2019 Indiana Head Start and Early Head Start Needs Assessment Report

Office of Early Childhood & Out-of-School Learning
Indiana Head Start State Collaboration Office

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Introduction

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

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

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

HEAD START COLLABORATION OFFICE PRIORITIES

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

Data Collection and Methodology

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

Transform Consulting Group utilized a mixed methods design for this needs assessment including a review of the **2018 Head Start Program Information Report (PIR)** for Indiana[1] and the United States, surveys distributed to Head Start programs, and surveys distributed to Head Start partners. The data collected for this 2019 needs assessment report looks at the 2017-2018 program year and includes comparisons to the 2016-2017 program year when possible.

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

The **program director survey** link was emailed to all Head Start and Early Head Start program directors across the state. All 39 program directors (100%) who were contacted to take the survey completed it during the months of March and April 2019. Respondents to the grantee survey serve 91 of 92 counties across the state.

1. Transition Resources Corporation (TRC, also known as Telamon outside of Indiana) and the Community Development Institute (CDI) are organizations that operate sites in multiple states, and as a result, their information is not reported in Indiana's PIR. Some information was reported through internal reports and available in TRC's summary snapshots. When their data was available for Indiana centers, it has been noted and included in this report.

The **partner surveys** were sent electronically to key external partners. In total, 292 survey responses were received during March and April 2019 from six organizations with the majority of survey responses coming from three particular partners: Indiana Department of Child Services (DCS), Indiana's early intervention providers (First Steps), and local special education directors of public schools. The median years worked by a respondent at a state agency is close to 10 years. For survey respondents that work for nonprofit partners, the median years worked at their organization is 3-4 years.

## Participants in this report:

39
survey responses from
HS/EHS grantees

292
survey responses from
6 external partners

✓ First Steps

✓ Indiana Department of Education Special Education

✓ Department of Child Services

✓ Early Learning Indiana

✓ Indiana Association for the Education of Young Children

✓ Child Care Resource & Referrals (CCR&Rs)

SERVING

91 of Indiana's 92 Counties
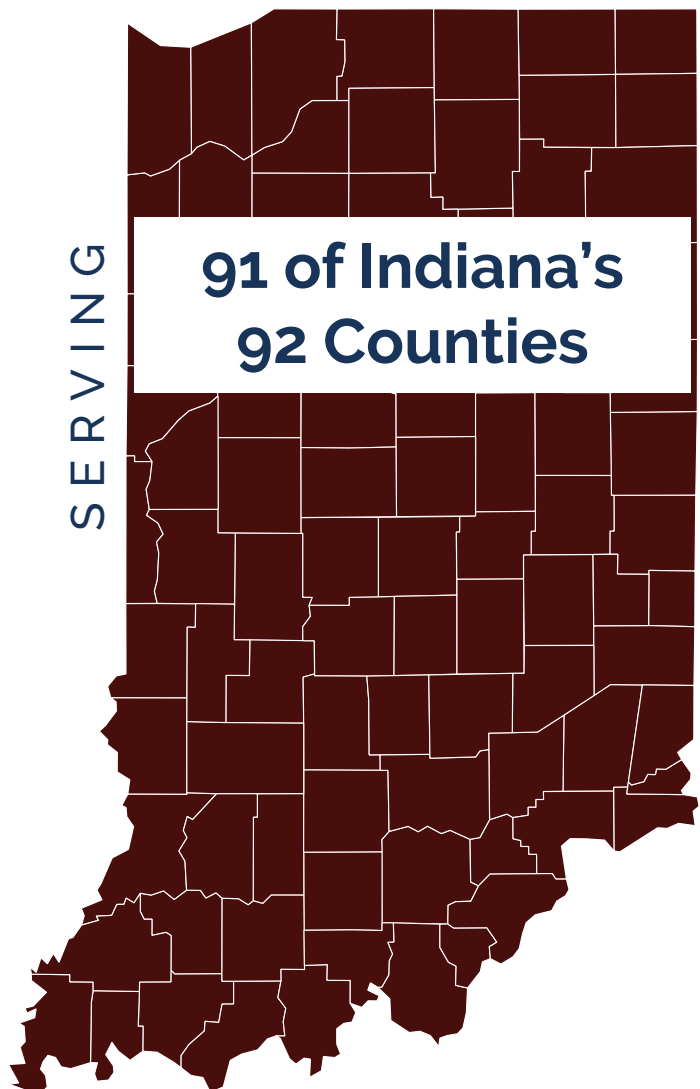
Profile of Indiana Head Start Programs

ENROLLMENT

In 2017-2018, Indiana's funded enrollment for Head Start and Early Head Start was 14,728 children and 119 pregnant women, but due to attrition throughout the year, the cumulative enrollment was actually 18,816 children and 283 pregnant women. Additionally, Indiana had 373 slots for children participating in migrant and seasonal Head Start.[2]

Funded enrollment numbers show 179 fewer children but 7 additional pregnant women when compared to funded enrollment in the 2016-2017 program year.

Figure 1: Head Start and Early Head Start Enrollment
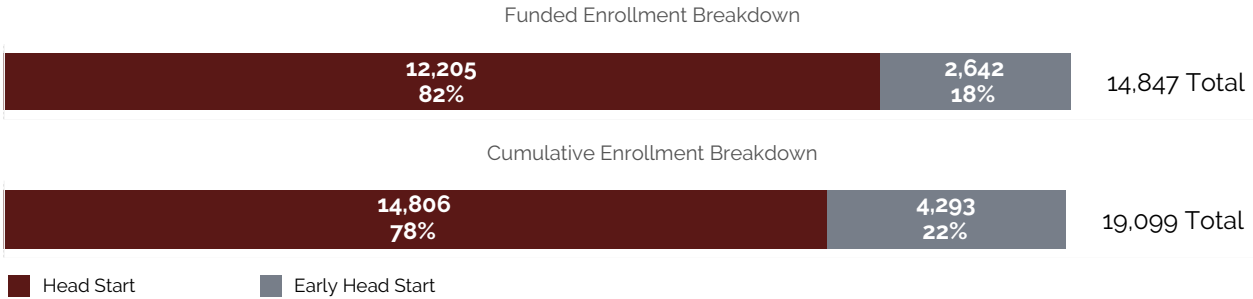
Funded Enrollment Breakdown

12,205 82%	2,642 18%	14,847 Total

Cumulative Enrollment Breakdown

14,806 78%	4,293 22%	19,099 Total

■ Head Start   ■ Early Head Start

Source: Office of Head Start, *Program Information Report Services Snapshot, State Indiana*, 2017-2018; Office of Head Start, *Program Information Report Services Snapshots, Telamon* Corporation (Indiana), 2017-2018.

ELIGIBILITY

Head Start serves children from ages birth to 5 and pregnant women. More specifically, Head Start serves children ages 3 to 5 according to the state's kindergarten entry date, and 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*:

2. Source: CDI center enrollment information, Indiana Head Start Collaboration Office, Centers 2018 (accessed April 2019).

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

*Head Start programs may enroll up to 10 percent of children from families that have incomes above the Poverty Guidelines. Programs may also serve up to an additional 35 percent of children from families whose incomes are above the Poverty Guidelines, but below 130 percent of the poverty line if the program can ensure that certain conditions have been met.

Locally, programs use the federal guidelines to create a point system to determine eligibility and prioritization. Additional local criteria may be considered (for example, children's health, parental status, child's disabilities, environmental factors) in a program's point system, so it is important to contact the local Head Start or Early Head Start program directly to learn of their specific eligibility requirements.

In this year's survey of Head Start program directors, they were asked about how they determine enrollment priority and if their priorities have changed in the last three years. **All survey respondents (100%) selected homelessness as their highest priority when considering enrollment.** Income below 100% Federal Poverty Level (FPL) and a child in foster care were tied at 95% of respondents selecting those as a "high priority" when considered for enrollment and selection. Receiving public assistance was next at 92% selecting it as "high priority", and children with incomes between 100% and 130% FPL were given medium to low priority. Other items often considered for prioritization included adverse childhood experiences, disability of child or family member, and additional risk factors.

Nearly half of surveyed program directors (43%) say they have changed their eligibility priorities or the level of influence certain items received, in the last three years. These programs often changed their criteria after reviewing the findings of their community needs assessments, receiving parent feedback, and changes in performance standards. Most programs mentioned adding incarceration, drug abuse, and guardianship as new priorities, and many indicated increasing the level of influence of homelessness and foster care.

AGE BREAKDOWN

The majority of children served by Head Start and Early Head Start are 3 or 4 years old followed by children ages 0-2. Pregnant women and 5-year olds comprise the smallest percentage of Head Start and Early Head Start participants. This is similar to the breakdown of enrollment by single age in the previous year.
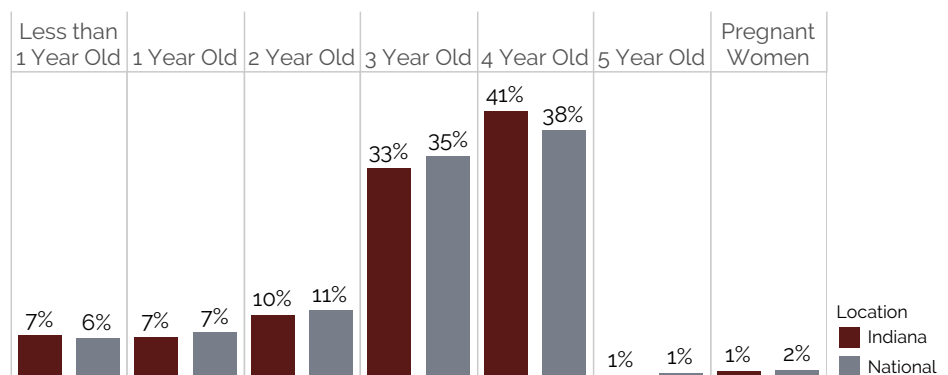
Figure 2: Cumulative Enrollment by Single Age Comparing Indiana to all National Enrollment

Source: Office of Head Start, *Program Information Report Services Snapshot, State Indiana*, 2017-2018; Office of Head Start, *Program Information Report Services Snapshot, National All* Programs, 2017-2018; Office of Head Start, *Program Information Report Services Snapshots, Telamon* Corporation (Indiana), 2017-2018.

For Indiana, this breakdown of children served by single age is similar to the National Head Start breakdown of single age children served. Indiana Head Start programs serve a slightly larger percentage of 4-year olds and lower percentage of 3-year olds compared to national numbers.

ENROLLMENT BY PROGRAM
(FUNDED ENROLLMENT)

Head Start and Early Head Start operate multiple types of programs including family child care, home-based, center-based, combination, and a program for pregnant women. Nearly 90% of funded enrollment participates in a center-based program. The majority of the remaining 10 percent is in home-based programs, followed by smaller portions in family child care, combination programs, and programs for pregnant women. The ratio of 90% center-based to 10% other is very similar to Head Start nationally. There was no change in enrollment by program option compared to 2017 data.

Figure 3: Funded Enrollment by Program Type

Indiana: < 1%, 9%, 89%

National: 1%, < 1%, 8%, 90%

Program Type
- Center-based
- Home-based
- Family Child Care
- Combination
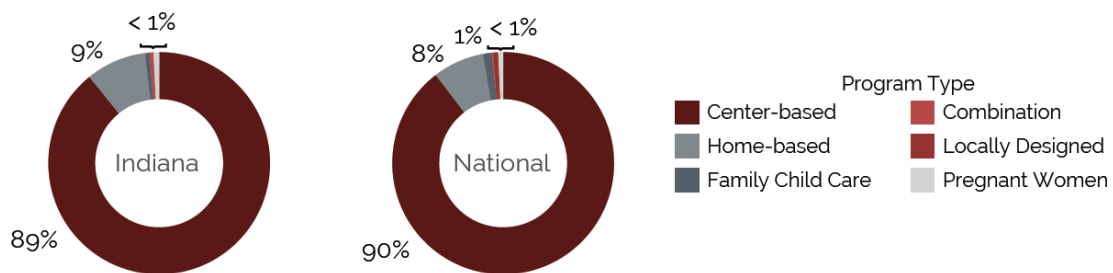- Locally Designed
- Pregnant Women

Source: Office of Head Start, *Program Information Report Services Snapshot, State Indiana*, 2017-2018; Office of Head Start, *Program Information Report Services Snapshot, National All* Programs, 2017-2018; Office of Head Start, *Program Information Report Services Snapshots, Telamon* Corporation (Indiana), 2017-2018.

There are 285 centers in Indiana, an increase of 12 from the previous year, offering Head Start and/or Early Head Start programs and 7 additional centers for migrant and seasonal Head Start children. Every county in Indiana has access to at least one Head Start program, but Tipton and Warren counties do not have a physical location (center) within the county. Figure 4 shows a breakdown of how many Head Start and Early Head Start slots are in each county.[4]

Figure 4: Total Head Start and Early Head Start Slots by County

Funded Enrollment Slots | **Counties within Range**
- Less than 25 — 10 Counties
- 25 to 74 — 31 Counties
- 75 to 149 — 28 Counties
- 150 to 299 — 9 Counties
- 300 to 499 — 9 Counties
- 500 to 999 — 3 Counties
- More than 1,000 — 2 Counties

Lake 1,345
Porter 153
LaPorte 306
St. Joseph 706
Elkhart 556
LaGrange 60
Steuben 127
Starke 46
Marshall 102
Kosciusko 180
Noble 47
DeKalb 222
Whitley 34
Allen 504
Newton 55
Jasper 58
Pulaski 35
Fulton 20
Wabash 37
Huntington 131
Wells 20
Adams 129
White 19
Cass 119
Miami 63
Benton 44
Carroll 18
Howard 348
Grant 240
Blackford 73
Jay 86
Warren 22
Tippecanoe 345
Clinton 88
Tipton 10
Madison 328
Delaware 366
Randolph 40
Fountain 78
Hamilton 128
Henry 144
Wayne 378
Montgomery 80
Boone 56
Vermillion 48
Parke 40
Hendricks 91
Marion 1,519
Hancock 98
Putnam 76
Morgan 106
Johnson 119
Shelby 70
Rush 66
Fayette 162
Union 69
Vigo 230
Clay 106
Franklin 47
Owen 72
Monroe 324
Brown 16
Bartholomew 118
Decatur 18
Ripley 49
Dearborn 114
Sullivan 18
Greene 57
Jennings 48
Ohio 18
Lawrence 176
Jackson 50
Jefferson 96
Switzerland 38
Knox 299
Daviess 99
Martin 40
Washington 28
Scott 58
Clark 322
Orange 43
Floyd 276
Gibson 82
Pike 33
Dubois 50
Crawford 87
Harrison 86
Posey 118
Vanderburgh 401
Warrick 110
Spencer 88
Perry 110

Source: Indiana Head Start State Collaboration Office (2018), *Centers2018 [accessed April 2019].*

A center may house more than one program (such as Head Start and Early Head Start), which is why Indiana has 292 centers and 333 programs. About a quarter of the 333 programs are Early Head Start programs and the remaining three-quarters are Head Start programs. Fifteen of the 80 Early Head Start programs are Child Care Partnerships. Only seven of the 253 Head Start programs are Child Care Partnerships.

Figure 5: Head Start/Early Head Start Programs
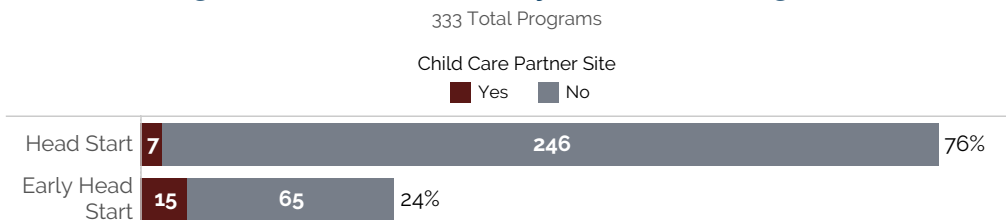
333 Total Programs

Child Care Partner Site
- Yes
- No

Head Start: 7 | 246 | 76%
Early Head Start: 15 | 65 | 24%

Source: Indiana Head Start State Collaboration Office (2018), *Centers2018 [accessed April 2019].*
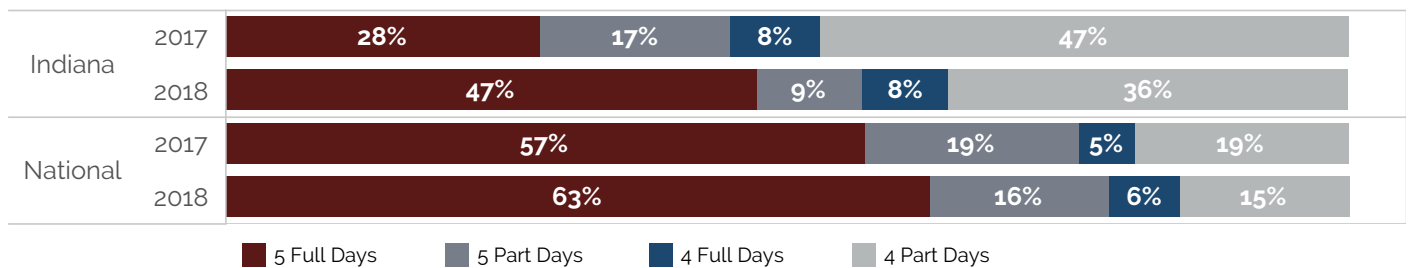
CENTER-BASED PROGRAM SCHEDULE BREAKDOWN

In Indiana, nearly half of center-based program slots (47%) are in programs meeting 5 days a week providing full-day programs (more than 6 hours per day). One-third of center-based enrollment (36%) is in programs meeting four days a week providing part-day programs (less than 6 hours per day). The remaining 17% of slots are nearly evenly split between programs meeting 5 days a week providing part-time programming, and programs meeting 4 days a week with full-day programming.

In the last year, Indiana has substantially increased its number of slots available with full-day programming five days a week from 28% to 47%. However, it still falls behind nationally, where nearly two-thirds of center-based program slots are meeting five days a week with full-day programming. An increase in full-day programming available both locally and nationally could be attributed to the Office of Head Start's awarding of supplemental funds to eligible grantees specifically for the increase of program hours in Head Start and Early Head Start programs in 2016 and 2019.

Figure 6: Center-Based Program Enrollment Comparison

		5 Full Days	5 Part Days	4 Full Days	4 Part Days
Indiana	2017	28%	17%	8%	47%
	2018	47%	9%	8%	36%
National	2017	57%	19%	5%	19%
	2018	63%	16%	6%	15%

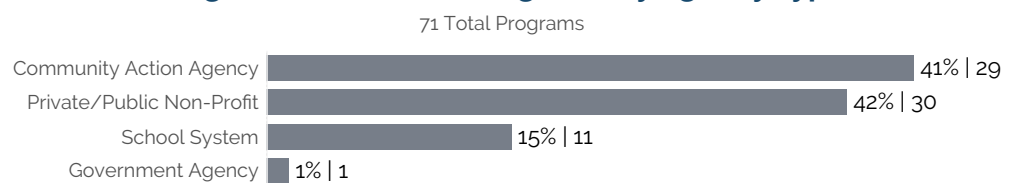■ 5 Full Days ■ 5 Part Days ■ 4 Full Days ■ 4 Part Days

Source: Office of Head Start, *Program Information Report Services Snapshot, State Indiana*, 2017-2018; Office of Head Start, *Program Information Report Services Snapshot, National All* Programs, 2017-2018; Office of Head Start, *Program Information Report Services Snapshots, Telamon* Corporation (Indiana), 2017-2018.

GRANTEES

In 2017-18, the 38 Indiana grantees (not including TRC or CDI)[5] were awarded approximately $136,266,207[6] to serve over 14,000 children and pregnant women.

Figure 7: Percent of Programs by Agency Type

71 Total Programs

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

Source: Indiana Head Start State Collaboration Office, *Indiana Program Information Report (PIR)*, 2017-18.

Head Start grantees are comprised of agencies from multiple sectors (public, private, and non-profit), however the majority of the Head Start programs are housed in community action agencies (CAA) and private/public non-profit agencies (non-CAA). The grantees (not including CDI) may operate a Head Start, Early Head Start, and/or an Early Head Start - Child Care Partnership, and when that is taken into account, brings the number of programs to 71. The percent of programs by agency type remains relatively unchanged from 2017.

5. Two grantees were not included in the state report, TRC and CDI. Transition Resources Corporation (part of Telamon Corporation) and CDI operate sites in multiple states, and Indiana-specific numbers were unavailable.
6. Source: IHSSCO. Annual Funding Report. (FY2019)

Figure 8: Indiana Head Start/Early Head Start Grantees

Head Start Consortium
Dr. Kathy L Guajardo, kguajardohs@sbcsc.k12.in.us

The Child Care Consortium, Inc.
Ms. Deborah Chubb, dchubb@cccheadstart.org

Geminus Corporation
Dr. Karen Carradine, karen.carradine@geminus.org

Marshall Starke Development Center, Inc.
Ms. Jane Pollitt, jpollitt@marshall-starke.org

Kankakee-Iroquois Regional Planning Commission
Ms. Tiffany Stigers, tberkshire@urhere.net

Area Five Agency On Aging And Community Services, Inc.
Lori Frame, lframe@areafive.com

Bona Vista Programs, Inc./EHS
Mrs. Bailley Maxwell, bnmaxwell@bonavista.org

Kokomo School Corporation
Julie Worland, jworland@kokomo.k12.in.us

Bauer Family Resources
Julia Kolouch, jkolouch@bauerfamilyresources.org

Community Action Program Inc. of Western Indiana Head Start
Mrs. Robin Curry-Shumaker, rcurry@capwi.org

Child-Adult Resource Services, Inc.
Diane Poteet, dpoteet@cars-services.org

Western Indiana Community Action Agency, Inc.
Ms. Shelly A Vicars, svicars@wicaa.org

Hamilton Center, Inc.
Ms. Anita Lascelles, alascelles@hamiltoncenter.org

(SCCAP) South Central Community Action Program
s Stacey Edwards, stacey@insccap.org

PACE Community Action Agency, Inc.
Dr. Bertha Proctor, bproctor@pacecaa.org

Hoosier Uplands EDC Head Start/EHS
Ms. Debra Beeler, dsbeeler@hoosieruplands.org

Community Action Program of Evansville, Inc. Head Start/EHS
Mrs. Mary Goedde, mgoedde@capeevansville.org

Floyde County Community Action Agency Head Start
Ms. Tara L Meachum, tmeachum@fcheadstart.com

Dubois-Pike-Warrick Economic Opportunity Committee Inc.
Mr Steve Marchand, steve@tri-cap.net

CASI Head Start
Ms. Debra Gaetano, dgaetano@casi1.org

Lincoln Hills Devel. Corp Head Start/EHS
Ms. Barbara Suzette Nickles, barbn@lhdc.org

Cardinal Center, Inc.
Mrs. Lynne Dittman lynne.dittman@cardinalservices.org

Fremont Community Schools
Mrs. Susan D Swager susan.swager@vistulahs.org

Garrett-Keyser-Butler Community Schools - Head Start
Mrs. Jonell K Malcolm, jomalcolm@gkb.k12.in.us

Community Action of Northeast Indiana, Inc.
Ms. Mary Lee Freeze maryleefreeze@mybrightpoint.org

Community & Family Services, Inc. Head Start
Mrs. Karin A Somers, ksomers@comfam.org

Pathfinder Services, Inc./EHS
Ms. Loretta Mottram lmottram@pathfinderservices.org

Carey Services/EHS
Catherine L. Queen, cqueen@careyservices.com

Marion Community Schools
Ms. Kerri L Wortinger kwortinger@marion.k12.in.us

Telamon Corporation
Kay Gordon, kgordon@transitionresources.org

Family Development Services, Inc. Head Start/EHS
Ms. Teresa R Rice, trice@fds.org

Community Action of East Central Indiana, Inc. Head Start/EHS
Mrs. Melissa Lingar, mlingar@caeci.org

Community Care in Union County, Inc.
Mrs. Jennifer M English jenn.english@frontier.com

Fayette School Corporation
Mrs. Lora E. Boggs, boggs@fayette.k12.in.us

Interlocal Community Action Program Inc., Head Start
Mr. John Pennycuff, jpennycuff@icapcaa.org

Human Services, Inc. Head Start
Mrs Tonya Scott, tscott@hsi-headstart.com

Early Learning Indiana/EHS
Christine Garza, Christineg@earlylearningindiana.

SIEOC Head Start
Ms. Melody Minger hsdirector@sieoc.org

Ohio Valley Opportunieis, Inc. OVO Head Start
Ms Melanie Harrell, mharrell@ovoinc.org

CDI Migrant And Seasonal Head Start has centers in the following counties: Adams, Hancock, Howard, Knox, Madison, St. Joseph, and Tippecanoe

FUNDING

In the program director survey, respondents were asked if they blend and braid any funding to support their services. Every respondent who answered the question blends and braids funding with at least one other source. Nearly all respondents (37 of 38) said that they participate in the Child and Adult Care Food Program (CACFP). That was by far the top funding stream program directors sought beyond their Head Start grant(s). Only a third of respondents (32%) said they accept Child Care Development Fund (CCDF) vouchers, which is an increase of 8% from 2017.

A quarter of respondents (24%) mentioned receiving philanthropic funding, and a slightly smaller percentage (21%) participate in On My Way Pre-K (OMW Pre-K). The number of program directors indicating they received philanthropic funding decreased 5% from 2017, and those receiving funding from individual donors decreased 8%. However, the percent of program directors receiving funds from OMW Pre-K increased 9%.[7] Funding from Special Education was only selected by one program director (3%) in 2018 versus 19% in 2017.

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

97% CACFP

32% CCDF vouchers

24% Philanthropic Funding (United Way, Private, Family, Corporate, and Community)

21% On My Way Pre-K

18% Individual Donors

About half of program directors indicated that additional resources or supports would help their programs blend and braid funding streams. Generally, they would like to get a better understanding of how blending and braiding works, what additional financial resources are available, and what the rules are when blending and braiding. More specifically, respondents would like more support on how to blend and braid funding with CCDF vouchers, OMW Pre-K, and Title I funding.

7. OMW Pre-K pilot program expanded to 15 additional counties as of August 2018 (some as early as January 2018) which may account for an increase in funding accessed by Head Start programs.

URBAN/RURAL ANALYSIS

Indiana has 44 metro counties and 48 nonmetro counties as defined by the United States Department of Agriculture (USDA) when looking at counties by population size, degree of urbanization, and adjacency to a metro area.[8] Metro and nonmetro classifications are similar to labels of urban and rural except the USDA definitions are created to negotiate counties that might have both urban and rural areas within its borders.[9]

Almost two-thirds (63%) of all centers are located in metro counties, and the remaining third are in nonmetro counties. Metro counties show a slight increase in the number of centers from 2017, up from 60%.

When looking at the percentage of children living below the poverty level, however, more children in nonmetro counties are being served by Head Start programs than children in metro counties.

Figure 9: Percent of Children in Poverty Head Start has the Capacity to Serve

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

Percentage of Children Served	Metro	Nonmetro
Less than 25%	33 | 75%	31 | 65%
25% - 49%	8 | 18%	14 | 29%
50% or Greater	3 | 7%	1 | 2%
Total	44	48

Source: Indiana Head Start State Collaboration Office (2018), Centers2018 [accessed April 2019]; U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table B17024.

The Census reported zero children under 6 living in poverty in Ohio County in the 2013-2017 ACS 5-Year Estimates.

8. Source: https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/.aspx
9. Source: https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/

COMPREHENSIVE SERVICES

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

HOMELESSNESS SERVICES

6% of Head Start and Early Head Start children served experienced homelessness during the enrollment year.

FOSTER CARE

9% of Head Start and Early Head Start children served were in foster care at some time during the enrollment year.
Indiana serves 3 times the percentage of children in foster care compared to the percentage served nationally.

DISABILITY SERVICES

15% of Head Start and Early Head Start children served had an Individualized Education Program (IEP) (2,103 children) or an Individualized Family Service Plan (IFSP) (688 children), indicating they were determined eligible to receive special education, early intervention, and related services.

MEDICAL SERVICES

95% of children had **health insurance** at the end of the enrollment year, which is an increase from **94%** at the beginning of the year.
95% of children had a **medical home** at the end of the enrollment year, which is an increase from **92%** at the beginning of the year.
92% of children had **up-to-date immunizations** at the end of the enrollment year, which is an increase from **90%** at the beginning of the year.

DENTAL SERVICES

88% of children had a **dental home** at the end of the enrollment year, which is an increase from **80%** at the beginning of the year.

FAMILY SERVICES

Indiana served **17,020 families** during the enrollment year. **61%** of these families received at least one family service.
The top family services include **parenting education**, **health education**, and **emergency or crisis intervention**. These services align with the top services for families at the National Head Start level.

Federal Priority Areas

The federal Office of Head Start has annual priority areas that guide Head Start State Collaboration Offices' work plans and will guide the outline of this report. Each priority area section is comprised of the following elements: additional PIR (program information report) data[10], survey data, and takeaways.

PRIORITY AREA 1: EARLY HEAD START - CHILD CARE PARTNERSHIPS

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

In Indiana, there are just over a half million children age 0-5. Each year about 84,000 babies are born, and this has remained consistent. However, Early Head Start and the State of Indiana overall, have fewer early childhood slots for young children ages 0-2. Indiana's known enrollment figures (children enrolled in known early childhood care and education programs) for ages 0-2 is just under 39,000.[11] Of the 15% of children ages 0-2 who are currently enrolled in a known program, just 7% of children are enrolled in Early Head Start. For children ages 3-5, that number increases to 13%.

Head Start centers are present in 90 of 92 Indiana counties while Early Head Start programs are only in 44 counties. Every four out of five slots in Indiana is a Head Start slot with 82% of funded enrollment allocated to Head Start and 18% allocated to Early Head Start. Head Start cannot meet all need alone; it is falling behind in spots available for early childhood programs, which is why Priority Area 1 focuses on emphasizing Early Head Start – Child Care Partnerships (EHS-CCP).

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10. PIR data cited in the federal priority areas will not include data from grantee CDI.

There are five Child Care Partnership grantees in Indiana. Of the nearly 15,000 slots, 443[11] were Child Care Partnership (CCP) slots, or just 3% of all funded enrollment slots, in 2018. Indiana has child care partnerships with both Head Start and Early Head Start. Nearly three-quarters (72%) of the 443 CCP slots are Early Head Start slots.

Figure 10: Head Start and Early Head Start Programs by County
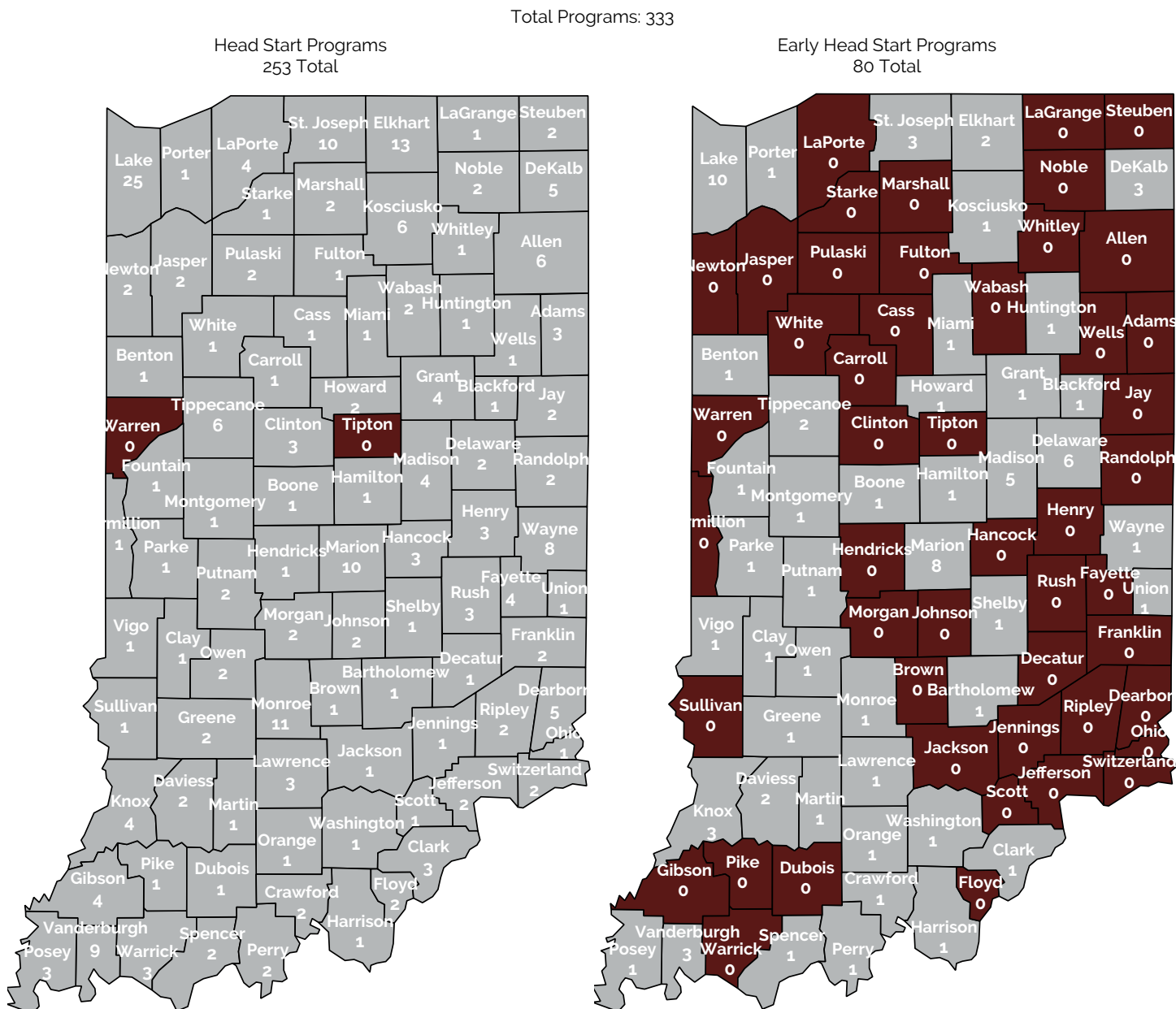
Total Programs: 333

Head Start Programs
253 Total

Early Head Start Programs
80 Total

Source: Indiana Head Start State Collaboration Office (2018), *Centers2018 [accessed April 2019].*

PIR DATA

- Indiana has five Child Care Partnership grantees operating 22 CCP programs in five counties.
- 38 formal agreements with child care partners[12] during program year. None of those were made void or broken during program year compared to half in the previous year.

11. Source: Indiana Early Learning Advisory Committee 2019 Annual Report. http://www.elacindiana.org/data/annual-reports/
12. Child care partners are those with whom the Head Start program has a formal contractual agreement to provide child care services to enrolled children that meet Head Start Program Performance Standards. These partners may include individual child care centers, umbrella organizations operating multiple child care centers, CCR&Rs, or other similar entities.

SURVEY DATA

Program Directors

Of the 39 survey respondents, 87% (34) manage a Head Start, 62% (24) manage an Early Head Start, and 10% (4) manage an Early Head Start - Child Care Partnership. Multiple respondents manage more than one program type.

The knowledge of EHS-CCP programs is pretty evenly distributed from least knowledgeable to very knowledgeable with the average score being 3.1 out of 5. This is a slight improvement from last year's average of 2.88.

To improve their knowledge about the EHS-CCP program, program directors believe the following would be helpful to learn:
- 56% What are the barriers and challenges with the partnership
- 47% Success stories with the partnership
- 47% How to braid childcare and HS/EHS funding
- 47% How to foster these collaborations
- 44% How to help child care programs adopt/implement the program performance standards
- 31% How to collaborate with non-HS/EHS programs

Of the survey respondents who do not currently manage an EHS-CCP, only 6 (17%) are interested in applying for an EHS-CCP program and 19 (54%) are not interested. This is down from last year when 26% said they were interested and 29% said they were not interested (with the remaining 45% being unsure).

Figure 11: Are you interested in applying for an Early Head Start - Child Care Partnership program?

17% Yes	54% No	29% Unsure

While interest in EHS-CCP appears to be waning, every survey respondent said they partner with at least one organization providing early childhood services. Who they partner with has changed a bit over the last year, with more programs saying they partner with their local special education preschool program, local hospital or doctor's office, and local community or private foundation. However, fewer programs (just 38%) are partnering with other early childhood education programs which is a 17% drop from last year.

Which organizations does your program currently partner with? (Select all that apply.)

- 100% First Steps
- 92% Indiana Head Start Association
- 90% Local agencies providing mental health prevention and treatment services
- 90% Local school district
- 87% Local special education preschool program
- 82% Local hospital or doctor's office
- 79% Indiana Head Start State Collaboration Office

- 79% Local CCR&R
- 69% Indiana Association for the Education of Young Children
- 69% Home visiting programs
- 64% Other HS/EHS programs
- 59% Indiana Department of Education
- 56% Local early childhood coalition
- 54% Local community or private foundation
- 51% Local United Way organization

A third of program directors would like to strengthen their partnerships with the local school district. A quarter of respondents would like to strengthen their partnerships with local agencies providing mental health prevention and treatment services as well as programs/services related to children's physical fitness and obesity prevention.

With what organizations would you like to strengthen your partnerships? (Select all that apply.)

- 33% Local school district
- 24% Local agencies providing mental health prevention and treatment services
- 24% Programs/services related to children's physical fitness and obesity prevention
- 21% Early Learning Indiana
- 21% Indiana Department of Education
- 21% Local community or private foundation

Partners

Indiana Head Start partners were asked about how they collaborate with Head Start and Early Head Start programs. The majority of respondents say they refer families to Head Start with the next highest response of sharing knowledge and training others) selected by only 29% of respondents. The frequency in which partners collaborate with Head Start varied greatly but tended to be less frequently than once a month, and nearly a quarter of respondents were unsure of an answer.

In what capacity do you collaborate with HS? (Select all that apply.)

- 72% Refer families to Head Start
- 29% Educator (sharing knowledge and information/training others)
- 25% Receive referrals from Head Start
- 23% Service provider (delivering services)
- 14% Convener (bringing partners together)

How often do you collaborate with HS programs?

- 27% A few times a year
- 22% Unsure
- 19% Monthly
- 12% Weekly

Only 7 people out of 276 survey respondents that answered the question said they currently serve on a local Head Start Policy Council.

Survey respondents are generally satisfied with their partnership with HS/EHS with over half (56%) saying they are satisfied or very satisfied. Respondents were then asked to share successes through collaboration and challenges or barriers to collaboration with Head Start.

Figure 12: How Satisfied Are You With Your Partnership with HS/EHS?

| 12% | 44% | 35% | 7% | 2% |

- Very satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied
- Very dissatisfied
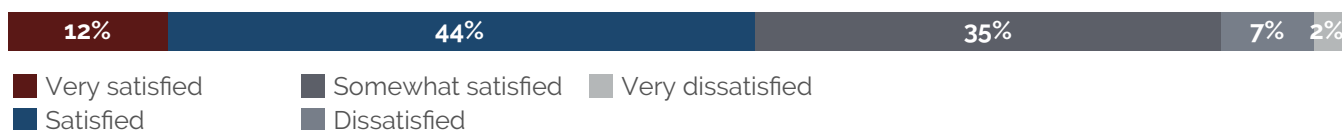
Examples of success stories from collaboration with Head Start:

Head Start offers education to our staff about their programs, we refer children to Head Start, and they partner with DCS for our annual Prevent Child Abuse Event in April.

I have utilized Head Start many times over the years to help children prepare for kindergarten and reduce the developmental delays often linked to child abuse or neglect.

I have attended case conferences and school meeting where Head Start was present to assist with a transition or provide background knowledge regarding a student. They are very helpful because they often have the first opportunity to work with the student and family.

I have helped in the transition process for several kids/families from First Steps to Head Start where things have went perfectly and the family was satisfied.

In most of our counties we have developed a great working relationship that was due to the implementation of PTQ (Paths to QUALITY). At one time we had all of our HS programs enrolled and advancing. We learned a lot about their daily struggles and how to best support them through the journey. We have had several HSs reach out to us for professional development for their staff-especially around social emotional topics.

Examples of challenges and barriers that make it difficult to collaborate with Head Start:

I don't know their "key players" and I don't have relationships with these folks. I would love to know more about the services provided by Head Start and their needs.

It is not always clear how to get someone enrolled in Head Start, who to talk to and how it works.

I have asked for an updated school list and application and have not received it. It would also be helpful to have Spanish speaking Head Start contact /phone number as most of my caseload is Spanish speaking families.

With the changes in the website it has become more difficult to find the referral form and help guide them in the proper direction to apply. I spend more time searching for documents and information to share with my families than I have in the past.

As an EHS only grantee, we frequently try to work with our local Head Start, the lack of response is often the barrier.

Changes in staffing and site supervisor turnover.

TAKEAWAYS

- The number of agreements made with child care partners that were void or broken during the year went from 15 in 2017 to 0 in 2018.
- Early Head Start centers are located in less than half of Indiana's counties. Many children in Indiana and nationally must wait until they are old enough for Head Start to receive services.
- Fewer grantees are interested in applying for an EHS-CCP program.
- More grantees are partnering with local special education preschool and local hospital/ doctor's office as well as other organizations.
- Partners mostly collaborate with Head Start programs by providing referrals.

PRIORITY AREA 2: CHILD OUTCOMES

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

As stakeholders in state early childhood education (ECE) systems, Head Start grantees are collecting data related to child and family outcomes that can help support and provide valuable input and data for a state-level ECE data system.

PIR DATA

- 45 out of 71 programs (63%) use the Ages & Stages Questionnaire (ASQ) or the Ages & Stages Questionnaire Social-Emotional (ASQ-SE) screening tool
- 24 programs use some version of the Brigance Screen
- Most centers use the Classroom Assessment Scoring System (CLASS) observation tool
- More than three quarters of home-based programs (78%) use some version of the Home Visitor Rating Scale (HOVRS)
- 44 programs (62%) use the Teaching Strategies GOLD Online assessment tool

SURVEY DATA

Program Directors

Assessment and screening data along with other child outcomes are the most shared sets of data by the program directors that took the needs assessment survey. Head Start programs most often share data with funders and the K-12 school systems. Compared to last year, funders and K-12 school systems swapped places. Data shared with other service partners increased 9% over last year.

Who do you currently share your program data with?

- 76% Funder
- 66% K-12 school system
- 53% Other service partner
- 45% Government agency
- 34% Other (Board of Directors, Policy Council, community)

The types of data shared with partners generally increased since last year with only referrals decreasing from 73% to 62%. Program enrollment information and family outcomes both increased by about 10%.

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

- 97% Child outcomes
- 95% Program enrollment information
- 82% Family outcomes
- 62% Referrals

While Indiana Head Starts are sharing more data with more partners, just over half (54%) are involved in any local or state efforts to share data to improve child outcomes and about a quarter (28%) are sharing data to inform local or state efforts in system building.

Are you currently involved in any local or state efforts to share your data to improve child outcomes?

- 54% Yes
- 41% No
- 5% Unsure

Are you currently involved in any local or state efforts to share your data to inform system building?

- 28% Yes
- 56% No
- 15% Unsure

Only one in five Head Start programs (21%) use Indiana's Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR). It is an assessment tool used throughout Indiana; however, its implementation is only required of OMW Pre-K programs[13] and special education preschool programs.[14] Its implementation is up 7% from 2017, but the greatest barrier to using it selected by 80% of respondents is that the Head Start and Early Head Start programs choose to use other assessments. A third (37%) say that it doesn't meet their program's child assessment requirements, and a quarter of all respondents (27%) say that it is not extensive enough.

Figure 13: Do You Currently Use ISTAR-KR?

21% Yes	79% No

What are the barriers to using ISTAR-KR? (Select all that apply.)

- 80% We choose to use other assessments
- 37% It does not meet my program's child assessment requirements
- 27% It is not extensive enough
- 20% Other: not user friendly, too much time to get children inputted, can't always access system, only use it for IEP students, don't want to enter data into two different systems

Program directors were asked what changes the state could make that could help programs collect data, specifically with regards to child outcomes. The suggestions mainly center around a shared data system with common variables so data can be referenced between programs or assessments including a student identification number.

> "
> *Every program has different methods for collecting, analyzing, and sharing data. Therefore, it is difficult to compare data across the entire state. Having a standard for reporting data needs to be developed that also incorporates the OHS, State Licensing, Paths to Quality, and accreditation expectations is needed.*
>
> *I would like to see all programs have the opportunity to have a student identification number, so we have streamline better outcome data as they enter the public school system.*
>
> *We just need a database to collect child outcomes. Most of the state uses TS Gold for child outcomes, but the state needs to build a crosswalk for other data collection.*
> "

Partners

When asked how knowledgeable they are about Head Start programs in Indiana, the majority of partners see themselves as fairly knowledgeable with the average score being 3.45 out of 5. Every partner organization surveyed scored their knowledge higher than last year. Indiana Association for the Education of Young Children and local CCR&Rs were the most knowledgeable partners on Head Start.

The majority of partners (68%) gathered information about HS/EHS through their work with Head Start. Over half (55%) have received information from the programs.

Where have you gathered information about HS/EHS? (Select all that apply.)

- 68% Interact with HS for job
- 55% Received information from the program
- 43% Relationship with a colleague
- 39% Information online

When asked what information would be helpful to receive, more survey respondents selected services provided and program enrollment information this year than last (an increase of 10% and 6% respectively). Requests for child outcomes remained similar to last year, but more partners would like information on family outcomes (up 16% from 2017) and Head Start staff (up 11%).

What data would be helpful to receive? (Select all that apply.)

- 85% Services provided (referrals and services)
- 80% Program enrollment information (capacity, enrollment)
- 58% Child outcomes (child progress and developmental milestones)
- 55% Family outcomes (family goals and accomplishments)
- 39% Head Start staff (positions, education level)

Besides providing referrals to Head Start as many do currently, partners say they would use this data to increase the ways they collaborate with Head Start including:
- Using the data in assessments
- Including the data and goals in family or student plans
- Improving student transitions to Kindergarten
- Working together to deliver services to a child and/or family
- Providing professional development opportunities to Head Start staff
- Educating others on the benefits of Head Start by including the data in trainings with staff and information provided to the general public
- Preventing duplication of services
- Convening Head Starts and other organizations to encourage collaboration

TAKEAWAYS

- Three-quarters of program directors say they are sharing data with funders and more than half with other service partners
- Grantees are sharing data on child and family outcomes and program enrollment information but less mentioned referrals
- Grantees report an increase in the use of ISTAR-KR, but it has only increased to 21% adopting the assessment.
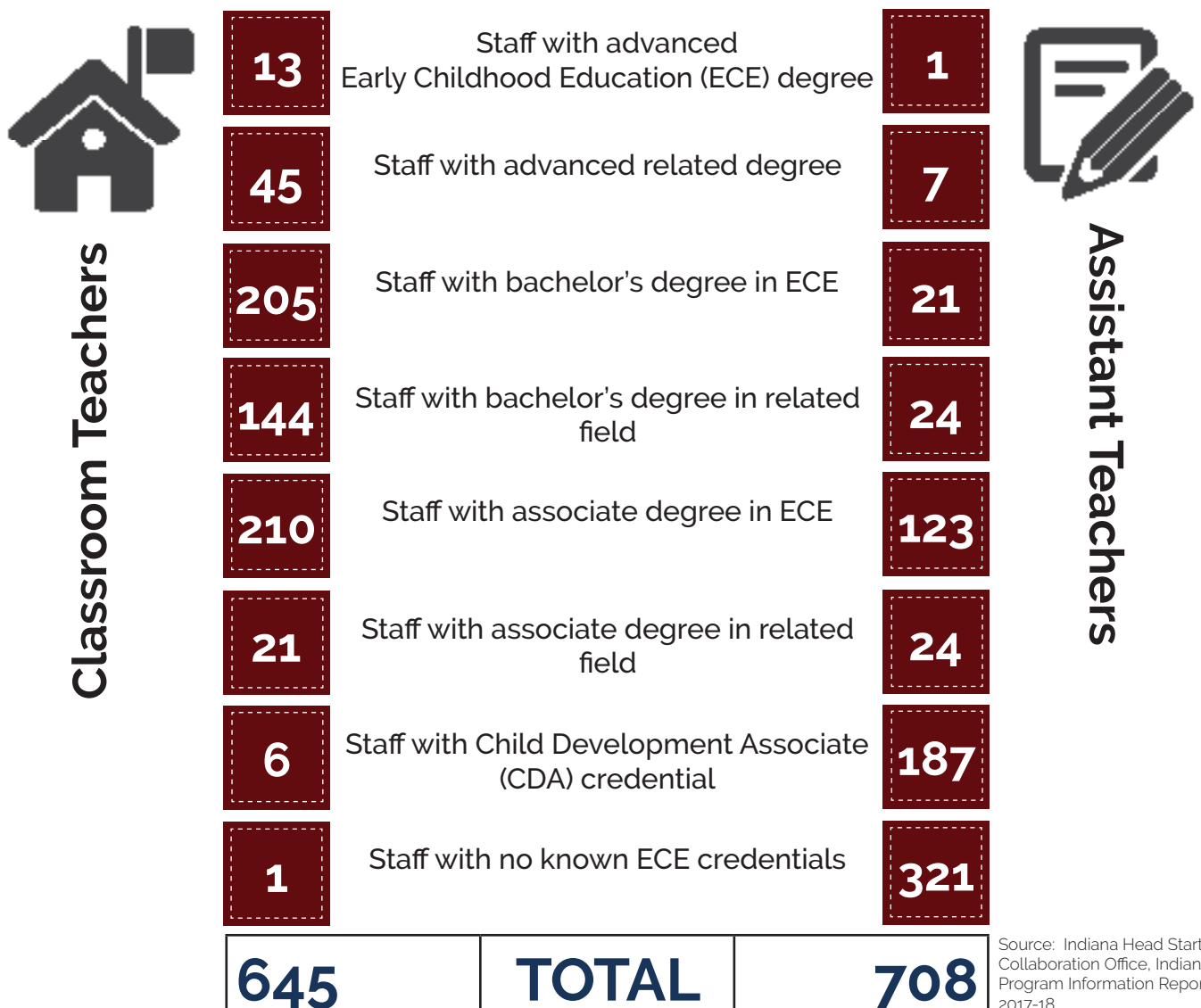
PRIORITY AREA 3: CAREER DEVELOPMENT

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

Indiana Head Start grantees work with state professional development systems and institutions of higher education to promote expansion of high-quality career development opportunities. This partnership facilitates access for Head Start grantees to have a high-quality workforce.

PIR DATA

- 3,927 Head Start and Early Head Start staff
- 801 of which are current or former parents
- 33,222 volunteers (of which 21,322 are current or former parents)

Classroom Teachers		Assistant Teachers
13	Staff with advanced Early Childhood Education (ECE) degree	1
45	Staff with advanced related degree	7
205	Staff with bachelor's degree in ECE	21
144	Staff with bachelor's degree in related field	24
210	Staff with associate degree in ECE	123
21	Staff with associate degree in related field	24
6	Staff with Child Development Associate (CDA) credential	187
1	Staff with no known ECE credentials	321
645	**TOTAL**	**708**

Source: Indiana Head Start Collaboration Office, Indiana Program Information Report (PIR), 2017-18.

In 2018, Indiana shows one fewer classroom teacher but 124 more assistant teachers than in 2017.[15] **Nearly two-thirds of classroom teachers (63%) hold a bachelor's degree or higher, and more than half (54%) of assistant teachers hold a CDA or higher.**

SURVEY DATA

Program Directors

For this priority area, survey respondents were asked about the career and professional development needs of their staff.

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

- 84% Higher education credentials and/or degrees (up 8% from 2017)
- 66% Professional development
- 66% Individual coaching
- 8% Other: locally hosted CDA program, hired a PD manager to work on this, TA related to behavior management

When asked about specific topic areas in which professional development is needed, the top response selected by nearly all Head Start directors (89%) is the area of managing behaviors and social/emotional development with trauma-informed care a close second (after jumping 21% since 2017).

What are the professional development areas that your staff need? (Select all that apply.)

- 89% Managing behaviors/social emotional development
- 84% Trauma-informed care
- 61% Using data for continuous improvement
- 24% Classroom environments
- 18% Specific subject areas (literacy, math, science, health)
- 16% Business practices (nonprofit management, marketing, financial management)

Many Head Start directors go to multiple resources to support workforce and career development needs, although most often they are looking to Head Start and their own staff for support. This is even more true in 2018 with in-house staff selected by 84% of participants as a resource they go to for assistance in career development (up 15% from 2017). Other organizations were up this year as well including the local CCR&R (up 14%), IAEYC (up 9%), and Early Learning Indiana (up 11%).

Who do you go to for assistance to support your staff's career development needs? (Select all that apply.)

- 92% Head Start T/TA
- 84% In-house staff
- 71% Local CCR&R
- 53% Higher education
- 47% IAEYC
- 37% Other: consultants, outside contractors, local partners, seminars, INCAA and other Head Start agencies, DCS, state and regional conferences
- 18% Early Learning Indiana

15. TRC staff were not included in 2017 numbers. TRC reported 18 classroom teachers and 18 classroom assistants in 2018 which are included in the graphic on page 23.

Head Start program directors have been more impressed this last year with available T/TA resources; however, only a third (37%) believe available resources meet the needs of their staff (up 20% from last year). More than half of respondents (58%) feel there is sufficient diversity in skill level of professional development opportunities available for staff which is up 14% since 2017. The majority of respondents still agree (80%) that the skill level that is lacking most often is advanced, and that the Indiana resources available are only somewhat meeting the needs of the staff.

Figure 14: Are the Indiana Early Childhood T/TA Resources Available Meeting the Needs of Your Staff?

42% Yes	53% Somewhat	5% No

Is there sufficient diversity in the skill level of professional development opportunities for your staff?

- 58% Yes
- 29% No
- 13% Unsure

Which skill level is lacking? (Select all that apply.)

- 4% Beginning
- 32% Intermediate
- 80% Advanced

When asked what resources are missing or need strengthened to support the needs of your staff, program directors again echoed the need for more trainings on managing behaviors, trauma-informed care, and advanced level training in those areas as well as in how to better engage families, goal setting, and on how to coach and better support staff. One respondent also brought up the need for high-quality webinars for those in rural areas that cannot make it to trainings.

Because of the rural nature of our service area, it is very rare that CCR&R trainings are located within 40 miles of most of our sites/staff. There is a great need for more high-quality webinars or online trainings that staff can access. There also needs to be greater opportunities for staff at all levels to have mentoring/coaching to meet their specific needs.

Advanced training on real life application of skills working with children with emotional and behavior issues.

Head Start staff need more focused training than child care. We need goal setting with families, challenging behaviors and trauma informed care, etc.

Besides workforce and career development, program directors surveyed struggle with recruitment and retention of staff. Nearly nine out of 10 program directors have difficulty recruiting staff and seven out of 10 have difficulty retaining staff. They also found recruiting graduates from a 2 or 4-year post-secondary program doesn't provide well prepared staff. Just over half (55%) say that graduates are prepared and over a third (37%) say they're poorly prepared.

Figure 15: Do You Have Difficulty Recruiting Staff?

89% Yes	11% No

Figure 16: Do You Have Difficulty Retaining Staff?

70% Yes	30% No

Figure 17: When Hiring Graduates from a 2- or 4-Year Postsecondary Program, How Prepared are They When They Enter the Classroom?

3%	55%	37%	5%

- ■ Well prepared
- ■ Prepared
- ■ Poorly prepared
- ■ Not at all prepared

Program directors were then asked what the state could do to help support the expansion of and access to high quality workforce and career development opportunities for staff. Most responses centered around more quality educational opportunities in early childhood education. Recommendations start at high school, encouraging vocation programs to allow for CDA completion, and they continue through postsecondary, looking to produce more early childhood education graduates (rather than elementary education). Also mentioned for all incoming staff no matter the education level was more hands-on experience through internships or quality student teaching experiences.

> *Work more closely with high school vocational programs to allow students to graduate with a CDA.*
>
> *A class offered to students on the application of skills in the classroom. Individuals are coming out of school with early childhood degrees and they do not know how to teach and struggle in the classrooms.*
>
> *More places to obtain degree. More practicum hours to improve skill set.*
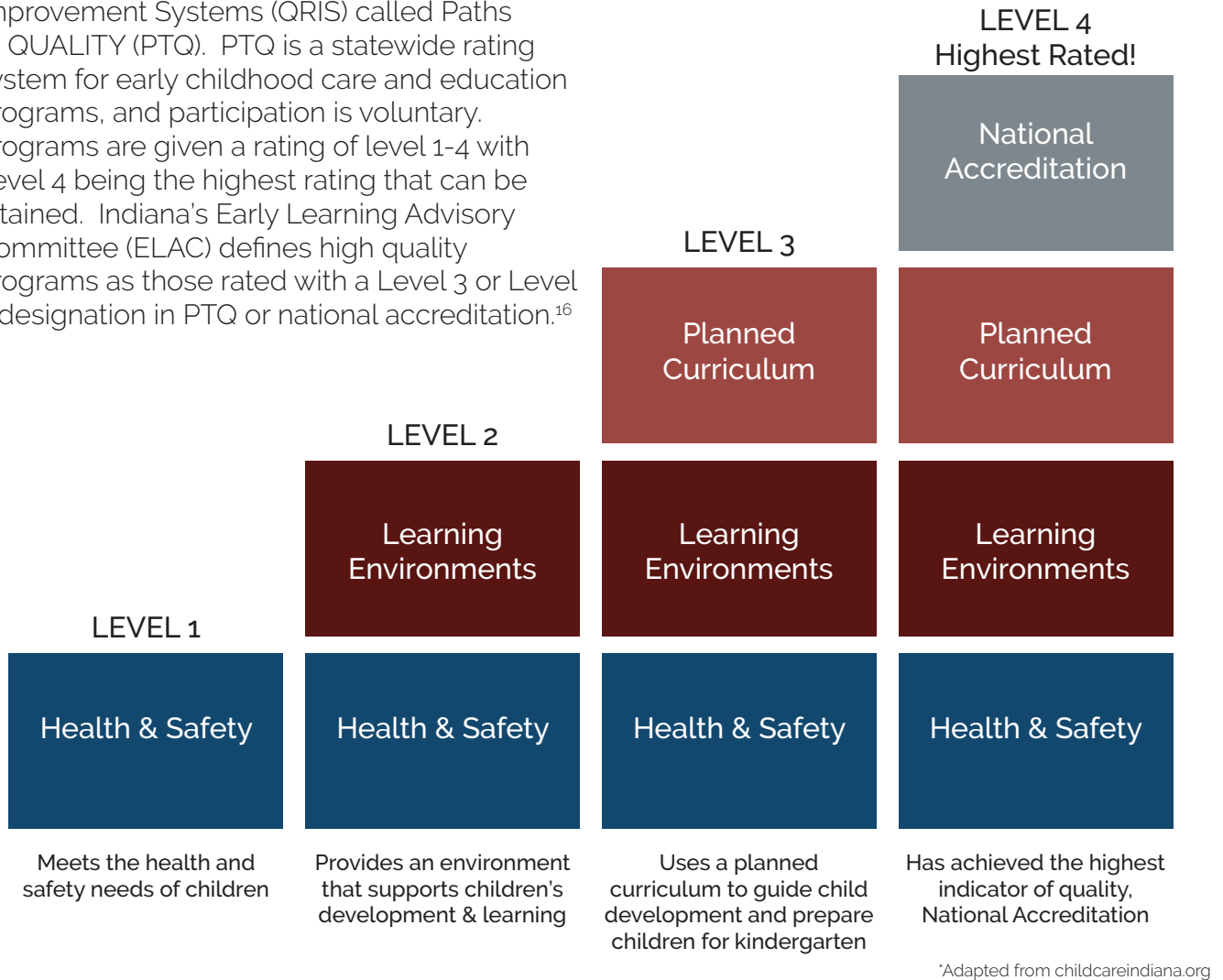
TAKEAWAYS

- There is a strong interest in professional development in trauma-informed care for staff, but it is still second to professional development in managing behaviors/social emotional development.
- Nearly all program directors struggle with recruiting staff and a large number also struggle with retaining staff.
- Just over half of program directors feel that graduates they hire from 2- or 4-year degree programs are prepared to enter the classroom.

PRIORITY AREA 4: HIGH QUALITY CARE

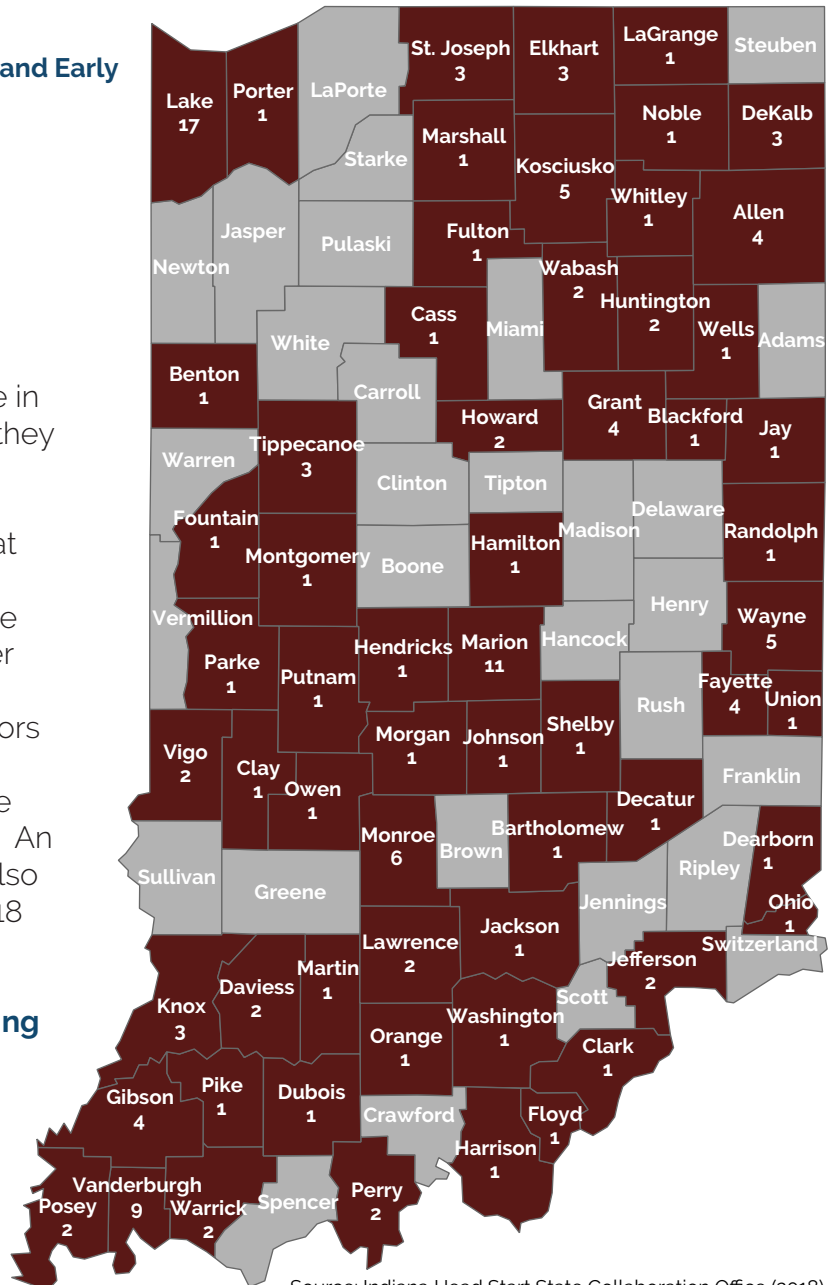## Collaboration with State Quality Rating Improvement Systems (QRIS)

In Indiana, Head Start grantees are collaborating with Indiana Quality Rating Improvement Systems (QRIS) called Paths to QUALITY (PTQ). PTQ is a statewide rating system for early childhood care and education programs, and participation is voluntary. Programs are given a rating of level 1-4 with Level 4 being the highest rating that can be attained. Indiana's Early Learning Advisory Committee (ELAC) defines high quality programs as those rated with a Level 3 or Level 4 designation in PTQ or national accreditation.[16]

LEVEL 4
Highest Rated!

National Accreditation

LEVEL 3

Planned Curriculum

Planned Curriculum

LEVEL 2

Learning Environments

Learning Environments

Learning Environments

LEVEL 1

Health & Safety

Health & Safety

Health & Safety

Health & Safety

Meets the health and safety needs of children

Provides an environment that supports children's development & learning

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

Has achieved the highest indicator of quality, National Accreditation

*Adapted from childcareindiana.org

Based on data provided by the Office of Early Childhood and Out-of-School Learning (OECOSL), approximately 60% of the 285 Head Start and Early Head Start centers in Indiana participate in PTQ which is an increase of 2% from the previous year. **Of the 60% participating, 83% are rated high quality (Level 3 or Level 4).** The 141 high-quality centers are located in 62 counties throughout the state leaving one third of counties without a high quality rated Head Start center.

SURVEY DATA

Program Directors

While only 60% of centers participate in PTQ, all 38 survey respondents said they participate.

According to Head Start grantees that participate in Paths to QUALITY, the top two benefits for participating were the same answers as in 2017 however branding and recognition was selected by 8% more program directors and responses of financial incentives were down 13%. Coaching assistance was selected by half of respondents. An additional funding opportunity was also selected by more respondents in 2018 increasing from 31% to 41%.

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

- 68% Branding and recognition
- 53% Financial incentives (advancements for each level/ annual review)
- 50% Coaching assistance
- 41% Funding opportunity (OMW, CCDF)
- 12% Other: tips and monitoring, no real benefits, state recognition, able to offer preschool children a longer school day

Figure 18: High Quality Rated Head Start and Early Head Start Centers by County

Source: Indiana Head Start State Collaboration Office (2018), *Head_Starts_Providers_Detail-04.01.2019 [accessed April 2019].*

The top challenges selected were again a lack of quality between other high quality (Level 3 and Level 4) programs and Head Start, as well as duplication with HS performance standards. These challenges were selected by fewer program directors in 2018 dropping 19% and 16% respectively.

What are the barriers and challenges to HS/EHS participating in PTQ? (Select all that apply.)

- 46% Don't see the same quality in other Level 3 and 4 programs as HS
- 43% Duplication with HS performance standards
- 38% Moving locations (starts the process all over)

- 27% Too much paperwork
- 24% Inconsistency among PTQ coach ratings
- 24% None
- 19% Too many coaches/staff coming in for site visits and reviews
- 16% Other: licensing agent, expensive for NAEYC fees, too much paperwork with NAEYC, staff turnover, annual re-evaluations, too many hoops with HS and then more for PTQ, public schools can fast track and HS must start at bottom

To improve collaboration, program directors believe it's important to work on some of the barriers mentioned above. Head Start has its own set of performance standards, and many program directors would like recognition of those as a sign of quality. Beyond that, respondents would like to see more consistency in raters and a streamlined process including less paperwork.

"

We are currently at a Level 3 at our sites and are not pursuing Level 4 at this time because it does not appear the return will be worth the investment of time and resources on an already overstressed staff.

An automatic rating for Head Start programs that are in compliance with the Office of Head Start.

"

On My Way Pre-K is a pilot program created by the State of Indiana in 2015 to extend and expand upon efforts to enroll children in high-quality early learning programs.   It began with five counties and has since been expanded to 20 counties. Eligible four-year-old children in these counties can apply for a grant to attend preschool at an On My Way Pre-K program free of charge. On My Way Pre-K utilizes the PTQ system as one requirement for eligibility to be an On My Way Pre-K provider. Programs must be rated as high quality (Level 3 or Level 4). On My Way Pre-K is not yet in all 92 Indiana counties, and thus only two-thirds (63%) of survey respondents have On My Way Pre-K in their county or part but not all of their service area.

Are you an OMW Pre-K county?

- 50% Yes
- 13% Some of service area but not all
- 34% No
- 3% Other: agreement site

Of the 24 survey participants who said that they are an OMW Pre-K county (or at least part of their service area is), eight indicated that they are an OMW Pre-K program which is the same number as in 2017. Of the 12 respondents who said they are not an OMW Pre-K program, five said they are interested in participating.

Are you an OMW Pre-K program?

- 33% Yes
- 25% No and not interested
- 21% No but interested in participating
- 17% Other: Two are not applicable because they serve Early Head Start only, one program will be an OMW Pre-K program soon, and one would like to explore more.

In the 2018-2019 school year there were only 20 out of 92 counties eligible to participate in OMW Pre-K. Program directors who provide services in an OMW Pre-K county but are not currently an OMW Pre-K provider were asked about their barriers to participation. The top barrier for participation is having no capacity to enroll additional OMW Pre-K children. One respondent also mentioned that funding is not adequate to still meet Head Start standards.

To improve collaboration between Head Start and OMW Pre-K, program directors recommend the same change that they recommended last year: change income eligibility guidelines so the two programs aren't serving the same population. This would remove the feeling of "competition", and the two programs could serve more children who are in need of affordable early childhood education.

Partners

Priority Area 4 deals with high quality care. Partners were asked how well Head Start programs are meeting the local community's needs on a scale from 1 to 5 (1 being not at all and 5 being fully meeting community needs). The average score was 3.3 out of 5. The partners that were more knowledgeable of Head Start's work rated their ability to meet the community's needs a little higher with an average score of 3.6.

Respondents were asked to select in which areas Head Start could improve to better support the community. The top response was to share more information about Head Start programs, especially by county. A close second was for Head Starts to receive additional information about other early childhood assistance programs.

How could HS programs better support your work in the community? (Select all that apply.)

- 71% Share information about HS programs by county
- 69% Receive information about other early childhood assistance programs
- 59% Engage your staff in cross-training with HS staff
- 51% Receive a contact list of HS program directors
- 23% Participate in your committees

TAKEAWAYS

- Only 60% of centers participate in PTQ.
- Of those who don't currently participate in On My Way Pre-K, the top barrier to participation selected by 50% is no capacity to enroll additional children.

PRIORITY AREA 5: SCHOOL PARTNERSHIPS

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

The State of Indiana does not currently use a statewide Kindergarten Entrance Assessment (KEA). The Kindergarten Readiness Assessment (KRA) currently being used, ISTAR-KR (discussed in Priority Area 2 above), is only required by On My Way Pre-K and special education preschool programs. Otherwise, its adoption is voluntary. Even so, Head Start programs work to foster positive transitions and long-term success of Head Start children matriculating to the next key transition (i.e., child care, preschool or kindergarten).

Local school systems are a critical partner for successful transitions, and with the Every Student Succeeds Act (ESSA) signed into law in December 2015, local education agencies (LEAs) receiving Title I funds must develop written agreements with early childhood providers to increase coordination.[17] This new requirement could improve partnerships between Head Start and LEAs and help ensure positive transitions for children.

PIR DATA

- 37 programs (52%) have formal collaboration and resource sharing agreements with public school pre-kindergarten programs
- Indiana Head Starts and Early Head Starts have formal collaboration agreements with 262 Local Education Agencies (LEAs) to coordinate services for children with disabilities and 313 LEAs to coordinate transition services (63% and 76% of LEAs, respectively)

While the percent of LEAs coordinating services for children with disabilities went down 8% from last year, the actual number of agreements with LEAs increased by 4 to coordinate services for children with disabilities and by 47 to coordinate transition services. One possible explanation for the change (or lack of change) in percentages could be attributed to there being nearly 50 additional LEAs in the Head Start service area since 2017.

SURVEY DATA

Program Directors

The majority of Head Start program directors (85%) indicated that their program has a kindergarten transition plan with its local school(s), and 72% have clear guidelines for kindergarten entrance that their program uses for planning purposes. A handful of programs that serve Early Head Start only, selected not applicable for many of the questions in this section. **This shows a 9% increase in programs having transition plans with local schools since 2017.**

Figure 19: Does Your Program Have A Kindergarten Transition Plan With The Local Schools?

| 85% Yes | 9% No | 6% Unsure |

Nearly all of the survey respondents (94%) reported communicating with school staff about expectations for kindergarten entrance. How often Head Start programs communicate with school staff varies by program and school partner.

Figure 20: Do You Communicate With School Staff About Expectations For Kindergarten Entrance?

| 94% Yes | 6% No |

Are there clear guidelines for kindergarten entrance that your program uses for planning programs?
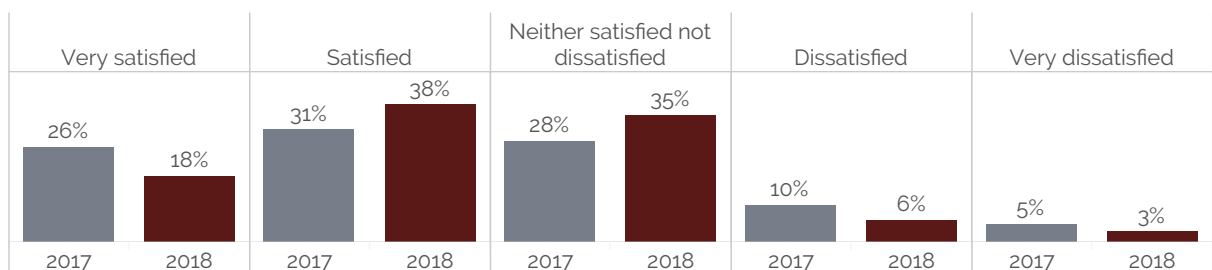
- 72% Yes
- 22% No
- 6% Unsure

How often do you communicate with your school partners?

- 29% Quarterly
- 24% Twice per year
- 21% Annually
- 18% Monthly
- 6% Daily
- 3% Weekly

The satisfaction level with school partners supporting Kindergarten transition shifted a bit from 2017. The percent of program directors that are very satisfied dropped 8%, however those who were satisfied increased 7%. The percent of program directors who are dissatisfied dropped 4% since 2017.

Figure 21: How Satisfied Are You With Your School Partners Supporting Kindergarten Transition?

Very satisfied		Satisfied		Neither satisfied not dissatisfied		Dissatisfied		Very dissatisfied	
26%	18%	31%	38%	28%	35%	10%	6%	5%	3%
2017	2018	2017	2018	2017	2018	2017	2018	2017	2018

Lack of knowledge was selected by the most respondents (56%) when asked about their greatest challenges in working with schools to ensure continuity between Head Start and Kindergarten. This is an increase of 32% from 2017.   Leadership and sharing of data were selected by a third of respondents (34%) and tied for second as a great challenge to ensure continuity. Those who answered other most often mentioned struggling with inconsistencies between schools and districts (in communication and expectations) as well as time constraints on both sides limiting the ability to collaborate.

What are your greatest challenges when working with schools to ensure continuity between HS and Kindergarten? (Select all that apply.)

- 56% Lack of school's knowledge of HS
- 34% Leadership (not interested/supportive)
- 34% Sharing data
- 34% Other
- 16% None

To strengthen partnerships with schools, most program directors believe they need to improve relationships with the schools from the top down. They believe there needs to be more education for the schools on what Head Start does, the value of collaboration and partnership, and a mutual respect developed. A few program directors mentioned that ESSA has been helpful to get everyone at the table to work together but see it as a start more than a solution.

> *The ESSA was helpful in getting MOU's this year. It would be helpful to have scheduled meetings/trainings with the LEA and HS where information can be shared regarding standards, procedures, etc. and start building the relationships.*

Success stories:

> *We have a strong partnership with 3 of our LEA's, they participate in our Ed. Advisory and School Readiness Meetings on a quarterly basis.*
>
> *Last 7 years have had a minimum of 2 HS classrooms in local elementary schools which has increased awareness on both sides of the relationship.*
>
> *We work cooperatively with several schools on dual placement. Some locations, HS takes a field trip every spring to visit a Kindergarten classroom and the school system welcomes the HS teacher in the fall to visit their former children.*

The change most program directors mentioned to improve collaboration with Head Start and schools on Kindergarten transition is to have clear and consistent Kindergarten entry expectations. Some added using the same readiness screening tool to help with consistency in expectations.

TAKEAWAYS

- There was a 9% increase of program directors with a Kindergarten transition plan with the local school(s) from 2017.
- The lack of knowledge a school has of Head Start has been a great challenge to more program directors this year.

Focus on Partnership

Beyond the five priority areas, program directors and partners were asked about their knowledge of the Indiana Head Start State Collaboration Office (IHSSCO) and their opinions of what the IHSSCO should focus its work on. While many survey respondents were unfamiliar with the IHSSCO and its role, several suggestions were provided.

Program Directors

What is your knowledge of the IHSSCO's role and responsibilities (essentially what do you think they are supposed to do)?

- Eight of the 30 respondents said they were not knowledgeable about IHSSCO's role and responsibilities.
- The other respondents felt the role and responsibility of IHSSCO fell into one of four areas:
    - Support the needs of Head Start programs
    - Assist Head Start programs in collaboration and partnership with other organizations
    - Coordinate services between the state and Head Start
    - Advocate for Head Start at the statehouse

The answers to what the IHSSCO should focus their work on varied a little more. The following were responses that came up more than once:
- Professional development opportunities with other early childhood organizations
- A statewide infrastructure system to follow a child from any preschool to public school and beyond
- Encouraging relationships with LEAs and pre-K programs
- Developing state partnerships that can be used to develop local partnerships
- Advocating to change legislation so that OMW Pre-K and Head Start have a more beneficial partnership for children

Partners

Only 26 of 227 respondents (11%) from DCS, First Steps, or SPED have heard of IHSSCO. The percentage was much higher for respondents from IAEYC, ELI, and CCR&Rs where 76% had heard of IHSSCO.

How could IHSSCO be helpful to strengthening your organization's relationship with HS?

- Partner organizations would like more program information, updated contact information, and general enrollment and eligibility information.

Giving us the information for who to contact, locations of services, and the applications to go over with the families would help us establish a better working relationship.

- Communication was a common theme with partners asking for more communication, regular communication, and for Head Starts to be open to communication and collaboration.

Encourage Head Starts to be open to communicating with us and working with us. Most are, but some are not.

- The most frequent request to improve their organization's relationship with Head Start, is for IHSSCO or another representative of Head Start to go to their organization to provide information and/or training.
    - Cross training with Head Start and a partner organization was also recommended by multiple respondents to learn from each other, build a relationship, and strengthen collaboration as a result.

What are the top concerns that you want to share to inform the strategic planning process?

- Many of the most commented concerns were reiterating suggestions made above to strengthen their organization's relationship with Head Start including more frequent and open communication between schools as well as other partner agencies.
- Partner organizations also feel that Head Start should communicate more with the community and increase awareness and understanding of its services and outcomes.

Become more visible and informative to the public. Develop a listing of Head Start Programs in the various counties. Indicate the criteria of the Head Start Programs. Indicate the funding or financial assistance for the Head Start Programs.

- In regard to Head Start services, the top two concerns are the lack of transportation services and the lack of available slots for children (especially those under age 3).

The people funding On My Way pre-k and childcare vouchers need to know that Head Start offers quality child care as well as family development and that Head Start is so popular that it is mostly at capacity and has a waiting list. Head Start and Early Head Start needs public awareness about the need for investment to build Head Start capacity.

(There needs to be) adequate services to meet needs in county. Transportation barriers overcome to enable rural children to receive services.

Recommendations

PRIORITY AREA 1:

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

- Work to increase the availability of Early Head Start in Indiana. There is a high unmet need.
- Learn why programs are not interested in becoming a child care partnership, and develop a strategy to encourage more new or existing grantees to apply.
- Encourage collaboration with partners beyond providing referrals and increase the frequency of collaboration with Head Start programs.

PRIORITY AREA 2:

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

- Build upon the increase in collaboration among Head Starts and partners by sharing basic, up-to-date information about Head Start.
- If programs continue to choose not to adopt ISTAR-KR, work with the state on ways to share Head Start assessment data on child outcomes.
- Encourage the state to adopt a unique child identifier that remains consistent among programs so that Head Start can share data with the state and its partners. It would allow Head Start programs to easily share data with school districts during transitions.

PRIORITY AREA 3:

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

- Offer additional professional development early on or as an onboarding program for new hires that are recent graduates of 2- or 4-year degree programs to ensure they are prepared to enter the classroom.
- Help programs share best practices on recruitment and retention of staff.

PRIORITY AREA 4:

Collaboration with State Quality Rating Improvement Systems (QRIS)

- To increase interest and participation in PTQ, work with the state to better align Head Start performance standards with the state's efforts to remove barriers to participation.

PRIORITY AREA 5:

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

- Strengthen school partnerships by assisting Head Start programs in educating schools about Head Start, its services, and its population. Develop resources for Head Start programs to distribute and present at conferences the benefits of Head Start to schools and other partners.

Appendix

Appendix A: Table of Indiana Head Start Grantee Information

Agency	Counties Served	Contact Information
Area Five Agency On Aging And Community Services, Inc.	Cass, Fulton, Wabash	Lori Frame, lframe@areafive.com
Bauer Family Resources, Inc.	Carroll, Clinton, Tippecanoe, White	Julia Kolouch, jkolouch@bauerfamilyresources.org
Bona Vista Programs, Inc.	Howard, Miami	Mrs. Bailley Maxwell, bnmaxwell@bonavista.org
Cardinal Services, Inc./Kosciusko County Head Start/EHS	Kosciusko	Mrs. Lynne Dittman, lynne.dittman@cardinalservices.org
Carey Services, Inc.	Blackford, Grant	Mrs. Beth L. Wickham, bwickham@careyservices.com
Community & Family Services, Inc.	Adams, Blackford, Huntington, Jay, Randolph, Wells	Mrs. Jill A Moser, jmoser@comfam.org
Community Action Program of Evansville and Vanderburgh County, Inc.	Gibson, Posey, Vanderburgh	Mrs. Mary Goedde, mgoedde@capeevansville.org
Community Action Program, Inc. of Western Indiana	Benton, Boone, Fountain, Montgomery, Parke, Vermillion, Warren	Mrs. Robin Curry-Shumaker, rcurry@capwi.org
Community Action of East Central Indiana, Inc.	Wayne	Mrs. Melissa Lingar, mlingar@caeci.org; (EHS) Mr. Ashley Stephen, astephen@caeci.org
Community Action of Northeast Indiana, Inc. d/b/a Brightpoint	Allen, Noble, Whitley	Ms. Mary Lee Freeze, maryleefreeze@mybrightpoint.org
Community Action of Southern Indiana, Inc.	Clark	Ms. Debra Gaetano, dgaetano@casi1.org
Community Care in Union County, Inc.	Union	Mrs. Jennifer M English, jennenglishnow@gmail.com
Community Development Institute Head Start	Morgan, Owen, Hendricks	Mrs. Diane Poteet, dpoteet@cars-services.org
Dubois-Pike-Warrick Economic Opportunity Committee Inc	Dubois, Pike, Warrick	Ms. Molley Wuchner, molly@tri-cap.net
Early Learning Indiana, Inc.	Marion	Christine Garza, christineg@earlylearningindiana.org
Elkhart and St. Joseph Counties Head Start Consortium	Elkhart, St. Joseph	Dr. Kathy L Guajardo, kguajardohs@sbcsc.k12.in.us
Family Development Services, Inc.	Hamilton, Marion	Ms. Teresa R Rice, trice@fds.org
Fayette County School Corporation	Fayette	Mrs. Kelly E. Pflum McCullum, kpflum@fayette.k12.in.us
Floyd County Community Action Agency	Floyd	Ms. Tara L Meachum, tmeachum@fcheadstart.com
Fremont Community Schools	LaGrange, Steuben	Mrs. Susan D Swager, susan.swager@vistulahs.org
Garrett-Keyser-Butler Community School District	DeKalb	Mrs. Jonell C Malcolm, jomalcolm@gkb.k12.in.us
Geminus Corporation	Lake, Porter	Dr. Karen Carradine, karen.carradine@geminus.org
Hamilton Center, Inc.	Vigo	Ms. Amanda Posey, ehs@hamiltoncenter.org
Hoosier Uplands Economic Development Corporation	Lawrence, Martin, Orange, Washington	Ms. Debra Beeler, dsbeeler@hoosieruplands.org
Human Services, Inc.	Bartholomew, Brown, Decatur, Jackson, Johnson, Shelby	Mrs. Aimee Nichalson, anichalson@hsi-headstart.com
Interlocal Community Action Program, Inc.	Hancock, Henry, Rush	Mr. John Pennycuff, jpennycuff@icapcaa.org
Kankakee-Iroquois Regional Planning Commission	Jasper, Newton, Pulaski	Ms. Tiffany Stigers, tberkshire@urhere.net
Kokomo School Corporation	Howard, Miami, Tipton	Julie Worland, jworland@kokomo.k12.in.us
Lincoln Hills Development Corporation	Crawford, Harrison, Perry, Spencer	Ms. Barbara Nickles, barbn@lhdc.org
Marion Community Schools	Grant	Ms. Kerri L Wortinger, kwortinger@marion.k12.in.us
Marshall Starke Development Center, Inc.	Marshall, Starke	Ms. Jane Pollitt, jpollitt@marshall-starke.org
Ohio Valley Opportunities, Inc.	Jefferson, Jennings, Scott	Ms Melanie Harrell, mharrell@ovoinc.org
Pace Community Action Agency, Inc.	Daviess, Greene, Knox, Sullivan	Mrs. Angela Lange, alange@pacecaa.org
Pathfinder Services, Inc.	Huntington	Ms. Elizabeth Hire, ehire@pathfinderservices.org
South Central Community Action Program	Monroe	Ms. Stacey Edwards, stacey@insccap.org
Southeastern Indiana Economic Opportunity Corp	Dearborn, Franklin, Ohio, Ripley, Switzerland	Ms. Melody Minger, hsdirector@sieoc.org
The Child Care Consortium, Inc.	LaPorte	Mrs. Theresa Argueta, targueta@cccheadstart.org
Transition Resources Corporation (Telamon)	Delaware, Madison	Kay Gordon, kgordon@transitionresources.org
Western Indiana Community Action Agency, Inc.	Vigo, Clay, Putnam	Ms. Shelly A Vicars, svicars@wicaa.org

Appendix B: Head Start and Early Head Start Funded Slots by County[18]

County	Head Start	Early Head Start	Total
Adams	129		129
Allen	504		504
Bartholomew	54	64	118
Benton	32	12	44
Blackford	57	16	73
Boone	44	12	56
Brown	16		16
Carroll	18		18
Cass	119		119
Clark	250	72	322
Clay	94	12	106
Clinton	88		88
Crawford	67	20	87
Daviess	61	38	99
Dearborn	114		114
Decatur	18		18
DeKalb	140	82	222
Delaware	228	138	366
Dubois	50		50
Elkhart	460	96	556
Fayette	162		162
Floyd	276		276
Fountain	60	18	78
Franklin	47		47
Fulton	20		20
Gibson	82		82
Grant	126	114	240
Greene	48	9	57
Hamilton	120	8	128
Hancock	98		98
Harrison	66	20	86
Hendricks	91		91
Henry	144		144
Howard	262	86	348
Huntington	71	60	131
Jackson	50		50
Jasper	58		58
Jay	86		86
Jefferson	96		96
Jennings	48		48
Johnson	119		119
Knox	245	54	299
Kosciusko	140	40	180
LaGrange	60		60
Lake	1,115	230	1,345
LaPorte	306		306

County	Head Start	Early Head Start	Total
Lawrence	134	42	176
Madison	248	80	328
Marion	1,319	200	1,519
Marshall	102		102
Martin	36	4	40
Miami	57	6	63
Monroe	267	57	324
Montgomery	60	20	80
Morgan	106		106
Newton	55		55
Noble	47		47
Ohio	18		18
Orange	34	9	43
Owen	60	12	72
Parke	28	12	40
Perry	90	20	110
Pike	33		33
Porter	113	40	153
Posey	82	36	118
Pulaski	35		35
Putnam	64	12	76
Randolph	40		40
Ripley	49		49
Rush	66		66
Scott	58		58
Shelby	54	16	70
Spencer	68	20	88
St. Joseph	594	112	706
Starke	46		46
Steuben	127		127
Sullivan	18		18
Switzerland	38		38
Tippecanoe	259	86	345
Tipton	10		10
Union	49	20	69
Vanderburgh	321	80	401
Vermillion	48		48
Vigo	150	80	230
Wabash	37		37
Warren	16	6	22
Warrick	110		110
Washington	17	11	28
Wayne	306	72	378
Wells	20		20
White	19		19
Whitley	34		34

18. Slots from all grantees including TRC and CDI are included in this table.