



2018 Indiana Early Head Start and 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 Early Head Start and 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.² The Head Start Act also requires HSSCOs to use the results of the needs assessment to inform annual updates to the HSSCO's strategic plan goals and objectives. The results of the needs assessment 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.

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)

ELIGIBILITY FOR HEAD START

Head Start serves children from ages birth to 5 and pregnant women. More specifically Early Head Start serves children birth to 3 and pregnant women, and Head Start serves children ages 3 to 5. Federal eligibility guidelines state that (most) children and pregnant women must also fall into one of the following categories:³

- Children from families with income 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

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

1. <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-642b-head-start-collaboration-state-early-education-care>

2. <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-641a-standards-monitoring-head-start-agencies-programs>

3. Head Start programs may enroll up to ten 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 level if the program can ensure that certain conditions have been met. <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-645-participation-head-start-programs>

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 primarily used feedback from Head Start/Early Head Start (HS/EHS) Grantees and HS/EHS Program Information Report^{4,5} (PIR) data. However, we recognize 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 stakeholder groups will also provide comprehensive feedback to inform IHSSCO's strategic plan and relationships with Head Start programs in local communities.

Transform Consulting Group utilized a mixed methods design for this needs assessment including a review of the 2017 Head Start PIR for Indiana, surveys distributed to Head Start programs and stakeholders, and focus groups conducted with programs and stakeholders.

Transform Consulting Group used a web-based online survey approach to collect data from grantees and stakeholders 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:

1. Engaging partnerships necessary for success;
2. Data collection and use;
3. Professional development;
4. Participation in state licensing and the state Quality Rating Improvement System (QRIS); and
5. Kindergarten readiness alignment with schools.

The grantee survey link was emailed to all Head Start and Early Head Start Program Directors across the state. A total of 42 Program Directors responded to the survey during the month of April 2018. The survey respondents represent 37 of the 39 Head Start grantee organizations (95%) serving 88 of 92 counties across the state.

The stakeholder surveys were sent electronically to key external partners. In total, 435 survey responses were received during April 2018 from 9 organizations with the majority of survey responses coming from 3 particular stakeholder groups: Indiana Department of Child Services (DCS), Indiana's early intervention providers (First Steps), and local special education directors of public schools.

Focus groups were also conducted with both Head Start Program grantees and external stakeholders. Five external stakeholder focus groups were held with the following key partners: Child Care Resource and Referral (CCR&R) agencies, Indiana Association for the Education of Young Children (IAEYC), Early Learning Indiana, Healthy Families Indiana Think Tank, Indiana Home Visiting Advisory Board (INHVAB)/ Early Childhood Comprehensive System, and DCS Regional Directors. The focus groups were convened between mid-March and late April 2018. These discussions allowed for the collection of additional qualitative data and insights into the needs of both stakeholders and Head Start programs. They also informed the development of questions in the surveys.

4. The PIR provides information about the scope and type of every Head Start. Every Early Head Start and Head Start program as well as each grantee and delegate agency must submit a program information report to the federal Office of Head Start annually. <https://eolkc.ohs.acf.hhs.gov/sites/default/files/pdf/2016-2017-hs-pir-form.pdf>

5. State level PIR data does not include data from the grantee Telamon Corporation as it is located outside of Indiana but operates centers within Indiana. PIR data for this grantee has been added to state totals unless otherwise noted.

All of the quantitative and qualitative data were then analyzed and organized by the specific Head Start priority areas and is summarized in the following sections.

Participants in this report:

42

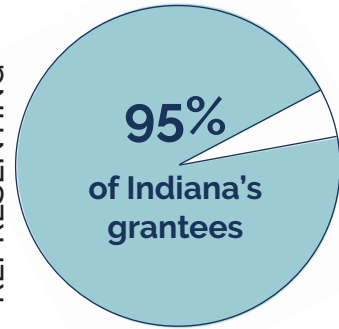
survey responses
from
EHS/HS grantees

SERVING



&

REPRESENTING



435 survey responses from NINE external partners

5

representing
more than

8

and

2

focus groups

stakeholder
organizations

focus groups with EHS/
HS program directors

Some of the participating stakeholder groups: First Steps, Indiana Department of Education Special Education, Department of Child Services, Child Care Resource & Referral agencies, Early Learning Indiana, Indiana Association for the Education of Young Children



Profile of Indiana Head Start Programs

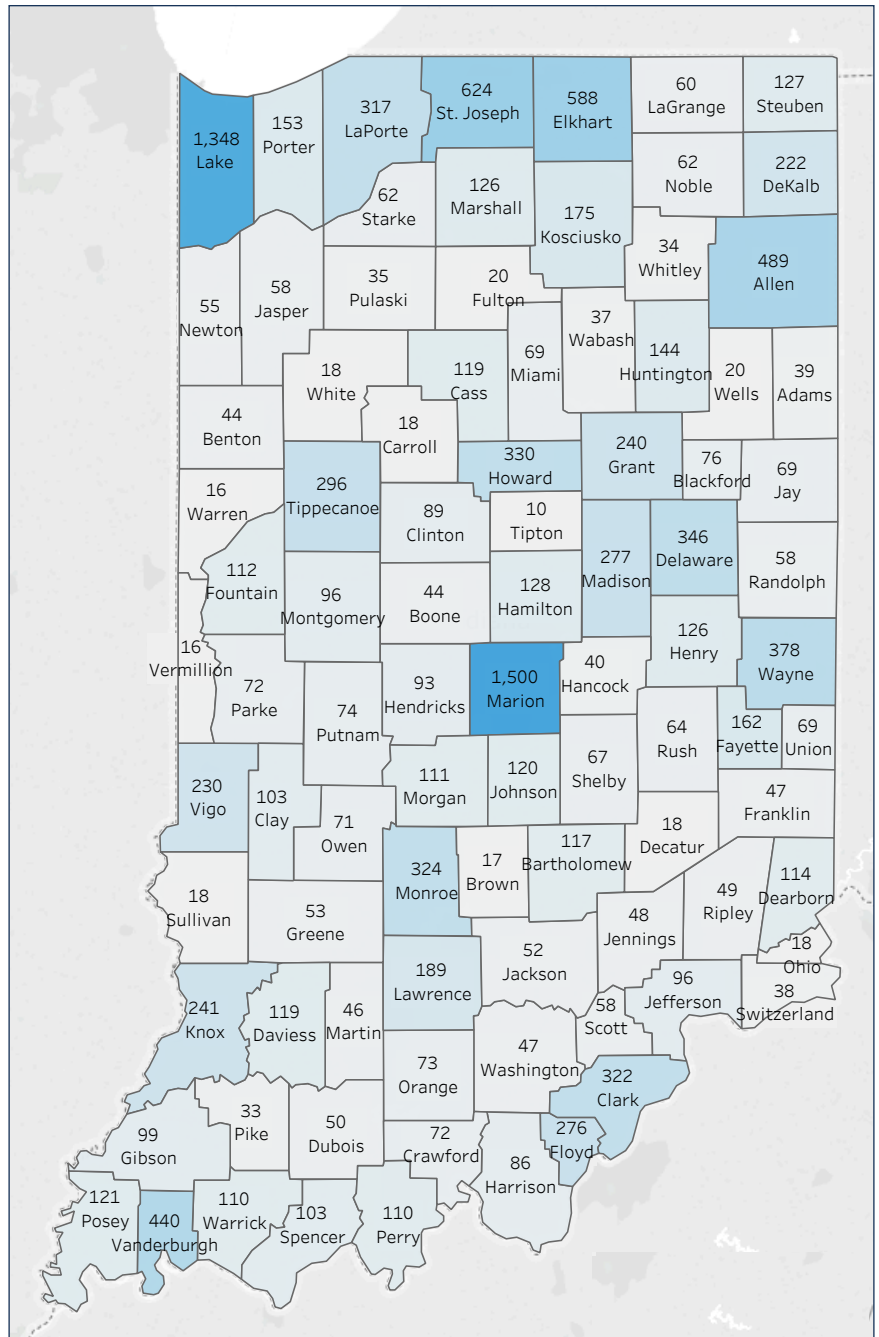
OVERALL - ENROLLMENT

In 2016-2017, Indiana's funded enrollment for Early Head Start and Head Start was 14,907 children and 112 pregnant women, but due to attrition throughout the year, the cumulative enrollment was actually 19,121 children and 328 pregnant women.

CUMULATIVE ENROLLMENT: 19,121 children, 328 pregnant women
FUNDED ENROLLMENT: 14,907 children, 112 pregnant women

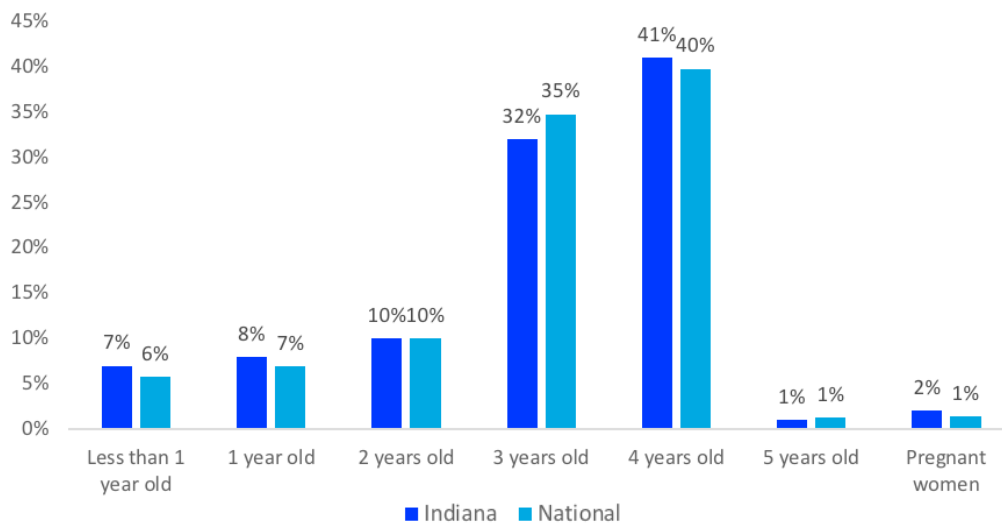
All of Indiana's 92 counties are served by a Head Start program but two do not have physical locations in their county. Early Head Start and Head Start serve children at 273 centers as well as providing home visiting services.

FIGURE 1. Total Slots for Head Start and Early Head Start by County



Of the 19,121 children and 328 pregnant women (cumulative enrollment) served by Early Head Start and Head Start in 2016-2017, 25 percent of children were between the ages of 0 and 2 and 73 percent were ages 3 or 4. Children 5 years of age and pregnant women made up only three percent of overall cumulative enrollment. These numbers are very much in line with all Head Start program participants nationwide according to National PIR data.

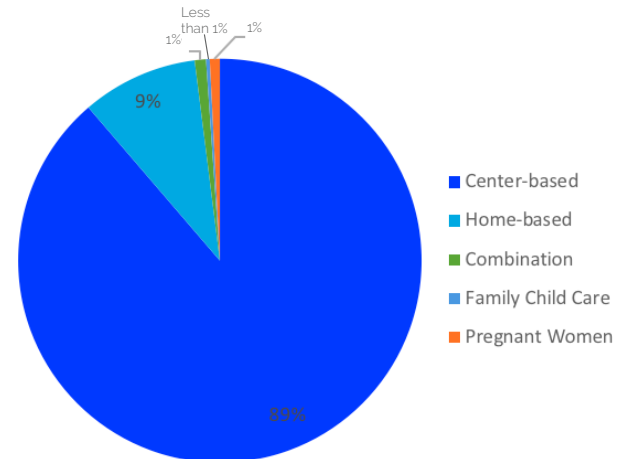
FIGURE 2. Early Head Start and Head Start Participants by Age



ENROLLMENT BY PROGRAM (FUNDED ENROLLMENT)

The vast majority (89%) of Head Start programs are center-based. Another nine percent are home-based, and the remaining programs are split between programs for pregnant women, family child care, and a combination.

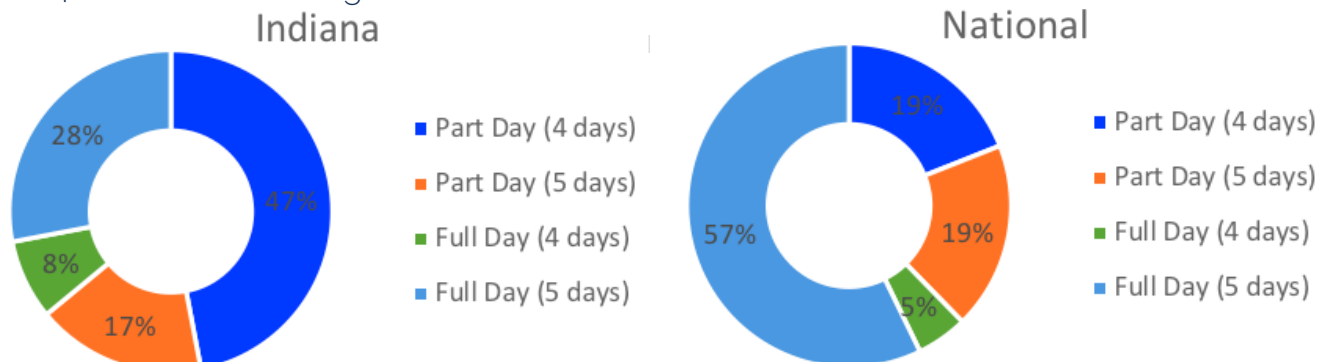
FIGURE 3. Enrollment by Program Option



CENTER-BASED PROGRAM SCHEDULE BREAKDOWN

Looking at center-based programs more closely, there were 13,336 children enrolled in center-based programs. Of those children, more than half (8,492) attended a part-day program (up to four hours/day for 4 or 5 days a week) and 4,844 attended full-day programs (more than 5 hours/day for four or five days a week). The majority (47%) of Indiana children served by Early Head Start and Head Start attend part-day programs four days a week. According to National PIR data, the majority of children (57%) are attending full-day programs five days a week. Indiana has significantly fewer children attending full-day programs (36%) compared to enrollment nationally (62%).

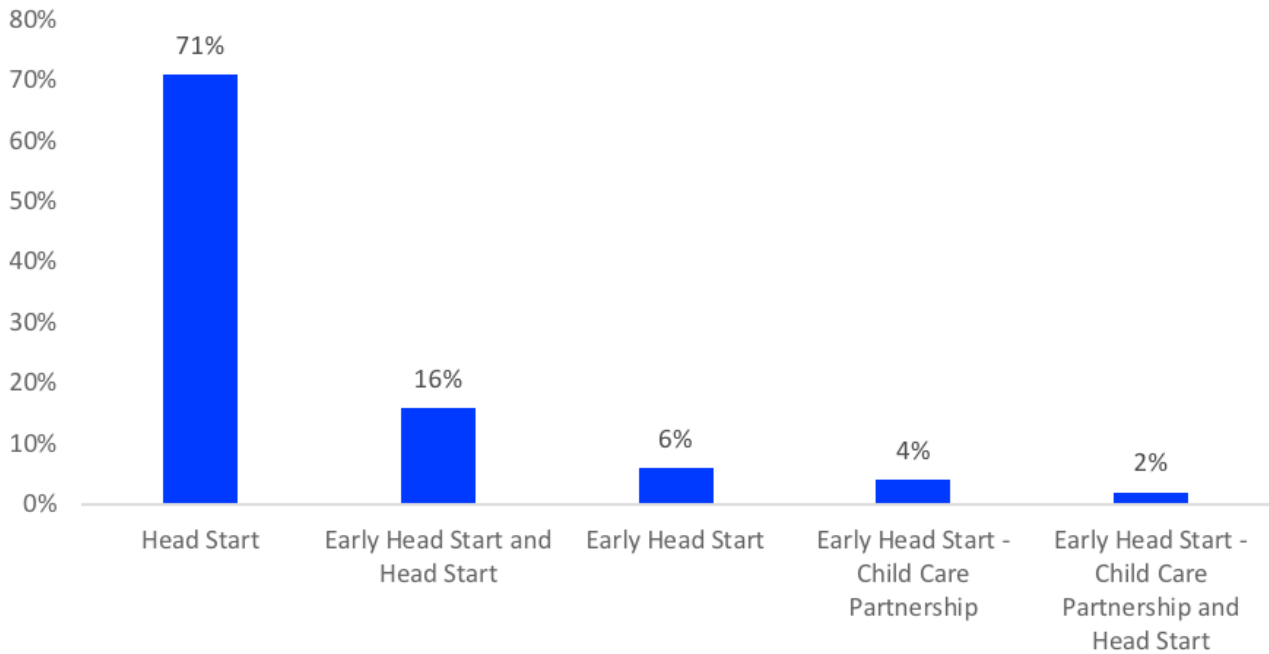
FIGURE 4. Center-Based Program Schedule Breakdown



GRANTEES

In 2016-2017, Indiana's 39 Head Start grantees were awarded \$126,100,865 to serve the 14,907 children and 112 pregnant women (funded enrollment). These 39 grantees operate 273 centers in 90 of the 92 counties in Indiana. Almost three quarters (71%) of centers are Head Starts, 16 percent have both Early Head Start and Head Start, six percent only have Early Head Start, four percent are Early Head Start – Child Care Partnerships, and the remaining two percent have Head Start and Early Head Start – Child Care Partnerships.

FIGURE 5. Percent of Centers by Program Type



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).

FIGURE 6. Types of Head Start Agencies

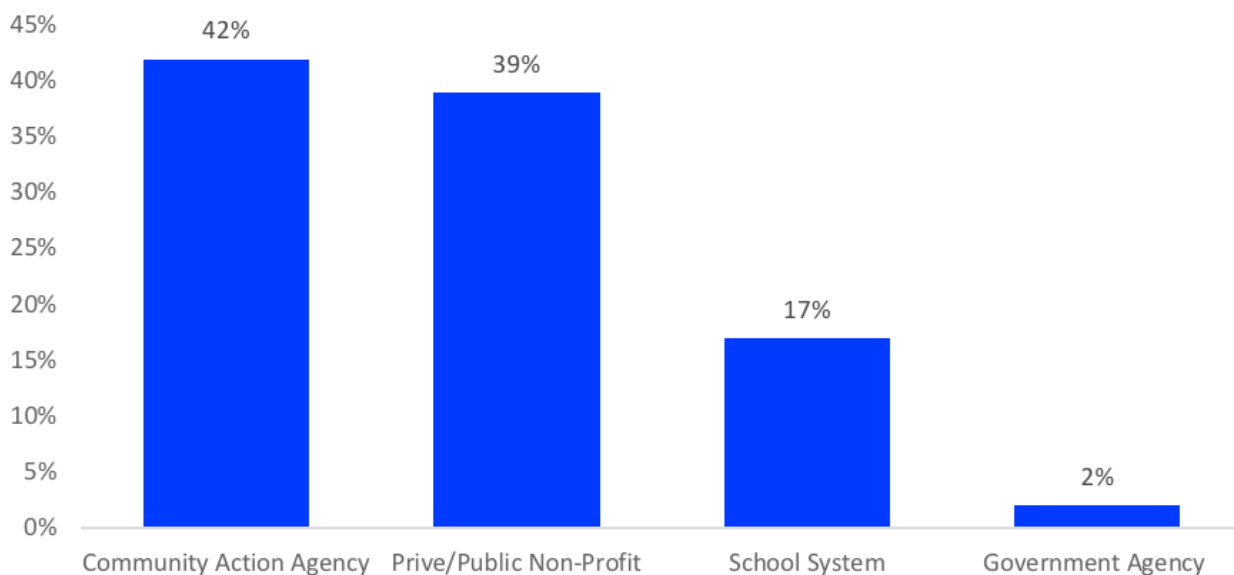
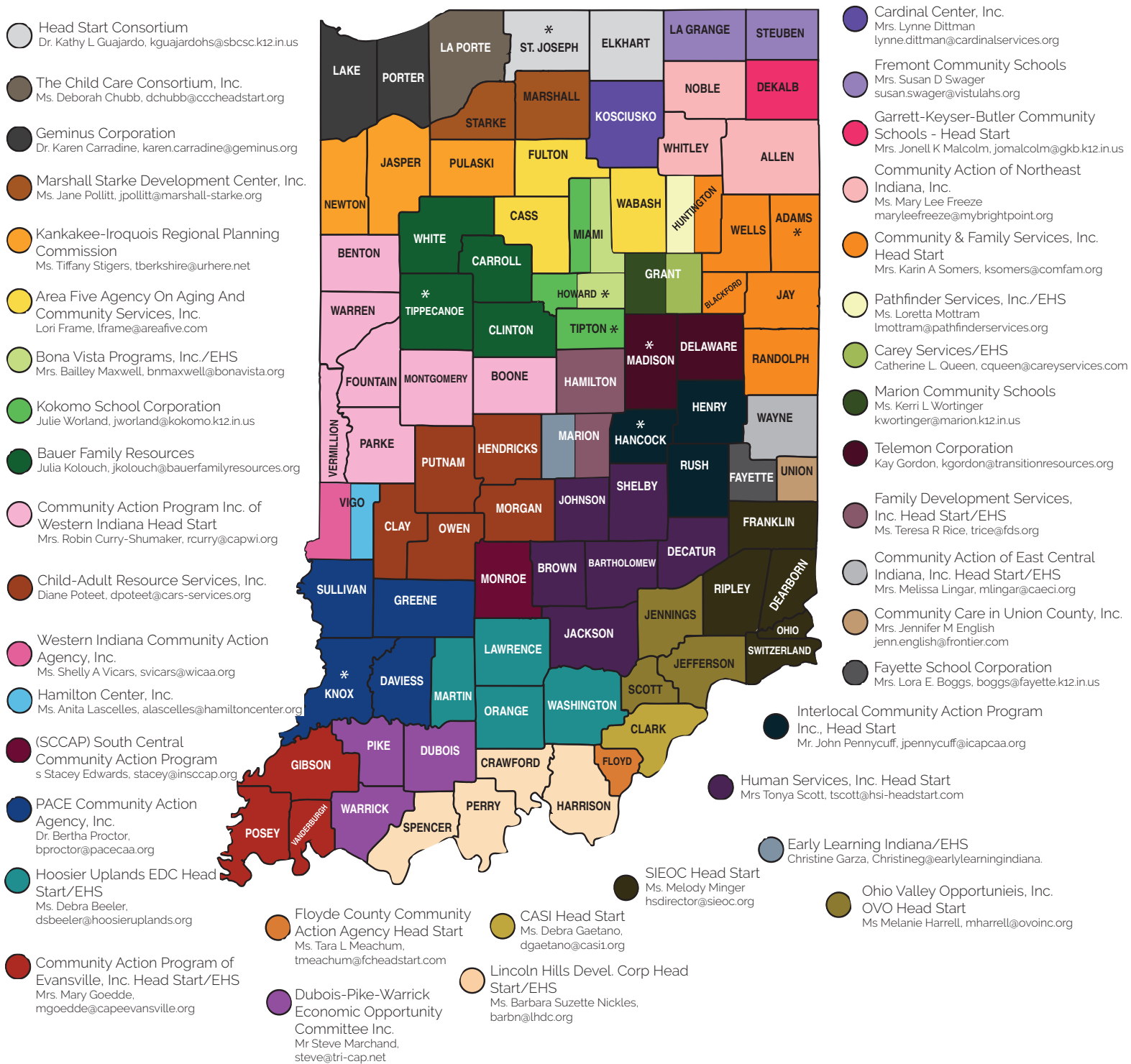


FIGURE 7. Indiana Head Start/Early Head Start Grantees



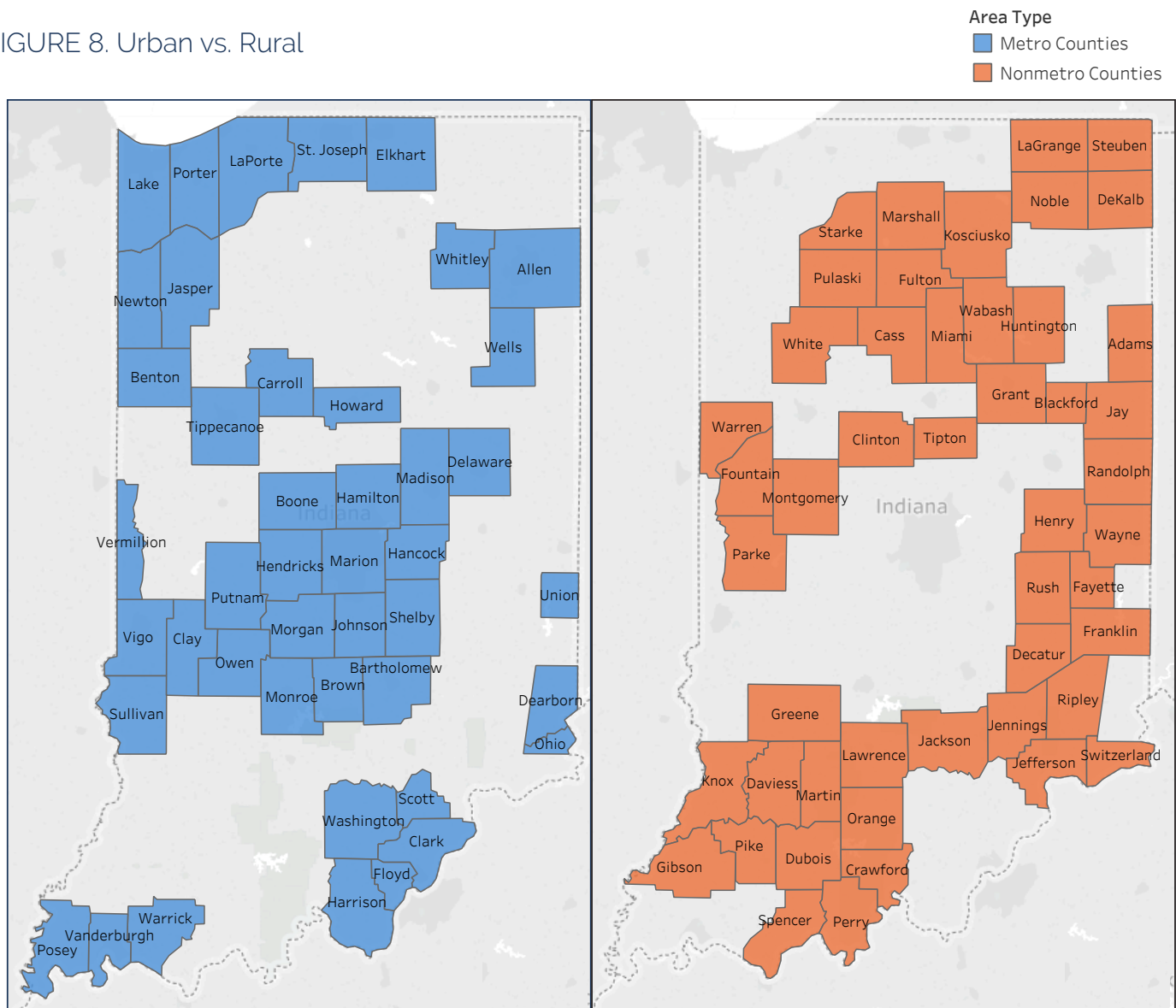
URBAN/RURAL ANALYSIS

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.⁶ Metro and nonmetro classifications are similar to labels of urban and rural except the USDA definitions are created to negotiate with counties that might have both urban and rural areas within its borders.⁷

While there are more nonmetro counties in Indiana, 60 percent of all Head Start programs reside in metro counties with the remaining 40 percent in nonmetro counties.

When looking at the percentage of children living below the poverty level, more children in nonmetro counties are being served by Head Start programs than children in metro counties. This finding is similar to results of a recent 10-state study that found “1 out of every 3 rural child care centers is a Head Start program.”⁸

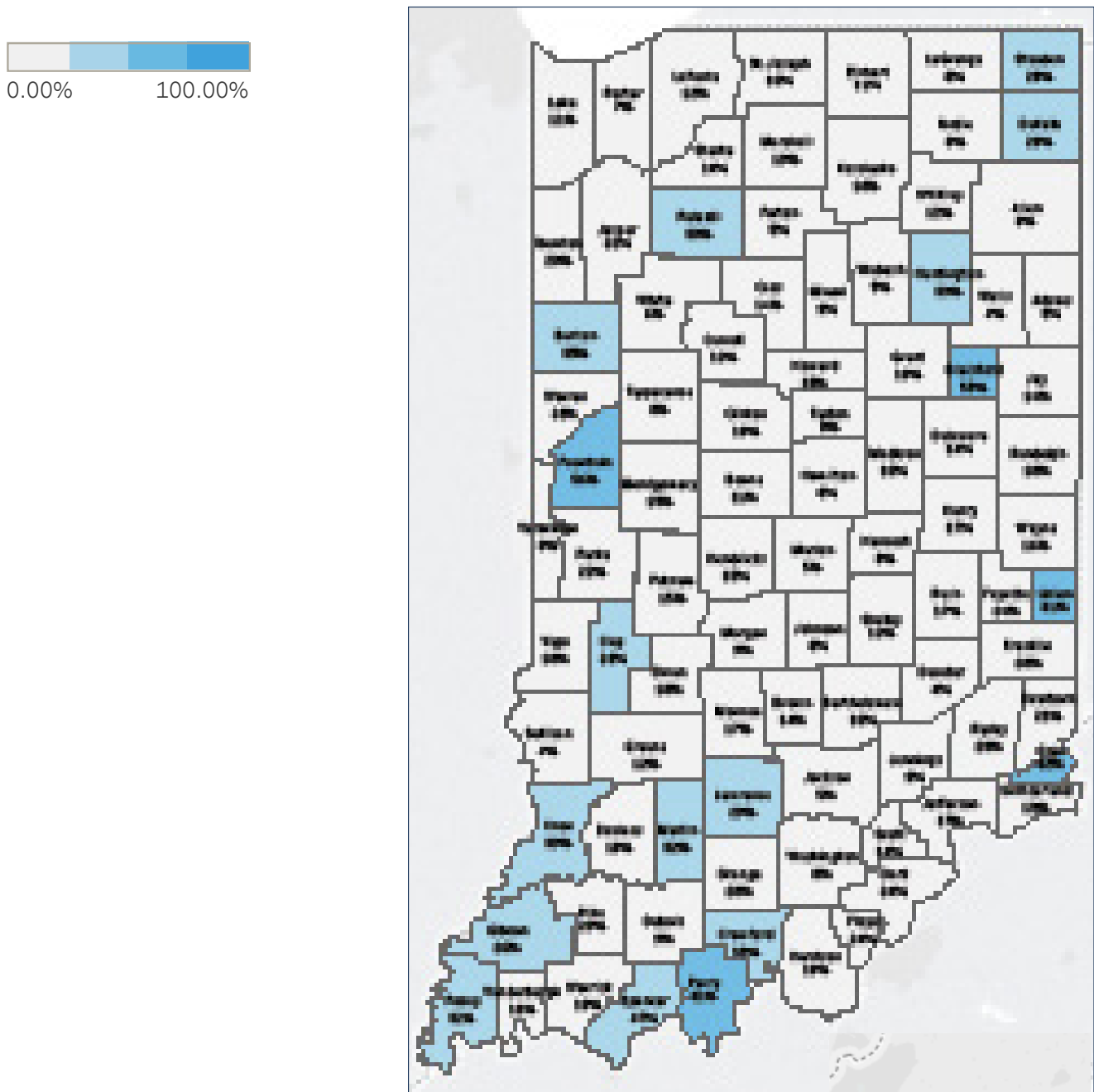
FIGURE 8. Urban vs. Rural



6. <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/>
 7. <https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/>
 8. <https://www.americanprogress.org/issues/early-childhood/reports/2018/04/10/448741/a-compass-for-families/>

Indiana County Classification		Counties where Head Start serves 25% or more of children 0-5 below the poverty level	Counties where Head Start serves 50% or more of children 0-5 living below the poverty
Metro	44	11%	5%
Nonmetro	48	27%	6%

FIGURE 9. Percent of Children Head Start has the Capacity to Serve



COMPREHENSIVE SERVICES⁹

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.



DISABILITY SERVICES

14% of HS children have an IEP and **17%** of EHS children have an IFSP



FOSTER CARE

1,447 Children were in foster care at any point during the program year (8% of all children)



HOMELESSNESS SERVICES

1,073 Families (1,151 children) experienced homelessness during enrollment year (6% of families and 6% of children overall)

- **42%** of families that were experiencing homelessness during the enrollment year acquired housing



HEALTH SERVICES

95% of children had health insurance at enrollment, 97% had health insurance at end of enrollment year

92% of pregnant women had at least one type of health insurance at enrollment, 96% had at least one type at end of enrollment

50% of children were up-to-date on a schedule of age-appropriate preventative and primary health care at enrollment, 83% were up-to-date at end of enrollment year

85% Up-to-date on immunizations at enrollment, 90% up-to-date at end of enrollment year



DENTAL SERVICES

77% Of children had continuous, accessible dental care provided by dentist at enrollment, **87%** at end of enrollment year

9. This section is based on data from state level PIR data exports which does not include the grantee Telamon Corporation.

Father Engagement

Head Start programs have a priority area to focus on father engagement. Below is a summary of their work.

Number of fathers/father figures who were engaged in the following activities during this program year:

a. Family assessment	3,014
b. Family goal setting	3,198
c. Involvement in child's Head Start child development experiences (e.g., home visits, parent-teacher conferences, etc.)	5,145
d. Head Start program governance, such as participation in the Policy Council or policy committees	279
e. Parenting education workshops	1,735



FAMILY SERVICES

Most frequently provided family services:

- 61%** Received Parenting Education
- 59%** Received Health Education
- 22%** Received Emergency/Crisis Intervention
- 21%** Received Mental Health Services

Mental Health Services	# of children at end of enrollment year	% of children at end of enrollment year
Number of children for whom the Mental Health professional consulted with program staff about the child's behavior/mental health	2,683	15%
Number of children for whom the Mental Health professional consulted with the parent(s)/guardian(s) about their child's behavior/mental health	1,258	7%

Mental Health Referrals	# of children at end of enrollment year	% of children at end of enrollment year
Number of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported	510	3%
a. Of these, the number who received mental health services since last year's PIR was reported	292	57%

Federal Priority Areas

The federal Office of Head Start has annual priority areas that guide Head Start State Collaboration Office's work plans and will guide the outline of this report. Each priority area section is comprised of the following elements:

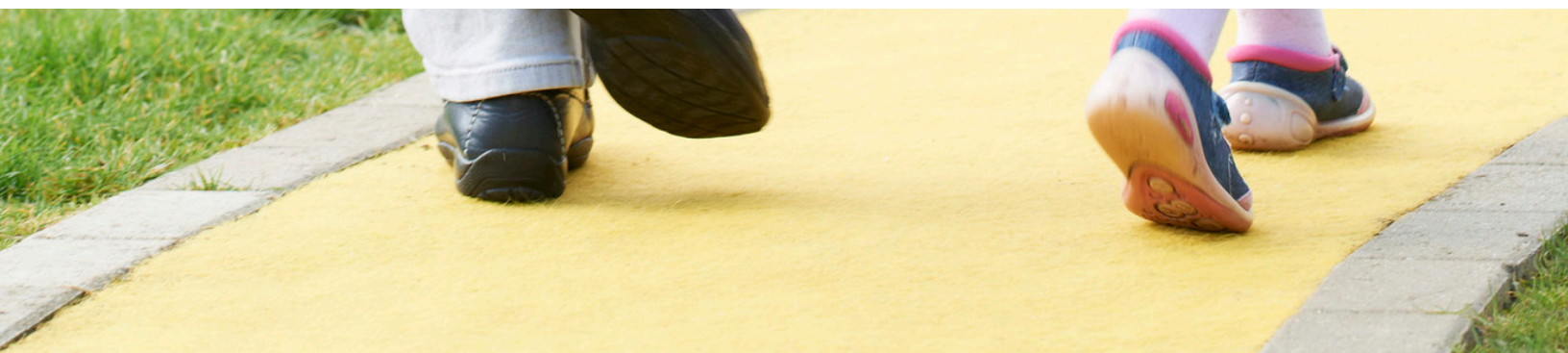
1. Additional PIR data¹⁰
2. Survey data
3. Focus group feedback



10. PIR data cited in the federal priority areas does not include data from the grantee Telamon Corporation.



Priority Area 1: Early Head Start – Child Care Partnerships

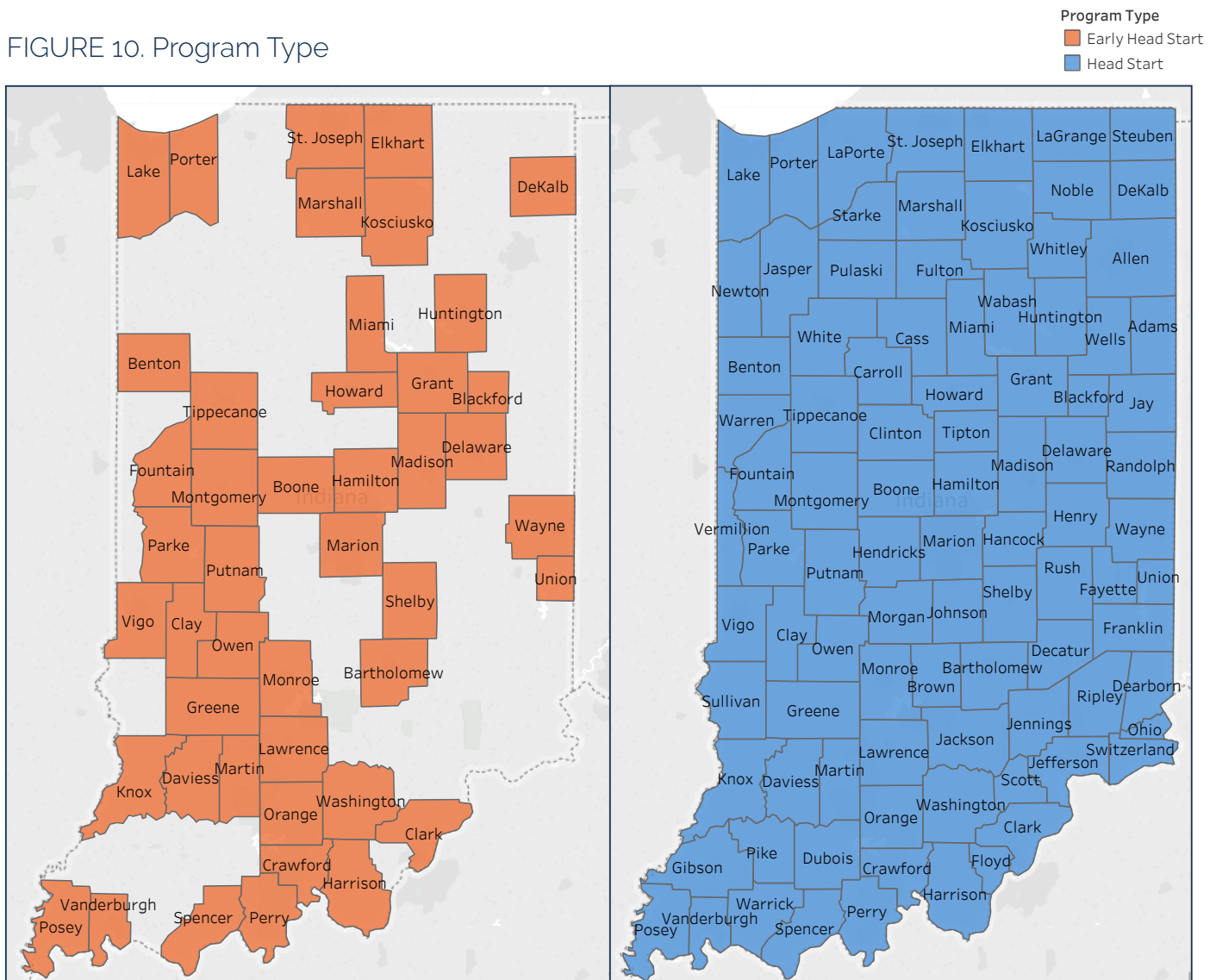


PARTNER WITH STATE CHILD CARE SYSTEMS EMPHASIZING THE EARLY HEAD START - CHILD CARE (EHS-CC) PARTNERSHIP INITIATIVES

According to Census data, in Indiana, there are just over a half million children ages 0-5. Each year about 84,000 babies are born, and this has remained consistent over the past 5 years. However, Early Head Start and the State of Indiana overall, have fewer early childhood slots available for young children ages 0-2. Indiana's known enrollment figures (children enrolled in known early childhood education programs) for ages 0-2 is just over 40,000.¹¹ Of the children ages 0-2 who are currently enrolled in a known program, just 5 percent of those children are enrolled in Early Head Start. For children ages 3-5, 12 percent of those enrolled in a known program attend Head Start.

Head Start centers serve children in all 92 Indiana counties while Early Head Start centers are located in only 43 counties.

FIGURE 10. Program Type



11. 2018 Indiana Early Learning Advisory Committee's Annual Report. Available here: <http://www.elacindiana.org/documents/elac-2018-annual-report.pdf>

PIR DATA

- Indiana has four Early Head Start – Child Care Partnership (EHS-CCP) grantees
- Thirty-one formal agreements with child care partners during the program year, 15 of those were made void or broken during the program year

SURVEY RESPONSES

Of the 42 responses received from the Head Start director survey, only 5 percent of respondents manage an EHS-CCP. Just over half (56%) of respondents manage an Early Head Start program while the majority manage a Head Start program (88%). Multiple respondents manage more than one program.

Even though more than half of respondents manage an Early Head Start program, respondents overall are not very confident in their knowledge of EHS-CCP with a rating of just 2.9 on a scale from 1-5 with 1 being least knowledgeable and 5 being very knowledgeable.

To become more knowledgeable, respondents would like the following information on EHS-CCP:

- 59% Barriers and challenges with the partnership
- 49% How to help child care programs adopt/implement program performance standards
- 46% How to braid child care and HS/EHS funding
- 44% Success stories with the partnership
- 39% How to collaborate with non-EHS/HS programs
- 37% How to foster these collaborations

For grantees that do not currently have an EHS-CCP, 26 percent would be interested in applying for one while 45 percent are not sure. While the majority of Head Start and Early Head Start programs are not a designated EHS-CCP, the majority of them are layering multiple funding streams to meet the needs of their children and families.

What other funding streams does your program blend and braid to support your services? (This question was answered by all respondents, not just EHS-CCP directors):

- 93% Child and Adult Care Food Program (CACFP)
- 29% Philanthropic Funding (United Way, Private, Family, Corporate, and Community)
- 26% Individual Donors
- 24% Child Care Development Fund (CCDF) vouchers
- 19% Special Education (IDEA, Part B)
- 12% On My Way Pre-K

Although only five percent of respondents mentioned having an EHS-CCP, nearly all respondents have multiple partners that provide early childhood services:

What organizations does your program currently partner with?

- 98% First Steps
- 98% Indiana Head Start State Association
- 83% Local agencies providing mental health prevention and treatment services
- 83% Local school district
- 76% Local special education preschool program
- 74% Local Child Care Resource and Referral Agency
- 69% Indiana Head Start State Collaboration Office

- 69% Local hospital or doctor's office
- 67% Home visiting program
- 64% Indiana Association for the Education of Young Children (IAEYC)
- 55% Other early childhood education programs
- 52% Local early childhood coalition
- 50% Local United Way

What organizations would you like to strengthen your partnerships with?

Top 3 responses:

- 42% Early Learning Indiana
- 42% Indiana Department of Education (IDOE)
- 31% Local school district

Additionally, over half (52%) of respondents are involved in their local coalition with a focus on early childhood education.

FOCUS GROUP RESPONSES

Successes

Early Head Start and Head Start directors mentioned one success to the EHS-CCP being that having partnerships with child care providers has allowed for access to additional resources and services for children and families.

Challenges

Early Head Start and Head Start directors report challenges with the EHS-CCP have included difficulty with the child care voucher funding, the lack of available slots, as well as not being able to connect with local WIC offices. Turnover on the child care partnership side was also mentioned as a challenge for Early Head Start and Head Start directors. Stakeholders shared their challenges as well as suggestions to improve child care partnerships.

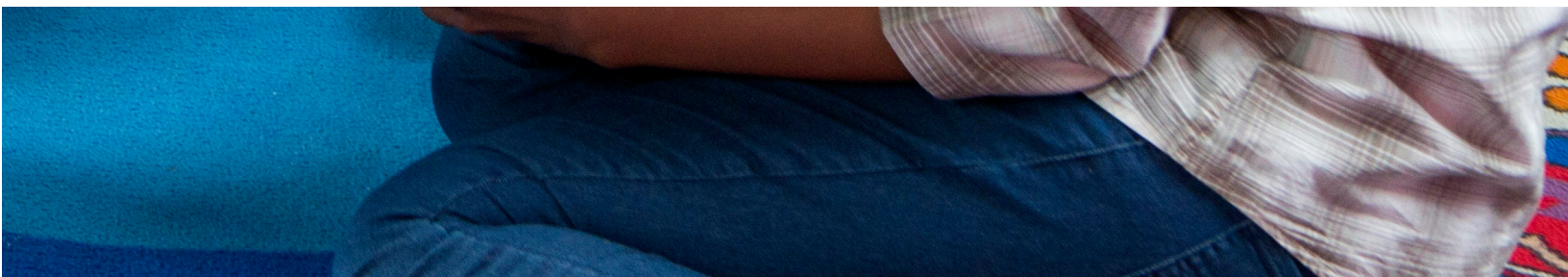
- "The ability to get families connected with services at Early Head Start is the greatest barrier. There are more children in need than the number of spots available."
- "Simplify enrollment process (of Early Head Start), help make the times/locations available for enrollment more flexible for families' schedules, and advertise Early Head Start more, so more families can hear about it."
- "There are more families that could be served in our county if transportation were provided."

TAKEAWAYS

1. Nearly half of the agreements made with Child Care Partners were void or broken during the year. Program directors also mentioned child care turnover as a challenge. Strategies need to be developed to create lasting child care partnerships.
2. Early Head Start is present in only half of Indiana's counties and serves a very small portion of the population that would qualify for its services. There is a need for more Early Head Start and child care programs for children ages 0-2 in Indiana. Look at opportunities to expand and replicate the Early Head Start-Child Care Partnership model.



Priority Area 2: Child Outcomes



WORK WITH STATE EFFORTS TO COLLECT DATA REGARDING EARLY CHILDHOOD PROGRAMS AND CHILD OUTCOMES

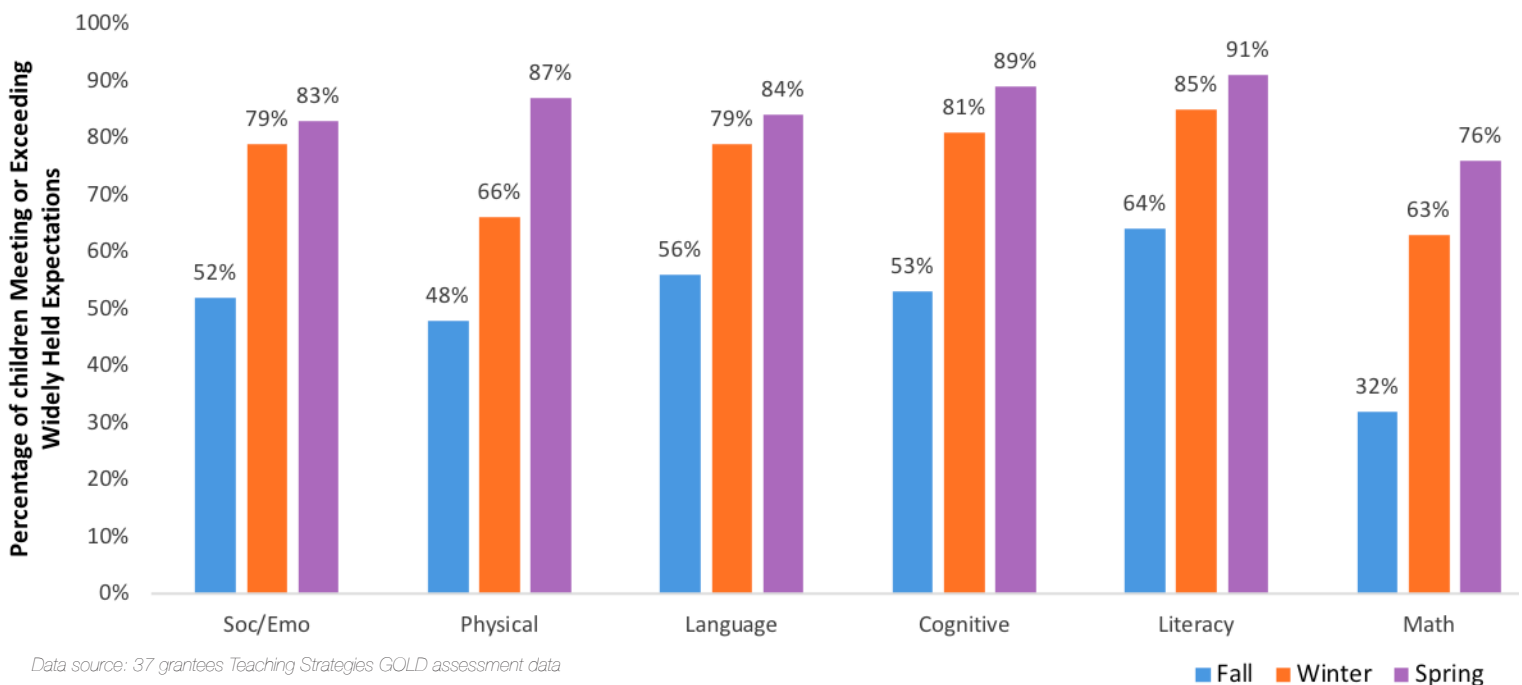
As a stakeholder in state early childhood education (ECE) systems, Head Start grantees are collecting data related to child and family outcomes that can help support and provide valuable input and data for a state-level ECE data system.

PIR DATA

- Twenty-six Grantees use the Ages & Stages Questionnaire (ASQ) and Ages & Stages Questionnaire Social-Emotional (ASQ-SE) screening tool
- Thirty-seven Grantees use the Teaching Strategies GOLD Online assessment tool

A report from the Teaching Strategies GOLD assessment displayed below shows that the majority of children made significant gains in all subjects from when they were assessed at the beginning of the year to when they were reassessed in the middle and end of the 2016-2017 enrollment year.

FIGURE 11. 2016-2017 Indiana Head Start Child Outcomes Progress Report



SURVEY RESPONSES

Program Directors reported that child assessment and screening data along with other child outcomes are the most shared sets of data. Head Start programs most often share data with the K-12 school system and funders.

Who do you currently share your program data with?

- 76% K-12 school system
- 63% Funder
- 46% Government agency
- 44% Other service partner
- 24% Other (board, all partners, parents/families)

What data does your program share with partners?

- 93% Child outcomes (assessment information at aggregate or individual child level)
- 85% Program enrollment information (capacity, enrollment, openings, waitlists)
- 73% Referrals (types, counts, service needs)
- 73% Family outcomes (engagement, goals, plans)

Early Head Start and Head Start program directors reiterated these entities in their discussions during the focus group. Directors mention sharing their data with their board, policy council, schools (including principals and/or superintendents), communities, parents and families, Indiana Head Start Association, and local newspapers or through a press release.

What programs share aligns fairly well with what stakeholders said they would like in the surveys they took with one major addition. Stakeholder groups want more basic information and data on Head Start programs, including information on services provided and Head Start staff.

What data/information about Head Start would be helpful to receive?

- 75% Services provided
- 74% Program enrollment information
- 62% Child outcomes
- 39% Family outcomes
- 28% Head Start staff
- 14% Other

Why do stakeholders want this information? Responses from stakeholder surveys and focus groups shows that they not only want to have more information to share with families, they want to improve collaboration and try to avoid duplication of services.

How would you/your office use this HS data/information to inform your work and goals?

- More information to share with families and support services
- Improve collaboration with EHS/HS
- To help with screenings, referrals, and evaluations
- Help with transition/program planning/assessment of student
- Partner to provide adult education services to HS parents and make CDA classes available to HS staff
- Work with CCR&R to determine needs in communities
- Know about services provided to make sure work isn't being duplicated. Partner to create a transition from program to HS

Early Head Start and Head Start respondents indicate they're sharing much of their data with multiple entities, however only 38 percent report being involved in any local or state efforts to share data to inform system building and child outcomes.

One reason respondents might not be as active with state efforts to collect data is that only 14 percent utilize the Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR). ISTAR-KR is an assessment tool used throughout Indiana; however it is only required of On My Way Pre-K programs and programs receiving Part B funds.^{12,13}

12. https://www.in.gov/fssa/files/2017-18_Current_On_My_Way_Pre-K_grants.pdf

13. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.173.3362&rep=rep1&type=pdf>

What are the barriers to using Indiana Standards Tool for Alternate Reporting of ISTAR-KR?

- 57% Other:
- 49% Doesn't meet my program's child assessment requirements
- 9% Don't see the value

The most commonly cited barrier to using ISTAR-KR was "other" (57%), which included responses explaining that the assessment is not extensive enough for infants and toddlers, only used for students with special needs, prefer other assessments, and respondents were not happy with quality of data and assessment when using ISTAR-KR. The most popular answer choice selected by 49 percent of respondents was that ISTAR-KR does not meet my program's child assessment requirements.



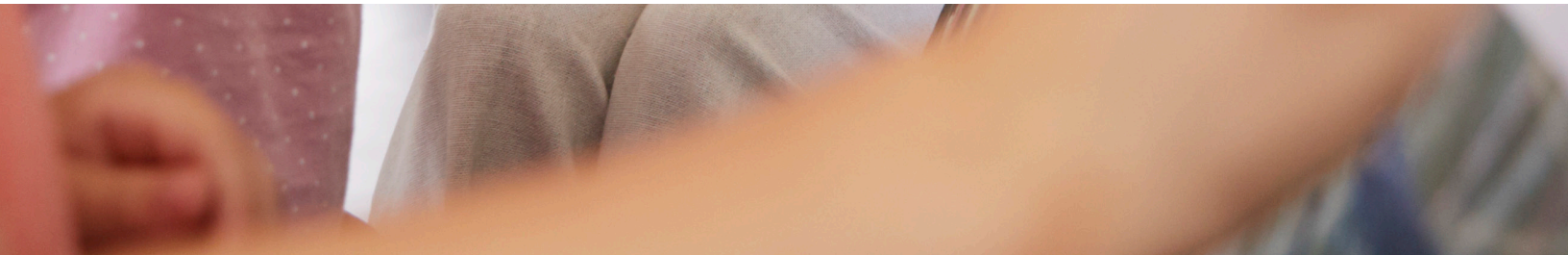
When asked what changes they would like to see the state make to help programs collect data regarding child outcomes, respondents generally discussed the need for a single, quality statewide assessment that produces quality data available on a user-friendly platform.

TAKEAWAYS

1. Develop user-friendly reports and information about Head Start programs for partners to easily access and use.
2. Without a common assessment used for all early childhood education programs in Indiana, respondents struggle to connect with state data efforts. Have Head Start representatives at the table as discussions continue, so that all Head Start professionals will feel comfortable with the assessment that is chosen or reconfigured.



Priority Area 3: Career Development

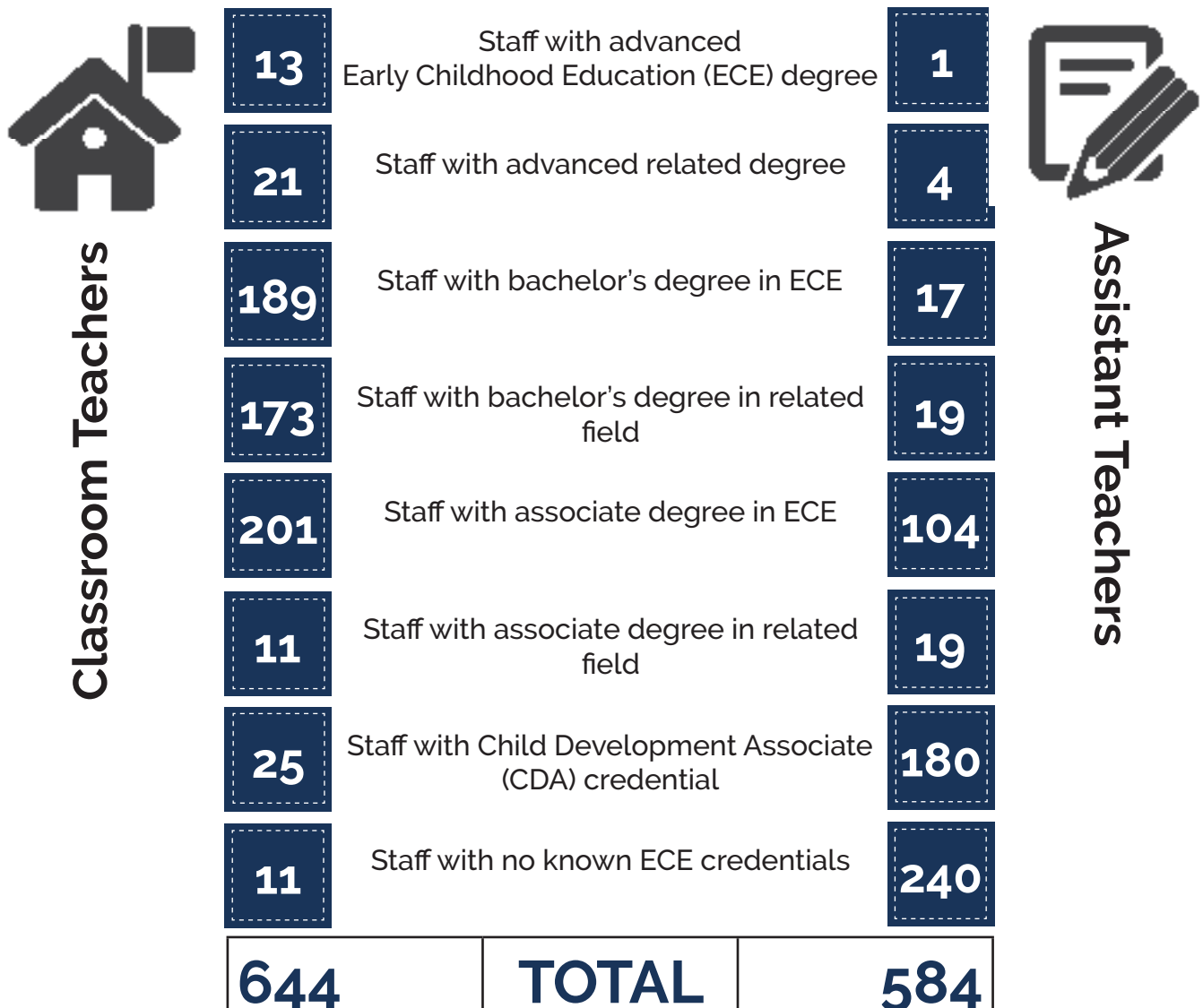


SUPPORT THE EXPANSION AND ACCESS OF HIGH QUALITY, WORKFORCE AND CAREER DEVELOPMENT OPPORTUNITIES FOR STAFF

Indiana Head Start grantees work with state professional development systems and institutions of higher education to promote expansion and high-quality career development opportunities. The partnerships facilitate opportunities for Head Start grantees to achieve a high-quality workforce.

PIR DATA

- 3,391 staff (of which 687 are current or former parents)
- 31,602 volunteers (of which 20,666 are current or former parents)
- 61% of Head Start classroom teachers have a bachelor's degree or higher (Indiana meets the national educational requirement that at least 50% of Head Start teachers hold a bachelor's degree.)
- 59% of Head Start assistant teachers have a CDA or higher (Assistant teachers are required to have a minimum of a CDA or be currently enrolled in the credential program and complete within two years of hire date.)



SURVEY RESPONSES

For this priority area, survey respondents were asked about the career and professional development needs of their staff. Currently 94 percent of Indiana Head Start classroom teachers and 28 percent of assistant teachers have a post-secondary degree (associate degree or higher). An additional 4 percent of classroom teachers and 31 percent of assistant teachers have the Child Development Associate (CDA) credential.

What are your staff's workforce and career development needs?

- 76% Higher education credentials and degrees
- 71% Professional development
- 66% Individual coaching

When asked about specific topic areas in which professional development is needed, the top response selected by nearly all Head Start directors (93%) is the area of managing behaviors and social/emotional development.

What are the professional development areas that your staff need?

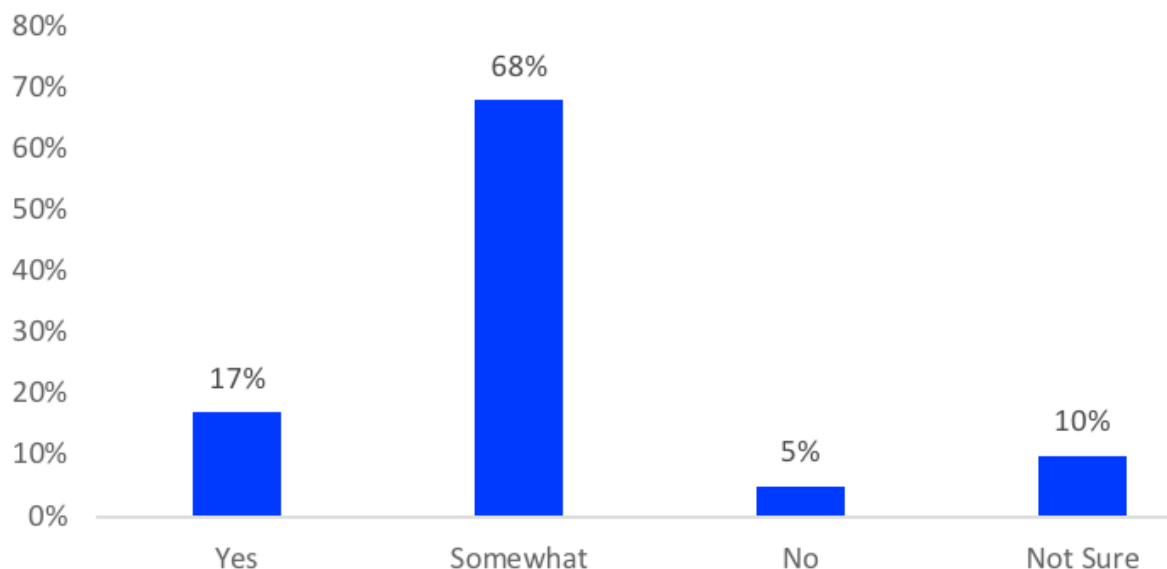
- 93% Managing behaviors/social emotional development
- 66% Using data for continuous improvement
- 63% Trauma – informed care
- 34% Specific subject areas
- 24% Classroom environments
- 17% Business practices

Head Start directors were nearly split (44% yes, 49% no) when deciding whether there is sufficient diversity in the skill level (beginning, intermediate, advanced) of professional development opportunities available. However, the majority of respondents agreed (62%) 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.

Which skill level is lacking?

- 14% Beginning
- 24% Intermediate
- 62% Advanced**

FIGURE 12. Are the Indiana resources available meeting your staff's need?



Many Head Start directors go to multiple sources to support workforce and career development needs although most often they are looking to Head Start and their own staff for support.

Who do you go to for assistance to support your staff's workforce and career development needs?

- 93% National Head Start T/TA
- 69% In-house Staff
- 57% CCR&R
- 52% Higher Education
- 38% IAEYC
- 26% Other (consultants, professional trainers)
- 7% Early Learning Indiana

When asked about what they still need, Head Start directors most often mentioned time and funding. Additionally, respondents need more information on higher education and CDA programs and cited a lack of professional development resources and specific trainings in the areas of mental health, trauma, and family structure and dynamics.

Addressing career and professional development needs is also made more difficult by staff recruitment and retention issues that three-quarters of respondents (78%) acknowledged having.

The survey asked what the state could do to support the expansion and access of high-quality workforce and career development opportunities for staff. Two responses were mentioned most often: 1) improve wages and 2) increase recognition for the field of early childhood education and its professionals.

FOCUS GROUP RESPONSES

Successes

Early Head Start and Head Start Program Directors

IAEYC is a helpful partner in the accreditation process, answering technical questions, and assisting with TEACH scholarships and higher education in early childhood education.

Besides utilizing IAEYC and CCR&Rs, staff are engaging in workforce and career development programs with Ball State's early childhood degree and credential, Ivy Tech's associate degree, PACE Academy, Conscious discipline, and in-house trainings. Directors also bring in community mental health center staff and inclusion specialists to assist staff.

Stakeholders

Coaching and technical assistance may be the primary service CCR&R has to offer Head Start, but (CCR&R) program directors are interested in learning different ways to engage with Head Start programs. Head Start staff do not appear to be partnering with CCR&Rs on professional development except for attending summer series training or occasional CDA classes.

Challenges

Early Head Start and Head Start

Challenges to supporting the staff include funding for higher education.

Stakeholders

Challenges to assisting with career development include a perceived bias that Head Start training is better than what a stakeholder organization can offer, and sometimes the actuality that their coaches cannot provide a higher level of training to meet the needs of Head Start staff. There is a perception that a stakeholder organization's training may not be as good as the Head Start training. Also, there are times when the Head Start staff need a higher level of training than the stakeholder can make available.

TAKEAWAYS

1. Increase collaboration with partners for workforce and career development opportunities as well as cross-training.
2. Need more advanced skill level professional development opportunities. Find the partners that are capable of delivering such information and work to develop resources that cannot be found.
3. Stakeholder organizations report supporting Head Start career development needs through TEACH programs, coaching, grants, and Training Central.



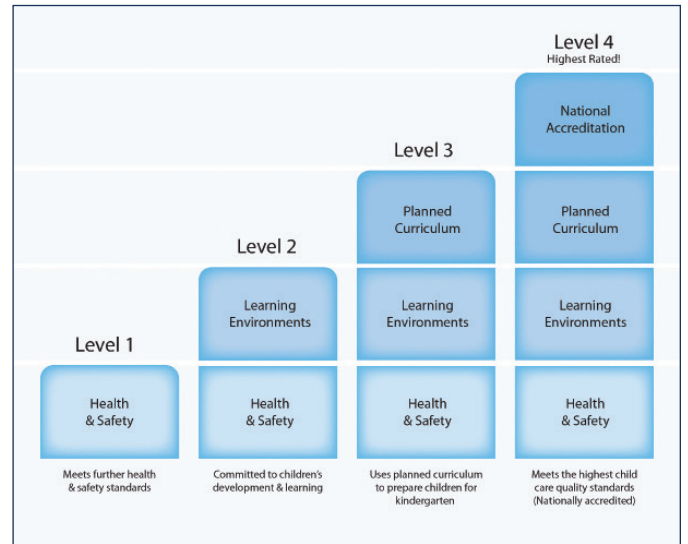


Priority Area 4: High Quality Care



COLLABORATION WITH STATE QUALITY RATING IMPROVEMENT SYSTEMS (QRIS)

In Indiana, Head Start grantees are collaborating with the Indiana Quality Rating Improvement System (QRIS) called Paths to QUALITY (PTQ). PTQ is a statewide rating system for early childhood education programs, and participation is voluntary. Programs are given a rating of Level 1-4 with Level 4 being the highest rating that can be attained. Indiana's Early Learning Advisory Committee (ELAC) defines high quality programs as those rated with a Level 3 or Level 4 designation in PTQ or national accreditation.¹⁴



SURVEY RESPONSES

Based on data provided by the Office of Early Childhood and Out-of-School Learning (OECOSL), approximately **58**

percent of all Early Head Start and Head Start centers in Indiana participate in PTQ. This is a 13 percent increase in participation since the 2016 needs assessment. Of the 58 percent participating, 82 percent are rated high quality.

According to Head Start grantees that participate in PTQ, the top benefits for participating are the financial incentives, branding and recognition. The top challenges selected are a lack of quality between other high quality programs and Head Start as well as dealing with duplication with HS performance standards.

What are the benefits for participating in PTQ?

- 66% Financial incentives
- 60% Branding and recognition
- 46% Coaching assistance
- 31% Funding opportunity (On My Way Pre-K, CCDF)
- 29% Other (split between none and recognition/marketing of high quality program)

What are the barriers and challenges to HS/EHS participating in PTQ?

- 65% Don't see the same quality in other PTQ programs as Head Start
- 59% Duplication with HS performance standards
- 44% Moving locations
- 29% Too much paperwork
- 21% Inconsistency among PTQ coach ratings

Survey participants were asked about what changes, if any, could be made to improve collaboration with Head Start and PTQ, and responses generally centered around two themes:

- An easier way for Head Start to enroll and/or advance (or automatically enter PTQ as high quality)
- Receive more communication/trainings from PTQ staff

14. <http://childcareindiana.org/>

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 pre-k. It began in 5 counties and in 2018 is being 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.^{15,16}

On My Way Pre-K is not yet in all 92 Indiana counties, and thus only half (55%) of survey respondents have On My Way Pre-K in their community and one-fifth (20%) are currently an On My Way Pre-K program.

Are you an OMW Pre-K program? 20% Yes, 78% No, 3% Don't Know

Respondents that are not an On My Way Pre-K program were asked about the barriers to participation. The greatest barrier selected by 39 percent of respondents was that programs simply don't have the capacity to enroll additional children. The remaining respondents selected not applicable since they either do not have On My Way Pre-K in their community, or they only have Early Head Start and therefore would not serve the On My Way Pre-K population.

All survey participants were asked about what changes, if any, they would like to see to improve collaboration with Head Start and On My Way Pre-K. Respondents recommended two changes to better serve the needs of children overall.

- Change child eligibility requirements so the two programs aren't serving the same population. (Currently^{17,18} On My Way Pre-K serves children in families that earn less than 127 percent of the federal poverty level.)
- If not that, have Head Start seats be filled first and then have On My Way Pre-K cover the gap/remaining children. That way Head Start doesn't lose enrollment and funds, and more children are served.

For a family of 3...	Head Start Income Requirement (100% Federal Poverty Level)	On My Way Pre-K Income Requirement (127% Federal Poverty Level)
Yearly Income	\$20,160	\$25,603

FOCUS GROUP RESPONSES

Early Head Start and Head Start program directors who participated in focus groups were able to elaborate on the benefits and barriers to participating in PTQ:

- All Head Start directors who participated in our focus groups, said they are participating in PTQ. They appreciate the money (financial incentive) which is used to buy supplies for their classrooms.
- Challenges to participating in PTQ include the amount of time required for site visits and paperwork. Some directors also mentioned struggling with inconsistent standards and levels of quality communicated by PTQ coaches.

15. http://providers.brighterfuturesindiana.org/2provider_overview.html

16. http://providers.brighterfuturesindiana.org/3eligibility_requirements.html

17. <https://mybrightpoint.org/index.php/get-help/children-youth/on-my-way-pre-k/>

18. <https://mybrightpoint.org/wp-content/uploads/2016/08/Income-Guidelines-2016.2017.pdf>

Focus group members also mentioned specific challenges when collaborating with On My Way Pre-K including having trouble finding eligible children for the program and being able to access student data including assessments and IEPs in ISTAR-KR.

Successes

Early Head Start and Head Start Program Directors

- All Head Start directors who participated in our focus groups, said they are participating in PTQ. They appreciate the money (financial incentive) which is used to buy supplies for their classrooms.
- CCR&Rs are a valuable resource when working to advance in PTQ.

Stakeholders

- Stakeholders reported an increase in Head Start programs participating in PTQ. They reported that the On My Way Pre-K program has helped increase participation in PTQ.

Challenges

Early Head Start and Head Start Program Directors

- Challenges to participating in PTQ include the amount of time required for site visits and paperwork. Some directors also mentioned struggling with inconsistent standards and levels of quality communicated by PTQ coaches.
- Focus group members also mentioned specific challenges when collaborating with On My Way Pre-K including having trouble finding eligible children for the program and being able to access student data including assessments and individual education plans (IEPs) in ISTAR-KR.

Stakeholders

- Challenges to assisting Head Start programs participating in PTQ include getting them licensed, movement of site locations, staff turnover, and a lack of perceived value to engage with PTQ.

TAKEAWAYS

1. Head Start program directors were generally positive about participating in PTQ, which does not match the stakeholders' perception that Head Start doesn't value PTQ. It appears there might be a communication barrier in that Head Start directors are willing to participate in PTQ but are a unique group of programs with unique questions and concerns since they already have a set of organizational standards to meet. Therefore, stakeholders should approach Head Start programs as willing partners, but communication about PTQ may be different than conversations with other early childhood education programs.
2. Address the barriers to encourage the Head Start programs who are not participating in PTQ .
3. Head Start representatives should join councils to share valid concerns with PTQ and concerns of overlapping populations with On My Way Pre-K.



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 have a statewide Kindergarten Entrance Assessment (KEA) or Kindergarten Readiness Assessment (KRA). Indiana has a KRA currently being used, ISTAR-KR (discussed in priority area 2 above). However, it is only required to be adopted by On My Way Pre-K and Part B funded 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). Partnerships with the local school systems are critical for successful transitions.

PIR DATA

- Indiana grantees have formal collaboration agreements with 258 Local Education Agencies (LEAs) to coordinate services for children with disabilities and 266 LEAs to coordinate transition services
- This represents nearly three-fourths (71% and 74% respectively) of all LEAs in Indiana

SURVEY RESPONSES

Three-quarters (77%) of Head Start program directors indicated that their program has a kindergarten transition plan with its local school(s), and three-quarters (71%) have clear guidelines for kindergarten entrance that their program uses for planning purposes. Nine out of ten Head Start programs (91%) 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.

How often do you communicate with your school partners?

- 29% Twice per year
- 24% Quarterly
- 18% Monthly
- 13% Annually
- 11% Weekly
- 5% Daily

Satisfaction with the support provided by school partners on kindergarten transition varies as well.

How satisfied are you with your school partnerships supporting kindergarten transition?

- 26% Very satisfied
- 31% Satisfied
- 28% Neither
- 10% Dissatisfied
- 5% Very dissatisfied

When asked what resources are needed to strengthen these partnerships with schools, respondents answered that they simply need to establish or strengthen their partnerships through more education on the work of Head Start with school officials and breaking down the silos that can exist between the school partners.

Lack of knowledge was selected by 24 percent of respondents when asked about their greatest challenges in working with schools to ensure continuity between Head Start and kindergarten, but that was selected the third most behind "other" (41%) and leadership (27%). Those who answered "other" mentioned struggling with inconsistencies between schools and districts (in communication and expectations) as well as time constraints limiting the ability to collaborate on both sides.

What are the greatest challenges in working with schools to ensure continuity between Head Start and kindergarten?

- 41% Other
- 27% Leadership
- 24% Lack of school's knowledge of Head Start
- 8% Sharing data

When asked to share success stories of working with schools, responses included comments about visiting each other's classrooms, providing communications to the other, and having a physical presence (classroom) in the public school helped to bring positive relationships and ensure continuity between Head Start and kindergarten.

Some respondents answered the previous questions by saying they had a good relationship with their school partner and had no challenges to share.

- "Children visiting kindergarten classrooms/kindergarten teachers visiting Head Start classrooms. Kindergarten teacher doing presentation for Head Start parents regarding kindergarten expectations."
- "The school system provides training to families transitioning to (Kindergarten). and HS staff provides school readiness surveys to the school system for all transitioning children."
- "We meet for dinner yearly and discuss the kindergarten needs. We have the kindergarten teachers meet our preschool parents at an open house before our students transition out for the summer. We visit the kindergarten classrooms and try to do a yearly project with the elementary schools."

Changes recommended to improve collaboration with Head Start and schools on kindergarten transition are similar to answers provided when asked about resources needed. Head Start programs would like their school partners to become more knowledgeable about what they do which goes along with other answers recommending joint professional development and more frequent communication and sharing of information.

Special education directors were asked to take the online stakeholder survey for this report. When asked what data and information about Head Start would be helpful to receive, their answers were the same as other stakeholders. Services provided and enrollment information were the top two requests followed by child outcomes. When asked what they would do with this information, most mentioned using it to improve collaboration with Early Head Start and Head Start and to improve transitions between the three programs.

What data/information about HS would be helpful to receive?

- 75% Services provided
- 74% Program enrollment information
- 62% Child outcomes
- 39% Family outcomes
- 28% Head Start staff
- 14% Other

When asked about how they would use the data to inform their work and goals, answers generally mentioned one of the following:

- More information to share with families and support services
- Improve collaboration with EHS/HS
- To help with screenings, referrals, and evaluations
- Help with transition/program planning/assessment of student
- Refer families to EHS/HS

Successes

- "We work together to identify students attending Head Start who may need evaluation for speech therapy or other developmental services."
- "Head Start has referred children for educational evaluations which resulted in more services being provided for the child."
- "I see kiddos coming into kindergarten that are more prepared due to already having received special education services because of Head Start."

Challenges

- "Work schedules for the school system and Head Start do not have extra time built into the day for collaboration. It is typically email due to case load demands of schedules."
- "Location. I don't always have appropriate space to work with my students."

TAKEAWAYS

1. More relationships need to be fostered between Head Start and school partners. Once that is established, more focus can be put on supporting transitions.
2. While a statewide kindergarten entrance assessment is not available, Head Start and school partners should discuss current assessment tools being used and their implications and results.



Focus on Partnership

Beyond the five priority areas discussed, stakeholders were asked about what the Indiana Head Start State Collaboration Office (IHSSCO) could do to improve partnerships. While many survey respondents and interviewees were unfamiliar with the IHSSCO and the work it does, many suggestions were provided.

How can the Indiana Head Start State Collaboration Office be helpful?

- Organizations that are actively engaging or at least crossing paths with Head Start programs stated that they need more basic information about Head Start programs in Indiana including locations, organization and staffing structure, contact information, and eligibility requirements for programs.
- Organizations would like the IHSSCO to help facilitate conversations among the groups which would lead to a better overall understanding of possibilities for mutually-beneficial collaboration.

“I would love to create a relationship between the HS Collab office (IHSSCO) and FS (First Steps) to share information on a local level around the state with our Local Planning and Coordinating Councils so that families and providers know about HS and EHS as a resource and opportunity for their children and families.”

Stakeholders also shared their thoughts on how Head Start programs could better support their needs in the community. All groups responded with the same order of items.

1. Receive information about other early childhood education assistance programs (Child Care Voucher, On My Way Pre-K)
2. Share information about local Head Start programs by county
3. Engage staff in cross-training with Head Start staff
4. Receive a contact list of Head Start Program Directors
5. Participate in your (stakeholder organization's) committees

There was also a general consensus among the stakeholder groups in regard to concerns to share with the IHSSCO.

1. Availability of spots/waitlist
2. Lack of communication between Head Start and partners
3. Lack of transportation to programs



Recommendations

The following recommendations are based on the findings of the IHSSCO 2018 Needs Assessment. The recommendations are provided to help strengthen state and local early childhood systems and guide the work of the IHSSCO and other strategic partners over the next year.

1. Create a basic resource packet of Indiana Head Start information (enrollment, locations, contacts) and have this information in an easily accessible location.
2. Continue working to share data with partners.
3. Get Head Start at the table when discussing early childhood education (specifically about KRA/KEA, others in recommendations).
4. Increase Head Start participation in Paths to QUALITY.
5. Explore opportunities to further the reach of Early Head Start In Indiana.

Appendix A - Indiana Head Start Grantee Table

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

Appendix B - Total Slots by County

County	EHS	HS	Grand Total	County	EHS	HS	Grand Total
Adams County		39	39	Lawrence County	36	153	189
Allen County		489	489	Madison County	99	178	277
Bartholomew County	64	53	117	Marion County	200	1300	1500
Benton County	12	32	44	Marshall County	40	86	126
Blackford County	16	60	76	Martin County	6	40	46
Boone County	12	32	44	Miami County	12	57	69
Brown County		17	17	Monroe County	57	267	324
Carroll County		18	18	Montgomery County	20	76	96
Cass County		119	119	Morgan County		111	111
Clark County	72	250	322	Newton County		55	55
Clay County	12	91	103	Noble County		62	62
Clinton County		89	89	Ohio County		18	18
Crawford County	20	52	72	Orange County	13	60	73
Daviess County	38	81	119	Owen County	12	59	71
Dearborn County		114	114	Parke County	12	60	72
Decatur County		18	18	Perry County	20	90	110
DeKalb County	82	140	222	Pike County		33	33
Delaware County	114	232	346	Porter County	40	113	153
Dubois County		50	50	Posey County	36	85	121
Elkhart County	96	492	588	Pulaski County		35	35
Fayette County		162	162	Putnam County	12	62	74
Floyd County		276	276	Randolph County		58	58
Fountain County	24	88	112	Ripley County		49	49
Franklin County		47	47	Rush County		64	64
Fulton County		20	20	Scott County		58	58
Gibson County		99	99	Shelby County	16	51	67
Grant County	114	126	240	Spencer County	20	83	103
Greene County	9	44	53	St. Joseph County	112	512	624
Hamilton County	8	120	128	Starke County		62	62
Hancock County		40	40	Steuben County		127	127
Harrison County	20	66	86	Sullivan County		18	18
Hendricks County		93	93	Switzerland County		38	38
Henry County		126	126	Tiptecanoe County	87	209	296
Howard County	102	228	330	Tipton County		10	10
Huntington County	76	68	144	Union County	20	49	69
Jackson County		52	52	Vanderburgh County	80	360	440
Jasper County		58	58	Vermillion County		16	16
Jay County		69	69	Vigo County	80	150	230
Jefferson County		96	96	Wabash County		37	37
Jennings County		48	48	Warren County		16	16
Johnson County		120	120	Warrick County		110	110
Knox County	54	187	241	Washington County	13	34	47
Kosciusko County	40	135	175	Wayne County	72	306	378
LaGrange County		60	60	Wells County		20	20
Lake County	233	1115	1348	White County		18	18
LaPorte County		317	317	Whitley County		34	34