



2025 Indiana Head Start Needs Assessment



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Executive Summary



What is Head Start?

Head Start programs support children's growth from birth to age 5 through early learning and development, health, and family well-being services. Head Start programs help children prepare to succeed in school and life through learning experiences tailored to their changing needs and abilities. Head Start programs offer "Head Start" for children ages 3-5 and "Early Head Start" for children under 3 and pregnant women.



What is the Indiana Head Start State Collaboration Office?

The Indiana Head Start State Collaboration Office assists Head Start and Early Head Start grantees in collaborating with state and local planning entities and coordinating Head Start services with other state and local services.



What is the Indiana Head Start Association?

The Indiana Head Start Association provides resources and guidance for all Indiana Head Start programs through advocacy, professional development, collaborative partnerships, and education opportunities.

What is the Need for Head Start in Indiana?

86,903

*Children Under 6 Living
in Poverty*

30,392

*Additional Children
Eligible for Public
Assistance**

16,427

*Children Experiencing
Homelessness*

4,493

*Children Under 6 in
Foster Care*

How is the Need Being Met by Head Start Programs?



11,695

Funded Enrollment (Slots)



9,201

Head Start Children



2,411

Early Head Start Children



83

Pregnant Women



4,545 (35%)

*Children Served Under 6
Living in Poverty*



5,380 (41%)

*Children Served Eligible
for Public Assistance**



933 (7%)

*Children Served
Experiencing Homelessness*



583 (4%)

*Children Served Under 6
in Foster Care*

*This includes young children living between 100-125% of the federal poverty level. Children and families are generally eligible for TANF and SNAP if the family income falls below 127% or 130% of the federal poverty level, respectively. Families eligible for TANF are automatically eligible for SNAP.

Sources:

Indiana Youth Institute, Kids Count Data Book, 2024; Office of Head Start, 2023-24 Program Information Report; The Annie E. Casey Foundation, KIDS COUNT Data Center.

Key Findings in Each Federal Priority Area



1. Community Partnerships

- Grantees commonly engage in statewide partnerships with key organizations, such as the Indiana Head Start Association (IHSA), First Steps, and the Indiana Department of Child Services.
- Collaboration between Head Start programs and local and state organizations is crucial to support Hoosier children and families, as shown by the success stories partners shared in regard to improving child outcomes and supporting families' needs.
- Community partners are satisfied with their Head Start collaborations.
- Child and Adult Care Food Program (CACFP) remains the most common secondary funding stream for grantees.



2. Child Outcomes

- The Brigance assessments and Ages & Stages Questionnaires (ASQ) were the top developmental screening instruments.
- Teaching Strategies GOLD Online remains the top assessment tool used by programs, which aligns with the Head Start Program Performance Standards and the Head Start Early Learning Outcomes Framework.
- Center-based programs continue to predominantly use Creative Curriculum, the early childhood curriculum developed by the voluntary, employee-led group Teaching Strategies.



3. Career Development

- Turnover remains a pressing issue for the early care and education workforce, with low wages and stress being key drivers. The highest turnover rates are among preschool classroom teachers and assistant teachers.
- Grantees have adjusted recruitment and retention practices, with pay raises proving most effective. Social media outreach and career pathway advancement also help to attract and retain staff.
- Staff require professional development in behavior management and trauma-informed care.
- Mental health remains a crucial topic, with staff identifying the need for mental health and wellness support.



4. School Partnerships

- The majority of grantees have established kindergarten transition plans in coordination with local schools. These partnerships ease the transition and prepare children for kindergarten success.
- Grantees actively engage with school staff to align expectations for kindergarten readiness. More than two thirds of grantees are satisfied with school partners supporting kindergarten transition, but there is still room for improvement.

Opportunities for Growth

- *Increase dialogue between grantees and the Indiana Head Start Collaboration Office.*
- *Increase community partners' awareness and knowledge of Head Start programs.*
- *Increase and improve collaboration with community partners and grantees.*
- *Increase the number of programs that have kindergarten transition plans in coordination with local schools.*
- *Increase the number of hands-on trainings focused on challenging behaviors, mental health needs for children, and supporting children with IEPs.*
- *Improve comprehensive strategies to attract and retain qualified staff, such as improved professional development opportunities, career pathways, and mental health and well-being support.*
- *Increase the number of diverse funding sources for more financial stability among programs.*



Introduction

In 1990, the federal Administration for Children and Families (ACF) began awarding Head Start collaboration grants to establish Head Start State Collaboration Offices (HSCOs) 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 HSCOs assist Head Start and Early Head Start grantees in collaborating with state and local planning entities and coordinating Head Start services with state and local programs. The Indiana Head Start State Collaboration Office 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 HSCOs nationwide to annually assess the needs of Head Start grantees in their state. The Head Start Act also requires HSCOs to use the needs assessment results to inform annual updates to the HSCOs’ strategic plan goals and objectives. The information may be used to inform grantees, improve programs, and support grantees in meeting Head Start Program 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 HSCOs’ work plans in supporting Head Start, Early Head Start, and Early Head Start-Child Care Partnerships. As of June 2023, the Office of Head Start established updated national priority areas for HSCOs.

1

Collaborate with state systems to align early care and education services and supports for children and families prenatally to age 5.

2

Work with state efforts to **collect and use data** on early childhood programs to guide decision-making and improve child and family outcomes.

3

Support the expansion of and access to high-quality **workforce and career development** opportunities for staff.

4

Coordinate with school systems to ensure continuity and alignment across programs, as appropriate.

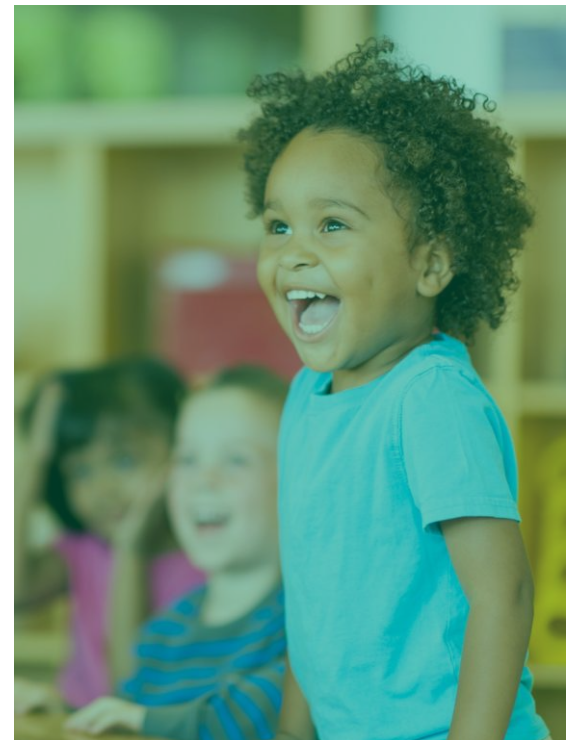
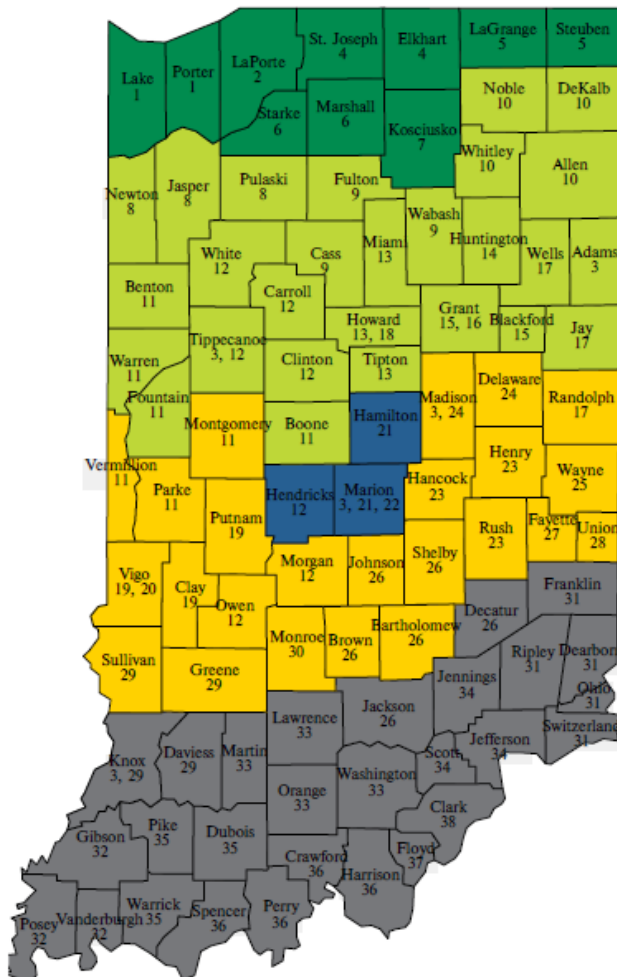
Profile of Indiana Head Start Programs



Indiana Grantees

Head Start programs operate locally to help young children from low-income families prepare to succeed in school. In addition, programs promote children's development through early learning, health, and family well-being. Head Start grantees deliver child development services in center-based, home-based, and family child care settings. All grantees continually work toward the mission of eligible children and families receiving high-quality services in safe and healthy settings that prepare children for school and life.

Indiana has 38 Head Start grantees serving Hoosiers across the state. Head Start grantees partner with and receive some support from their local Child Care Resource and Referral (CCR&R) agency. CCR&R agencies provide resources to families, early childhood programs, and communities.

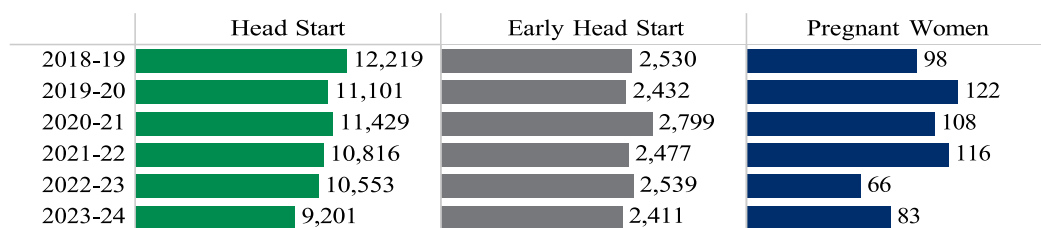


Funded Enrollment

In 2023-2024, Indiana grantees reported having the funding to serve 11,612 children and 83 pregnant women. That includes 9,201 children ages 3-5 served by Head Start, with 216 slots for children of migrant and seasonal workers. Early Head Start programs served 2,411 children under age 3 and 83 pregnant women.

In the past few years, funded enrollment in Head Start serving preschool-age children has steadily declined, primarily due to staffing challenges and programs' ability to meet the child to staff ratio. Early Head Start programming serving children birth through age 2 has experienced more fluctuation, with a decrease in the past year. Funded enrollment for pregnant women experienced the most significant change in the past year, with a 26% increase from 2023, but it is still lower compared to every year from 2019 through 2022.

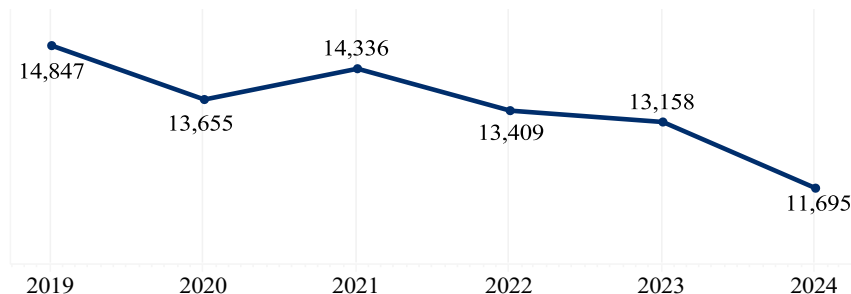
Figure 1: Funded Enrollment in Indiana by Program Type



Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.

Total funded enrollment has steadily decreased over the past 4 years. In the past year, there was an 11% decrease in funded enrollment. Grantees are experiencing difficult circumstances that led to half applying for a change in scope for the 2023-2024 program year. Of the 18 grantees that applied for a change in scope, 94% reduced enrollment, and one grantee converted Head Start slots to Early Head Start slots.

Figure 2: Funded Enrollment in Indiana Over Time



Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.

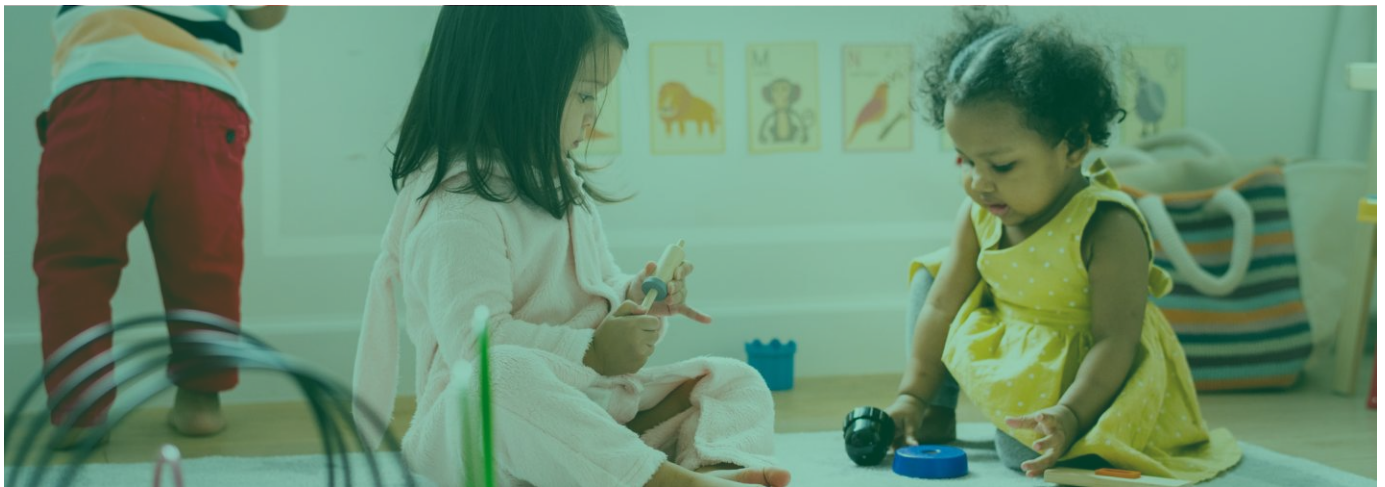
Of the grantees that applied for a change in scope, 89% found it beneficial to their staffing and nearly two thirds (61%) found it helped with their budgeting. For example, those experiencing staff turnover can now serve fewer children and thus do not have to strain to cover staffing shortages by working extra hours or spending less time on vital administrative and operational tasks. This change in scope allows current staff to focus their energy on providing a safe and high-quality learning environment for children.



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 up to age 3. Federal eligibility guidelines state that most children and pregnant women must also fall into one of the following categories:

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



Head Start programs may enroll up to 10% of children from families with 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 if the program can ensure that certain conditions have been met. Namely, the program must conduct sufficient outreach to meet the needs of eligible children who fall in the above categories, prioritizing the enrollment of the children in the above categories before enrolling children from families with incomes up to 130% of the poverty line.

Locally, programs use federal guidelines to create a point system to determine eligibility and prioritization. Additional criteria may be considered in a local program's point system, such as child's health, parental status (typically a single-parent family or family with an alternate caregiver), child's disabilities, and environmental factors. Head Start programs are statutorily required to maintain a waiting list. Programs are required to implement local priorities as each program enrolls children; it is important to contact the local Head Start program directly to learn about their specific eligibility requirements and waiting list criteria.



Eligibility

Indiana Children Who May Be Eligible for Head Start or Early Head Start



491,645

children under 6.

Including: 238,792 infants to 2-year-olds and 252,853 3- to 5-year-olds.

The Annie E. Casey Foundation, KIDS COUNT Data Center, Child population by single age in Indiana, 2023. <https://datacenter.kidscount.org>



290,304

households receiving SNAP.

More than a quarter of a million households received SNAP benefits in December 2024.

This is a 1.4% decrease from December 2023 (294,433).

FSSA Division of Family Resources, Monthly Management Report, December 2024, Online.



86,903

households receiving SNAP.

children under 6 living in poverty.

18% of young children are living below the poverty line.

An additional 30,392 (6%) of young children live between 100-125% FPL.

U.S. Census Bureau, American Community Survey 5-Year Estimates 2019-2023, Table B17024.



10,666

children and 126 pregnant families receiving TANF.

7% more children received TANF in December 2024 than in December 2023 (9,993).

FSSA Division of Family Resources, Monthly Management Report, December 2024, Online.



16,427

children experienced homelessness in the 2022-2023 school year, which is 1% higher than the previous year.

Indiana Youth Institute Data Request (2023); Indiana Department of Education.



4,493

children under 6 in foster care.

43% of Hoosier children in foster care are under 6 years old.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, The AFCARS Report: Indiana, 2022.



Urban and Rural Analysis

According to the United States Department of Agriculture (USDA), Indiana has 44 metro and 48 nonmetro counties. The USDA bases these determinations on population, degree of urbanization, and adjacency to a metro area. The terms metro and nonmetro are used as a proxy to identify urban and rural counties across the state and determine how well the amount of funded enrollment for Head Start centers meets the needs of children under age 6 living in poverty in each type of geography.

Head Start programs in Indiana are able to serve a slightly bigger proportion of children experiencing poverty in rural communities. This calculation is based on the total number of slots (funded enrollment of all program types) in a county divided by the number of children under the age of 6 living in poverty. Head Start programs in urban counties can serve 13% of their community's young children living in poverty, while rural counties can serve 14%.¹



Percentage of Children Living in Poverty Served by Urban and Rural Counties

	<i>Number of Young Children Living in Poverty</i>	<i>Number of Head Start and Early Head Start Slots for Children</i>	<i>Percentage of Children Living in Poverty Served</i>
 <i>Urban Counties</i>	62,894	8,026	13%
 <i>Rural Counties</i>	24,009	3,422	14%

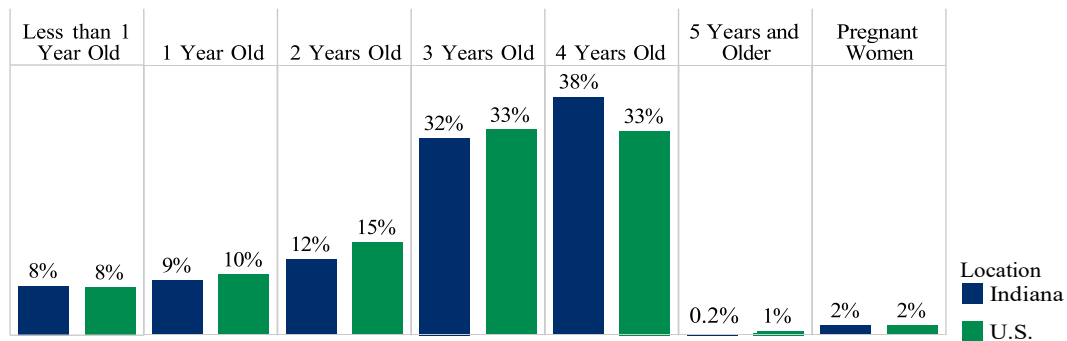
1: See appendix E for county designation and data.



Age Breakdown

Throughout the program year, Head Start programs cumulatively served 12,870 children and 210 pregnant women. The percentage of pregnant women and children, grouped by age, served in Indiana is comparable to national averages. In Indiana and across the U.S., 3-year-olds and 4-year-olds remain the top-served age groups.

Figure 3: Cumulative Enrollment Breakdown by Age in Indiana and the U.S.



Cumulative enrollment refers to the actual number of children and pregnant women served throughout the entire program year.

*Percentages may not total 100% due to rounding.

Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.

Early Head Start also provides services and makes referrals for pregnant women. Once the child is born, the child often takes the mother's slot in Early Head Start. Early prenatal care can help prevent birth complications and inform women about important steps to protect their infants and ensure a healthy pregnancy.² In 2024, 17% of pregnant women served by Early Head Start enrolled during their first trimester of pregnancy, more than one third (36%) enrolled in the second trimester, and approximately half (48%) enrolled during their third trimester. In addition, one quarter (24%) of the pregnant women served experienced high-risk pregnancies. Overall, the total number of pregnant women served in 2024 is close to past years, but Early Head Start programs served a lower number and proportion of pregnant women in their first trimester compared to 2023.

Pregnant Women Enrolled in Early Head Start by Pregnancy Trimester and Program Year

Program Year	First (Less than 13 weeks)	Second (13 to 27 weeks)	Third (28 to 40 weeks)	Third (28 to 40 weeks)
2021-22	15% (33)	38% (82)	46% (98)	213
2022-23	27% (58)	30% (64)	43% (92)	214
2023-24	17% (35)	36% (75)	48% (100)	210

Percentages may not total 100% due to rounding.

Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.

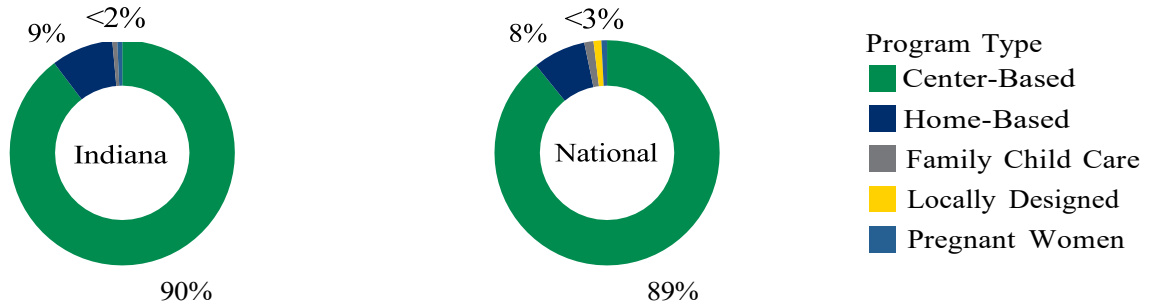
2: National Institute of Child Health and Human Development. (n.d.). What is prenatal care and why is it important? <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>



Enrollment by Program Type

Head Start encompasses multiple program setting types: center-based, home-based, family child care, locally designed, and services for pregnant women. Most Indiana slots were in center-based programs (90%), followed by home-based (9%), matching the national pattern.

Figure 4: Funded Enrollment by Program Type: Indiana vs. the U.S.



Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.



Home-Based Programs

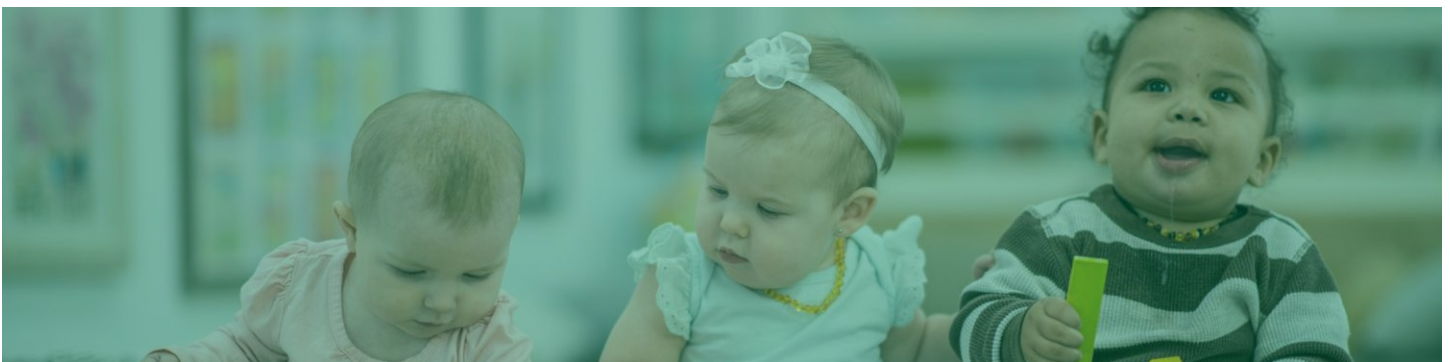
Home-based programs provide services to young children and their parents and pregnant women through visits primarily in the child's home and group socialization opportunities in a Head Start classroom, community, facility, home, or on field trips. Families receive weekly home visits lasting about 90 minutes each. Early Head Start participants receive at least 46 visits and are involved in 22 group socialization activities per year, and Head Start participants receive 32 visits and participate in 16 group socialization activities per year.



Center-Based Programs

Center-based programs provide education and child development services to children in a classroom setting. The majority (90%) of Head Start slots in Indiana are in center-based programs.

10,487 center-based program slots are available across 82 counties.





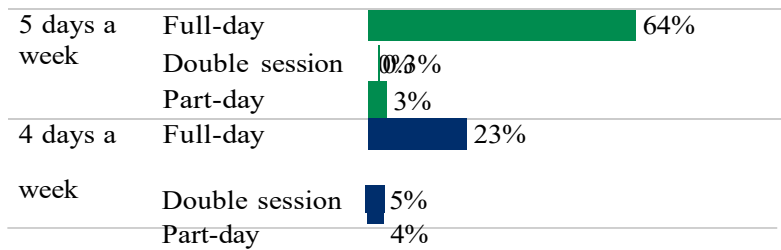
Center-Based Program Schedule

Head Start programs must provide at least 1,020 annual hours of planned class operations over the course of at least eight months each year for at least 45% of Head Start center-based funded enrollment (ECLKC, ACF-PI-HS-21-02).

The Office of Head Start enacted this requirement based on the benefits of longer service duration. These benefits include promoting school readiness, stronger child and family outcomes, supporting the needs of parents, delivering the full range of services, and meeting program goals.

Two thirds (64%) of Head Start centers operate full-day programs 5 days a week, and approximately one quarter (23%) operate full-day programs 4 days a week. Full-day programs operate for more than 6 hours per day, while part-day programs operate for 6 hours or less. Double sessions consist of two part-day sessions.

Figure 5: Operating Schedule of Head Start and Early Head Start Centers

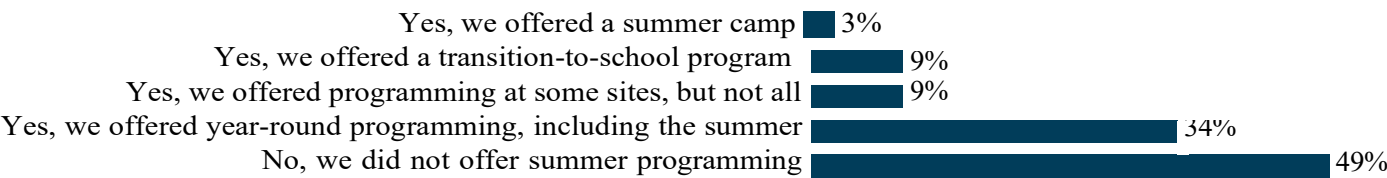


Source: Indiana Head Start State Collaboration Office. (November 2024). Centers. [Unpublished data.]

Grantees reported whether they changed their operating schedule to increase services for families and their communities. Less than one fourth (23%) of grantees changed their operating schedule related to the days and hours offered. Many of these programs changed from part to full day, but reduced their program week from 5 days to 4 days. One program did change programming from 4 to 5 days per week.

More than half (51%) of the grantees provided some form of summer programming in 2024. One third (34%) of grantees offered summer programming for children as a part of their year-round programming. Other grantees offered summer programming through transition-to-school programs and a separate summer camp. In addition, one grantee reported offering summer programs at some sites, but not all.

Figure 6: Did you provide programming during the summer of 2024?
(Select all that apply.) (n=35)



*These categories are not mutually exclusive. Percentages will total more than 100%.
Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Over half (57%) of grantees plan to provide programming similar to what they offered in previous years, modify past programming, or manage new programming during the summer of 2025. This includes two

grantees that did not provide summer programming in 2024 but plan to in 2025.



Comprehensive Services

Head Start programming focuses on the whole child, which extends to the whole family. Children and families involved with Indiana Head Start programs have diverse needs. Early childhood education is just one of the many components of a Head Start program.

- **Wraparound Development:**

Committing to the overall development of participating children and family support services while ensuring that the services provided to families respond to their needs and circumstances.

- **Offering Parental Support:**

Promoting positive parent-child interactions, providing services to support their role, and helping families move toward self-sufficiency.

- **Providing Resources:**

Providing a conduit to Head Start programs for Indiana families while coordinating with services provided by other programs throughout the state to ensure a comprehensive array of programs.

- **Aiding with Behavioral Challenges:**

Ensuring children with documented behavioral problems receive appropriate screening and referral to services.

- **Supporting Those with Disabilities:**

Acting as a liaison between families and providers of early intervention services for infants and toddlers with disabilities.

- **Helping with Transitions:**

Assisting children and parents going from an Early Head Start program to a Head Start or other local early childhood education program while facilitating communication between families and staff.



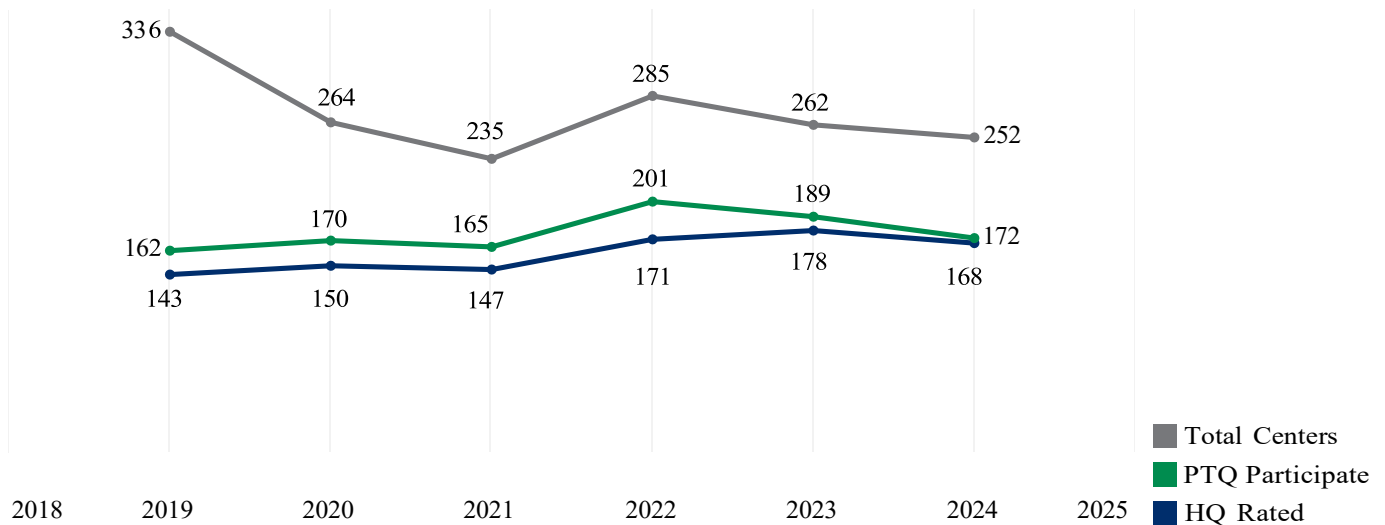
High-Quality Care

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 rated Level 1-4, with Level 4 being the highest rating that programs can attain. Indiana considers programs to be high quality if they are rated Level 3 or 4 on PTQ or nationally accredited.

Of 252 Head Start centers, 172 (68%) are actively participating in PTQ. The number of participating centers has gradually decreased since 2022. Part of the reason for this decrease could be the process that occurs when centers move to a new location to adapt to community needs. When that happens, centers have to re-enroll in PTQ at their new address and move their way back up the PTQ Levels.

In 2024, 98% of the centers participating in PTQ were rated high-quality (HQ), a four-percentage-point increase from the prior year (94%).

Figure 7: Centers Participating in Paths to QUALITY™ Over Time



Source: Family and Social Services Administration, Office of Early Childhood and Out-of-School Learning, March 2025.

Approximately three quarters (76%) of grantees reported that their PTQ status has remained the same in the last year, while 3% joined PTQ in the past year, and 6% increased their level.

Head Start programs are held to standards similar to what PTQ requires in regard to learning environments, curriculum, training requirements, and staff education levels. In an attempt to help alleviate challenges Head Start programs face joining and advancing within PTQ, grantees are eligible to apply for reciprocity. This gives grantees an alternate path to integrate into QRIS. Approximately two thirds (68%) of the grantees applied for reciprocity for at least one of their sites, while 10% have not applied but plan to in the future.

Federal Priority Areas

The federal Office of Head Start has annual priority areas that guide HSCOs' work plans in supporting Head Start, Early Head Start, and Early Head Start-Child Care Partnerships. These priority areas focus on community partnerships, child outcomes, staff development, quality improvement ratings, and school partnerships.



Overview of Head Start Partners and Collaborators

Community partners play a major role in partnering with Head Start programs to support access to quality early care and education programs and other comprehensive services. The Indiana HSCO contacted various stakeholder organizations to ask how they gather information about Head Start, what information would be helpful for their work, and how they collaborate with Head Start programs. The partner and collaborator survey was sent to the following organizations.

- **Child Care Resource and Referral (CCR&R) Agencies**
- **Early Care and Education Coalitions**
- **Early Learning Indiana (ELI)**
- **Education Partners**
- **First Steps**
- **Indiana Association for the Education of Young Children (INAEYC)**
- **Indiana Department of Child Services (DCS)**
- **Indiana Department of Education (IDOE)**
- **Indiana Department of Health (IDOH)**
- **Nonprofit Partners**
- **SPARK Learning Lab**



Priority Area 1: Community Partnerships

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

Head Start programs establish community relationships and partnerships with local organizations to help children and families access the supportive services they need. Partnerships involve local and state agencies providing an array of services to meet the needs of Hoosier families.

In addition to community partnerships, Indiana has five Early Head Start-Child Care Partnership (EHS-CCP) grantees serving five counties (Delaware, Lake, Madison, Marion, and St. Joseph). Most EHS-CCP slots are for Early Head Start programs, but some Head Start programs also have EHS-CCP slots.

EHS-CCPs support communities by expanding the number of high-quality early learning environments for infants and toddlers in low-income families.

In addition to EHS-CCP grants, this priority area encompasses partnerships emphasizing the same initiatives, such as access to quality early childhood education, programs available to low-income families, and comprehensive services. Grantees identified which state and local entities they partnered with last year.

Counties with Early Head Start-Child Care Partnership (EHS-CCP) Grants

- Delaware
- Lake
- Madison
- Marion
- St. Joseph



Grantees commonly engage in statewide partnerships with key organizations such as Indiana Head Start Association (IHSA), First Steps, and Indiana Department of Child Services (DCS).

IHSA provides pivotal support to Head Start programs by offering resources, guidance, and fostering collaboration through advocacy, professional development, collaboration partnerships, and education opportunities. IHSA offers resources and support to Head Start grantees, aiding in their mission to provide quality education and care to young children.

First Steps provides early intervention programming to infants and toddlers with developmental delays or disabilities. In addition, DCS collaborates with Head Start programs to make decisions in the best interest of every child in their care by prioritizing values such as child safety, transparency, and continuous improvement.

Grantees also partner with other statewide organizations that support early childhood education, elementary education, health, and workforce development.

Percentage of Head Start Grantees with Statewide Partnerships <i>(n=34)</i>	
<i>Indiana Head Start Association</i>	91%
<i>First Steps</i>	91%
<i>Indiana Department of Child Services</i>	79%
<i>Home visiting program (e.g., Healthy Families, Nurse-Family Partnership, Early Head Start, or Parents As Teachers)</i>	68%
<i>Indiana Association for the Education of Young Children</i>	65%
<i>Indiana Department of Health (e.g., My Healthy Baby, Help Me Grow, dental programs, activity programs, State Nutrition Action Committee [SNAC] and Lead Surveillance, Women, Infants, and Children [WIC])</i>	65%
<i>Indiana Department of Family Resources (includes SNAP and TANF)</i>	62%
<i>Early Learning Indiana</i>	62%
<i>SPARK Learning Lab</i>	62%
<i>Indiana Department of Workforce Development</i>	59%
<i>Indiana Department of Education</i>	44%
<i>Indiana Early Learning Advisory Committee</i>	38%

Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]



In addition to statewide partnerships, grantees partner with local entities that support health, education, housing, and other areas essential to Hoosier children and families.

School districts continue to be a top local collaborator for grantees. Many grantees collaborate with health-focused organizations, such as local hospitals, doctors, and dentists, emphasizing the importance of comprehensive child development. Grantees commonly partner with local agencies providing prevention and treatment services related to mental health.

Percentage of Head Start Grantees with Local Partnerships <i>(n=34)</i>	
<i>School district</i>	97%
<i>Hospital, doctor's office, or dentist's office</i>	91%
<i>Local agency providing prevention and treatment services related to mental health</i>	88%
<i>Local and regional Department of Child Services</i>	82%
<i>Special education preschool program</i>	76%
<i>Housing and utility assistance</i>	76%
<i>Food bank</i>	68%
<i>Child Care Resource & Referral Agency</i>	68%
<i>Other Early Head Start or Head Start program</i>	65%
<i>Local college or university</i>	59%
<i>Other early childhood education program (ministries, child care centers, family child care homes, public or private preschools)</i>	59%
<i>United Way organization</i>	59%
<i>Community or private foundation</i>	56%
<i>Early childhood coalition</i>	53%
<i>Program or service related to children's physical fitness and obesity prevention</i>	26%

Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Over half (55%) of the grantees have a strategic relationship with a foundation or coalition focusing on early childhood education. Early childhood education coalitions aid in organizing and addressing challenges related to accessibility, affordability, and quality of early care and education programs.



“

I've completed several classroom observations at different Head Start and Early Head Start locations. Each observation has shown me how dedicated the staff are to their students' well-being. The classroom environments are rich in learning materials as well.

- community partner

”

Head Start is free for children and their families, so the programs cannot rely on parent fees as a part of their revenue. Diversifying funding is crucial to support program operations and sustainability. **Child and Adult Care Food Program (CACFP), a federal program that reimburses child care centers for nutritious meals and snacks, continues to serve as the most identified funding stream used by grantees. Far fewer grantees receive funding from other sources,** such as philanthropic funding, individual donors, and Child Care and Development Fund (CCDF) vouchers.

Less than one quarter (24%) of grantees participate in On My Way Pre-K, a program that awards vouchers to 4-year-olds from low-income families to access high-quality pre-K programs.

Top Five Funding Streams Used by Head Start Grantees (n=34)	
Child and Adult Care Food Program (CACFP)	91%
Philanthropic funding (United Way, private, family, corporate, and community foundation grants)	32%
Individual donors (monetary donations)	29%
Child Care and Development Fund (CCDF) Vouchers	29%
On My Way Pre-K	24%

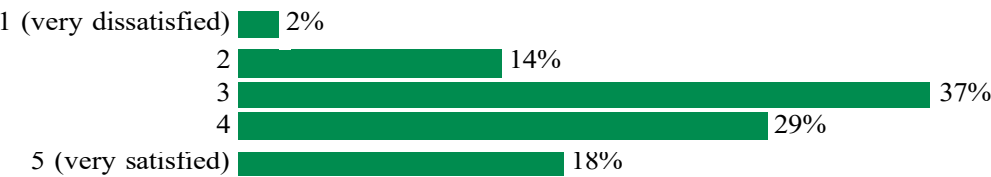
Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Feedback from Community and Education Partners

Community and education partners play a crucial role in improving child outcomes due to their direct connections with children and families in Indiana. When partners are knowledgeable about Head Start, they are able to connect families with Head Start resources that can benefit their child’s early development and education.

Most community partners are knowledgeable about Head Start and Early Head Start programs in Indiana. This is unsurprising since over half of partners interact with Head Start as part of their job. Many partners gather information directly from Early Head Start or Head Start programs.

Figure 8: On a scale of 1-5, how knowledgeable are you about Head Start and Early Head Start programs in Indiana? (n=91)



Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Community Partner Survey. [Unpublished raw data.]

Over half (61%) of partners collaborate through referring families to Head Start programs, while one fifth receive referrals from Head Start. Multiple partners provide professional development opportunities (25%) and other services (17%) to Head Start Programs.



Relationship building with Head Start programs results in communication with administrators and staff to connect them with professional development, educational advancement, national accreditation funding, and technical assistance support. I also serve on advisory boards with other Head Start administrators to serve community wide needs.

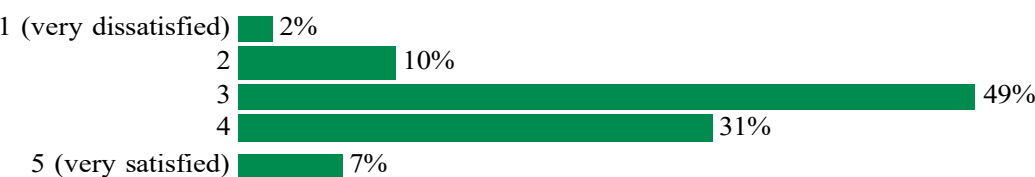
- community partner



Community partners vary in how frequently they collaborate with programs. More than one quarter (31%) partner as needed, while fewer collaborate almost daily, weekly or monthly (22%).

More than one third (38%) of partners are “satisfied” or “very satisfied” with their Early Head Start and Head Start partnerships. Only 12% of respondents were “dissatisfied” or “very dissatisfied” with their partnership.

Figure 9: How satisfied are you [community partners] with your partnership with Early Head Start and Head Start? na? (n=87)



Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Community Partner Survey. [Unpublished raw data.]

Community partners shared various success stories about collaborating with Head Start programs. Some partners highlighted the positive impact of connecting families with Head Start, such as helping young parents access resources, improve parenting skills, and build community connections. Multiple successful classroom observations highlighted dedicated staff and high-quality learning environments at Head Start and Early Head Start locations. Partnership between Head Start and community partners has helped at-risk families access vital services such as early learning opportunities, health coverage, and parenting resources.



We have been collaborating with the Head Start team on the Indiana Home Visiting Framework and upcoming home visiting needs assessment. Their input has been very valuable in this space.

Whenever we are able to refer and assist a child in getting into this program, it is a success. The children we serve are at risk for abuse/neglect. The program provides a valuable option for children to participate in activities outside of the home, allowing parents to work and participate in needed services.

- community partners



Although many community partners are satisfied with their Head Start partnerships, some described barriers that prevent collaboration. Partners shared that collaboration with Head Start programs is often hindered by staff turnover, leadership changes, and lack of clear points of contact, leading to difficulties with relationship building and communication. Some partners also felt uncertainty about Head Start's structure, services, and enrollment processes, as well as limited understanding of how external agencies can support Head Start's work.



Section Highlights

- *Grantees commonly engage in statewide partnerships with key organizations such as the Indiana Head Start Association (IHSA), First Steps, and Indiana Department of Child Services.*
- *Collaboration between Head Start programs and local and state organizations is crucial to support Hoosier children and families, as shown by the success stories partners shared in regard to improving child outcomes and supporting families' needs.*
- *Community partners are satisfied with their Head Start collaborations.*
- *Child and Adult Care Food Program (CACFP) remains the most common secondary funding stream for grantees.*



Priority Area 2: Child Outcomes

Work with the state to collect data related to early childhood programs and child outcomes.

Head Start programs collaborate with families, staff, and community service providers to promote lasting, positive outcomes for children. Head Start grantees focus on ensuring children are:

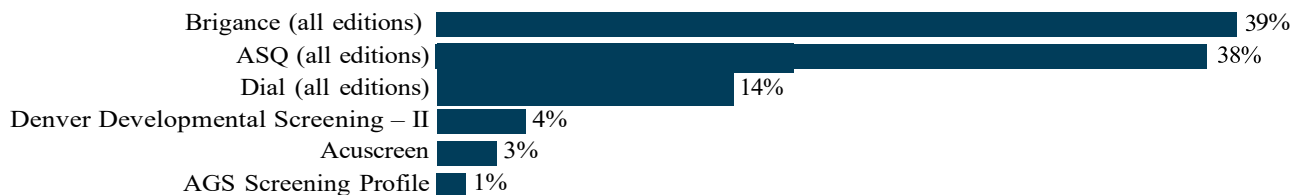
- *Safe.*
- *Healthy and well.*
- *Learning and developing.*
- *Engaged in positive relationships with family members, caregivers and other children.*
- *Ready for school.*
- *Successful in school and life.*

Child development screenings, assessments, and curricula are essential to meeting Head Start standards and helping children be ready for school. Head Start grantees use these and other methods to collect child and family outcomes data. This information helps grantees make informed decisions to improve their practices.

Head Start requires all children to receive developmental, sensory, and behavioral screenings within 45 days of entering the program. Developmental screening is done in partnership with parents to identify concerns about a child's development.

More than one third of grantees use a version of Brigance assessments (39%) or Ages & Stages Questionnaires (ASQ) (38%) as their primary screening tool. These were also the most commonly used screening tools in the previous two program years.

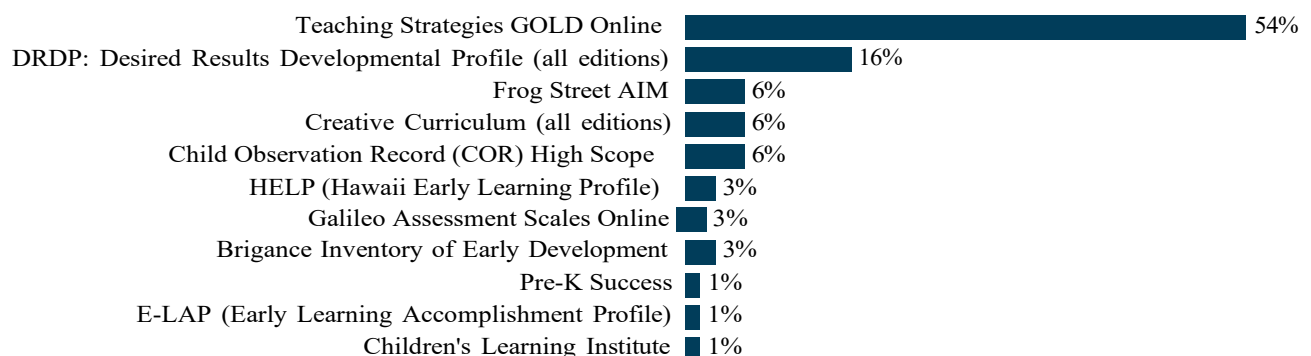
Figure 10: Instruments Used by Programs for Developmental Screening



Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.

In addition to developmental screening tools, grantees use ongoing child assessments to understand and support children's development. The information collected through observation and documentation helps inform curriculum planning, teaching, and individualized aid for all children. Teaching Strategies GOLD Online remains the most used primary assessment tool among grantees, far exceeding the use of other assessment tools reported by grantees.

Figure 11: Instruments Used by Programs for Assessment



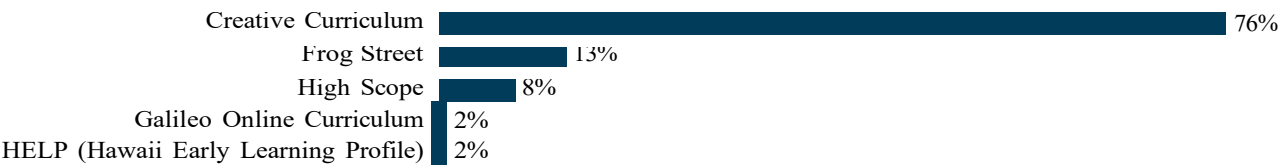
Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.



On average, grantees reported that 85% of their students met or exceeded student outcomes by the end of the program year. Of the 21 grantees who provided an estimate of how many students met or exceeded outcomes, three reported less than 80%, nine reported between 80% to 89%, and nine reported 90% or more. These outcomes demonstrate that children in Head Start are meeting developmental milestones to help them prepare for kindergarten and excel in school.

Head Start grantees rely on high-quality, research-based curricula to promote measurable progress toward children’s healthy development. The curriculum provides guidance on what content to cover and what teaching methods to use. Creative Curriculum remains the most frequently used curriculum by center-based Head Start programs. Creative Curriculum provides resources to support active learning through various experiences.

Figure 12: Center-Based Head Start Program Curriculum



Source: Office of Head Start. (October 2024). 2023-24 Indiana Program Information Report.



Section Highlights

- The Brigance assessments and Ages & Stages Questionnaires (ASQ) were the top developmental screening instruments.*
- Teaching Strategies GOLD Online remains the top assessment tool used by programs, which aligns with the Head Start Program Performance Standards and the Head Start Early Learning Outcomes Framework.*
- Center-based programs continue to predominantly use Creative Curriculum, the early childhood curriculum developed by the voluntary, employee-led group Teaching Strategies.*



Priority Area 3: Career Development

Support the expansion of and access to high-quality workforce and career development opportunities for staff.

The Office of Head Start's requirement of at least 15 hours of professional development per year is crucial to develop a qualified workforce that can support positive child and family outcomes. To meet this requirement, Head Start staff have the opportunity to create individual development plans and define their career goals. This emphasis on career development is a key strategy in addressing turnover and retention issues. Head Start programs actively work with staff to provide career and professional development opportunities, recognizing their role in mitigating these challenges.

Turnover remains a pressing issue in the early care and education workforce, with significant implications for the sector. For grantees that experienced turnover, employees finding another job (71%) was the most common reason. Low wages (48%), stress (45%), and relocation (45%) also contributed to employees choosing to leave their position. These reasons relate to the importance of job satisfaction and well-being.

Grantees identified that the highest turnover rates in the past year were among preschool classroom assistant teachers (71%) and preschool classroom teachers (52%).

Figure 13: If you [grantee] experienced turnover in the past year, why did your employee(s) choose to leave their position? (Select all that apply.) (n=31)



*These categories are not mutually exclusive. Percentages will total more than 100% and counts will total more than the number of grantees.
Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Grantees have made significant adjustments to their recruitment and retention practices in response to turnover. Pay raises were the most effective recruitment practice, demonstrating the importance of competitive compensation in attracting and retaining staff. Expanded reach on social media and offering career pathway advancement also proved beneficial. However, some recruitment practices were found to be ineffective. Recruitment at colleges and universities, contacting qualified applicants from the past, and updating job descriptions did not yield the desired results in improving recruitment.

The Most Effective Workforce Recruitment Practices for Head Start Grantees (n=35)

Increased pay	82%
Expanded reach on social media	52%
Career pathway advancement	45%

Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Grantees offer a wide range of benefits to their employees. All grantees offer health insurance, and nearly all (97%) offer dental insurance and retirement accounts. Many grantees also offer paid vacation time, wellness supports and programs, and vision insurance.

Higher education (82%) is an important career development need for staff, but many have limited finances or are unable to fully pay for school. The majority of grantees have staff who have used the Teacher Education and Compensation Helps or T.E.A.C.H. Early Childhood Indiana scholarship this year. T.E.A.C.H. addresses the issues of under-education, poor compensation, and high turnover within the early childhood workforce. Head Start center directors, teachers, assistant teachers, and home visitors are among those who can participate in the program.

In addition to higher education, individual coaching (67%) and professional development (67%) are important for staff's career development.

Professional development opportunities related to behavior and social-emotional learning continues to be a top need for staff. More than two thirds (70%) also found their staff needs training for trauma-informed care. This aligns with more than one third (42%) of grantees noticing an increase in the number of children with modified schedules due to behavior compared to previous years.

Grantees identified resources that are missing or need strengthening to support staff needs. These ranged from training to education to mental health support. Several examples are included below.

- ***Mental Health and Wellness Support:***

Staff shared a need for in-person mental health supports, wellness-focused trainings (e.g., self-care, stress management, financial literacy), and ongoing wellness initiatives to prevent burnout and promote overall staff well-being.

- ***Training:***

Staff require more advanced, hands-on, in-person training focused on challenging behaviors, disabilities and mental health needs for children, and supporting children with IEPs. Staff also requested coaching and classroom modeling to help apply strategies and shift mindsets.

- ***Recruitment:***

Staff recommended strengthening partnerships with colleges and universities to improve the quality and quantity of early childhood education applicants. They also mentioned forming better connections between training programs and employers to address workforce shortages.

- ***Accessibility Support:***

Staff cited resources to support families such as translation tools and interpretation services.

Mental health continues to be an important topic among early care and education professionals. More than half (55%) of grantees reported staff utilized mental health support. These supports include resources such as SPARK Learning Lab and the Office of Early Childhood and Out-of-School Learning's (OECOSL) mental health and wellness support services for directors, children, and families.



Section Highlights

- *Turnover remains a pressing issue for the early care and education workforce, with wages and stress being key drivers. The highest turnover rates are among preschool classroom teachers and assistant teachers.*
- *Grantees have adjusted recruitment and retention practices, with pay raises proving most effective. Social media outreach and career pathway advancement also help to attract and retain staff.*
- *Staff require professional development in behavior management and trauma-informed care.*
- *Mental health remains a crucial topic, with staff identifying the need for mental health and wellness support.*





Priority Area 4: School Partnerships

Coordinate with state school systems to ensure continuity between Head Start and receiving schools.

Across the country, more than 320,000 children and their families transition from Head Start programs to kindergarten every year. When transitions are successful, children and families are more likely to experience long-term school success. Partnerships between Head Start programs and their local schools ease the transition and set children up for success.

Effective kindergarten transition relies heavily on collaborative teamwork and a well-defined plan. Currently, 87% of grantees have established kindergarten transition plans in coordination with their local schools. These plans serve as a crucial tool for Head Start and school partners to outline goals, assess existing practices, and strategize for continuous improvement. Moreover, most grantees (90%) have developed clear guidelines for kindergarten readiness, aiding in effective program planning.

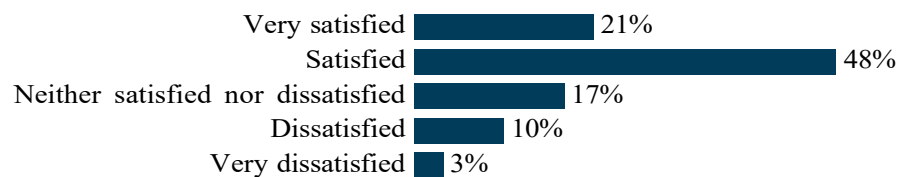
Figure 14: Does your [grantee] program have a kindergarten transition plan with the local school(s)? (n=30)



Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Nearly all (97%) grantees actively engage with school staff to align expectations for kindergarten readiness. Communication frequency varies among grantees, with nearly half (48%) communicating monthly or quarterly with their school partners. In addition, approximately one third (34%) communicate less frequently, either twice per year or annually. Two thirds (69%) of the grantees expressed satisfaction with their school partner's support of kindergarten transition, while only 13% reported dissatisfaction with their partner's support.

Figure 15: How satisfied are you [grantee] with your school partners supporting kindergarten transition? (n=29)



Source: Indiana Head Start State Collaboration Office. (February 2025). 2025 Indiana Head Start Grantee Survey. [Unpublished raw data.]



Section Highlights

- The majority of grantees have established kindergarten transition plans in coordination with local schools. These partnerships ease the transition and prepare children for kindergarten success.***

Opportunities



Indiana HSCO supports Head Start, Early Head Start, and EHS-CCP programs in meeting the priority area goals of the Federal Office of Head Start. Increased strategic communication between grantees and Indiana HSCO can help to strengthen these priority areas in the future.



Community partners have a general knowledge and awareness of Head Start programs, that could be strengthened through further collaboration and dialogue between partners and grantees. Schools should be among partnerships strengthened with grantees to further implement kindergarten transition plans in coordination with local school systems.



Staff requested hands-on training focused on challenging behaviors, mental health needs for children, and supporting children with IEPs. Offering targeted professional development aligned with these needs can improve overall program quality and staff retention.



Turnover, wages, job satisfaction, and stress are significant challenges in the early care and education workforce. Implementing comprehensive strategies beyond pay raises, such as improved professional development opportunities, career pathways, and mental health and well-being support, can help attract and retain qualified staff.



While CACFP is a common secondary funding stream, exploring and further diversifying funding sources can provide programs with more financial stability. This may help grantees meet new comparable wage requirements.



Appendix

A

Data Collection and Methodology

The Indiana Head Start State Collaboration Office (IHSCO) 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 community partners. IHSCO recognizes that feedback from external partners is valuable and informs improvements to services for children and families. The needs identified by stakeholders will also inform IHSCO's strategic plan and relationships with Head Start programs in local communities.

Transform Consulting Group utilized a mixed methods design for this needs assessment, including a review of the 2024 Head Start Program Information Report (PIR) for Indiana and the United States, surveys distributed to Head Start and Early Head Start grantees, surveys distributed to Head Start education and community partners, and other data provided by the federal Office of Head Start and the Indiana Office of Early Childhood and Out-of-School Learning.

The grantee survey assessed how Head Start grantees collectively respond to the identified community, state, and federal priority areas. The survey asked questions regarding Indiana Head Start grantees' experience 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. Thirty-five out of 38 grantees completed the survey between December 2024 and February 2025. Respondents to the grantee survey serve all 92 counties in the state.

The partner survey was sent electronically to key education agencies and community partners. In total, 104 survey responses were received from January through March 2025 representing various roles from 10 organizations. Those included:

- Child Care Resource and Referral (CCR&R) agencies
- Early Care and Education (ECE) Coalitions
- Education Partners
- First Steps
- Indiana Association for the Education of Young Children (INAEYC)
- Indiana Department of Child Services (DCS)
- Indiana Department of Education (IDOE)
- Indiana Department of Health (IDOH)
- Indiana Family and Social Services Administration (FSSA)
- SPARK Learning Lab.

The external stakeholders also include community-based organizations. This survey asked partners 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.

Appendix

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 a Head Start or Early Head Start program. This organization may provide services directly or via partnerships with delegate agencies. The terms grantee and recipient can be used interchangeably.

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.

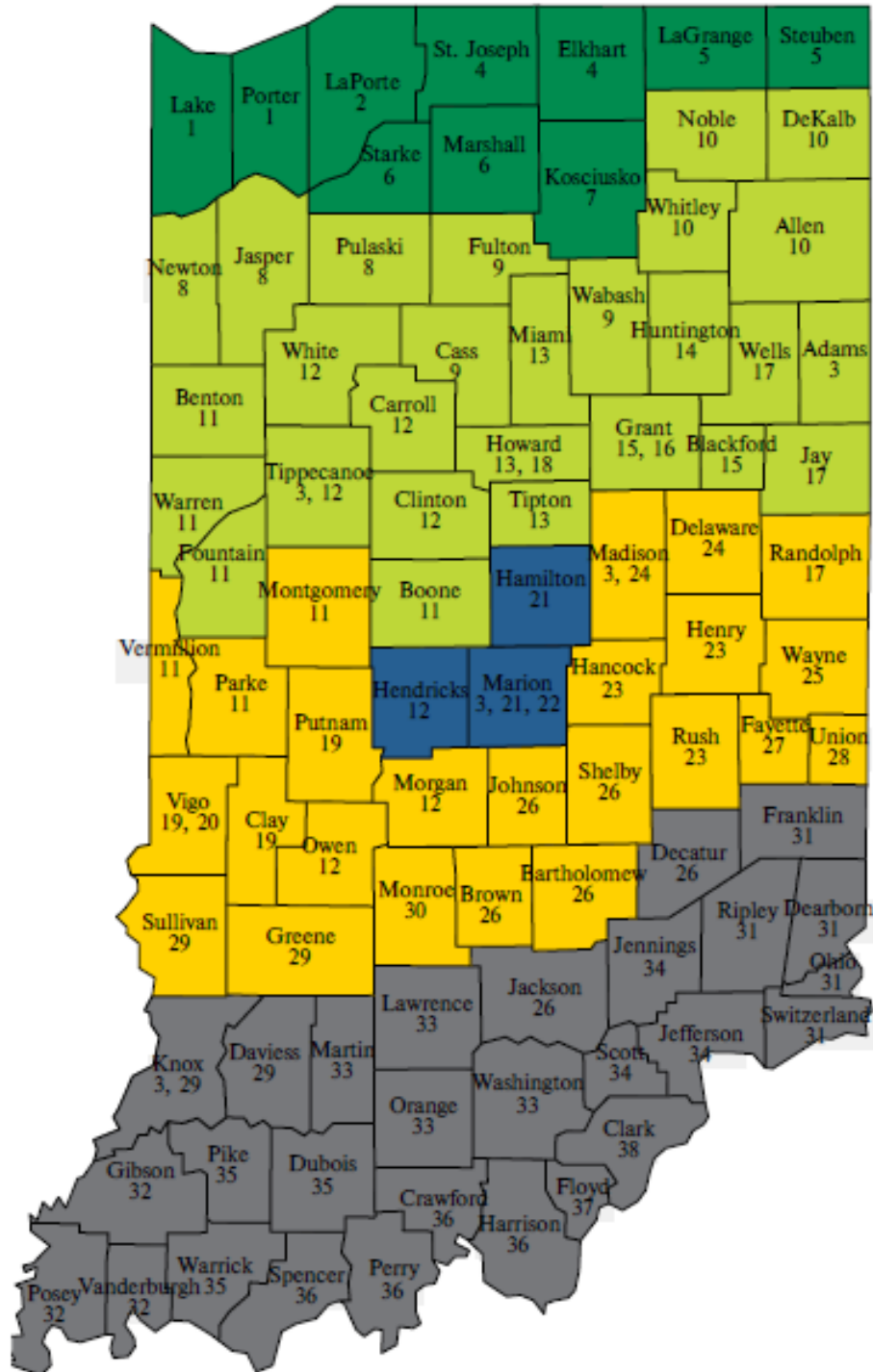
Policy Council: A required part of Head Start program governance, the Policy Council is composed of elected parents and community members. Per the Head Start Act, it is responsible for the direction of the Head Start program, including program design and operation and long-term planning, goals, and objectives.

Program Information Report (PIR): An annual report completed and filed electronically at the end of each program 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, Early Head Start-Child Care Partnerships, or Migrant and Seasonal Head Start programming. A center may offer more than one type of program.

Appendix

Map of Indiana Head Start and Early Head Start Grantees by County



Appendix

C

Legend: Head Start Grantee Number Label

1	Geminus Corporation
2	Paladin, Inc.
3	East Coast Migrant Head Start Project
4	Elkhart and St. Joseph Counties Head Start Consortium
5	Fremont Community Schools
6	Marshall-Starke Development Center, Inc.
7	Cardinal Services, Inc. of Indiana (Kosciusko County HS/EHS)
8	Kankakee-Iroquois Regional Planning Commission
9	Area Five Agency on Aging and Community Services, Inc.
10	Community Action of Northeast Indiana, Inc. (Brightpoint)
11	Community Action Program, Inc. of Western Indiana
12	Bauer Family Resources
13	Kokomo School Corporation
14	Pathfinder Services, Inc.
15	Carey Services, Inc.
16	Marion Community Schools
17	CDI Northeast Indiana
18	Bona Vista Programs, Inc.
19	Western Indiana Community Action Agency, Inc.
20	Hamilton Center, Inc
21	Family Development Services, Inc.
22	Early Learning Indiana, Inc.
23	Interlocal Community Action Program, Inc.
24	Telamon Corporation (Transition Resources Corporation [TRC])
25	Community Action of East Central Indiana Incorporated
26	Human Services, Inc.
27	Fayette County School Corporation
28	Community Care in Union County, Inc.
29	Pace Community Action Agency, Inc.
30	South Central Community Action Program
31	Southeastern Indiana Economic Opportunity Corporation
32	Community Action Program of Evansville and Vanderburgh County, Inc.
33	Hoosier Uplands Economic Development Corporation
34	Ohio Valley Opportunities, Inc.
35	Dubois-Pike-Warrick Economic Opportunity Committee, Inc. (TRI-CAP Head Start)
36	Lincoln Hills Development Corporation
37	Floyd County Community Action Agency, Inc.
38	Community Action of Southern Indiana, Inc.

Appendix

Indiana Head Start and Early Head Start

D

Grantee Information

Grantee	Counties Served	Director Name	Email Address
Area Five Agency on Aging and Community Services, Inc.	Cass, Fulton, Wabash	Lori Frame	lframe@areafive.com
Bauer Family Resources	Carroll, Clinton, Hendricks, Morgan, Owen, Tippecanoe, White	Kim Ryan	kryan@bauerfamilyresources.org
Bona Vista Programs, Inc.	Howard	Amanda Riley	ariley@dsiservices.org
Cardinal Services, Inc. of Indiana (Kosciusko County HS/EHS)	Kosciusko	Kathryn Fields	kathryn.fields@cardinalservices.org
Carey Services, Inc.	Blackford, Grant	Beth Wickham	bwickham@careyservices.com
Community Action of East Central Indiana Incorporated	Wayne	Marcus Fleagle	mfleagle@waynecohhs.org
Community Action of Northeast Indiana, Inc. (Brightpoint)	Adams, Allen, DeKalb, Huntington, Noble, Whitley	Mary Lee Freeze	maryleefreeze@mybrightpoint.org
Community Action of Southern Indiana, Inc.	Clark	Merry Striegel	mstriegel@casi1.org
Community Action Program, Inc. of Western Indiana	Benton, Boone, Fountain, Montgomery, Parke, Warren, Vermillion	Dawn Gritten	dgritten@capwi.org
Community Action Program of Evansville & Vanderburgh County, Inc.	Gibson, Posey, Vanderburgh	Mary Goedde	mgoedde@capeevansville.org
Community Care in Union County, Inc.	Union	Jennifer English	jennenglishnow@gmail.com
Dubois-Pike-Warrick Economic Opportunity Committee, Inc. (TRI-CAP Head Start)	Dubois, Pike, Warrick	Molly Wuchner	molly.wuchner@tri-cap.net

Appendix

D

Indiana Head Start and Early Head Start Grantee Information

Grantee	Counties Served	Director Name	Email Address
Early Learning Indiana, Inc.	Marion	Ashleigh Hoekstra	ashleighh@dayearlylearning.org
East Coast Migrant Head Start Project	Adams, Knox, Madison,	Jenny Guzman	jguzman@ecmhsp.org
Elkhart and St. Joseph Counties Head Start Consortium	Elkhart, St. Joseph	Kathy Guajardo	kguajardo@sbcsc.k12.in.us
Family Development Services, Inc	Hamilton, Marion	Teresa Rice	trice@fds.org
Fayette County School Corporation	Fayette	Mallory Cameron	mcameron@fayette.k12.in.us
Floyd County Community Action Agency, Inc.	Floyd	Tara Meachum	tmeachum@fcheadstart.com
Fremont Community Schools	LaGrange, Steuben	Pam Covell Anderson	pam.covell@vistulabs.org
Geminus Corporation	Lake, Porter	Karen Carradine	karen.carradine@geminus.care
Hoosier Uplands Economic Development Corporation	Lawrence, Martin, Orange, Washington	Debbie Beeler	dsbeeler@hoosieruplands.org
Human Services, Inc.	Bartholomew, Brown, Decatur, Jackson, Johnson, Shelby	Aimee Nicholson	anicholson@hsi-headstart.com
Interlocal Community Action Program, Inc.	Hancock, Henry, Rush	Mary Ellen Brausa	mbrausa@icapcaa.org
Interlocal Community Action Program, Inc.	Hancock, Henry, Rush	Mary Ellen Brausa	mbrausa@icapcaa.org
Kankakee-Iroquois Regional Planning Commission	Jasper, Newton, Pulaski	Tiffany Stigers	tberkshire@urhere.net

Appendix

D

Indiana Head Start and Early Head Start Grantee Information

Grantee	Counties Served	Director Name	Email Address
Kokomo School Corporation	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	Allison Reed	areed@marion.k12.in.us
Marshall-Starke Development Center, Inc.	Marshall, Starke	Jane Pollitt	jpollitt@marshall-starke.org
Ohio Valley Opportunities, Inc.	Jefferson, Jennings, Scott	Michelle Kimmel	mkimmel@ovoinc.org
Pace Community Action Agency, Inc.	Davies, Greene, Knox, Sullivan	Angela Lange	alange@pacecaa.org
Paladin, Inc.	LaPorte	Robert Fillmore	robert.fillmore@imagination.care
Pathfinder Services, Inc.	Huntington	Jenna Wilkinson	jwilkinson@pathfinderservices.org
Save the Children	Blackford, Jay, Randolph	Cari Reiley	creiley@neindianahs.org
South Central Community Action Program	Monroe	Stacey Edwards	stacey@insccap.org
Southeastern Indiana Economic Opportunity Corp	Dearborn, Franklin, Ohio, Ripley, Switzerland	Melody Minger	hsdirector@sieoc.org
Telamon Corporation (Transition Resources Corporation [TRC])	Delaware, Madison	Jama Donovan	jdonovan@transitionresources.org
Western Indiana Community Action Agency, Inc.	Clay, Putnam, Vigo	Shelly Conine	sconine@wicaa.org

Appendix

E

Head Start and Early Head Start Slots (Funded Enrollment) By County

County	Metro (Urban) or Nonmetro (Rural) Designation	Early Head Start Slots	Head Start Slots	Total Slots	Young Children Living in Poverty	Percentage of Children Living in Poverty Served
Adams	Nonmetro	0	17	71	814	9%
Allen	Metro	103	357	460	6,357	7%
Bartholomew	Metro	64	54	118	598	20%
Benton	Metro	12	16	28	157	18%
Blackford	Nonmetro	16	17	33	75	44%
Boone	Metro	12	44	56	229	24%
Brown*	Metro				134	NA
Carroll	Metro	0	15	15	91	16%
Cass	Nonmetro	0	112	112	518	22%
Clark	Metro	46	150	196	780	25%
Clay	Metro	12	51	63	122	52%
Clinton	Nonmetro	0	45	45	237	19%
Crawford	Nonmetro	16	32	48	306	16%
Daviess	Nonmetro	41	54	95	422	23%
Dearborn	Metro	0	85	85	296	29%
Decatur	Nonmetro	0	18	18	163	11%
DeKalb	Nonmetro	16	68	84	607	14%
Delaware	Metro	88	119	207	1,272	16%
Dubois	Nonmetro	0	37	37	644	6%
Elkhart	Metro	100	518	618	3,288	19%
Fayette	Nonmetro	0	134	134	468	29%
Floyd	Metro	80	160	240	1,027	23%
Fountain	Nonmetro	12	44	56	236	24%
Franklin	Metro	0	51	51	130	39%
Fulton	Nonmetro	0	16	16	236	7%
Gibson	Nonmetro	0	59	59	128	46%
Grant	Nonmetro	64	126	190	1,281	15%
Greene	Nonmetro	3	23	26	377	7%
Hamilton	Metro	8	120	128	1,017	13%
Hancock	Metro	0	40	40	196	20%
Harrison	Metro	16	15	31	276	11%
Hendricks	Metro	16	35	51	661	8%

Appendix

E

Head Start and Early Head Start Slots (Funded Enrollment) By County

County	Metro (Urban) or Nonmetro (Rural) Designation	Early Head Start Slots	Head Start Slots	Total Slots	Young Children Living in Poverty	Percentage of Children Living in Poverty Served
Henry	Nonmetro	0	178	178	639	28%
Howard	Metro	92	228	320	1,255	25%
Huntington	Nonmetro	60	34	94	400	24%
Jackson	Nonmetro	0	52	52	700	7%
Jasper	Metro	0	60	60	146	41%
Jay	Nonmetro	0	85	85	419	20%
Jefferson	Nonmetro	0	75	75	292	26%
Jennings	Nonmetro	0	45	45	223	20%
Johnson	Metro	0	119	119	1,234	10%
Knox	Nonmetro	54	95	179	525	34%
Kosciusko	Nonmetro	33	102	135	746	18%
LaGrange	Nonmetro	0	48	48	142	34%
Lake	Metro	247	956	1,203	8,383	14%
LaPorte	Metro	0	143	143	1,734	8%
Lawrence	Nonmetro	42	136	178	383	46%
Madison	Metro	74	157	264	2,038	13%
Marion	Metro	307	1,139	1,488	18,180	8%
Marshall	Nonmetro	40	94	134	459	29%
Martin	Nonmetro	0	34	34	202	17%
Miami	Nonmetro	0	57	57	534	11%
Monroe	Metro	40	237	277	1,129	25%
Montgomery	Nonmetro	20	60	80	402	20%
Morgan	Metro	36	109	145	428	34%
Newton	Metro	0	39	39	201	19%
Noble	Nonmetro	0	32	32	375	9%
Ohio	Metro	0	17	17	99	17%
Orange	Nonmetro	12	34	46	360	13%
Owen*	Metro				265	NA
Parke	Nonmetro	12	32	44	347	13%
Perry	Nonmetro	32	47	79	156	51%
Pike	Nonmetro	0	17	17	240	7%
Porter	Metro	21	60	81	1,439	6%

Appendix

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Head Start and Early Head Start Slots (Funded Enrollment) By County

County	Metro (Urban) or Nonmetro (Rural) Designation	Early Head Start Slots	Head Start Slots	Total Slots	Young Children Living in Poverty	Percentage of Children Living in Poverty Served
Posey	Metro	24	59	83	258	32%
Pulaski	Nonmetro	0	34	34	111	31%
Putnam	Nonmetro	12	46	58	219	26%
Randolph	Nonmetro	0	17	17	408	4%
Ripley	Nonmetro	0	17	17	339	5%
Rush	Nonmetro	0	32	32	157	20%
Scott	Nonmetro	0	15	15	452	3%
Shelby	Metro	16	52	68	891	8%
Spencer	Nonmetro	16	32	48	118	41%
St. Joseph	Metro	208	852	1,060	4,662	23%
Starke	Nonmetro	0	54	54	367	15%
Steuben	Nonmetro	0	112	112	260	43%
Sullivan	Metro	3	22	25	317	8%
Switzerland	Nonmetro	0	34	34	91	37%
Tippecanoe	Metro	72	105	210	2,249	9%
Tipton*	Metro				254	NA
Union	Nonmetro	28	34	62	64	97%
Vanderburgh	Metro	68	158	226	2,675	8%
Vermillion	Metro	12	32	44	129	34%
Vigo	Metro	52	150	202	1,820	11%
Wabash	Nonmetro	0	32	32	463	7%
Warren*	Metro				91	NA
Warrick	Metro	0	80	80	350	23%
Washington	Metro	12	17	29	314	9%
Wayne	Nonmetro	72	204	276	1,711	16%
Wells	Metro	0	17	17	239	7%
White	Nonmetro	0	15	15	210	7%
Whitley	Metro	0	17	17	466	4%

NA=Not available

*Brown County, Owen County, Tipton County, and Warren County do not have physical centers but are served by grantees in neighboring counties.

Source: Indiana Head Start State Collaboration Office (November 2024). Centers. [Unpublished data.]; U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, Table B17024.