



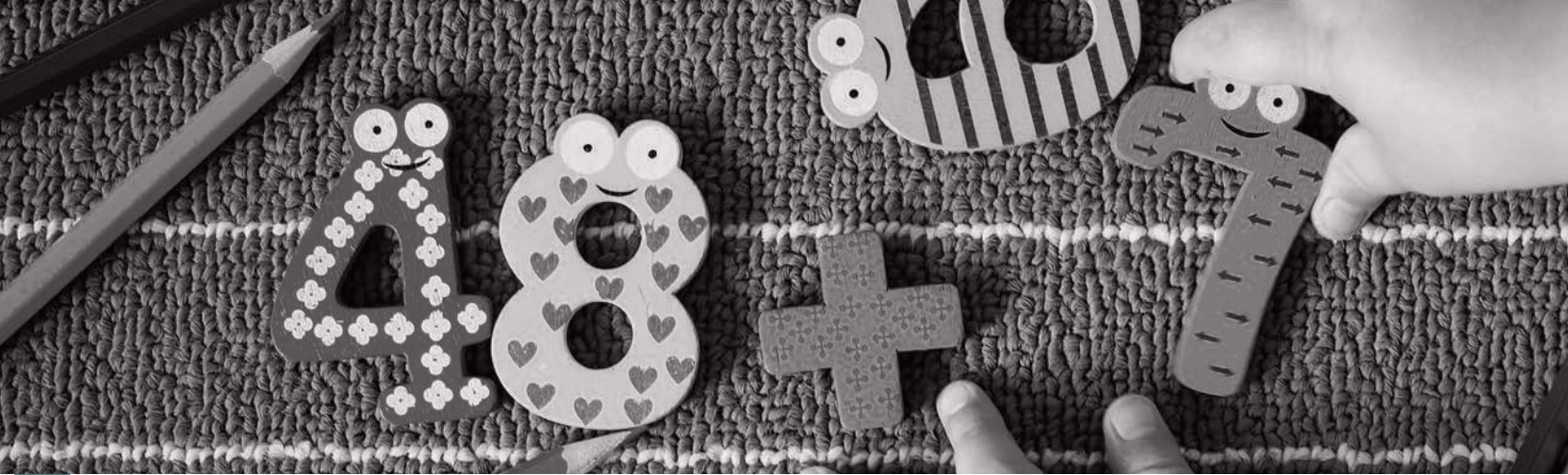
**Office of Early Childhood &  
Out-of-School Learning**

*Indiana Head Start State  
Collaboration Office*



# 2021 NEEDS ASSESSMENT

Indiana Head Start and Early Head Start



# TABLE OF CONTENTS

**1. Introduction | Page 3**

**2. Profile of Indiana Head Start Programs | Page 4**

**3. Federal Priority Areas | Page 22**

**4. Focus on Partnership | Page 49**

**5. Recommendations | Page 51**

**Appendix | Page 52**

A: Data Collection and Methodology | Page 52

B: Glossary | Page 53

C: Map of Indiana Head Start and Early Head Start Grantees | Page 54

D: Table of Indiana Head Start and Early Head Start Grantee Information | Page 55

E: Head Start and Early Head Start Funded Slots by County | Page 56

## **Table of Maps**

Map 1: Total Head Start and Early Head Start Slots by County | Page 4

Map 2: Percentage of Children in Poverty That Head Start and Early Head Start Have the Capacity to Serve | Page 8

Map 3: Head Start and Early Head Start Home-Based Programs' Capacity for Children and Pregnant Women | Page 9

Map 4: Center-Based Head Start and Early Head Start Slots | Page 12

Map 5: Which Counties Offer Child Care Partnership (CCP) Programming? | Page 22

Map 6: High-Quality Head Start and Early Head Start Centers by County | Page 40



# INTRODUCTION

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

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

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

1. Partner with state child care systems emphasizing the Early Head Start-Child Care Partnership initiatives
2. Work with state efforts to collect data regarding early childhood programs and child outcomes
3. Support the expansion and access of high quality, workforce and career development opportunities for staff
4. Collaboration with state Quality Rating and Improvement Systems (QRIS)
5. Work with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)

Due to COVID-19, some data typically used in this annual report was not available. Therefore, information in this 2021 report may not always align to or be comparable with previous reports. This is noted where applicable.



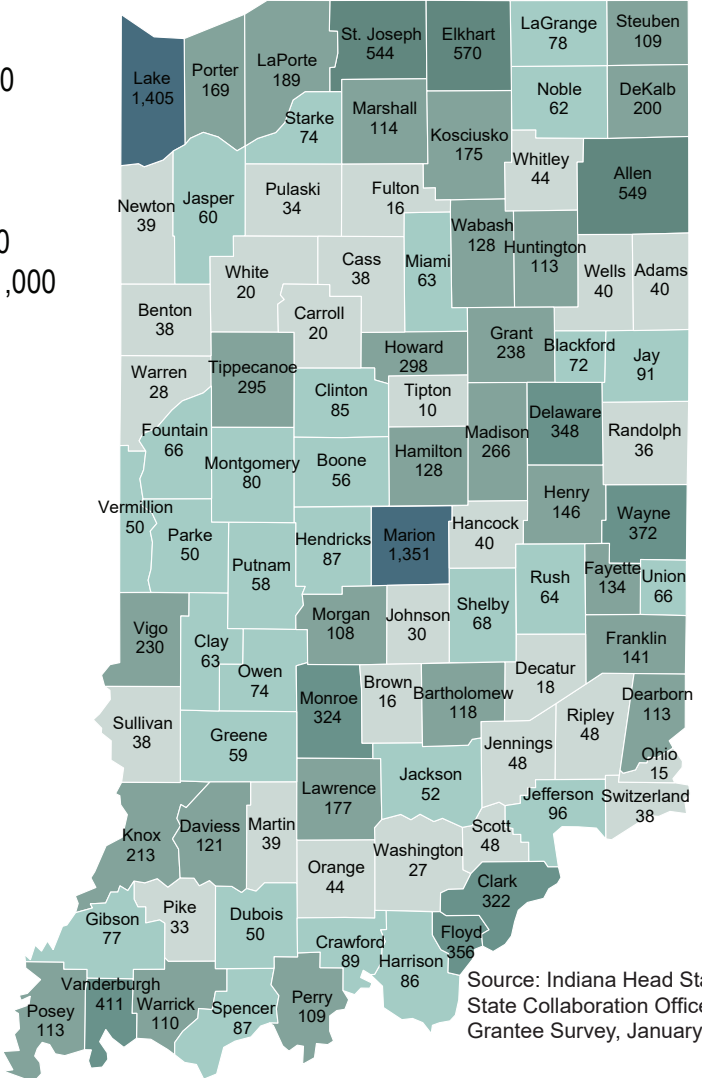
# PROFILE OF INDIANA HEAD START PROGRAMS

## Enrollment (Capacity)

At the end of 2020, Indiana grantees reported the capacity to serve 13,533 children and 122 pregnant women. Head Start programs can serve 11,101 children while Early Head Start programs can serve 2,432 children. Included within these totals are 269 slots for children of migrant and seasonal workers.<sup>1</sup>

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

- Slots Available
- Less than 50
  - 50 to 99
  - 100 to 299
  - 300 to 499
  - 500 to 1,000
  - More than 1,000



1. In this report, the terms capacity, funded enrollment, enrollment, and slots are used interchangeably to refer to the number of children that Head Start and Early Head Start programs have funding to serve, but actual enrollment can differ.

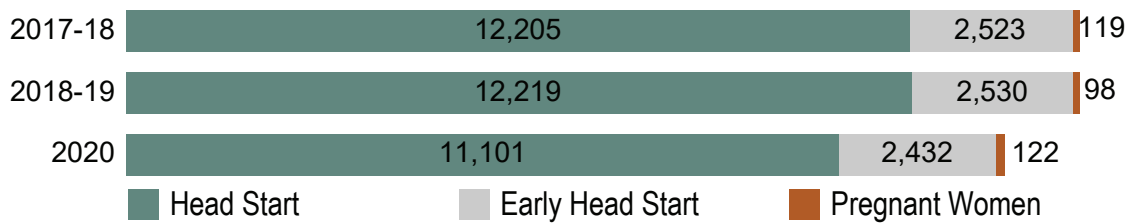
Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

# PROFILE OF INDIANA HEAD START PROGRAMS



Overall, the funded enrollment in 2020 is lower compared to the funded enrollment in the 2017-18 and 2018-19 program years. Compared to the 2018-19 program year, Head Start slots are down by 9% while Early Head Start slots are down by 4%. Slots available to serve pregnant women are up 24% since 2018-19.<sup>2</sup>

Figure 1: How Have Slots in Indiana Changed by Program Type Over Time?

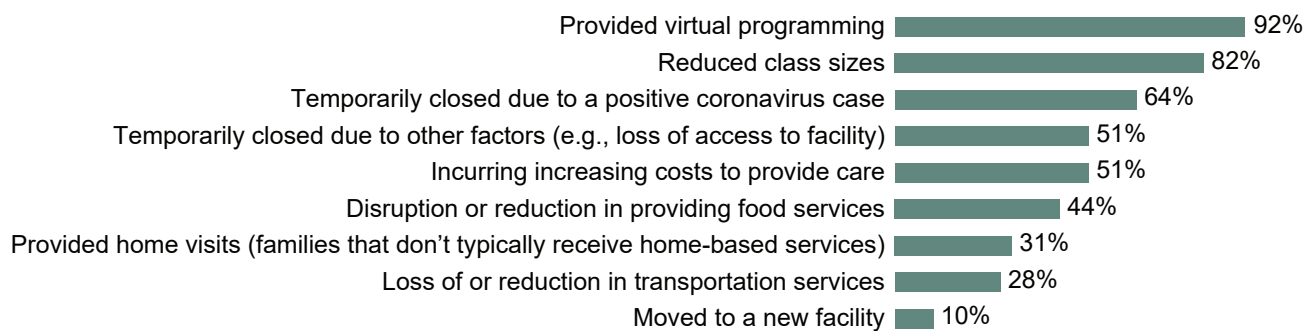


Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021; Office of Head Start Program Information Reports, Indiana and Telamon Corporation's [Transition Resources Corporation (TRC)], 2017-18 and 2018-19.

## COVID-19

COVID-19 impacted the number of children served by Head Start and Early Head Start programs in a variety of ways. Programs experienced changes in attendance. In order to adhere to social distancing requirements, some programs did not have sufficient space to serve enrolled children. Many programs had to adapt multiple times as the public health crisis continued. More than half of grantees said they provided virtual programming, reduced class sizes to meet social distancing requirements, and had to temporarily close due to a positive COVID-19 case. Grantees that selected “other” mentioned needing to update procedures and policies including for food service and that COVID-19 impacted staff attendance and mental health.

Figure 2: What Did Grantees Do as a Result of COVID-19 (Since the Pandemic Began)?  
n=39



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

2. Grantees were not required to complete 2019-20 Program Information Reports due to the COVID-19 pandemic. Funded enrollment (capacity) data was gathered manually in the grantee survey.



## Eligibility

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

- Children from families with incomes below the U.S. Department of Health and Human Services poverty guidelines (100% Federal Poverty Level [FPL])
- Children from families experiencing homelessness
- Children from families receiving public assistance (such as Temporary Assistance for Needy Families [TANF] or Supplemental Security Income [SSI])
- Children in foster care are eligible regardless of foster family's income

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

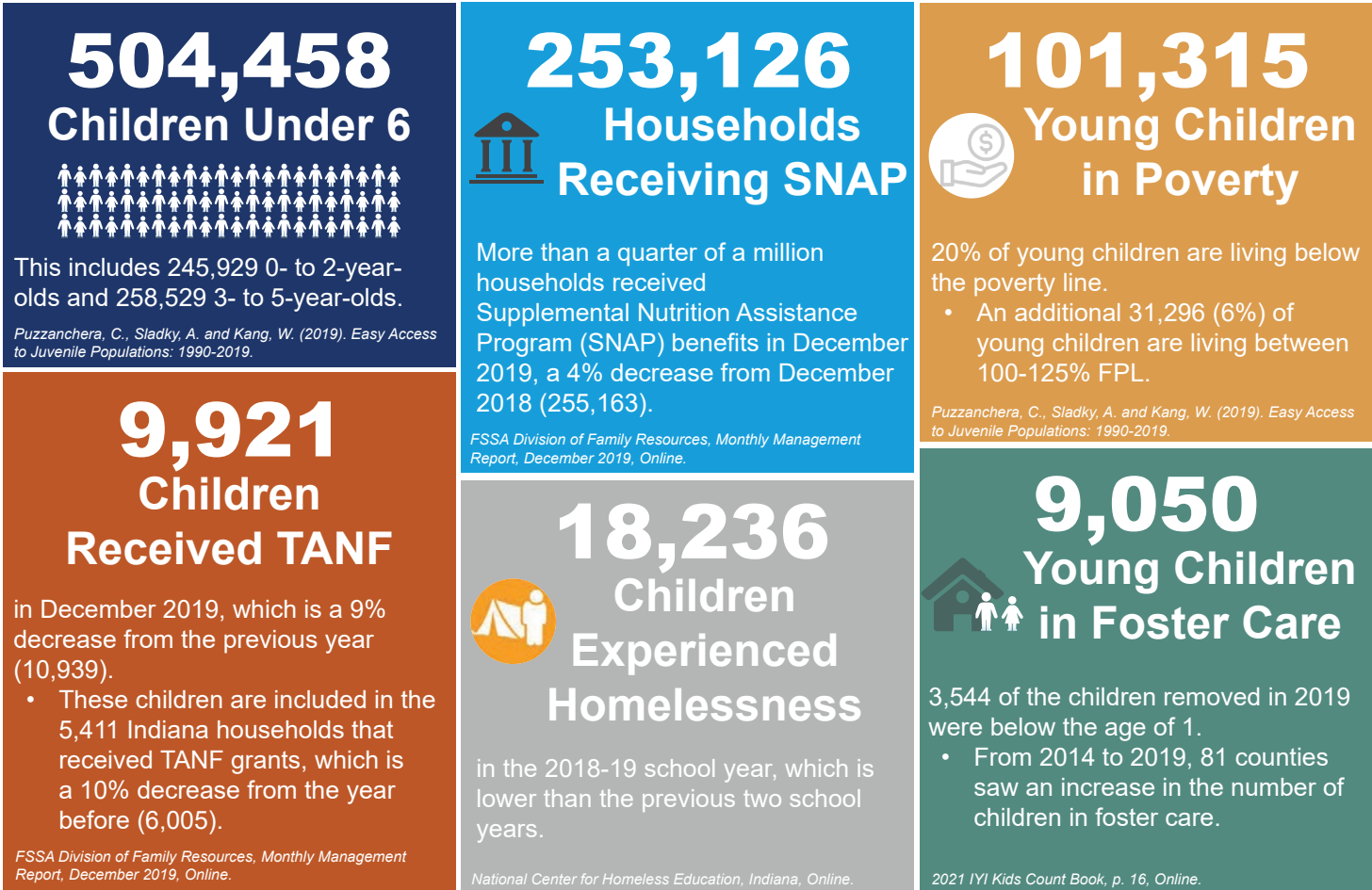
It is important to note that Head Start and Early Head Start programs are statutorily required to maintain a waiting list. Locally, programs use the federal guidelines to create a point system to determine eligibility as well as prioritization. Additional criteria may be considered in a local program's point system (e.g., child's health, parental status, child's disabilities, environmental factors). Therefore, it is important to contact the local Head Start or Early Head Start program directly to learn about their specific eligibility requirements and waiting list information.



# PROFILE OF INDIANA HEAD START PROGRAMS



## Number of Indiana Children Who May Be Eligible for Head Start or Early Head Start Services

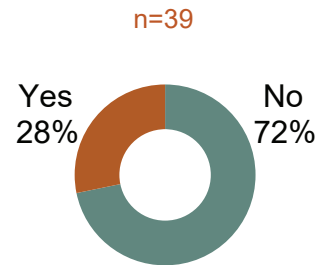


## COVID-19

When grantees were asked if and how they changed eligibility and/or prioritization criteria since COVID-19 (e.g., limited children served to families already enrolled, prioritized children of essential workers), 28% of grantees responded that they did make changes. Some of the ways programs changed enrollment eligibility include:

- Accepting children up to 130% of the poverty line
- Limiting/ lowering enrollment numbers
- Limiting children served to returning students only
- Prioritizing families directly impacted during the pandemic (e.g., essential workers, loss of employment, death of a family member)

Figure 3: Did Grantees Change the Eligibility and/or Prioritization Criteria Since COVID-19?



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

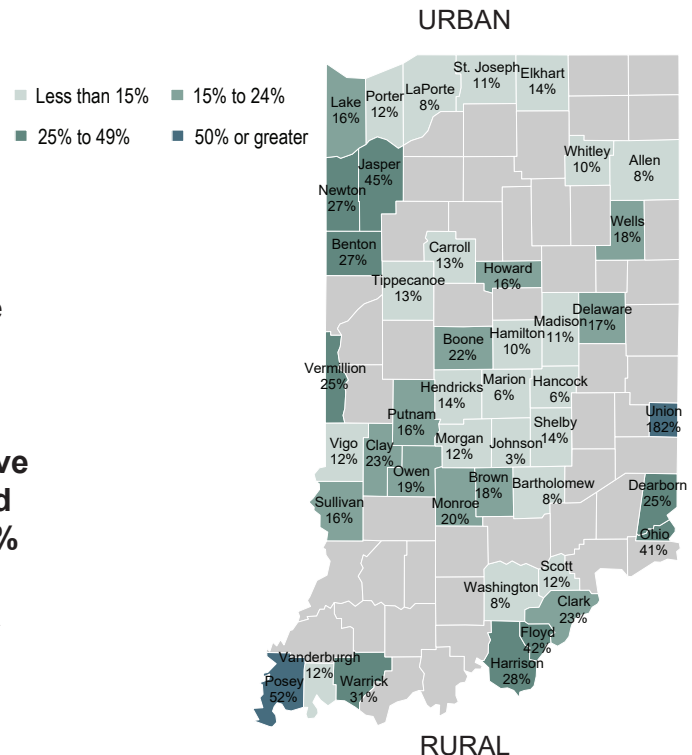


## Urban/Rural Analysis

Just over half of Indiana counties are considered rural according to the United States Department of Agriculture (USDA) definitions, which take into consideration the population size, degree of urbanization, and adjacency to a metro area. There are 44 metro counties and 48 nonmetro counties in Indiana. These terms are used as a proxy to identify urban and rural counties across the state. The urban rural analysis looks at the capacity of Head Start and Early Head Start centers to provide services for children under the age of 6 living below the poverty line by county designation.

**Nationally, Head Start has the capacity to serve 36% of income-eligible<sup>3</sup> children ages 3-5, and Early Head Start has the capacity to serve 11% of income-eligible children ages 0-2. Indiana lags behind both national thresholds. Indiana has capacity to serve 28% of income-eligible children in Head Start and 8% of income-eligible children in Early Head Start.<sup>4</sup>**

Map 2: Percentage of Children in Poverty That Head Start and Early Head Start Have the Capacity to Serve

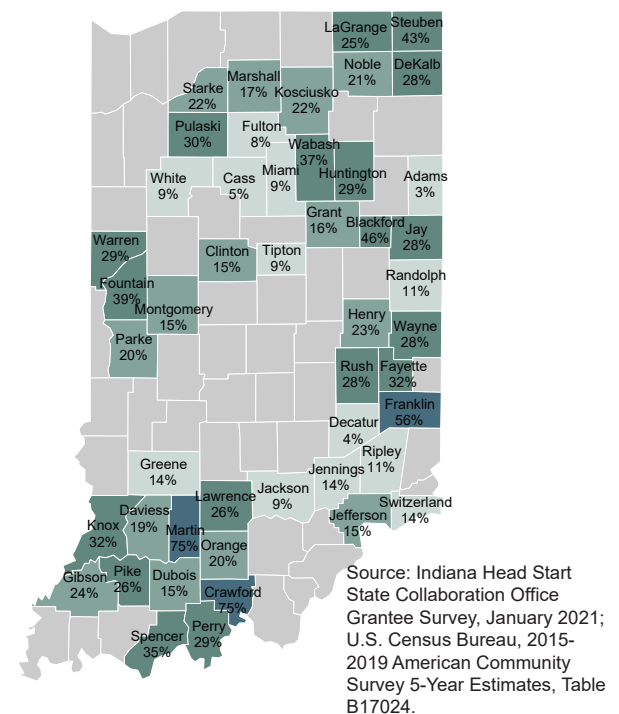


Summary of Head Start/Early Head Start Capacity for Children in Poverty		
Percentage of Children in Poverty Served	Rural Counties	Urban Counties
Less than 15%	13	21
15% to 24%	14	12
25% to 49%	18	9
50% or greater	3	2
<b>Total</b>	<b>48</b>	<b>44</b>

Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021; U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B17024.

3. The capacity to serve only takes into account income eligibility of 100% FPL and below. It does not account for children who fall into other eligibility categories.

4. Source: National Head Start Association fact sheets looking at 2019 funded enrollment data and 2017 Census poverty numbers. <https://www.nhsa.org/national-head-start-fact-sheets/>



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021; U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B17024.

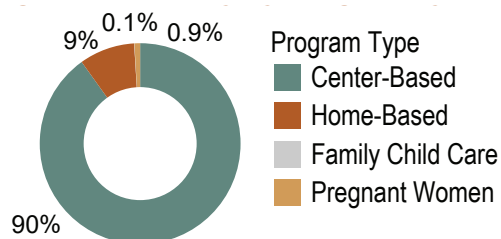




## Enrollment by Program Type (Capacity)

Head Start and Early Head Start operate multiple types of programs, including center-based, home-based, combination, family child care, locally designed, and pregnant women. As reported by the grantee survey, the majority of enrollment is in center-based programs, followed by home-based programs. Family child care and slots for pregnant women together make up just 1% of capacity. There was no locally designed or combination enrollment reported for Indiana. This capacity makeup by program type is consistent with previous years' national and Indiana enrollment data by program type.

Figure 4: Capacity by Program Type



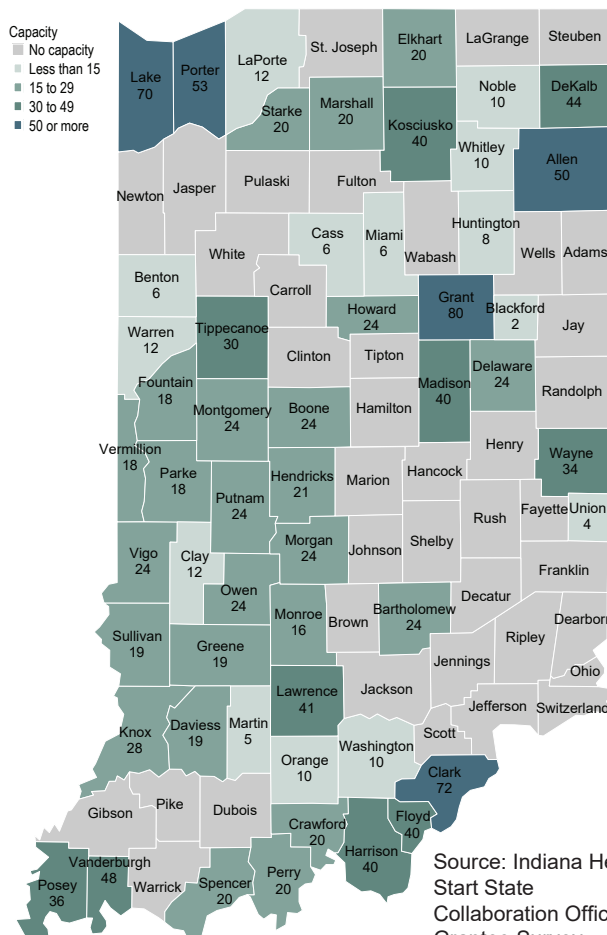
Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Map 3: Head Start and Early Head Start Home-Based Programs' Capacity for Children and Pregnant Women

## Home-Based Programs

Home-based programs provide services to children and pregnant women through “visits with the child’s parents, primarily in the child’s home and through group socialization opportunities in a Head Start classroom, community facility, home, or on field trips.” Families must receive one home visit per week lasting at least an hour and a half. For Early Head Start participants, a program should provide a minimum of 46 visits and 22 group socialization activities per year.<sup>5</sup> For Head Start participants, a program should provide a minimum of 32 visits and 16 group socialization activities per year. Every home-based program is required to implement a research-based curriculum and meet the Head Start Program Performance Standards.<sup>6</sup>

Ten percent of capacity (1,343 slots) in all programs is for home-based services for children and pregnant women.



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

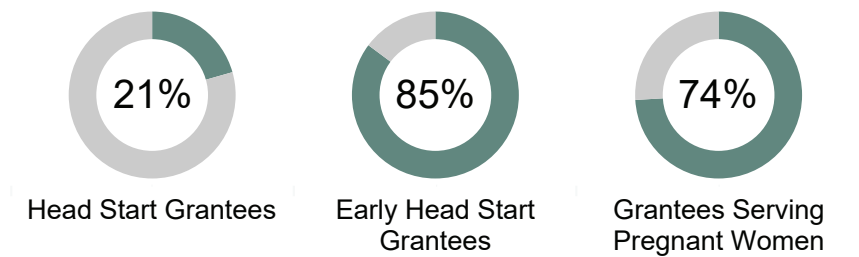
5. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-22-home-based-option>  
 6. <https://eclkc.ohs.acf.hhs.gov/publication/home-based-curriculum>

# PROFILE OF INDIANA HEAD START PROGRAMS



One fifth of Head Start grantees offer home-based services, and a majority of Early Head Start grantees offer home-based services. Three quarters of all Early Head Start grantees offer services to pregnant women.

Figure 5: Percentage of Grantees That Provide Home-Based Services



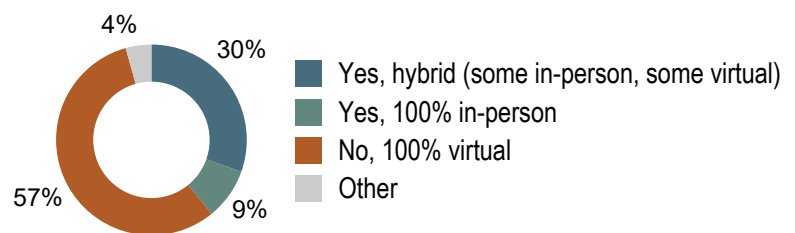
Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

## COVID-19

As the world learned more about how COVID-19 is spread, more guidelines were introduced, such as mask wearing and social distancing. This impacted all Head Start and Early Head Start services, including home-based services. At the time of the survey (conducted in winter 2020), more than half of grantees offering home-based services were doing so completely virtually. One third of grantees report providing some home-based services both in-person and virtually, and only 9% of grantees were doing home-based services 100% in-person at the time of the survey.

To meet the needs of children and families, grantees often had to adjust how they delivered home-based services. Many, if not all, grantees moved some home-based services to be held virtually. If they provided in-person services, staff administered temperature checks and wore personal protective equipment (PPE). Below are some additional ways they adjusted services:

Figure 6: Are Grantees Providing Any In-Person Programming With Their Home-Based Services?



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

**“ We have always met the families where they are. All of our staff has received training this past year on the PAT [Parents As Teachers] curriculum for home-based families. ”**



“During the summer months, we met families outside or at parks to complete in person home visits.”

“Parents like virtual home visiting. And parents are truly stepping into the teacher role and learning how to use home materials as educational supplies.”

“More flexible with our times, conducting visits outside as much as possible, if families have been exposed to COVID we move temporarily to serving them virtual.”

“Parents/guardians conduct the home visit lesson and provide observations to Home Visitors. The lesson is prepared based on parent observations.”

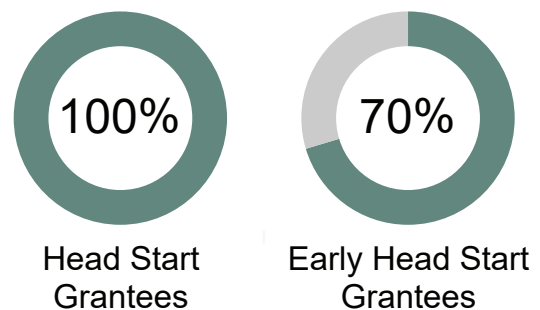
“We have provided learning tools to be left in the homes such as HATCH Tablets, building blocks, play dough sets, puzzles etc. for the families to use. Home Visitors are providing weekly activities that go along with these tools and help in meeting school readiness goals.”

## Center-Based Programs

Center-based programs provide education and child development services to children in a classroom setting.<sup>7</sup> Nearly 90% of children served by Head Start and Early Head Start in Indiana are enrolled in center-based programs (12,312 slots). This is in line with programs nationally.

All Head Start grantees provide center-based services, and nearly three quarters (70%) of Early Head Start grantees provide center-based services.

Figure 7: Percentage of Grantees That Provide Center-Based Services



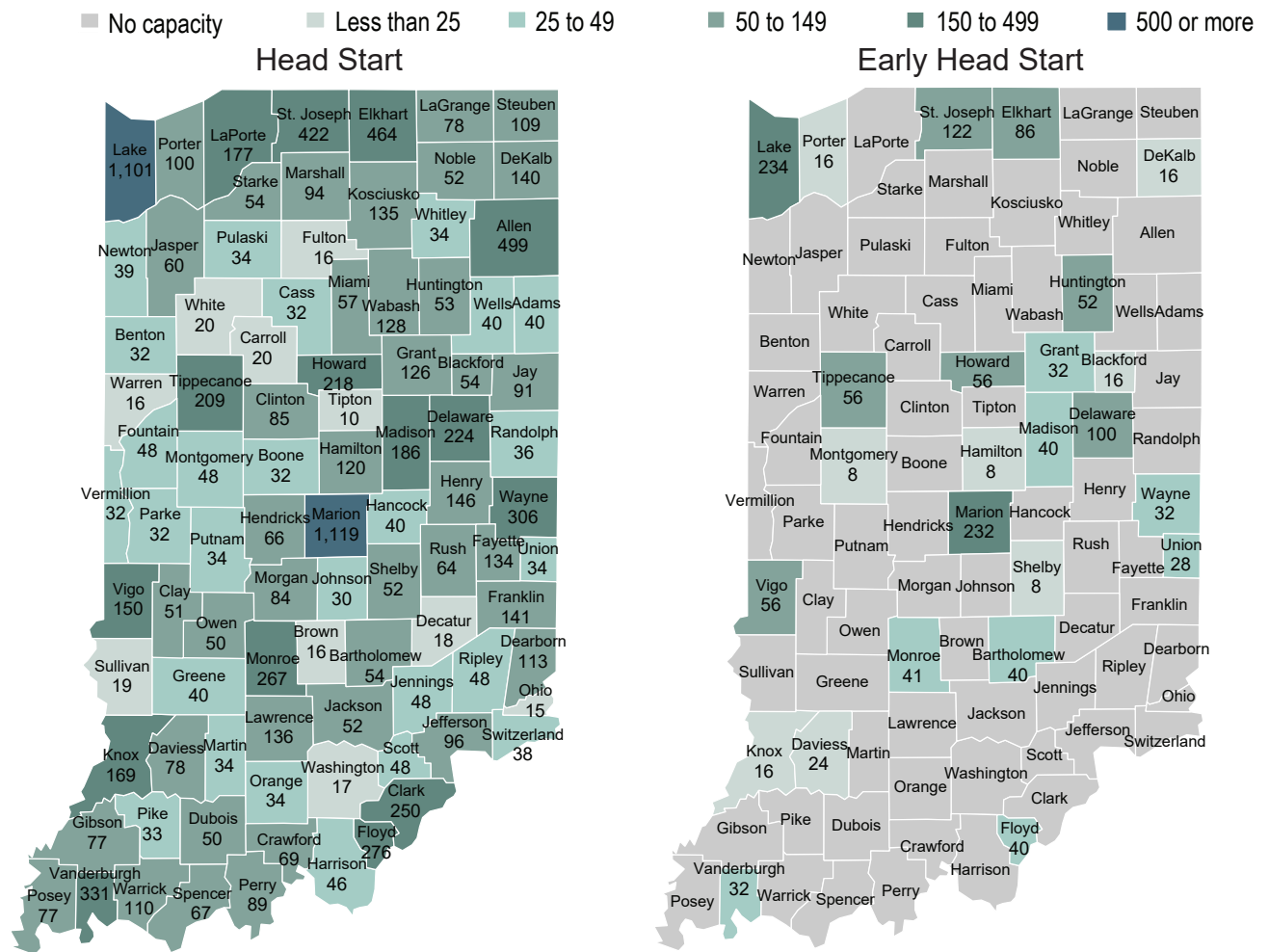
Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

7. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-21-center-based-option>

# PROFILE OF INDIANA HEAD START PROGRAMS



Map 4: Center-Based Head Start and Early Head Start Slots

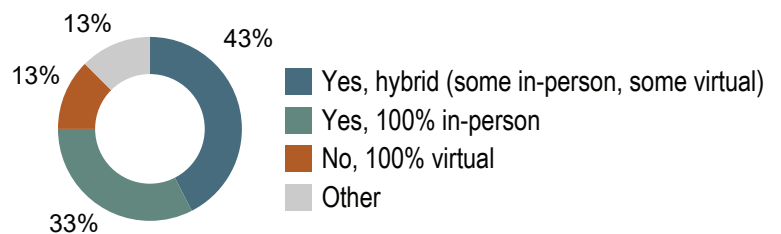


Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

## COVID-19

More than half of grantees typically provide some sort of programming during the summer. At the beginning of summer 2020, Indiana started to ease COVID-19 restrictions, but many restrictions remained in place. Only two of the 22 grantees that conduct summer programming decided to cancel their programs. Four grantees selected “other” because they either delayed the start of summer programming or provided summer programming virtually.

Figure 8: Are Grantees Providing Any In-Person Programming With Center-Based Services?



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

# PROFILE OF INDIANA HEAD START PROGRAMS



At the end of 2020, all grantees offering center-based services were providing some type of programming, despite the pandemic. Most offered hybrid options with some in-person and some virtual learning. More than one quarter of grantees were offering exclusively in-person programming, while 13% were completely virtual at the time of the survey.

Grantees selecting “other” reported:

“This also depends on our counties. We were 100% in person but went virtual at the beginning of December due to positive cases in the center.”

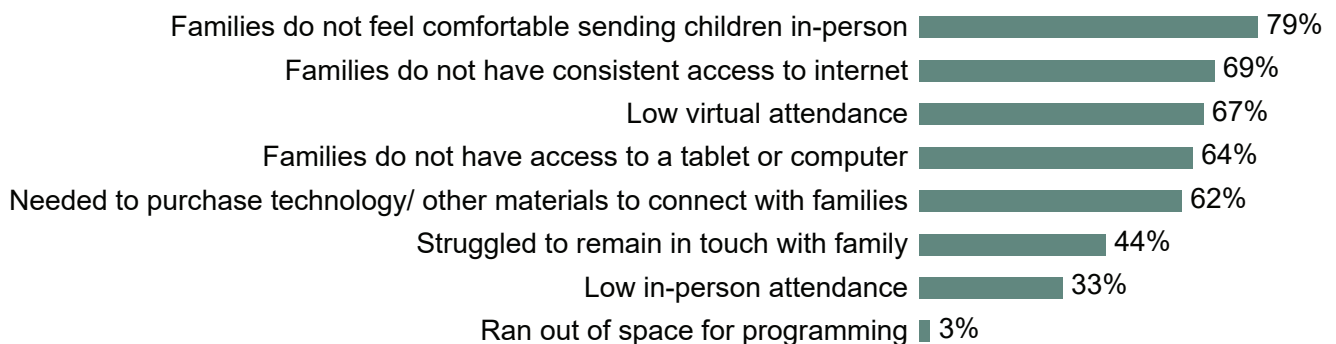
“We were in person until November 16, now virtual.”

“We are 100% in-person but if the school district closes intermittently or students are out due to quarantine, then we provide virtual services.”

“We opened one classroom in five of our centers plus our CCP [child care partnership] classrooms in November. However, it is likely we will close them soon.”

Beyond restrictions set by state and local governments, families had differing levels of comfort with what they allowed their children to do as the COVID-19 pandemic continued. Nearly 4 in 5 grantees reported a family’s discomfort as a barrier to providing services. When the grantees provided virtual programming, they encountered other barriers, such as families not having consistent access to the internet, families without access to a computer, and overall low virtual attendance and/or engagement.

Figure 9: What Barriers to Providing Services Did Grantees Experience Due to COVID-19?  
n=39



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

# PROFILE OF INDIANA HEAD START PROGRAMS



Most, if not all, grantees made at least some programming available virtually. This often required programs to use technology in new ways in order to provide needed services in the safest manner. Zoom (video conferencing) was the technology used most often. Grantees also utilized parent engagement applications (e.g., Learning Genie, Classroom Dojo), Facebook, and YouTube among other platforms to reach children and families. Some grantees even reported purchasing more devices such as computers, tablets, and MiFi cards (for internet access) for families and staff.

Examples of how grantees utilized technology to be more innovative:

**“[The staff] have learned how to use several platforms to support and improve communication with children and families, such as Zoom, Go To Meetings, Teams etc. Our staff have also recently been trained on Creative Curriculum Cloud and Learning Genie.”**

**“Our EHS [Early Head Start] home based families all received Kindle Fires and Home Visitors meet with them virtually each week. We also ran a 4-week summer program where families got a Kindle Fire and used it for virtual meetings. The use of Class DoJo has increased in our program to communicate with families. We also use SignNow for virtual signatures with families.”**

**“[Staff] have had to learn to take applications remotely using GoToMeeting and DocuSign. We had to make all of our forms fillable. [Staff] had to create videos for FB [Facebook] and become actors.”**

**“All staff now have laptops to ensure remote contact and have been trained on Zoom and Classroom DoJo to ensure family engagement.”**

In addition to using technology to stay engaged with families, all grantees reported making phone calls to families. Many also used text messages, Facebook groups and/or Facebook messenger, other social media platforms, and email.

Head Start and Early Head Start staff had to quickly come up with ways to deliver programming for staff and young children while meeting COVID-19 health guidelines. Some provided examples of their most innovative ideas:

**“ Drive through family meetings and parent engagement. For example, a drive through scavenger hunt.”**

# PROFILE OF INDIANA HEAD START PROGRAMS



“Creating individual boxes with supplies and materials for families to use at home with activities used supported by the teacher. Signing families up for library cards to access books online. Keeping the centers open, we can provide families with a safe place for their children to care for each day.”

“Our mental health consultants have provided support to staff and families through telehealth. They have also provided weekly topics through FB live and in person virtual presentations. They are also providing weekly support to staff through videos, zoom, and a newsletter.”

“Provided reverse field trip. Pumpkins delivered to each school housing Head Start students and children came at scheduled times to the Head Start pumpkin patch to pick out their pumpkins utilizing specific health and safety protocols. Have provided at-home kits for students to support classroom activities.”

“We have utilized our social media platforms more to communicate to families and to promote family engagement opportunities. We have also provided virtual Family Engagement events to families through Arts For Learning Wolf Trap Experiences. We have had drive by car parades and hosted a Family Event at the Indianapolis Zoo for families to have an outdoors learning experience during the pandemic.”

*“I would be remiss if I did not share about my Head Start staff and the tremendous job they have done providing services to children and their families. They have learned new technologies in order to teach virtually.*

*They have displayed great compassion and commitment to their students and families. The pandemic has strengthened our relationships with one another and has increased our appreciation for one another and the work that we each do. Their resilience has been remarkable.”*

*- Grantee*

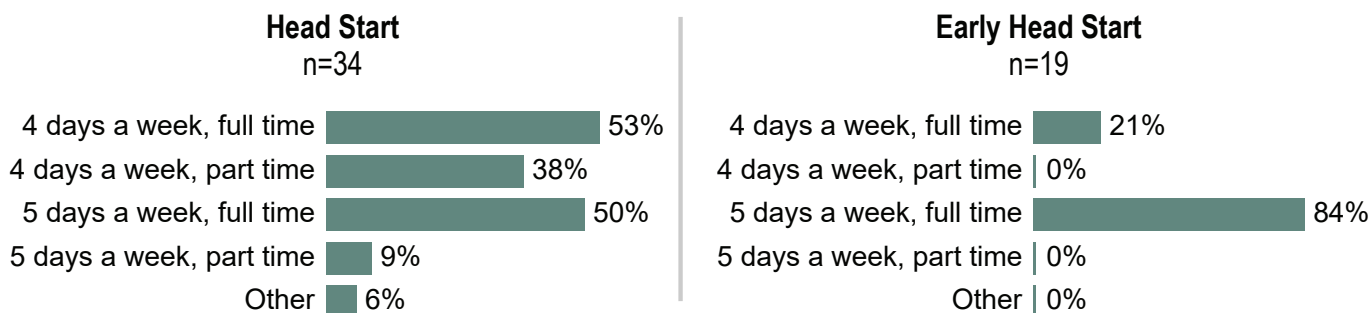


## Center-Based Program Schedule Breakdown

Historically, center-based Head Start programs were required to provide programming for a minimum of 3.5 hours a day 4 days a week for a total of 128 days (448 hours) per year. This requirement has changed over the past decade. By August 2021, 45% of children attending center-based programming must receive a minimum of 1,020 annual hours—more than double the original requirement. The Office of Head Start plans to increase the requirement to 100% of center-based enrollment at a later date. Early Head Start updated its requirement in 2018 to a minimum of 1,380 annual hours of service for all children.<sup>8</sup>

Indiana grantees generally provide fewer hours of programming than their counterparts nationally, but this trend has been changing as new requirements have come along in the last decade. The information provided by grantees is not comparable to previous years because those reports discussed the schedules by center (individual locations).<sup>9</sup> The data below shows that many grantees still have Head Start centers operating on a part-day schedule and/or a schedule of four days a week.

Figure 10: What Is the Operating Schedule for Head Start and Early Head Start Grantees?



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Grantees were asked if their operating schedule changed from the previous year. Less than half (45%) reported that it did, while a little more than half (55%) reported that it did not. The main reason schedules changed was COVID-19. Shortened program hours allowed time for cleaning and sanitization.

8. <https://www.federalregister.gov/documents/2020/01/30/2020-00635/secretarial-determination-to-lower-head-start-center-based-service-duration-requirements>

9. Since grantees were reporting the operating schedule of all of their programs, they could select more than one answer if the schedule varied by location or program.



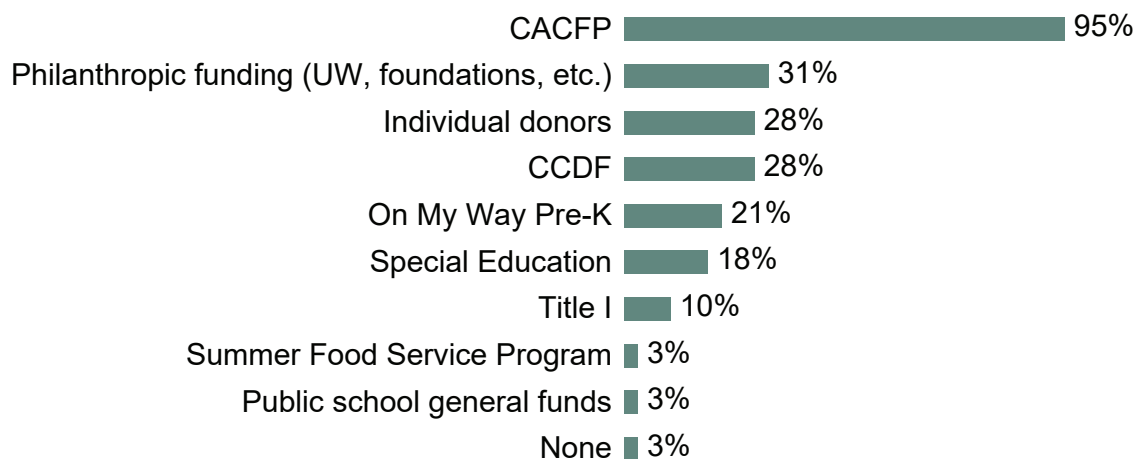


## Grantees

During the 2020-21 program year, \$156,632,645 in federal funding was awarded to 39 grantees (including Telamon Corporation and Community Development Institute)<sup>10</sup> across Indiana. Indiana grantees also received \$12,131,943 from the Coronavirus Aid, Relief, and Economic Security (CARES) Act signed in March 2020. These funds were delivered to local grantees directly to provide support for programming and staff to continue delivering in-person and/or virtual programming. Indiana does not dedicate any state funding to Head Start or Early Head Start programs.

In addition to their federal Head Start funding, the majority of grantees report that they blend and braid at least one additional funding stream to support their services. Funding from the Child and Adult Care Food Program (CACFP) was once again the top funding stream utilized by nearly all grantees to blend and braid with their grant funding. Philanthropic funding jumped to the second most utilized funding stream with nearly one third (31%) of grantees. More grantees also reported funding from individual donors. Participation in the Child Care and Development Fund (CCDF) voucher program remained steady compared to the previous year with just over one quarter (28%) of grantees participating as did grantees receiving funds from On My Way Pre-K (OMWPK) program and special education (SPED).

Figure 11: What Funding Streams Do Grantees Blend and Braid to Support Their Services?  
n=39



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

10. In previous reports, the grant funding for these two grantees was not included in Indiana's total.

# PROFILE OF INDIANA HEAD START PROGRAMS

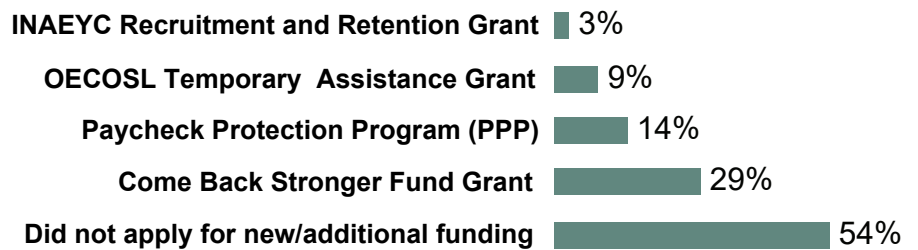


## COVID-19

The COVID-19 pandemic impacted the economy, and Head Start and Early Head Start programs were no exception. Attendance often dropped, cleaning and supplies costs increased to meet COVID-19 guidelines, and classroom capacities were reduced if they were allowed to open at all. Grantees were asked if any of their funding streams (discussed above) changed substantially due to COVID-19, and only 6 grantees (15%) said yes. Two grantees that said yes saw a decrease in reimbursement for food costs and fewer donations from local businesses.

New funding opportunities came along to help mitigate the impact of COVID-19 on families and businesses. The federal, state, and local government all provided grant opportunities, and local philanthropic organizations also pulled together to create additional grant opportunities for organizations such as child cares. When asked if they applied for any of these funding opportunities, less than half of grantees said yes. Almost one third (29%) applied to the Come Back Stronger Fund (a local philanthropic opportunity available to early childhood education programs in Indiana), 14% applied for the federal Paycheck Protection Program, and 9% applied for Indiana's temporary assistance grants to early childhood education programs. Grantees may not have needed to apply for these funding opportunities since they received additional funding provided through the Office of Head Start and the CARES Act, which helped grantees cover gaps in revenue.

Figure 12: What Funding Opportunities Did Grantees Apply to in 2020?  
n=39



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.





## Comprehensive Services

Head Start focuses on the whole child, which extends to the whole family. Children and families involved with Indiana Head Start programs have a diverse set of needs. Early childhood education is just one of the four components to a Head Start or Early Head Start program.<sup>11</sup>

- 1. Education:** Providing a variety of learning experiences to help children grow intellectually, socially, and emotionally.
- 2. Health:** Providing health services such as immunizations, dental, medical, mental health, nutritional, and early identification of health problems.
- 3. Parent Involvement:** Involving parents in the planning and implementation of activities. Parents serve on policy councils and committees that make administrative decisions, participate in classes and workshops on child development, and volunteer in the program.
- 4. Social Services:** Provide outreach to families to determine what services they need.

In previous needs assessments, information was included on the services provided and families served. While this data is not available at this time, programs have remained busy providing these crucial services to families throughout the COVID-19 pandemic. The following are comprehensive services categories that Indiana Head Start and Early Head Start programs work in to address the four components above.



DISABILITY SERVICES



HOMELESSNESS SERVICES



FOSTER CARE



FAMILY SERVICES



HEALTH SERVICES



PREGNANT WOMEN

11. <https://www.nhsa.org/why-head-start/the-head-start-model/>

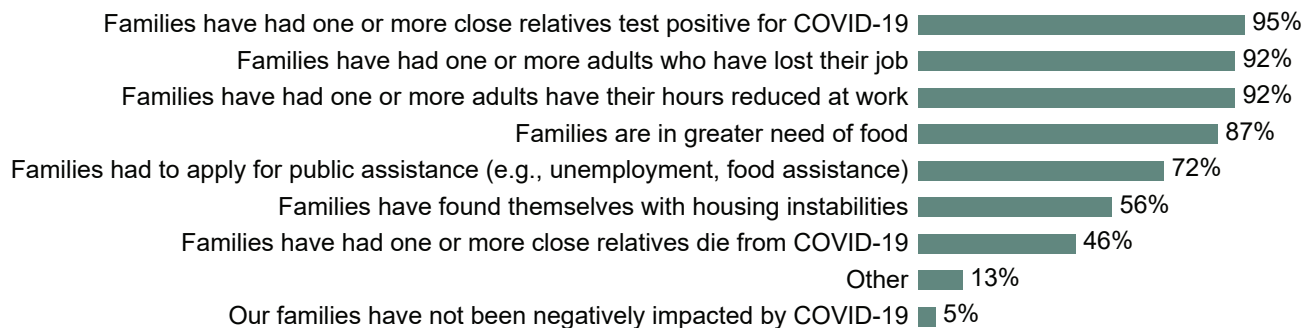
# PROFILE OF INDIANA HEAD START PROGRAMS



## COVID-19

COVID-19's impact on the economy caused households across the country to suffer. Grantees reported that their children and families were particularly affected. Almost all grantees had a family with one or more relatives who tested positive, and nearly all had families with adults whose hours were reduced or eliminated at work. More than half of grantees reported families experiencing a greater need for food assistance, families having to apply for public assistance programs, and families experiencing housing instability. Grantees who selected "other" reported additional accessibility issues, such as loss of public transportation or having to navigate virtual learning of older siblings.

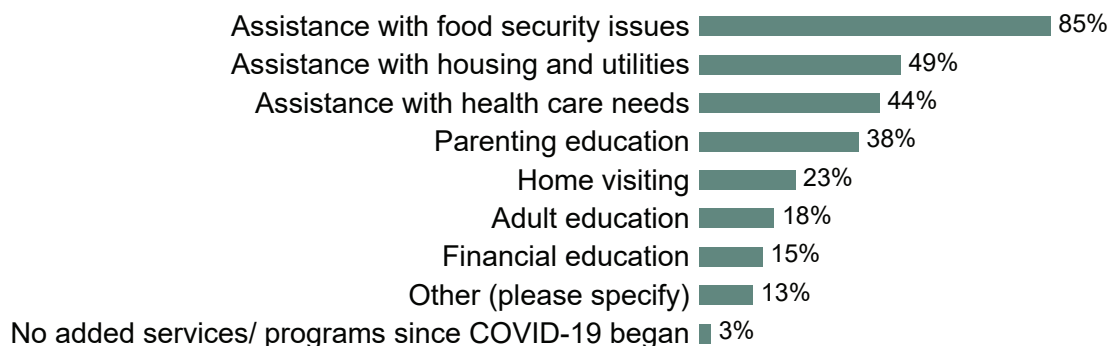
**Figure 13: How Has COVID-19 Impacted the Children and Families That Grantees Serve?**  
n=39



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Within Head Start's comprehensive services, programs are often connecting families with additional resources such as healthcare, housing, parenting education, and financial education. The additional stressors brought about by COVID-19 required many grantees to offer additional services or to increase the number of services they typically provide. The top resource made available to families beyond what would typically be provided was assistance with food security issues. Two of the grantees that selected "other" mentioned an increase in the provision of mental health and behavioral health services and referrals.

**Figure 14: What Percentage of Grantees Provided Specific Services or Programs Since COVID-19 Began?**  
n=39



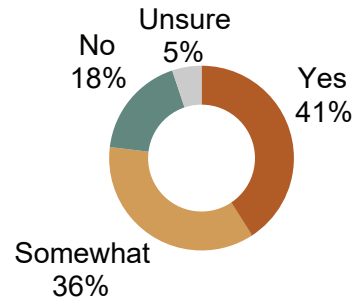
Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

# PROFILE OF INDIANA HEAD START PROGRAMS



One area of comprehensive services that is typically reported is the percentage of children and families with an individualized education plan (IEP) or individualized family service plan (IFSP). In last year's report, 15% of children and families enrolled in Head Start or Early Head Start had an IEP or IFSP. Grantees were asked if services to these children and families were disrupted due to COVID-19, and almost half said yes (41%) with an additional 36% saying somewhat. Only 18% of grantees said their children and families did not experience a disruption to these services. One reason for Head Start and Early Head Start families experiencing a disruption to services is due to K-12 schools choosing to remain virtual for much or all of 2020 depending on the decisions of their county and local community.

Figure 15: What Percentage of Grantees Experienced Disruptions to Services for Children and Families With IEPs/IFSPs Due to COVID-19?  
n=39



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.





# FEDERAL PRIORITY AREAS

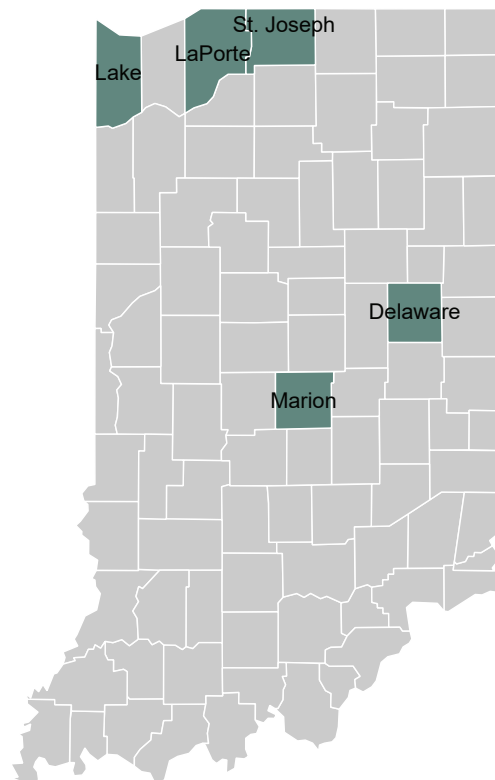
The federal Office of Head Start has annual priority areas that guide Head Start State Collaboration Offices' work plans and will guide the outline of this report. This section of the report typically blends data from the grantee program information reports, grantee surveys, stakeholder surveys, and some additional data from stakeholders. The priority areas will not include program information report data this year as it was unavailable due to COVID-19.

## Priority Area 1: Early Head Start-Child Care Partnerships

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

Indiana has five Child Care Partnership grantees operating in five counties. Most child care partnership slots are for Early Head Start programs, but there are some Head Start programs with child care partnership slots as well.

Map 5: Which Counties Offer Child Care Partnership (CCP) Programming?





## Survey Data

### GRANTEES

Many grantees offer more than one program (i.e., a combination of Head Start, Early Head Start, and/or Early Head Start-Child Care Partnership). Of the 40 Indiana grantees, 88% provide Head Start programming, 65% provide Early Head Start programming, and 10% have a child care partnership with Head Start or Early Head Start programming.

The Early Head Start-Child Care Partnership grant is the newest grant program under Head Start, established in January 2014. It is a competitive grant process that requires a grantee to find a child care provider that has the resources and capability to partner. Some grantees, particularly in rural areas where fewer children are served, have trouble finding a child care provider and so are unable to apply for this grant funding.

Indiana’s state child care system that provides financial assistance to families is the CCDF voucher program. A little more than one quarter (28%) of grantees reported receiving funds from CCDF. Nearly all grantees operate more than one Head Start and/or Early Head Start center, and the percentage of centers that are eligible to receive CCDF funding is higher. As of January 1, 2021, the Office of Early Childhood and Out-of-school Learning reported that half (133 of 264) of Head Start and Early Head Start centers are eligible to accept CCDF vouchers. Not all centers that are eligible to accept CCDF vouchers currently have children using vouchers enrolled.

**Figure 16: What Percentage of Head Start and Early Head Start Centers Are Eligible to Accept Child Care and Development Fund (CCDF) Vouchers?**



Source: FSSA Office of Early Childhood and Out-of-School Learning, *Head\_Start\_Providers\_Detail*, pulled 01/01/2021.



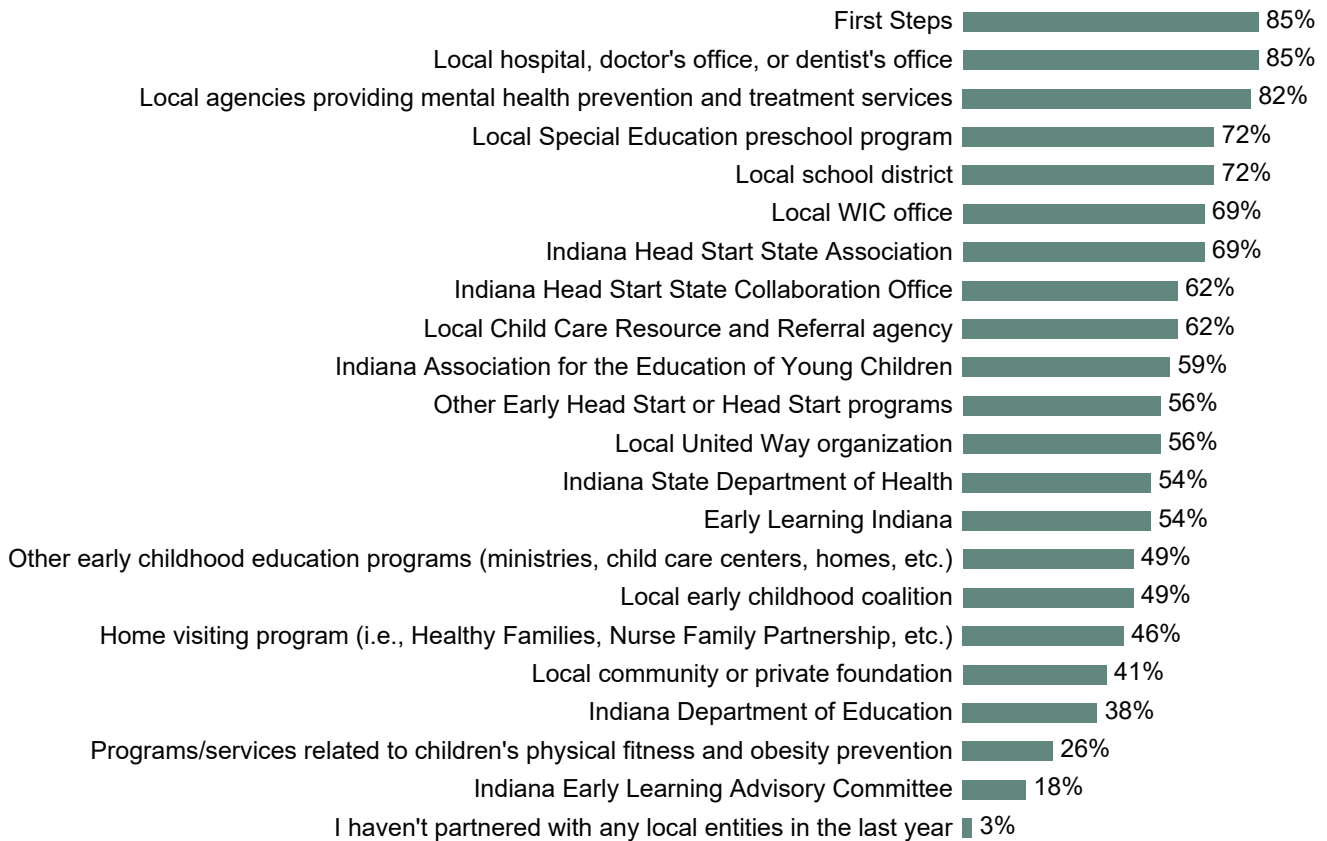
# FEDERAL PRIORITY AREAS



## OTHER PARTNERSHIPS

In addition to child care partnership grants, this priority area also encompasses other partnerships that emphasize the same initiatives, such as access to quality early childhood education, programs available to families with low incomes, and comprehensive services. Grantees were asked which state and local entities they have partnered with in the last year. It appears that collaboration is down from previous years, but that local partnerships were most important in the past year. Only one grantee said they did not partner with a state or local entity in the last year.

**Figure 17: Which of the Following Statewide and Local Entities Have Grantees Partnered With in the Last Year?**  
n=39



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Only half of grantees say they have a strategic relationship with a foundation or coalition focused on early childhood education. This remains similar to last year's result, and the reason is most likely also the same in that currently there is not an early childhood coalition covering every county in the state.

**Figure 18: What Percentage of Grantees Have a Strategic Relationship With a Foundation or Coalition With a Focus on Early Childhood Education?**  
n=36



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.



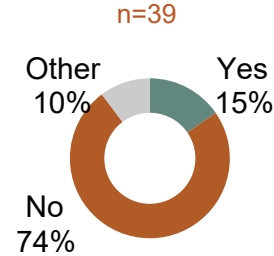
# FEDERAL PRIORITY AREAS



## COVID-19

Grantees said that in general COVID-19 did not substantially change their partnerships. Only 15% said that it did change their partnerships, and the 10% of grantees who selected “other” generally described ways in which their partnership had to adapt due to COVID-19.

Figure 19: What Percentage of Grantees' Partnerships Changed Substantially Due to COVID-19?

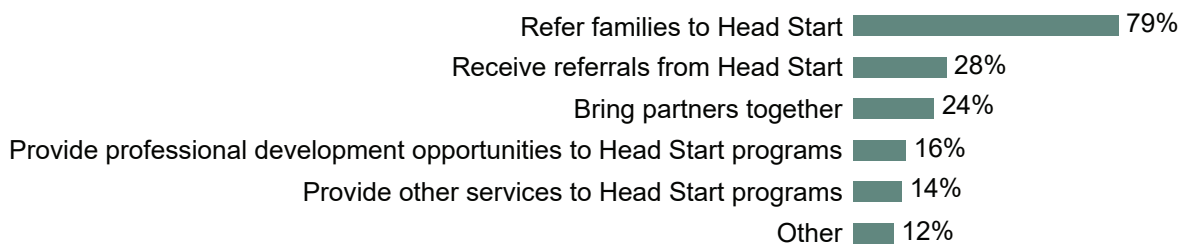


Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

## STAKEHOLDERS

Respondents to the stakeholder survey were asked how they collaborate with Head Start programs. Nearly four out of every five respondents (79%) said they refer families to Head Start, a quarter of respondents (28%) say they receive referrals from Head Start, and 14% say they provide professional development and other services to Head Start programs. There was a 19% decline in the number of stakeholders who reported referring families to Head Start last year, possibly due to the beginning of the coronavirus pandemic, but this number recovered and is now two percent higher than it was two years ago. Stakeholders reported receiving fewer referrals from Head Start over the past year. They also reported providing fewer professional development opportunities or other services to Head Start programs.

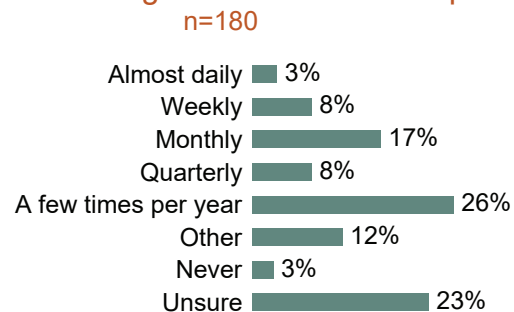
Figure 20: What Percentage of Stakeholders Collaborate With Head Start Programs?  
n=180



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

Unsurprisingly, the frequency with which stakeholders collaborated with Head Start programs in the past year has decreased with fewer respondents selecting daily, weekly, or quarterly. More than half of stakeholders still report collaborating multiple times a year, which is similar to responses from previous years.

Figure 21: What Percentage of Stakeholders Collaborate With Head Start Programs at Various Frequencies?



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

# FEDERAL PRIORITY AREAS

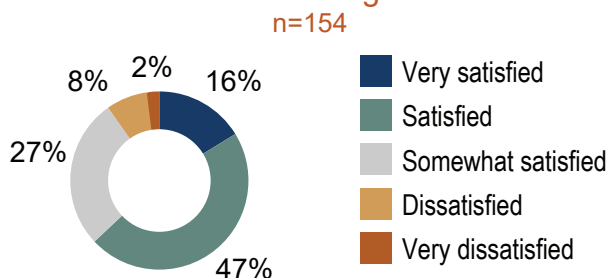


More stakeholders than last year report satisfaction with their levels of partnering with Head Start programs; 9% more respondents selected “very satisfied” or “satisfied.” About one quarter (27%) of stakeholders are “somewhat satisfied,” and the remaining 10% report being “dissatisfied” or “very dissatisfied.”

Stakeholder survey respondents were asked if they have heard of the Head Start Policy Council, and 59 respondents (31%) said yes while 5% were unsure. Twelve respondents say they are currently on the Head Start Policy Council which is an increase of five over last year.

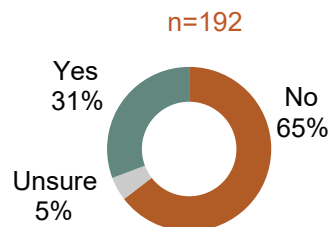
Some stakeholder survey respondents provided stories of success and barriers to success regarding collaboration with Head Start and Early Head Start programs. Respondents most often shared stories of collaboration to get children and families the services they need. The following are examples of other types of success stories shared:

Figure 22: What Percentage of Stakeholders Are Satisfied With Their Partnership With Head Start Programs?



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

Figure 23: What Percentage of Stakeholders Have Heard of the Head Start Policy Council?



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

“We have helped keep programs full that may have been facing budget cuts or program cuts in funding.”

“I have personally met several Head Start members at events and they are so great at sharing resources and information for us to distribute to families or make appropriate referrals.”

“Our local Head Start reached out to help identify partners for a federal grant opportunity that they were then successful in receiving.”

## FEDERAL PRIORITY AREAS



**“I am currently working with a Head Start program in southern Indiana that has been so receptive and excited to take her program to the highest quality she can. She has been utilizing many of [our] services to help gain a better understanding of creating the best environment for her staff, children and families.”**

**“As a coalition lead, I stay closely connected to our local Head Start/EHS [Early Head Start] program...We keep the most current marketing materials on hand for community initiatives and market our Head Start programs to families as well as community stakeholders...We assisted with providing content and letters of support for the most recent expansion grant and have forged a local EHS expansion project with EHS and our local housing authority to bring two Early Head Start classrooms to an impoverished neighborhood in our community.”**

The top barriers or challenges to collaboration with Head Start is not knowing who to contact, inconsistent communication with programs, and not having enough information to help inform families about Head Start and Early Head Start. The following are some examples of challenges and barriers respondents experience when partnering with Head Start programs:

**“Unable to speak with someone to provide referral. Seems so impersonal to families to tell them to go online and complete an application, and then the family [may] not be contacted for months.”**

**“Families are often unclear on different entities and what’s available. We, as First Steps providers and as a First Steps agency, do not understand enough about Head Start to help families understand this as a resource.”**

**“Many of our local Head Starts are hard to reach to receive updated information about their programming.”**

**“It would be helpful if [Head Start program] administration would fill out our CCR&R program update survey so we have most current information to provide referrals to families.”**

# FEDERAL PRIORITY AREAS



## COVID-19

Just as the grantees described, COVID-19 created a lot of disruption for Head Start programs and that was the same for their stakeholders. Sometimes services could be provided virtually but not always.

**“Virtual conferences have been helpful for staff and families to participate.”**

**“Change in hours open has limited the time to see children there.”**

**“We are doing First Steps assessments virtually rather than in the EHS center.”**

**“Yes, it is easier to co-treat via tele-intervention than in person. Parents are more involved in the sessions.”**

**“Closures due to COVID-19 has made it difficult for early interventionists to service infants and toddlers with disabilities who also utilize EHS.”**

## Takeaways

- Number of grantees providing child care partnership slots remains low.
- Only a quarter of grantees participate in the CCDF voucher program. While this is 50% of centers, 1 out of every 3 counties does not have a Head Start or Early Head Start that accepts CCDF vouchers.
- Local partnerships appeared to be important to grantees over the past year.
- Stakeholders report being more satisfied with their partnerships with Head Start and Early Head Start.





## Priority Area 2: Child Outcomes

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

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

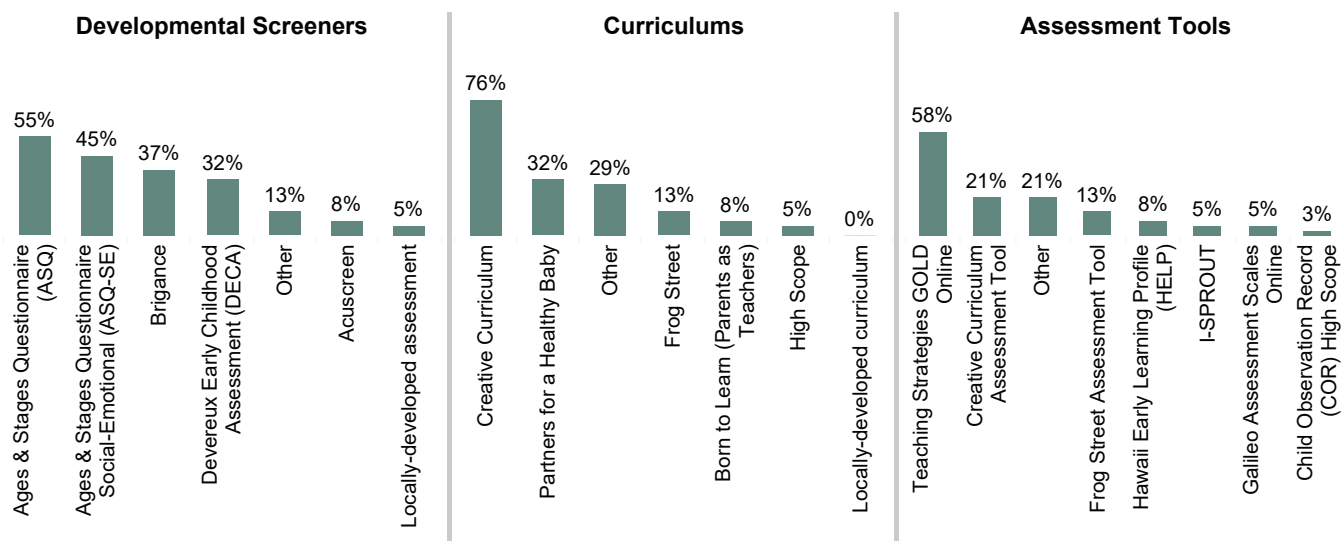
### Survey Data

#### GRANTEES

To continue reporting on the child outcomes data collected by Head Start and Early Head Start programs, grantees were asked about their work which would typically be reported through the program information report.<sup>12</sup>

Grantees<sup>13</sup> were asked to share which developmental screening instruments, curriculums, and assessments are used within their programs. At least half of grantees, but no more than 76%, selected the top answer to each question. With so many different tools and curriculums in use, it may be difficult to share data amongst grantees and to summarize it in an effective way for state-level efforts.

Figure 24: Which Tools Do Grantees Use in Their Programs?



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

12. The following questions asked of grantees are typically presented at the program level (e.g., each Head Start and Early Head Start program counted separately), so the numbers will not be comparable to previous years' reports.

13. Questions were answered by 38 of 40 grantees.

# FEDERAL PRIORITY AREAS



“ It would be great to have a central state data system to funnel the same measured child outcomes for each county across the state (no matter which curriculum or assessment is utilized). We could develop many platform possibilities in attempts to test and accomplish such a system. ”

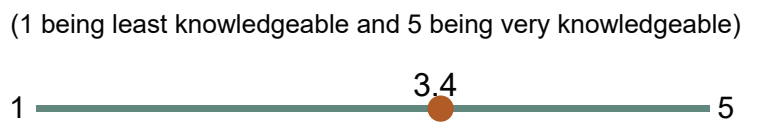
## STAKEHOLDERS

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

Stakeholders say they are most likely to gather information about Head Start and Early Head Start through interacting with them as part of their job, which was selected by 62% of respondents. While it remains the top response, it is a 12% drop from last year. COVID-19 may have played a part in that drop. More than half (59%) say they also gather information directly from the programs, which is just 2% less than last year. All other choices except “school/education coursework” saw an increase in the percentage of respondents selecting those choices.

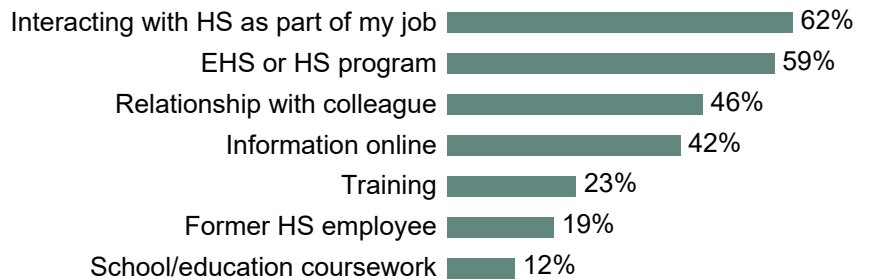
More than half of stakeholders taking the survey would like more information on services provided and enrollment from Head Start and Early Head Start programs. The priority of data and information that would be helpful to receive remains consistent with previous years’ reports. However, the percentage of respondents who selected “child outcomes” dropped almost 20% from last year.

Figure 25: How Knowledgeable Are Stakeholders About Head Start Programs in Indiana?  
n=182



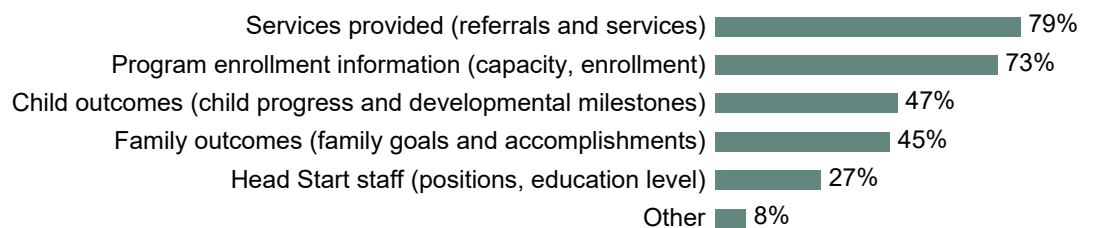
Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

Figure 26: Where Have Stakeholders Gathered Their Information About Head Start Programs?  
n=196



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

Figure 27: What Data and Information About Head Start Programs Would be Helpful for Stakeholders to Receive?  
n=191



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

# FEDERAL PRIORITY AREAS



Two thirds of respondents to the stakeholder survey (approximately 134) provided examples of how they would use this Head Start data/information to inform their work and goals. The most frequently mentioned answer is to provide this information to families. Respondents also mentioned using this information from programs to help with making referrals to Head Start and Early Head Start. Individuals currently partnering with Head Start are interested in more information to personally gain knowledge about Head Start, help families transition to Head Start services, improve collaboration, coordinate goals for children and families, and share the data on community needs and outcomes with local community members and initiatives.

First Steps staff see Head Start as a service they could transition families to once children age out of First Steps services. The Indiana Department of Child Services sees Head Start as a potential prevention tool or outside service that is impacting their families. Those working in schools see available information as something they can share with families if they do not qualify for the school's services, the school has no availability, or they do not offer early childhood education programs. Other stakeholders want to use the data and information to advocate for more high-quality early childhood education in their counties, inform grant applications and other reports, and show the need.

## Takeaways

- Grantees would like a state-level data system where child outcome data could be shared. At this time, grantees use a variety of tools and assessments which would make sharing data difficult.
- Stakeholders most often gather information about Head Start or Early Head Start directly from the programs, meaning these relationships are key.
- Stakeholders most often use the information gathered to share it with families who would benefit from Head Start or Early Head Start services.





## Priority Area 3: Career Development

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

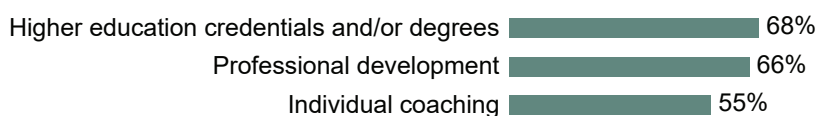
Indiana Head Start grantees work with state professional development systems, career centers, and institutions of higher education to promote the expansion of high-quality career development opportunities. These partnerships assist Head Start grantees with recruiting a high-quality workforce.

#### Survey Data

##### GRANTEES

Higher education credentials and/or degrees continue to be the top career development need for Head Start and Early Head Start staff, selected by two thirds of grantees (68%). Professional development moved to the second most selected response with individual coaching moving to number three. Every need area was selected by fewer grantees than the previous year, and higher education credentials dropped for a second consecutive year. Further research is needed to learn if the needs of grantees are being met or if they are changing.

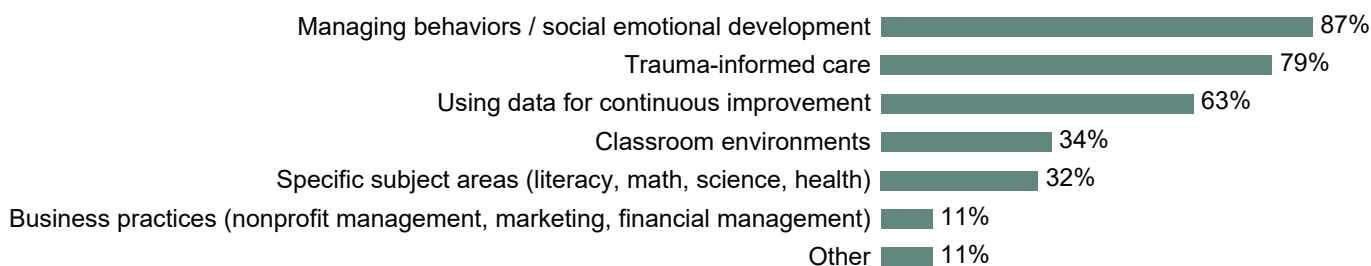
**Figure 28: What Are Head Start and Early Head Start Staff's Career Development Needs?**  
n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Specific areas of need regarding professional development also remain the same as last year. However, the percentage of grantees selecting trauma-informed care increased by 5%, and the number selecting business practices decreased by 10%.

**Figure 29: What Are the Professional Development Areas That Head Start and Early Head Start Staff Need?**  
n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.



# FEDERAL PRIORITY AREAS



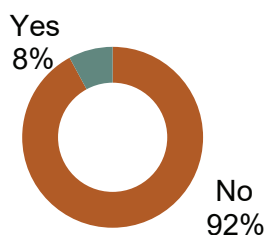
Grantees were then asked if any resources are missing or need to be strengthened in Indiana in order to support the needs of their staff. Only seven grantees provided feedback, and there was not much consensus among the suggestions. Three responses mentioned networking, mentors, and coaching. With so much training online, one grantee would like to see webinars limited to one hour in length, and another would like to see more locally available higher education options. More training on infants and toddlers as well as trauma-informed care was mentioned as a needed resource for staff training.

## COVID-19

Indiana’s Governor declared child care professionals to be essential workers during the COVID-19 pandemic. Although some businesses closed or conducted work remotely, Head Start and Early Head Start staff were often called on to care for children of other essential workers, as well as their enrolled families. Head Start and Early Head Start programs often experienced temporary closures, hybrid (in-person and virtual) programming, and changing guidelines. Grantees were asked how COVID-19 impacted their staff.

**Figure 30: Did Grantees Have to Furlough or Lay Off Any Staff as a Result of COVID-19?**

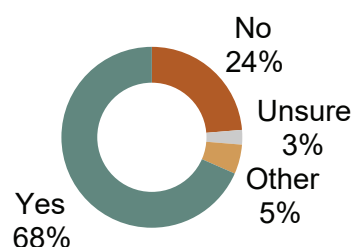
n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

**Figure 31: Did Grantees Have Any Staff Who Did Not Return to Work (After Furlough) or Have Quit Since COVID-19 Began?**

n=38

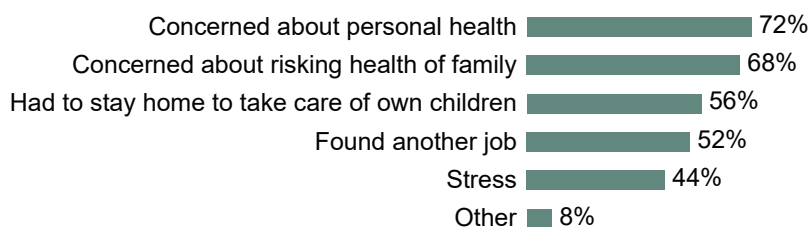


Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Early on in the COVID-19 pandemic, organizations may have temporarily closed, and many individuals across the country lost their jobs or were furloughed. Only 8% of grantees said they had to furlough or lay off staff as a result of COVID-19. Even so, two thirds of programs have had staff not return to work (after being furloughed) or choose to quit since the COVID-19 pandemic began. Of those grantees who lost staff during this time, more than half said workers chose to leave because they were concerned about their personal health, risking the health of their families, or had to stay home to take care of their own children.

**Figure 32: Why Did Grantees’ Employee(s) Choose Not to Return to Work/Leave Their Position?**

n=25



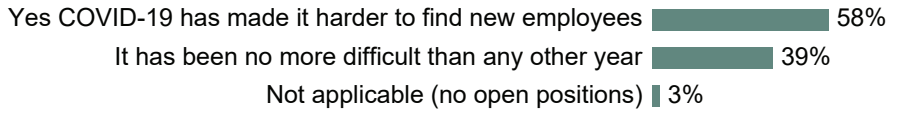
Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

# FEDERAL PRIORITY AREAS



In a typical year, many grantees would say that recruitment and retention of employees can be a challenge. For more than half of grantees, this challenge has gotten even worse since COVID-19 began.

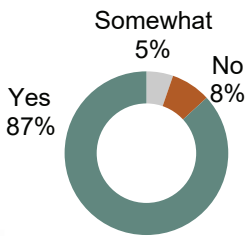
**Figure 33: What Percentage of Grantees Had Trouble Recruiting New Employees Since COVID-19 Began?**  
n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

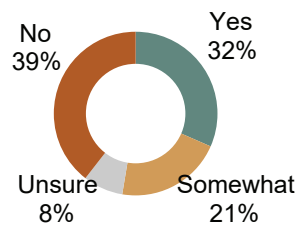
Since the pandemic began, Head Start and Early Head Start programs have been creative in their use of time and resources. In the early part of the pandemic, there were closures and lockdowns, and to keep staff working, many early childhood education providers had staff complete professional development or assist with duties not in their job description. Most Indiana grantees (87%) offered professional development to staff, and about half (53%) felt that their staff had interest in further professional development outside of their in-house opportunities such as those offered through higher education.

**Figure 34: What Percentage of Grantees Offer Program-Based or Program-Led Professional Development After the COVID-19 Pandemic Began?**  
n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

**Figure 35: What Percentage of Grantees Noticed an Uptick in the Number of Staff Who Have Taken Classes, Had an Interest in Credentialing, or Are Interested in Other Professional Development Opportunities (Outside of Program-Based Opportunities) Since COVID-19 Began?**  
n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.



## FEDERAL PRIORITY AREAS

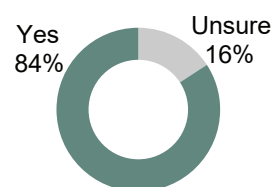


It has been widely reported that the COVID-19 pandemic has caused mental distress for adults and children. When asked if their staff would utilize additional mental health supports, 84% of grantees said yes, and not one grantee said no.

*“This has been a challenging year for Head Start programs, especially for those who have a large percentage of staff as current/recent past parents. The stressors and needs for additional family supports weighs heavily on many of our staff, as well as Head Start families. We will be recovering from this (in terms of mental health) for a long time and will need resources.”*

Figure 36: What Percentage of Grantees Reported Staff Would Utilize Additional Mental Health Supports (to Improve an Employee’s Ability to Handle Additional Stress Brought on by COVID-19)?

n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Grantees have implemented some new activities to help staff suddenly working remotely, including weekly staff meetings, weekly check-ins, and daily check-ins with individual staff members. Some grantees have also put mental health supports in place when available.

**“Staff is currently all on site, but last spring we did weekly check-ins, surveys, and virtual [huddles].”**

**“Staff work in office 1-2 days weekly on a rotating schedule so they can touch base with supervisors, get and print needed supplies.”**

**“Virtual staff meetings, consultations with Educational Coach, Behavioral Health Specialists and Conscious Discipline consultant, emails, texts, phone calls.”**

**“Weekly staff check-in calls, virtual staff meetings, training on staff wellness and stretches to complete at one’s desk or work station.”**

**“Weekly staff meeting, increased coaching, increased professional development days and prep time.”**

## FEDERAL PRIORITY AREAS



**“ When we were working remotely, I held team meetings 3 days a week with my leadership team, individual weekly or biweekly meetings, monthly town hall meetings with our center staff and other department meetings that were all held virtually. We have also facilitated bi-monthly all staff trainings focus on staff wellness and self-care topics. ”**

All grantees reported that their staff had to take on additional roles and responsibilities due to COVID-19. The most-reported duty was to implement increased health protocols, and the second-most-reported was delivering food to children and families. Multiple grantees also reported staff delivering materials to families, taking care packages to families, adjusting schedules to accommodate family participation in virtual learning, manage curb drop-off process, and in general being flexible to cover whatever was needed.

**“ Classroom staff have been more diligent about sanitizing in their rooms. We now do curbside drop-off and pick-up asking the adult two COVID questions and taking the temperature of the child before having them exit the car and transition into the site. Staff have had to fill in to make this new way of children arriving and leaving work. ”**

### Takeaways

- Grantees' top priorities for career development have changed over the years. More feedback is needed to understand why the responses have changed.
- More than half of grantees experienced challenges in recruitment and retention of staff due to COVID-19.
- Mental health supports for staff are a welcome resource that grantees believe staff would utilize.

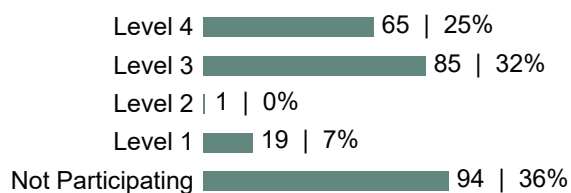


## Priority Area 4: High-Quality Care

### Collaboration with state Quality Rating and Improvement Systems (QRIS)

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

**Figure 37: What Percentage of Head Start and Early Head Start Centers Participate in Paths to QUALITY™ by Level?**  
Levels 3 and 4 are considered high quality in Indiana



Source: FSSA Office of Early Childhood and Out-of-school Learning, *Head\_Start\_Providers\_Detail*, pulled 01/01/2021.

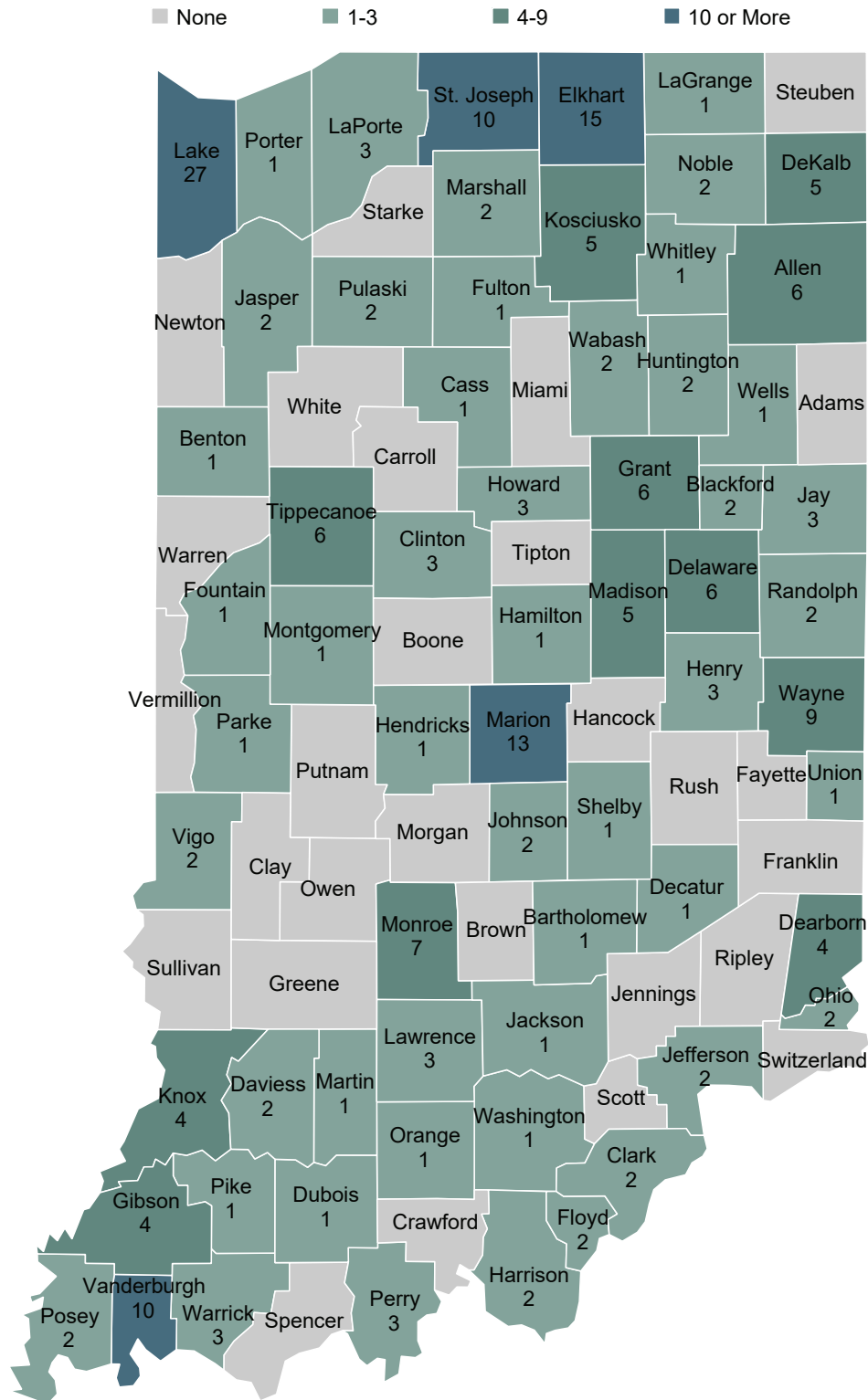
As of January 1, 2021, the Office of Early Childhood and Out-of-School Learning shows 170 Head Start and Early Head Start centers (64%) as active and participating in PTQ. This is six percent more than were active and participating in 2019; however, there are 14 fewer Head Start and Early Head Start centers than in 2019. Of the centers participating in PTQ, 150 centers (88%) are rated as high quality (Levels 3 or 4), which is an increase of seven centers, but the percentage rated as high quality remains the same. Head Start and Early Head Start centers rated as high quality are located in 64 of Indiana’s 92 counties.



# FEDERAL PRIORITY AREAS



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



Source: FSSA Office of Early Childhood and Out-of-School Learning, *Head\_Start\_Providers\_Detail*, pulled 01/01/2021.

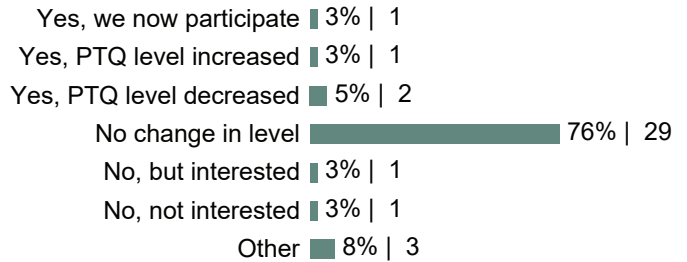


## Survey Data

### GRANTEES

In previous years, nearly 100% PTQ participation was reported by Indiana grantees. This year we asked how each grantee's status in PTQ has changed in the last year. Three quarters (76%) of grantees say their PTQ level has stayed the same. One grantee saw their PTQ level increase, two saw their PTQ level decrease, and one said that all of their programs are Level 4 (highest level). Two grantees are not currently participating in PTQ, and one is new to PTQ in the last year.

Figure 38: How Has the Status With Paths to QUALITY™ (PTQ) Changed in the Last Year for Grantees?  
n=38



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

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

Indiana's prekindergarten program, On My Way Pre-K utilizes the PTQ system as one requirement for eligibility to be an On My Way Pre-K provider. In 2015, On My Way Pre-K began as a pilot program in only five counties. Now, providers in all counties that are rated as high quality (rated Level 3 or 4) can participate. Eligible 4-year-old children can apply for a grant to attend preschool at an On My Way Pre-K program.



#### INCOME



#### CHILD AGE



#### PARENT WORK/SCHOOL REQUIREMENT

#### On My Way Pre-K

Up to 185% of the Federal Poverty Level if all qualified families below 127% that have applied are enrolled

The child will be 4 years old by August 1, 2021, and plans to start kindergarten in the 2022-2023 school year.

Parents or guardians in the household must be working, going to school, or attending job training.

#### Head Start and Early Head Start

100% Federal Poverty Level

Ages 6 weeks to 5 years

None

# FEDERAL PRIORITY AREAS



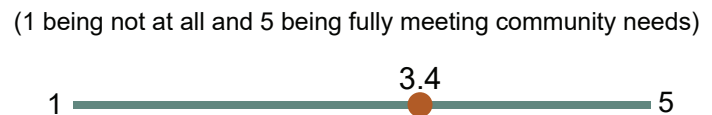
Just under one quarter of grantees (24%) participate in the On My Way Pre-K program, and nearly half of grantees (47%) are not interested in participating. This is in line with responses provided last year. Three grantees are not eligible to be an On My Way Pre-K program because they only provide Early Head Start programming. The three grantees who selected “other” mentioned having a partner who is an eligible participant, or that they are not ready or able to become an On My Way Pre-K program.

Grantees participating in On My Way Pre-K were asked what led them to participate, and more than half said that by blending and braiding the funding they are able to serve more children and/or provide more services for children.

## STAKEHOLDERS

Survey respondents were asked how well Head Start programs are meeting the local community’s needs, and their responses were generally favorable. The average score was 3.4 out of 5 (with 1 being not at all and 5 being fully meeting community needs) which is about the same as last year.

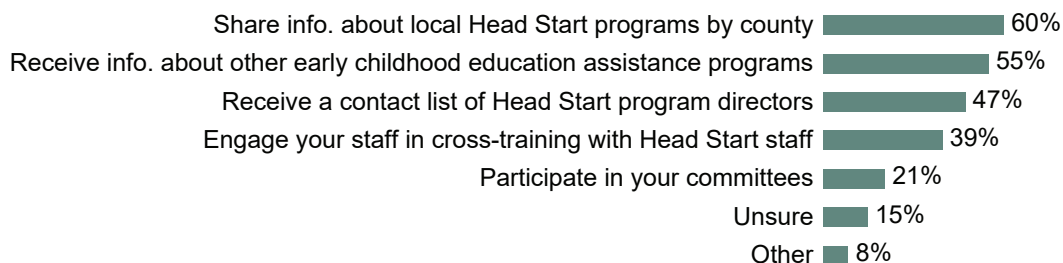
Figure 39: How Do Stakeholders Rate How Well Head Start Programs Are Meeting the Needs of the Local Community?  
n=176



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.

Stakeholders responded very similarly as they have in the past to the question of how Head Start programs could better support the work of partner agencies in the community. The biggest change was a 9% increase in the stakeholders who would like to receive information about other early childhood education assistance programs. This may have been due to the increased need for financial assistance caused by the COVID-19 pandemic. Stakeholders that selected “other” mentioned a need for more classrooms in their community, more referrals to Head Start and from Head Start to outside programs, and cross-training with partner agencies and Head Start staff.

Figure 40: How Could Head Start Programs Better Support Stakeholders’ Work in the Community?  
n=190



Source: Indiana Head Start State Collaboration Office Stakeholder Survey, January 2021.



## FEDERAL PRIORITY AREAS



Stakeholders were then asked how Head Start could become more engaged with the community. Only 39 survey respondents provided an answer (which was optional); 25% of respondents mentioned the need for Head Start staff to meet with community members, increase community outreach efforts, and attend community meetings. Multiple respondents also mentioned providing transportation to remove participation barriers, improve communication with stakeholders, join provider meetings, and provide resources for stakeholders to share with families.

“Open houses to show they are similar to day care programs...it seems there is stigma associated with the program so families are often reluctant to consider Head Start as a viable option.”

“Head Start program directors must be at the table when discussing anything ECE! Our local director is an engaged thought partner with our coalition initiatives. Likewise, our coalition is a valued thought partner of our Head Start.”

### Takeaways

- Head Start and Early Head Start centers participating in Indiana’s Quality Rating and Improvement System are most often rated as high quality (Levels 3 and 4).
- Not every county with a Head Start or Early Head Start center has a center rated as high quality.
- Participation in Indiana’s high-quality prekindergarten program for low-income students (On My Way Pre-K) remains steady at just 24% of grantees.
- Stakeholders would like to see Head Start and Early Head Start staff increase their community engagement efforts.





## Priority Area 5: School Partnerships

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

The State of Indiana does not currently use a statewide Kindergarten Entrance Assessment (KEA). While the Indiana State Board of Education voted to adopt a tool called the Kindergarten Readiness Indicators (KRI) as a companion piece to Indiana’s statewide pre-K program, On My Way Pre-K, the KRI is not a statewide requirement. Those Head Start programs participating in On My Way Pre-K are required to use the KRI for On My Way Pre-K children and may choose to extend the KRI to Head Start children not in On My Way Pre-K, but there is no requirement for Head Starts to use the KRI with Head Start children. Head Start programs and local education agencies work together to share kindergarten readiness assessment data that supports a smooth transition to kindergarten, and some regions have worked together to develop regional assessment tools.

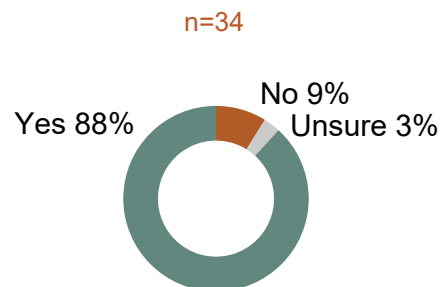
Head Start programs work to foster positive transitions (e.g., child care, preschool, or kindergarten), and therefore support the long-term success of Head Start children and families. Local school systems are a critical partner for successful transitions, and with the Every Student Succeeds Act (ESSA) signed into law in December 2015, local education agencies (LEAs) receiving Title I funds must develop written agreements with early childhood providers to increase coordination. Grantees continue to report increased coordination since the implementation of this new requirement.

### Survey Data

#### GRANTEES

The percentage of grantees with a kindergarten transition plan with local schools has increased slightly from last year to 88%. (Four grantees selected “not applicable” because they only have an Early Head Start grant.) What sort of transition plan they have varies by grantee and possibly by school. Some are part of a memorandum of understanding (MOU) with the district or as part of their ESSA agreement, while others have transition checklists or written transition plans. Transition activities include meetings with the school, visits to kindergarten classrooms, and joint events with the schools, Head Start programs, and families.

Figure 41: What Percentage of Grantees Have a Kindergarten Transition Plan With the Local Schools?



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

# FEDERAL PRIORITY AREAS

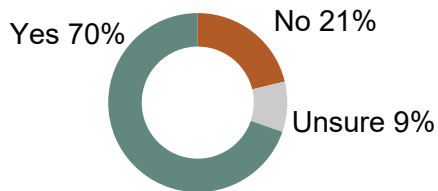


“We have a transition checklist and packet that is shared with the local school systems.”

“We have MOUs with all school districts in our service areas. Each plan looks a little different, but we work very closely with every school.”

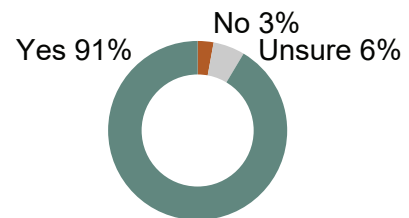
Even though 88% of grantees say they have a kindergarten transition plan and 91% say they communicate with school staff, only 70% say there are clear guidelines for kindergarten entrance. This communication is happening with a variety of staff at the schools, including directors of early childhood or elementary education and superintendents, along with the more popular choices of principal and kindergarten teacher.

**Figure 42: What Percentage of Grantees Have Clear Guidelines for Kindergarten Entrance That Their Program Uses for Planning Purposes?**  
n=33



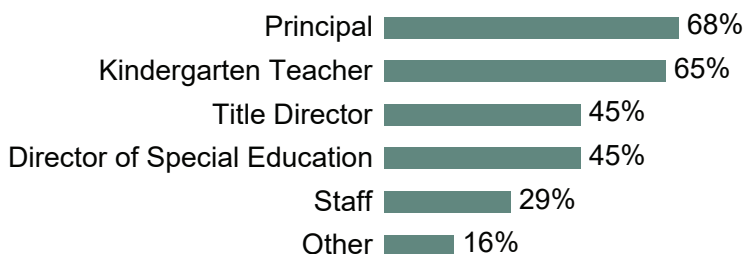
Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

**Figure 43: What Percentage of Grantees Communicate With School Staff About Expectations for Kindergarten Entrance?**  
n=35



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

**Figure 44: Who Do Grantees Contact for Collaboration or Information Sharing With the School District?**  
n=31



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

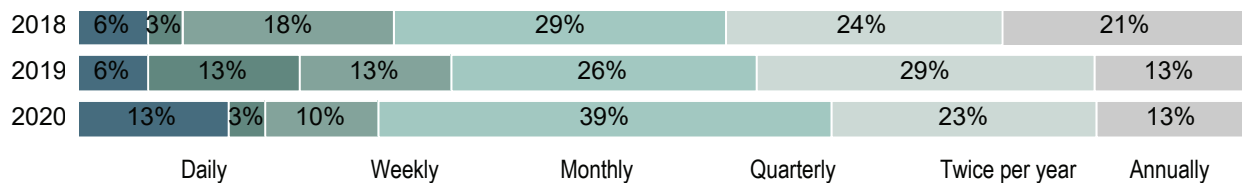




## COVID-19

The frequency of communication between Head Start grantees and school partners decreased slightly from last year, but the percentage of grantees communicating with schools daily increased by seven percent. It appears that COVID-19 is the cause of the change in frequency of communication with nearly one quarter (23%) of grantees reporting that they communicate less, while 19% communicate more since COVID-19 began.

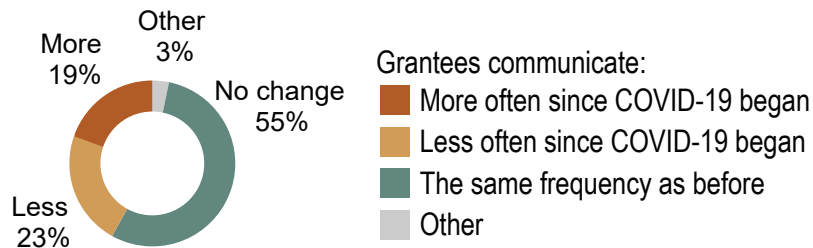
Figure 45: How Often Do Grantees Communicate With Their School Partners?



Source: Indiana Head Start State Collaboration Office Grantee Survey, 2018, 2019, and January 2021.

Figure 46: How Did the Frequency of Communication Between Grantees and School Partners Change Since COVID-19 Began ?

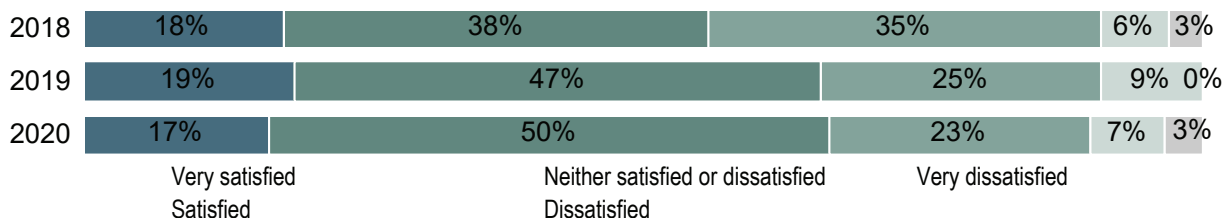
n=31



Source: Indiana Head Start State Collaboration Office Grantee Survey, January 2021.

Grantees' satisfaction with education partners supporting kindergarten transition remained close to last year's numbers with no change greater than 3% in either direction.

Figure 47: How Satisfied Are Grantees With Their School Partners Supporting Kindergarten Transition?



Source: Indiana Head Start State Collaboration Office Grantee Survey, 2018, 2019, and January 2021.

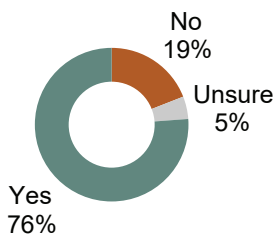


## EDUCATION PARTNERS

With an increased response to the education partner survey, their input adds to the assessment of Priority Area 5. Not all education partner survey respondents currently partner with a Head Start or Early Head Start program so sample sizes for these questions may vary.

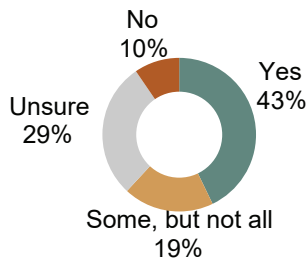
Three quarters (76%) of education partners say that expectations for kindergarten entrance are communicated with Head Start staff. This is slightly higher than the grantees' response of 70%. Education partners were not as certain as grantees about whether their school(s) has a kindergarten transition plan with the local Head Start program(s). While 88% of grantees reported that they do have a kindergarten transition plan, only 43% of education partners said yes, 19% said they had a plan with some Head Start programs but not all, and 29% are unsure.

**Figure 48: What Percentage of Education Partners Communicate With Head Start Staff About Expectations for Kindergarten Entrance?**  
n=21



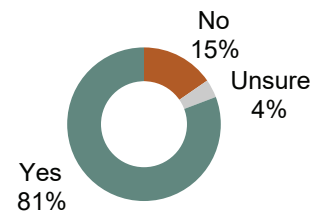
Source: Indiana Head Start State Collaboration Office Education Partner Survey, January 2021.

**Figure 49: What Percentage of Education Partners Have a Kindergarten Transition Plan With the Local Head Start Program(s)?**  
n=21



Source: Indiana Head Start State Collaboration Office Education Partner Survey, January 2021.

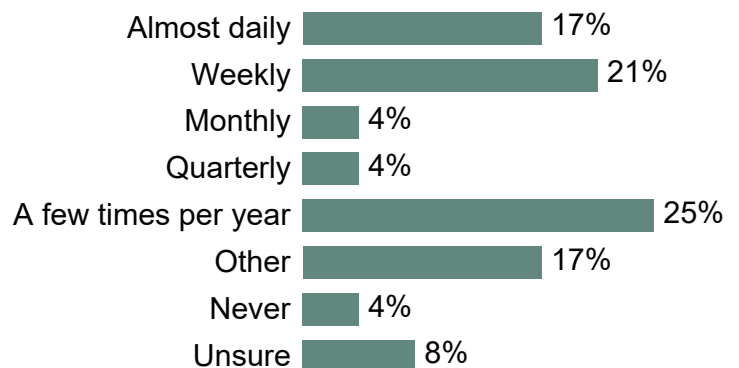
**Figure 50: What Percentage of Education Partners Have a Staff Member Designated to Work With Head Start Program(s)?**  
n=26



Source: Indiana Head Start State Collaboration Office Education Partner Survey, January 2021.

Twenty-one respondents to the education partner survey reported having a designated staff member working with Head Start. This person was most often the principal, special education teacher or staff, or the preschool coordinator/early childhood coordinator. Education partners vary in how often their staff collaborate with Head Start programs, although most indicate it is more than a few times a year. Those who selected "other" mentioned collaborating all the time since the Head Start program is housed within the school, only collaborating for specific events, or that the frequency of collaboration varies from year to year.

**Figure 51: How Often Do Education Partners Collaborate With Head Start Programs?**  
n=24



Source: Indiana Head Start State Collaboration Office Education Partner Survey, January 2021.

# FEDERAL PRIORITY AREAS



Of the respondents who collaborate with Head Start programs, COVID-19 impacted the collaboration or service delivery of less than half. Intermittent shutdowns and programs having to relocate (if housed in a school that was not open) made collaboration difficult. Those who experienced changes in collaboration or provision of services have moved meetings and services to be online and are communicating through email and online meetings.

Asked about their satisfaction with their Head Start partnership, two thirds said they are satisfied, and no one responded with “dissatisfied.” Some of the challenges education partners have that make it difficult to collaborate are often lack of time for collaboration, lack of or breakdown in communication, and not knowing the best way to collaborate. Suggested ways to strengthen collaboration include building relationships, visiting programs/classrooms more regularly, better understanding of expectations, and to share resources and professional development opportunities.

Figure 52: How Satisfied Are Education Partners With Their Head Start Partnerships?  
n=26



Source: Indiana Head Start State Collaboration Office Education Partner Survey, January 2021.

## Takeaways

- More grantees report having kindergarten transition plans than having clear guidelines for kindergarten entrance with local schools.
- Education partners are not as certain about having established kindergarten transition plans as were the grantees.
- Less than half of education partners reported a change in collaboration, and one quarter of grantees reported a decrease in communication due to COVID-19.





# FOCUS ON PARTNERSHIPS

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

## GRANTEES

Indiana Head Start and Early Head Start grantees' responses to where they would like to see the IHSSCO focus their work centered on the following four areas: advocacy, information sharing, support for directors, and professional development. Grantees would like to see IHSSCO **advocate** for Head Start programs and staff with state agencies, to build respect and an overall more positive view of Head Start in Indiana. They would like more **information shared** on the work and resources available through state partners and to learn more about state conversations on early learning. As one grantee put it, "The collaboration office is an essential position needed in the state to provide data statewide." Grantees would like IHSSCO to look out for and **support directors** as they are busy supporting their staff with no support for themselves. Specific to the challenges of 2020, grantees would like **professional development** for dealing with the impact of COVID-19, such as reengaging families who have been absent, an increase in challenging behavior, and training in remote learning.

## STAKEHOLDERS

The majority of external stakeholders who took this survey were not familiar with IHSSCO. Recognition of IHSSCO remained steady at one quarter of survey respondents. About the same number of survey respondents provided an answer when asked how IHSSCO could be helpful in strengthening their organization's relationship with Head Start. The top responses were **communication, collaboration, and engagement**. Many respondents would like to see cross-training between Head Start and state agencies to discuss what Head Start and Early Head Start do, how to collaborate, how to refer families, and eligibility criteria. Stakeholders would like to collaborate more, and they would like to see local Head Start staff at their community meetings. One stakeholder said, "Look for ways to weave head starts into the community more, instead of this great program that does great things but doesn't engage with similar partners." Education partners reported similar needs regarding facilitated collaboration and information sharing between Head Start programs and local school corporations.

## FOCUS ON PARTNERSHIPS



A similar number of stakeholders responded to the question asking what their top concerns are that IHSSCO should consider as it develops a new strategic plan. The top concerns are similar to previous years' reports of **accessibility** and **communication**. Stakeholders would like to see more slots available in their county, shorter waiting lists, and better accessibility for families (including adding or improving transportation). Specific to communication, stakeholders would like to see local Head Start and Early Head Start programs increase awareness of their work among families and engage in more partnerships. Education partners echoed the concerns of stakeholders saying they would also like to see better **communication, collaboration, and more services** in their counties.







# RECOMMENDATIONS AND CONCLUSION

As noted throughout the report, COVID-19 had far reaching effects, and the implications of which are still unknown. Thankfully, Head Start grantees received federal funding to help stabilize their programs and staff during the pandemic, but that was not the case for every early care and education program. Even with financial support, many Head Start and Early Head Start programs remained closed for a good portion of the year. They tried to offer virtual options, provide materials to families, and serve children within public health guidelines, but none of these adaptations were ideal. Not all children and families were able to continue participating at the same level they were before the pandemic, and others may not have been able to participate at all. It is recommended that the Indiana Head Start State Collaboration Office track and monitor child outcomes and the well-being of staff in light of the stress and potential trauma caused by the COVID-19 pandemic.

While the last 12 months may remain a year of unprecedented change, a second recommendation is to survey grantees and stakeholders again once they can reflect on the lessons learned and adaptations made and whether these should become permanent changes moving forward. At the time the surveys were out in the field, a vaccine was not yet widely available to the general public and many restrictions from state and local health departments were still in place. Grantees and stakeholders reported on the impact of COVID-19, but they have not had the opportunity to reflect on the impact while still in the middle of it.

This year's report is different from that of previous years. Due to the unavailability of data and the need to collect new or temporary data to fill in gaps and learn about the effects of COVID-19, data is not necessarily comparable to previous reports. Additional recommendations are not available given this lack of information as well as the changing environment in which programs and stakeholders operate. Nonetheless, there were still plenty of data to share, and many takeaways (e.g., improve communication, data sharing, cross training opportunities) remain consistent from previous reports.

# APPENDIX

## A. Data Collection and Methodology

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

Transform Consulting Group utilized a mixed methods design for this needs assessment, including surveys distributed to Head Start and Early Head Start grantees, surveys distributed to Head Start education partners and stakeholders, and data provided by the federal Office of Head Start and the Indiana Office of Early Childhood and Out-of-School Learning. The program information report, a data source used throughout this report, is not available because of the COVID-19 pandemic. Grantees were not required to submit the comprehensive report in Summer 2020. To account for some of the missing data, additional questions were asked of the Indiana Head Start and Early Head Start grantees.

The purpose of the grantee survey was to assess how Head Start grantees collectively respond to the identified federal priority areas and how they responded to COVID-19. The survey asked questions regarding Indiana Head Start grantees' experience with creating partnerships necessary for success, data collection and use, professional development, the state Quality Rating and Improvement System (QRIS), and kindergarten readiness alignment with schools.

The grantee survey link was emailed to all Head Start and Early Head Start directors across the state. Every grantee who was contacted to take the survey completed it between November 2020 and January 2021. Respondents to the grantee survey serve all 92 counties in the state.

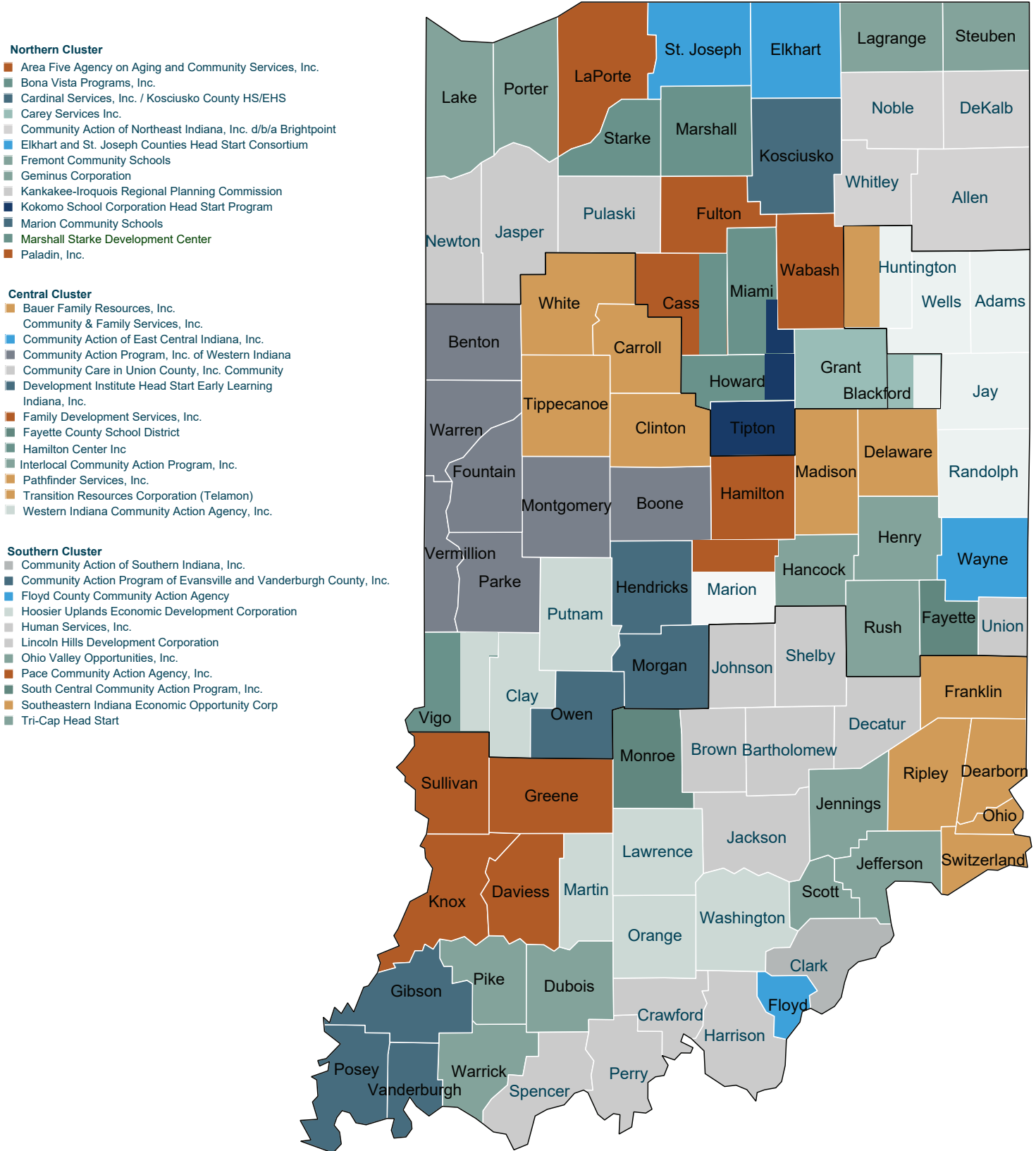
The stakeholder survey was sent electronically to key external stakeholders. In total, 192 survey responses were received from January through March 2021 from eight organizations: Indiana Department of Child Services, Early Learning Indiana, Indiana Department of Education, First Steps, Child Care Resource & Referrals, SPARK Learning Lab, Indiana Association for the Education of Young Children (INAEYC), and early childhood education coalitions. This survey asked stakeholders how they gather information about Head Start and Early Head Start, what information would be helpful for their work, and how they collaborate with Head Start programs.

The education partner survey was sent electronically to related professional associations and forwarded to local education agencies by Indiana Head Start and Early Head Start grantees. The survey asked questions similar to the stakeholder survey, such as how the education partner heard of Head Start and Early Head Start. Then, it asked specifically about the education partner's collaboration with programs, particularly related to students' transition to kindergarten. The number of responses to this survey increased from five received last year to 27 this year. This year's respondents work in schools in 21 Indiana counties.

## B: Glossary

- **Center:** An individual facility where center-based programming is provided. Grantees may operate more than one center.
- **Early Head Start:** A program providing services to children ages 0-3 and pregnant women. Early Head Start programs must adhere to the Head Start Program Performance Standards.
- **Funded Enrollment:** Total number of enrollees (children and pregnant women) the program is funded to serve.
- **Grant:** The Office of Head Start (OHS) administers grant funding and oversight to the 1,600 public and private nonprofit and for-profit agencies that provide Head Start services in local communities. A grantee may be the recipient of more than one Head Start grant.
- **Grantee:** The organization that has the grant with the federal government for the administration of the Head Start and/or Early Head Start grant. This organization may provide services directly or via partnerships/delegate agencies.
- **Head Start:** (a.) A federally-funded program that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children, birth to 5 years of age, and their families. (This is a universal use of the term encompassing both Head Start and Early Head Start.) (b.) A program providing services to children ages 3-5. Head Start programs must adhere to the Head Start Program Performance Standards.
- **Policy Council:** A required part of Head Start program governance, the Policy Council is composed of elected parents and community members. Per the Head Start Act, it is responsible for the direction of the Head Start program, including program design and operation and long-term planning, goals, and objectives.
- **Program Information Report:** An annual report completed and filed electronically at the end of each school year by every Head Start program in the nation, supplying data used by the Administration on Children, Youth and Families (ACYF) to report to Congress and for program monitoring.
- **Program Type:** Refers to Head Start, Early Head Start, or Migrant & Seasonal Head Start programming. A center may offer more than one type of program.

# C: Map of Indiana Head Start & Early Head Start Grantees by Cluster



# D. Table of Indiana Head Start and Early Head Start Grantee Information

Grantee	Counties Served	Contact Name and Email
Area Five Agency on Aging and Community Services, Inc.	Cass, Fulton, Wabash	Lori Frame, lframe@areafive.com
Bauer Family Resources, Inc.	Carroll, Clinton, Tippecanoe, White	Kim Ryan, kryan@bauerfamilyresources.org
Bona Vista Programs, Inc.	Cass, Howard, Miami	Bailey Maxwell, bnmaxwell@bonavista.org
Cardinal Services, Inc. / Kosciusko County HS/EHS	Kosciusko	Lynne Dittman, lynne.dittman@cardinalservices.org
Carey Services Inc.	Blackford, Grant	Beth L. Wickham, bwickham@careyservices.com
Community & Family Services, Inc.	Adams, Blackford, Huntington, Jay, Randolph, Wells	Cari Reiley, creiley@comfam.org
Community Action of East Central Indiana, Inc.	Wayne	Mr. Ashley Stephen, astephen@caeci.org
Community Action of Northeast Indiana, Inc. d/b/a Brightpoint	Allen, DeKalb, Noble, Whitley	Mary Lee Freeze, maryleefreeze@mybrightpoint.org
Community Action of Southern Indiana, Inc.	Clark	Merry Streigel (Interim), mstreigel@casi1.org
Community Action Program of Evansville and Vanderburgh County, Inc.	Gibson, Posey, Vanderburgh	Mary Goedde, mgoedde@capeevansville.org
Community Action Program, Inc. of Western Indiana	Benton, Boone, Fountain, Montgomery, Parke, Vermillion, Warren	Robin Curry-Shumaker, rcurry@capwi.org
Community Care in Union County, Inc.	Union	Jennifer English, jennenglishnow@gmail.com
Community Development Institute Head Start	Hendricks, Morgan, Owen	Dedee Rhea, drhea@cdihshmo.org
Early Learning Indiana, Inc.	Marion	Christine Garza, christineg@earlylearningindiana.org
Elkhart and St. Joseph Counties Head Start Consortium	Elkhart, St. Joseph	Kathy L Guajardo, kguajardohs@sbcsc.k12.in.us
Family Development Services, Inc.	Hamilton, Marion	Teresa Rice, trice@fds.org
Fayette County School District	Fayette	Kelly E. Pflum McCullum, kpflum@fayette.k12.in.us
Floyd County Community Action Agency	Floyd	Tara L Meachum, tmeachum@fcheadstart.com
Fremont Community Schools	Lagrange, Steuben	Pam Covell Anderson, pam.covell@vistulahs.org
Geminus Corporation	Lake, Porter	Karen Carradine, karen.carradine@geminus.org
Hamilton Center Inc	Vigo	Amanda Posey, ehs@hamiltoncenter.org
Hoosier Uplands Economic Development Corporation	Lawrence, Martin, Orange, Washington	Debra Beeler, dsbeeler@hoosieruplands.org
Human Services, Inc.	Bartholomew, Brown, Decatur, Jackson, Johnson, Shelby	Aimee Nichalson, anichalson@hsi-headstart.com
Interlocal Community Action Program, Inc.	Hancock, Henry, Rush	John Pennycuff, jpennycuff@icapcaa.org
Kankakee-Iroquois Regional Planning Commission	Jasper, Newton, Pulaski	Tiffany Stigers, tberkshire@urhere.net
Kokomo School Corporation Head Start Program	Howard, Miami, Tipton	Kelly Wright, kwright@kokomo.k12.in.us
Lincoln Hills Development Corporation	Crawford, Harrison, Perry, Spencer	Martha Thomas, mthomas@lhdc.org
Marion Community Schools	Grant	Sarah Summersett, ssummersett@marion.k12.in.us
Marshall Starke Development Center	Marshall, Starke	Jane Pollitt, jpollitt@marshall-starke.org
Ohio Valley Opportunities, Inc.	Jefferson, Jennings, Scott	Lindsey Simmons, lsimmons@ovoinc.org
Pace Community Action Agency, Inc.	Daviess, Greene, Knox, Sullivan	Angela Lange, alange@pacecaa.org
Paladin, Inc.	LaPorte	Theresa Argueta, theresa.argueta@imagination.care
Pathfinder Services, Inc.	Huntington	Elizabeth Hire, ehire@pathfinderservices.org
South Central Community Action Program, Inc.	Monroe	Stacey Edwards, stacey@insccap.org
Southeastern Indiana Economic Opportunity Corp	Dearborn, Franklin, Ohio, Ripley, Switzerland	Melody Minger, hsdirector@sieoc.org
Transition Resources Corporation (Telamon)	Delaware, Madison	Kay Gordon, kgordon@transitionresources.org
Tri-Cap Head Start	Dubois, Pike, Warrick	Molly Wuchner (Interim), molly@tri-cap.net
Western Indiana Community Action Agency, Inc.	Clay, Putnam, Vigo	Shelly Conine, sconine@wicaa.org

# E. Head Start and Early Head Start Funded Slots by County

County	Early Head Start Slots	Head Start Slots	Total Slots	County	Early Head Start Slots	Head Start Slots	Total Slots
Adams	0	40	40	Lawrence	41	136	177
Allen	50	499	549	Madison	80	186	266
Bartholomew	64	54	118	Marion	232	1,119	1,351
Benton	6	32	38	Marshall	20	94	114
Blackford	18	54	72	Martin	5	34	39
Boone	12	44	56	Miami	6	57	63
Brown	0	16	16	Monroe	57	267	324
Carroll	0	20	20	Montgomery	20	60	80
Cass	6	32	38	Morgan	0	108	108
Clark	72	250	322	Newton	0	39	39
Clay	12	51	63	Noble	10	52	62
Clinton	0	85	85	Ohio	0	15	15
Crawford	20	69	89	Orange	10	34	44
Daviess	35	86	121	Owen	12	62	74
De Kalb	60	140	200	Parke	12	38	50
Dearborn	0	113	113	Perry	20	89	109
Decatur	0	18	18	Pike	0	33	33
Delaware	124	224	348	Porter	64	105	169
Dubois	0	50	50	Posey	36	77	113
Elkhart	106	464	570	Pulaski	0	34	34
Fayette	0	134	134	Putnam	12	46	58
Floyd	80	276	356	Randolph	0	36	36
Fountain	12	54	66	Ripley	0	48	48
Franklin	0	141	141	Rush	0	64	64
Fulton	0	16	16	Scott	0	48	48
Gibson	0	77	77	Shelby	16	52	68
Grant	112	126	238	Spencer	20	67	87
Greene	15	44	59	St. Joseph	122	422	544
Hamilton	8	120	128	Starke	20	54	74
Hancock	0	40	40	Steuben	0	109	109
Harrison	20	66	86	Sullivan	15	23	38
Hendricks	0	87	87	Switzerland	0	38	38
Henry	0	146	146	Tippecanoe	86	209	295
Howard	80	218	298	Tipton	0	10	10
Huntington	60	53	113	Union	32	34	66
Jackson	0	52	52	Vanderburgh	80	331	411
Jasper	0	60	60	Vermillion	12	38	50
Jay	0	91	91	Vigo	80	150	230
Jefferson	0	96	96	Wabash	0	128	128
Jennings	0	48	48	Warren	6	22	28
Johnson	0	30	30	Warrick	0	110	110
Knox	36	177	213	Washington	10	17	27
Kosciusko	40	135	175	Wayne	66	306	372
LaGrange	0	78	78	Wells	0	40	40
Lake	294	1,111	1,405	White	0	20	20
LaPorte	0	189	189	Whitley	10	34	44