compared to the national birthrate of 42.5 for females 15-19.²¹

Prenatal Care

A child’s health can be influenced before they are born. Research shows that mothers who receive late or no prenatal care are more likely to deliver babies with health problems. Mothers who receive no prenatal care are three times more likely to give birth to a low birthweight baby.²² However, some health researchers are concerned that increased prenatal care alone may not result in substantial improvements to birth outcomes. Many women who lack adequate care also have social risk factors including low socioeconomic status or becoming pregnant at a young age, factors that cannot be fully addressed through better prenatal care.²³

In Indiana during 2007, 67.5% of women, overall, received first trimester prenatal care. Due to the change in the definition of prenatal care with the use of the “Revised” U.S. Standard Certificate of Live Birth starting in 2007 comparison to previous years is not recommended;²⁴ however, trends do indicate that first trimester prenatal care in Indiana was on the decline even before the change to the revised birth certificate system.²⁵

Figure 6: Percentage of Mothers Receiving First Trimester Prenatal Care by Age, Indiana: 2007



Source: *The State of the Young Hoosier Child (May 2011)*
 Original Data From: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Table 1: Percentage of Mothers Receiving First Trimester Prenatal Care by Race and Ethnicity, Indiana: 2007

Race	Percent
Hispanic (of any race)	49.5%
Black	53.4%
American Indian/ Alaskan Native	60.8%
White	69.4%
Asian/ Pacific Islander	69.7%

Source: *The State of the Young Hoosier Child (May 2011)*
 Original Data From: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Fewer women in Indiana receive first trimester prenatal care than in the nation, but the rates for both have been declining since the 1970s.²⁶ Nationally, about every one out of 14 women (7.1%) receives late (post-first trimester) or no prenatal care at all.²⁷

Early prenatal care varies by the mother’s race and ethnicity. In Indiana, Hispanic women (of any race) and Black women are least likely to receive first trimester prenatal care. Early prenatal care also varies with age among Indiana mothers: the youngest mothers are the least likely to obtain first trimester prenatal care.²⁸

Just over two out of every five babies born in Indiana are born to women on Medicaid.²⁹ Getting health care to pregnant women before they deliver has been a quality improvement strategy for the Office of Medicaid Policy and Planning (OMPP). Access to health care coverage for prenatal care as soon as a woman suspects that she is pregnant became one of the driving forces behind the implementation of Presumptive Eligibility for Pregnant Women (PE) on July 1, 2009. PE is short-term health

coverage for outpatient prenatal care available to women with low income while a Medicaid application is pending. The goal of PE is to provide women who are early in their pregnancy with the health care they need to ensure they remain healthy and have healthy babies. Due to the timing of implementation, the OMPP is unable to report trends currently, but is monitoring the program for outcomes.³⁰

Smoking During Pregnancy

In addition to receiving prenatal care, pregnant women can improve their babies' health by abstaining from specific behaviors such as smoking and drinking alcohol. Women who smoke during pregnancy have more than twice the risk of delivering a low-birthweight baby, as well as a 30-50% higher risk for miscarriage than nonsmokers. The babies of mothers who smoke during pregnancy have twice the risk of dying from Sudden Infant Death Syndrome (SIDS) than infants of nonsmoking mothers.³¹ The revised birth certificate form changed the smoking during pregnancy question, making comparisons to data before 2007 invalid.³²

In 2007, nearly one out of five (18.5%) Hoosier mothers reported smoking at any time during their pregnancies, compared to 10.4% for the 21 states using the revised birth certificate. Rates varied by age group, with Indiana mothers ages 18-19 having the highest rate of smoking during pregnancy (28.4%), followed closely by those between ages 20-24 (26.7%).³³

Preterm, Low Birthweight and Very Low Birthweight Babies

Births occurring at least three weeks before an infant's due date (earlier than the 37th week of pregnancy) are considered preterm births and are at higher risk for complications.³⁴ These complications can include breathing issues, heart problems, and intestinal issues.³⁵ In 2007, 12.9% of all births in Indiana were preterm, compared to 12.7% nationally. Black and Hispanic women have the highest rate of preterm births in Indiana.³⁶

Table 2: Percentage of Mothers Who Smoked During Pregnancy by Age, Race, and Ethnicity, U.S. vs. Indiana: 2007

	White	Black	Hispanic of any race
Indiana	19.6%	13.3%	4.1%
U.S.	16.3%	10.1%	2.1%

Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Figure 7: Percentage of Mothers Who Smoke During Pregnancy by County, Indiana: 2007

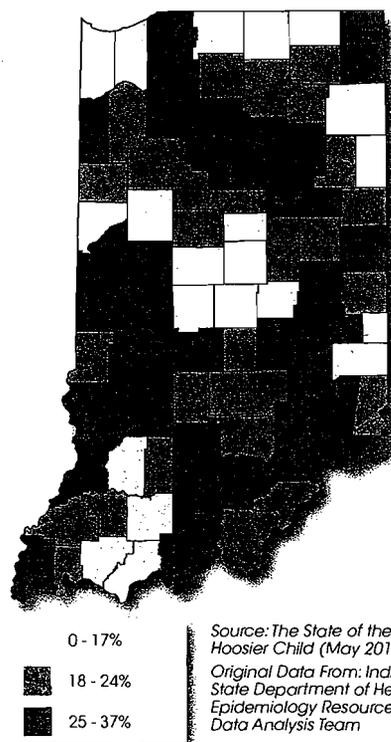


Figure 8: Percentage of Preterm Births by Race and Ethnicity, U.S. vs. Indiana: 2005-2007 Average

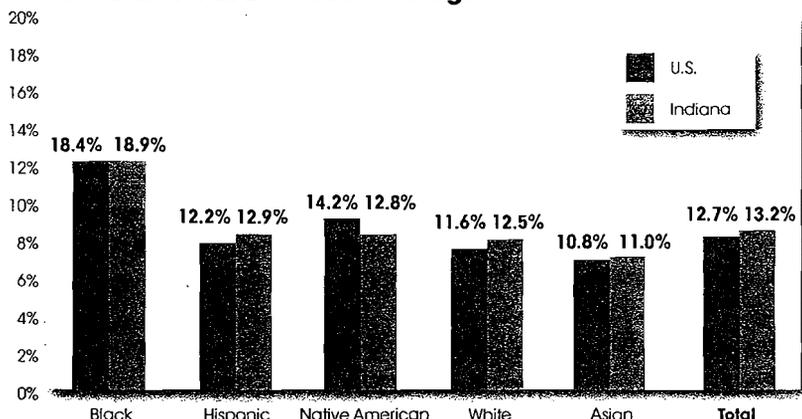
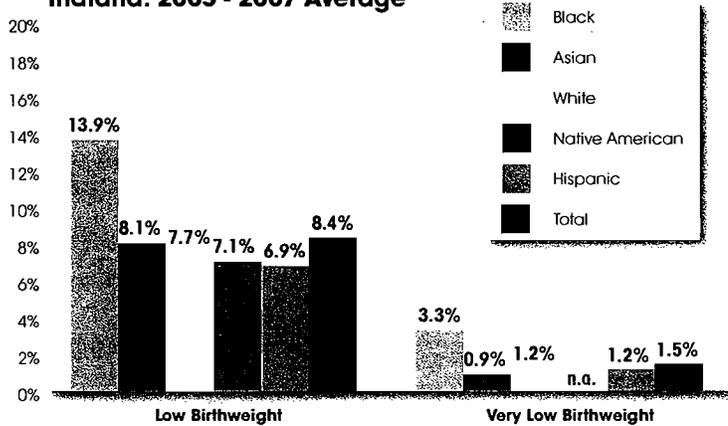


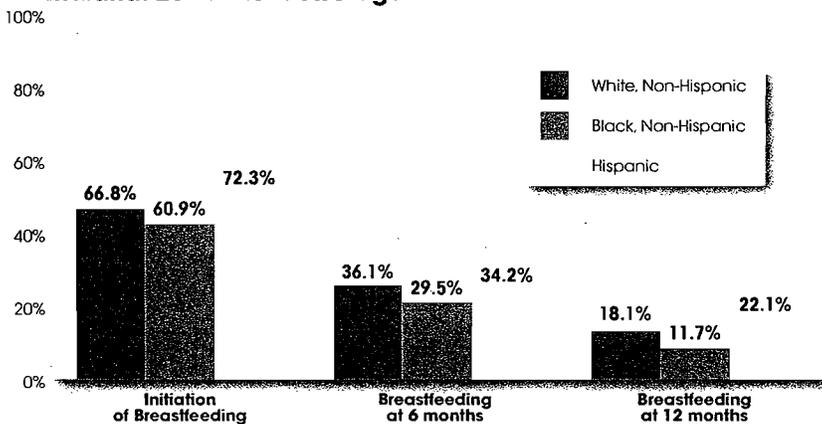
Figure 9: Percentage Low Birthweight and Very Low Birthweight by Race and Ethnicity, Indiana: 2005 - 2007 Average



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: March of Dimes, PeriStats

Infants born weighing between 1,500 and 2,499 grams (three lbs., five oz. to five lbs., eight oz.) are considered low birthweight (LBW); those born with a weight under 1,500 grams (three lbs., four oz.) are considered very low birthweight (VLBW). Infants born at low, or very low, birthweight are at increased risk for serious health problems such as mortality, long-term disability, or impaired development. Babies of mothers who smoke during pregnancy have an increased risk of being born LBW or VLBW.³⁷ In 2007, Indiana had a slightly higher percentage of low birthweight babies than the nation (8.5% in Indiana compared to 8.2% nationally), but the same rate of VLBW babies (at 1.5%).³⁸ LBW and VLBW rates vary by race and ethnicity, with Black babies having the highest rates for both in Indiana.³⁹

Figure 10: Prevalence of Breastfeeding Initiation and Duration to 6 Months and 12 Months by Race and Ethnicity, Indiana: 2004 - 2008 Average



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Centers for Disease Control and Prevention

Breastfeeding Rates

In January 2010, the U.S. Surgeon General called for support for breastfeeding from employers as well as communities and policymakers, noting research and statistics that show that breastfeeding benefits babies, as well as parents.⁴⁰ Research has shown that breastfeeding supports the baby's immune system, as well as strengthens the mother's health. In addition, babies who are breastfed are less likely to be sick, which in turn means parents are able to miss fewer days of work.⁴¹

The Centers for Disease Control and Prevention (CDC) monitors breastfeeding rates and notes that the high initiation rates show that mothers want to breastfeed and are trying to do so, but may not have the support they need.⁴² Indiana has lower rates of breastfeeding across the CDC indicators, but trends mirror national numbers. The National Survey of Children's Health also shows Indiana with lower overall breastfeeding rates, with 71.4% of Hoosier children ages 0 - 5 ever having been breastfed compared to 75.5% nationally.⁴³

Rates of breastfeeding differ by demographic characteristics such as race, age, and education. Black women have the lowest rates compared to White and Hispanic women for initiation and duration of breastfeeding. At the national level, mothers who are 30 or older have the highest rates of initiation (77.5%) and duration at six months (48.5%) and one year (25.4%). Mothers younger than 20 years old have the lowest rates of initiation and duration compared to the other age categories. Women who have some college or graduated from college have higher rates of breastfeeding initiation and duration compared to women who have a high school diploma or less. However, women who have no high school diploma actually have slightly higher rates of initiation and duration than women with a high school diploma and no college.⁴⁴

Infant Mortality and Young Child Deaths

The Centers for Disease Control and Prevention (CDC) has identified low birthweight as the major reason behind the increase in U.S. infant mortality.⁴⁵

The number of infants that die before they reach their first birthday per 1,000 live births is known as the infant mortality rate, and Indiana consistently ranks higher than the nation on this indicator.⁴⁶ During Calendar Year (CY) 2007, 677 Hoosier infants died within a year of birth. The leading cause of infant death in Indiana was short gestation/low birthweight.⁴⁷ In 2007, the national infant mortality rate was 6.8 deaths per 1,000 infants; in Indiana, the rate was higher at 7.6 per 1,000 infants.⁴⁸ Babies with mothers age 20 and younger have the highest infant mortality rate (11.5 per 1,000 births) when comparing age groups, followed by women age 40 and older (7.9 per 1,000 births).⁴⁹ African Americans have 2.4 times the infant mortality rate as non-Hispanic Whites, and Black babies are four times as likely to die as infants due to complications related to low birthweight as compared to non-Hispanic White infants.⁵⁰

The leading cause of death for children ages 1 - 5 in Indiana is unintentional injury. For children ages 1 - 5 in Indiana in 2007, there were a total of 123 deaths from unintentional injury. The next most common cause of death in Indiana in 2007 for children ages 1 - 5 were: birth defects (17 deaths in 2007), followed by cancer (14 deaths), homicide (13 deaths) and Septicemia (3 deaths).⁵¹

Screenings at Birth

Screenings at birth are meant to ensure that children who may need treatment or services are identified and their needs are confirmed. Various screenings should occur when a baby is born that can help identify

babies who are at risk for certain conditions. Since a baby may appear healthy, these screenings can help discover conditions that might not have outward symptoms, and treatment can then be assigned. Indiana state law requires that all babies in Indiana be tested for 46 conditions (including sickle cell anemia) and hearing loss, and the test must be done before the baby leaves the hospital. For babies born at home, the test must be completed within one week of birth.⁵² Most of the tests are performed using a heel stick blood spot. Then the blood samples are sent to a newborn screening lab for testing and parents are notified if there is a problem or a need to retest.⁵³

Table 3: Infant Mortality Rate by Race and Ethnicity, Indiana: 2007

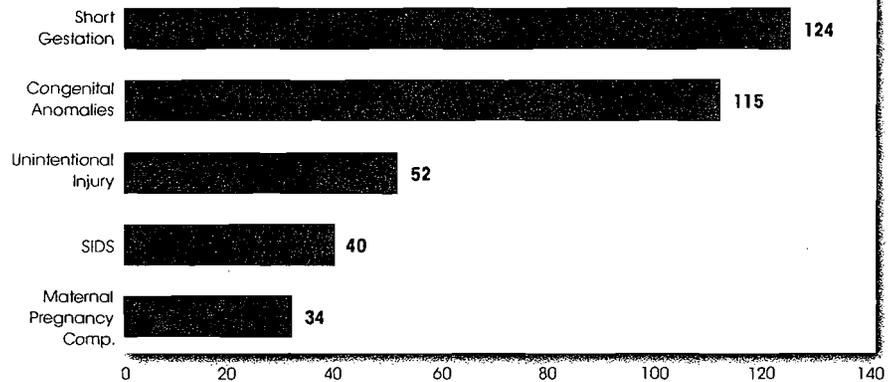
Race and Ethnicity	Rate per 1,000 live births
Black or African American	16.0
Hispanic or Latino	6.9
Non-Hispanic White	6.6
State Total	7.6

Note: American Indian and Asian not included due to unstable rate because of small population

Source: The State of the Young Hoosier Child (May 2011)

Original Data From: KIDS COUNT Data Center

Figure 11: Top Five Leading Causes of Death for Infants (Under Age 1), Indiana: 2007



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Centers for Disease Control, WISQARS

Table 4: Five Leading Causes of Injury Deaths for Infants, Indiana: 2003 - 2006

Cause	Number	Percent
Unintentional Suffocation	138	60.8
Undetermined Suffocation	11	4.8
Unintentional Motor Vehicle, Overall	10	4.4
Unintentional Fire/Burn	8	3.5
Unintentional Drowning	6	2.6

*All percentages out of total number of injury deaths

Source: The State of the Young Hoosier Child (May 2011)

Original Data From: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team; Chart produced by Injury Prevention Program

Table 5: Percentage of Valid Newborn Screening Performed and Total Number of Children with Confirmed Metabolic Conditions Based on Newborn Screening, Indiana: 2003 - 2007

Year	Percentage of Valid Newborn Screenings Performed	Total Number of Children with Confirmed Metabolic Conditions Based on Newborn Screening
2003	99.97%	81
2004	99.08%	74
2005	99.80%	66
2006	99.63%	80
2007	99.20%	109

* Metabolic conditions included in this count include partial biotinidase deficiency, hyperphenylalanemia, hypercitrullinemia, and galactosemia variants.

Source: The State of the Young Hoosier Child (May 2011)

Original Data From: Indiana State Department of Health, Genomics and Newborn Screening Program

Table 6: Children Diagnosed with Permanent Hearing Loss at Birth as Reported to EHDI, Indiana: 2005 - 2010

Birth Year	Number of Children
2005	117
2006	159
2007	166
2008	137
2009	157
2010	125*

* This number is likely to increase as several children are still completing the diagnostic process to confirm their hearing status

Source: The State of the Young Hoosier Child (May 2011)

Original Data From: Indiana State Department of Health, Early Hearing Detection and Intervention Program

In Indiana, the numbers that are reported reflect children who were born in Indiana, regardless of whether or not the parents reside in the state. If a baby is born within state lines, Indiana is responsible for ensuring that he/she receives a timely and valid initial newborn screen.⁵⁴

Another screening at birth is for hearing loss. The goal of early hearing detection and intervention (EHDI) is to ensure children who are deaf or

hard of hearing are able to obtain linguistic understanding and literacy development. The Joint Committee on Infant Hearing (JCIH) notes that without appropriate diagnosis and opportunities to learn languages, these children may fall behind their hearing peers in communication, cognition, reading ability and social-emotional development. These types of delays may result in overall lower educational and employment outcomes in adulthood, therefore early intervention is key.⁵⁵

In Indiana, children are to be screened before they leave the hospital or before one month of age. There are two types of tests available to screen the hearing of babies, both of which are painless and babies often sleep right through.⁵⁶ Children who do not pass the test should be referred to their primary care provider, or to an audiologist who specializes in infant hearing assessment.⁵⁷ EHDI has recommended that hospitals schedule an appointment with an audiologist prior to discharge. Children who have been diagnosed with permanent hearing loss should be referred to First Steps and other early intervention services as appropriate.⁵⁸ The EHDI Program tracks the number of children diagnosed with permanent hearing loss with a majority of reports coming from audiologists across the state.

Medical Home

A medical home is sustained medical care between a child, family, and pediatric care team.

The American Academy of Pediatrics (AAP) specifies seven qualities essential to medical home care: accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. Ideally, medical home care is delivered within the context of a trusting and collaborative relationship between the child's family and a competent health professional who is familiar with the child and family and the child's health history.⁵⁹

Overall, 61.7% of Hoosier children under age 18 receive medical care within a medical home, compared to 57.5% of children nationwide. Younger children, especially those 0 - 5 are more likely to have a medical home as defined by the AAP. Since the indicator changed between survey years, cross-time calculation is not recommended.⁶⁰

When looking specifically at Children with Special Health Care Needs (CSHCN), Indiana does better than the nation in terms of CSHCN receiving adequate care within a medical home. For all children under 18, 54.6% of CSHCN received medical home services, compared to 47.1% nationally. Again, children ages 0 - 5 are more likely than children in other age groups to have care in a medical home.⁶¹

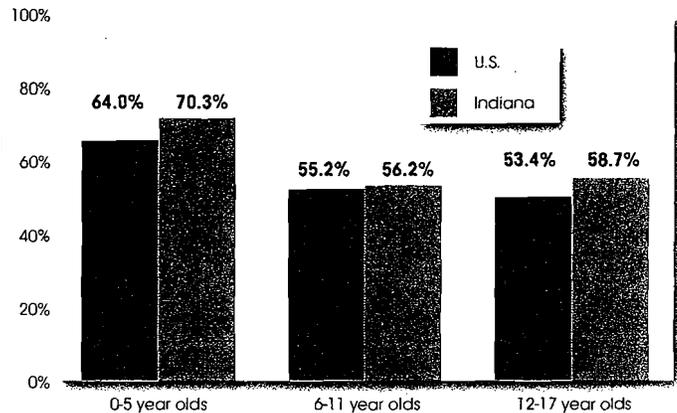
Vaccines and Immunizations

Childhood immunizations help prevent outbreaks of disease. Newborns are immune to many diseases through possessing the antibodies of their mother. However, this immunity does not last long, so vaccines can help build immunity against preventable diseases, as well as help stop the spread of disease among groups of children and the larger community. Because children are highly susceptible to disease, the Centers for Disease Control and Prevention (CDC) recommends children receive vaccines for preventable diseases by the time they are two years old.⁶²

The CDC's immunization schedule for children recommends four doses of the diphtheria, tetanus, and pertussis (DTP) vaccine, three or more doses of polio vaccine, one or more doses of the measles-mumps-rubella (MMR) vaccine, three or more doses of the Haemophilus influenzae type b (Hib) vaccine, the hepatitis B vaccine, and the varicella (chickenpox) vaccine. The DTP, polio, MMR, and Hib vaccines are collectively referred to as the combination or 4:3:1:3 series. Since 2002, the CDC has also tracked a combination series that includes all of these vaccines (called the 4:3:1:3:3:1 series). Immunization data for 2009 was affected by a shortage of Hib vaccine that occurred between December 2007 and September 2009.⁶³

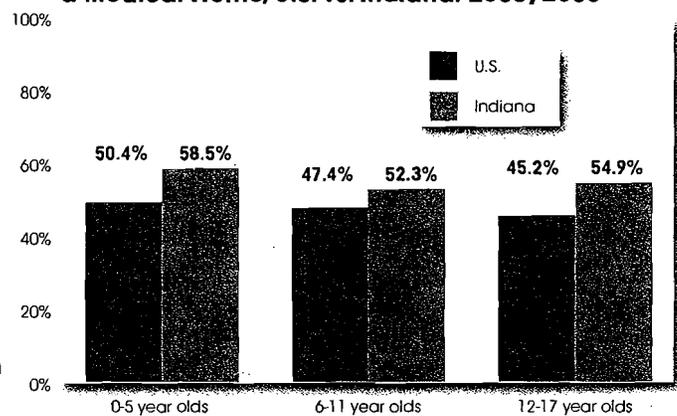
According to the 2009 National Immunization Survey, 70.5% of children between the ages of 19-35 months were immunized with the modified vaccine series nationwide, compared with 67.3% of Indiana children in the same age group.⁶⁴ Immunization estimates fluctuate slightly over time, but both national and Indiana estimates declined in 2009.⁶⁵

Figure 12: Percentage of Children Who Receive Health Care that Meets the AAP Definition of Medical Home, U.S. vs. Indiana: 2007



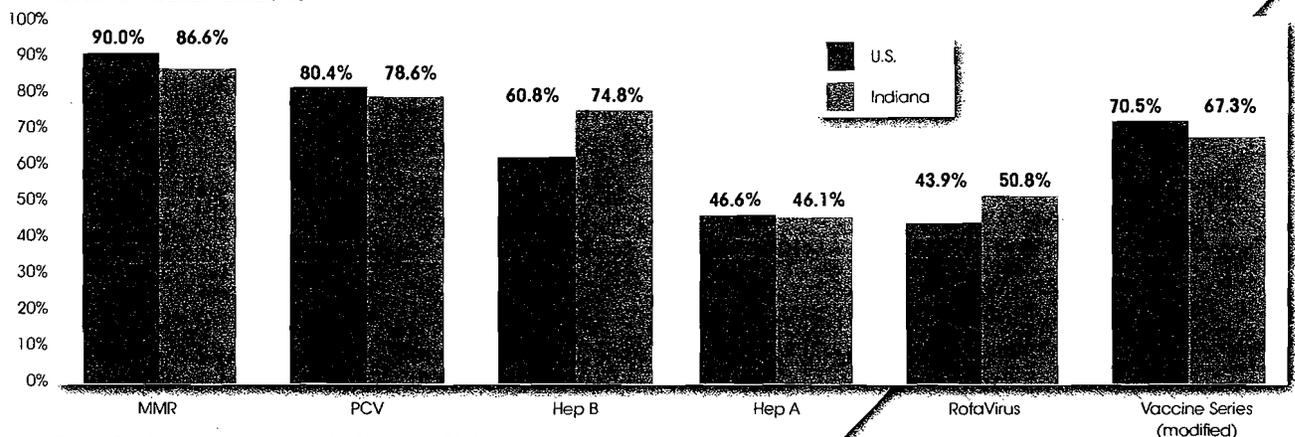
Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: *National Survey of Children's Health*

Figure 13: Percentage of CSHCN Who Receive Coordinated, Ongoing, Comprehensive Care Within a Medical Home, U.S. vs. Indiana: 2005/2006



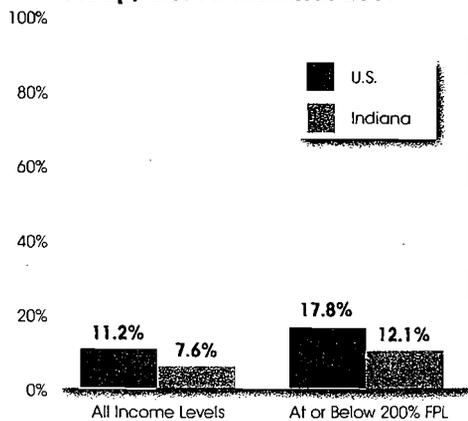
Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: *Survey of Children with Special Health Care Needs*

Figure 14: Estimated Vaccination Coverage Among Young Children Ages 19 - 35 Months, U.S. vs. Indiana: 2009



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: *Centers for Disease Control and Prevention*

Figure 15: Percentage of Children Under Age 19 Uninsured by Income Group, U.S. vs. Indiana: 2007



Source: *The State of the Young Hoosier Child (May 2011)*
 Original Data From: U.S. Census Bureau, Small Area Health Insurance Estimates

Health Insurance Coverage

Access to health care is important for children’s overall well-being. Inability to pay for care is one of the greatest barriers to health care access. As more children move from private insurance to public programs, increasing attention should be paid to those who are still uninsured.⁶⁶ The availability of health insurance is an important determinant of childhood health because insured children are likely to be healthier and have lower rates of avoidable hospitalizations and childhood mortality than their uninsured peers. Without access to a medical home or primary care doctor, parents are more likely to rely on the emergency room as a source of care, and to forgo preventive visits and other necessary health, dental or other medical care for their children.⁶⁷

A higher percentage of Hoosier children are covered by health insurance than their peers nationally. Fewer children continue to be uninsured, with 7.6% of children under 19 of all income levels being uninsured in 2007, down from 9.0% in 2006.⁶⁸ Children with special health care needs may face greater barriers to obtaining health insurance coverage. During the 2005-2006 Survey of Children and Youth with Special Health Care Needs (CYSHCN) parents reported that in Indiana, 9.2% of CYSHCN under 18 went without health insurance at some point during the past year and 4.2% were uninsured the whole year. A third (32.7%) of the currently insured CYSHCN have inadequate insurance.⁶⁹

Medicaid

Though some children receive coverage from their parents’ private health insurance plan, many, including wards of the state, rely on government programs for access to health care. In Indiana, Hoosier Healthwise and Medicaid provide public health insurance to children from low-income families. During State Fiscal Year (SFY) 2010, there were 323,179 children under six served by public health insurance in Indiana.⁷⁰ This represents an estimated 60.5% of all children ages 0 - 5 in Indiana.⁷¹

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

One of the most important roles of the pediatrician is to identify medical, developmental, emotional and behavioral problems in children as early as possible and to treat them, or link them to specialty care. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is a preventive health care program designed to improve the overall health of eligible infants, children, and adolescents on Medicaid. Special emphasis is given to early detection and treatment of health issues to reduce the risks of costly treatment that can result when detection is delayed.⁷² EPSDT is the child health component of Medicaid and is required in every state.⁷³

To monitor the frequency of early screening and diagnosis, the Office of Medicaid Policy and Planning (OMPP) reports annually to the Centers for Medicare and Medicaid Services (CMS) the number of children

enrolled in Medicaid who receive EPSDT services. CMS revised the guidelines for how states are to calculate and report these measures for Federal Fiscal Year (FFY) 2010, therefore making it difficult to compare data before 2010. In addition, enrollment in Medicaid and the State Child Health Improvement Program (SCHIP) overall increased. From 2006 to 2009, the number receiving at least one initial or periodic screen has also increased. Just under half (48.0%) of children enrolled in public health insurance received at least one initial or periodic screen in FFY 2009.⁷⁴

Table 7: Children Ages 0 - 5 Enrolled in Medicaid or SCHIP and Receiving EPSDT, Indiana: 2006 - 2009

Federal Fiscal Year	Enrollment All Categories		Total Eligible Receiving at Least One Initial or Periodic Screen	
	Medicaid	SCHIP	Medicaid	SCHIP
2006	251,885	12,474	187,794	8,002
2007	256,395	11,428	201,118	7,956
2008	263,348	10,313	123,866	3,174
2009	277,891	11,061	135,427	3,413

Source: *The State of the Young Hoosier Child (May 2011)* Original Data From: Indiana Family and Social Services Administration, Indiana Office of Medicaid Policy and Planning

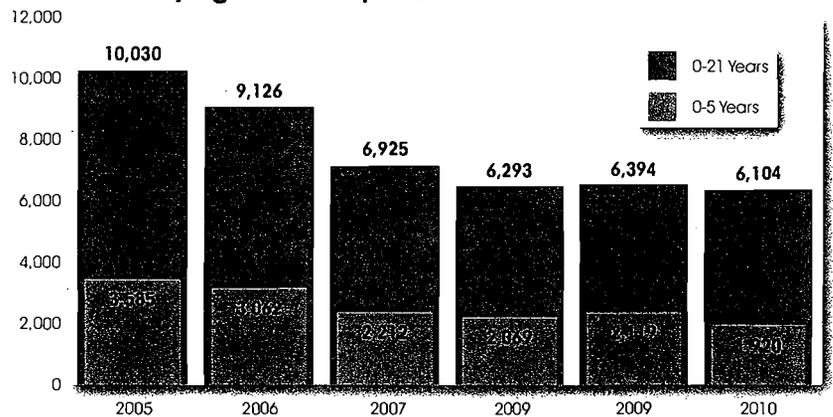
Children with Special Health Care Needs

Estimates from the Children and Youth with Special Health Care Needs (CYSHCN) survey show that one in ten children (10.6%) ages 0 - 5 in Indiana have special health care needs. Of all children under 18 in Indiana who have special health care needs, roughly a quarter (23.8%) of their parents report that their conditions affect their activities usually, always, or a great deal. Often, this can be seen in a variety of ways such as school attendance, with 10.7% of respondents noting that they missed 11 or more days of school due to illness.⁷⁵

According to the survey, children with special health care needs also have problems with access to medical care, with about one in five (20.0%) of Indiana's children with special health care needs noting that they needed a referral but had difficulty obtaining one. Some of these children (5.7% in Indiana) also do not have a source of primary care or rely on emergency rooms. Their special health care needs may impact their families in such ways as having to pay more than \$1,000 out of pocket for medical expenses (20.1%) or even needing a family member to cut back on or stop working (24.3%).⁷⁶

The Indiana State Department of Health Children's Special Health Care Services (CSHCS) Division provides supplemental medical coverage to families with children from birth to 21 years with certain serious, chronic medical conditions that have lasted, or may be expected to last, at least two years. A family is eligible if their income is at or below 250% of the Federal Poverty Level (FPL).⁷⁷ The CSHCS Program served 6,104 Hoosier children and youth with special health care needs during SFY 2010, with 1,902 of those children being ages 0 - 5. Children ages 0 - 5 represent about a third (31.4%) of children enrolled in CSHCS.⁷⁸

Figure 16: Number of Children with Special Health Care Needs by Age of Participant, Indiana: 2005 - 2010



Source: *The State of the Young Hoosier Child (May 2011)*
 Original Data From: Indiana State Department of Health, Children's Special Health Care Services (CSHCS) Division
 Note: The figures represent all participants enrolled at any time during the specified State fiscal years based on state fy (7/1-6/30), as of 6/15/2010.

Table 8: Oral Health and Dental Needs of Children Ages 1 - 5, U.S. vs. Indiana: 2007

	U.S.	Indiana
Children Who Received One or More Preventive Dental Care Visit(s) in the Past Year	53.5%	53.8%
Children Who Had Decay or Cavities	11.9%	12.0%
Children Who Parent Knew Had a Toothache in last 6 months	7.2%	6.2%

Source: The State of the Young Hoosier Child (May 2011)
Original Data From: National Survey of Children's Health

Oral Health

Research indicates a connection between oral health and general health.

Lack of oral care and treatment may lead to lung and heart disease, infections, low birthweight, and pre-term babies later in life.⁷⁹ People with low incomes, minorities, those with special health care needs, and people who reside in rural areas have the greatest difficulty accessing oral health care. Research shows that poor children have particular difficulty accessing dental care. Unmet dental needs can also have negative consequences for a child in other realms of their life, such as experiencing pain and difficulty

eating and sleeping, making learning under such circumstances difficult.⁸⁰ The National Survey of Children's Health provides measures of children's oral health for the state and the nation. Parental reports show that younger children are less likely to receive preventive dental care, but are noted as having good overall dental health.⁸¹

A majority (81.5%) of children ages 1 - 5 in Indiana are considered by their parents to have teeth which are in very good or excellent condition, compared to 77.9% nationally. Another 13.5% of young Hoosier children's teeth were ranked as good compared to 16.7% nationally, while 5.0% of Hoosier children's teeth were ranked fair or poor compared to 5.4% nationally. When looking at all age groups of children, for Indiana, children 0 - 5 rank higher than the other age groups (6 - 11 and 12 - 17) for good oral health. However, children 0 - 5 fall behind other age groups in preventive dental care.⁸²

Table 9: EPSDT Participation Rates for Dental Services for Children 0-5, Indiana: 2007 - 2009

	Medicaid			SCHIP		
	2007	2008	2009	2007	2008	2009
Enrollment, All Programs	256,395	263,340	277,891	11,428	10,278	11,061
Total Eligible Receiving Any Dental Services	25.4%	25.7%	28.8%	28.1%	31.2%	41.9%
Total Eligible Receiving Preventive Dental Services	22.4%	23.7%	25.9%	24.8%	28.0%	27.4%
Total Eligible Receiving Dental Treatment Services	9.2%	9.1%	9.5%	9.0%	8.9%	12.9%

Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana Family and Social Services Administration, Indiana Office of Medicaid Policy and Planning

Medicaid-eligible children receiving dental care are documented in the CMS 416 Participation report. The CMS 416 provides basic information on participation in the Medicaid child health program, including their use of dental care.⁸³ Children enrolled in Medicaid or SCHIP for any portion of the year are counted in the report for the time period in which they were enrolled.

From FFY 2007 to 2009, there has been an increase in children enrolled in Medicaid or SCHIP receiving dental services. One-quarter of children on Medicaid (25.9%) and SCHIP (27.4%) received preventive dental services in Federal Fiscal Year 2009. One out of every ten children on Medicaid received dental treatment, while one out of every eight children on SCHIP received dental treatment services.⁸⁴

Lead Poisoning

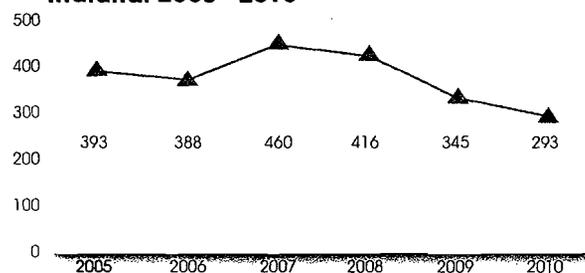
Though lead poisoning may have no obvious symptoms, elevated lead levels in the blood can be harmful to the nervous systems of young children and may cause learning disabilities, lowered intelligence, and behavior problems. Extremely high levels of lead in a child's blood may cause seizures, coma, and even death. Until it was banned as an ingredient for residential use in 1978, lead was commonly found in the paint used in many homes. It is still commonly found in older homes, and very young children are particularly susceptible to exposure through inhaling or ingesting lead paint chips or dust. Young children should be tested regularly to detect lead poisoning.⁸⁵ In Indiana, children are tested for lead poisoning if they are younger than 7 years old and present with defined risk factors, including living in a house built before 1978, being a minority, or having a family member who works around lead.⁸⁶

Lead Poisoning Risk Factors:

- lives in or regularly visits a house or other structure built before 1978;
- has a sibling or playmate who has been lead poisoned;
- has frequent contact with an adult who works in an industry or has a hobby that uses lead;
- is an immigrant or refugee or has recently lived abroad;
- is a member of a minority group;
- is a Hoosier Healthwise (Medicaid) recipient;
- uses medicines or cosmetics containing lead; or
- lives in a geographic area that increases the child's probability of exposure to lead.⁸⁷

In 2010 in Indiana, 293 children ages 0 – 5 had confirmed elevated levels of lead in their blood. Overall, the number of children under seven years old who were tested for lead increased over time, since the creation of the Childhood Lead Poisoning Prevention program in the early 1990s. However, there is still a need in the state to ensure that all children who meet one or more risk factors are tested for elevated levels of lead. While more children have been tested, the number of confirmed lead poisoned, however, has decreased. From 2000 to 2009, 469,322 Hoosier children ages 0 - 7 have been tested for elevated blood levels. Of those tested, 5,313 children tested positive.⁸⁸

Figure 17: Hoosier Children Ages 0 - 5 with Elevated Blood Levels of Lead, Indiana: 2005 - 2010



Source: *The State of the Young Hoosier Child* (May 2011)
Original Data From: Indiana State Department of Health,
Lead and Healthy Homes Program



Social and Emotional Development

Developing skills such as cooperation and playing with other children are just a few examples of social-emotional skills that are important for children to develop in the early years. Parents, as well as others around them, are the most important factors in whether children develop healthy social-emotional skills. Often, Kindergarten teachers rate social and emotional skills as an important precursor to school readiness.⁸⁹ The social and emotional needs and development of young children can impact them throughout the life course.⁹⁰ Children in the welfare system have great needs but may be less likely to receive services in the social emotional area.⁹¹ Children react to exposure to violence in many ways and many show resilience, but many still may experience physical, mental, and emotional harm from these experiences.⁹²

Maternal Depression

Maternal depression is a significant risk factor affecting the well-being and school readiness of young children. However, maternal depression can also be compounded by other environmental factors such as poverty, with research showing low-income mothers experiencing higher levels of depression.⁹³ Maternal depression can

impact children's development of social-emotional skills through impairment of the mother's ability to complete tasks that are vital to young children, such as bonding and attachment.⁹⁴ Other studies show similar findings, with maternal depression increasing the risk to a child's social development, in particular their social interactions and exhibiting of problem behaviors.⁹⁵

Estimates show that roughly one out of every ten women is depressed during any trimester of her pregnancy or any month within the first year after delivery.⁹⁶ State-level data on maternal depression are not available, but using a nationally representative sample, the Center for Disease Control and Prevention (CDC) gauged prevalence rates of depression among women postpartum. Certain groups of women were more likely to report severe depression: women with less than 12 years of education, those who were Medicaid recipients, and those who delivered low-birthweight babies. Also, women who experience physical abuse during pregnancy and those who reported emotional, partner-related, financial, or traumatic stress were more likely to report being severely depressed compared to women who did not report these abuses and stresses.⁹⁷

Table 10: Prevalence of Three Levels of Self-Reported Postpartum Depression Among Pregnancy Risk Assessment Monitoring System (PRAMS) Participants by Age, Race, and Ethnicity, Seven State Sample: 2000

Selected Demographic Characteristics and Risk Factors, 2000			
	None	Low to Moderate	Severe
Overall	41.3%	51.6%	7.1%
Age	None	Low to Moderate	Severe
<20	34.0%	57.1%	8.9%
20-24	37.5%	52.4%	10.0%
25-34	43.2%	51.0%	5.8%
35+	47.0%	47.6%	5.3%
Race	None	Low to Moderate	Severe
White	41.1%	52.3%	6.6%
Black	42.2%	48.3%	9.5%
Other	39.2%	52.1%	8.7%
Hispanic Ethnicity	44.9%	46.7%	8.4%

Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: Centers for Disease Control and Prevention

Abuse and Neglect

Abused and neglected children are more likely than their peers to struggle physically, emotionally, socially, cognitively, and behaviorally.⁹⁸

While research and statistics

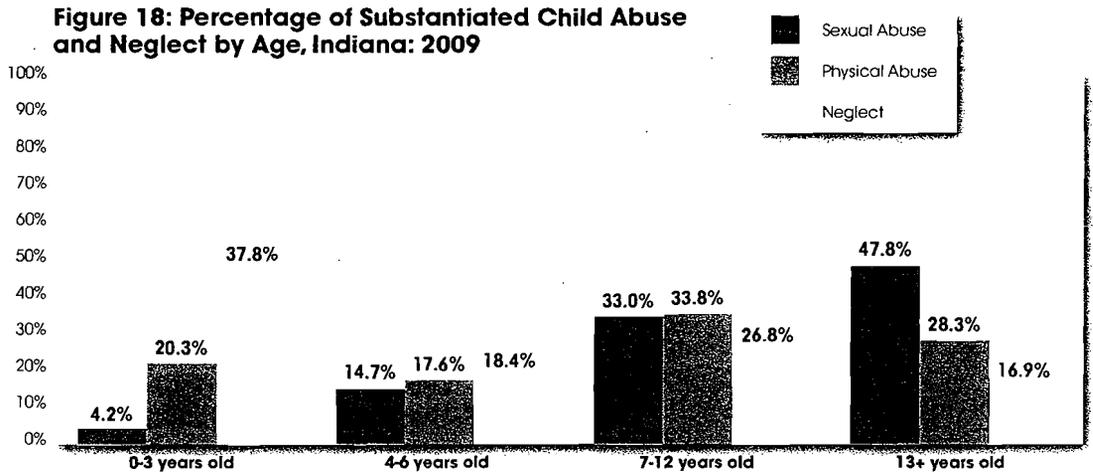
have shown that younger children make up a larger proportion of abuse and neglect victims than older children, due to their developing bodies and sense of self, they may be able to recover more easily from maltreatment, thus highlighting the importance of early support and intervention.⁹⁹ Prevention efforts can be key in this area of children's well-being.¹⁰⁰

When looking at the statistics, there are two main categories of child maltreatment: abuse and neglect. Further distinctions within the category of abuse are sexual abuse and physical abuse. The Indiana Department of Child Services (DCS) will assess allegations of abuse or neglect if those allegations are deemed legally sufficient as set forth in state statute. The allegations are substantiated if, based on the evidence, the allegations are true. When referencing Indiana's data it is important to note that a child is counted in only one category per investigation using the Federal hierarchy of sexual abuse, physical abuse, then neglect.

In Indiana, females of all age groups are more likely to experience sexual abuse compared to males. Younger male children are more likely to experience physical abuse, as well as be neglected (female children ages 13+ are more likely in both categories). The youngest children (ages 0 - 3) are more likely to be neglected than any other age group, making up over a third (37.8%) of substantiated neglect cases in Indiana during SFY 2009. National trends reflect those seen in Indiana - a third (33.4%) of maltreatment victims are under the age of four.¹⁰¹

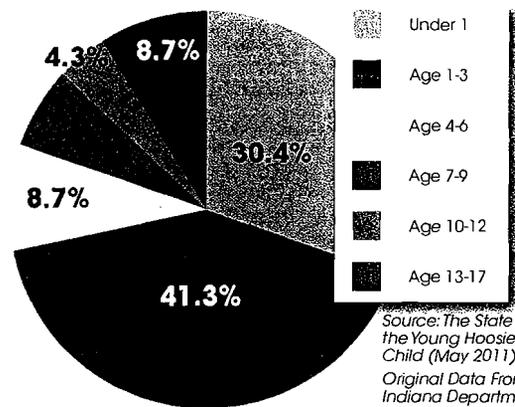
Death rates from abuse and neglect vary by age, with younger children having higher fatality numbers. In Indiana, children under the age of four comprised a majority (71.7%) of all fatalities; of these deaths, 30.4% were infants under age one. National numbers display a similar pattern, with children under the age of four accounting for 80.8% of all fatalities. Of these deaths in FFY 2008, 46.2% were infants under age one.¹⁰²

Figure 18: Percentage of Substantiated Child Abuse and Neglect by Age, Indiana: 2009



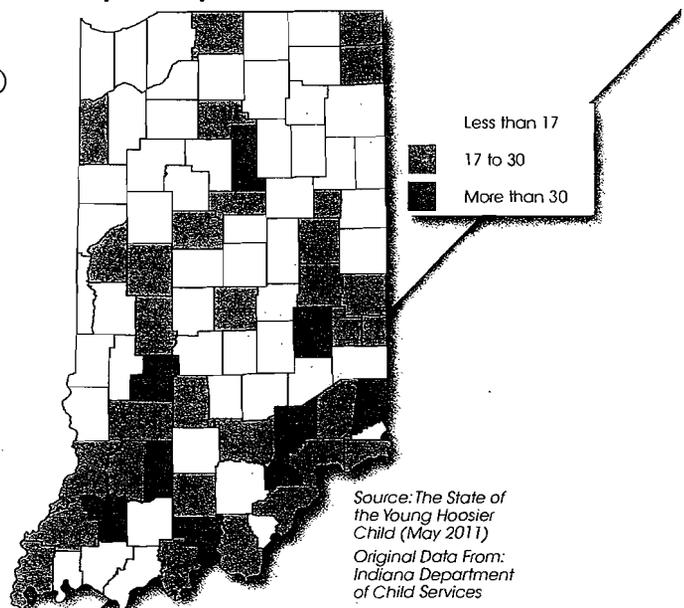
Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana Department of Child Services

Figure 19: Percentage of Abuse and Neglect Deaths by Age Group, Indiana: 2008



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana Department of Child Services

Figure 20: Child Abuse and Neglect Rate per 1,000 Children by County, Indiana: 2009



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana Department of Child Services

Referral to Early Intervention

Research continues to show the benefits of early identification and treatment for children's health outcomes.¹⁰³

The Department of Child Services tracks young children who had been reported as victims for the following maltreatment types: Drug Exposed Infant, Fetal Alcohol Syndrome and Illegal Manufacturing of Drug or Controlled Substance Where Child Resides. Of the assessments of maltreatment between October 2010 and April 2011, 342 contained one of these three allegations. Results showed no assessments of Fetal Alcohol Syndrome for children three years old and younger. Fetal Alcohol Syndrome may not be recognized until the child is school age. Typically, the Drug Exposed Infant allegation type is only used on newborn babies when their newborn screenings test positive for drugs, but the data show that there are a few examples of older youth who also have this allegation.¹⁰⁴

Table 11: Number of Young Children by Particular Maltreatment Type, Indiana: 2009

Maltreatment Type	0-3 Months	4-6 Months	7-9 Months	10-12 Months	13-18 Months	19-24 Months	25-30 Months	31-36 Months
Drug Exposed Infant	283	0	0	0	1	1	0	0
Fetal Alcohol Syndrome	0	0	0	0	0	0	0	0
Illegal Manufacturing of Drug or Controlled Substance Where Child Resides	5	7	6	8	10	8	12	1

Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: Indiana Department of Child Services

Table 12: Pre-Kindergarten Expulsion Rates by Child Age, Gender, Race, and Ethnicity, U.S.: 2005

Age	Expulsions per 1,000 children in that category
2 years old	3.75
3 years old	3.96
4 years old	5.85
5-6 years old	11.57
Gender	
Female	2.26
Male	10.46
Race/Ethnicity	
Asian American	1.82
Latino	4.42
White (Non-Latino)	5.77
Other	6.81
African American	10.04

Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: Gilliam, W. (2005)

Expelled from Early Childhood Setting

Often, children may express themselves through emotional or behavioral ways, which in turn can get them expelled from their early childhood settings.

Contrary to popular belief, young children can and do experience significant mental health issues, which can have consequences on their early learning, social interactions and lifelong health.¹⁰⁵ Research has shown that early onset of emotional and behavior problems in young children are often related to health and behavior problems throughout the life course.¹⁰⁶

While state expulsion rate data are not available, national estimates are. In a nationally representative study, results showed distinct patterns in terms of expulsion from preschool. One out of every ten Pre-kindergarten teachers (10.4%) reported expelling one preschooler in the past year, and two out of ten (19.9%) report expelling more than one. This issue is important because nationally, 6.67 preschoolers were expelled per 1,000 enrolled – 3.2 times higher than the rate for K-12 students. Expulsion rates were lowest in classrooms in public schools and Head Start and highest in faith-affiliated centers and for-profit child care. The likelihood of expulsion decreases significantly with access to classroom-based mental health consultation.¹⁰⁷

Out of Home Placement

Judges ordering placement of children who cannot safely stay in their homes have multiple placement alternatives. Kinship care includes placement with a relative or with a non-relative who has a bond with the family. Children may also be placed in a licensed foster home, a group home or child-caring institution, or other court-approved facility. Approved caregivers can choose to become licensed in order to receive funding through the state. There are three types of licensed resource homes available: standard foster care homes, special needs foster care homes, and therapeutic foster care homes which care for seriously emotionally disturbed or developmentally disabled children. Children may be placed in non-licensed homes if court approved. When possible, a child is placed in close proximity to the child's family, particularly when reunification with the family is the case-plan goal. The aim is to provide substitute family life in a safe, stable, and nurturing environment. The state strives to place children in the least restrictive, most family-like setting that meets the child's needs.¹⁰⁸

Out of home placement can impact young children's attachment and bonding. Young children need continuity in their relationships, which should be factored into foster care or placement

decisions.¹⁰⁹ Recent research has shown that children placed in kinship care experience fewer placements and are more likely to achieve permanency through guardianship.¹¹⁰ In Indiana, one out of every five Children in Need of Services (CHINS) age 18 and younger is placed in a relative home.¹¹¹

Table 13: Total CHINS Under 18 and Percentage Assigned to Each Type of Placement, Indiana: 2005-2009

Placement Type	2005	2006	2007	2008	2009
Total CHINS	12,243	13,241	13,158	14,355	14,931
Own Home	22.7%	23.9%	24.4%	28.1%	29.8%
Relative Home	15.0%	13.8%	15.2%	17.8%	21.3%
Foster Home	44.2%	45.2%	44.2%	40.3%	37.0%
Residential Care	12.7%	12.3%	11.9%	10.5%	9.7%
Other	5.5%	4.7%	4.2%	3.2%	2.3%

Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: Indiana Department of Child Services



School Readiness

Early Care and Education

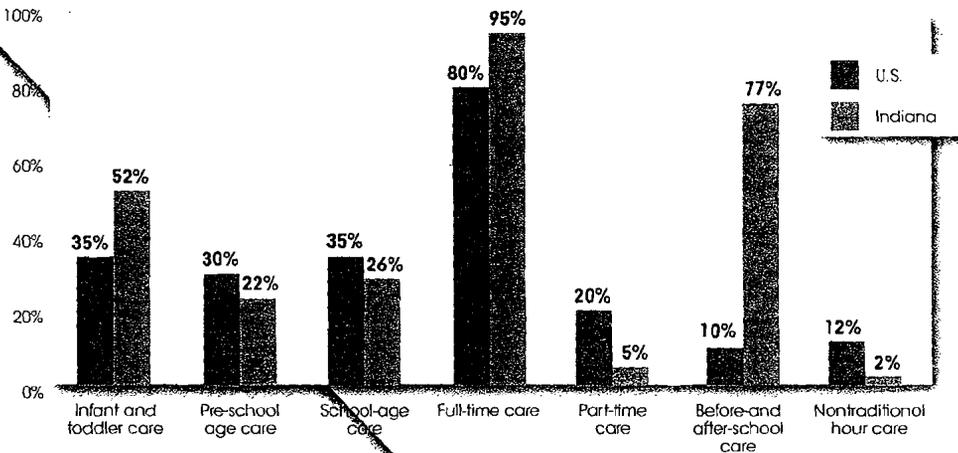
Early childhood education has been noted for the benefits it brings to all children, as well as society at large.¹¹² Children who receive high-quality early education earn more, pay more taxes, and commit fewer crimes. The benefits of investing in early childhood also have a ripple effect on the economy – through purchasing of goods as well as employed parents. Early education, much like highways, is part of an infrastructure that supports businesses and citizens.¹¹³ The results of a recent study show that early education has positive impacts on children later in their life such as higher educational attainment, as well as better health and positive health behaviors,¹¹⁴ echoing previous research. School readiness incorporates many aspects, from child care to early programming to parents and socio-economic factors. Higher levels of parental education were tied to higher levels of school readiness, and poverty was correlated with lower levels of school readiness.¹¹⁵ A state level analysis of implementing universal, high-quality pre-k programs showed the effect on Indiana would be beneficial. For every \$1 invested, there would be a \$7 return on this type of program in the state in increased wages and crime reduction.¹¹⁶ This section tracks young Hoosier children in terms of the programs they attend and care they receive.

Child Care

There are four types of state-regulated child care providers: licensed child care centers, licensed child care homes, unlicensed registered child care ministries, and legally licensed exempt providers who are taking CCDF vouchers and meeting minimum provider eligibility standards. Unlicensed Registered Ministries are required to register with the state and must meet minimal health and safety standards.

Registered Ministries can also participate in a voluntary certification program through which they can become eligible to join the Paths to Quality program at Level One.¹¹⁷ As of June 2010 in Indiana, licensed centers had the capacity to serve 63,763 children, licensed homes had a capacity of 37,999 spaces, and registered ministries had a capacity of 48,181.¹¹⁸

Figure 21: Percentage of Child Care Requests by Groups, U.S. vs. Indiana: 2010



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: *Indiana Association for Child Care and Resource Referral*

The Indiana Association for Child Care Resource and Referral (IACCRR) provides research and statistics on child care in the state. The 2010 fact sheet shows that a majority (95%) of child care requests in Indiana are for full time care, and just over half (52%) are for infant or toddler care.¹¹⁹

Table 14: Average Annual Fees for Full-Time Child Care by Provider Type, Indiana: 2007 - 2009

	Child Care Center			Family Child Care		
	Infant	4-year-old	School-age	Infant	4-year-old	School-age
2009	\$9,927	\$7,245	\$6,940	\$5,671	\$4,998	\$4,598
2008	\$9,590	\$6,990	\$6,341	\$5,627	\$4,938	\$4,559
2007	\$9,005	\$7,001	\$6,108	\$5,304	\$4,690	\$4,368

Source: The State of the Young Hoosier Child (May 2011)
Original Data From: National Association of Child Care Resource and Referral Agencies

In 2009, cost of child care for an infant in an Indiana center was over one-third (42.1%) of the state median income for a single mother and 13.4% of the state median income for a two-parent family. For care of a 4-year-old, cost of child care in an Indiana center is 30.7% of the state median income for a single mother, and 9.8% of the state median income for a two-parent family.¹²⁰

Child Care Vouchers

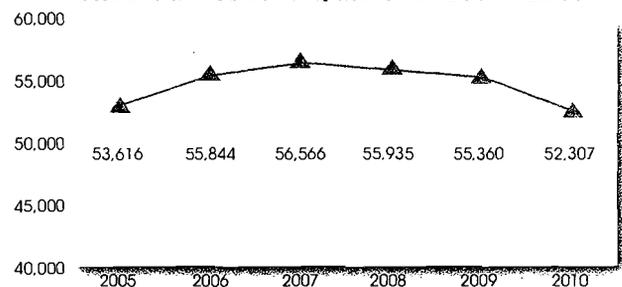
Families who meet poverty guidelines (127% FPL) and are either working or going to school are eligible for subsidized child care through Indiana's Child Care Development Fund (CCDF) voucher program. All licensed child care providers as well as legally licensed exempt homes and centers meeting the minimum provider eligibility are considered eligible to receive reimbursement through the program. Family and Social Services Administration (FSSA) increased the eligibility levels of families served from those whose income was up to 140% of the federal poverty level to those with an income of up to 170% of the poverty level. Families get onto the program at or below 127% of the FPL, but can stay on the program to 170% FPL. For those above the poverty line, a sliding scale co-payment applies.

The number of children receiving child care vouchers has decreased since 2007, and the number of children on the waiting list for vouchers has increased during the same period of time. The program has had an increasing number of families remaining in the program for longer periods of time, which means that fewer unique families are served during the year. Therefore, these families that are participating are seeing more stability in their child care experience by being able to remain in the program for a longer period of time.¹²¹

Child Care Quality

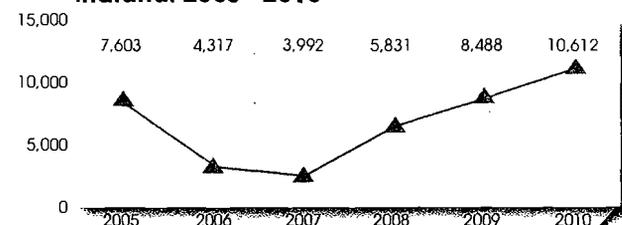
The quality of child care children receive can influence their future in the form of better academic outcomes later in life.¹²² Indiana is one of many states that have implemented a voluntary quality rating and improvement system designed to help parents find high-quality care for their children.¹²³ In Indiana this system is entitled "Paths to QUALITY™ (PTQ)." Substantial and valid evidence supports PTQ's tiered

Figure 22: Number of Children Receiving Child Care Vouchers, Indiana: 2005 - 2010



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana Family and Social Services Administration, Bureau of Child Care

Figure 23: Monthly Average Number of Children On Waitlist for Child Care Vouchers, Indiana: 2005 - 2010



Source: The State of the Young Hoosier Child (May 2011)
Original Data From: Indiana Family and Social Services Administration, Bureau of Child Care

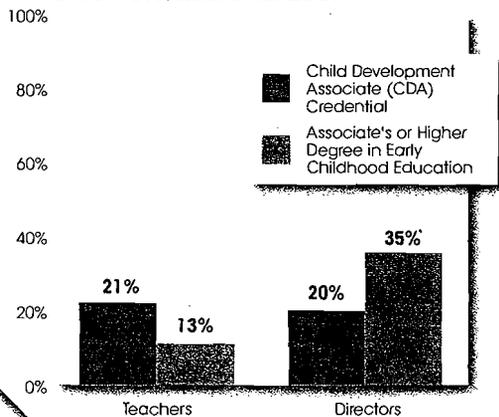
approach,¹²⁴ and enrollment in PTQ is an ongoing process. Statewide implementation of the program began in 2008 and enrollment of licensed homes, licensed centers and registered ministries has continued to increase, as has the capacity to serve children in high-quality programs. In SFY 2008, there were 1,436 providers enrolled in PTQ, with a total capacity to serve 58,986 children. By SFY 2010, there were 1,867 providers enrolled with a capacity of 69,264. As of April 2011, 2001 providers are enrolled in PTQ with the capacity to serve 73,887 children.¹²⁵

Figure 24: PTQ Enrollment by Provider Type, Indiana: April 2011

Provider Type	Level 1 Environment meets minimum requirements		Level 2 Environment supports children's learning		Level 3 Environment meets all requirements for the highest level of quality		Level 4 National accreditation (the highest indicator of quality) is achieved	
	Count	Capacity	Count	Capacity	Count	Capacity	Count	Capacity
Centers	163	17,336	103	10,405	113	11,947	107	12,034
Homes	1,161	14,781	116	1,462	138	1,826	80	1,085
Ministries	16	1,814	7	505	7	692	-	-

Source: *The State of the Young Hoosier Child* (May 2011)
Original Data From: Indiana Family and Social Services Administration, Bureau of Child Care

Figure 25: Educational Attainment of Child Care Teachers and Directors, Indiana: 2007



Source: *The State of the Young Hoosier Child* (May 2011)
Original Data From: Indiana Association for the Education of Young Children, Inc.

Child Care Workforce Development

In a review of early child care experiences, well-trained staff and smaller ratios of children to teachers have been found to have better outcomes for children.¹²⁶ The Indiana Association for the Education of Young Children conducts surveys of child care workers in Indiana. Most teachers responding to the survey noted that they work with children birth to five years of age. A majority of respondents were female (98%) as well as a majority having children of their own (64% of teachers and 81% of directors). In terms of their educational attainment, an increase was noted between the two survey years of 2005 and 2007, especially among directors. In addition, in the 2007 report, of survey respondents who were not taking courses, 41% of teachers and 20% of the directors said they were interested in attending college to earn a degree. In the most recent report, average wages were \$8.25 for teachers and \$13.80 per hour for director.¹²⁷

Early Head Start and Head Start

To be eligible to receive Early Head Start (EHS) and Head Start (HS), a family's income must be at or below the federal poverty line. Children from families receiving public assistance (such as Temporary Assistance for Needy Families or Social Security Income) are also eligible for EHS and HS services. Foster care children are also eligible for services regardless of their foster family's income.¹²⁸ Early Head Start is a federally funded community-based program for low-income pregnant women

and children ages 0 - 3. The program promotes healthy prenatal outcomes, and enhances the development and health of very young children and their families.¹²⁹ Head Start serves children ages 3-5, and focuses on comprehensive child development services, parental involvement, and partnering with the community to provide services.¹³⁰ In a survey of families enrolled in Head Start in Indiana, the three top benefits of the program were noted as socialization, school readiness skills, and access to health services.¹³¹ During SFY 2010 in Indiana, there were 1,945 funded enrollment slots available for Early Head Start, 13,620 funded enrollment slots for Head Start, and 401 enrollment slots for the Migrant Seasonal Head Start.¹³²

Table 15: Total Number of Funded Enrollment Slots for Early Head Start and Head Start, Indiana: 2008 - 2010

	2008	2009	2010
Early Head Start	1,050	908	1,945
Head Start	13,561	13,690	14,021 *

*Includes Migrant Head Start program
 Source: The State of the Young Hoosier Child (May 2011)
 Original Data From: Indiana Family and Social Services Administration, Office of Early Head Start and Head Start

Support for Children with Special Needs

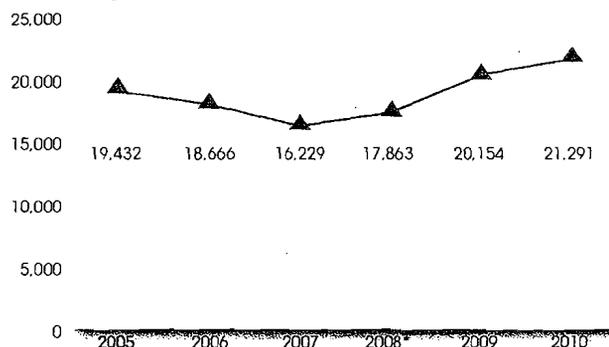
Some children have special needs, such as physical disabilities or mental disabilities. Due to these impairments, they may need special support through the education system to ensure their academic and overall success. The Individuals with Disabilities Education Act (IDEA) is a law that ensures services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.¹³³

First Steps

Children with limitations may have special health care and educational needs. The First Steps program provides physical, speech, and developmental therapies and services for those children ages 0 - 3 who are experiencing developmental delays or disabilities.¹³⁴ Infants and toddlers with disabilities and their families receive early intervention services under IDEA Part C through First Steps.¹³⁵ Services are free for families whose income is at 250% or less of the federal poverty guidelines; fees are charged on a sliding scale for families with higher incomes.¹³⁶

During SFY 2010, there were 21,291 children with an Individualized Family Service Plan (IFSP) served through First Steps, with the average referral age of 13 months old. Three-quarters (73%) of Hoosier children served by First Steps are White, followed by Black (11%) and Hispanic (10%) children. Children of two or more races account for 5% of children served by First Steps, and Asian children made up 1% of those served.¹³⁷ In SFY 2010, the average paid on behalf of each child was \$2,046. The top five services received through First Steps in Indiana during SFY 2010 were: Developmental Therapy (70%), Speech Therapy (58%), Occupational Therapy (46%), Physical Therapy (46%), and Audiology (12%).¹³⁸

Figure 26: Annual Count of Children with IFSP, Indiana: 2005 - 2010



*2008 and before were labeled as Total # of Children Served; from 2009 onward now reported as Annual Count of Children with IFSP
 Source: The State of the Young Hoosier Child (May 2011)
 Original Data From: Indiana Family and Social Services Administration, First Steps

Preschool Special Education

Preschool programs have been found to boost school readiness by strengthening academic skills including reading and math.¹³⁹ Special education is instruction specifically designed to meet the educational and developmental needs of children with disabilities, or those who are experiencing developmental delays. Services for preschool children (those ages 3 - 5) with disabilities are provided through the public school system free of charge.¹⁴⁰ Children and youth (ages 3 - 21) receive special education and related services under IDEA Part B.¹⁴¹

Table 16: Number of Children Enrolled in Early Education by Type of Program, Indiana: 2009 -2010

	2009	2010
Pre-School (General Education Students, <3 years old)	200	346
Pre-School Count (Special Education Only)	12,913	13,300
Pre-Kindergarten (General Education + Special Education, 3-5 years old)	14,189	15,661

Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: Indiana Department of Education, *Differentiated Learning*

The top three most common disabilities for receiving IDEA services during School Year 2009 in Indiana were: speech or language impairment (61.3%), developmental delay (20.7%), and Autism (5.5%). During School Year 2009, a higher percentage of the children ages 3-5 are served

by IDEA in Indiana (7.2%), compared to the nation (at 5.7%). This trend has held steady since School Year 2005.¹⁴²

The total number of children in preschool who receive services for special education and have an Individual Education Plan increased from 2009, when 12,913 students were receiving services to 13,300 in 2010. These totals come from a one-day student count that occurs each December. Indiana also tracks the education settings for preschoolers ages 3 - 5. Kindergarten students who are less than six years old in Indiana are also included in these early childhood setting counts due to coding, so the total number is greater than the preschool counts.¹⁴³

Table 17: Educational Setting for Children in Pre-School, Indiana: 2010

	Number	% by Setting
Regular Early Childhood Program at least 10 hrs/wk with majority of hours of special education and related services in the Regular Early Childhood Program	6,338	33.08%
Regular Early Childhood Program at least 10 hrs/wk with majority of hours of special education and related services in some other location	2,184	11.40%
Regular Early Childhood Program less than 10 hrs/wk with majority of hours of special education and related services in the Regular Early Childhood Program	869	4.54%
Regular Early Childhood Program less than 10 hrs/wk with majority of hours of special education and related services in some other location	761	3.97%
Special education program (not in ANY regular early childhood program) that is a separate class	6,122	31.95%
Special education program (not in ANY regular early childhood program) that is a separate school	304	1.59%
Special education program (not in ANY regular early childhood program) that is a residential facility	10	0.05%
NEITHER a Regular Early Childhood Program NOR a special education program with majority of hours of special education and related services at the service provider location	2,507	13.08%
NEITHER a Regular Early Childhood Program NOR a special education program with the majority of hours of special education and related services at home	67	0.35%
Total	19,162	100%

Source: *The State of the Young Hoosier Child (May 2011)*
Source: Indiana Department of Education, *Differentiated Learning*

Family Environment and Support

Parents and families have a significant impact on a young child's outcomes. Parents influence a child's readiness for school.¹⁴⁴ Parents also have an impact on a child's outcomes in a variety of well-being areas, such as health, school attendance, maltreatment, and employment. Parents and families have the ability to act as a buffer against adversity, such as poverty, or a mediator of damage, as in child abuse cases.¹⁴⁵ Families take many diverse forms and the realities that these families face are important in gauging the well-being of their children.¹⁴⁶ The combination of risk factors among family characteristics can also impact a child's outcomes. Research shows that two-thirds (67%) of Hoosier children have multiple risk factors, while roughly one out of every four Hoosier children have three or more risk factors, such as single parent family, living in poverty, linguistically isolated, and parents with less than high school education.¹⁴⁷ All of these various factors will be explored in this section.

Living Arrangements

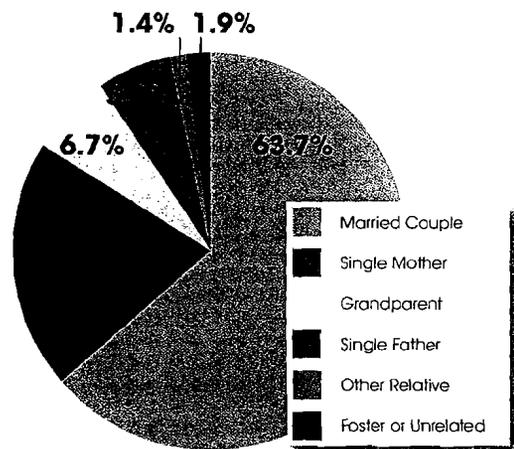
Hoosier children's living arrangements are also diverse. A majority (63.7%) of children under 18 live in two-parent, married households. Almost one in five children in Indiana under 18 live in a single mother household and 6.7% live in a grandparent-headed household.¹⁴⁸

Families where English is the Second Language

Families who speak English as a second language are a diverse group. Some children in these families have had little or no exposure to English when being placed in child care or school, while others will have experience with the language through siblings or previous experiences at home. Young children learning English as a second language may still be acquiring their first language while learning English as a second. Families provide a child's first exposure to language.¹⁴⁹ In Indiana, 7.6% of Hoosiers speak a language other than English at home, with 4.2% speaking Spanish or Spanish Creole, 2.3% speaking other Indo-European languages, 0.8% speaking Asian or Pacific Island Languages, and the remaining 0.2% speaking other languages.¹⁵⁰

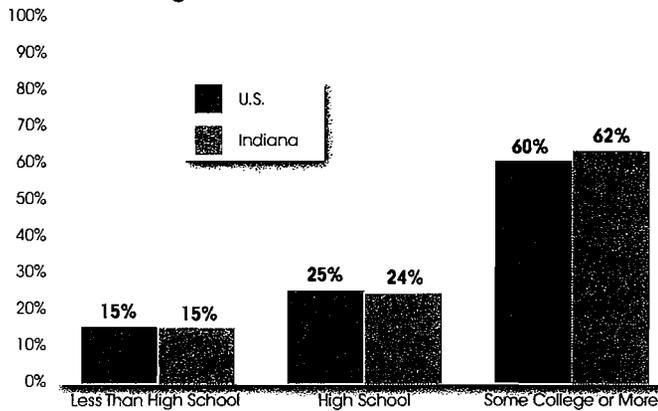
Research shows that ESL families are more likely to be of lower socio-economic class, more often due to low wages rather than unemployment. These difficulties can be compounded by living in poor communities as well as trouble accessing social services due to linguistic or cultural barriers.¹⁵¹ Programs such as Head Start have identified the importance of providing culturally responsive services to children and families of diverse backgrounds and have implemented various strategies, from establishing multicultural understanding to translating materials into other languages.¹⁵²

Figure 27: Children's Living Arrangements, Indiana: 2009



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: U.S. Census Bureau, American Community Survey

Figure 28: Education Levels of Mothers with Young Children, U.S. vs. Indiana: 2009



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: National Center for Children on Poverty

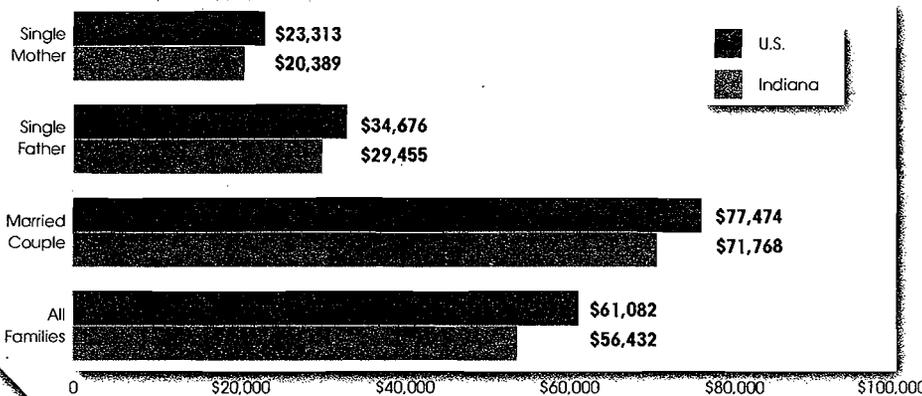
Parental Education, Employment, and Family Income

According to a recent report by the National Center for Children in Poverty (NCCP), mothers of children under 6 in Indiana have similar education rates compared to the nation.¹⁵³ Parental education matters - higher levels of educational attainment on the parents' part have a positive impact on a child's school readiness and educational outcomes.¹⁵⁴ In addition, statistics show a correlation between obtaining more education and higher incomes,¹⁵⁵ which gives children living in those families greater access to financial and material resources.

When looking at parents of children in the 0 - 5 population specifically, nearly two-thirds (65%) of Indiana's children ages 0 - 5 have all available parents in the labor force. However, estimates show that one in ten (9%) Hoosier children under age six have no parent in the labor force, reflecting national trends.¹⁵⁶ Even for those families who work, half (49%) of Indiana's children 0 - 5 live in families that are considered low-income, which are those families living at 200% of the Federal Poverty Level or less (which would equal \$44,100 per year for a family of four¹⁵⁷). Almost half of these low-income children (44%) in

Indiana have a parent who works full-time, similar to the nation (43%).¹⁵⁸

Figure 29: Median Family Income by Family Type with Children Under 18, U.S. vs. Indiana: 2009



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: U.S. Census Bureau, American Community Survey

Stable parental employment is important because higher, consistent income is associated with positive outcomes for children such as better academic outcomes and access to health insurance.¹⁵⁹ The American Community Survey which provides information regarding income for families focuses on three types of families: married

couple, single mother and single father. Data show that married couples have higher incomes among families with children under 18. All Hoosier family types have lower median family incomes compared to the United States.¹⁶⁰

Poverty

Compared with their wealthier peers, children who live in poverty are more likely to have low educational attainment and achievement, and an increased likelihood of leaving high school without a diploma.

They are also more at risk for health, behavioral, and emotional problems. These issues are especially prevalent for children who have experienced poverty in early childhood.¹⁶¹ Indiana's youngest children are more

Table 18: Percentage of Children in Poverty by Poverty Type, Indiana: 2007 - 2009

Year	Extreme Poverty Rate of Children Under Age Six (at or below 50% of FPL)	Poverty Rate of Children Under Age Six (at or below 100% FPL)	Low Income Rate of Children Under Age Six (at or below 200% of FPL)
2007	10.5%	20.4%	42.9%
2008	11.0%	22.3%	46.4%
2009	11.6%	24.5%	50.1%

likely to reside in poverty compared to other groups. One in four (24.9%) Hoosier children under age five live in a family who resides in poverty, similar to the national rate (23.2%). This is compared to 20.0% for all children under 18 in Indiana and 14.4% of all Hoosiers.¹⁶²

Source: *The State of the Young Hoosier Child* (May 2011)
Original Data: CLASP Data Tool

A greater number of children under age six reside in families that are considered low-income, or those living at or below 200% of the Federal Poverty Level. Half of Indiana's 0 - 5 population reside in low-income families. Furthermore, more than one in ten Hoosier children under age six were considered to reside in extreme poverty. This level of poverty is determined to be 50% of the Federal Poverty Level.¹⁶³ So, for instance, a single parent and a child under age six would have to be living on less than \$7,394 a year.

Housing

Estimates show that nearly one-third (31%) of the costs of raising a child are housing-related.¹⁶⁴ Housing is a critical issue faced by families in poverty, with children residing in low-income families being more likely to experience housing instability and homelessness.¹⁶⁵ Housing instability has been shown to have many of the same detrimental effects on social and educational outcomes as poverty itself.

In a nationally representative study, it was found that over half (57%) of children who had moved by age five moved more than three times in that time period. One in ten children had moved four times or more, with the remaining third (32%) of children in the study never having moved in the first five years of their life.¹⁶⁶ While these estimates do not mean the families were necessarily homeless, it indicates a certain amount of housing instability.

According to estimates collected through the McKinney-Vento Act, 42.0% of homeless children in Indiana are under six years of age (5,465 children).¹⁶⁷ However, some caution should be used in interpreting homelessness numbers as older children are less likely to report their homelessness to their school. A majority of homeless children say they doubled up with another family for shelter.¹⁶⁸

Figure 30: Percentage of Children under Age 18 Living in Poverty by County, Indiana: 2009

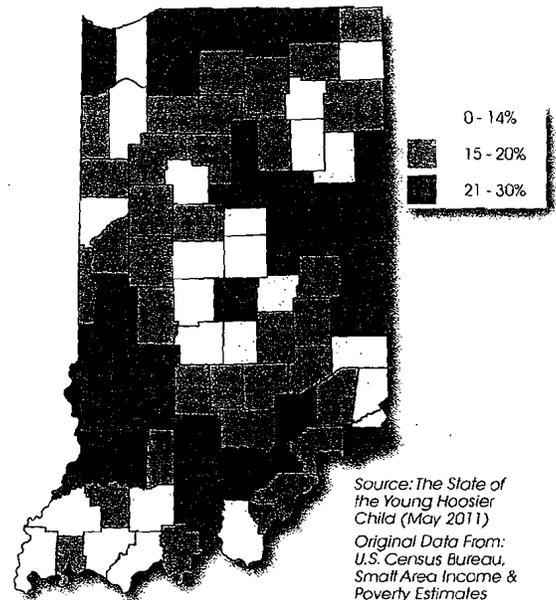


Figure 31: Nighttime Residence of Homeless Children, U.S.: 2007

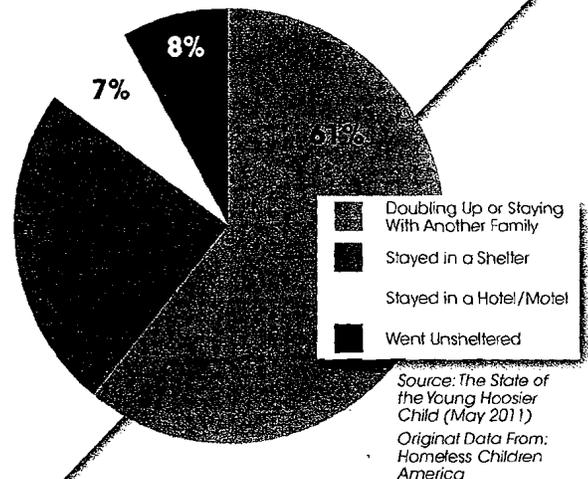
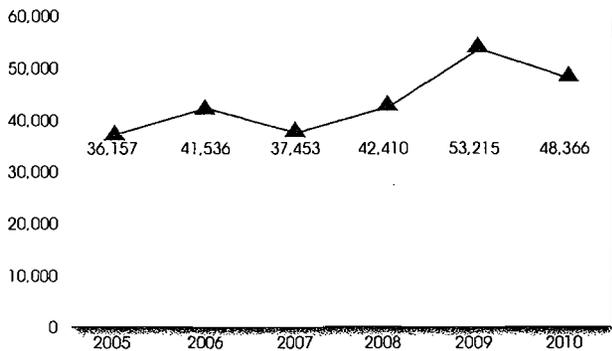


Figure 32: Number of Families with Children under 6 that Received Utility Assistance from the Indiana Energy Assistance Program, Indiana: 2005 - 2010

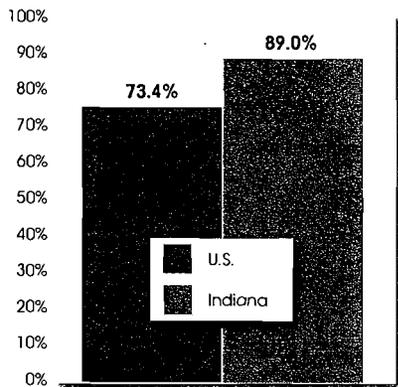


Source: *The State of the Young Hoosier Child* (May 2011)
Original Data From: Indiana Housing and Community Development Authority

Heating Assistance

To qualify for energy assistance, a household's annual income cannot exceed 150% of the poverty guidelines. The Energy Assistance Program provides financial assistance to low-income households to maintain utility services during the winter heating season. The program is implemented through the Community Action Agencies with outreach offices in every county. These agencies provide intake, application processing, and utility vendor payments.¹⁶⁹ From 2005 to 2010, there has been an overall increase in the number of families with children under six receiving utility assistance, with a peak of 53,215 families in 2009.¹⁷⁰

Figure 33: First Time Maltreatment Victims Children Under 18, U.S. vs. Indiana: 2009



Source: *The State of the Young Hoosier Child* (May 2011)
Original Data From: U.S. Department of Health and Human Services, Administration on Children, Youth, and Families

Families previously involved with Child Protection Services (CPS)

Some children who are maltreated have been previously involved with the Department of Child Services (DCS). While a majority of maltreatment victims nationally and in Indiana are considered first time victims (73.4% nationally and 89.0% in Indiana¹⁷¹), there is still a percentage of children who have previously been involved with CPS. While research on these families is scarce, other studies on child maltreatment have acknowledged risk factors among families where abuse is present. Research has identified four common co-occurring parental risk factors for abuse: substance abuse, mental illness, domestic violence, and child conduct problems. However, research has also found that parenting education programs may help mitigate these factors and lower abuse.¹⁷²

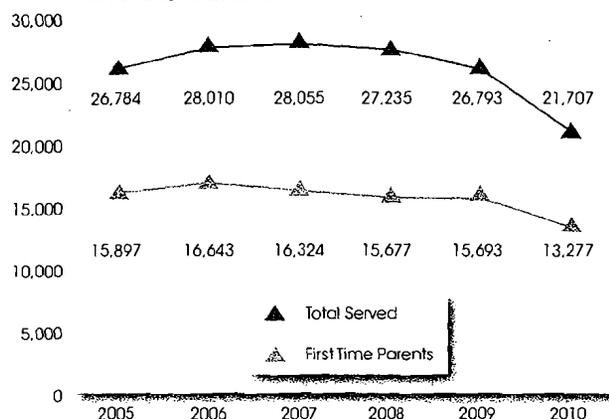
Prior involvement with CPS is reported at both the state and national level in cases of child fatality from abuse or neglect. In Indiana in 2008, 15 of 46 (32.6%) of abuse or neglect deaths occurred in a family with at least one prior CPS substantiated investigation, compared to 25.0% in SFY 2007.¹⁷³ Nationally in 2009, 11.9% of child fatalities were children in families who had received CPS family preservation services in the past five years. This indicator changed in 2009 making comparisons to previous years not recommended.¹⁷⁴

First Time Parents in Healthy Families Indiana

Healthy Families Indiana (HFI) seeks to strengthen families and reduce the incidences of child maltreatment and health problems through parent education and connecting families to related services. HFI works closely with hospital maternity wards, prenatal clinics, and other local agencies to identify families who could benefit from education and support services. The program provides voluntary home visiting services to families throughout Indiana.¹⁷⁵ Evaluation of the Healthy Families program shows that positive parenting practices are promoted, families who participate are healthier and use medical services more appropriately, and the program has been shown to enhance school readiness in the children who participate.¹⁷⁶ Research has found home visiting programs to be most effective for low-income, first-time, adolescent mothers.¹⁷⁷

Roughly three out of every five Healthy Families Indiana participants are first time parents. In 2010, 13,277 of the total 21,707 participants in Healthy Families were first time parents. Of those enrolled in Healthy Families in SFY 2010, 21.5% were parents under the age of 20; 80.3% of children were up to date on well child visits; 67.9% of families had at least one employed parent. Funding for HFI was \$34.4 million in 2010 compared to \$41.7 million in 2009.¹⁷⁸ In a recent analysis of the HFI program, it was found that families showed improvement over time in areas such as transportation, budgeting, support services, and social support. In addition, nearly all (96.3%) of children served by HFI have a medical home.¹⁷⁹

Figure 34: Number of Participants in Healthy Families, Indiana: 2005 - 2010



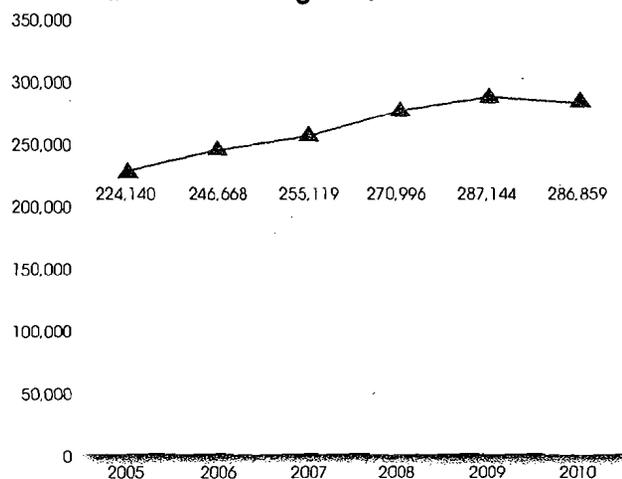
Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: Indiana Department of Child Services, Healthy Families Indiana

Women, Infants, and Children (WIC)

Women, Infants, and Children (WIC) is a program designed to improve access to nutritious foods and promote healthier eating habits and lifestyles for pregnant women, infants, and young children.

To be eligible, an applicant must be an Indiana resident, have a medically-based risk or a "nutrition risk" as determined by a health and dietary assessment, and be income eligible (less than or equal to 185% of federal poverty line).¹⁸⁰ Categories of WIC program recipients include: Pregnant Women, Breastfeeding Women (up to baby's first birthday), Non-Breastfeeding Postpartum Women (up to six months), Infants (up to their first birthday), and Children (up to their fifth birthday).¹⁸¹ Studies show that infants and children who receive WIC services are more likely to be breast-fed, less likely to be underweight at birth, less likely to be sick, and more likely to be intellectually prepared when they start school.¹⁸²

Figure 35: Total Number of Women, Infants, and Children Receiving WIC, Indiana: 2005 - 2010



Source: *The State of the Young Hoosier Child (May 2011)*
Original Data From: Indiana State Department of Health, WIC

During SFY 2010, 286,859 women, infants, and children participated in Indiana's WIC program. In 2010, the majority of recipients were children (39.7%), followed by infants (31.2%), pregnant women (16.9%), non-breastfeeding women (8.1%), and breastfeeding women (4.0%). These patterns hold true across years of data.¹⁸³ In 2007, more than half (55.2%) of pregnant women who had a live birth participated in WIC.¹⁸⁴

The average monthly benefit, in Federal FY 2010, per person in the WIC program in Indiana was \$35.96, compared to an average of \$41.45 per person nationally.¹⁸⁵ Preliminary results show that Indiana's WIC program had food costs of just over \$75 million during FFY 2010. This was down slightly from FFY 2009 when over \$76 million was spent on food costs.¹⁸⁶

Key Findings

Much like a house without a foundation, lack of investment in early childhood puts our society on shaky ground. Through life course research, we now know that the health and well-being of a child determines the health and well-being of that child as an adult which in turn affects his/her children and future generations to come. This “generational” effect on certain populations leads to a cyclic effect on health and well-being. There is no simple solution. Improvement in the outcomes of young children requires improvement in social, economic, environmental, and health care systems.¹⁸⁷ To accomplish these improvements, we must reorient our understanding of all factors that contribute to the health and well-being of our children and families. We must also understand, based on significant research, that investment in social, economic, environmental, and medical determinants of health will have a tremendous positive impact on the well-being of individuals, families, neighborhoods, communities, counties, and the state as a whole.¹⁸⁸

Overall, children 0 to 5 in Indiana fare worse than the nation in several areas: teen births, first trimester prenatal care, preterm births, breastfeeding rates, and infant mortality. Within a majority of these indicators, racial disparities are clear - with Black women and children being at greater risk for these complications or outcomes. For instance, when looking at a three year average (2005 - 2007) for Low Birthweight babies, 13.9% of Black babies are born at LBW in Indiana, compared to their White counterparts at 7.7% - almost double the rate.¹⁸⁹ These racial and ethnic contrasts are apparent across many of the health indicators presented in this report - putting these groups of children at greater risk for later adverse outcomes.

Indiana’s young children do fare better than the nation in some indicator categories, including: children served in a medical home, fewer uninsured children, good oral health, and fewer repeat maltreatment victims. Indiana has also seen improvement in areas of children diagnosed with elevated blood levels, nearly every baby receiving a newborn screening, and a strong child care rating system (PTQ). Below are the specific trends and highlights from each section in regards to young Hoosier children’s well-being.



Key Findings



Highlights of the SYHC - Outcomes for Indiana's Young Children:

Physical Health and Well-Being:

- Teen births in Indiana are on the rise after a long period of decline.
- First trimester prenatal care continues to decline in Indiana, with the lowest rates among younger mothers and Hispanic and Black mothers.
- Nearly one in five Hoosier mothers report smoking during pregnancy, with White mothers having the highest rate.
- Black women are more likely to give birth to a preterm, low birthweight or very low birthweight baby compared to other racial and ethnic groups in Indiana.
- Indiana mothers are less likely than their national counterparts to breastfeed, but Hispanic women have the highest initiation rate.
- Infant mortality rates continue to be higher in Indiana compared to the nation, with Black babies dying at the highest rate.
- Nearly every baby in Indiana receives a valid initial newborn screening, and over 100 babies per year are diagnosed with having permanent hearing loss.
- A greater percentage of Indiana children and Children with Special Health Care Needs receive medical home care, compared to the nation.
- Children in Indiana are immunized at a slightly lower, but similar rate to the nation.
- Fewer children are uninsured in Indiana than in the nation, and more than half of children age 0 - 5 in Indiana are on public insurance.
- Just under half of Hoosier children enrolled in public health insurance received at least one initial or periodic screen.
- Children ages 0 - 5 represent about a third of children enrolled in Children's Special Health Care Services Program in Indiana.
- A majority of children ages 1 - 5 in Indiana are considered by their parents to have teeth which are in very good or excellent condition, better than the national rate.
- More children are being tested for elevated blood lead levels in Indiana, but fewer are testing positive.



**Sunny
Start**
Healthy Bodies
Healthy Minds



Key Findings

Social and Emotional Development:

- Nationally, certain groups of women were more likely to report severe depression: women with less than 12 years of education, those who were Medicaid recipients, and those who delivered low birthweight babies.
- Children under age four account for over a third of neglect cases in Indiana, and infants under age one account for over a third of abuse/neglect deaths in the state.
- Male preschoolers and African American preschoolers have higher rates of expulsion compared to other groups nationally.
- In Indiana, just under half of Children in Need of Services (CHINS) are placed in out-of-home care, compared to home or relative care placements.

School Readiness:

- A majority of child care requests in Indiana are for full time care, and just over half are for infant or toddler care.
- More providers continue to be enrolled in Paths to Quality in Indiana, increasing the number of children who can be served in quality settings.
- A majority of early Hoosier child care workers are female and have children of their own.
- Early Head Start and Head Start continue to serve thousands of Hoosier children.
- Developmental therapy was the most common service receiving by Hoosier children in First Steps.
- A higher percentage of children are served by IDEA in preschool education in Indiana, compared to the nation.

Family Environment and Support:

- Over half of Indiana's children live in a married couple home; one in five live in a single mother home.
- Roughly one out of every 13 Hoosiers speaks a language other than English at home.
- Nearly two-thirds of Indiana's children ages 0 - 5 have all available parents in the labor force.
- One in four children 0 - 5 live in poverty in Indiana, and one in ten live in extreme poverty.
- Roughly two out of five reported homeless children are under age six in Indiana.
- Fewer children are repeat victims of maltreatment in Indiana compared to the nation.
- Roughly three out of every five Healthy Families Indiana participants are first time parents.
- Over two-thirds of Hoosier WIC participants are infants and children.



Future Recommendations

Despite the research, young children receive less per dollar investment than older children. In an analysis of investments in early childhood at the national level, it was found that for every dollar invested in a school-aged child (ages 6 - 18), only 25.3 cents is invested in a pre-school aged child (ages 3 - 5) and 6.4 cents in an infant or toddler (ages 0 - 2).¹⁹⁰ However, understanding the impact of these investments relies on valid and reliable data collection.

Indicators are a key part of understanding children's well-being in the state and the nation. Indicators allow decision-makers and researchers to gather information they need to better understand a certain population or program, as well as address gaps that may exist.¹⁹¹ However, many important indicators that can give a better picture of the birth to five population are still missing - especially those that gauge socioeconomic status in addition to race and age. In addition, more attention should be paid to the obvious racial and ethnic disparities that exist between children of different groups in Indiana.

While data continue to become more accessible and available, there are many areas of children's lives from birth to age five for which no data are available. For instance, many indicators are only available at the state level or nationally, or for those under 18 as a whole. One problem with collecting and reporting on data for children ages 0 - 5 at the local level, as with many general indicators, is that in some small communities a small number of children means a lack of anonymity. However, even state-level information can help illuminate the experience of early childhood in Indiana.

The State of the Young Hoosier Child Report has identified areas of interest for gauging children's well-being from birth to age five in Indiana across four domains, but more work can be done to understand the experience of the young Hoosier child. By expanding current indicators, and creating new quality indicators, Indiana's youngest children can receive the investment they warrant, and the whole state can benefit.

the state of the Young Hoosier Child



Birth to Age Five

Indiana

Child Population Age 0-5	2005	57,723	2009	534,603
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	87,088	2007	89,719
Teen Birth Rate per 1,000 Females, Age 15-17 (CY)	2005	20.5	2007	22.0
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	67.5
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	18.5
% of Low Birthweight Babies (CY)	2005	8.3	2007	8.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	8.0	2007	7.5
# of Children Under 6 on Public Health Insurance (SFY)	2005	276,516	2010	323,179
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	393	2010	293

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	12.9	2009	15.6

Early Childhood School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	603	2010	597
# of Licensed Child Care Homes (SFY)	2005	3,020	2010	3,040
# of Registered Child Care Ministries (SFY)	2005	652	2010	714
# of Licensed Child Care Slots per 100 Children, Age 0-4 (SFY)	2005	22.5	2010	22.8
# of Children Receiving Child Care Vouchers (FFY)	2005	53,616	2010	52,307
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	7,603	2010	10,612
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	14,864	2010	15,966
# of Children Served by First Steps (SFY)	2005	19,808	2010	21,291

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.6	2009	19.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	224,140	2010	286,859

*Not Recommended:
Comparison between these two
time periods not recommended
as definition has changed
CY- Calendar Year: Jan 1 to Dec 31
FFY- Federal Fiscal Year: Oct 1 to Sept 30
SFY- State Fiscal Year: July 1 to June 30

Child Population Ages 0 - 5, CY 2009			
Race/Ethnicity	Total	Females	Males
White	400,642	195,135	205,507
Black	65,269	32,046	33,223
American Indian	1,376	666	710
Asian	10,078	5,150	4,928
Hispanic, of any race	57,238	28,229	29,009
Total	534,603	261,226	273,377

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The State of The Young Hoosier Child



Adams County

Child Population Age 0 to 5

2005	3,570	2009	3,823
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	641	2007	667
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	16.7	2007	18.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	45.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	9.7
% of Low Birthweight Babies (CY)	2005	5.8	2007	9.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,054	2010	1,247
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	1.3	2009	9.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	8	2010	7
# of Registered Child Care Ministries (SFY)	2005	5	2010	6
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	4.9	2010	5.1
# of Children Receiving Child Care Vouchers (FFY)	2005	45	2010	41
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	15	2010	3
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	94	2010	80
# of Children Served by First Steps (SFY)	2005	77	2010	106

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.1	2009	26.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,060	2010	1,246



N.R.: Comparison between these two time periods not recommended as definition has changed

*Counts of fewer than 5 children are not released

**Numerator is under 20 and rate is unstable

CY- Calendar Year: Jan 1 to Dec 31

FFY- Federal Fiscal Year: Oct 1 to Sept 30

SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



Allen County

Child Population Age 0 to 5	2005	31,739	2009	32,339
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	5,295	2007	5,448
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	20.6	2007	20.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	71.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	15.0
% of Low Birthweight Babies (CY)	2005	8.7	2007	8.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	8.1	2007	7.7
# of Children Under 6 on Public Health Insurance (SFY)	2005	15,943	2010	19,520
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	40	2010	23

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.7	2009	11.5

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	32	2010	31
# of Licensed Child Care Homes (SFY)	2005	142	2010	195
# of Registered Child Care Ministries (SFY)	2005	37	2010	41
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	19.6	2010	21.6
# of Children Receiving Child Care Vouchers (FFY)	2005	4,157	2010	4,382
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	433	2010	1,034
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	808	2010	746
# of Children Served by First Steps (SFY)	2005	1,195	2010	1,239

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.7	2009	20.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	14,045	2010	17,996



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Bartholomew County

Child Population Age 0 to 5	2005	6,309	2009	6,433
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	1,081	2007	1,086
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	28.9	2007	30.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	62.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	18.1
% of Low Birthweight Babies (CY)	2005	7.8	2007	8.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	2,808	2010	3,585
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.2	2009	12.7

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	10	2010	6
# of Licensed Child Care Homes (SFY)	2005	38	2010	31
# of Registered Child Care Ministries (SFY)	2005	7	2010	7
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	26.6	2010	21.2
# of Children Receiving Child Care Vouchers (FFY)	2005	367	2010	355
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	119	2010	91
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	96	2010	142
# of Children Served by First Steps (SFY)	2005	283	2010	315

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	13.6	2009	15.6
# of Women, Infants, and Children (WIC) Participants (CY)	2005	2,945	2010	3,214



N.R.: Comparison between these two time periods not recommended as definition has changed *Counts of fewer than 5 children are not released

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The State of The Young Hoosier Child



Benton County

Child Population Age 0 to 5	2005	734	2009	734
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	118	2007	104
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	16.1	2007	11.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	67.3
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	21.2
% of Low Birthweight Babies (CY)	2005	6.8	2007	5.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	364	2010	467
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.5	2009	16.0

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	1
# of Licensed Child Care Homes (SFY)	2005	8	2010	9
# of Registered Child Care Ministries (SFY)	2005	0	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	33.3	2010	26.4
# of Children Receiving Child Care Vouchers (FFY)	2005	54	2010	31
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	20	2010	6
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	51	2010	42
# of Children Served by First Steps (SFY)	2005	23	2010	27

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	13.2	2009	15.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	324	2010	378



N.R.: Comparison between these two time periods not recommended as definition has changed

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SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



Blackford County

Child Population Age 0 to 5

2005	967	2009	873
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	141	2007	156
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	40.7	2007	43.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	77.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	32.7
% of Low Birthweight Babies (CY)	2005	12.8	2007	9.0
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	646	2010	708
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	5	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	7.2	2009	23.4

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	2
# of Licensed Child Care Homes (SFY)	2005	11	2010	9
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	17.4	2010	17.8
# of Children Receiving Child Care Vouchers (FFY)	2005	74	2010	64
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	33	2010	7
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	113	2010	97
# of Children Served by First Steps (SFY)	2005	23	2010	42

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	18.8	2009	22.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	549	2010	658



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Boone County

Child Population Age 0 to 5

2005	4,464	2009	4,802
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Physical Health and Well-Being

	Base Year	Current Year
# of Live Births (CY)	2005 694	2007 708
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 8.5	2007 16.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 81.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 16.1
% of Low Birthweight Babies (CY)	2005 6.1	2007 5.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005 **	2007 **
# of Children Under 6 on Public Health Insurance (SFY)	2005 1,200	2010 1,542
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 0	2010 0

Social and Emotional Development

	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 10.3	2009 9.4

Early Childhood - School Readiness

	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 9	2010 9
# of Licensed Child Care Homes (SFY)	2005 19	2010 20
# of Registered Child Care Ministries (SFY)	2005 4	2010 4
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 39.9	2010 32.7
# of Children Receiving Child Care Vouchers (FFY)	2005 192	2010 192
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 56	2010 31
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 48	2010 48
# of Children Served by First Steps (SFY)	2005 223	2010 240

Family Support

	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 6.8	2009 9.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005 1,036	2010 1,256



N.R.: Comparison between these two time periods not recommended as definition has changed

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SFY- State Fiscal Year: July 1 to

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Brown County

Child Population Age 0 to 5

2005	849	2009	698
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	90	2007	137
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	3.4	2007	3.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	70.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	24.1
% of Low Birthweight Babies (CY)	2005	8.9	2007	7.3
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	544	2010	618
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	18.4	2009	14.5

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	1
# of Licensed Child Care Homes (SFY)	2005	4	2010	4
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	12.1	2010	14.5
# of Children Receiving Child Care Vouchers (FFY)	2005	88	2010	60
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	2	2010	8
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	18	2010	18
# of Children Served by First Steps (SFY)	2005	23	2010	33

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	14.4	2009	18.6
# of Women, Infants, and Children (WIC) Participants (CY)	2005	399	2010	455



N.R.: Comparison between these two time periods not recommended as definition has changed

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Carroll County

Child Population Age 0 to 5

2005	1,501	2009	1,430
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	207	2007	230
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.9	2007	13.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	61.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	23.5
% of Low Birthweight Babies (CY)	2005	5.3	2007	5.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	653	2010	682
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.9	2009	8.4

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	8	2010	1
# of Registered Child Care Ministries (SFY)	2005	2	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	15.2	2010	4.9
# of Children Receiving Child Care Vouchers (FFY)	2005	21	2010	12
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	6	2010	5
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	24	2010	24
# of Children Served by First Steps (SFY)	2005	41	2010	39

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	12.0	2009	13.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	493	2010	673



N.R.: Comparison between these two time periods not recommended as definition has changed

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SFY- State Fiscal Year: July 1 to June 30

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Cass County

Child Population Age 0 to 5

2005	3,399	2009	3,382
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	572	2007	545
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	21.3	2007	26.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	64.0
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	25.3
% of Low Birthweight Babies (CY)	2005	8.9	2007	7.3
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	2,025	2010	2,310
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	16.3	2009	12.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	1
# of Licensed Child Care Homes (SFY)	2005	11	2010	9
# of Registered Child Care Ministries (SFY)	2005	5	2010	5
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	12.6	2010	7.5
# of Children Receiving Child Care Vouchers (FFY)	2005	274	2010	302
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	73	2010	46
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	102	2010	102
# of Children Served by First Steps (SFY)	2005	74	2010	87

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.4	2009	19.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	2,200	2010	2,504



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Clark County

Child Population Age 0 to 5

2005	8,074	2009	8,757
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Physical Health and Well-Being

	Base Year	Current Year
# of Live Births (CY)	2005 1,393	2007 1,450
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 27.2	2007 33.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 69.5
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 18.9
% of Low Birthweight Babies (CY)	2005 8.2	2007 9.0
Infant Mortality Rate per 1,000 Live Births (CY)	2005 **	2007 **
# of Children Under 6 on Public Health Insurance (SFY)	2005 4,026	2010 5,054
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 0	2010 <5*

Social and Emotional Development

	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 32.6	2009 24.1

Early Childhood - School Readiness

	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 11	2010 12
# of Licensed Child Care Homes (SFY)	2005 33	2010 35
# of Registered Child Care Ministries (SFY)	2005 8	2010 11
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 25.8	2010 25.0
# of Children Receiving Child Care Vouchers (FFY)	2005 973	2010 968
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 118	2010 115
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 290	2010 362
# of Children Served by First Steps (SFY)	2005 330	2010 476

Family Support

	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 14.0	2009 17.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005 3,315	2010 4,858



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Clay County

Child Population Age 0 to 5

2005	2,146	2009	2,021
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	325	2007	291
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	26.0	2007	21.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	28.2
% of Low Birthweight Babies (CY)	2005	6.5	2007	6.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,237	2010	1,302
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	12.8	2009	10.6

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	2
# of Licensed Child Care Homes (SFY)	2005	18	2010	10
# of Registered Child Care Ministries (SFY)	2005	5	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	14.8	2010	12.5
# of Children Receiving Child Care Vouchers (FFY)	2005	207	2010	197
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	40	2010	28
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	121	2010	105
# of Children Served by First Steps (SFY)	2005	113	2010	87

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.9	2009	21.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,521	2010	1,456



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Clinton County

Child Population Age 0 to 5

2005	3,056	2009	3,211
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	510	2007	534
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	29.3	2007	28.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	59.0
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	21.7
% of Low Birthweight Babies (CY)	2005	6.5	2007	6.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,763	2010	2,049
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	16.3	2009	17.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	3	2010	3
# of Licensed Child Care Homes (SFY)	2005	9	2010	6
# of Registered Child Care Ministries (SFY)	2005	3	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	14.1	2010	11.9
# of Children Receiving Child Care Vouchers (FFY)	2005	77	2010	120
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	16	2010	54
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	85	2010	85
# of Children Served by First Steps (SFY)	2005	111	2010	106

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.1	2009	19.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,779	2010	1,980



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Crawford County

Child Population Age 0 to 5

2005	786	2009	697
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Physical Health and Well-Being

	Base Year		Current Year
# of Live Births (CY)	2005	104	2007 124
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.6	2007 35.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007 72.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007 34.7
% of Low Birthweight Babies (CY)	2005	7.7	2007 7.3
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007 0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	553	2010 545
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010 0

Social and Emotional Development

	Base Year		Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	34.6	2009 30.8

Early Childhood - School Readiness

	Base Year		Current Year
# of Licensed Child Care Centers (SFY)	2005	3	2010 2
# of Licensed Child Care Homes (SFY)	2005	6	2010 4
# of Registered Child Care Ministries (SFY)	2005	0	2010 0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	22.9	2010 16.5
# of Children Receiving Child Care Vouchers (FFY)	2005	59	2010 31
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	5	2010 7
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	54	2010 70
# of Children Served by First Steps (SFY)	2005	31	2010 25

Family Support

	Base Year		Current Year
% of Children Under 18 Living in Poverty (CY)	2005	27.8	2009 28.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	468	2010 487



N.R.: Comparison between these two time periods not recommended as definition has changed

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Daviess County

Child Population Age 0 to 5	2005	2,877	2009	3,158
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	508	2007	547
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	26.2	2007	17.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	67.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	15.9
% of Low Birthweight Babies (CY)	2005	8.5	2007	5.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,395	2010	1,513
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.5	2009	21.7

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	26	2010	23
# of Registered Child Care Ministries (SFY)	2005	5	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	18.3	2010	14.3
# of Children Receiving Child Care Vouchers (FFY)	2005	234	2010	235
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	110	2010	37
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	80	2010	120
# of Children Served by First Steps (SFY)	2005	79	2010	91

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	23.0	2009	24.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,007	2010	1,235



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Dearborn County

Child Population Age 0 to 5	2005	3,785	2009	3,954
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	653	2007	602
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.3	2007	13.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	72.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	21.3
% of Low Birthweight Babies (CY)	2005	8.6	2007	7.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,576	2010	1,855
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	17.1	2009	16.0

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	4	2010	7
# of Licensed Child Care Homes (SFY)	2005	12	2010	7
# of Registered Child Care Ministries (SFY)	2005	2	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	17.7	2010	21.0
# of Children Receiving Child Care Vouchers (FFY)	2005	223	2010	179
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	30	2010	17
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	115	2010	132
# of Children Served by First Steps (SFY)	2005	105	2010	113

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	10.9	2009	12.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,610	2010	1,658



N.R.: Comparison between these two time periods not recommended as definition has changed *Counts of fewer than 5 children are not released

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Decatur County

Child Population Age 0 to 5

2005	2,294	2009	2,104
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	355	2007	318
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.8	2007	19.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	65.4
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	28.9
% of Low Birthweight Babies (CY)	2005	5.9	2007	9.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,020	2010	1,240
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	8.1	2009	21.4

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	2
# of Licensed Child Care Homes (SFY)	2005	6	2010	9
# of Registered Child Care Ministries (SFY)	2005	1	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	10.7	2010	15.3
# of Children Receiving Child Care Vouchers (FFY)	2005	85	2010	88
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	20	2010	22
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	18	2010	36
# of Children Served by First Steps (SFY)	2005	110	2010	171

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.8	2009	18.4
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,225	2010	1,169



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DeKalb County

Child Population Age 0 to 5	2005	3,492	2009	3,435
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	585	2007	571
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	16.2	2007	24.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	31.3
% of Low Birthweight Babies (CY)	2005	6.8	2007	6.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,593	2010	2,031
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	21.3	2009	42.3

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	7	2010	5
# of Licensed Child Care Homes (SFY)	2005	16	2010	13
# of Registered Child Care Ministries (SFY)	2005	4	2010	4
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	19.5	2010	13.8
# of Children Receiving Child Care Vouchers (FFY)	2005	157	2010	123
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	18	2010	32
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	173	2010	199
# of Children Served by First Steps (SFY)	2005	108	2010	115

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	10.9	2009	14.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,054	2010	1,869



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Delaware County

Child Population Age 0 to 5

2005	7,681	2009	7,607
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Physical Health and Well-Being

	Base Year	Current Year
# of Live Births (CY)	2005 1,305	2007 1,340
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 10.9	2007 14.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 78.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 20.6
% of Low Birthweight Babies (CY)	2005 11.1	2007 8.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005 16.9	2007 **
# of Children Under 6 on Public Health Insurance (SFY)	2005 4,884	2010 5,475
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 6	2010 7

Social and Emotional Development

	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 18.5	2009 22.3

Early Childhood - School Readiness

	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 10	2010 12
# of Licensed Child Care Homes (SFY)	2005 32	2010 34
# of Registered Child Care Ministries (SFY)	2005 15	2010 9
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 22.6	2010 31.1
# of Children Receiving Child Care Vouchers (FFY)	2005 1,398	2010 1,170
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 190	2010 101
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 257	2010 305
# of Children Served by First Steps (SFY)	2005 312	2010 266

Family Support

	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 22.1	2009 23.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005 4,176	2010 4,905



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Dubois County

Child Population Age 0 to 5

2005	3,372	2009	3,362
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	563	2007	539
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	9.3	2007	17.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	81.4
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	11.7
% of Low Birthweight Babies (CY)	2005	7.8	2007	5.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,167	2010	1,464
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	8.9	2009	7.4

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	4	2010	3
# of Licensed Child Care Homes (SFY)	2005	26	2010	28
# of Registered Child Care Ministries (SFY)	2005	2	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	25.5	2010	21.0
# of Children Receiving Child Care Vouchers (FFY)	2005	84	2010	149
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	47	2010	28
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	60	2010	61
# of Children Served by First Steps (SFY)	2005	105	2010	107

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	7.1	2009	8.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,230	2010	1,543



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Elkhart County

Child Population Age 0 to 5	2005	19,504	2009	20,452
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	3,478	2007	3,557
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	35.7	2007	32.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	51.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	15.0
% of Low Birthweight Babies (CY)	2005	7.1	2007	6.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	7.5	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	10,834	2010	13,807
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	20	2010	27

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	8.3	2009	10.6

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	13	2010	11
# of Licensed Child Care Homes (SFY)	2005	55	2010	51
# of Registered Child Care Ministries (SFY)	2005	20	2010	19
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	10.8	2010	10.0
# of Children Receiving Child Care Vouchers (FFY)	2005	1,324	2010	1,170
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	144	2010	280
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	250	2010	556
# of Children Served by First Steps (SFY)	2005	550	2010	675

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.6	2009	21.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	10,381	2010	12,747



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Fayette County

Child Population Age 0 to 5

2005	1,881	2009	1,855
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	309	2007	304
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.1	2007	41.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	72.0
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	33.6
% of Low Birthweight Babies (CY)	2005	10.7	2007	9.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,394	2010	1,509
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	23.6	2009	20.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	9	2010	9
# of Registered Child Care Ministries (SFY)	2005	3	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	12.1	2010	12.7
# of Children Receiving Child Care Vouchers (FFY)	2005	199	2010	215
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	88	2010	20
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	162	2010	179
# of Children Served by First Steps (SFY)	2005	71	2010	82

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.4	2009	27.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,246	2010	1,344



N.R.: Comparison between these two time periods not recommended as definition has changed *Counts of fewer than 5 children are not released

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The State of The Young Hoosier Child



Floyd County

Child Population Age 0 to 5

2005	5,324	2009	5,578
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	916	2007	878
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	16.4	2007	17.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	70.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	20.8
% of Low Birthweight Babies (CY)	2005	8.8	2007	7.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	2,660	2010	3,128
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	8	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.0	2009	12.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	11	2010	11
# of Licensed Child Care Homes (SFY)	2005	49	2010	66
# of Registered Child Care Ministries (SFY)	2005	10	2010	13
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	42.6	2010	43.4
# of Children Receiving Child Care Vouchers (FFY)	2005	816	2010	887
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	180	2010	135
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	276	2010	276
# of Children Served by First Steps (SFY)	2005	275	2010	240

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.4	2009	18.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	2,393	2010	2,529



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The State of The Young Hoosier Child



Fountain County

Child Population Age 0 to 5

2005	1,290	2009	1,225
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	195	2007	209
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.2	2007	31.0
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	46.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	29.2
% of Low Birthweight Babies (CY)	2005	7.7	2007	8.1
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	678	2010	772
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	17.6	2009	18.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	7	2010	4
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	11.4	2010	8.8
# of Children Receiving Child Care Vouchers (FFY)	2005	49	2010	18
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	15	2010	4
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	77	2010	78
# of Children Served by First Steps (SFY)	2005	62	2010	25

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.3	2009	19.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	731	2010	825



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The State of The Young Hoosier Child



Franklin County

Child Population Age 0 to 5

2005	1,778	2009	1,906
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	287	2007	310
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	18.2	2007	16.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	65.5
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	11.0
% of Low Birthweight Babies (CY)	2005	9.8	2007	7.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	790	2010	896
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	8.8	2009	14.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	12	2010	13
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	11.3	2010	11.0
# of Children Receiving Child Care Vouchers (FFY)	2005	61	2010	84
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	2	2010	13
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	50	2010	52
# of Children Served by First Steps (SFY)	2005	54	2010	53

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	12.4	2009	14.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	696	2010	736



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The State of The Young Hoosier Child



Fulton County

Child Population Age 0 to 5

2005	1,558	2009	1,594
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	268	2007	267
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	34.4	2007	35.4
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	69.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	34.8
% of Low Birthweight Babies (CY)	2005	4.5	2007	5.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	948	2010	1,124
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	14.1	2009	24.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	15	2010	14
# of Registered Child Care Ministries (SFY)	2005	2	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	19.9	2010	18.1
# of Children Receiving Child Care Vouchers (FFY)	2005	128	2010	123
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	17	2010	11
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	51	2010	51
# of Children Served by First Steps (SFY)	2005	41	2010	52

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	18.0	2009	19.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	897	2010	1,116



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The State of The Young Hoosier Child



Gibson County

Child Population Age 0 to 5

2005	2,461	2009	2,570
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	421	2007	452
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	12.5	2007	17.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	77.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	22.6
% of Low Birthweight Babies (CY)	2005	6.7	2007	7.1
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,163	2010	1,418
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	5	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	17.5	2009	21.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	4	2010	4
# of Licensed Child Care Homes (SFY)	2005	26	2010	26
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	35.2	2010	32.9
# of Children Receiving Child Care Vouchers (FFY)	2005	172	2010	167
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	7	2010	42
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	80	2010	82
# of Children Served by First Steps (SFY)	2005	129	2010	125

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.2	2009	14.6
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,055	2010	1,186



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The State of The Young Hoosier Child



Grant County

Child Population Age 0 to 5

2005	4,769	2009	4,844
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	775	2007	866
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	20.4	2007	27.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	65.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	29.3
% of Low Birthweight Babies (CY)	2005	8.4	2007	9.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	3,480	2010	3,833
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	15.1	2009	14.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	4	2010	2
# of Licensed Child Care Homes (SFY)	2005	21	2010	21
# of Registered Child Care Ministries (SFY)	2005	3	2010	5
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	11.3	2010	9.9
# of Children Receiving Child Care Vouchers (FFY)	2005	472	2010	362
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	77	2010	37
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	270	2010	274
# of Children Served by First Steps (SFY)	2005	185	2010	185

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	25.6	2009	25.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,084	2010	3,690



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The State of The Young Hoosier Child



Greene County

Child Population Age 0 to 5

2005	2,353	2009	2,332
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	380	2007	401
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	10.1	2007	24.4
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	76.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	27.9
% of Low Birthweight Babies (CY)	2005	11.3	2007	7.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,484	2010	1,470
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	31.6	2009	27.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	32	2010	31
# of Registered Child Care Ministries (SFY)	2005	2	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	20.8	2010	21.9
# of Children Receiving Child Care Vouchers (FFY)	2005	253	2010	161
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	20	2010	29
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	70	2010	58
# of Children Served by First Steps (SFY)	2005	96	2010	83

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	23.3	2009	23.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,267	2010	1,366



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The State of The Young Hoosier Child



Hamilton County

Child Population Age 0 to 5

2005	24,186	2009	25,718
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	3,693	2007	3,926
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	6.7	2007	6.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	82.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	4.5
% of Low Birthweight Babies (CY)	2005	6.7	2007	7.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	5.6
# of Children Under 6 on Public Health Insurance (SFY)	2005	3,808	2010	5,003
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	2.7	2009	3.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	33	2010	40
# of Licensed Child Care Homes (SFY)	2005	67	2010	61
# of Registered Child Care Ministries (SFY)	2005	9	2010	12
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	33.8	2010	34.7
# of Children Receiving Child Care Vouchers (FFY)	2005	269	2010	482
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	315	2010	176
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	141	2010	153
# of Children Served by First Steps (SFY)	2005	1,155	2010	1,416

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	4.5	2009	7.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,244	2010	4,230



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Hancock County

Child Population Age 0 to 5

2005	5,122	2009	5,793
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	888	2007	897
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	13.9	2007	14.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	80.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	16.2
% of Low Birthweight Babies (CY)	2005	7.5	2007	7.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,657	2010	1,967
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.1	2009	9.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	3	2010	3
# of Licensed Child Care Homes (SFY)	2005	41	2010	38
# of Registered Child Care Ministries (SFY)	2005	5	2010	9
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	21.6	2010	16.5
# of Children Receiving Child Care Vouchers (FFY)	2005	157	2010	248
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	74	2010	98
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	58	2010	58
# of Children Served by First Steps (SFY)	2005	261	2010	299

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	6.0	2009	9.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,305	2010	1,599



N.R.: Comparison between these two time periods not recommended as definition has changed

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SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



Harrison County

Child Population Age 0 to 5

2005	2,765	2009	2,848
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	459	2007	473
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	9.1	2007	9.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	78.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	22.2
% of Low Birthweight Babies (CY)	2005	6.3	2007	7.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,364	2010	1,485
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.6	2009	19.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	37	2010	29
# of Registered Child Care Ministries (SFY)	2005	3	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	29.7	2010	24.9
# of Children Receiving Child Care Vouchers (FFY)	2005	265	2010	220
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	30	2010	24
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	54	2010	90
# of Children Served by First Steps (SFY)	2005	96	2010	120

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	12.4	2009	13.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,248	2010	1,456



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The State of The Young Hoosier Child



Hendricks County

Child Population Age 0 to 5	2005	10,216	2009	11,109
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	1,620	2007	1,859
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	13.6	2007	6.8
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	78.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	10.4
% of Low Birthweight Babies (CY)	2005	7.7	2007	9.0
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	2,917	2010	3,321
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	6.1	2009	10.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	14	2010	17
# of Licensed Child Care Homes (SFY)	2005	48	2010	50
# of Registered Child Care Ministries (SFY)	2005	6	2010	12
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	30.4	2010	32.8
# of Children Receiving Child Care Vouchers (FFY)	2005	255	2010	307
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	30	2010	82
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	71	2010	75
# of Children Served by First Steps (SFY)	2005	502	2010	551

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	5.4	2009	6.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,860	2010	2,588



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The State of The Young Hoosier Child



Henry County

Child Population Age 0 to 5

2005	3,401	2009	3,274
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	567	2007	506
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	25.7	2007	21.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	82.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	28.3
% of Low Birthweight Babies (CY)	2005	7.1	2007	7.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,967	2010	2,306
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	15.6	2009	21.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	25	2010	22
# of Registered Child Care Ministries (SFY)	2005	3	2010	5
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	16.1	2010	15.2
# of Children Receiving Child Care Vouchers (FFY)	2005	224	2010	183
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	117	2010	31
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	158	2010	158
# of Children Served by First Steps (SFY)	2005	127	2010	148

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	14.5	2009	20.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,842	2010	2,109



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The State of The Young Hoosier Child



Howard County

Child Population Age 0 to 5

2005	6,921	2009	6,490
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	1,089	2007	1,131
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	32.1	2007	24.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	66.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	24.2
% of Low Birthweight Babies (CY)	2005	9.6	2007	8.0
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	3,845	2010	4,389
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	18.3	2009	20.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	9	2010	7
# of Licensed Child Care Homes (SFY)	2005	23	2010	25
# of Registered Child Care Ministries (SFY)	2005	20	2010	16
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	18.8	2010	23.2
# of Children Receiving Child Care Vouchers (FFY)	2005	961	2010	933
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	254	2010	188
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	259	2010	436
# of Children Served by First Steps (SFY)	2005	230	2010	293

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.5	2009	23.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,528	2010	4,427



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The State of The Young Hoosier Child



Huntington County

Child Population Age 0 to 5

2005	2,881	2009	2,826
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	451	2007	488
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	6.7	2007	9.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	76.0
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	25.6
% of Low Birthweight Babies (CY)	2005	7.5	2007	10.0
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,368	2010	1,568
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.3	2009	11.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	18	2010	15
# of Registered Child Care Ministries (SFY)	2005	6	2010	7
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	17.3	2010	16.4
# of Children Receiving Child Care Vouchers (FFY)	2005	201	2010	99
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	19	2010	9
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	71	2010	148
# of Children Served by First Steps (SFY)	2005	123	2010	117

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.9	2009	14.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,344	2010	1,521



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The State of The Young Hoosier Child



Jackson County

Child Population Age 0 to 5	2005	3,613	2009	3,484
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	622	2007	584
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	33.8	2007	37.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	66.4
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	23.8
% of Low Birthweight Babies (CY)	2005	9.3	2007	7.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,711	2010	2,158
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	30.3	2009	22.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	1
# of Licensed Child Care Homes (SFY)	2005	34	2010	29
# of Registered Child Care Ministries (SFY)	2005	4	2010	5
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	14.9	2010	13.6
# of Children Receiving Child Care Vouchers (FFY)	2005	244	2010	218
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	38	2010	55
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	70	2010	70
# of Children Served by First Steps (SFY)	2005	162	2010	121

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	14.7	2009	17.4
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,857	2010	2,251



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The State of The Young Hoosier Child



Jasper County

Child Population Age 0 to 5	2005	2,554	2009	2,832
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	465	2007	430
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	28.9	2007	13.0
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	70.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	22.6
% of Low Birthweight Babies (CY)	2005	6.9	2007	7.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,221	2010	1,441
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	7.7	2009	9.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	8	2010	5
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	11.6	2010	8.7
# of Children Receiving Child Care Vouchers (FFY)	2005	46	2010	85
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	32	2010	33
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	60	2010	58
# of Children Served by First Steps (SFY)	2005	75	2010	97

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	10.7	2009	13.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,187	2010	1,360



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The State of The Young Hoosier Child



Jay County

Child Population Age 0 to 5

2005	1,867	2009	1,857
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	303	2007	320
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	34.0	2007	17.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	61.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	24.1
% of Low Birthweight Babies (CY)	2005	8.6	2007	10.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,001	2010	1,082
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.9	2009	11.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	0
# of Licensed Child Care Homes (SFY)	2005	10	2010	12
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	9.5	2010	9.7
# of Children Receiving Child Care Vouchers (FFY)	2005	64	2010	65
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	28	2010	7
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	40	2010	54
# of Children Served by First Steps (SFY)	2005	62	2010	59

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.8	2009	24.7
# of Women, Infants, and Children (WIC) Participants (CY)	2005	890	2010	893



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The State of The Young Hoosier Child



Jefferson County

Child Population Age 0 to 5

2005	2,233	2009	2,273
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	363	2007	383
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	16.3	2007	15.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	25.1
% of Low Birthweight Babies (CY)	2005	7.2	2007	8.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,329	2010	1,563
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	14.6	2009	20.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	1
# of Licensed Child Care Homes (SFY)	2005	26	2010	28
# of Registered Child Care Ministries (SFY)	2005	4	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	25.7	2010	23.4
# of Children Receiving Child Care Vouchers (FFY)	2005	179	2010	120
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	28	2010	26
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	120	2010	124
# of Children Served by First Steps (SFY)	2005	103	2010	93

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	17.6	2009	20.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,286	2010	1,441



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The State of The Young Hoosier Child



Jennings County

Child Population Age 0 to 5

2005	2,359	2009	2,290
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	403	2007	371
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	28.3	2007	41.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	66.0
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	27.5
% of Low Birthweight Babies (CY)	2005	7.4	2007	7.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,448	2010	1,705
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	25.4	2009	39.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	3	2010	2
# of Licensed Child Care Homes (SFY)	2005	13	2010	15
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	17.0	2010	15.4
# of Children Receiving Child Care Vouchers (FFY)	2005	184	2010	171
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	29	2010	25
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	54	2010	52
# of Children Served by First Steps (SFY)	2005	116	2010	100

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.1	2009	22.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,695	2010	1,848



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The State of The Young Hoosier Child



Johnson County

Child Population Age 0 to 5	2005	10,770	2009	11,746
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	1,676	2007	1,913
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	11.2	2007	13.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	75.4
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	19.0
% of Low Birthweight Babies (CY)	2005	7.0	2007	6.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	4,209	2010	5,286
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.9	2009	8.1

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	16	2010	17
# of Licensed Child Care Homes (SFY)	2005	19	2010	28
# of Registered Child Care Ministries (SFY)	2005	6	2010	7
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	24.4	2010	23.4
# of Children Receiving Child Care Vouchers (FFY)	2005	504	2010	573
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	46	2010	147
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	112	2010	120
# of Children Served by First Steps (SFY)	2005	493	2010	592

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	9.3	2009	12.7
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,169	2010	4,341



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Knox County

Child Population Age 0 to 5

2005	2,608	2009	2,781
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	471	2007	497
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	16.7	2007	20.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	82.5
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	30.4
% of Low Birthweight Babies (CY)	2005	7.6	2007	8.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,803	2010	1,792
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	24.9	2009	26.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	7	2010	6
# of Licensed Child Care Homes (SFY)	2005	35	2010	28
# of Registered Child Care Ministries (SFY)	2005	2	2010	4
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	45.6	2010	33.5
# of Children Receiving Child Care Vouchers (FFY)	2005	424	2010	277
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	53	2010	27
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	264	2010	290
# of Children Served by First Steps (SFY)	2005	87	2010	109

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	23.5	2009	24.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,633	2010	1,652



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SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



Kosciusko County

Child Population Age 0 to 5	2005	6,555	2009	6,629
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	1,067	2007	1,099
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.2	2007	27.4
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	63.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	20.9
% of Low Birthweight Babies (CY)	2005	6.7	2007	6.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	2,804	2010	3,560
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.7	2009	10.8

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	4	2010	7
# of Licensed Child Care Homes (SFY)	2005	38	2010	23
# of Registered Child Care Ministries (SFY)	2005	6	2010	9
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	14.3	2010	12.3
# of Children Receiving Child Care Vouchers (FFY)	2005	296	2010	260
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	98	2010	54
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	175	2010	215
# of Children Served by First Steps (SFY)	2005	224	2010	148

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.6	2009	16.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	2,202	2010	3,027



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The State of The Young Hoosier Child



LaGrange County

Child Population Age 0 to 5

2005	4,223	2009	4,326
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	756	2007	783
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	10.8	2007	14.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	37.3
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	12.4
% of Low Birthweight Babies (CY)	2005	5.2	2007	5.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	761	2010	1,143
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.8	2009	8.4

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	14	2010	7
# of Registered Child Care Ministries (SFY)	2005	5	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	5.9	2010	3.6
# of Children Receiving Child Care Vouchers (FFY)	2005	62	2010	35
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	2	2010	25
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	72	2010	54
# of Children Served by First Steps (SFY)	2005	77	2010	63

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	12.4	2009	20.7
# of Women, Infants, and Children (WIC) Participants (CY)	2005	706	2010	1,109



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The State of The Young Hoosier Child



Lake County

Child Population Age 0 to 5	2005	42,201	2009	42,435
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	6,872	2007	6,759
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	22.7	2007	22.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	59.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	13.0
% of Low Birthweight Babies (CY)	2005	9.8	2007	10.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	10.8	2007	9.9
# of Children Under 6 on Public Health Insurance (SFY)	2005	26,903	2010	29,276
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	54	2010	35

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	6.7	2009	9.7

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	44	2010	45
# of Licensed Child Care Homes (SFY)	2005	236	2010	265
# of Registered Child Care Ministries (SFY)	2005	47	2010	52
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	20.8	2010	22.3
# of Children Receiving Child Care Vouchers (FFY)	2005	7,716	2010	6,574
Monthly Avg. # of Children on Wait List for Child Care Vouchers (FFY)	2005	790	2010	910
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	1,515	2010	1,296
# of Children Served by First Steps (SFY)	2005	1,170	2010	1,447

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	25.9	2009	24.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	26,109	2010	25,918



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The State of The Young Hoosier Child



LaPorte County

Child Population Age 0 to 5

2005	8,196	2009	8,292
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Physical Health and Well-Being

	Base Year	Current Year
# of Live Births (CY)	2005 1,364	2007 1,438
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 26.2	2007 33.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 67.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 25.2
% of Low Birthweight Babies (CY)	2005 10.2	2007 11.1
Infant Mortality Rate per 1,000 Live Births (CY)	2005 **	2007 **
# of Children Under 6 on Public Health Insurance (SFY)	2005 5,374	2010 6,208
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 <5*	2010 5

Social and Emotional Development

	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 15.9	2009 6.6

Early Childhood - School Readiness

	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 9	2010 7
# of Licensed Child Care Homes (SFY)	2005 54	2010 70
# of Registered Child Care Ministries (SFY)	2005 4	2010 3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 18.5	2010 19.4
# of Children Receiving Child Care Vouchers (FFY)	2005 917	2010 1,055
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 92	2010 197
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 311	2010 347
# of Children Served by First Steps (SFY)	2005 298	2010 280

Family Support

	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 16.5	2009 23.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005 4,829	2010 5,470



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The State of The Young Hoosier Child



Lawrence County

Child Population Age 0 to 5	2005	3,352	2009	3,189
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	537	2007	507
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	24.1	2007	26.4
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	76.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	27.2
% of Low Birthweight Babies (CY)	2005	9.7	2007	7.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,962	2010	2,231
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	8.2	2009	16.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	3	2010	2
# of Licensed Child Care Homes (SFY)	2005	39	2010	35
# of Registered Child Care Ministries (SFY)	2005	5	2010	4
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	25.0	2010	23.6
# of Children Receiving Child Care Vouchers (FFY)	2005	422	2010	250
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	95	2010	50
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	203	2010	226
# of Children Served by First Steps (SFY)	2005	91	2010	111

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	17.1	2009	22.4
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,682	2010	1,900



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The State of The Young Hoosier Child



Madison County

Child Population Age 0 to 5

2005	9,657	2009	9,900
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	1,650	2007	1,674
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	29.9	2007	30.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	67.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	24.7
% of Low Birthweight Babies (CY)	2005	10.5	2007	8.1
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	6,021	2010	6,892
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	10	2010	7

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	14.4	2009	16.6

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	7	2010	7
# of Licensed Child Care Homes (SFY)	2005	40	2010	55
# of Registered Child Care Ministries (SFY)	2005	15	2010	12
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	13.4	2010	15.9
# of Children Receiving Child Care Vouchers (FFY)	2005	820	2010	731
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	215	2010	147
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	520	2010	515
# of Children Served by First Steps (SFY)	2005	374	2010	459

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	17.3	2009	21.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	5,228	2010	5,713



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The State of The Young Hoosier Child



Marion County

Child Population Age 0 to 5	2005	82,869	2009	86,574
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	14,653	2007	15,401
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	33.4	2007	35.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	60.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	15.4
% of Low Birthweight Babies (CY)	2005	9.3	2007	9.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	9.9	2007	9.1
# of Children Under 6 on Public Health Insurance (SFY)	2005	55,015	2010	66,741
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	92	2010	61

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	14.2	2009	22.2

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	118	2010	113
# of Licensed Child Care Homes (SFY)	2005	448	2010	483
# of Registered Child Care Ministries (SFY)	2005	156	2010	190
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	27.6	2010	29.0
# of Children Receiving Child Care Vouchers (FFY)	2005	13,479	2010	13,933
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	699	2010	3,751
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	1,820	2010	2,060
# of Children Served by First Steps (SFY)	2005	3,397	2010	3,855

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	21.7	2009	28.4
# of Women, Infants, and Children (WIC) Participants (CY)	2005	41,136	2010	55,251



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The State of The Young Hoosier Child



Marshall County

Child Population Age 0 to 5	2005	4,109	2009	4,060
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	679	2007	667
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.7	2007	18.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	64.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	21.3
% of Low Birthweight Babies (CY)	2005	6.6	2007	7.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,902	2010	2,241
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	15.2	2009	11.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	0
# of Licensed Child Care Homes (SFY)	2005	26	2010	23
# of Registered Child Care Ministries (SFY)	2005	7	2010	7
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	11.5	2010	9.6
# of Children Receiving Child Care Vouchers (FFY)	2005	144	2010	112
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	98	2010	33
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	85	2010	108
# of Children Served by First Steps (SFY)	2005	160	2010	110

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.1	2009	18.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,856	2010	2,002



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The State of The Young Hoosier Child



Martin County

Child Population Age 0 to 5	2005	779	2009	734
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	140	2007	140
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	9.7	2007	31.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	75.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	21.4
% of Low Birthweight Babies (CY)	2005	15.0	2007	7.1
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	378	2010	422
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	8.8	2009	34.5

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	7	2010	8
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	24.9	2010	30.1
# of Children Receiving Child Care Vouchers (FFY)	2005	56	2010	43
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	11	2010	8
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	38	2010	40
# of Children Served by First Steps (SFY)	2005	31	2010	42

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.9	2009	18.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	442	2010	425



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The State of The Young Hoosier Child



Miami County

Child Population Age 0 to 5

2005	2,717	2009	2,638
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	480	2007	433
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	16.6	2007	24.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	75.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	28.9
% of Low Birthweight Babies (CY)	2005	5.4	2007	9.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,716	2010	1,783
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.3	2009	30.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	6	2010	6
# of Registered Child Care Ministries (SFY)	2005	5	2010	8
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	3.5	2010	4.3
# of Children Receiving Child Care Vouchers (FFY)	2005	201	2010	185
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	92	2010	60
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	60	2010	88
# of Children Served by First Steps (SFY)	2005	71	2010	104

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	17.5	2009	22.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,601	2010	1,594



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The State of The Young Hoosier Child



Monroe County

Child Population Age 0 to 5	2005	7,457	2009	7,956
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	1,309	2007	1,388
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	3.5	2007	5.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	76.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	18.8
% of Low Birthweight Babies (CY)	2005	6.7	2007	6.3
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	3,640	2010	4,299
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	16.5	2009	21.0

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	20	2010	19
# of Licensed Child Care Homes (SFY)	2005	63	2010	64
# of Registered Child Care Ministries (SFY)	2005	13	2010	12
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	38.4	2010	36.2
# of Children Receiving Child Care Vouchers (FFY)	2005	868	2010	664
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	73	2010	160
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	235	2010	324
# of Children Served by First Steps (SFY)	2005	328	2010	232

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.9	2009	17.6
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,478	2010	3,813



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The State of The Young Hoosier Child



Montgomery County

Child Population Age 0 to 5

2005	2,921	2009	2,873
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	475	2007	493
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	22.3	2007	34.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	65.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	31.4
% of Low Birthweight Babies (CY)	2005	9.7	2007	7.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,562	2010	1,816
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	15.7	2009	27.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	15	2010	10
# of Registered Child Care Ministries (SFY)	2005	5	2010	6
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	15.4	2010	13.4
# of Children Receiving Child Care Vouchers (FFY)	2005	157	2010	260
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	18	2010	39
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	77	2010	87
# of Children Served by First Steps (SFY)	2005	147	2010	124

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.1	2009	19.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,596	2010	1,754



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The State of The Young Hoosier Child



Morgan County

Child Population Age 0 to 5

2005	5,502	2009	5,300
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	851	2007	877
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	9.3	2007	18.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	66.0
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	28.1
% of Low Birthweight Babies (CY)	2005	7.5	2007	8.1
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	2,727	2010	3,113
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	7.5	2009	12.0

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	5	2010	6
# of Licensed Child Care Homes (SFY)	2005	15	2010	14
# of Registered Child Care Ministries (SFY)	2005	7	2010	8
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	11.4	2010	13.3
# of Children Receiving Child Care Vouchers (FFY)	2005	410	2010	250
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	44	2010	21
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	135	2010	125
# of Children Served by First Steps (SFY)	2005	171	2010	188

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.8	2009	15.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	2,221	2010	2,525



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The State of The Young Hoosier Child



Newton County

Child Population Age 0 to 5	2005	1,010	2009	850
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	133	2007	138
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.3	2007	29.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	62.3
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	29.0
% of Low Birthweight Babies (CY)	2005	10.5	2007	5.1
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	538	2010	603
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	7.0	2009	27.3

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	5	2010	2
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	7.9	2010	3.5
# of Children Receiving Child Care Vouchers (FFY)	2005	35	2010	17
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	0	2010	9
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	48	2010	54
# of Children Served by First Steps (SFY)	2005	37	2010	28

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.8	2009	15.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	465	2010	559



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The State of The Young Hoosier Child



Noble County

Child Population Age 0 to 5

2005	4,253	2009	4,192
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	682	2007	703
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	18.5	2007	13.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	67.3
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	24.5
% of Low Birthweight Babies (CY)	2005	7.9	2007	8.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,828	2010	2,377
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	14.1	2009	15.6

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	4	2010	5
# of Licensed Child Care Homes (SFY)	2005	13	2010	8
# of Registered Child Care Ministries (SFY)	2005	7	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	15.5	2010	14.4
# of Children Receiving Child Care Vouchers (FFY)	2005	128	2010	93
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	9	2010	46
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	74	2010	90
# of Children Served by First Steps (SFY)	2005	103	2010	135

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	12.3	2009	19.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,540	2010	2,055



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The State of The Young Hoosier Child



Ohio County

Child Population Age 0 to 5	2005	426	2009	397
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	55	2007	60
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	0.0	2007	0.0
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	75.0
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	23.3
% of Low Birthweight Babies (CY)	2005	3.6	2007	8.3
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	220	2010	188
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	30.1	2009	8.5

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	1	2010	1
# of Registered Child Care Ministries (SFY)	2005	2	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	26.6	2010	9.7
# of Children Receiving Child Care Vouchers (FFY)	2005	29	2010	24
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	6	2010	4
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	20	2010	20
# of Children Served by First Steps (SFY)	2005	10	2010	4

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.4	2009	14.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	224	2010	191



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The State of The Young Hoosier Child



Orange County

Child Population Age 0 to 5

2005	1,545	2009	1,539
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	251	2007	264
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	30.7	2007	18.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	72.3
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	29.5
% of Low Birthweight Babies (CY)	2005	6.4	2007	10.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	994	2010	1,071
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	15.5	2009	17.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	0
# of Licensed Child Care Homes (SFY)	2005	19	2010	21
# of Registered Child Care Ministries (SFY)	2005	1	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	34.1	2010	22.4
# of Children Receiving Child Care Vouchers (FFY)	2005	186	2010	102
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	10	2010	25
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	58	2010	51
# of Children Served by First Steps (SFY)	2005	41	2010	52

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	22.5	2009	24.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,042	2010	1,033



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The State of The Young Hoosier Child



Owen County

Child Population Age 0 to 5

2005	1,471	2009	1,458
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	247	2007	249
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.6	2007	27.0
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	70.3
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	32.9
% of Low Birthweight Babies (CY)	2005	8.5	2007	9.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	954	2010	1,072
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.9	2009	32.1

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	7	2010	11
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	8.6	2010	14.4
# of Children Receiving Child Care Vouchers (FFY)	2005	112	2010	83
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	7	2010	14
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	53	2010	54
# of Children Served by First Steps (SFY)	2005	55	2010	79

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.8	2009	23.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	928	2010	938



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The State of The Young Hoosier Child



Parke County

Child Population Age 0 to 5	2005	1,062	2009	1,155
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	188	2007	204
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.4	2007	18.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	64.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	29.4
% of Low Birthweight Babies (CY)	2005	7.4	2007	5.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	631	2010	648
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	13.6	2009	7.1

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	1
# of Licensed Child Care Homes (SFY)	2005	11	2010	12
# of Registered Child Care Ministries (SFY)	2005	0	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	15.5	2010	22.7
# of Children Receiving Child Care Vouchers (FFY)	2005	111	2010	107
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	25	2010	9
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	46	2010	58
# of Children Served by First Steps (SFY)	2005	32	2010	37

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	22.7	2009	27.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	537	2010	537



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The State of The Young Hoosier Child



Perry County

Child Population Age 0 to 5

2005	1,307	2009	1,356
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Physical Health and Well-Being

	Base Year	Current Year
# of Live Births (CY)	2005 219	2007 223
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 29.3	2007 21.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 71.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 30.9
% of Low Birthweight Babies (CY)	2005 7.8	2007 8.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005 **	2007 0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005 673	2010 759
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 <5*	2010 0

Social and Emotional Development

	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 16.4	2009 23.4

Early Childhood - School Readiness

	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 3	2010 3
# of Licensed Child Care Homes (SFY)	2005 10	2010 8
# of Registered Child Care Ministries (SFY)	2005 0	2010 0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 25.3	2010 22.3
# of Children Receiving Child Care Vouchers (FFY)	2005 165	2010 99
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 2	2010 16
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 89	2010 110
# of Children Served by First Steps (SFY)	2005 33	2010 37

Family Support

	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 15.5	2009 16.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005 719	2010 724



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The State of The Young Hoosier Child



Pike County

Child Population Age 0 to 5	2005	873	2009	908
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	159	2007	152
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.0	2007	17.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	82.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	23.7
% of Low Birthweight Babies (CY)	2005	11.3	2007	12.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	432	2010	491
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	31.6	2009	44.9

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	12	2010	12
# of Registered Child Care Ministries (SFY)	2005	1	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	25.0	2010	24.5
# of Children Receiving Child Care Vouchers (FFY)	2005	65	2010	48
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	2	2010	7
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	43	2010	32
# of Children Served by First Steps (SFY)	2005	25	2010	30

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	15.8	2009	15.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	444	2010	449



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The State of The Young Hoosier Child



Porter County

Child Population Age 0 to 5	2005	11,774	2009	11,937
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	1,793	2007	1,886
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	9.6	2007	11.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	71.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	15.9
% of Low Birthweight Babies (CY)	2005	8.0	2007	7.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	4,734	2010	5,285
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.4	2009	13.0

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	11	2010	12
# of Licensed Child Care Homes (SFY)	2005	30	2010	25
# of Registered Child Care Ministries (SFY)	2005	10	2010	13
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	13.6	2010	13.2
# of Children Receiving Child Care Vouchers (FFY)	2005	562	2010	736
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	175	2010	144
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	130	2010	172
# of Children Served by First Steps (SFY)	2005	469	2010	474

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	10.4	2009	10.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,867	2010	4,575



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The State of The Young Hoosier Child



Posey County

Child Population Age 0 to 5

2005	1,697	2009	1,567
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	227	2007	250
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	11.0	2007	20.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	79.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	25.6
% of Low Birthweight Babies (CY)	2005	8.8	2007	8.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	666	2010	779
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	7.2	2009	19.9

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	3	2010	3
# of Licensed Child Care Homes (SFY)	2005	13	2010	8
# of Registered Child Care Ministries (SFY)	2005	0	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	30.2	2010	29.5
# of Children Receiving Child Care Vouchers (FFY)	2005	221	2010	137
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	2	2010	30
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	66	2010	91
# of Children Served by First Steps (SFY)	2005	74	2010	72

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	11.2	2009	11.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	546	2010	650



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Pulaski County

Child Population Age 0 to 5	2005	1,003	2009	1,016
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	159	2007	160
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	34.0	2007	17.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	30.0
% of Low Birthweight Babies (CY)	2005	10.7	2007	5.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	563	2010	667
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	12.2	2009	14.1

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	6	2010	6
# of Registered Child Care Ministries (SFY)	2005	1	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	8.5	2010	8.7
# of Children Receiving Child Care Vouchers (FFY)	2005	52	2010	47
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	19	2010	15
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	40	2010	36
# of Children Served by First Steps (SFY)	2005	31	2010	17

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.0	2009	18.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	568	2010	636



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Putnam County

Child Population Age 0 to 5

2005	2,503	2009	2,389
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	408	2007	418
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	15.6	2007	15.4
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	74.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	32.5
% of Low Birthweight Babies (CY)	2005	10.8	2007	7.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,224	2010	1,420
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	23.7	2009	18.1

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	3
# of Licensed Child Care Homes (SFY)	2005	17	2010	15
# of Registered Child Care Ministries (SFY)	2005	3	2010	4
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	16.1	2010	20.9
# of Children Receiving Child Care Vouchers (FFY)	2005	100	2010	113
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	23	2010	33
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	71	2010	92
# of Children Served by First Steps (SFY)	2005	100	2010	113

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	13.4	2009	17.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,307	2010	1,457



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The State of The Young Hoosier Child



Randolph County

Child Population Age 0 to 5

2005	1,921	2009	1,871
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	298	2007	338
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	25.7	2007	23.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	77.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	25.7
% of Low Birthweight Babies (CY)	2005	10.4	2007	8.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,273	2010	1,362
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	12.3	2009	15.5

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	0
# of Licensed Child Care Homes (SFY)	2005	8	2010	5
# of Registered Child Care Ministries (SFY)	2005	3	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	8.1	2010	3.7
# of Children Receiving Child Care Vouchers (FFY)	2005	64	2010	85
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	15	2010	9
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	71	2010	55
# of Children Served by First Steps (SFY)	2005	82	2010	63

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.8	2009	26.7
# of Women, Infants, and Children (WIC) Participants (CY)	2005	984	2010	1,247



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The State of The Young Hoosier Child



Ripley County

Child Population Age 0 to 5

2005	2,316	2009	2,293
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	406	2007	369
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.2	2007	16.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	75.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	26.6
% of Low Birthweight Babies (CY)	2005	7.1	2007	6.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,062	2010	1,233
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	14.1	2009	18.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	3	2010	5
# of Licensed Child Care Homes (SFY)	2005	13	2010	16
# of Registered Child Care Ministries (SFY)	2005	3	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	24.2	2010	32.1
# of Children Receiving Child Care Vouchers (FFY)	2005	86	2010	91
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	29	2010	24
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	69	2010	54
# of Children Served by First Steps (SFY)	2005	66	2010	80

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	12.6	2009	15.8
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,104	2010	1,326



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The State of The Young Hoosier Child



Rush County

Child Population Age 0 to 5

2005	1,383	2009	1,209
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	214	2007	223
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	20.9	2007	38.8
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	26.9
% of Low Birthweight Babies (CY)	2005	11.7	2007	9.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	724	2010	802
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	4.3	2009	38.3

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	11	2010	9
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	10.2	2010	11.0
# of Children Receiving Child Care Vouchers (FFY)	2005	41	2010	38
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	19	2010	18
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	54	2010	54
# of Children Served by First Steps (SFY)	2005	47	2010	56

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	13.1	2009	18.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	630	2010	646



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The State of The Young Hoosier Child



Scott County

Child Population Age 0 to 5

2005	1,867	2009	1,834
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	310	2007	346
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	24.0	2007	43.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	57.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	36.4
% of Low Birthweight Babies (CY)	2005	7.4	2007	9.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,253	2010	1,351
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	39.2	2009	42.3

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	12	2010	10
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	18.4	2010	18.2
# of Children Receiving Child Care Vouchers (FFY)	2005	204	2010	156
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	50	2010	13
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	72	2010	70
# of Children Served by First Steps (SFY)	2005	77	2010	72

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	20.8	2009	25.7
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,203	2010	1,385



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The State of The Young Hoosier Child



Shelby County

Child Population Age 0 to 5

2005	3,416	2009	3,444
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	505	2007	572
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	21.6	2007	29.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	27.6
% of Low Birthweight Babies (CY)	2005	5.9	2007	7.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,835	2010	2,207
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	20.9	2009	14.4

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	23	2010	16
# of Registered Child Care Ministries (SFY)	2005	1	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	16.2	2010	14.5
# of Children Receiving Child Care Vouchers (FFY)	2005	164	2010	179
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	3	2010	39
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	68	2010	68
# of Children Served by First Steps (SFY)	2005	196	2010	169

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	14.3	2009	19.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,551	2010	1,854



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The State of The Young Hoosier Child



Spencer County

Child Population Age 0 to 5

2005	1,436	2009	1,469
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	233	2007	247
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.9	2007	14.8
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	79.4
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	16.2
% of Low Birthweight Babies (CY)	2005	8.6	2007	6.9
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	658	2010	707
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.1	2009	14.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	3	2010	3
# of Licensed Child Care Homes (SFY)	2005	12	2010	11
# of Registered Child Care Ministries (SFY)	2005	3	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	22.1	2010	23.3
# of Children Receiving Child Care Vouchers (FFY)	2005	138	2010	100
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	25	2010	12
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	72	2010	101
# of Children Served by First Steps (SFY)	2005	41	2010	52

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	10.9	2009	13.9
# of Women, Infants, and Children (WIC) Participants (CY)	2005	652	2010	662



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The State of The Young Hoosier Child



St. Joseph County

Child Population Age 0 to 5	2005	22,758	2009	22,821
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	3,827	2007	3,762
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	24.1	2007	25.0
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	64.3
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	15.7
% of Low Birthweight Babies (CY)	2005	8.5	2007	8.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	10.2	2007	9.6
# of Children Under 6 on Public Health Insurance (SFY)	2005	13,080	2010	14,189
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	20	2010	15

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.9	2009	17.7

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	30	2010	27
# of Licensed Child Care Homes (SFY)	2005	122	2010	136
# of Registered Child Care Ministries (SFY)	2005	36	2010	33
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	23.3	2010	23.9
# of Children Receiving Child Care Vouchers (FFY)	2005	2,280	2010	2,600
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	386	2010	346
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	729	2010	594
# of Children Served by First Steps (SFY)	2005	893	2010	870

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	17.5	2009	22.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005	10,628	2010	12,335



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The State of The Young Hoosier Child



Starke County

Child Population Age 0 to 5

2005	1,792	2009	1,858
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	279	2007	317
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	33.2	2007	26.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	31.9
% of Low Birthweight Babies (CY)	2005	6.5	2007	6.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,157	2010	1,413
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.5	2009	15.8

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	0
# of Licensed Child Care Homes (SFY)	2005	7	2010	3
# of Registered Child Care Ministries (SFY)	2005	1	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	6.8	2010	2.6
# of Children Receiving Child Care Vouchers (FFY)	2005	35	2010	65
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	20	2010	17
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	137	2010	114
# of Children Served by First Steps (SFY)	2005	36	2010	56

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	21.6	2009	23.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,140	2010	1,315



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The State of The Young Hoosier Child



Steuben County

Child Population Age 0 to 5	2005	2,563	2009	2,446
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	440	2007	411
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	18.4	2007	21.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	70.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	27.5
% of Low Birthweight Babies (CY)	2005	7.7	2007	6.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,273	2010	1,514
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	12.9	2009	24.9

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	15	2010	12
# of Registered Child Care Ministries (SFY)	2005	6	2010	5
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	9.9	2010	12.3
# of Children Receiving Child Care Vouchers (FFY)	2005	112	2010	101
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	8	2010	17
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	135	2010	133
# of Children Served by First Steps (SFY)	2005	98	2010	79

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	14.0	2009	19.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,665	2010	1,664



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The State of The Young Hoosier Child



Sullivan County

Child Population Age 0 to 5	2005	1,480	2009	1,337
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	216	2007	216
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	26.9	2007	5.2
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	78.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	27.3
% of Low Birthweight Babies (CY)	2005	8.8	2007	9.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	993	2010	913
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	22.2	2009	14.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	24	2010	19
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	24.1	2010	24.2
# of Children Receiving Child Care Vouchers (FFY)	2005	184	2010	134
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	31	2010	13
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	58	2010	34
# of Children Served by First Steps (SFY)	2005	65	2010	45

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.3	2009	22.4
# of Women, Infants, and Children (WIC) Participants (CY)	2005	762	2010	808



N.R.: Comparison between these two time periods not recommended as definition has changed

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SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



Switzerland County

Child Population Age 0 to 5	2005	672	2009	761
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	102	2007	135
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	30.2	2007	36.3
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	66.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	29.6
% of Low Birthweight Babies (CY)	2005	5.9	2007	9.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	457	2010	504
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	17.6	2009	23.8

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	6	2010	4
# of Registered Child Care Ministries (SFY)	2005	1	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	13.7	2010	8.3
# of Children Receiving Child Care Vouchers (FFY)	2005	38	2010	31
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	17	2010	1
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	40	2010	36
# of Children Served by First Steps (SFY)	2005	25	2010	18

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	22.4	2009	27.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	373	2010	420



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The State of The Young Hoosier Child



Tippecanoe County

Child Population Age 0 to 5	2005	11,778	2009	13,165
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	2,081	2007	2,324
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	9.5	2007	13.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	62.5
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	16.2
% of Low Birthweight Babies (CY)	2005	7.0	2007	8.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	6,076	2010	7,545
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	11	2010	7

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	16.0	2009	14.3

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	14	2010	23
# of Licensed Child Care Homes (SFY)	2005	99	2010	66
# of Registered Child Care Ministries (SFY)	2005	14	2010	21
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	26.8	2010	27.2
# of Children Receiving Child Care Vouchers (FFY)	2005	1,151	2010	1,648
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	163	2010	349
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	324	2010	360
# of Children Served by First Steps (SFY)	2005	459	2010	579

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.1	2009	19.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005	6,744	2010	7,856



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The State of The Young Hoosier Child



Tipton County

Child Population Age 0 to 5

2005	1,212	2009	1,127
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	177	2007	173
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	15.4	2007	16.8
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	75.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	17.3
% of Low Birthweight Babies (CY)	2005	8.5	2007	11.6
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	500	2010	533
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	2.9	2009	13.2

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	1	2010	2
# of Registered Child Care Ministries (SFY)	2005	2	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	1.2	2010	2.6
# of Children Receiving Child Care Vouchers (FFY)	2005	35	2010	37
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	23	2010	5
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	12	2010	10
# of Children Served by First Steps (SFY)	2005	57	2010	37

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	8.8	2009	13.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005	427	2010	427



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The State of The Young Hoosier Child



Union County

Child Population Age 0 to 5	2005	493	2009	535
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Physical Health and Well-Being	Base Year	Current Year
# of Live Births (CY)	2005 94	2007 82
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 14.1	2007 21.4
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 65.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 8.5
% of Low Birthweight Babies (CY)	2005 3.2	2007 3.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005 0.0	2007 0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005 341	2010 397
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 <5*	2010 0

Social and Emotional Development	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 14.5	2009 28.7

Early Childhood - School Readiness	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 1	2010 1
# of Licensed Child Care Homes (SFY)	2005 1	2010 0
# of Registered Child Care Ministries (SFY)	2005 1	2010 0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 28.0	2010 17.2
# of Children Receiving Child Care Vouchers (FFY)	2005 5	2010 6
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 4	2010 2
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 77	2010 117
# of Children Served by First Steps (SFY)	2005 19	2010 10

Family Support	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 16.3	2009 21.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005 314	2010 348



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The State of The Young Hoosier Child



Vanderburgh County

Child Population Age 0 to 5	2005	13,606	2009	14,225
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Physical Health and Well-Being	Base Year	Current Year
# of Live Births (CY)	2005 2,451	2007 2,468
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 21.6	2007 26.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 70.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 22.5
% of Low Birthweight Babies (CY)	2005 8.4	2007 9.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005 **	2007 8.9
# of Children Under 6 on Public Health Insurance (SFY)	2005 7,895	2010 8,789
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 25	2010 13

Social and Emotional Development	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 22.5	2009 15.7

Early Childhood - School Readiness	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 23	2010 21
# of Licensed Child Care Homes (SFY)	2005 134	2010 133
# of Registered Child Care Ministries (SFY)	2005 19	2010 21
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 37.8	2010 36.2
# of Children Receiving Child Care Vouchers (FFY)	2005 2,463	2010 2,156
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 483	2010 378
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 554	2010 487
# of Children Served by First Steps (SFY)	2005 530	2010 642

Family Support	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 18.4	2009 19.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005 5,977	2010 6,620



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The State of The Young Hoosier Child



Vermillion County

Child Population Age 0 to 5

2005	1,294	2009	1,142
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	200	2007	175
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	22.7	2007	27.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	72.6
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	29.7
% of Low Birthweight Babies (CY)	2005	7.5	2007	11.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	708	2010	749
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.0	2009	13.3

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	9	2010	8
# of Registered Child Care Ministries (SFY)	2005	1	2010	1
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	19.4	2010	20.1
# of Children Receiving Child Care Vouchers (FFY)	2005	109	2010	73
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	5	2010	23
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	42	2010	48
# of Children Served by First Steps (SFY)	2005	60	2010	39

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	16.1	2009	20.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	727	2010	670



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The State of The Young Hoosier Child



Vigo County

Child Population Age 0 to 5

2005	7,562	2009	7,819
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	1,280	2007	1,338
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	21.9	2007	21.4
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	76.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	24.9
% of Low Birthweight Babies (CY)	2005	7.4	2007	8.3
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	5,052	2010	5,598
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	11	2010	13

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	13.8	2009	11.4

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	9	2010	8
# of Licensed Child Care Homes (SFY)	2005	147	2010	167
# of Registered Child Care Ministries (SFY)	2005	10	2010	8
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	39.1	2010	42.5
# of Children Receiving Child Care Vouchers (FFY)	2005	1,654	2010	1,802
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	308	2010	180
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	287	2010	304
# of Children Served by First Steps (SFY)	2005	305	2010	324

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	22.1	2009	28.7
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,837	2010	4,566



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The State of The Young Hoosier Child



Wabash County

Child Population Age 0 to 5	2005	2,316	2009	2,224
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	383	2007	377
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	17.5	2007	12.1
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	73.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	28.6
% of Low Birthweight Babies (CY)	2005	6.8	2007	12.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,258	2010	1,509
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.7	2009	16.2

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	4	2010	3
# of Licensed Child Care Homes (SFY)	2005	18	2010	9
# of Registered Child Care Ministries (SFY)	2005	6	2010	6
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	22.7	2010	11.2
# of Children Receiving Child Care Vouchers (FFY)	2005	209	2010	96
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	10	2010	5
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	51	2010	51
# of Children Served by First Steps (SFY)	2005	61	2010	69

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	13.7	2009	19.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,258	2010	1,479



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The State of The Young Hoosier Child



Warren County

Child Population Age 0 to 5	2005	581	2009	533
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	83	2007	78
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	11.1	2007	5.8
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	76.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	17.9
% of Low Birthweight Babies (CY)	2005	6.0	2007	6.4
Infant Mortality Rate per 1,000 Live Births (CY)	2005	0.0	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	288	2010	355
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	8.2	2009	16.0

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	2	2010	1
# of Registered Child Care Ministries (SFY)	2005	0	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	23.4	2010	23.6
# of Children Receiving Child Care Vouchers (FFY)	2005	27	2010	17
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	7	2010	7
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	36	2010	36
# of Children Served by First Steps (SFY)	2005	11	2010	18

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	12.0	2009	13.5
# of Women, Infants, and Children (WIC) Participants (CY)	2005	224	2010	286



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The State of The Young Hoosier Child



Warrick County

Child Population Age 0 to 5

2005	4,327	2009	4,449
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Physical Health and Well-Being

	Base Year		Current Year	
# of Live Births (CY)	2005	631	2007	685
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	7.6	2007	7.7
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	79.4
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	13.4
% of Low Birthweight Babies (CY)	2005	7.8	2007	8.0
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,548	2010	1,734
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	<5*

Social and Emotional Development

	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	10.7	2009	11.7

Early Childhood - School Readiness

	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	5	2010	5
# of Licensed Child Care Homes (SFY)	2005	38	2010	54
# of Registered Child Care Ministries (SFY)	2005	3	2010	3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	21.5	2010	26.4
# of Children Receiving Child Care Vouchers (FFY)	2005	167	2010	254
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	158	2010	45
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	90	2010	100
# of Children Served by First Steps (SFY)	2005	183	2010	205

Family Support

	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	8.7	2009	11.2
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,378	2010	1,565



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The State of The Young Hoosier Child



Washington County

Child Population Age 0 to 5	2005	2,156	2009	2,050
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	328	2007	328
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	19.3	2007	12.9
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	64.9
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	31.4
% of Low Birthweight Babies (CY)	2005	7.0	2007	6.7
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,185	2010	1,364
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	0	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	9.4	2009	12.6

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	2	2010	2
# of Licensed Child Care Homes (SFY)	2005	34	2010	27
# of Registered Child Care Ministries (SFY)	2005	4	2010	0
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	32.6	2010	31.0
# of Children Receiving Child Care Vouchers (FFY)	2005	233	2010	170
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	79	2010	18
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	42	2010	46
# of Children Served by First Steps (SFY)	2005	81	2010	68

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	19.2	2009	23.6
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,204	2010	1,245



N.R.: Comparison between these two time periods not recommended as definition has changed

** Numerator is under 20 and rate is unstable CY- Calendar Year: Jan 1 to Dec 31 FFY- Federal Fiscal Year: Oct 1 to Sept 30 SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



Wayne County

Child Population Age 0 to 5	2005	5,122	2009	5,282
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	910	2007	886
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	22.8	2007	20.8
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	69.2
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	24.0
% of Low Birthweight Babies (CY)	2005	9.6	2007	7.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	3,265	2010	3,808
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	9	2010	19

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	17.1	2009	24.5

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	11	2010	9
# of Licensed Child Care Homes (SFY)	2005	37	2010	32
# of Registered Child Care Ministries (SFY)	2005	9	2010	11
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	22.1	2010	19.5
# of Children Receiving Child Care Vouchers (FFY)	2005	462	2010	480
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	125	2010	75
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	306	2010	378
# of Children Served by First Steps (SFY)	2005	205	2010	165

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	21.5	2009	28.4
# of Women, Infants, and Children (WIC) Participants (CY)	2005	3,324	2010	3,671



N.R.: Comparison between these two time periods not recommended as definition has changed

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The State of The Young Hoosier Child



Wells County

Child Population Age 0 to 5	2005	2,060	2009	2,069
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	306	2007	305
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	6.8	2007	10.5
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	74.1
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	18.7
% of Low Birthweight Babies (CY)	2005	7.5	2007	9.2
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	0.0
# of Children Under 6 on Public Health Insurance (SFY)	2005	839	2010	990
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	0

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	11.0	2009	13.2

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	0	2010	0
# of Licensed Child Care Homes (SFY)	2005	16	2010	11
# of Registered Child Care Ministries (SFY)	2005	5	2010	5
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	10.8	2010	7.1
# of Children Receiving Child Care Vouchers (FFY)	2005	80	2010	61
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	26	2010	7
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	20	2010	20
# of Children Served by First Steps (SFY)	2005	84	2010	58

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	10.6	2009	13.1
# of Women, Infants, and Children (WIC) Participants (CY)	2005	683	2010	925



N.R.: Comparison between these two time periods not recommended as definition has changed

*Counts of fewer than 5 children are not released

** Numerator is under 20 and rate is unstable CY- Calendar Year: Jan 1 to Dec 31 FFY- Federal Fiscal Year: Oct 1 to Sept 30 SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



White County

Child Population Age 0 to 5	2005	2,061	2009	1,895
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Physical Health and Well-Being	Base Year		Current Year	
# of Live Births (CY)	2005	330	2007	330
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005	14.4	2007	18.0
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005	N.R.	2007	68.8
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005	N.R.	2007	21.5
% of Low Birthweight Babies (CY)	2005	4.5	2007	8.8
Infant Mortality Rate per 1,000 Live Births (CY)	2005	**	2007	**
# of Children Under 6 on Public Health Insurance (SFY)	2005	1,108	2010	1,161
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005	<5*	2010	<5*

Social and Emotional Development	Base Year		Current Year	
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005	7.1	2009	13.0

Early Childhood - School Readiness	Base Year		Current Year	
# of Licensed Child Care Centers (SFY)	2005	1	2010	1
# of Licensed Child Care Homes (SFY)	2005	16	2010	15
# of Registered Child Care Ministries (SFY)	2005	2	2010	2
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005	13.3	2010	14.0
# of Children Receiving Child Care Vouchers (FFY)	2005	61	2010	32
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005	8	2010	6
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005	41	2010	41
# of Children Served by First Steps (SFY)	2005	58	2010	48

Family Support	Base Year		Current Year	
% of Children Under 18 Living in Poverty (CY)	2005	14.6	2009	16.3
# of Women, Infants, and Children (WIC) Participants (CY)	2005	1,017	2010	1,340



N.R.: Comparison between these two time periods not recommended as definition has changed

*Counts of fewer than 5 children are not released

**Numerator is under 20 and rate is unstable

CY- Calendar Year: Jan 1 to Dec 31

FFY- Federal Fiscal Year: Oct 1 to Sept 30

SFY- State Fiscal Year: July 1 to June 30

The State of The Young Hoosier Child



Whitley County

Child Population Age 0 to 5	2005	2,580	2009	2,578
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Physical Health and Well-Being	Base Year	Current Year
# of Live Births (CY)	2005 411	2007 449
Teen Birth Rate per 1,000 Females Ages 15-17 (CY)	2005 13.8	2007 14.6
% of Mothers Who Received 1st Trimester Prenatal Care (CY)	2005 N.R.	2007 75.7
% of Mothers Who Reported Smoking During Pregnancy (CY)	2005 N.R.	2007 21.6
% of Low Birthweight Babies (CY)	2005 8.0	2007 8.5
Infant Mortality Rate per 1,000 Live Births (CY)	2005 **	2007 **
# of Children Under 6 on Public Health Insurance (SFY)	2005 936	2010 1,137
# of Children w/ Confirmed Elevated Blood Levels of Lead, Ages 0 - 5 (CY)	2005 0	2010 0

Social and Emotional Development	Base Year	Current Year
Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)	2005 4.9	2009 6.2

Early Childhood - School Readiness	Base Year	Current Year
# of Licensed Child Care Centers (SFY)	2005 3	2010 3
# of Licensed Child Care Homes (SFY)	2005 7	2010 8
# of Registered Child Care Ministries (SFY)	2005 2	2010 3
# of Licensed Child Care Slots per 100 Children Ages 0-4 (SFY)	2005 18.1	2010 20.6
# of Children Receiving Child Care Vouchers (FFY)	2005 80	2010 70
Monthly Avg # of Children on Wait List for Child Care Vouchers (FFY)	2005 3	2010 25
# of Early Head Start and Head Start Funded Enrollment Slots (SFY)	2005 68	2010 44
# of Children Served by First Steps (SFY)	2005 97	2010 88

Family Support	Base Year	Current Year
% of Children Under 18 Living in Poverty (CY)	2005 10.1	2009 11.0
# of Women, Infants, and Children (WIC) Participants (CY)	2005 837	2010 1,099



N.R.: Comparison between these two time periods not recommended as definition has changed

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**Committee on Child Care Report
Indiana Department of Education
August 25, 2011**

We have recently developed the Birth to Age 5 Literacy Framework. It outlines best practice for literacy instruction for children prior to kindergarten entry. Eventually professional development modules will be created to share this information with providers currently working in early care settings and with Higher Education communities as they work with students in child development classes.

We are currently revising the alignment of the Foundations to the Indiana Academic Standards for Children Birth to Age 5. These are our states early learning standards. We are aligning them with the ISTAR-KR assessment that was created after the 2006 version of the standards. The Kindergarten Common Core Standards will be referenced throughout the Foundations, also. We are updating resources and adding a chapter on social/emotional development. We hope to complete this work by the end of the year.

ISTAR-KR – (Indiana Standards Tool for Alternate Reporting-Kindergarten Readiness) assessment that is available to use by any early childhood program. Currently there are 30 programs impacting approximately 1,500 children utilizing this assessment. This assessment is also required to be used by schools with developmental preschools for children 3-5 years old that have an IEP.

The Child and Adult Care Food Program currently has about 500 child care centers, 275 Head Start Centers that participate in and receive funding for nutritious meals for an average daily attendance of 37,225 children. There are about an additional 2,300 family child care home participating that serves an average of 24,800 children each day. Additionally, CACFP provides reimbursement for meals and snacks served in at-risk, after school programs, outside school hour programs, and children in homeless/emergency shelters.

The Department of Education has applied for the Striving Readers Comprehensive Literacy Grant offered by the US Department of Education. If received this would impact literacy instruction from birth through 12th grade allowing intensive mentoring of early childhood providers in providing highly effective literacy instruction throughout their programs. We should hear any time now.

indiana association for child care
resource & referral
Building networks to support families, providers and communities



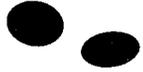
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1.800.299.1627 or 317.924.5202 FAX 317.924.5102
Spanish 1.866.865.7056 or 317.924.8561

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I A C C R R

indiana association for child care
resource & referral

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The Indiana Association for Child Care Resource and Referral The Foundation for an Integrated Child

Supporting statewide systems of service delivery for families, child care providers and communities in every zip code in Indiana.

SUPPORTING PARENT CHOICE

- ***Providing Information:*** IACCRR and the local child care resource and referral system is the only statewide system delivering high quality consumer education designed to help families navigate Indiana's complex child care landscape.
- ***Providing Access:*** IACCRR provides families access to child care choices that meet their needs. From October 1, 2010 through present child care resource and referral agencies provided 13,485 unique telephone and face to face searches for families seeking child care. 25,266 internet searches were completed during the same time period.
- ***Families Accessing Services:*** From October 1, 2010 to present, 7,273 families accessed child care referral services either by phone or face to face. 8,454 families accessed child care referral services via the internet.

SUPPORTING THE CHILD CARE WORKFORCE

- ***Delivering On-Site Technical Assistance:*** IACCRR coordinates a network of more than 50 specialists to provide on-site mentoring and technical assistance to child care programs across the state. More than 38,900 hours of technical assistance have been provided to programs participating in Paths to QUALITY since its inception in January 2008.
- Raikes et al. (2006) found that family childcare providers who had received visits from a mentor/support person were likely to have higher overall quality ratings
- ***Specialized Supports:*** IACCRR coordinates services to support the inclusion of children with special needs in typical child care settings and to support safe, healthy and appropriate care for infants and toddlers through on-site visits, technical assistance, training and specialized resources.
- ***Supporting a Prepared and Educated Child Care Workforce:*** IACCRR coordinates the delivery of the non-formal Child Development Associate Credential training, pre-service training, and specialized training to all populations of child care providers – licensed centers and homes, unlicensed registered ministries with and without the VCP's and legally licensed exempt providers. All trainings are posted on the Early Childhood Meeting Place.

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iaccrr.org

SUPPORTING THE CHILD CARE INFRASTRUCTURE

- **Encouraging Investment:** IACCRR reaches out to local, regional and state businesses and community leaders to support investment in high quality child care.
- **Creating an Integrated System:** IACCRR promotes community partnerships.
- **Meeting the Needs:** IACCRR works to build the supply of high quality child care programs in all communities.

SUPPORTING HIGH QUALITY CHILD CARE

- **Homes:** IACCRR works closely with the Bureau of Child Care to support licensure of family child care homes. From October 1, 2010 to present 3,272 individuals have participated in Orientation Training (I and II) which assists them in the process of working toward and obtaining a license to provide child care in the state of Indiana.
- **Centers:** IACCRR provides specialized trainings for Center Directors and provides a forum for networking and access to professional resources and staff development.
- **Ministries:** IACCRR provides support including training, technical assistance, and access to resources to support ministries in their goal of obtaining registration and their attainment of Voluntary Certification Program standards. Statewide, we facilitate a network of ministry directors and create opportunities for sharing and learning.

Paths to QUALITY

Paths to QUALITY™ is Indiana's voluntary child care program quality rating and improvement system. Efforts consist of recruiting child care programs, increasing participation in formal and non-formal professional development opportunities and increasing child care program quality. The system was launched statewide in January, 2008.

- 2032 participating child care programs
 - 41 Unlicensed Registered Ministries meeting Voluntary Certification standards
 - 492 Licensed Child Care Centers
 - 1499 Licensed Family Child Care Homes
- All 92 counties have participating programs
- Programs by Level

▪ Level 1	1191 programs	Level 2	351 programs
▪ Level 3	282 programs	Level 4	208 programs
- The Indiana Association for Child Care Resource & Referral has distributed materials and equipment valuing more than \$770,008 to participating child care programs

- Of the 2,609 providers who have completed a PTQ survey, 2,213 providers responded that they heard about Paths to QUALITY through their local Child Care Resource & Referral agency
- CCR&R agencies have delivered more than 39,000 hours of technical assistance
- More than 3,781 ratings have occurred
- In the past year, more than 16,733 families received referrals and Paths to QUALITY information
- Over 1,056 Paths to Quality Introduction Sessions have been scheduled since 1/01/2008
- www.childcareindiana.org was launched in association with a web based "Free Child Care Search Button" to allow families online internet searches and access to consumer education
- 937 Paths to Quality yard signs and banners were dispersed to Level 2, Level 3, and Level 4 providers
- 748,738 Paths to QUALITY marketing materials have been disseminated, including bookmarks, display boards and brochures
- More than 75,921 children have been positively impacted

For more information, contact:

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Indianapolis, IN 46208
Email: mthompson@iaccrr.org
Phone: 317-924-5202
www.iaccrr.org www.childcareindiana.org

ARRA Funded Projects

General Overview

Start date 1/1/10 End date 6/30/11

All projects tied to job creation

All funds used to enhance and stabilize the child care community and support the child care infrastructure

Hoosier Child Care Quality Expansion Project

Designed to expand the availability of and access to high quality child care in areas of the state where the existing demand exceeds the current supply.

- Enrolled 100 ministries and 60 family child care homes.
- The project assisted in the licensing of 28 family child care homes.
- The project assisted in the VCP achievement of 34 registered child care ministries which equates to a 113% increase in the number of registered child care ministries eligible to participate in Paths to QUALITY. There are currently 82 unlicensed registered ministries in the state that have achieved VCP's.
- An additional 2911 children have access to quality child care as a result of this project.
- 1,659 on-site technical assistance/mentoring visits were conducted.

Infant Toddler Quality Enhancement Initiative

Designed to provide resources to increase the quantity and quality of infant and toddler care throughout the state; grant recipients participated in the Supply and Quality Expansion activities:

- Tier I Supports: 97 programs received specialized Curriculum and Safe Sleeping Practices resource kits valued at \$100 each
- Tier II Supports: 74 programs received non-cash resources valued up to \$1,500.00 and specialized Curriculum and Safe Sleeping Practices resource kits valued at \$100 each
- Tier III Supports: 16 programs received facility improvement grants up to \$15,000.00 and specialized Curriculum and Safe Sleeping Practices resource kits valued at \$100 each
- IACCRR partnered with Lowe's and Foundations to replace 678 non-compliant cribs to grants recipients. The partnership assured crib compliance, appropriate documentation, and the delivery and removal of cribs in compliance with new crib standards.

Infant Toddler Supply and Quality Expansion Project

Designed to complement the infant/Toddler Quality Enhancement Initiative, this project increased the quality and quantity of infant toddler care throughout the state

- 801 child care providers attended professional development opportunities focusing on curriculum for infants and toddlers; outdoor/nature play; primary care and continuity of care, safe sleeping practices
- Specialized technical assistance was provided to grant recipients focusing on curriculum, outdoor/nature play, primary care and continuity of care, safe sleeping practices
- 29 Continuity of care Video Vignette's were developed for use in training and technical assistance for infant toddler child care providers

- 7 Professional development opportunities for providers of technical assistance focusing on Ages & Stages Questionnaire-3 (ASQ) and Ages & Stages Questionnaire-Social Emotional, Infant Toddler Mental Modules, Infant Toddler Environmental Rating Scale, National Infant Toddler Child Care Initiative – Supporting Consultants Working with Early Care and Education Settings Serving Infants and Toddlers, It’s All About Relationships: Responsive Caregiving, Nature Explorer: We Dig Dirt; and Program for Infant Toddler Caregiving (PITC): Program Assessment Rating Scale (PARS)

Marketing

Designed to raise the awareness of CCR&R services and Paths to QUALITY

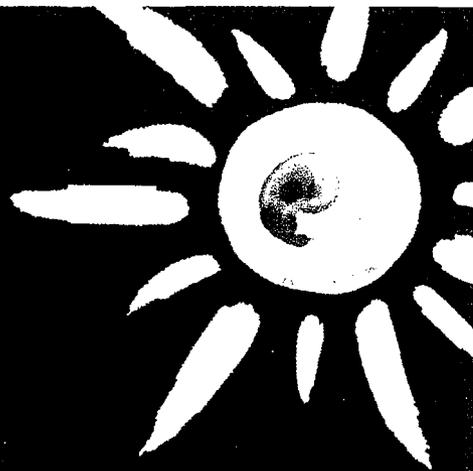
- Tools to assist parents and raise community awareness of Paths to QUALITY were developed and disseminated statewide including the Free Child Care Search Button which leads parents to “childcareindiana.org”, a website with tools to assist parents in the search for high quality child care.
- Through a campaign launched in October 2010, 915 child care providers received yard signs and/or banners in recognition of their accomplishments in Paths to QUALITY and to use as a marketing tool for the their child care business.

Paths to QUALITY Level Advancement Project

Designed to support those programs with little resources and a commitment to providing quality care

- Through a combination of technical assistance, support and resources, approximately 400 child care programs were engaged to improve the quality of care and to assist with their advancement through Paths to QUALITY.

Contact: *Pattie Ryan, Deputy Director, IACCRR, pryan@iacrr.org, 317-924-5202*



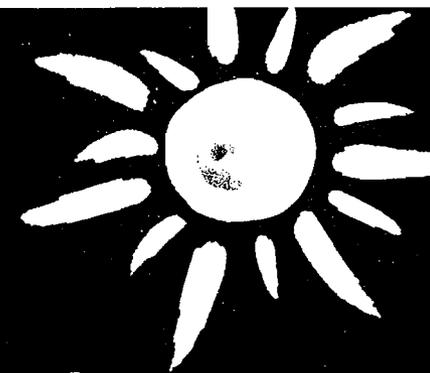
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resource & referral
Building networks to support families, providers and communities

2009 - 2010

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With 66% of Indiana's children under five years old accessing some type of care, information and referrals are essential to helping Hoosiers work and support their families. IACCRR's goal is to offer resources and referrals to families that will help them make an informed child care choice that best meet the needs of their family. In order to reach more families, IACCRR, working with key stakeholders, launched a consumer education and awareness campaign. This campaign included television, transit, radio, and newspaper advertisements along with a variety of additional marketing efforts, including social media and local community outreach.

IACCRR launched www.childcareindiana.org and a new tool for families – a Free Child Care Search button. The launch of this website, our newly designed online referral database, and the Free Child Care Search button resulted in an increase of 72% in online referrals over the previous year.



Free Child Care Search Button
 This button gives families a free option to search for child care online with just two clicks. The button leads families to their local Child Care Resource and Referral agency where they can receive customized online referrals or they can talk with a child care expert about their search.

Better Baby Care Indiana and Indiana Partnership for Inclusive Child Care Enhanced Referrals

As part of the Indiana Child Care Resource and Referral services to families searching for high quality child care, families were offered enhanced child care referrals. The service utilized the specialized skills and knowledge of Infant/Toddler Specialists and Inclusion Specialists to provide in-depth consultation to families with infants and toddlers and to families in need of care for their child with a special need. The specialists provided support to families throughout their child care search. The specialists offered other program resources and services to increase family self-sufficiency and ability to achieve personal goals.

- 433 families received Indiana Partnership for Inclusive Child Care Enhanced Referrals
- 1,047 families received Better Baby Care Indiana Enhanced Child Care Referrals



The 2010 Census showed that the Hispanic/Latino population, Indiana's fastest growing demographic, increased by close to 82% from 2000 to 2010, with a 162% increase in central Indiana. Nationwide, 1 in 4 children are of Hispanic or Latino decent. Parents need child care to meet their needs. IACCRR helps by delivering training in Spanish to help Spanish speakers interested in opening child care businesses, as well as offering parents free, confidential statewide child care searches in their primary language. IACCRR served 211 Spanish-speaking families with free child care searches, and 69 potential Spanish-speaking child care programs attended Orientation Training.

This report demonstrated that parents want a safe environment for their children. Parents want experienced, trained caregivers to care for and educate their children. They also want to know what to look for in quality child care, and they use that knowledge directly to search for and select care.

Parents take action based on information provided:

- 72% intend to or have asked about caregiver training and education related to caring for children
- 72% intend to or have contacted other parents for references
- 66% intend to or have checked child-to-adult ratios

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Expanding Educational Opportunities for Child Care Providers

Online Learning

The National Association of Child Care Resource and Referral Agencies (NACCRRA) received funding from the W.K. Kellogg Foundation and the U.S. Army to develop, pilot, and deliver, in partnership with IACCRR, an initial training for child care providers. From over 700 applicants, 120 providers were invited to participate in the training. Thanks to the large response for this training, NACCRRA extended an invitation to more Indiana providers.

"It is great that registered ministries are being treated with respect in the early childhood field and even honored in their commitment to faith-based early education."

American Recovery and Reinvestment Act of 2009

IACCRR partnered with the Bureau of Child Care to facilitate several projects through funding made possible by The American Recovery and Reinvestment Act (ARRA) of 2009. ARRA funds made available to the State of Indiana were used to enhance the quality of child care in the state.

Expanding opportunities for high quality child care for Indiana's young children was IACCRR's primary goal in the design and implementation of the ARRA projects. Indiana is home to more than 524,000 children ages 0-5 years, of whom an estimated 346,000 need child care while their parents work. Existing quality child care settings (licensed homes, licensed centers, and registered ministries that have met applicable Voluntary Certification Program Standards [VCPs]) can accommodate only about 92,000 of those children. Based on this estimate, about two-thirds of children needing care do not have access to care that meets even minimal quality standards. IACCRR designed two projects specifically intended to expand access to quality child care for children and families.

The Hoosier Child Care Quality Expansion Project

This project provided technical assistance, professional development, and quality supports to move legally license-exempt homes to licensure and Unlicensed Registered Child Care Ministries to attainment of their VCPs. A total of 56 family child care homes and 101 Unlicensed Registered Ministries participated in the program and received mentoring. As of September 30, 2010, with 10 participating exempt homes having achieved licensure, the project goal (12) was nearly met.

Infant/Toddler Quality Enhancement Initiative

Recognizing the critical need for high quality infant/toddler care to support Indiana's workforce, IACCRR embarked on the Infant/Toddler Quality Enhancement Initiative, a project designed to expand the quantity and quality of child care for infants and toddlers, particularly in high-need geographic areas. Through the coordinated efforts of the state CCR&R system's Infant/Toddler Specialists, aided by the network staff, the project provided supports to existing programs to expand availability of infant/toddler services and enhance the quality of care offered. These efforts included the award of three tiers of support material and equipment provision, construction projects, infusion of specialized training, and technical assistance. The 216 providers currently enrolled received mentoring and training in infant/toddler care.

- Tier 1: Resource kits designed to support safe sleep practices and curriculum supports for infants and toddlers
- Tier 2: Equipment and materials identified to improve the quality of care currently offered
- Tier 3: Facility improvement grants, designed to increase the quantity of care offered

Demonstrating Accountability

CCR&Rs believe that strong communities begin with strong families. Two goals central to the mission are to:

- Share consumer education information to help parents make their own informed choices about child care
- Promote parental choice by empowering working parents to make their own decisions on the child care that best suits their family's needs

IACCRR monitors success by facilitating independent, third-party evaluations with families who used CCR&R in their child care search. Evaluation results overwhelmingly show that goals are achieved:

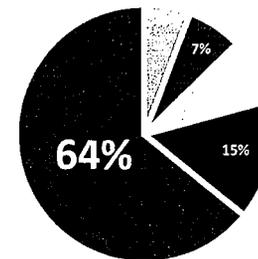
- 95% responded that their needs were understood by the CCR&R
- 96% said CCR&R staff members were knowledgeable
- 85% knew more about what to look for in selecting child care after receiving information from CCR&R
- 92% said CCR&R helped them make an informed choice
- 95% rated service as outstanding

The statewide CCR&R system is coordinated by IACCRR with the utmost attention paid to accountability. Quality programming is increased by:

- Quarterly fiscal monitoring of each contracted CCR&R
- Quality improvement planning based on the National Association of Child Care Resource and Referral Agencies' (NACCRRA) national best practice standards for CCR&R service delivery
- Intensive and responsive technical assistance delivered to each contracted CCR&R
- Extensive standards of service delivery outlined and monitored to ensure the highest quality of services provided for families, communities, and child care providers

6,062
child care profiles
maintained in
database

Financials



- Direct Support to Families, Providers, and Communities, \$5,548,446
- Direct Support to Local CCR&R Agencies, \$1,247,553
- ARRA Direct Support to Child Care Programs, \$718,967
- CCR&R Network Oversight & Coordination, \$577,666
- ARRA Community Awareness, \$547,985

Changing Child Care Environments... Changing Lives

- Expanding educational opportunities for child care providers
- Building the supply of high quality child care
- Mobilizing community support and resources

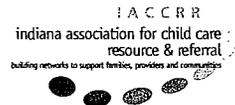
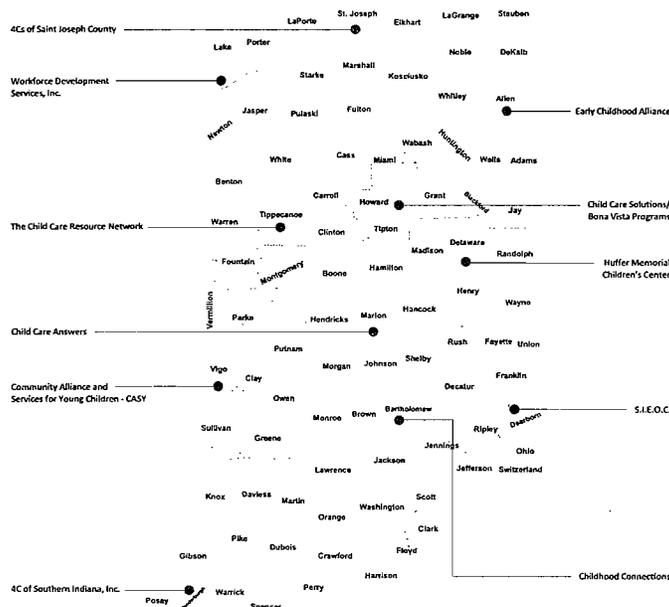
"The Bureau of Child Care works closely with IACCRR on a variety of important child care initiatives. IACCRR's willingness and ability to collaborate with the Bureau and other state partners greatly contributed to Indiana's ability to reach the goals of our Child Care Development Fund State Plan and to serve even more Hoosier families with higher quality child care. IACCRR's work with Indiana child care providers and families has allowed for the implementation and continued success of Indiana's Quality Rating and Improvement System, Paths to QUALITY™. Currently, over 2,000 Paths to QUALITY child care providers have the needed assistance and support to reach their professional goals. More than 72,000 children are being served in higher quality child care environments. Our collaboration with IACCRR results in a win for all: families, providers, communities, and most importantly, for our children."

Melanie Brizzi
 Child Care Administrator
 Indiana Family & Social Services Administration
 Bureau of Child Care

100%
 of Indiana's local Child Care Resource and Referral agencies offer community-based training with continuing education credits to child care providers



Community-Based Child Care Resource and Referral Agencies Impacting 100% of Zip Codes in Indiana



800-299-1627 • www.iaccrr.org

3901 North Meridian Street, Suite 200
 Indianapolis, Indiana 46208

IACCRR is supported by the Indiana Family and Social Services Administration/Bureau of Child Care.

*Survey Note: IACCRR conducts ongoing follow-up surveys of parents who use CCR&R services across the state. A random selection of 20% of parents in each of the 11 agency areas are surveyed on a variety of topics. Oversampling is done of parents who receive an enhanced referral in order to accommodate low population and sample sizes. For this report, 11,991 parents receiving referrals between October, 2009 and March, 2010. Valid responses only were used to calculate percentages and totals.



2009 - 2010

Indiana Association for
Child Care Resource and Referral
Annual Report

IACCRR

The Indiana Association for Child Care Resource and Referral (IACCRR) is a 501(C)(3) nonprofit organization committed to the belief that high quality child care and early education are to be embraced as essential cornerstones to healthy Indiana communities. IACCRR's mission is to advance a comprehensive system of Child Care Resource and Referral (CCR&R) resulting in high quality, accessible and affordable child care for all Indiana families. IACCRR funds services statewide through eleven community-based CCR&R agencies.

A Letter From Our Executive Director

Dear Friends,

Reviewing the successes realized and the innovative work conducted in 2009-2010 provided a vivid reminder of the ways IACCRR has adapted and transformed to meet the needs of children, families, child care providers, and communities in Indiana. We expanded our programs this past year with an intentional focus on technology as a means of reaching people in a more immediate manner. Whether through our new online training for child care professionals, or the successful introduction of the Free Child Care Search button for families, IACCRR is reaching more people in relevant and effective ways.

IACCRR's most significant opportunity this past year came to us through the American Recovery and Reinvestment Act (ARRA) of 2009. The implementation of extensive programs in a short time reflects the combined efforts of our highly skilled staff and committed Board of Directors. While these programs filled service gaps with one-time resources, the outcomes are sustainable through ongoing strategic alignment within our organization, and have helped lay the groundwork for increased diversification of both funding and collaborations with the private sector.

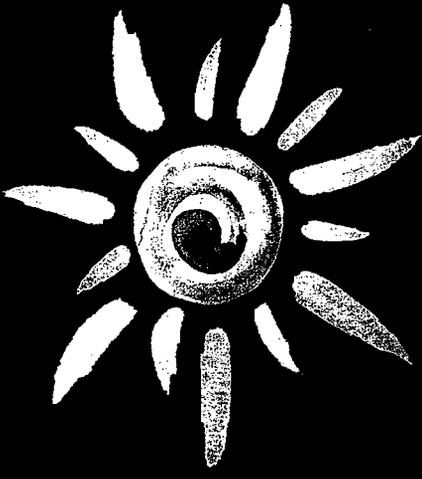
During this transformational year, IACCRR never wavered in its commitment to excellence or to the heart of Child Care Resource and Referral – core services to families, child care providers, and communities across the state of Indiana. We are further committed to raising the quality of our services through our participation in NACCRR Quality Assurance – a national accreditation for CCR&R agencies.

Leading an organization like IACCRR is an honor. With the renewal of both our mission and vision statements this past year, and the forging of an even stronger bond between our staff and Board of Directors, I am confident that all of our work within the organization and with our partners across the state will result in positive outcomes for Indiana's children. I look to the past with gratitude, and I look to the future with optimism and enthusiasm.

Marsha Thompson
Executive Director



**Better Child Care.
Brighter Futures...
For Indiana!**



TWO CLICKS TO HIGH QUALITY CHILD CARE!



Now all families have the free option of using childcareindiana.org to help them make their child care choice easy.

Post the Child Care Search Button on your website to help Indiana families find high quality child care.

childcareindiana.org



For more information about the Free Child Care Search Button, please contact info@iacrr.org.

Indiana Association for the Education of Young Children

Promoting and supporting quality care and education for all young children, birth through age eight

Presented By: Dianna Wallace
Contact Information: 317-356-6884 Ext: 3506



About Indiana AEYC:

As the state affiliate of the National Association for the Education of Young Children (NAEYC), Indiana AEYC is a statewide, nonprofit 501 (c) 3 organization with 16 chapters and over 2,200 members. Indiana AEYC has a 44-year history of promoting and supporting quality care and education for all young children, birth through age eight, in Indiana. Our mission is accomplished by offering professional development for those in the early care and education field, assisting in the improvement of program quality, and championing public policy pertinent to young children.

Professional Development:

Children benefit from an educated early childhood professional. Research indicates one of the major factors in the quality of early care and education is the early childhood professional's education and experience.

T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® INDIANA

The T.E.A.C.H. Early Childhood® INDIANA Project is the umbrella for a variety of scholarships open to those who work in licensed, registered, or legally exempt child care centers, homes, and ministries. T.E.A.C.H. links training, compensation, and professional commitment to improve the quality of care and education for young children. (T.E.A.C.H. - *Teacher Education And Compensation Helps*® - is funded by Indiana AEYC and the Indiana Family and Social Services Administration, Division of Family Resources, Bureau of Child Care)

July 2010 – June 2011:

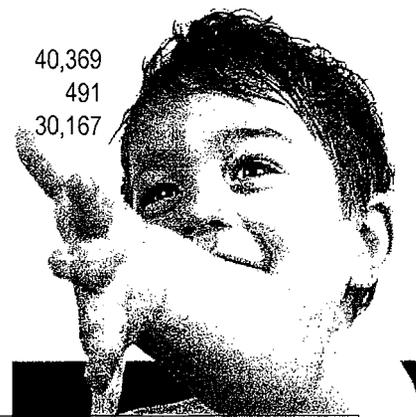
- Children cared for and educated by T.E.A.C.H. scholarship recipients: 116,404
- Total number of scholarship Recipients: 1,947
- Total number of CDA Training/CDA Assessment scholarships awarded:: 825
- Total number of early childhood associate degree scholarships awarded: 673
- Total number of credit hours completed: 11,751
- Average wage increase for an associate scholarship recipients: 4%
- Average percent (%) turn-over for an associate scholarship recipients: 3%

Indiana Non Formal CDA Project

Indiana Non Formal Child Development Associate (CDA) Credential Project is a training program designed to assist early care and education professionals in meeting the requirements for achieving a Child Development Associate Credential. It increases the quality of care and education of young children in Indiana by increasing the knowledge and skills of early care and education professionals and paraprofessionals. The CDA is a recognized national credential awarded to individuals completing the CDA Assessment. Indiana AEYC contracts with local training organizations/agencies that adhere to all Council for Professional Recognition's requirements for training CDA Candidates. (Since April 2004 Indiana AEYC has received financial support from the Indiana Family and Social Services Administration, Division of Family Resources, Bureau of Child Care)

July 2010 – June 2011:

- Children cared for and educated by CDA Training Scholarship Recipients: 40,369
- Total number of CDA Training Scholarships Recipients Supported: 491
- Total number of contact training hours completed: 30,167



Program Quality:

Quality early childhood programs set the tone for success in school and in life because they help children become better prepared for kindergarten and beyond! Indiana AEYC assists child care programs in attaining nationally-recognized accreditation and provides quality advising for child care programs that are seeking accreditation as part of their enrollment in Paths to QUALITY™, Indiana's voluntary quality rating and improvement system.

Indiana Accreditation Project

The Indiana Accreditation Project improves the quality of care and education for young children in Indiana by facilitating the accreditation of early childhood programs by providing financial and technical assistance to any legally operating early childhood facility. The Indiana Accreditation Project supports six national accreditation systems – NAEYC (National Association for the Education of Young Children), NECPA (National Early Childhood Professional Accreditation); NAFCC (National Accreditation for Family Child Care); ACSI (American Christian School International); NAA (National Afterschool Alliance); and COA (Council on Accreditation). (Since April 2004 Indiana AEYC has received financial support from the Indiana Family and Social Services Administration, Division of Family Resources, Bureau of Child Care)

July 2010 – June 2011

- Children cared for and educated in accredited programs 11,700
- Total number of Accredited Programs: 298
 - ACSI 3
 - COA 6
 - NAA 5
 - NAEYC 153
 - NAFCC 95
 - NECPA 36
- Total number of counties with accredited programs: 52
- Total number of accredited programs enrolled in PTQ 248

American Recovery and Reinvestment Act (ARRA) Early Childhood Projects

Indiana AEYC in partnership with the FSSA, DFR, Bureau of Child Care implemented the following ARRA projects.

ARRA Playground Improvement Project

The purpose of the Playground Improvement Project was to provide increased safe environments for children by financially supporting child care facilities in Indiana. Indiana received the 2011 National Program Safety's (NPPS) John Preston Playground Safety Award for its efforts in improving nearly 200 playgrounds statewide.

- 10,000 children impacted by the playground grants
- 399 playground grant applications received
- 192 playground grants awarded for a total of \$901,216.39
- 192 grant awards by type of facility:
 - 69 licensed centers
 - 115 licensed family child care homes
 - 8 child care ministries

2010 Indiana Early Childhood Workforce Study

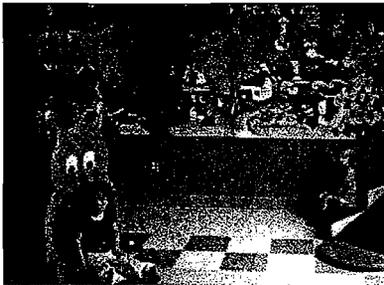
Indiana AEYC in partnership with the FSSA, DFR, Bureau of Child Care is completing the 2010 Indiana Early Childhood Workforce Study. 4,375 surveys were sent to early childhood facilities statewide with an additional 9,835 sent to teachers in centers and ministries. Three written questionnaires were used to collect information from licensed child care centers, unlicensed registered ministries, and family child care homes. The 2010 Workforce Study will be compared to the original 2005 Workforce Study.

Indiana Early Childhood Higher Education Articulation Project

Indiana AEYC in partnership with FSSA, DFR, Bureau of Child Care worked closely with a national expert, Valora Washington to increase the number of articulation agreements between the CDA to the Associates and from the Associates to the Bachelors degree. Indiana is currently a leader in the nation with the CDA articulating into the 2-year community colleges and with 15 articulation agreements transferring 55 credit hours from the 2-year associate into the 4-year bachelor degrees.

Indiana Early Childhood Conference Scholarships

Indiana AEYC in partnership with FSSA, DFR, Bureau of Child Care awarded 584 scholarships for early care and education professionals to attend the 2010 and 2011 Indiana Early Childhood Conference. The scholarships provided 7,475 professional development hours to early childhood professionals statewide.



The Central Indiana Child Care Improvement Project

creating a safe and caring environment
for early childhood development

Addressing today's needs. Reducing tomorrow's.®

The first five years of a child's life are the most critical years of his or her development. Most children under age 5 in Central Indiana spend their days in out-of-home care, and many of these children are in child care ministries. There are about 250 registered child care ministries in Central Indiana with the capacity to serve over 15,000 children. Many of these child care ministries view their work as "mission work." They know they have an enormous responsibility and a wonderful opportunity to make a difference in the lives of children and families. They have a responsibility to provide safe and healthy environments, and an opportunity to offer high-quality educational experiences to children to help prepare them for school and for life. Providing high-quality child care is a great challenge for nonprofit ministries serving families in need.

As part of United Way's education priority, staff and partners began working to provide assistance to registered child care ministries in two Indianapolis neighborhoods in 2007. The goal was to help these ministries meet their quality improvement goals in order to participate in Indiana's Paths to QUALITY rating system, which was to launch in 2008. In 2009, this project, with the help of an American Recovery and Reinvestment Act (ARRA) grant from Indiana's Family and Social Services Administration (FSSA), expanded to all six United Way Central Indiana counties. Over 80 child care ministries and over 4,000 children have been touched by the work of United Way and partners. Prior to 2009, *none* of the child care ministries in Central Indiana met the minimum Voluntary Certification Program (VCP) standards for the Paths to QUALITY program. Thanks to the work of United Way and its partners; now 25 ministries have reached Level 1 or higher.

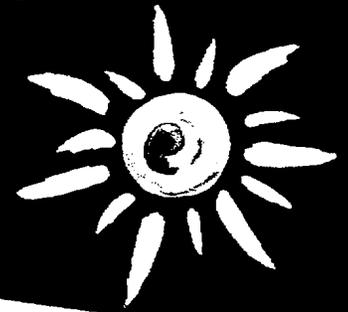
Partnerships are important in any great effort. In addition to the countless hours invested by directors and caregivers from these 25 ministries, a number of organizations stepped up to help. Child Care Answers, a program of Day Nursery Association, mentored the child care ministries and helped guide them to Paths to QUALITY. The Hagerman Group provided construction management services and donated fees to the project. Halstead Architects, who planned the work for each project and assessed the feasibility of many more, donated more than half of their usual fees. The leadership and staff at the FSSA's Bureau of Child Care helped along the way and made this project possible with an investment of funds.

In this guidebook, you will learn about this project and read profiles on the 25 child care ministries that committed to quality improvement. You may be a parent, prospective client, community worker, educator, policy maker, business leader, philanthropist or a concerned citizen who values children. Whatever role you might play in seeking and supporting the important work of child care providers in our community, I hope you will find this collection of mission-driven organizations as interesting and inspiring as I do. I also hope you will join United Way and its partners in continuing to LIVE UNITED – give, advocate and volunteer – on behalf of young children and those who care for them in our community.

Sincerely,

A handwritten signature in cursive script that reads "Ted Maple".

Ted Maple, Ph.D.
Director, Early Childhood
United Way of Central Indiana



Paths to QUALITY™ - Indiana's Child Care Quality Rating and Improvement System

Research shows that high quality early childhood programs prepare children for future success in school, work and life. Birth through age 5 is the most important time for growth of the human brain. A child's brain develops in response to the child's experiences by building neurological networks in reaction to the environment.

A child's experiences in a child care program can significantly contribute to that brain development and the future success of the child. High-quality child care programs are essential, not only to Hoosier children, but also to their families and to the communities in which they live. Parents need stable, high-quality care in order to be productive at work. They count on their child care provider to ensure that their child is safe, healthy and learning during those hours they must be at work. Our school systems need children who are entering school to be prepared and ready to succeed. Businesses need a high quality work force both now and in the future. In fact, studies have shown that high-quality early childhood programs increase the graduation rate, reduce the future crime rate, and can save up to sixteen dollars for every one dollar invested. High-quality child care programs are essential to everyone.

In order to improve the quality of child care programs, states across the nation are using Quality Rating and Improvement Systems, such as the one here in Indiana, *Paths to QUALITY™*. Quality Rating and Improvement Systems assess the quality of care within a program, work to improve that quality level, and give families an easy-to-recognize symbol that makes the difficult decision of choosing child care easier. These systems also provide an accountability measure for funding and create an alignment between licensing, subsidy and quality across child care, Head Start and the Department of Education's early learning guidelines.

Paths to *QUALITY* has been fully implemented and available statewide since January, 2009. Within two years over 2010 child care programs have voluntarily joined and over 73,000 of Indiana's children are benefiting from higher quality child care.

Paths to QUALITY gives families an easy to recognize tool for selecting a child care program. Families can look for the *Paths to QUALITY* logo to determine what level their provider has achieved. Each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and in national accreditation at the highest level. The system validates child care programs for ongoing efforts to achieve higher standards of quality and provides incentives and awards for success. The four levels address:

- Level 1: Health and safety needs of children are met
- Level 2: Environment supports children's learning
- Level 3: Planned curriculum guides child development and school readiness
- Level 4: National accreditation (the highest indicator of quality) is achieved

For more information on *Paths to QUALITY*, please visit www.childcarefinder.in.gov.

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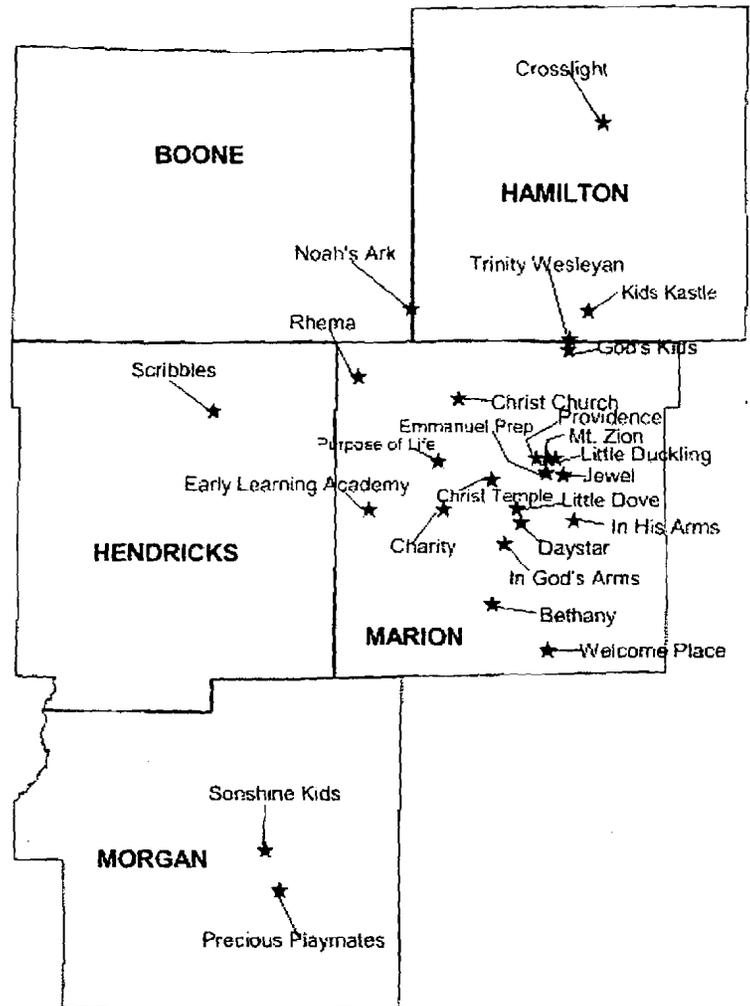
The 25 child care ministries that participated in the United Way of Central Indiana Child Care Ministry Improvement Project from 2009-2011 were the first ministries in the region to attain Paths to QUALITY status. In order to qualify, many of the ministries had to make big changes to the structures of their programs. It required hard work and long hours on the part of the child care staff and church staff. They also had the support of United Way and its partners, bringing resources to the project and making change possible.

Each of the 25 Level 1 ministries and many others involved in the project received one-on-one mentoring from Child Care Answers, professional development and training grants, curriculum materials, environmental safety kits, and new infant cribs that meet safety regulations. These benefits were made possible by an American Recovery and Reinvestment Act grant from Indiana Family and Social Services Administration's Bureau of Child Care.

Nearly all of the Level 1 ministries received grants for facility improvements that were major obstacles to reaching Level 1. These improvements included upgraded lighting, alarm systems, hand-washing sinks, child-sized toilets, emergency exits, hot water safety valves, playground fencing and other building enhancements focused on health and safety.

Each of the ministries worked to meet the Voluntary Certification Program (VCP) standards required to reach Level 1, and all are committed to continuing to improve and reach higher levels in the Paths to QUALITY system. Two ministries, Crosslight and Daystar, have already reached Level 2 and Level 3, respectively. Thanks to generous donors and strategic partners, United Way of Central Indiana will continue to support child care ministries striving to improve their quality and help children prepare for a successful start to school for many years to come.

Map of 25 child care ministries featured in this book



In the following pages, you will find profiles of each of the 25 child care ministries who participated in the Central Indiana Child Care Improvement Project. You will learn their perspectives on improving quality, why they chose to participate in the project, and how it has helped their mission to serve children in Central Indiana.

BethanyDay Care

Why did you choose to participate?

We chose to participate to improve our facilities so that we can achieve the VCP standards and begin working on Paths to QUALITY. It is our goal to provide each child in our care the best possible foundation for lifelong success through a quality early childhood education program. Our ministry's goal is to educate each mind, body and spirit.

How has the project helped?

The project has helped to provide educational opportunities for our staff. We were able to attend many different conferences to improve our knowledge. Several staff members have begun work on their Child Development Associate program. Our building received extensive remodeling to meet the building structure requirements for Paths to Quality and licensing standards. We were able to purchase equipment to expand our program for each age group of children. We have been able to achieve many of our program goals in a very short period of time.

What difference has it made in the program?

We have met the standards for Voluntary Certification Program (VCP). Our building has improved lighting and restroom facilities for the children. Our staff has received training which has benefited the children through new teaching techniques and ideas. The children have many new pieces of equipment to use in their classrooms and community gym area.

Who has been impacted the most by the improvements?

Our facility has undergone many changes for the benefit of our children. Many safety issues were addressed, as well as quality of materials available for the use of each child. The children have benefited from the staff receiving additional education opportunities which, in turn, gives new opportunities to every child in our program.

What is the future for the program?

Our program will continue to work through the four levels of Paths to QUALITY. It is our goal to achieve national accreditation, or level 4 within 18 months to provide an outstanding educational opportunity for each child and their family.



About Bethany:

- Location - 4702 South East Street Indianapolis, IN 46227
- Contact information - 317.780.1100
- Enrollment - 105
- Capacity - 125
- Number of children receiving child care subsidy - 58
- Sponsoring faith-based organization - Bethany Evangelical Lutheran Church
- Year opened - 1997
- Number of staff - 15



United Way
of Central Indiana

Charity Child Care Ministry

Why did you choose to participate?

Charity Child Care anticipated the arrival of the Child Care Improvement Ministry Project two years before its existence! We were very excited about the opportunity to enhance the quality of our program with the help of United Way of Central Indiana, a committed community partner. The potential capital improvements and facility upgrades, curriculum materials, mentoring hours and professional development dollars were all attractive benefits included in the program. In all, we were overwhelmed by the possibility to be a part of such an impacting program for children.

How has the project helped?

The two most beneficial aspects of the program were the monthly mentoring sessions and the professional development award. In our 15 years of existence, we have not had the chance to experience coaching outside our program relating to early childhood. Our mentor, Jeanie Neal, assisted with the design of classroom environments, curriculum and programmatic planning and staff training. Because of the professional development grant, we were able to realize just how necessary it is to invest in staff training.

What difference has it made in the program?

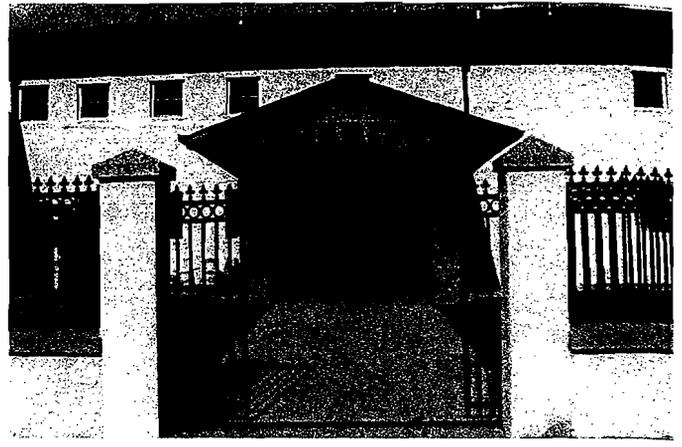
In conjunction with our participation in the Child Care Ministry Improvement Project, we acquired VCP. We now have 14 classrooms that are equipped to meet the age and developmental appropriateness for children ages 6 weeks to 12 years of age. Our program has an online subscription with Child Care Education Institute whereby 20 staff members have access to more than 120 hours of early childhood training.

Who has been impacted the most by the improvements?

Ultimately the children we care for, more than 300 annually, receive the maximum benefit from our participation in the project. We strive to provide a program that is clean, healthy, safe and appropriate for all children, and this project helped us to further achieve our goal.

What is the future for the program?

Expansion by way of adding two new sites within the next two years are goals for Charity Child Care. We seek to continue to provide the best care possible for the families that we serve.



About Charity:

- Location - 2697 West 10th Street
Indianapolis, IN 46222
- Contact information - 317.637.7214
- Enrollment - 200
- Capacity - 214
- Number of children receiving child care subsidy - 140
- Sponsoring faith-based organization -
Charity Church Ministry, Inc.
- Year opened - 1996
- Number of staff - 26
- Square footage - 9,300 sq. ft.



United Way
of Central Indiana

Christ Church Child Care Ministry

Why did you choose to participate?

(Note: Lydia took over as director in November 2010, after the project had been underway for about eight months.)

When Lydia started, she changed some of the construction plans, including putting sinks in infant rooms because they were expanding the number of infant classrooms.

How has the project helped?

Going through this process, and coming in halfway through the project, I would have to say the training has been the most important component. We have staff that are in their 50s going back and earning their GEDs, and then they want to earn their CDAs. Now that we know some of the rules and regulations, we see why ratios are important to maintain.

What difference has it made in your program?

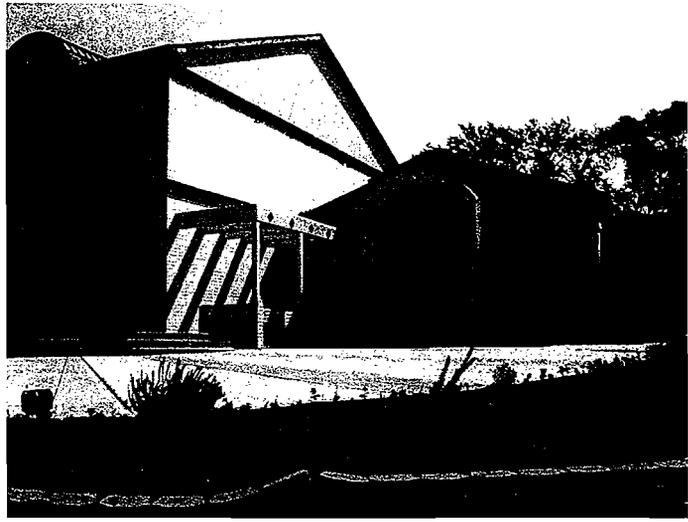
This program has made us more determined to accomplish anything and to be involved in other programs that will help the growth of our school.

Who has been impacted the most by the improvements?

Staff, parents, children (playground) and our church members are really excited.

What is the future for the program?

We used this accomplishment for a trophy for the school. We will continue with ongoing training for the teachers and director. I am looking forward to starting my CDA classes in the fall.



About Christ Church:

- Location - 6601 North Grandview Drive Indianapolis, IN 46260
- Contact information -317.254.1946
- Enrollment - 105
- Capacity - 107
- Number of children receiving child care subsidy - 35
- Sponsoring faith-based organization - Christ Church Apostolic
- Year opened - 1998
- Number of staff - 19



United Way
of Central Indiana

Christ Temple Christian Academy

Why did you choose to participate?

When we were presented with the opportunity to participate in the project, we were very excited. It has been our goal to provide quality day care for the families we serve. It was already an intention of ours to obtain our VCP and also achieve on the Paths to Quality. The project allowed us to receive information and resources that would benefit both our staff and the families in our ministry. The components of the project; professional development, materials and improving the safety of our environment is just what we needed in order to help pursue and accomplish our goals.

How has the project helped?

The project has helped us in various ways. First of all, having a mentor was really helpful in bringing a different perspective to our program. She was able to assess the facility and our procedures and advise us on ways to improve. Secondly, we were provided with learning and play resources that we may not otherwise have been able to obtain as quickly. Most of all, the project was an inspiration to us all and has helped us to set more goals and expand our program.

What difference has it made in your program?

The project has made a difference by providing us with additional tools and resources in order to expand our program. We have had the opportunity to enhance our environment and to gain a greater knowledge of child development and having a well-balanced program.

Who has been impacted the most by the improvements?

Though we have all been impacted to some degree by the improvements, the main impact has been on the children. Even in their state of being unaware of some of the changes, the children will benefit the most from the learning tools, the training the staff receives and the overall advancements of the facility.

What is the future for the program?

The future for our program looks very bright. We will continue to provide quality and loving care as we excel and constantly improve through the Paths to Quality.



About Christ Temple:

- Location - 430 West Fall Creek Parkway Indianapolis, IN 46208
- Contact information - 317-924-1255
- Enrollment - 70
- Capacity - 100
- Number of children receiving child care subsidy - 20
- Sponsoring faith-based organization - Christ Temple Apostolic Faith Assembly
- Year opened - 1975
- Number of staff - 10
- Square footage - 6,335



United Way
of Central Indiana

Crosslight Christian Day Care

Why did you choose to participate?

I had come in as a new director about a year before this project started, and the board was looking for someone that wanted to improve upon what they had. I had heard about this grant project opportunity through a newsletter from Child Care Answers. It was perfect timing for things that we needed to happen. We knew how we wanted to grow the child care program, and we had someone who came around at the right time who was willing to help us. It was perfect timing and a perfect opportunity.

How has the project helped?

This project has helped us improve in so many ways. One of the most important areas that it helped with was in the education of the staff through the training opportunities that were offered and in encouraging them to further their education. We have staff who are now working toward their CDAs – something that would have been difficult for us to do on our own. The project also provided us with new materials for our classrooms. We may have had one of something, but through the grants, we were able to purchase 2 or 3 of the same type of toy. The grant also helped us purchase some needed furnishings for our classrooms. Through this whole process, we had a wonderful mentor that helped us every step of the way. She was absolutely great in working with me, and our staff and we will miss her support.

What difference has it made in the program?

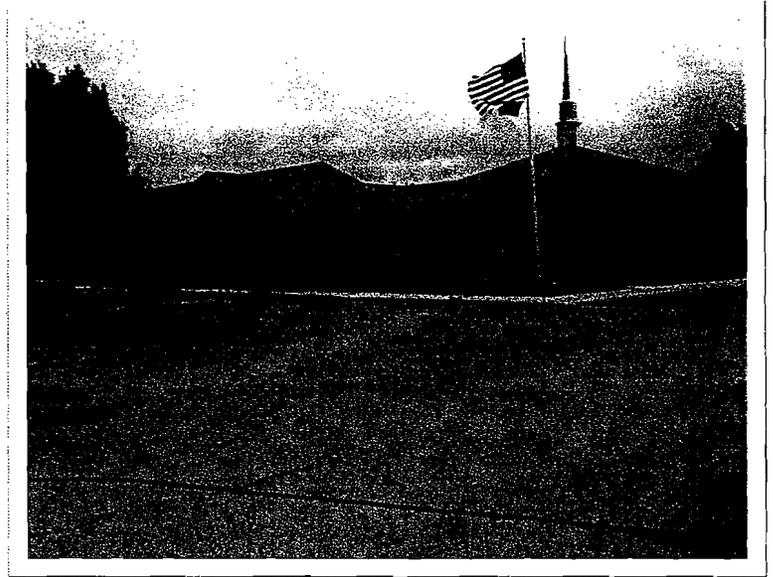
Wow! The staff is better educated. Our program has more resources to offer to the children and their families, and we are moving right along with Paths to QUALITY.

Who has been the most impacted by the improvements?

The children have benefited most from the improvements made to our program. The staff has also been impacted by the education they have received due to this project. The church members and community as a whole have been impacted.

What is the future for the program?

Crosslight Christian Daycare plans to continue on their journey providing excellence in child care.



About Crosslight:

- Location - 1715 Stringtown Pike
Cicero, IN 46034
- Contact information - Joanna Moore
317.984.4653
- Enrollment - 67
- Capacity - 85
- Number of children receiving child care
subsidy - 8
- Sponsoring faith-based organization -
Cicero Christian Church
- Year opened - 1998
- Number of staff - 14



United Way
of Central Indiana

Daystar Child Care

Why did you choose to participate?

We chose to participate in the project because United Way of Central Indiana's views on quality early childhood education are parallel with ours. The financial contribution made by United Way enabled us to do much needed upgrades to our building so that we could meet the standards in the Voluntary Certification Program and participate in the State of Indiana's Paths to QUALITY program.

How has the project helped?

The project was a catalyst for improving our facility and in the development of our gifted and committed staff.

What difference has it made in the program?

Our lovely children enjoy a brightened space in which to play. Their families are manifestly appreciative of our expanded curriculum. Our staff shows a renewed excitement for our critical work.

Who has been impacted the most by the improvements?

We believe it has been a win-win opportunity. Our children have a safe, nurturing place to learn and play, benefitting not only them, but also their parents, our church body and our community.

What is the future for the program?

After achieving Level 3 in Paths to QUALITY, we are in the beginning stages of putting into place practices and meeting educational goals needed to meet Level 4 and accreditation.



About Daystar:

- Location - 57 North Rural Street
Indianapolis, IN 46201
- Contact information - Lisa Bowling or
Laura Dyke, Co-directors 317.261.0831
- Enrollment - 90
- Capacity - 100
- Number of children receiving child care
subsidy - 22
- Sponsoring faith-based organization -
Englewood Christian Church
- Year opened - 1996
- Number of staff - 14



United Way
of Central Indiana

The Early Learning Academy at Chapel Hill Christian School

Why did you choose to participate?

We chose to participate in the grant because we had a strong desire to improve the quality of care at our facility. The grant provided us with the mentoring and building renovations to make it happen. As the individual seeking the funding, I was especially attracted to the professional development funds that the grant made possible.

How has the project helped?

The grant has allowed our program to achieve the Voluntary Certification and, therefore, become a part of the Paths to QUALITY program. One of the major road blocks to the VCP was certainly the layout of our building. Without the grant funds, we would not have been able to have restrooms that opened directly into our toddler rooms, and most of our lighting would not have meet the requirements. In addition, the ability to send our staff to various training sessions has been a source of improvement in every area of our program.

What difference has it made in the program?

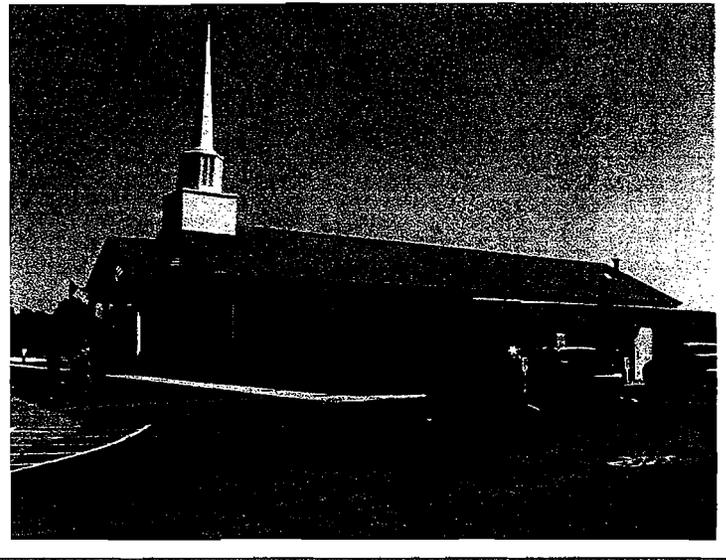
Our program has been in existence for 32 years. We have always prided ourselves on caring for children. The grant has opened doors to new early education concepts and techniques. It has allowed our educators to experience new and fresh learning opportunities, which, in turn, has improved the way we care for and educate the children in our community.

Who has been impacted the most by the improvements?

From the updated lighting in their classrooms to the fresh ideas their teachers are integrating into their lesson plans, the children in our care have certainly been the most impacted by the improvements made at our facility.

What is the future for the program?

The Early Learning Academy at Chapel Hill Christian School is excited to begin the Paths to QUALITY program and to work toward national accreditation.



About Early Learning Academy:

- Location - 1055 North Girls School Road Indianapolis, IN 46214
- Contact information -317.244.8491
- Enrollment - 57
- Capacity - 178
- Number of children receiving child care subsidy - 5
- Sponsoring faith-based organization - Hope Baptist Church
- Year opened - 1979
- Number of staff - 9
- Square footage - 6,230 sq. ft.



United Way
of Central Indiana

Emmanuel Preparatory Academy and Emmanuel Preparatory Academy Too

Why did you choose to participate?

We decided to participate because we wanted to become better at what we were doing for the children.

How has the project helped?

The project has opened doors for opportunity – the greatest of the opportunities being training for the CDA certification.

What difference has it made in the program?

The difference is we are now a cut above other child care ministries. The VCP certification states that our standards are above requirements.

Who has been impacted the most by the improvements?

The children and their parents along with our staff – we are all winners.

What is the future for the program?

We would like to achieve Level 4 in Paths to QUALITY.



About Emmanuel Prep:

- Location #1 - 4901 East 31st Street Indianapolis, IN 46218
- Location #2 – 4958 East Ribble Road Indianapolis, IN 46218
- Contact information - 317.546.0562
- Enrollment - 33
- Capacity - 40
- Number of children receiving child care subsidy - 4
- Sponsoring faith-based organization- Emmanuel Missionary Baptist Church
- Year opened - 2000
- Number of staff – 6



God's Kids Early Learning Ministry

Why did you choose to participate?

We felt that this project provided us with opportunities to further improve our program and increase credibility in the child care community and the community at-large about the quality of our program. From our perspective, the goal of the project was to assist registered ministries to become even better. There seems to be a feeling in the community that child care ministries are sub-standard because we don't have to follow all the rules that a licensed center does. The grant was an opportunity for us to show that some ministries were doing good work. We felt that United Way was willing to come alongside us and help us further enhance the quality of our child care.

How has the project helped?

The lighting has been the most noticeable improvement. Everyone has remarked at how bright and cheerful the rooms are now with the increased light candles. The regulations in regard to staff requirements have helped in our service to our stakeholders, and the documentation for infants and toddlers have assisted in giving our parents more information, which they have appreciated.

What difference has it made in the program?

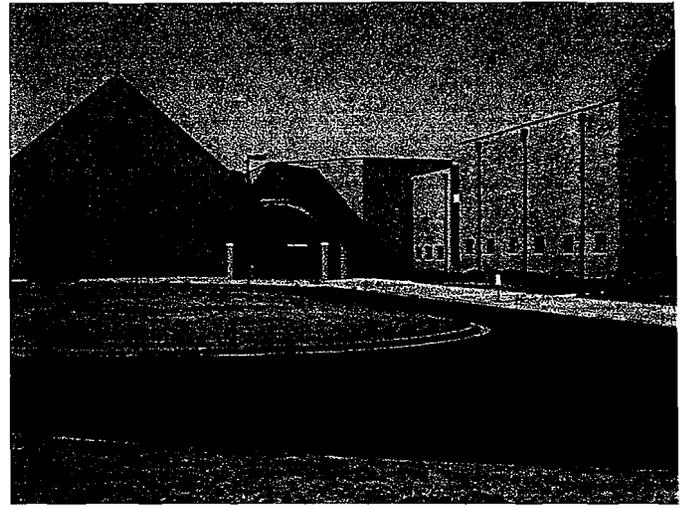
The rooms are brighter, more cheerful. The increased regulations for staff have caused us to look at the personnel that we have hired a little closer and thereby giving better service to our children and their families.

Who has been impacted the most by the improvements?

The children because they are now in brighter, more cheerful rooms. They have better caregivers and are receiving better nutrition due to the food standards.

What is the future for the program?

We will be going through re-accreditation in spring of 2012 with the Association of Christian Schools International. This has been good preparation for that process, and we will maintain our VCP standards for the coming future.



About God's Kids:

- Location - 6049 East 91st Street
Indianapolis, IN 46250
- Contact information - 317.849.1261
- Enrollment - 142
- Capacity - 200
- Number of children receiving child care subsidy - 0
- Sponsoring faith-based organization -
East 91st Street Christian Church
- Year opened - 1984
- Number of staff - 40
- Square footage - 15,000 sq. ft.



United Way
of Central Indiana

In God's Arms Child Care Ministry

Why did you choose to participate?

We chose to participate because we are located in an underprivileged neighborhood. We believe strongly that all children deserve good, quality care that is safe, no matter what neighborhood they live in. We decided to embark on this road to improve our program and make sure that they receive the best possible care we can possibly give.

How has the project helped?

The project has helped with safety improvements, including the installation of a new fire system, new fire exits and lighting. We were also able to separate infants and toddlers into their own space.

What difference has it made in the program?

The changes have allowed us to focus on the developmental differences in infants and toddlers. We have received items that have improved our curriculum and enhanced the motor skill development of these age groups.

Overall, there is calmness in the separation. The different age groups no longer compete for space; they have their own.

Who has been impacted the most by the improvements?

The infants and toddlers in our program have been most positively impacted by these changes. The parent and teacher relationships have been enhanced as well.

Also, the neighborhood and near downtown area can now count on quality infant and toddler care.

What is the future for the project?

In the near future our program intends to embark on Paths to QUALITY, hoping to reach Level 3 in one year.



About In God's Arms:

- Location - 1224 South Laurel Street
Indianapolis, IN 46203
- Contact information - 317.632.1433
- Enrollment - 64
- Capacity - 79
- Number of children receiving child care subsidy - 32
- Sponsoring faith-based organization -
Emmaus Lutheran Church
- Year opened - 2008
- Number of staff - 30



United Way
of Central Indiana

JEWEL Child Care and Preschool

Why did you choose to participate?

JEWEL Childcare Preschool/Kindergarten is committed to utilizing a team effort in supporting the development and education of our children. We believe that the children, parents, staff and administration make up the team. We also believe that our team is responsible and accountable for the success of our children, as well as the ministry. Childcare programs and ministries, by their very nature, make great demands upon the physical and emotional energies of its staff. The teachers must be prepared to offer a well-balanced daily program, be supportive of parents, observe many regulations, and implement policies/procedures in the process of doing their work. With these factors in mind, JEWEL welcomed the challenges that came with meeting the criteria for Voluntary Certification.

How has the project helped?

The professional development has been the most helpful component for us. They offered us additional online training, along with providing a facilitator from Child Care Answers to visit our site and provide training. Our staff traditionally attends the annual Indiana Childcare Conference to further enhance their knowledge in early childhood development. As a result of the professional development support that our staff has received, additional opportunities have been given to further enhance their professional understanding.

What difference has it made in your program?

The goal was to meet the requirements of the Voluntary Certification Program and to jump-start our participation in the Paths to QUALITY program. For the past 16 years, our ministry has been blessed with an exceptional facility and, therefore, needed minimal facility improvements. It helped us with our forward thinking in regards to curriculum.

Who has been the most impacted by the improvements?

The VCP process has impacted our children through the professional development of our staff. Our professional experience teaches us that quality early learning opportunities prepare children for future success. Through the training provided, our staff has implemented additional learning experiences.

What is the future for the program?

The future of our program is to meet the criteria of the Paths to QUALITY certification, which will increase the quality of care for all children. Our staff will continue with ongoing professional development to improve our early learning program. We are enthusiastic and extremely hopeful that these efforts will show our commitment to quality childcare.



About JEWEL:

- Location - 5750 East 30th Street
Indianapolis, IN 46218
- Contact information - 317.591.5056
- Enrollment - 105
- Capacity - 163
- Number of children receiving child care subsidy - 6
- Sponsoring faith-based organization - Eastern Star Baptist Church
- Year opened - 1994
- Number of staff - 23
- Square footage - 21,738 sq. ft.



Kid's Kastle

Why did you choose to participate?

When we signed up for this project, we didn't jump in with both feet. We did some research and asked around about it. After we received some guidance from others, we decided to try to go as far as we could with meeting all of the VCP standards.

We are members of Association of Christian Schools International(ACSI).They were aware of and touted United Way's plans to work with registered ministries in Central Indiana. We trust their opinion on matters, so we applied for the grant. Once I read more on it, I found that they were all about helping registered ministries meet the VCP standards without touching the ministry aspect of our business. We talked to them and some other ministries that had been involved with them in the past before we applied and thought it was a good idea to apply.

How has the project helped?

The online training that we gained access to as a result of this project has been invaluable to us. The courses really are high-quality. Teachers are able to independently participate in training and earn their hours on their time. It has raised our awareness of higher standards. It has really been beneficial to our staff. It has helped them to look for areas of improvement.

What difference has it made in your program?

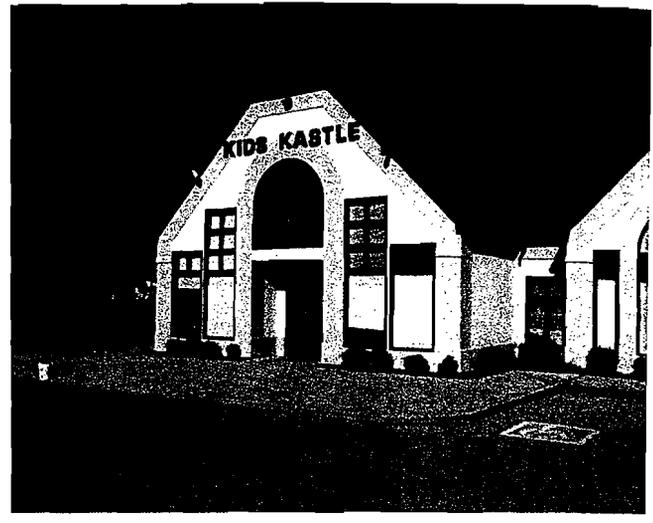
The teaching staff has changed much in the area of how they teach, how they arrange their rooms and the way they communicate with their children.

Who has been impacted the most by the improvements?

The teaching staff has changed much in the area of how they teach, how they arrange their rooms and the way they communicate with their children.

What is the future for the facility?

Trinity Wesleyan Child Care plans to stay on the track to Paths to QUALITY. Their teachers are on track to obtain their CDAs as well.



About Kid's Kastle:

- Location - 11552 Fishers Landing Dr
Fishers, IN 46038
- Contact information- Karen Baker
317.558.1130
- Enrollment - 135
- Capacity- 173
- Number of children receiving child
care subsidy- 0
- Sponsoring faith-based organization
Trinity Wesleyan Church
- Year opened - 2000
- Number of staff- 25
- Square footage- 11,000 sq. ft.



United Way
of Central Indiana

Little Dove Daycare

Why did you choose to participate?

We chose to participate because we wanted to take every opportunity to improve our child care. The improvement project not only offered the possibility for physical improvements to our facility, but also the chance to work with child care experts in the field.

How has the project helped?

The project has helped tremendously! Words cannot express how grateful we are for the improvements in our facility and the quality of our program. We have always considered ourselves an educational facility that holds themselves to a higher standard. The support from this program has helped us improve our school and be more visible to the community as a high-quality facility.

What difference has it made in your program?

The project has made a great difference in our program. Our teachers are enjoying the new materials and have been reenergized to be better educators in their classrooms.

Who has been impacted the most by the improvements?

The children and families have been impacted the most. They love all of the new improvements and are proud to call the center their home.

What is the future for the program?

We are working hard to work our way up the levels of Paths to QUALITY and hope to become a licensed and accredited Center in the near future.



About Little Dove:

- Location - 2327 East 10th Street
Indianapolis, IN 46201
- Contact information - 317.637.0841
- Enrollment - 74
- Capacity - 82
- Number of children receiving child care subsidy - 61
- Sponsoring faith-based organization -
East Tenth United Methodist Church
- Year opened - 1998
- Number of staff - 18
- Square footage - 10,000 sq. ft.



United Way
of Central Indiana

Little Duckling Daycare

Why did you choose to participate?

United Way came with a plan to improve our facility. These improvements seemed very beneficial to our child care. Our priority is quality child care for our children. We saw these improvements as an opportunity to increase the quality of care we could provide to children.

How has the project helped?

The project has helped tremendously in the classroom setting. Through the project, we were able to install two new restrooms for the toddler classrooms which has helped us potty train the kids and helped us wash their hands. We also were able to install a sink in the infant room.

What difference has it made in your program?

All of the construction made a huge difference! We have new lighting, which has helped us see better. It has also made the child care much brighter!

Who has been impacted the most by the improvements?

The administration and the staff have been most impacted. They are here more frequently than the children. The improvements have made our child care ministry a better, happier place, which makes it a better working environment.

What is the future for the program?

We plan to continue with Paths to QUALITY. We are currently at Level 1 and working on reaching Level 2.



About Little Duckling:

- Location - 5350 East 38th Street
Indianapolis, IN 46218
- Contact information - 317.544.2000
- Enrollment - 122
- Capacity - 150
- Number of children receiving child care subsidy - 75
- Sponsoring faith-based organization -
New Directions
- Year opened - 1989
- Number of staff - 17



United Way
of Central Indiana

Mount Zion Loving Day Care

Why did you choose to participate?

We saw this as an opportunity of a lifetime. We had been trying to make our atmosphere better. United Way came along and helped us to that.

How has the project helped?

We are now in the process of becoming a licensed center. United Way purchased and installed a lighting upgrades and a fire alarm system for us. They helped us do necessary upgrades that we did not have the money for.

What difference has it made in your program?

The parents have noticed how much brighter our facility is. It has helped us be a better place for parents to bring their children.

Who has been the most impacted by the improvements?

The children have been most impacted by the improvements.



About Mt. Zion:

- Location - 4900 East 38th Street
Indianapolis, IN 46218
- Contact information - 317.549.1209
- Enrollment – 65
- Capacity – 80
- Number of children receiving child care subsidy - 32
- Sponsoring faith-based organization - Mt. Zion Apostolic Church
- Year opened – 1999
- Number of staff - 12



United Way
of Central Indiana

Noah's Ark Christian Child Care/ Preschool

Why did you choose to participate?

We chose to participate in this program because we wanted to improve our facility and train our teachers in order to provide better care for the children. This project was different than other opportunities for registered child care ministries because it was focused and had a definitive end date. It was very focused on trying to get the ministries to meet the VCP standards. We were at a point in our child care where we needed to challenge ourselves and our teachers. We had become comfortable and stale in our practices, and we needed the challenge in order to go to the next level.

How has the project helped?

The project has helped us build a fence around one of our playgrounds, train teachers, replace the lights in our classrooms, purchase new toys, and put in an exit door in our infant room. I think the training has been the most important component for us. We thought we knew everything before we started this project because we've been doing this for so long! The Foundations training helped our teachers think about what they're doing and how they can touch upon so many of the early learning academic standards with one activity or experience. The VCP checklist alone opened our eyes to how comfortable we had become in our practices.

What difference has it made in your program?

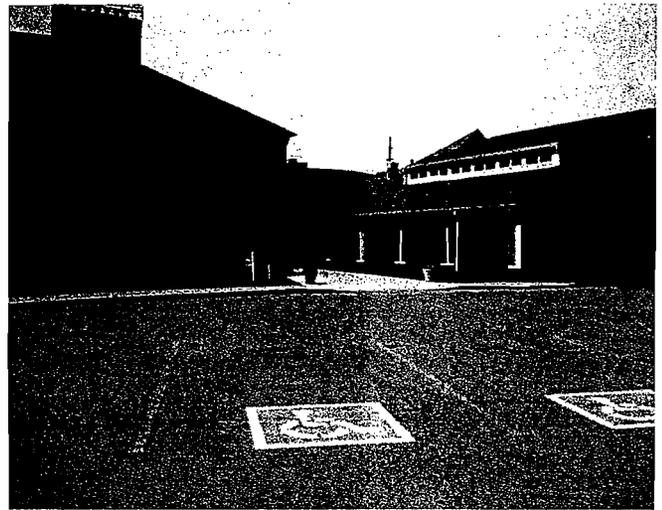
The difference in quality that I have seen over the course of this project is that we are now offering more appropriate child care for children. We are communicating better with parents than before, we are giving kids more nutritious meals (now on the food program), and we are helping out single parent families (now accepting CCDF subsidies).

Who has been impacted the most by the improvements?

The children and their families have been most impacted by the improvements this grant has allowed us to make.

What is the future for the facility?

Our plan for the future is to continue to care for the children to the best of our ability and to achieve Level 4 in the Paths to QUALITY program.



About Noah's Ark:

- Location - 4775 West 116th Street
Zionsville, IN 46077
- Contact information- 317.873.3190
- Enrollment - 135
- Capacity - 200
- Number of children receiving child care
subsidy - 2
- Sponsoring faith-based organization -
Zionsville Presbyterian Church
- Year opened - 1992
- Number of staff - 33
- Square footage - 12,076 sq. ft.



Precious Playmates Day Care Ministry

Why did you choose to participate?

We wanted to improve our daycare and be able to serve our parents and children better.

How has the project helped?

We were able to receive the instruction and tools needed to serve and educate our children better.

What difference has it made in your program?

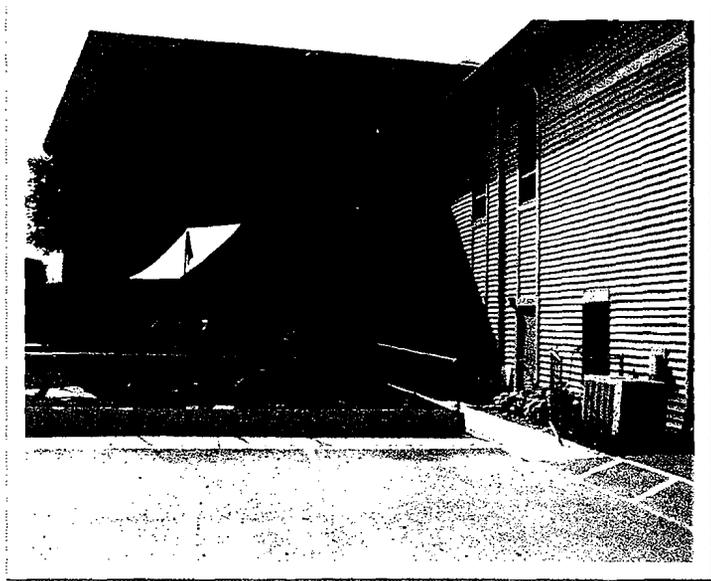
The teachers and I have learned how to teach and observe children, enabling us to help them to grow and mature properly.

Who has been impacted the most by the improvements?

The children have been impacted the most.

What is the future for the program?

We want to start Paths to QUALITY, thus providing our community with a top-quality childcare.



About Precious Playmates:

- Location - 3496 East Morgan Street
Martinsville, IN 46151
- Contact information - 765.342.2220
- Enrollment - 63
- Capacity - 65
- Number of children receiving child care
subsidy - 1
- Sponsoring faith-based organization -
Prince of Peace Lutheran Church
- Year opened - 1995
- Number of staff - 14
- Square footage - 2,100 sq. ft.



Providence Preschool

Why did you choose to participate?

Providence wanted to meet the VCP standards.

How has the project helped?

I learned a lot from the project. It was a lot of work, but it was really exciting. I got to attend professional development classes through our involvement in this program. This project has been extremely helpful.

Our children have received many new games, toys and puzzles from the project. These items have brought excitement and fun for the kids at our ministry. Each morning the parents and teachers witness the students enjoying the new materials. It is wonderful to see how the resources challenge the students' aptitude, and it's very exciting to watch their imagination and creativity flourish when enjoying their new materials.

What difference has it made in your program?

This project has made a lot of difference in our program. The teachers have a better understanding of the children. The project has helped the building. We also have a better understanding of rules and regulations.

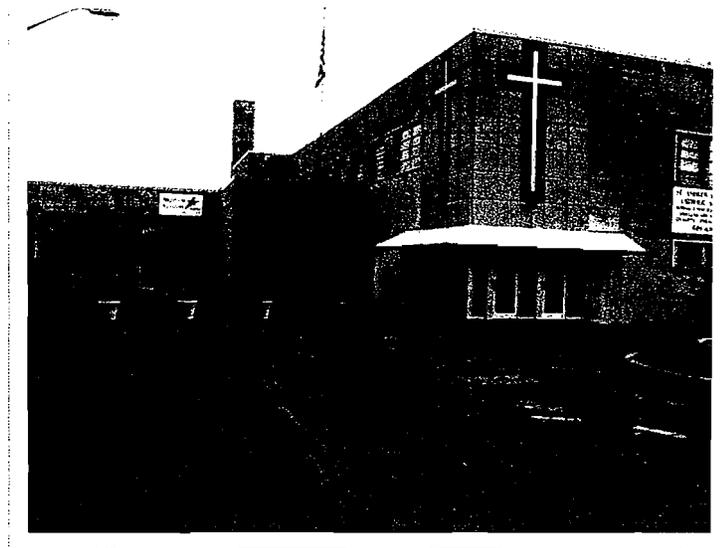
Having a mentor has also made a huge difference in our program. Our mentor was extremely helpful and was very instrumental in helping us pass VCP. She made sure we understood all of the rules and regulations.

Who has been impacted the most by the improvements?

All of us have been extremely impacted. The children and teachers have been affected, even the teachers that have been teaching for 15-20 years. The improvements have helped do things better to benefit the kids. The atmosphere has changed for the better.

What is the future for the program?

We plan to continue meeting and working on VCP standards. Parents want a program that is concrete. I can see learning and good things taking place.



About Providence:

- Location - 4050 East 38th Street
Indianapolis, IN 46218
- Contact information - 317.549.6305
- Enrollment - 44
- Capacity - 44
- Number of children receiving child care subsidy - 2
- Sponsoring faith-based organization –
St. Andrew the Apostle Catholic Church
- Number of staff - 7



Purpose of Life Academy

Why did you choose to participate?

We were looking at the different VCP standards and thought that, at some point, it will be a requirement for us to meet VCP. We thought that if we got on board now with this and get it done, then we would be a step ahead. We want to be known as one of the top schools on the westside of Indianapolis, and it was a way for us to make that happen.

How has the project helped?

The professional development has been the most important component for us. We see evidence that teachers are learning new skills and techniques in working with the children and in setting up their classrooms. It helps that they can hear it from someone else on why do something a particular way instead of always hearing it from me, and the trainings have helped reinforce that. Staff are also working on their CDAs and attending conferences. Parents have even noticed that we are doing things differently here.

What difference has it made in your program?

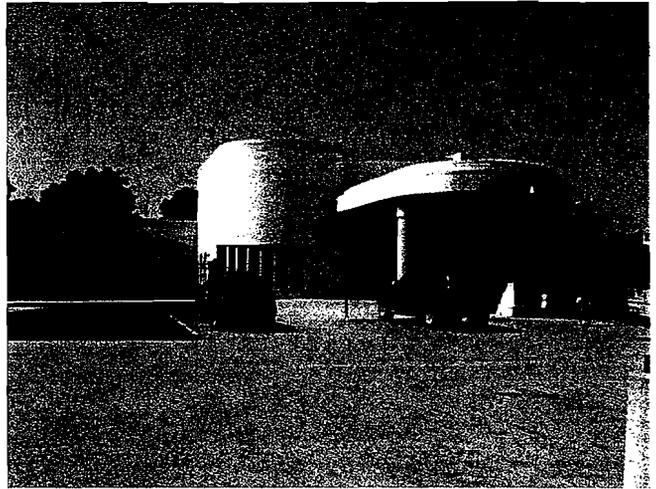
It has created an excitement among children (new toys), among staff (energizing to see changes), and among parents (seeing changes encourages everyone).

Who has been impacted the most by the improvements?

The staff, parents and students were all impacted by the grant. Staff became more educated and informed. Students now have additional resources available.

What is the future for the program?

Purpose of Life Academy hopes to become a charter school in the near future.



About Purpose of Life:

- Location - 3705 Kessler Boulevard North Drive, Indianapolis, IN 46222
- Contact information - 317.925.2268
- Enrollment - 56
- Capacity - 100
- Number of children receiving child care subsidy - 27
- Sponsoring faith-based organization - Purpose of Life Ministries (formerly Second Baptist Church)
- Year opened - 2002
- Number of staff - 15
- Square footage - 29,000 sq. ft.



United Way
of Central Indiana

Rhema Child Care Ministry

Why did you choose to participate?

We became involved in this project out of a desire to improve the quality of care that we were delivering to children.

How has the project helped?

The professional development that we have received has been invaluable. It has helped us invest in ourselves. With the professional development, we have been able to realize and be better teachers for the kids in our care.

The project has also allowed us to have facility renovation projects done that we probably would not have been able to complete.

What difference has it made in your program?

The facility has been able to purchase items for the classrooms that we may not have been able to get previously.

Who has been impacted the most by the improvements?

The children have been impacted the most.

What is the future for the program?

Our goal is to take the program to Level 4 in Paths to QUALITY.



About Rhema:

- Location - 7880 Lafayette Road
Indianapolis, IN 46278
- Contact information - 317.297.4900
- Enrollment - 45
- Capacity - 100
- Number of children receiving child care subsidy - 9
- Sponsoring faith-based organization -
New Life Worship Center
- Year opened - 2007
- Number of staff - 16



United Way
of Central Indiana

Scribbles Ministry of Pittsboro Christian Church

Why did you choose to participate?

Quality childcare has always been a priority to our organization. When the grant became available we saw it as an opportunity to improve the church facilities to meet the VCP standards and participate in Paths to QUALITY.

How has the project helped?

The United Way grant provided the necessary funding to make the changes that were required to meet the VCP standards of health and safety. Without the project, the facility would not have passed these standards because the funding to improve the building was not possible to raise on our own.

What difference has it made in your program?

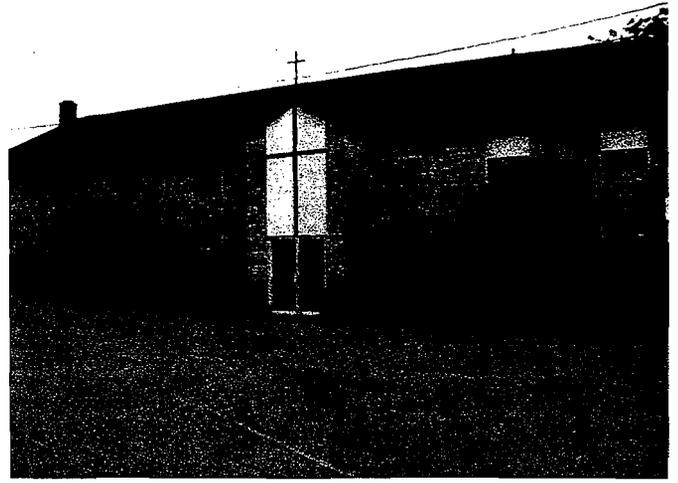
The project has made a difference in the safety of the building and the health requirements of the program. The building is now monitored for fire, has increased lighting, and added direct exits to the outside from ground level classrooms. The Church has also decided to continue with improvements throughout the facility to increase safety.

Who has been impacted the most by the improvements?

Everyone who uses the church has been impacted in one way or another by the United Way project. The increased lighting is now throughout the building, not just in the children's classrooms. The fire monitoring is for the whole building, and the extra exits benefit the children and the congregation of the church. Everyone involved in the project has come together to work for a common goal.

What is the future for the program?

The future for Scribbles is bright. The program is always working toward a quality program for the children in the community. One of Scribbles' goals is to continue progressing through the four levels of Paths to QUALITY. A second goal is to strengthen the relationship it has built with the church and its members.



About Scribbles:

- Location - 216 North Maple Street
Pittsboro, IN 46167
- Contact information - 317.892.5887
- Enrollment - 50
- Capacity - 54
- Number of children receiving child care subsidy - 9
- Sponsoring faith-based organization -
Pittsboro Christian Church, Disciples of Christ
- Year opened - 2005
- Number of staff - 10
- Square footage - 2,000 sq. ft.



United Way
of Central Indiana

Sonshine Kids Day Care

Why did you choose to participate?

This was an amazing opportunity being offered to us. Our future goal was to pursue Paths to QUALITY. I felt this project would allow us to benefit tremendously from the help of a mentor, as they would guide us through the initial process.

To be offered grants for continuing education, classroom materials, etc., took some of the burden away of trying to raise the funds for these items.

How has the project helped?

We have gained a better understanding of the guidelines that, in turn, help us provide better care.

What difference has it made in the program?

We each seem to have a renewed sense of what our ministry is about. All through this process, we have shared with our parents and the parishioners what the project is about. We are now able to show them that we are actively taking steps to improve the quality of child care we are providing.

Who has been impacted the most by the improvements

There is no doubt that the kids have been the most impacted. United Way installed two fenced playground areas for us, including the ground covering.

What is the future for the program?

We hope to continue in the Paths to QUALITY program.



About Sonshine:

- Location - 3150 Myra Lane
Martinsville, IN 46151
- Contact information - 765.349.1698
- Enrollment - 25
- Capacity - 28
- Number of children receiving child care subsidy - 1
- Sponsoring faith-based organization -
First United Methodist Church
- Year opened - 1984
- Number of staff - 8



United Way
of Central Indiana

Trinity Wesleyan Child Care

Why did you choose to participate?

We realized that even the best of programs can improve. We also wanted to support the Paths to QUALITY program and be able to let our families know that as a ministry we wanted the best possible program for our kids.

The grant money was an incentive to get things done to our building that we otherwise could not afford, as well as curriculum supplies and staff training.

How has the project helped?

Our building has seen some wonderful changes. All of our teaching staff has completed their CDAs with the help of staff training grants. The classrooms are now center-based and have been brought to life with new things to explore!

Most of all, the parents know we care because we have worked hard to bring quality to even the smallest detail of health, safety and nutrition.

What difference has it made in the program?

Happy kids = Happy parents = Happy staff = Happy director!

Who has been impacted the most by the improvements?

The kids!

What is the future for the facility?

We will continue to educate, love and nurture children in a safe, healthy, Christian learning environment!



About Trinity Wesleyan:

- Location – 9709 Allisonville Road
Indianapolis, IN 46250
- Contact information -317.849.9551
- Enrollment - 75
- Capacity- 88
- Number of children receiving child care subsidy - 1
- Sponsoring faith-based organization-
Trinity Wesleyan Church
- Year opened - 1980
- Number of staff - 24
- Square footage - 10,000 sp. ft.



Welcome Place Child Care

Why did you choose to participate?

We chose to participate in order to improve safety standards and child care practices. We hope to move through the levels of Paths to QUALITY.

How has the project helped?

The project has helped by improving lighting, fire alarms and emergency exits in an old building in order to provide a safer environment for our children. Two of our staff have enrolled to obtain their CDA. We have received books and learning materials for the classrooms, as well. We also greatly benefited from the mentor assigned to our program.

What difference has it made in the program?

All of these contributions have helped us improve the quality of child care provided at our ministry. We now have a safer building. We have updated materials and books. We have been able to purchase a curriculum that will provide guidance and structure for our teachers. This program has also helped us increase the level of professionalism among staff.

Who has been impacted the most by the improvements?

Our children have been most impacted. The children have been provided a safer environment and are benefitting from the new materials and books, as well as the knowledge gained by staff members.

What is the future for the program?

Our program plans to continue with Paths to QUALITY.



About Welcome Place:

- Location - 7525 McFarland Blvd. Indianapolis, IN 46237
- Contact information - 317.536.7242
- Enrollment - 115
- Capacity - 120
- Number of children receiving child care subsidy - 1
- Sponsoring faith-based organization - Southport Presbyterian Church
- Year opened - 1997
- Number of staff - 38
- Square footage - 25,000 sq. ft.



United Way
of Central Indiana

Notes

To learn more, please contact:

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Director, Early Childhood
United Way of Central Indiana
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Military Child Care Liaison - Indiana

Interim Study Committee on Child Care Testimony

August 25, 2011

- Good morning, Honorable Chairman and members of the Committee on Child Care.
- It is an honor today to speak on behalf of our military children.
- My name is Jillian Ritter and I am the Military Child Care Liaison for Indiana.
- I am employed by the National Association of Child Care Resource & Referral Agencies, also known as NACCRRA.
- The Military Child Care Liaison Initiative is a U.S. Department of Defense funded pilot project, operated in partnership with NACCRRA.
- Indiana is one of 13 states selected to participate in this project.
- States were selected based on multiple factors, including:
 - A strong Joint Family Support Assistance Program team;
 - An active network of community partners;
 - High mobilization and deployment rates;
 - Demographic data of military families with children residing in concentrated areas; and
 - Interest in improving the quality of child care at the state level.
- The overall goal for the Military Child Care Liaison Initiative is to expand the availability of quality, affordable community-based child care for military families.
- Making sure quality child care is available for military families is a top quality of life issue for the Department of Defense.
- The Military Community & Family Policy Office launched this initiative in the Fall of 2010 to improve awareness and availability of quality child care using existing local, state, and federal delivery systems including existing child care facilities, schools, recreation and after-school programs, and home-based care.
- The Department of Defense is coordinating this effort with a number of federal partners including the Health and Human Services' Administration for Children and Families, the Department of Education and their Office of Special Education Programs, and the Department of Agriculture.
- To give you a little background, I'll speak briefly about the Military Child Care Act of 1989.

- The goal of the Military Child Care Act was to improve the availability, management, quality, and safety of child care provided on military installations.
- As a result, thorough military standards were put into place for military child care, both center- and home-based.
- The system has minimum protections for children, parents can choose among an array of settings that all meet these minimum protections, and there is accountability for how DoD child care funds are spent.
- Once these standards were implemented, military child care became a model program for the country.
- At the core of the Military Child Care Act are some key provisions that help set a framework for a system of quality care.
- I'll share some examples.
- First, there are comprehensive background checks, including a fingerprint check against state and federal records.
- Second, the Military Child Care Act requires the Secretary of Defense to establish a uniform training program for child care providers. The Act requires, at a minimum, that training shall cover:
 - Early childhood development
 - Activities and disciplinary techniques appropriate to children of different ages
 - Child abuse prevention and detection, and
 - CPR and other emergency medical procedures
- As a result, the Department of Defense policy establishes a minimum requirement of 40 hours of initial training either before a provider cares for children or early on in their caregiving responsibilities. The Department of Defense also requires 24 hours of annual training as follow-up and to reinforce initial learning.
- Military Child Care providers must also meet safe sleep requirements. That is, infants must be placed on their backs to sleep in order to lower the risk of SIDS.
- There are also specific sanitation requirements for diapering and facilities.
- The Military Child Care Act expressly prohibits the use of corporal punishment.
- In addition, there are requirements regarding overnight care. Many military families require non-traditional hours care and these requirements help to ensure a child's safety outside of the standard day.

- The Department of Defense's Child Development System is built upon research-based quality indicators to ensure that developmentally appropriate practices and materials are rooted in the daily operation.
- I would like to share the Effectiveness Rating and Improvement System, or ERIS, with you. It is a quality assessment instrument developed by the Department of Defense to evaluate civilian child care programs for children ages birth to twelve.
- In summary, the Military Child Care Liaison Initiative is working to address the unique needs facing military families, to build strong civilian-military community ties, and to help address the growing need of military families to access quality community-based child care.
- I appreciate the opportunity to speak to you this morning.
- I am open for any questions you may have at this time.

Effectiveness Rating and Improvement System (ERIS)

The following table outlines the operational standards required for community-based child development centers facilities to receive child care subsidies under designated conditions by the DoD Component. In order to meet short-term child care needs during deployment, programs must meet the state licensing requirements, at a minimum, and be annually inspected.

CURRENT as of 18 February 2011

Oversight	
	Standard
	The State Child Care Licensing/Regulating Agency conducts an annual on-site inspection of the facility and program.
Staff-Child Ratio/Group Size (SCR)	
SCR 01	
SCR 01.01	RATIO (number of children per child care provider/staff). Ratios must be equal to or lower than: 1:4 or less for Infants (6 weeks to 12 months) 1:5 or less for Pre-toddlers (13-24 months) 1:7 or less for Toddlers (25-36 months) 1:12 or less for Preschool (37 months-5 years) 1:15 or less for School Age (6-12 years)
SCR 01.02	GROUP SIZE (the total number of children within various age groups). Group size must be equal to or lower than: 8 or less for Infants (6 weeks to 12 months) with 2 caregiving staff per 8 Infants. 10 or less for Pre-toddlers (13-24 months) with 2 caregiving staff per 10 Pre-Toddlers 14 or less for Toddlers (25-36 months) with 2 caregiving staff per 14 Toddlers 24 or less for Preschool (37 months-5 years) with 2 caregiving staff per 24 Preschoolers 24/30 or less for School Age (6 -12 years) with 2 caregiving staff per 24/30 School Agers
SCR 01.03	MULTI-AGE GROUPINGS (more than one age group in a room). No more than TWO AGE GROUPS may be combined within 18 month range. Each age group is represented by appropriate ratio. Examples: <i>2 caregiving staff:4 Infants & 5 Pre-Toddlers; 2 caregiving staff :5 Pre-Toddlers & 7 Toddlers; 2 caregiving staff: 7 Toddlers & 12 Preschoolers</i>
Background Check/Child Abuse Prevention (BAC)	
BAC 02	
	Standard
BAC 02.01	Background checks are completed and documented for each employee, or regular volunteer who is in contact with children including management and administration, classroom staff, and support staff.

BAC 02.02	Background checks are renewed and documented every five years for each employee, or regular volunteer who is in contact with children including management and administration, classroom staff, and support staff.
BAC 02.03.a	Background checks include documentation of FBI fingerprint check and name-based criminal history records check of law enforcement records. Background checks include documentation of State Criminal History Repository (SCHR) completed for current state lived in by applicant using fingerprints.
BAC 02.03.b	Background checks include documentation of a review of the State Child Abuse Registry.
BAC 02.03.c	Background checks include a review of the Dru Sjodin National Sex Offender Registry. Information supplements the state and federal background check but is not the basis for adjudication.
BAC 02.04	Each employee and regular volunteer is trained annually about child abuse prevention, common symptoms and signs of child abuse.
BAC 02.05	All employees and regular volunteers are trained annually on HOW to report, WHERE to report and WHEN to report possible child abuse or neglect.
Staff Requirements (SR)	
SR 03	
	Standard
SR 03.01.a	<p>Director has a minimum of a Bachelors Degree (BA) in childhood education, child development, social work, nursing, or other child-related field AND experience working with the age groups enrolled in the program .</p> <p>In the event that the director does not have a BA degree in the above mentioned areas, the director must have an Associate's Degree (AA) and must be working toward the completion of a BA degree.</p>
SR 03.01.b	The director is not responsible for a classroom of children.
SR 03.02.a	<p>At least 50 percent of the LEAD staff have a CDA, AA, or the equivalent of 12 college credits in a field of study that includes children birth to 12 years such as Early Childhood Education (ECE).</p> <p>In the event that 50 percent of the LEAD staff does not have a CDA, AA, or 12 college credits, a minimum of 25 percent of the LEAD staff must have a CDA, AA, or 12 college credits in a field of study that include children birth to 12 years such as ECE and the program can demonstrate a plan to achieve the requirement to meet the 50 percent.</p>
SR 03.02.b	The direct care staff are at least 18 years old and have a high school diploma or a GED.
Training Requirements (TRG)	
TRG 04	
	Standard

TRG 04.01	Orientation is provided for each staff member and includes training on the following: early childhood development and education; child abuse recognition/prevention/reporting; safety; first aid; proper hygiene; and positive guidance.
TRG 04.02.a	There is an annual training plan for directors. Topics shall include, but are not limited to: <ul style="list-style-type: none"> a. child abuse prevention and positive guidance b. universally accepted health and safety practices to include hand washing c. emergency preparedness and evacuation procedures d. social and emotional needs of children e. developmentally appropriate practices f. general management practices such as financial management, facility management, staff development and working with parents g. safe sleep practices
TRG 04.02.b	There is an annual training plan for staff that include topics such as: <ul style="list-style-type: none"> a. child abuse prevention and positive guidance b. universally accepted health and safety practices to include hand washing c. social and emotional needs of children d. developmentally appropriate practices
TRG 04.03	Staff complete 40 hours of initial orientation training within the first three months.
TRG 04.04	Staff are required to complete at least 24 hours of training per year.
TRG 04.05	At least one staff member certified in emergency pediatric first aid treatment, including CPR for infants and children and emergency management of choking, is present in the facility during hours of operation.
Immunizations (IMM)	
IMM 05	
Standard	
IMM 05.01	Children's records include EITHER: A) Documentation of current age-appropriate immunizations as recommended by the American Academy of Pediatrics (AAP) -OR- B) A letter of exception on file and a statement of medical or religious exception.
IMM 05.02	Staff files include a copy of a TB screening. Also included is documentation of a general health assessment or a physical examination completed during employment in-processing. Information is available at: http://www.cdc.gov/media/
Supervision/Guidance (SUP)	
SUP 06	
Standard	
SUP 06.01.a	The written policies and practices of the program specify that staff supervise children at all times, including nap times. No child is left alone or unsupervised.

SUP 06.01.b	The written policies and practices of the program specify that children are released only to persons listed on the child's registration form or for whom the parents have provided written authorization.
SUP 06.01.c	The written policies and practices of the program specify that parent, or authorized adult, signs children in and out upon arrival and departure each day and attendance records are kept. A system is in place for accounting for school-age arriving from school or other activities without the parent (for example, children transported to the program by a school bus).
SUP 06.02	Organizational policy prohibits: punishment by spanking/hitting or other physical means, to include corporal punishment; isolation from adult sight; confinement, binding, humiliation or verbal abuse; deprivation of food and water, outdoor play/activities, or other program components; inappropriate touch; and punishment for lapses in toilet training or refusing food.
Evacuation and Fire Drills (DRL)	
DRL 07	
	Standard
DRL 07.01	The program has a written plan for emergency evacuation (for example, a plan for evacuating building occupants in case of fire, tornado, earthquake, hurricane, or other disaster that could pose a health and safety hazard).
DRL 07.02	Procedures are in place to ensure all children in attendance are accounted for during an evacuation drill or event.
DRL 07.03	There is an automatic fire detection and alarm system in place and it is operational.
DRL 07.04	A fire extinguisher is accessible and in operating condition.
DRL 07.05	Fire and emergency evacuation drill procedures are practiced at least monthly.
Hand Washing and Diapering (HWD)	
HWD 08	
	Standard
HWD 08.01	Policies are in place to ensure staff and children wash their hands with soap and warm running water: <ul style="list-style-type: none"> a. before eating or food preparation, b. after toileting or changing diapers, c. after handling animals, and after any other activity when the hands may become contaminated to include returning from outside
HWD 08.02	Toileting and diapering areas are not located in food preparation areas. The areas are in easily visible locations and are sanitary.

Medication and Health (MED)	
MED 09	
	Standard
	If the program does not administer medications, proceed to 09.02.
MED 09.01.a	The program has a written policy and clear procedures on administering medicine, proper storage and labeling.
MED 09.01.b	If medication (prescription and/or over-the-counter) is administered, written parental permission is kept on file and instructions from a physician are required (NA allowed if no children currently receive medication).
MED 09.01.c	Designated staff are trained to administer the medicine and the training is updated annually.
MED 09.02	First aid kits are readily available and maintained.
MED 09.03.a	Programs provide healthy meals and snacks consistent the U.S. Dietary Guidelines and are encouraged to participate in the USDA CACFP.
MED 09.03.b	Programs are encouraged to limit sugar-sweetened juice/beverages and snacks and high fat /high salt foods.
MED 09.04	Bottle-feeding is done in such a way to minimize disease and promote interaction. For example, infants are held for bottle-feeding, bottles are never propped, never heated in a microwave, and infants are never put to sleep with a bottle.
Emergency Plan/Contact Information (EMG)	
EMG 10	
	Standard
EMG 10.01.a	There is a written plan for reporting and managing a lost or missing child.
EMG 10.01.b	There is a written plan for reporting and managing injuries requiring medical or dental care, including hospitalization or serious injury.
EMG 10.01.c	There is a written plan for reporting and managing abuse or neglect of a child.
EMG 10.01.e	There is a written policy that requires all parents to provide emergency information to include: <ul style="list-style-type: none"> a. multiple contact phone numbers (work, cellular, home) b. emergency contact phone numbers (relatives or friends) authorized to pick up the child if parent can not be reached c. the child's physician, dentist, and emergency room preference.

Outdoor Play Area (OUT)	
OUT 11	
	Standard
OUT 11.01	The playground and all equipment are maintained in safe, clean condition, in good repair and there are no observable safety hazards and no entrapment areas.
OUT 11.02	Playground equipment is surrounded by resilient surfaces (e.g. fine, loose sand, wood chips, wood mulch, etc.) of an acceptable depth (9 inches) or by rubber mats manufactured for such use.
OUT 11.03	The playground equipment is arranged to ensure that a child is visible and supervision is maintained.
OUT 11.04	There is a plan to check/inspect playgrounds on a weekly basis. Each staff member is responsible for immediately reporting hazards/unsafe areas to the director.
Hazardous Materials and General Safety (HAZ)	
HAZ 12	
	Standard
HAZ 12.01	Accident protection and liability insurance coverage are maintained for children and adults.
HAZ 12.02	All chemicals and potentially dangerous products, such as medicine or cleaning supplies are stored in original, labeled containers in locked cabinets inaccessible to children.
HAZ 12.03	Poisonous or potentially harmful plants on the premises are inaccessible to children.
HAZ 12.04	Children are protected from accidental drowning by limiting access to all bodies of water.
HAZ 12.05	Electrical outlets are covered in all areas accessible to children, including corridors.
HAZ 12.06	Toys and art supplies are made of safe, non-toxic, durable, and cleanable materials.
HAZ 12.07	There are no items that could cause choking or strangulation. Additional information at: http://www.cpsc.gov/
HAZ 12.08.a	Infants are placed on their backs for sleeping to lower the risk of SIDS.
HAZ 12.08.b	Staff make sure that soft surfaces such as pillows, quilts, thick blankets, and soft bumpers are not used in the crib.
HAZ 12.09	The building has been inspected for dangerous substances such as lead, radon, formaldehyde, asbestos, etc. in accordance with state requirements.

Parent Involvement (PAR)	
PAR 13	
	Standard
PAR 13.01	Families are offered an orientation and information prior to enrolling to include: hours of operation, enrollment policies, program costs, inclusion of special needs children and opportunities for parent involvement.
PAR 13.02	The program policy clearly includes open door policy; Family members are welcome visitors in the program at all times.
PAR 13.03	The program provides opportunities for communication between parents and staff verbally or in writing on a daily basis.
Developmentally Appropriate Environment and Materials (DEV)	
DEV 14	
	Standard
DEV 14.01	Classrooms are arranged to facilitate a variety of activities for each age group and provide areas where children can play and work independently or with friends.
DEV 14.02	Classrooms are well lit, ventilated, and kept at a comfortable temperature.
DEV 14.03.a	Staff offer a variety of developmentally appropriate activities and materials for children indoors and outdoors that are respective of children's race, gender, religion, family background, culture, age and special need and include: <ul style="list-style-type: none"> (1) language and literacy (2) physical development (3) health, safety and nutrition (4) creative expression (5) cognitive (6) social/emotional
DEV 14.03.b	Weekly classroom schedules include opportunities for alternating periods of quiet and active play, child initiated and teacher initiated activity, and individual, small group and large group activities. Schedules are available for parents to review.
DEV 14.03.c	Programs provide an opportunity for physical activity on a daily basis.
DEV 14.03.d	Screen time (e.g. non active video games) and the use of passive media (e.g. television, audio tapes) are limited and developmentally appropriate.