

2024



INDIANA HEAD START & EARLY 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?

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?

88,518 Children Under 6 Living in Poverty	31,394 Additional Children Eligible for Public Assistance*	16,316 Children Experiencing Homelessness	5,007 Children Under 6 in Foster Care
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HOW IS THE NEED BEING MET BY HEAD START PROGRAMS?

13,158 Funded Enrollment (Slots)	10,553 Head Start Children	2,539 Early Head Start Children	66 Pregnant Women
7,018 (8%) Children Served Under 6 Living in Poverty	3,329 (11%) Children Served Eligible for Public Assistance*	923 (6%) Children Served Experiencing Homelessness	717 (14%) 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%, respectively, of the federal poverty guideline. Families eligible for TANF are automatically eligible for SNAP.

Sources:

National Center for Homeless Education, 2021-22; Office of Head Start, 2022-23 Program Information Report; The Annie E. Casey Foundation, KIDS COUNT Data Center, 2022; U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates; U.S. Department of Health and Human Services, The AFCARS Report, 2022.

EXECUTIVE SUMMARY

KEY FINDINGS IN EACH FEDERAL PRIORITY AREA

Priority Area 1: Community Partnerships

- Grantees commonly engage in **statewide partnerships** with key organizations such as First Steps, Indiana Head Start State Association (IHSA), and Indiana Association for the Education of Young Children (INAEYC).
- **Collaboration** between Head Start programs as well as local and state organizations is crucial to supporting Hoosier children and families, as shown by the success stories partners shared in improving child outcomes and advocating for families' needs.
- **Community partners are satisfied** with their Head Start collaborations and feel they've set them up for success.
- **Child and Adult Care Food Program (CACFP)** remains the most common additional funding stream for grantees.

Priority Area 2: Child Outcomes

- **Ages and Stages Questionnaire (ASQ)** remains the top child developmental screening instrument.
- **Teaching Strategies GOLD Online** remains the top child observational assessment tool used by programs.
- Center-based programs predominantly use **Creative Curriculum**.

Priority Area 3: Career Development

- **Turnover** remains a pressing issue in the early care and education workforce, with low wages and job satisfaction, and stress being key factors. The highest turnover rates are among preschool teachers and assistant teachers.
- Grantees have adjusted recruitment practices, with **pay raises proving most effective**. Social media outreach and career pathway advancement also help attract and retain staff.
- Staff require **professional development** in behavior management, trauma-informed care, and classroom environments. They also seek pathways for advancement in the early childhood education field.
- **Mental health** remains a crucial focus, with an increase in staff using mental health services. Training on trauma-informed care and access to resources for early childhood mental health are important to meet the needs of employees.

EXECUTIVE SUMMARY

KEY FINDINGS IN EACH FEDERAL PRIORITY AREA

Priority Area 4: High-Quality Care

- Nearly three-quarters (72%) of the 262 Head Start and Early Head Start centers are active and participating in Indiana's quality rating information system (QRIS), **Paths to QUALITY™**.
- All Head Start programs deliver quality programming based on their structure and staffing, but 68% of Head Start centers are **formally high-quality rated**.
- **Reciprocity** is a new, alternative, simplified pathway to integrate Head Start programs into Indiana's QRIS systems.

Priority Area 5: School Partnerships

- The majority of grantees have established **kindergarten transition plans** in coordination with local schools. These partnerships strengthen the transition process and prepare children for success in kindergarten.
- Grantees **actively engage with school staff** to align expectations for kindergarten readiness. Only half of grantees are satisfied with school partners supporting kindergarten transition, leaving room for improvement.

OPPORTUNITIES FOR GROWTH

Staff requested training in behavior management, trauma-informed care, and creating supportive classroom environments. Offering targeted professional development programs 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.

Leveraging data from development screenings, assessments, and program quality ratings can inform targeted interventions and improvements. Regularly analyzing data and incorporating evidence-based practices can lead to sustained positive outcomes for children and families.

While CACFP is a common additional funding stream, exploring and diversifying funding sources can provide programs with more financial stability.

INTRODUCTION

In 1990, the federal Administration for Children and Families (ACF) began awarding Head Start collaboration grants to establish Head Start State Collaboration Offices (HSSCO) 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 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 (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 nationwide to annually assess the needs of Head Start grantees in their state. The Head Start Act also requires HSSCOs to use the needs assessment results to inform annual updates to the HSSCOs’ 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 HSSCOs’ work plans in supporting Head Start, Early Head Start, and Early Head Start-Child Care Partnerships.

- 01** Partner with state child care systems, emphasizing Early Head Start-Child Care Partnership Initiatives.
- 02** Work with state efforts to **collect data** regarding early childhood programs and child outcomes.
- 03** Support the expansion of and access to high-quality **workforce and career development** opportunities for staff.
- 04** Collaborate with **Quality Rating and Improvement Systems (QRIS)**.
- 05** **Coordinate with school systems** to ensure continuity between Head Start and kindergarten entrance .

As of June 2023, the Office of Head Start established updated national priority areas for HSSCOs. However, Indiana’s current grant cycle aligns with the previous priorities, which are the focus of this report.

PROFILE OF INDIANA HEAD START PROGRAMS

INDIANA GRANTEEES

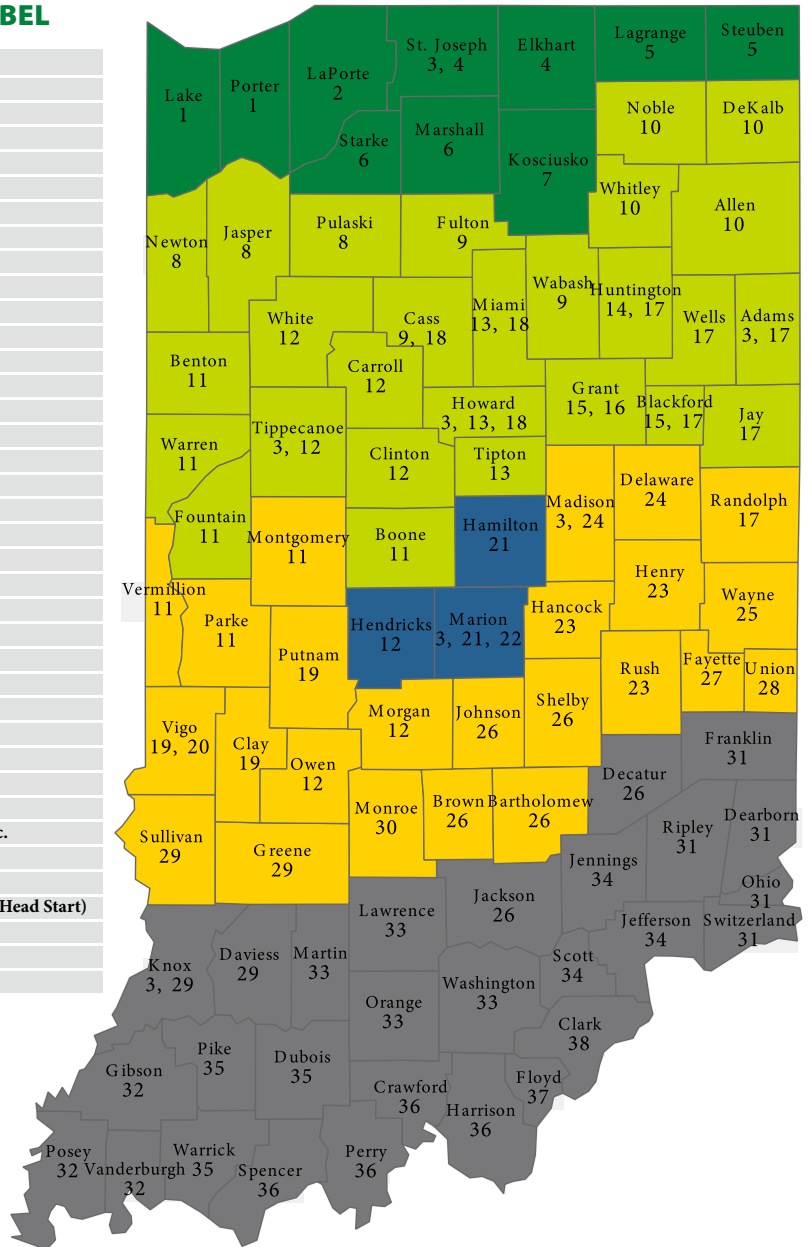
Head Start programs operate locally to help young children from low-income families prepare to succeed in school. In addition, programs promote children’s development through early learning, health, and family well-being. Head Start grantees deliver child development services in center-based, home-based,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

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 Corp
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.

- CCR&R Region
- Early Learning Connections, Geminus
 - The Child Care Resource Network
 - Chances and Services for Youth (CASY)
 - Child Care Answers
 - Building Blocks

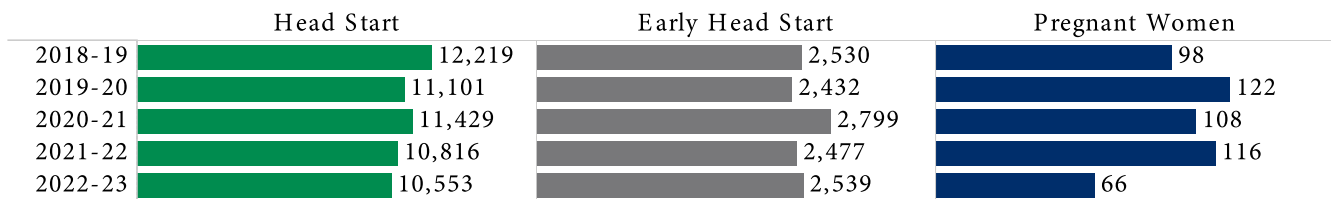


FUNDED ENROLLMENT

In 2022-2023, Indiana grantees reported having the funding to serve 13,072 children and 66 pregnant women. That includes 10,553 children served by Head Start with 216 slots for children of migrant and seasonal workers. Early Head Start programs served 2,539 children and 66 pregnant women.

In the past few years, funded enrollment in Head Start has steadily declined, while Early Head Start has seen more fluctuation. Funded enrollment for pregnant women experienced the most drastic change in the past year, with a 44% decrease.

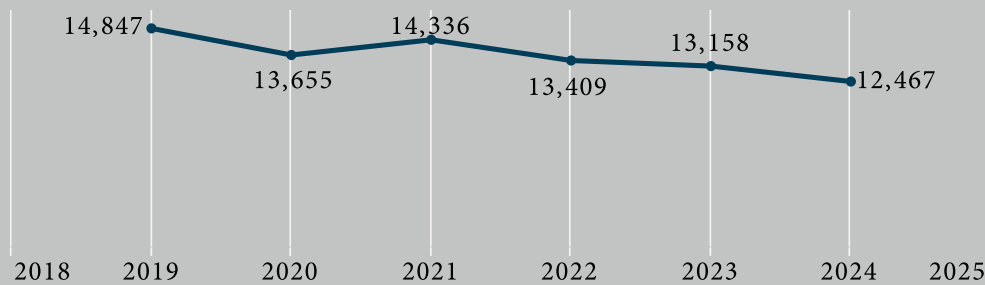
Figure 1: Funded Enrollment in Indiana by Program Type



Source: Office of Head Start. (October 2023). 2022-23 Indiana Program Information Report.

Total funded enrollment has steadily decreased over the past four years. We anticipate this trend will continue at the conclusion of the current program year. Grantees are experiencing difficult circumstances that have led to more than half applying for a change in scope for the 2023-2024 program year. Of those who applied for a change in scope, 47% reduced enrollment, and 5% converted Head Start slots to Early Head Start slots.

Figure 2: Funded Enrollment in Indiana Over Time¹



*2023-24 program year is not complete, 2024 in the visual accounts for funded enrollment adjustments due to scope changes.

Source: Office of Head Start. (October 2023). 2022-23 Indiana Program Information Report. Indiana Head Start State Collaboration Office (November 2023). Centers. [Unpublished data.]

More than half of the grantees who applied for a change in scope found it beneficial to their budgeting and staffing. 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.

¹On the trend line, 2024 data is an estimate of slots (funded enrollment) for the 2023-24 program year, but it is anticipated this number will be less once all changes in scope are submitted and recorded at the end of the year.

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:

- **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 only if the program can ensure that certain conditions have been met. 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.

Head Start programs are statutorily required to maintain a waiting list. 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 (e.g., child's health, parental status, child's disabilities, and environmental factors). 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.

INDIANA CHILDREN WHO MAY BE ELIGIBLE FOR HEAD START OR EARLY HEAD START



489,421

children under 6.

Including:

239,028 infants to 2-year-olds
and
250,393 3- to 5-year-olds.

The Annie E. Casey Foundation, KIDS COUNT Data Center, Child population by single age in Indiana, 2022. <https://datacenter.kidscount.org>



294,433

households receiving SNAP.

More than a quarter of a million households received SNAP benefits in December 2023.

This is a 4% increase from December 2022 (283,304).

FSSA Division of Family Resources, Monthly Management Report, December 2023, Online.



88,518

children under 6 living in poverty.

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

An additional 31,394 (6%) of young children live between 100-125% FPL.

U.S. Census Bureau, American Community Survey 5-Year Estimates 2018-2022, Table B17024.



9,993

children received TANF in December 2023, a 27% increase from the previous year (7,877).

FSSA Division of Family Resources, Monthly Management Report, December 2023, Online.



16,316

children experienced homelessness in the 2021-2022 school year, which is 6% higher than the previous year.

National Center for Homeless Education, Indiana, 2021-22, Online.



5,007

children under 6 in foster care.

1,196 children removed from their homes in 2022 were below the age of 1.

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/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.

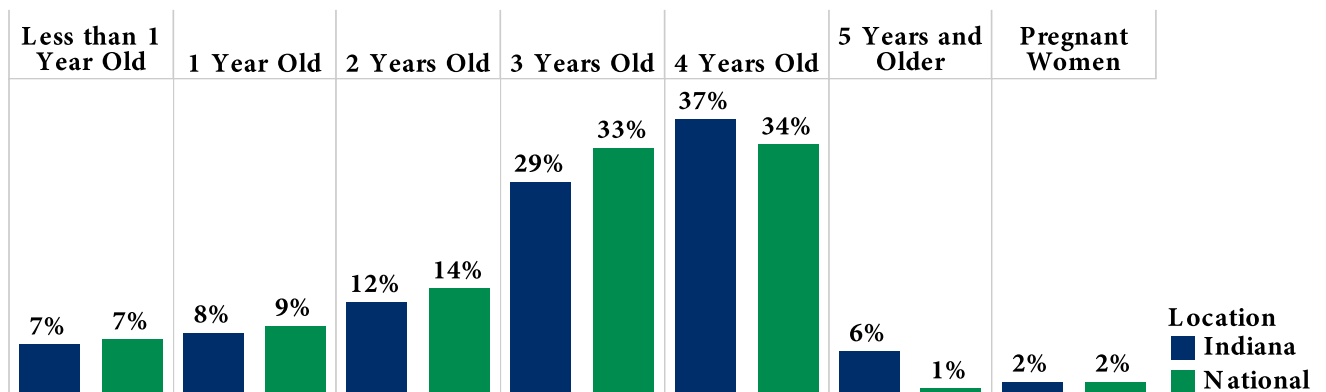
Head Start programs in Indiana are able to serve a bigger proportion of children experiencing poverty in rural communities. This calculation is based on the total number of slots (funded enrollment of all program types) in a county divided by the number of children under the age of 6 living in poverty. Head Start programs in urban counties can serve 13% of their community’s young children living in poverty, while rural counties can serve 19%.²



AGE BREAKDOWN

Head Start programs serve pregnant women and children from birth through age 5. 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 in Indiana and Nationally



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 2023). 2022-23 Indiana Program Information Report.

² See appendix E for county designation and data.

Early Head Start also provides services and makes referrals to 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.³ In 2023, over one-fourth (27%) of pregnant women served by Early Head Start enrolled during their first trimester of pregnancy, one-third (30%) enrolled in the second trimester, and less than half (43%) enrolled during their third trimester. Early Head Start programs served a higher number and proportion of pregnant women in their first trimester in 2023 compared to 2022.

PREGNANT WOMEN ENROLLED IN EARLY HEAD START BY PREGNANCY TRIMESTER

Program Year	First (Less than 13 weeks)	Second (13 to 27 weeks)	Third (28 to 40 weeks)	Total Pregnant Women Served
2021-22	15% (33)	38% (82)	46% (98)	213
2022-23	27% (58)	30% (64)	43% (92)	214

Percentages may not total 100% due to rounding.

Source: Office of Head Start. (October 2023). 2022-23 Indiana Program Information Report.

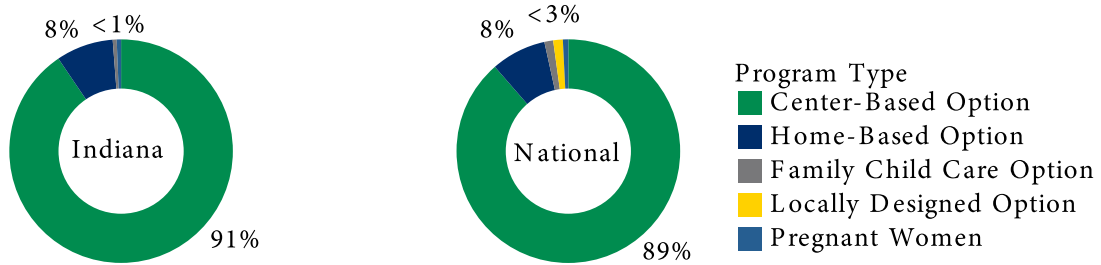


³ What is prenatal care and why is it important? Retrieved from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>

ENROLLMENT BY PROGRAM TYPE

Head Start encompasses multiple program types: center-based, home-based, family child care, locally designed, and services for pregnant women. Most Indiana slots were in center-based programs (91%), followed by home-based (8%) matching the national pattern.

Figure 4: Funded Enrollment by Program Type: Indiana v. National



Source: Office of Head Start. (October 2023). 2022-23 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, or 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.

1,100 home-based program slots are available across 37 counties.



CENTER-BASED PROGRAMS

Center-based programs provide education and child development services to children in a classroom setting. The majority (91%) of Head Start slots in Indiana are in center-based programs.

11,220 center-based program slots are available across 86 counties.

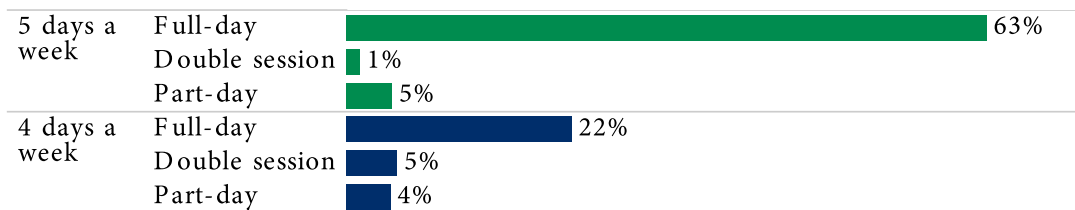
CENTER-BASED PROGRAM SCHEDULE

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 (63%) of Head Start centers operate full-day programs five days a week, and more than one-fifth (22%) operate full-day programs four days a week. Full-day programs operate for more than six hours per day, while part-day programs operate for six hours or less. Double sessions consist of two part-day sessions.

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



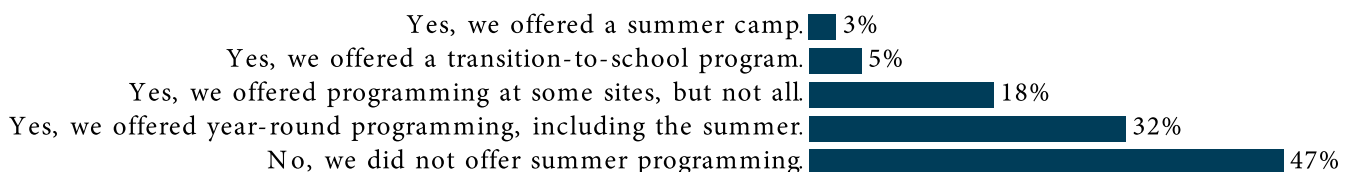
Source: Indiana Head Start State Collaboration Office (November 2023). Centers. [Unpublished data.]

Grantees reported whether they changed their operating schedule to increase services for families and their communities. One-fifth (21%) of grantees changed their operating schedule either from part-day to full-day and/or five days a week.

More than half (53%) of the grantees provide some form of summer programming, including those that offer year-round services, transition-to-school programs, and separate summer programming. In addition, grantees may offer programming at some sites, but not all.

Figure 6: Did you provide programming during the summer of 2023? (Select all that apply)

(n= 38)



*These categories are not mutually exclusive. Percentages will total more than 100%.

Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 Indiana Head Start Grantee Survey. [Unpublished raw data.]

The same percentage of grantees (53%) plan to provide similar programming as they did in previous years, modify past programming, or manage new programming during the summer of 2024.

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.
- **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 programs while facilitating communication between families and staff.



FEDERAL PRIORITY AREAS

OVERVIEW



The federal Office of Head Start has annual priority areas that guide HSSCOs' 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 IHSSCO 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 & 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 facilitate access to services to support children and families. 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 counties). 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.

Counties with Early Head Start-Child Care Partnership (EHS-CCP) Grants				
Deleware	Lake	Madison	Marion	St. Joseph

Although the number of EHS-CCPs has remained stagnant over the past few years, new funding will be available to increase access to high-quality early education services in the coming months. In February 2023, the Administration for Children and Families announced a funding increase to expand Head Start, Early Head Start, and EHS-CCP programs.⁴ In March 2024, another \$102 million of funding became available to expand programs of all types and closed on May 14, 2024.⁵

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.

Grantees commonly engage in statewide partnerships with key organizations such as First Steps, Indiana Head Start Association (IHSA), and Indiana Association for the Education of Young Children (INAEYC).



⁴ Expansion of Head Start, Early Head Start, and EHS-CC Partnerships. Retrieved from <https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-23-02#:~:text=One%20hundred%20million%20dollars%20is,is%20expected%20in%20fall%202023.>

⁵ Head Start Expansion, Early Head Start Expansion, and Early Head Start-Child Care Partnership Grants. Retrieved from <https://www.grants.gov/search-results-detail/352817>

First Steps provides early intervention programming to infants and toddlers with developmental delays or disabilities. IHSA and INAEYC offer resources and support to Head Start grantees, aiding in their mission to provide quality education and care to young children.

IHSA is pivotal in supporting Head Start programs by offering resources, guidance, and fostering collaboration through advocacy, professional development, collaboration partnerships, and education opportunities. In addition, INAEYC focuses on professional development, quality improvement initiatives, and champions public policy pertinent to young children.

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

Indiana Head Start Association	84%
First Steps	84%
Indiana Association for the Education of Young Children	81%
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, & Children [WIC])	78%
Indiana Department of Family Resources (Includes SNAP and TANF)	65%
SPARK Learning Lab	65%
Indiana Head Start State Collaboration Office	62%
Home visiting program (e.g., Healthy Families, Nurse-Family Partnership, Early Head Start, or Parents As Teachers)	59%
Indiana Department of Education	51%
Early Learning Indiana	46%
Indiana Department of Workforce Development	38%
Indiana Early Learning Advisory Committee	16%

Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 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.

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

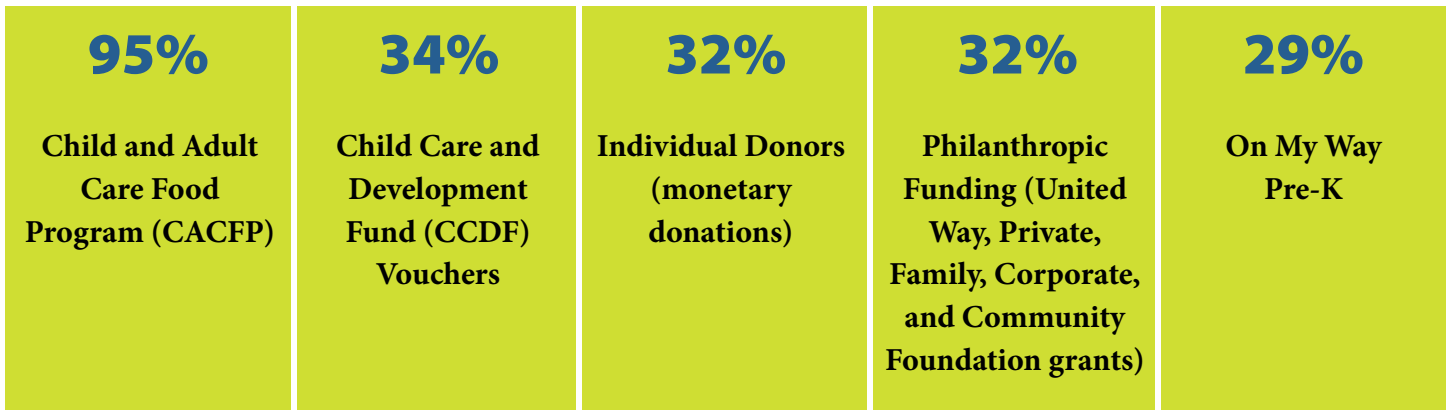
PERCENTAGE OF HEAD START GRANTEES WITH LOCAL PARTNERSHIPS

Hospital, doctor’s office, or dentist’s office	89%
School district	87%
Local agency providing prevention and treatment services related to mental health	84%
Special education preschool program	79%
Local and regional Department of Child Services	74%
Food bank	66%
Housing and utility assistance	63%
Child Care Resource & Referral Agency	61%
Other Early Head Start or Head Start program	61%
Community or private foundation	58%
Early childhood coalition	58%
Other early childhood education program (ministries, child care centers, family child care homes, public or private preschools)	53%
United Way organization	50%
Program or service related to children’s physical fitness and obesity prevention	29%

Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Head Start is free for children and their families. Diversifying funding is crucial to support program operations and sustainability. **Nearly all grantees receive funding from the Child and Adult Care Food Program (CACFP), a federal program that reimburses child care centers for nutritious meals and snacks. Far fewer grantees receive funding from other sources,** such as Child Care and Development Fund (CCDF) vouchers, individual donors, and philanthropic funding.

TOP FIVE FUNDING STREAMS USED BY HEAD START GRANTEES



Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 Indiana Head Start Grantee Survey. [Unpublished raw data.]

More than one-quarter (29%) 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.

Over half 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.

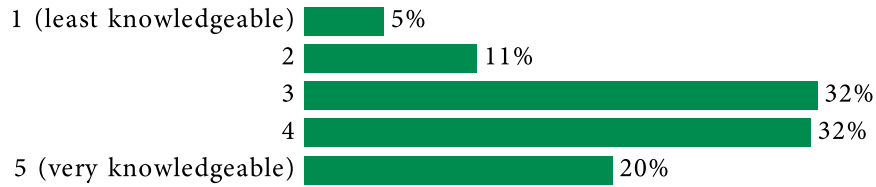
“[A] local early [childhood] coalition collaborated with Head Start and other early care and learning programs to bring SEL [social-emotional learning] training and support to early educators. In addition, through our positive relationship with Head Start, we offered to our community a training entitled ‘Build Your Bounce’ for early educators. Our Head Start [executive] director attends all early coalition meetings, planning to enhance quality and availability.”
- Community Partner

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 7: On a scale of 1-5, how knowledgeable are you about Head Start and Early Head Start programs in Indiana? (n=256)



Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 Indiana Head Start Community Partner Survey. [Unpublished raw data.]

More than half of partners collaborate through referring families to Head Start programs, while one-fifth receive referrals from Head Start. Multiple partners also collaborate with Head Start to bring partners together.

“We referred a mother to the Head Start program and not only were they able to sign up for services for their child, they became [a] council member and provided feedback to better serve other families in the program.” - Community Partner

Community partners vary in their frequency of collaboration with programs. More than one-quarter partner as needed, while a similar percentage collaborate almost daily, weekly, or monthly.

More than half of partners are “satisfied” or “very satisfied” with their Early Head Start and Head Start partnerships. Only 4% of respondents were “dissatisfied” or “very dissatisfied” with their partnership.

Figure 8: How satisfied are you [community partners] with your partnership with Early Head Start and Head Start? (n=203)



Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 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, leading to improved educational outcomes for children, ongoing engagement, and parental involvement in program activities. Others mentioned the benefits of sharing information on enrollment dates, professional development opportunities, and collaborating on data sharing, training, and resources between Head Start and other organizations. Success stories also included sharing children’s educational journeys, collaborating on transitions to kindergarten, supporting families through evaluation of their child’s developmental needs, and advocating for special education services.

SUCCESS STORIES FROM COLLABORATION

“We have had success with a few Head Start teachers helping families through the referral process to special education. Compassionate and clear with parents so that they are prepared for [the] evaluation process. Works well with school staff providing services within the centers.”

“We have encountered multiple [staff members] on our scholarship who have obtained their CDA, associate’s and even a master’s using our scholarship. They have received higher wages as a result of it and have become better educators. Some have even received higher positions.”

“I met with a bilingual colleague at Head Start who explained the application requirements and process. She was extremely helpful and has helped families that the CCR&R network has referred who do not speak English to navigate the system.”

- Community Partners



Although many community partners are satisfied with their Head Start partnerships, some described barriers that prevent collaboration. Challenges included geographical barriers, difficulties reaching the right contact or navigating staff turnover, and limitations stemming from not fully understanding eligibility criteria. Community partners also reported that funding and resource constraints can hinder enrollment.

SECTION HIGHLIGHTS

- ✓ Grantees commonly engage in statewide partnerships with key organizations such as First Steps, Indiana Head Start State Association (IHSA), and Indiana Association for the Education of Young Children (INAEYC).
- ✓ Collaboration between Head Start programs and local and state organizations is crucial to supporting Hoosier children and families, as shown by the success stories partners shared in regards to improving child outcomes and advocating for families’ needs.
- ✓ Community partners are satisfied with their Head Start collaborations.
- ✓ Child and Adult Care Food Program (CACFP) remains the most common additional 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.**

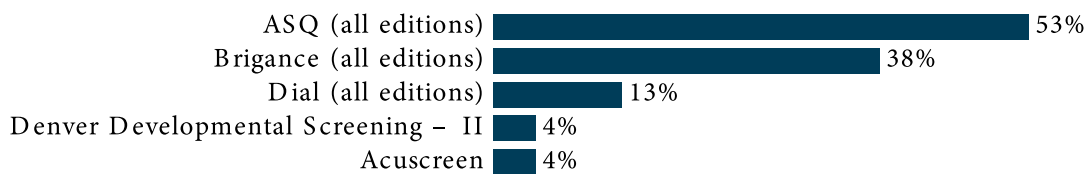


Child development screenings, assessments, and curricula are essential to meeting Head Start standards. Head Start grantees use these and other methods to collect child and family outcomes data. This information helps grantees make informed decisions to improve their practices, and is invaluable for a state-level early childhood education (ECE) data system.

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.

Over half of the grantees use a version of the Ages & Stages Questionnaire (ASQ) as their primary screening tool, while more than one-third use Brigance. These were also the most commonly used screening tools in the previous program year.

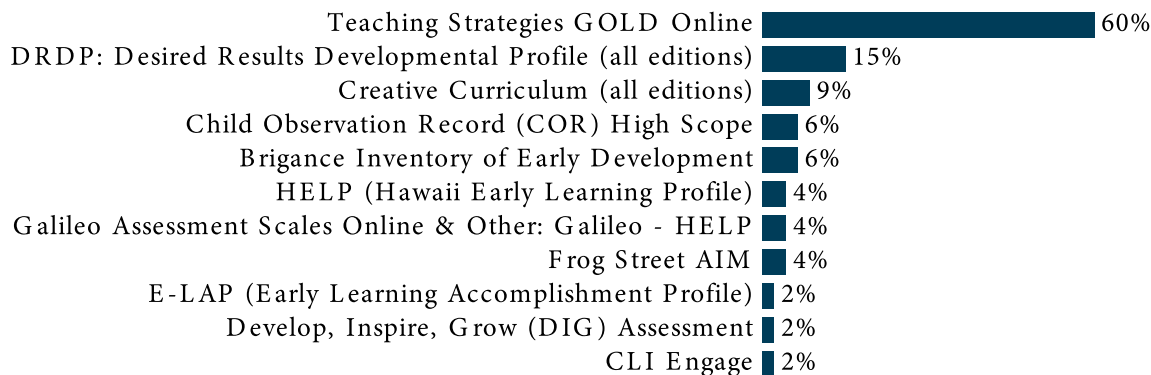
Figure 9: Instruments Used by Programs for Development Screening



Source: Office of Head Start. (October 2023). 2022-23 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.

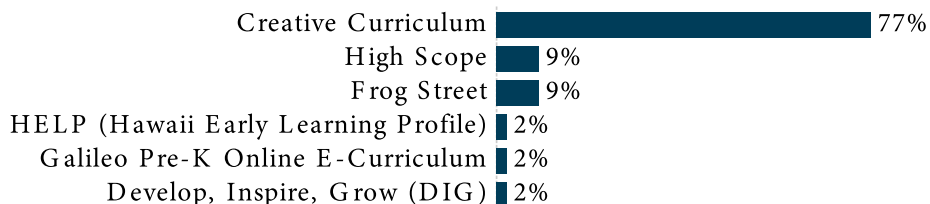
Figure 10: Instruments Used by Programs for Assessment



Source: Office of Head Start. (October 2023). 2022-23 Indiana Program Information Report.

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 11: Center-Based Head Start Program Curriculum



Source: Office of Head Start. (October 2023). 2022-23 Indiana Program Information Report.

SECTION HIGHLIGHTS

- ✓ASQ remains the top developmental screening instrument.
- ✓Teaching Strategies GOLD Online remains the top assessment tool used by programs.
- ✓Center-based programs continue to predominantly use Creative Curriculum.

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, wages were the most common reason. Employees finding another job or experiencing stress also ranked high among the reasons for turnover, indicating the importance of job satisfaction and well-being. Grantees identified that the highest turnover rates in the past year were among preschool classroom teachers and preschool classroom assistant teachers.

Figure 12: If you [grantee] experienced turnover in the past year, why did your employee(s) choose to leave their position? (Select all that apply) (n=37)



*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. (March 2024). 2024 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. Contacting qualified applicants from the past, recruiting at colleges and universities, and updating job descriptions did not yield the desired results in improving recruitment.

THE MOST EFFECTIVE WORKFORCE RECRUITMENT PRACTICES FOR HEAD START GRANTEES

Increased pay	71%
Expanded reach on social media	55%
Career pathway advancement	39%

Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Grantees offer a wide range of benefits to their employees. All grantees offer health and dental insurance, and most offer vision insurance. Many grantees also offer additional professional development and training time to staff, and quite a few offer tuition assistance.

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.

Professional development, higher education, and individual coaching are all important career development needs for staff. Professional development opportunities related to behavior and social-emotional learning continues to be a top need for staff. This aligns with more than one-third of grantees noticing an increase in the number of children with modified schedules due to behavior compared to previous years. Many grantees also found their staff needs training for trauma-informed care and classroom environments.

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.



TRAINING

Face-to-face, hands-on training is needed to build skill levels, especially in leadership, time management, and behavior management..



EDUCATION:

There is a need for more early childhood education opportunities for Child Development Associate courses and partnerships with local universities to offer these programs.



CAREER DEVELOPMENT:

There is a need for more early childhood education opportunities for Child Development Associate courses and partnerships with local universities to offer these programs.



CHILD MENTAL HEALTH SUPPORT:

Staff require access to child mental health services, including training on trauma-informed care and early childhood mental health resources.

Mental health continues to be an important topic among early care and education professionals. Grantees saw an increase in the number of staff utilizing mental health support compared to the previous year. These supports include resources such as SPARK Learning Lab and OECOSL's mental health and wellness support services for directors, children, and families.

SECTION HIGHLIGHTS

- ✓ **Turnover remains a pressing issue in the early care and education workforce, with wages, job satisfaction, 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 attract and retain staff.**
- ✓ **Staff require professional development in behavior management, trauma-informed care, and classroom environments. They also seek pathways for advancement in the early childhood education field.**
- ✓ **Mental health remains a crucial topic, with an increase in staff using mental health services. Training on trauma-informed care and access to resources for early childhood mental health are important to meet staff needs.**



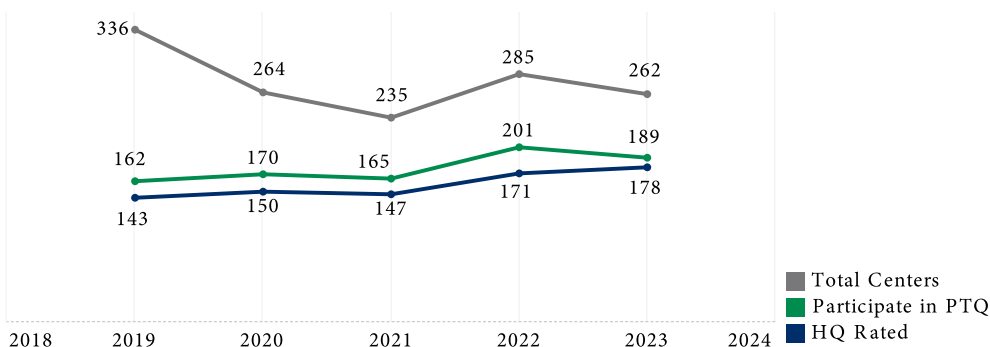
PRIORITY AREA 4: HIGH-QUALITY CARE

Collaborate with the state’s Quality Rating and Improvement System (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 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 262 Head Start centers, 189 (72%) are actively participating in PTQ. Although the number of centers has fluctuated over the past few years, the number of high-quality rated programs has gradually increased since 2019. In 2023, 94% of the centers participating in PTQ were high-quality rated, a nine percentage point increase from the prior year (85%).

Figure 13: Centers Participating in Paths to QUALITY™ Over Time



Source: Family and Social Services Administration, Office of Early Childhood and Out-of-School Learning, December 2023.

More than half of the grantees reported that their PTQ status has remained the same in the last year, while 11% joined PTQ in the past year, and 8% increased their level.

Head Start programs are held to standards similar to what PTQ requires in regards 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.⁶ Over half of the grantees applied for reciprocity for at least one of their sites, while 29% have not applied but plan to in the future.

SECTION HIGHLIGHTS

- ✓ Nearly three-quarters (72%) of Head Start and Early Head Start centers are participating in Indiana’s quality rating information system (QRIS), Paths to QUALITY™.
- ✓ All Head Start programs deliver quality programming based on the Head Start Program Performance Standards, but 68% of Head Start centers are rated as high quality by the State of Indiana.
- ✓ Reciprocity is a new, alternative, simplified pathway to integrate Head Start programs into Indiana’s QRIS systems.

⁶ Supporting the Head Start Workforce and Consistent Quality Programming. Retrieved from <https://www.federalregister.gov/documents/2023/11/20/2023-25038/supporting-the-head-start-workforce-and-consistent-quality-programming>

PRIORITY AREA 5: 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.

“As a delegate agency, we have the opportunity for Head Start students and parents to become familiar with the district, school buildings, staff, etc. prior to their children entering kindergarten, which helps with the transition. Head Start is an integral part of preschool programming in the district.” - Grantee



Effective kindergarten transition relies heavily on collaborative teamwork and a well-defined plan. Currently, 83% 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, many grantees (74%) 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=35)



Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 Indiana Head Start Grantee Survey. [Unpublished raw data.]

Many grantees (84%) actively engage with school staff to align expectations for kindergarten readiness. Communication frequency varies among grantees, with over half communicating monthly or quarterly with their school partners. Over half of the grantees expressed satisfaction with their school partner’s support of kindergarten transition, while only 12% reported dissatisfaction with their partner’s support.

Figure 15: How satisfied are you [grantee] with your school partners supporting kindergarten transition? (n=34)



Source: Indiana Head Start State Collaboration Office. (March 2024). 2024 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.**
- ✓ **Grantees actively engage with school staff to align expectations for kindergarten readiness. Only half of grantees are satisfied with school partners supporting kindergarten transition, leaving some room for improvement.**



OPPORTUNITIES



- Staff requested training in behavior management, trauma-informed care, and creating supportive classroom environments. Offering targeted professional development programs 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.
- Leveraging data from development screenings, assessments, and program quality ratings can inform targeted interventions and improvements. Regularly analyzing data and incorporating evidence-based practices can lead to sustained positive outcomes for children and families.
- While CACFP is a common additional funding stream, exploring and diversifying funding sources can provide programs with more financial stability.

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 community partners. IHSSCO 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 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 a review of the 2023 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. All grantees completed the survey between January 2024 to March 2024. Respondents to the grantee survey serve all 92 counties in the state.

The stakeholder survey was sent electronically to key community partners. In total, 280 survey responses were received from January through March 2024 from 10 organizations: Child Care Resource & 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, and SPARK Learning Lab. The external stakeholders also include education partners from professional associations and other local education agencies. 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 & Seasonal Head Start programming. A center may offer more than one type of program.

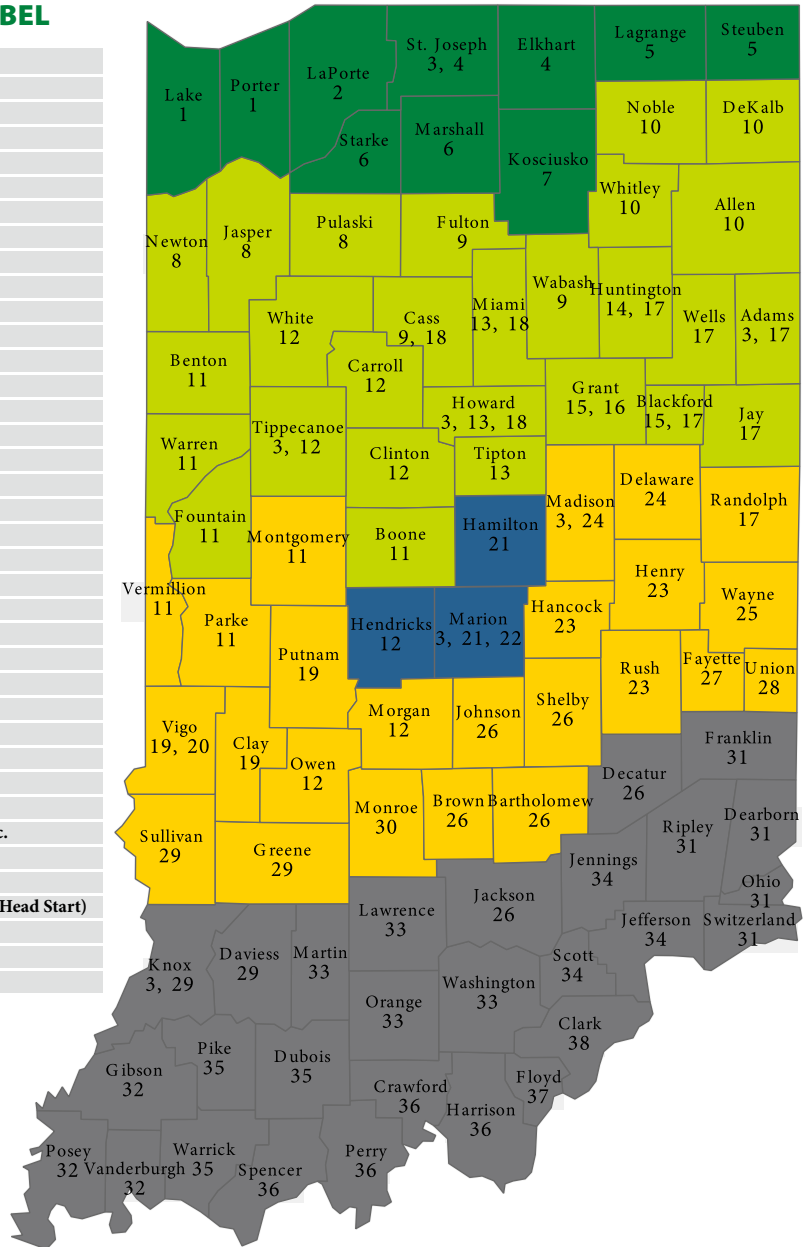
APPENDIX

C) MAP OF INDIANA HEAD START AND EARLY HEAD START GRANTEEES

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 Corp
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.

- CCR&R Region
- Early Learning Connections, Geminus
 - The Child Care Resource Network
 - Chances and Services for Youth (CASY)
 - Child Care Answers
 - Building Blocks



APPENDIX

D) INDIANA HEAD START AND EARLY HEAD START GRANTEE INFORMATION

Grantee	Counties Served	Director Name	Email Address
Area Five Agency on Aging and Community Services, Inc.	Wabash, Cass, Fulton	Lori Frame	lframe@areafive.com
Bauer Family Resources	Tippecanoe, Carroll, Clinton, White, Hendricks, Morgan, Owen	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 Wickman	bwickham@careyservices.com
CDI Northeast IN HS	Adams, Blackford, Huntington, Jay, Randolph, Wells	Cari Reiley	iley@neindianahs.org
Community Action Of East Central Indiana Incorporated	Wayne	Marcus Fleagle	mfleagle@caeci.org
Community Action of Northeast Indiana Inc (Brightpoint)	Allen, DeKalb, 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, 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
Early Learning Indiana, Inc.	Marion	Ashleigh Hoekstra	ashleighh@dayearlylearning.org

Grantee	Counties Served	Director Name	Email Address
East Coast Migrant Head Start Project	Adams, Howard, Knox, Madison, Marion, St. Joseph, Tippecanoe	Jenny Guzman	jpguzman@ecmhsp.org
Elkhart and St. Joseph Counties Head Start Consortium	Elkhart, St. Joseph	Kathy Guajardo	Kguajardohs@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@ftheadstart.com
Fremont Community Schools	LaGrange, Steuben	Pam Covell Anderson	pam.covell@vistulahs.org
Geminus Corporation	Lake, Porter	Karen Carradine	karen.carradine@geminus.care
Hamilton Center, Inc.	Vigo	Tiffany Cherry	tcherry@hamiltoncenter.org
Hoosier Uplands Economic Development Corporation	Lawrence, Martin, Orange, Washington	Debbie 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	Mary Ellen Brausa	mbrausa@icapcaa.org
Kankakee-Iroquois Regional Planning Commission	Jasper, Newton, Pulaski	Tiffany Stigers	tberkshire@urhere.net
Kokomo School Corporation	Howard, Miami	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, 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
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))	Madison, Delaware	Jama Donovan	jdonovan@transitionresources.org
Western Indiana Community Action Agency, Inc.	Clay, Putnam, Vigo	Shelly Conine Donovan	sconine@wicaa.org

APPENDIX

E) HEAD START AND EARLY HEAD START SLOTS (FUNDED ENROLLMENT) BY COUNTY

County	Metro (Urban) / Nonmetro (Rural) Designation	Early Head Start Slots	Head Start	Total Slots	Young Children Living in Poverty	Percentage of Children Living in Poverty Served
Adams*	Nonmetro		NA	NA	712	NA
Allen	Metro	103	357	460	6,614	7%
Bartholomew	Metro	64	54	118	648	18%
Benton	Metro	12	8	20	187	11%
Blackford*	Nonmetro	16	NA	16	86	19%
Boone	Metro	12	44	56	219	26%
Brown	Metro		16	16	129	12%
Carroll	Metro		19	19	114	17%
Cass	Nonmetro		112	112	566	20%
Clark	Metro	72	250	322	1033	31%
Clay	Metro	12	51	63	183	34%
Clinton	Nonmetro		88	88	256	34%
Crawford	Nonmetro	20	85	105	221	48%
Daviess	Nonmetro	41	80	121	505	24%
Dearborn	Metro		85	85	425	20%
Decatur	Nonmetro		18	18	167	11%
DeKalb	Nonmetro	16	67	83	617	13%
Delaware	Metro	100	226	326	1463	22%
Dubois	Nonmetro		50	50	712	7%
Elkhart	Metro	168	516	684	3,079	22%
Fayette	Nonmetro		134	134	419	32%
Floyd	Metro	80	160	240	985	24%
Fountain	Nonmetro	12	44	56	202	28%
Franklin	Metro		51	51	163	31%
Fulton	Nonmetro		16	16	314	5%

County	Metro (Urban) / Nonmetro (Rural) Designation	Early Head Start Slots	Head Start	Total Slots	Young Children Living in Poverty	Percentage of Children Living in Poverty Served
Gibson	Nonmetro		77	77	165	47%
Grant	Nonmetro	114	126	240	1,513	16%
Greene	Nonmetro	9	48	57	451	13%
Hamilton	Metro	8	120	128	1,153	11%
Hancock	Metro		40	40	224	18%
Harrison	Metro	20	34	54	268	20%
Hendricks	Metro	16	35	51	741	7%
Henry	Nonmetro		178	178	638	28%
Howard*	Metro	92	228	320	1,050	30%
Huntington*	Nonmetro	60	NA	60	438	14%
Jackson	Nonmetro		52	52	696	7%
Jasper	Metro		60	60	98	61%
Jay*	Nonmetro		NA	NA	492	NA
Jefferson	Nonmetro		85	85	420	20%
Jennings	Nonmetro		51	51	275	19%
Johnson	Metro		119	119	1,075	11%
Knox*	Nonmetro	51	148	199	468	43%
Kosciusko	Nonmetro	33	102	135	639	21%
LaGrange	Nonmetro		67	67	218	31%
Lake	Metro	350	1,156	1,506	8,447	18%
LaPorte	Metro		143	143	1686	8%
Lawrence	Nonmetro	42	136	178	458	39%
Madison*	Metro	104	168	272	2,336	12%
Marion*	Metro	313	1,219	1,532	19,000	8%
Marshall	Nonmetro	40	94	134	424	32%
Martin	Nonmetro		34	34	115	30%
Miami	Nonmetro		57	57	694	8%
Monroe	Metro	40	237	277	1,127	25%
Montgomery	Nonmetro	20	60	80	425	19%
Morgan	Metro	36	77	113	430	26%
Newton	Metro		39	39	183	21%
Noble	Nonmetro		32	32	305	10%
Ohio	Metro		17	17	106	16%
Orange	Nonmetro	12	34	46	352	13%
Owen	Metro		32	32	217	15%

County	Metro (Urban) / Nonmetro (Rural) Designation	Early Head Start Slots	Head Start	Total Slots	Young Children Living in Poverty	Percentage of Children Living in Poverty Served
Parke	Nonmetro	12	32	44	367	12%
Perry	Nonmetro	20	106	126	154	82%
Pike	Nonmetro		33	33	165	20%
Porter	Metro		60	60	1,340	4%
Posey	Metro	36	76	112	259	43%
Pulaski	Nonmetro		34	34	186	18%
Putnam	Nonmetro	12	46	58	294	20%
Randolph*	Nonmetro		NA	NA	367	NA
Ripley	Nonmetro		17	17	303	6%
Rush	Nonmetro		32	32	124	26%
Scott	Nonmetro		34	34	398	9%
Shelby	Metro	16	52	68	864	8%
Spencer	Nonmetro	20	66	86	130	66%
St. Joseph*	Metro	148	268	416	4,604	9%
Starke	Nonmetro		54	54	234	23%
Steuben	Nonmetro		120	120	264	45%
Sullivan	Metro		18	18	330	5%
Switzerland	Nonmetro		34	34	192	18%
Tippecanoe*	Metro	78	209	287	2,283	13%
Tipton	Metro		NA	NA	205	NA
Union	Nonmetro	28	34	62	39	100%
Vanderburgh	Metro	80	251	331	2,494	13%
Vermillion	Metro	12	32	44	211	21%
Vigo	Metro	80	150	230	1,931	12%
Wabash	Nonmetro		32	32	496	6%
Warren**	Metro		8	8	86	9%
Warrick	Metro		110	110	411	27%
Washington	Metro	12	17	29	286	10%
Wayne	Nonmetro	72	204	276	1,446	19%
Wells*	Metro		NA	NA	193	NA
White	Nonmetro		18	18	157	11%
Whitley	Metro		17	17	359	5%

NA=Not available

* Slots (funded enrollment) by county is not accessible by center locations for CDI Northeast IN HS and East Coast Migrant Head Start Project. Their total slots are included in Indiana's state total. In the 2022-23 program year, CDI Northeast IN HS served Head Start ages 3-5 in Adams, Blackford, Huntington, Jay, Randolph, and Wells counties. East Coast Migrant Head Start Project served Head Start ages 3-5 in Adams, Howard, Knox, Madison, Marion, St. Joseph, and Tippecanoe counties.

**Warren County does not have a physical center but is served by Community Action Program Inc. of Western Indiana.

Source: Indiana Head Start State Collaboration Office (2023), Centers, Indiana 2022-23. Pulled January 2023; U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates.