

# 2023 Comprehensive Community Needs Assessment

---

Geminus Corporation  
Head Start, Early Head Start, and  
Early Head Start - Child Care Partnership

September 2023



# Table of Contents

<b>Table Of Contents</b>	<b>1</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Executive Summary</b>	<b>4</b>
<b>3. Data Collection Methodology</b>	<b>10</b>
<b>4. Community Needs</b>	<b>11</b>
Population Demographics	11
Population	11
Gender	11
Race/ Ethnicity	11
Household Composition	12
Median Income	12
Access To Internet	14
Languages Spoken At Home	14
Eligible Children And Families	15
Poverty And Eligibility Income Cut-Off	15
Public Assistance For Low Income Families	18
Children Experiencing Homelessness	21
Children In Foster Care	21
Youth Under 18 With A Known Disability Status	22
Education Needs Of Eligible Families	25
Local School District Information	25
Adult Education	25
Employment	25
Health And Social Service Needs Of Eligible Families	26
Disability Services	26
Incidence Of Drug Abuse	27
Maternal And Infant Health	27
Other Home Visiting Programs	30
Nutrition	30
Adverse Childhood Experiences (Aces) And Challenging Behaviors	31
Mental Health	31
Aces And Childhood Trauma	32
Challenging Behaviors	33
Child Care Access	37
Child Care Availability	37
Approximate Number Of Head Start - Eligible Children Served	42
<b>5. Quality</b>	<b>44</b>
High-Quality Child Care Availability	44
Quality	44
Affordability	46

<b>6. Workforce</b>	<b>48</b>
Economic Changes Impacting Employment	48
Early Childhood Education Workforce Wage Trends	48
Degree Completion	51
Benefits	54
<b>7. Geminus Meeting The Needs</b>	<b>56</b>
Profile Of Geminus Programs	56
Funded Enrollment	56
Cumulative Enrollment	57
Enrollment And Workforce Challenges	57
Eligibility	58
Family	59
Health	61
Maternal Health	61
<b>8. Stakeholder Feedback</b>	<b>62</b>
Geminus Head Start Staff Feedback	62
Parent/ Guardian Feedback	67
Community Partner Feedback	70
<b>9. Recommendations</b>	<b>73</b>
<b>Appendix</b>	<b>74</b>

# 1. Introduction

Every five years Geminus completes a comprehensive community needs assessment to understand the needs of the community and align their Head Start programs and services. Annually for the remaining four years, Geminus reviews and updates the community needs assessment to identify any changes in community data that may inform its Early Head Start (EHS), Early Head Start - Child Care Partnership (EHS-CCP), and Head Start (HS) federally funded grant programs and services in Lake and Porter counties.

Geminus contracted with Transform Consulting Group (TCG) for assistance in completing the five-year community needs assessment and annual community assessment update. These reports will help Geminus in strengthening its partnerships within the community, managing its programs and services, and providing high-quality comprehensive early childhood education services for children and families. The community needs assessment was also used to help inform a strategic plan including five-year goals.

The 2023 comprehensive report includes introductory information in the first three sections, and community needs assessment data in the following six main sections:

**1. Community Needs** - provides the most recent data available regarding targeted geographic service delivery areas for access, quality, and workforce, including details on population, demographics, early learning programs, disabilities, health and nutrition, and social services for children and families.

**2. Quality** - provides the most recent data available regarding high-quality early childhood education services in Lake and Porter counties.

**3. Workforce** - Includes public and organizational data regarding the early childhood education workforce, and information on challenges facing Geminus and other early childhood education organizations due to staff vacancies and other workforce-related issues.

**4. Geminus Meeting the Needs** - includes a profile of the services and activities that Geminus has provided through its EHS/HS and EHS-CCP programs to meet the community needs.

**5. Stakeholder Feedback** - includes feedback from key stakeholder groups including parents/guardians, staff members, and community partners.

**6. Recommendations** - includes a summary of recommendations informed by in the comprehensive assessment.



## 2. Executive Summary

In reviewing the public data to inform the 2022-23 Geminus Head Start Community Needs Assessment, TCG identified a number of key findings likely to inform organizational strategy and decision making in the coming years. These are outlined below, followed by a table featuring key data points from the assessment with historical context, and a summary of key findings from stakeholder feedback.

Key findings from public data include:

### **The Need for Services**

- The percentage of children under 6 who need care has remained consistent over the last five years in Lake County but has increased in the last five years in Porter County.
- While the total number of families receiving TANF grants has decreased between 2018 and 2023, the total number of households receiving SNAP benefits has increased in Lake and Porter counties. This is especially relevant given in April 2022, the Administration for Children and Families (ACF) and the Food and Nutrition Service (FNS) released a joint announcement about a change in Head Start policy which makes it easier for Supplemental Nutrition Assistance Program (SNAP) households to become eligible for Head Start programs.
- Individuals in Lake County are more likely to speak a language other than English at home than those in Porter County or in Indiana in general. In Lake County, Spanish is the most common language other than English spoken at home (10% of the population).

### **Early Childhood Education Program Capacity**

- The capacity of licensed early childhood education programs to serve children under 6 who need care remains at only half the need in Lake County, and about a third of the need in Porter County.
- More licensed centers are available to older children than to younger children. In fact, nearly twice as many centers are available to preschoolers than to infants in Lake and Porter counties.

### **Geminus Meeting the Needs**

- The unmet need for Head Start eligible children in Lake and Porter counties is 5,817 slots, when taking into consideration need based on income eligibility, and available slots through Geminus programs and CCDF.
- Geminus Head Start saw high rates of chronic absenteeism in the 2022-23 program year (82% for HS, 94% for EHS). Top barriers to attendance indicated by parents/guardians included illness, transportation, and appointments.
- When asked what resources their family was in need of, top responses from parents/guardians included: additional childcare, employment/job training, and transportation.

### Current Issues Facing Early Childhood Education Programs

- Research shows that adverse childhood experiences have a relationship with challenging behaviors later in life. Furthermore, research claims early childhood education providers nationally have seen an increase in challenging behaviors, especially during and after the COVID-19 pandemic.
- Nationally and at the state level, staff vacancies are causing closed classrooms and under enrollment in Head Start programs, an issue that extends beyond Head Start to all types of early care and education programs in Indiana. A key reason for staff vacancies and high turnover is compensation.

Community Needs			
	Indiana	Lake County	Porter County
Population for Children Under Six Years	↓ <b>502,550</b> (2018: 506,496)	↑ <b>35,078</b> (2018: 35,030)	↓ <b>11,012</b> (2018:11,076)
Number of Children Under 6 in Poverty	↓ <b>93,230</b> (2018: 109,392)	↓ <b>8,504</b> (2018: 10,028)	↑ <b>1,630</b> (2018: 1,511)
Percentage of Children Under 6 in Poverty	↓ <b>19%</b> (2018: 22%)	↓ <b>24%</b> (2018: 27%)	↑ <b>15%</b> (2018: 14%)
Number of Children Receiving TANF Grants	↓ <b>8,378</b> (2018: 11,202)	↓ <b>815</b> (2018: 1,255)	↓ <b>72</b> (2018: 118)
Households Receiving SNAP Benefits	↑ <b>292,094</b> (2018: 270,609)	↑ <b>30,202</b> (2018: 29,361)	↑ <b>4,549</b> (2018: 4,384)
Number of Children Under 18 Receiving SSI Benefits	↓ <b>20,328</b> (2018: 21,876)	↓ <b>2,087</b> (2018: 2,242)	↓ <b>329</b> (2018: 344)
Children Experiencing Homelessness (PIT Count)	↑ <b>991</b> (2020: 962)	⇒ <b>54</b> (2020: 54)	↑ <b>45</b> (2020: 31)
Students Experiencing Homelessness (McKinney-Vento Act)	↓ <b>15,725</b> (2018: 18,811)	↓ <b>692</b> (2018: 850)	↓ <b>314</b> (2018: 422)
Total CHINS (Children in Need of Services)	↓ <b>11,486</b> (2018: 21,588)	↓ <b>736</b> (2018: 1,523)	↓ <b>82</b> (2018: 178)

Youth Under 18 with a Known Disability Status	⇨ <b>5%</b> (2018: 5%)	⇨ <b>4%</b> (2018: 4%)	⇨ <b>3%</b> (2018: 3%)
Children Served through First Steps	⇩ <b>23,574</b> (2018: 26,072)	⇩ <b>1,756</b> (2018: 1,823)	⇧ <b>615</b> (2018: 585)
% No Early Prenatal Care (1st Trimester)	⇩ <b>28.3%</b> (2018: 31.9%)	⇩ <b>34.5%</b> (2018: 35.1%)	⇧ <b>29.9%</b> (2018: 27.9%)
Infant Mortality Rate	⇩ <b>6.7</b> (2018: 6.8)	⇧ <b>8.0</b> (2018: 7.1)	⇩ <b>(too low to measure-2019: 3.7)</b> (2018: 4.7)

⇩ Decreased Compared to 2018    ⇧ Increased Compared to 2018

⇨ Remained the Same Compared to 2018

Child Care			
	Indiana	Lake	Porter
Children Under 6 Who Need Care Because all Parents Work	⇧ <b>68%</b> (325,984) (2018: 64%)	⇨ <b>64%</b> (21,887) (2018: 64%)	⇧ <b>71%</b> (7,599) (2018: 63%)
Children Ages 0-3 Who Need Care	<b>65%</b>	<b>64%</b>	<b>67%</b>
Capacity Available to Children that Need Care	⇧ <b>55%</b> (2018: 40%)	⇧ <b>56%</b> (2018: 36%)	⇧ <b>32%</b> (2018: 22%)
Number of High-Quality Programs	⇧ <b>1,649</b> (2018: 1,198)	⇧ <b>177</b> (2018: 109)	⇧ <b>32</b> (2018: 19)
Total High-Quality Capacity	⇧ <b>92,224</b> (2018: 50,613)	⇧ <b>7,998</b> (2018: 3,823)	⇧ <b>1,968</b> (2018: 792)
High-Quality Infant and Toddlers Average Annual Cost <sup>1</sup>	⇩ <b>\$10,884</b> (2018: \$11,252)	⇧ <b>\$10,790</b> (2018: \$8,763)	⇧ <b>\$13,071</b> (2018: \$9,894)

<sup>1</sup> Data Note: Take into consideration 2018 and 2023 data is from two different sources when comparing. 2018 Data Source: Early Learning Advisory Committee. (2018). Dashboard.; 2023 Data Source: Brighter Futures Indiana (July 5, 2023). Brighter Futures Indiana Data Center. <https://brighterfuturesindiana.org/data-center>

Children with On My Way Pre-K Vouchers	⬆️ <b>6,230</b> (2019-20: 3,517)	⬆️ <b>500</b> (2019-20: 297)	⬆️ <b>96</b> (2019-20: 20)
--	-------------------------------------	---------------------------------	-------------------------------

⬆️Decreased Compared to 2018 ⬆️Increased Compared to 2018

⬆️Remained the Same Compared to 2018

Geminus Meeting the Needs: 2022-23 Program Year			
	HS	EHS	EHS-CCP
Funded Enrollment	⬆️ <b>1,216</b> (2021-22: 1,216)	⬆️ <b>128 children, 20 pregnant women</b> (2021-22: 128 children, 20 pregnant women)	⬆️ <b>200</b> (2021-22: 200)
Cumulative Enrollment	⬆️ <b>1,368</b> (2021-22: 1,281)	⬆️ <b>159 children, 29 pregnant women</b> (2021-22: 138 children, 37 pregnant women)	⬆️ <b>310</b> (2021-22: 309)
Children from Income Eligible Families	⬆️ <b>569 (42%)</b> (2021-22: 947, 74%)	⬆️ <b>69 (43%)</b> (2021-22: 108, 62%)	⬆️ <b>126 (41%)</b> (2021-22: 222, 72%)
Children from Families Experiencing Homelessness	⬆️ <b>46 (3%)</b> (2021-22: 46, 4%)	⬆️ <b>9 (6%)</b> (2021-22: 13, 7%)	⬆️ <b>28 (9%)</b> (2021-22: 19, 6%)
Children from Families Receiving Public Assistance	⬆️ <b>544 (40%)</b> (2021-22: 105, 8%)	⬆️ <b>51 (32%)</b> (2021-22: 22, 13%)	⬆️ <b>100 (32%)</b> (2021-22: 13, 4%)
Children in Foster Care	⬆️ <b>37 (3%)</b> (2021-22: 30, 2%)	⬆️ <b>3 (2%)</b> (2021-22: 2, 1%)	⬆️ <b>9 (3%)</b> (2021-22: 7, 2%)
Total Families Served	⬆️ <b>1,256</b> (2021-22: 1,145)	⬆️ <b>136</b> (2021-22: 161)	⬆️ <b>276</b> (2021-22: 273)
% of Families That Received at Least One Service	⬆️ <b>96%</b> (2021-22: 98%)	⬆️ <b>95%</b> (2021-22: 94%)	⬆️ <b>93%</b> (2021-22: 89%)

⬆️Decreased Compared to 2021-22 ⬆️Increased Compared to 2021-22

⬆️Remained the Same Compared to 2021-22

Unmet Need for Head Start Eligible Children			
	<b>Supply</b> (Geminus HS/EHS child slots +Child Care Development Fund (CCDF) slots)	<b>Demand</b> (Young children in poverty)	<b>Unmet Need</b> (Slots needed for children in need)
Lake County	3,723	8,504	<b>-4,781</b>
Porter County	594	1,630	<b>-1,036</b>
Service Area Total	4,317	10,134	<b>-5,817</b>
<i>EHS count includes child slots only, does not include slots for pregnant women.</i>			

## Survey Feedback Summary

Geminus Head Start conducted three surveys during the summer and fall of 2023 to provide an opportunity for feedback on how the program could be improved:

- Parents/Guardians Survey: 88 responses
- Community Partners Survey: 12 responses
- Staff survey: 123 responses

Below are common trends from the three surveys.

### Top Barriers Parents/Guardians Indicated that Prevent their Child(ren) from Attending:

<b>26%</b> Child Health Related	<b>15%</b> Transportation	<b>8%</b> Appointments
------------------------------------	------------------------------	---------------------------

Parents/Guardians were asked a series of questions related to HS/EHS staff. Parents/guardians who responded to the survey gave ratings of over 97% related to their experience with their Head Start Program.

<b>100%</b> of families indicated their child's teacher helped them understand their child's social/emotional development	<b>99%</b> Parents/Guardians feel supported by Head Start/Early Head Start Staff	<b>81%</b> of Geminus Head Start staff felt Geminus helps meet the community's needs
<b>75%</b> of Community Partners indicated social and emotional development as the most important outcomes Geminus Head Start Provides		

**More than nine in 10 parents/guardians (92%)** indicated they had received community resources to support their family’s needs.

**Top Resources Parents/Guardians are in Need of:**

<b>12%</b> Additional Childcare	<b>10%</b> Employment/Job Training	<b>9%</b> Transportation
------------------------------------	---------------------------------------	-----------------------------

**Community Partners Shared What They Feel are Families’ Greatest Needs:**

<b>92%</b> Housing	<b>92%</b> Transportation	<b>83%</b> Child Care
-----------------------	------------------------------	--------------------------

**Geminus Head Start Staff Shared What They Feel are Families’ Greatest Needs:**

<b>78%</b> Transportation	<b>57%</b> Child Care	<b>45%</b> Food Assistance
------------------------------	--------------------------	-------------------------------

Families and Community Partners were asked how their involvement with Geminus Head Start could be improved. Approximately half of family survey respondents (48%) indicated “no improvements needed.” Half (50%) of community partners said Geminus Head Start is Good; no improvements are needed.

**Top Areas for Improvement Indicated by Parents/Guardians:**

<b>16%</b> Increase communication with staff	<b>14%</b> More family engagement opportunities
---	--

**Top Areas for Improvement Indicated by Community Partners:**

<b>36%</b> Increase communication between organizations	<b>27%</b> Share more or better informative materials
--	--

Geminus Head Start staff shared their recommendations on how Geminus could be improved. Key themes included:

- Continued focus on improving communication with staff at all levels
- Continued and expanded training focusing on responding to challenging behaviors and serving children with disabilities
- Increased parent education and opportunities for family engagement

### 3. Data Collection Methodology

TCG completed a mixed methods assessment collecting both qualitative and quantitative data from multiple sources to complete the community assessment update. TCG sought publicly sourced data for Geminus' service area, Lake and Porter counties. Publicly sourced population data was pulled from the U.S. Census Bureau 2020 American Community Survey (ACS) 5-Year Estimates. Data related to young children not found through the ACS was drawn from the Indiana Family and Social Services and other government offices. Data from the 2022-23 PIR was utilized from Head Start grantees. Slight variation exists in this year's PIR data as compared to the previous year due to changes in what was reported.

In order to further specify the needs of each county, TCG reviewed U.S. Census Bureau 2021 ACS 5-Year Estimate tables that held data at the township level. Lake County consists of 11 townships, while Porter County has 12 townships. With this level of detail, Geminus will be able to implement programming for communities that need it most, as well as determine the best locations for their services. It should be noted that this level of detail has a margin of error that should be reviewed and considered before making significant programming changes.

TCG also collected qualitative data from Geminus Head Start parents/ caregivers, community partners, and Geminus Head Start staff members. The parent/ caregiver survey shared in spring 2023 returned 88 responses, which is a low response rate compared to 2022. The community partner survey shared in summer 2023 returned 12 responses, an increase from the last survey conducted in 2019. The staff survey returned 123 responses, a decrease from the last survey conducted in 2019.

## 4. Community Needs

### Population Demographics

#### POPULATION

Geminus Head Start programs, including Early Head Start (EHS), Head Start (HS), and Early Head Start-Child Care Partnerships (EHS-CCP), serve children, families, and pregnant women in Lake and Porter counties. Both counties are located in the furthest northwest corner of Indiana, just outside of Chicago. The communities represent one of the largest metropolitan areas in the state of Indiana.

Both Lake and Porter counties have seen decreases in their young child populations. Lake County's population of children ages 0-5 decreased 10% from 2011 to 2021. Porter County saw a similar decrease in their population of young children ages 0-5 between 2011 and 2021 (9.9%). These differences mirror trends at the state and national level.

Single Age Population for Children Under Six Years							
County	Infant	One	Two	Three	Four	Five	Total Ages 0-5
Lake	5,646	5,744	5,842	5,792	6,087	6,232	35,343
	17,232			18,111			
Porter	1,445	1,596	1,748	1,954	1,845	1,840	10,428
	4,789			5,639			
Source: Brighter Futures Indiana (July 5, 2023). Brighter Futures Indiana Data Center. <a href="https://brighterfuturesindiana.org/data-center">https://brighterfuturesindiana.org/data-center</a>							

#### GENDER

Lake and Porter counties are split evenly between the male and female population in children under six years old. Porter County's population under 6 is 50% male, 50% female, and Lake County's is 51% male, 49% female.

#### RACE/ ETHNICITY

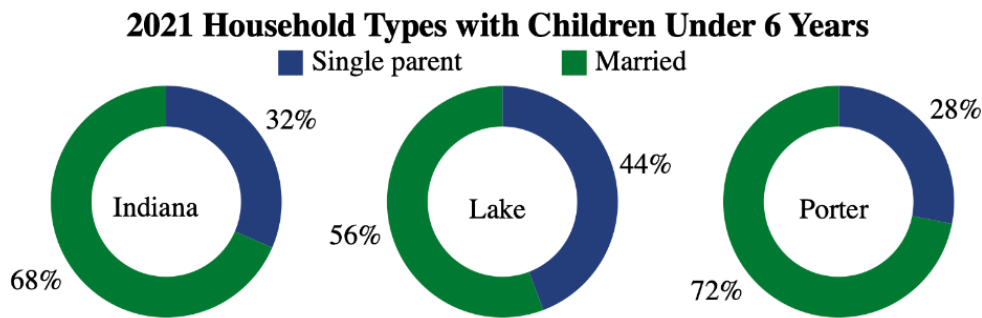
Lake County's population of young children is mostly White (65%), with Black children making up most (32%) of the remaining population. American Indians make up 1% and Asian children make up 2%. Porter County is also mostly White (90%). Black children make up 7% of the population, with Asian children at around 2%. American Indians again make up less than 1%. More than one quarter (26%) of Lake County's children under 6 identify as Hispanic, compared to more than one in ten (13%) of Porter County's children.<sup>2</sup>

<sup>2</sup> Source: Puzzanchera, C., Sladky, A. and Kang, W. (2021). Easy Access to Juvenile Populations: 1990-2020.



## HOUSEHOLD COMPOSITION

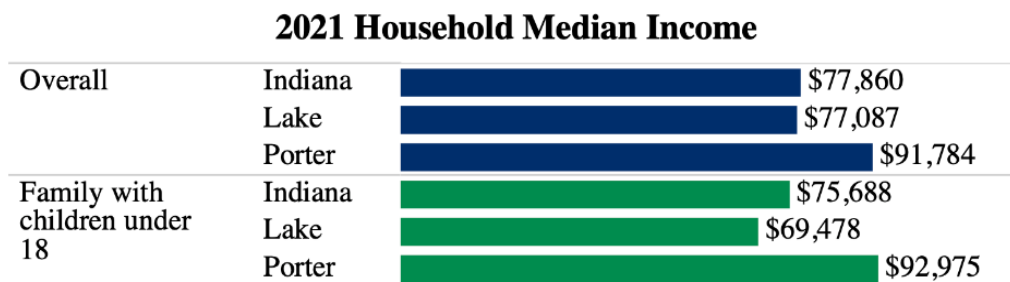
Lake County has almost 22,000 families with children under six years, while Porter County has over 7,000 families. In Indiana, over two-thirds (68%) of these families with children under 6 years are married-couple households. Lake County is below the state at 56% of households, while Porter County is slightly above the state at 72% of households.



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table S1101.

## MEDIAN INCOME

The 2021 overall median income in Lake County is \$77,087, which is close to Indiana's overall median income at \$77,860. Porter County's overall median income is much higher at \$91,784. The median household income of families with children under 18 years is higher than the overall median income in Porter County and lower in Lake County and Indiana.

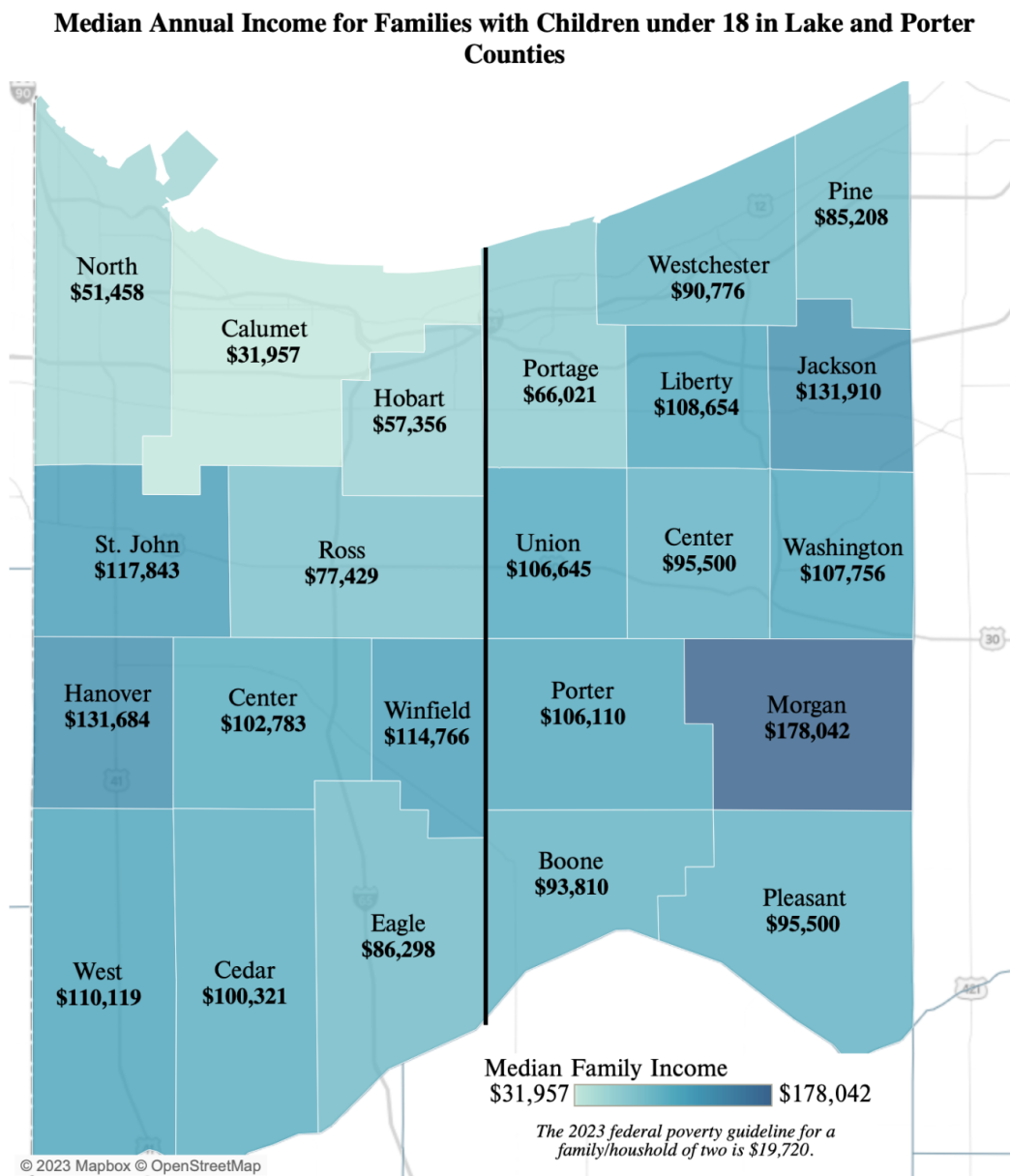


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B19125.

### County Snapshot - Median Annual Income<sup>3</sup>

The median household income for families with children under 18 years is mapped below by townships in Lake and Porter counties. The blue color is lightest in areas where the median income is lowest.

Areas in the northern part of Lake County are within the lowest income, with Calumet Township having the lowest median family income at \$31,957.



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table B19125.

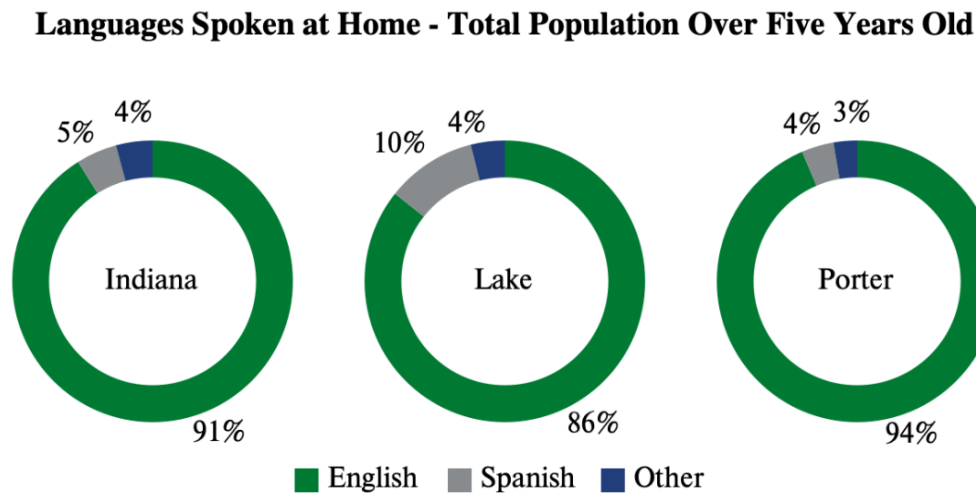
<sup>3</sup> Source: <https://aspe.hhs.gov/poverty-guidelines>; U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table S1101.

## ACCESS TO INTERNET

Eighty-five percent of Lake County households have an internet subscription, which is one percentage lower than the statewide average (86%). In Porter County, 87% of households have an internet subscription, which is the same as the national average (87%) of households.<sup>4</sup>

## LANGUAGES SPOKEN AT HOME

Over nine-tenths (94%) of the population over 5 years of age in Porter County speak English at home, similar to the statewide average (91%). A smaller percentage of the population in Lake County speaks English at home (86%), with one-tenth speaking Spanish at home, and the remaining 4% of the population speaking some other language. Data on languages spoken by children 5 and under is not currently available.



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates 2017-2021, Table S1601.

The most common language other than English spoken at home in Lake and Porter counties is Spanish, followed by other Indo-European Languages such as French, German, and Hindi.

Percentage of Population Speaking a Language other than English at Home			
Language	Indiana	Lake	Porter
Spanish	4.7%	10.4%	3.7%
French, Haitian, or Cajun	0.3%	0.1%	0.1%
German or other West Germanic languages	1.0%	0.2%	0.2%
Russian, Polish, or other Slavic languages	0.3%	1.3%	0.7%

<sup>4</sup> Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table S2801

Other Indo-European languages	0.7%	0.8%	0.6%
Korean	0.1%	0.1%	0.0%
Chinese (incl. Mandarin, Cantonese)	0.4%	0.1%	0.3%
Vietnamese	0.1%	0.0%	0.0%
Tagalog (incl. Filipino)	0.1%	0.3%	0.2%
Other Asian and Pacific Island languages	0.7%	0.2%	0.2%
Arabic	0.2%	0.3%	0.2%
Other and unspecified languages	0.3%	0.3%	0.1%
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table C16001.			

## Eligible Children and Families

EHS/HS and EHS-CCP programs use various factors to determine need and eligibility for services. These factors include income level, participation in some public assistance programs, participation in foster care, and homeless status, and disability status. Data for populations that are eligible for EHS/HS and EHS-CCP services is listed below based on these factors.

### POVERTY AND ELIGIBILITY INCOME CUT-OFF

The income eligibility cut-off for HS/EHS is at 100% federal poverty level (FPL) and 130% for the EHS-CCP. Programs have an initial allowance for 10% of enrolled children and pregnant women (in each program) who may be over-income at any level above 100% FPL, provided there is a justifiable need that our program may help meet. If the program is still not fully enrolled despite best efforts at recruiting eligible families, there is an additional over-income allowance of 35% of enrollment for children and pregnant women whose annual incomes exceed 100% FPL but fall below 130% of the FPL.

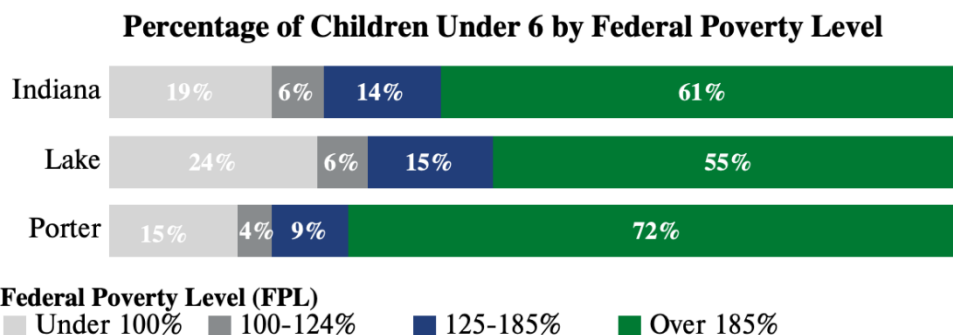
According to the 2023 Federal Poverty Guidelines that went into effect on January 19, 2023, the 100% FPL for an individual is an annual income of less than \$14,580. For households, each additional person adds \$5,140 to that number. This means a family of three would have an income below \$24,860 annually.<sup>5</sup>

2023 Federal Poverty Guidelines			
	Family of 2	Family of 3	Family of 4
100% FPL (Poverty)	\$19,720	\$24,860	\$30,000
125% FPL	\$24,650	\$31,075	\$37,500
130% FPL	\$25,636	\$32,318	\$39,900
Source: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a> .			

<sup>5</sup> Source: <https://aspe.hhs.gov/poverty-guidelines>.

When we look at children under 6 years in Lake County, the percentage living in poverty (24%) is much higher compared to the state of Indiana (19%). The percentage of children under 6 in poverty in Lake County is also higher than the overall population in poverty (15%).

Less than a fifth (15%) of young children in Porter County live in poverty, which is higher than Porter County's total population in poverty (10%). The visual below provides a breakdown of young children living within different income levels in Indiana, Lake County, and Porter County.



Source: U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021, Table B17024.

Estimated Children Living Under 100% of the Federal Poverty Level by Age Group		
County	Infant-Three Years	Three-Five Years
<b>Lake</b>	5,526	4,346
<b>Porter</b>	1,011	846

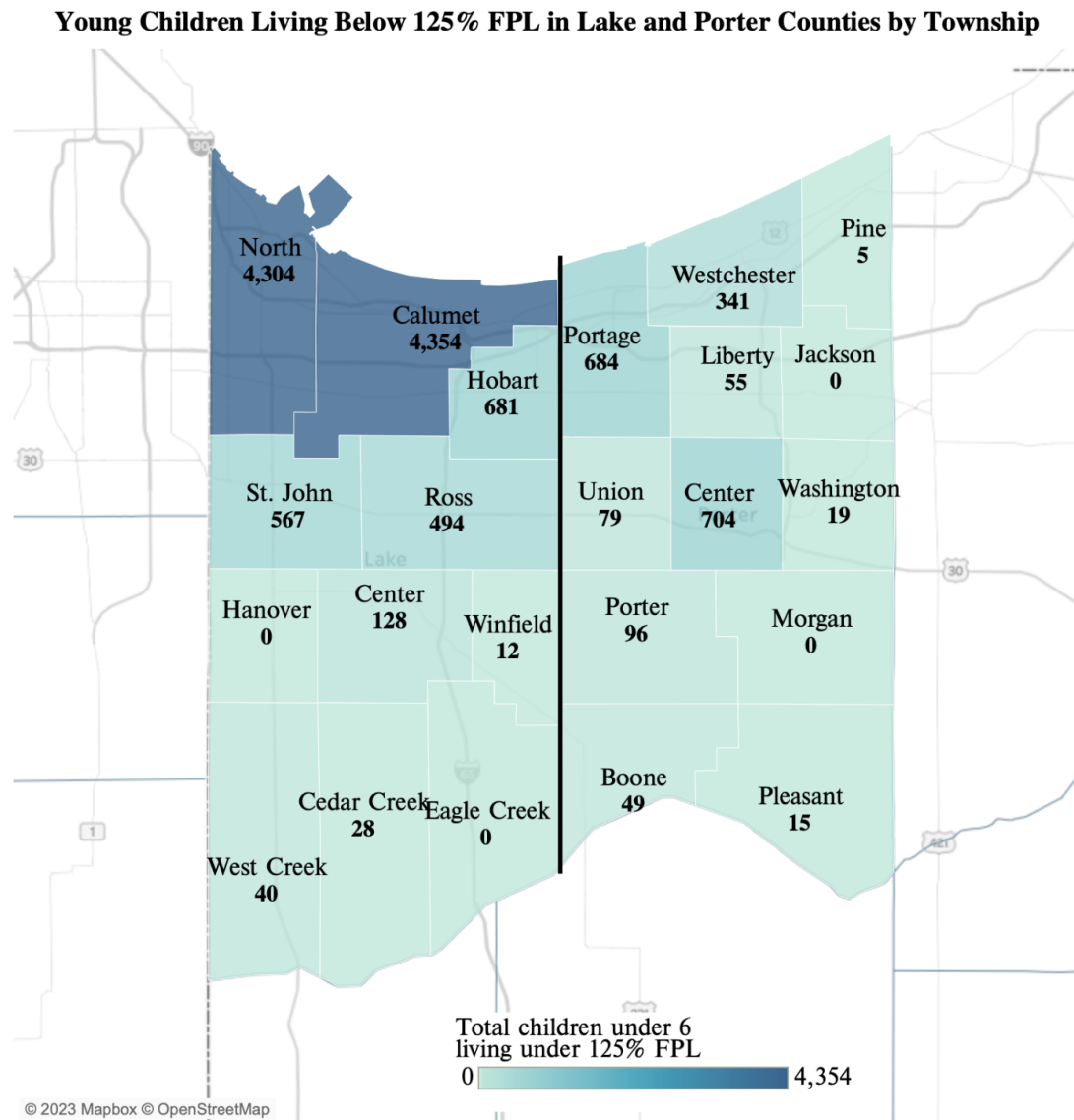
Data Note: Estimates developed by applying the percentage of children under 6 in poverty to the estimated number of young children by specific age.

Source: Brighter Futures Indiana (July 5, 2023). Brighter Futures Indiana Data Center. <https://brighterfuturesindiana.org/data-center>; U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021. Table B17024.

### County Snapshot - Young Children Living Below 125% FPL

The median income county snapshot above shows that there are not a lot of low income areas across Lake and Porter counties, but when we look at the same boundaries and label the number of young children living below 125% FPL, we see there are still low-income children all across the counties.

The map below labels the number of children under six years living below 125% of the federal poverty level. The darker blue colors represent a denser area of young children.<sup>6</sup>



Source: U.S. Census Bureau 2017-2021 American Community Survey 5-Year Estimates, Table B17024.

<sup>6</sup> Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B17024.

## PUBLIC ASSISTANCE FOR LOW INCOME FAMILIES

Federal eligibility guidelines for Head Start programs state that (most) children and pregnant mothers must fall into one of several eligibility categories. One of these categories is families receiving public assistance. Public assistance programs that fall into this category include Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Supplemental Social Security Income (SSI). The below section describes these programs and enrollment for each program in greater detail. Data on enrollment in these public assistance programs is reported for families overall, and is not currently available for families with children under 6 years old specifically.

**TANF** is a federal government program that assists families and caregivers. Families who receive TANF grants meet the public assistance eligibility criteria for access to Head Start programs. Indiana distributes the funds to support families with children under 18 years by providing cash assistance and support services, ultimately helping them reach economic self-sufficiency. Family and Social Services Administration (FSSA) is responsible for the TANF program in the state.

As of May 2023 in Lake County, there were 434 families receiving TANF grants, with the majority (433, 99%) of them being single-parent families. Since May 2022, the number of families receiving grants decreased by about 1% for single-parent families, a slightly lower rate of change than the state, which increased by 6%. Grants decreased by 95% for two-parent families in Lake County, while statewide grants to two-parent families increased by 214%. Data on TANF grants is reported for families overall, and is not currently available for families with children under 6 years old specifically.

May 2023 Lake County TANF Recipients					
Child-Only and One-Parent Families					
	May 2023	April 2023	May 2022	Annual Change	Indiana Annual Change
Number of families receiving TANF Grants	433	409	437	-0.9%	6%
Total number of grant recipients	959	884	960	-0.1%	8%
Number of adult grant recipients	147	124	129	14%	46%
Number of child grant recipients	812	760	831	-2.3%	4%
Two-Parent Families					
Number of families receiving TANF Grant	1	1	19	-95%	214%
Total number of grant recipients	5	5	58	-91%	244%
Number of adult grant recipients	2	2	15	-87%	455%
Number of child grant recipients	3	3	43	-93%	139%
Source: <a href="https://www.in.gov/fssa/dfr/files/MMR-Lake-en-us.pdf">https://www.in.gov/fssa/dfr/files/MMR-Lake-en-us.pdf</a>					

As of May 2023 in Porter County, there were 41 families receiving TANF grants, with the majority (40, 98%) of them being single-parent families. Since May 2022, the number of families receiving grants has decreased by 9% for single-parent families, compared to the state where Indiana increased by 6%). Grants decreased by 50% for two-parent families, while statewide grants to two-parent families increased by 214%.

May 2023 Porter County TANF Recipients					
Child-Only and One-Parent Families					
	May 2023	April 2023	May 2022	Annual Change	Indiana Annual Change
Number of families receiving TANF Grants	40	42	44	-9%	6%
Total number of grant recipients	86	86	78	10%	8%
Number of adult grant recipients	15	13	7	114%	46%
Number of child grant recipients	71	73	71	0%	4%
Two-Parent Families					
Number of families receiving TANF Grant	1	2	2	-50%	214%
Total number of grant recipients	3	6	2	50%	244%
Number of adult grant recipients	2	4	0	0%	456%
Number of child grant recipients	1	2	2	-50%	139%
Source: <a href="https://www.in.gov/fssa/dfr/files/MMR-Porter-en-us.pdf">https://www.in.gov/fssa/dfr/files/MMR-Porter-en-us.pdf</a>					

**SNAP** is another federal program that helps low to no income families and individuals by providing food assistance. Families who receive SNAP benefits meet the public assistance eligibility criteria for access to Head Start programs. In Indiana, FSSA is responsible for the program.

As of May 2023 in Lake County, there were 28,394 households receiving SNAP benefits, which equated to 60,224 individuals. This is a 6% increase in households but a 6% decrease in individuals since the previous year. Indiana decreased the number of households (3%) and individuals (4%) receiving SNAP benefits from the previous year. Data on SNAP benefits is reported for households overall, and is not currently available for households with children under 6 years old specifically.



May 2023 Lake County SNAP Benefit Recipients					
	May 2023	April 2023	May 2022	Annual Change	Indiana Annual Change
Number of households receiving SNAP benefits	28,394	28,088	30,202	6.0%	-3%
Number of recipients	60,224	59,652	64,449	-6.6%	-4%
Source: <a href="https://www.in.gov/fssa/dfr/files/MMR-Lake-en-us.pdf">https://www.in.gov/fssa/dfr/files/MMR-Lake-en-us.pdf</a>					

As of May 2023 in Porter County, there were 4,351 households, including 8,756 individuals who were receiving SNAP benefits. Similar to Indiana, this is a decrease in households (4%) and individuals (6%) since the previous year.

May 2023 Porter County SNAP Benefit Recipients					
	May 2023	April 2023	May 2022	Annual Change	Indiana Annual Change
Number of households receiving SNAP benefits	4,351	4,297	4,549	-4.4%	-3.3%
Number of recipients	8,756	8,632	9,304	-5.9%	-4.4%
Source: <a href="https://www.in.gov/fssa/dfr/files/MMR-Porter-en-us.pdf">https://www.in.gov/fssa/dfr/files/MMR-Porter-en-us.pdf</a>					

SSI is another federal program that provides monthly payments to adults and children with a disability who have income and resources below specific financial limits. SSI payments are also made to individuals age 65 and older without disabilities who meet the financial qualifications. Families who receive SSI benefits meet the public assistance eligibility criteria for access to Head Start programs.

In 2021, a total of 2,416 children under 18 received SSI benefits in Lake and Porter counties. Though data on SSI benefits to children under 5 is not available at the state or county level, nationally 4% of child beneficiaries were under 5 years of age in 2021.

SSI Benefit Recipients - Children Under 18			
	Indiana	Lake	Porter
Number of children under 18 receiving SSI benefits	20,328 (2018: 21,876)	2,087 (2018: 2,242)	329 (2018: 344)
Source: <a href="https://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html">https://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html</a>			

## CHILDREN EXPERIENCING HOMELESSNESS

In addition to families receiving public assistance, federal eligibility guidelines for Head Start programs state another allowable eligibility category is children from families experiencing homelessness. Indiana annually completes a point-in-time count for individuals experiencing homelessness. The last count was completed in December 2022. At that time there were 4,332 homeless households in Lake and Porter counties, which equals 5,449 individuals. This is more reported households and individuals than were reported in 2021. The majority of homeless households reported to be without children, but 11% of homeless households have at least one child, which is down (16%) from 2021. Nearly one-fifth (18%) of homeless individuals are under 18 years old.<sup>7</sup>

The most recent Point-in-Time Homeless Counts for Lake and Porter counties reported through the Indiana Housing and Community Development Authority were held in January of 2022. In Lake County, there were 19 households with at least one adult and one child who were homeless. Of these households, there were 78 homeless people, 54 of them children under the age of 18.

During the January 2022 Point-in-Time Homeless Count for Porter County, 19 households had at least one adult and one child who were homeless, which equaled 68 people, 45 of whom were children under the age of 18.<sup>8</sup>

The McKinney-Vento Act provides rights and services to children and youth experiencing homelessness. Children in need of services under this act are identified and served through schools. The total number of students identified by the McKinney-Vento Act as homeless or housing unstable in Indiana in 2020 was 15,725. This is a 16% decrease from 2018 (18,811 students). A total of 692 students in Lake County and 314 students in Porter County were identified as homeless or housing unstable in 2020. Data for 2020 may underrepresent the true number of students experiencing housing insecurity due to challenges caused by the COVID-19 pandemic.<sup>9</sup>

## CHILDREN IN FOSTER CARE

In addition to families receiving public assistance and children experiencing homelessness, federal eligibility guidelines for Head Start programs state another allowable eligibility category is children in foster care. The prevalence of children in Indiana experiencing abuse and neglect was over the national average in 2021 (13.6 children per 1,000 in Indiana, 8.1 children per 1,000 nationally). According to the Children's Bureau's Child Maltreatment report, Indiana has the tenth highest rate in the nation. Indiana's rate has steadily decreased since 2017. **Half (50%) of**

---

<sup>7</sup> Source: HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_State\\_IN\\_2022.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_State_IN_2022.pdf)

<sup>8</sup>Source: Indiana Housing and Community Development Authority. (2022). PIT Results by Region. [Data Set] Retrieved from: [https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/hmis\\_data\\_portal/](https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/hmis_data_portal/)

<sup>9</sup><https://datacenter.aecf.org/data/tables/9353-homeless-or-housing-unstable-students#detailed/5/2336.2355/true/574.1729.37.871.870.573.869.36.868.867/any/18472>

children who were reported as victims of maltreatment in Indiana in 2021 were young children (ages 0-5) and 23% were under the age of one.<sup>10</sup>

The Indiana Department of Child Services offers a data dashboard updated monthly sharing data about the conditions of children. The “CHINS [Child in Need of Services] Placements by County” measure reports the placement of children who are in need of services. As of June 2023, Lake County had 736 children in need of services, while Porter County had 82 children. In Lake and Porter counties, over two thirds of these children are placed in out-of-home placements.

June 2023 Children in Need of Services (CHINS)					
	Total CHINS	In Home		Out-Of-Home Placement	
Indiana	<b>11,485</b>	2,881	25%	8,604	75%
Lake	<b>736</b>	240	33%	496	67%
Porter	<b>82</b>	20	24%	62	76%

Source: <https://www.in.gov/dcs/data/>

Total CHINS in Indiana and Lake and Porter counties have decreased since 2018 by 47%, 52%, and 54% respectively. This may be in part due to significant legislative and policy changes made in 2019 and coinciding with the 2018 federal Family First Prevention Services Act (FFPSA). This policy shift was designed to prioritize family permanence and prevent removal whenever possible.<sup>11</sup>

## YOUTH UNDER 18 WITH A KNOWN DISABILITY STATUS

In Lake County, 4% of youth under 18 have a known disability and 3% of youth in Porter County have a disability status; slightly less than youth under 18 in Indiana overall (4.9%). As youth become older, the more likely they will be diagnosed with a disability. The most common known disability type for youth under 18 in Lake and Porter counties is ambulatory difficulty. Individuals with ambulatory difficulty have unique requirements to accessibility due to the severe difficulty of walking or climbing stairs.

Disability Type By Detailed Age			
Disability Type	Lake	Porter	Indiana
<b>Any Known Disability</b>			
Population under 18 years	<b>4%</b>	<b>3%</b>	<b>4.9%</b>
Population under 5 years	0.5%	0%	0.6%
Population 5 to 17 years	5.1%	3.9%	6.5%
<b>With a hearing difficulty</b>	<b>3.5%</b>	<b>2.9%</b>	<b>3.8%</b>

<sup>10</sup> Source: <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>

<sup>11</sup> [https://www.iyi.org/wp-content/uploads/2022/03/IYI\\_22Spotlight\\_FandC.pdf](https://www.iyi.org/wp-content/uploads/2022/03/IYI_22Spotlight_FandC.pdf)

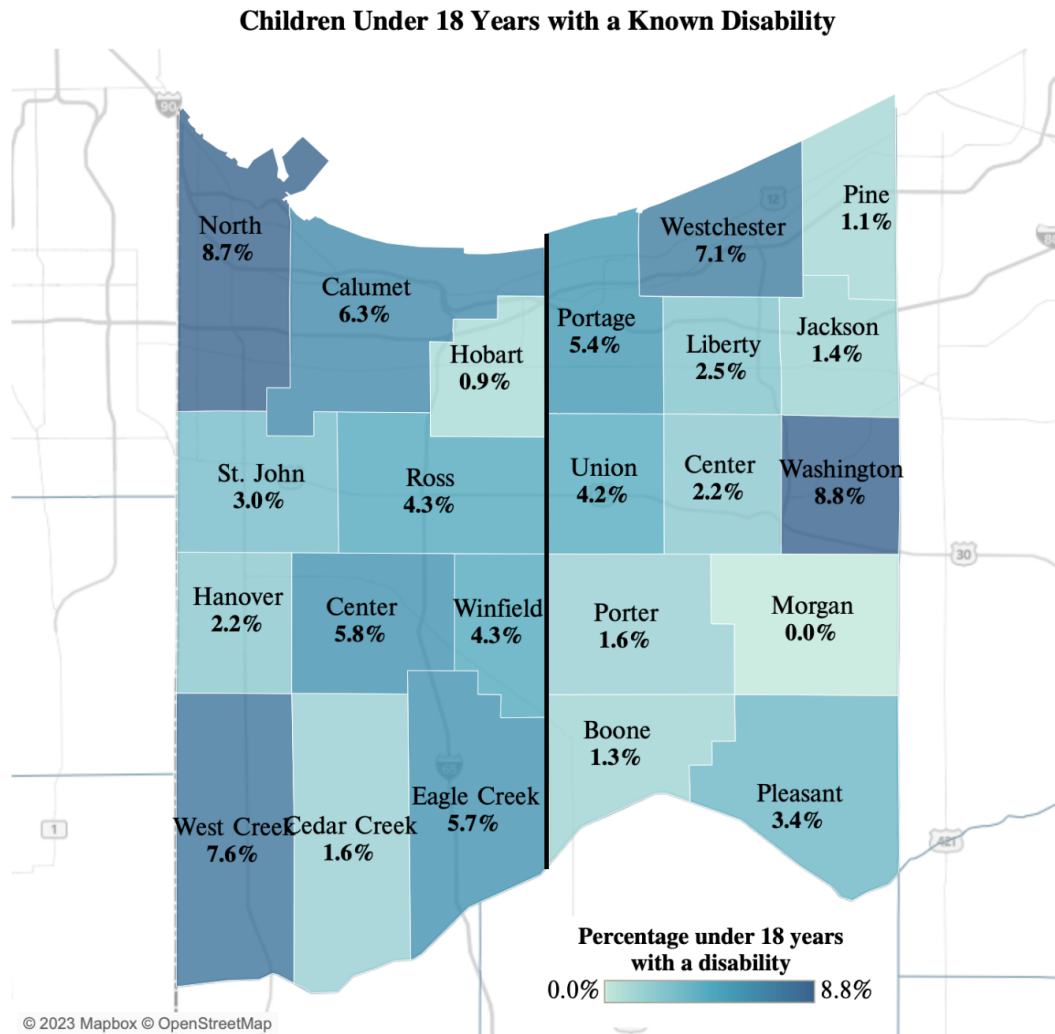
Population under 18 years	0.5%	0.1%	0.6%
Population under 5 years	0.5%	0%	0.3%
Population 5 to 17 years	0.5%	0.1%	0.7%
<b>With a vision difficulty</b>	<b>2.3%</b>	<b>1.8%</b>	<b>2.4%</b>
Population under 18 years	0.8%	0.4%	0.8%
Population under 5 years	0%	0%	0.3%
Population 5 to 17 years	1.1%	0.5%	0.9%
<b>With a cognitive difficulty</b>	<b>5.2%</b>	<b>4.1%</b>	<b>5.6%</b>
Population under 18 years	2.7%	2.6%	3.7%
<b>With an ambulatory difficulty</b>	<b>7.2%</b>	<b>6.1%</b>	<b>7.2%</b>
Population under 18 years	0.6%	0.5%	0.8%
<b>With a self-care difficulty</b>	<b>2.7%</b>	<b>2.4%</b>	<b>2.5%</b>
Population under 18 years	0.5%	1%	0.8%
Source: U.S. Census Bureau, 2017 - 2021 American Community Survey, 5-Year Estimates, Table S1810.			

### County Snapshot - Children Under 18 Years With a Known Disability<sup>12</sup>

<sup>12</sup> Data for children under 5 with a disability by township is unreportable due to low numbers.

The percentage of youth with a known disability varies greatly across Lake and Porter counties. The map by township below shows ranges up to 8.8%. Data at this geographic detail is limited for young children under 5 years, but see the appendix for more information on the number and percentage of children under 18 years with a disability.

Geminus Head Start assesses all newly enrolled children to determine potential developmental delays. For those children with identified potential delays, subsequent referrals are made to the local responsible Part B or Part C agencies for further evaluation.



Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table S1810.

# Education Needs of Eligible Families

## LOCAL SCHOOL DISTRICT INFORMATION

According to the 2022-23 Indiana Department of Education school directory, there are 39 corporations across Lake and Porter counties.<sup>13</sup> There are 29 corporations in Lake County, which include 120 public schools and an additional 27 non public schools. There are 10 corporations in Porter County, which include 54 public schools and an additional 10 non public schools.<sup>14</sup>

During the 2022-23 school year, within Lake County schools, over half (38,1091; 52%) of students are eligible for free or reduced lunch. This is significantly more than Porter County, where less than two in five (9,783; 38%) of students are eligible for free or reduced lunch.<sup>15</sup>

## ADULT EDUCATION<sup>16</sup>

Lumina's Stronger Nation reported nationally the adult educational attainment has been on the rise. Educational attainment is determined by adults ages 25 to 64 with a certification or college degree beyond high school graduation. In 2021, Indiana's educational attainment is the same as the national educational attainment of 54%.

Lake and Porter counties adult educational attainment is also below the nation along with the state. In 2021, a third (35%) of Lake County's adults ages 25 to 64 held a certification or college degree beyond high school graduation. More adults in Porter County hold a certification or college degree beyond high school graduation with 41% attainment.



Source: Lumina Foundation (2021). Indiana Stronger Nation Report.

## EMPLOYMENT

Across Indiana, including Lake and Porter counties, the unemployment rate increased significantly due to the COVID-19 pandemic, but in 2021 has started to normalize. In 2022, the unemployment rate in Indiana saw a slight increase while Lake and Porter counties saw decreases. In 2022, Indiana had a 3.8% unemployment rate which is up from 3% in 2021. In Lake County, the rate was higher than the State's rate at 4.6%. Porter County's rate is slightly

<sup>13</sup> Find the school directory under the "General School Information" section here:  
<https://www.in.gov/doe/it/data-center-and-reports/>.

<sup>14</sup> Source: Indiana Department of Education (2023). Corporations and School Directory.

<sup>15</sup> Source: Indiana Department of Education (2023). Corporation Enrollment by Ethnicity and Free/Reduced Meal Status 206-2023.

<sup>16</sup> Source: <https://www.luminafoundation.org/stronger-nation/report/2021/#state/IN>

lower than the state average at 3.3%. Lake and Porter counties unemployment levels are similar to those in 2019, pre-COVID (4.6% in 2021 versus 4.9% in 2019; 3.3% in 2021 versus 3.8% in 2019 respectively). This seems to indicate employment levels in Lake and Porter counties may be stabilizing after both counties saw their highest unemployment rates in 2020 since 2009 and 2010, following the 2008 housing crisis.<sup>17</sup>

## Health and Social Service Needs of Eligible Families

### DISABILITY SERVICES

First Steps is a program of the Division of Disability and Rehabilitative Services. Children who receive services via First Steps or special education programs in schools are eligible for Head Start programs regardless of income. EHS/HS has a 10% enrollment eligibility requirement, which requires 10% of children served to be children who receive disability services.

First Steps is Indiana's early intervention program that provides services to infants and toddlers from birth to third birthday who have developmental delays or disabilities. First Steps brings families together with a local network of professionals from education, health and social service agencies. Regions across the state have a local system point of entry that helps to refer children and families to local agencies.

For Lake and Porter counties, the local point of entry (or service provider) for First Steps is 1st Kids located in Crown Point. The table below details participation in First Steps for the state and Lake and Porter counties in 2021.

2021 Enrollment in First Steps			
Location	Annual Count of Children Served	Average Age at Referral (months)	Children Moving to Preschool Special Education after First Steps
Indiana	23,574	14	4,688 (47%)
Porter	615	13	108 (44%)
Lake	1,756	13	374 (52%)
Source: Indiana Family and Social Services Administration. (July 2021) First Steps Program Evaluation reports: County Profiles. Retrieved from: <a href="https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/">https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/</a> Data Note: Reporting period is 04/01/2020 - 03/31/2021			

Beyond the age of three, the Indiana Department of Education offers special education programs to students in preschool. In 2022, Indiana public schools served 13,682 students ages 3-5 through preschool special education programs. This is an increase of 11% over 2021. At the local level,

<sup>17</sup> Source: STATS Indiana. (2023). Labor Force Time Series Report. [https://www.stats.indiana.edu/laus/laus\\_view3.html](https://www.stats.indiana.edu/laus/laus_view3.html)

as of August 2019, Lake County served 676 children ages 3-5 in special education, while Porter County served 251 children.

## INCIDENCE OF DRUG ABUSE

In 2022, the Indiana Department of Health reported 2,250 deaths due to any drug. Lake County had 147 fatal overdose cases while Porter County had significantly less fatal overdose cases at 35. A majority of all fatal overdoses came from opioid use. Approximately 78% of Lake County's and 82% of Porter County's fatal overdose cases were related to any opioid.<sup>18</sup>

## MATERNAL AND INFANT HEALTH

### *Number of Expectant Mothers*

In 2021, there were over 5,000 births in Lake County and over 1,600 in Porter County. Births to Mothers by Age has not been updated since 2017 when half or over half of all births in Lake and Porter counties and the state are to mothers ages 20 to 29. In all locations, more than a third of births are to mothers ages 30-39, followed by teenage mothers aged 15 to 19, and women over 40 years.

2017 Births to Mothers by Age						
	Ages 10-14	Ages 15-19	Ages 20-29	Ages 30-39	Ages 40+	Total Births
Indiana	58	5,094	45,986	29,444	1,664	82,251
	0.1%	6%	56%	36%	2%	
Lake	7	350	2,996	2,116	141	5,610
	0.1%	6%	53%	38%	3%	
Porter	0	63	825	723	39	1,652
	0%	4%	50%	44%	2%	
Note: Indiana has 5 births to mothers of an unknown age. Source: <a href="http://www.stats.indiana.edu/vitals/">http://www.stats.indiana.edu/vitals/</a>						

<sup>18</sup> Indiana Department of Health (2023). Indiana Drug Overdose Dashboard, <https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/>



Over the last five years, the birthing rate declined in Lake County by over 3% and increased in Porter County by 1%, while the state rate declined by about 3%.

5-Year Change in Live Births						
	2017	2018	2019	2020	2021	Five Year % Change
Indiana	82,251	81,651	80,851	78,566	79,953	-2.9%
Lake	5,610	5,765	5,684	5,410	5,418	-3.5%
Porter	1,652	1,707	1,642	1,622	1,670	1.1%
Source: Indiana Department of Health, Office of Data Analytics, Data Analysis Team; Vital Records Variable ID: 'BIRTH009'						

### ***Health Outcomes***

In five of the six maternal and infant health outcomes, Lake County is higher (worse) compared to Indiana, while Porter County is lower (better) than Indiana in four outcomes.

2021 Maternal and Infant Health Outcomes						
	% Low Birth Weight (<2,500 G)	% Preterm (<37 weeks gestation)	% No Early Prenatal Care (1st Trimester)	% Smoking	% Not Breastfeeding	% Mother on Medicaid
Indiana	8.4	10.9	28.3	9.8	18.6	39.9
Lake	8.9	11.4	34.5	6.1	22.3	52.2
Porter	7.8	11.3	29.9	5.0	13.2	32.7
Source: Indiana Department of Health, Office of Data Analytics, Data Analysis Team; Vital Records.						

### ***Prenatal Care***

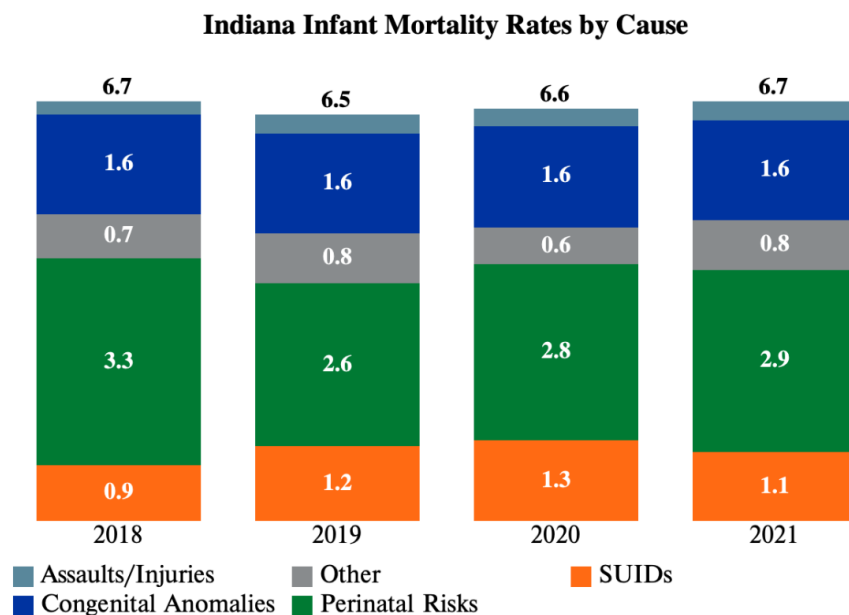
Prenatal care helps prevent complications and informs parents of the appropriate steps to take during pregnancy. Timely prenatal care helps with three main areas: (1) reduce the risk of pregnancy complications, (2) reduce the fetus' and infant's risk for complications, and (3) help ensure the medications women take are safe.<sup>19</sup> However, during 2021, approximately three in 10 (28%) pregnant individuals in Indiana did not receive prenatal care in the first trimester. Lake and Porter counties had a higher rate of individuals not receiving prenatal care during the first trimester (35% and 30%, respectively).

<sup>19</sup> Source: <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>

### Infant Mortality

The infant mortality rate per 1,000 live births in Lake County is 8.0 while in Porter County the rate was too low to measure in 2021, though the 2019 rate was 3.7 in Porter County.<sup>20</sup> The infant mortality rates have increased in Lake County and decreased in Porter County since 2018, when they were 7.1 and 4.7, respectively. Indiana's 6.7 rate is slightly higher than the previous rate of 6.5 in 2019. Lake County's infant mortality rate was lower than Indiana's in 2019 but the 2021 rate is higher.

The figure below details state-level infant mortality rates per 1,000 births by cause in 2018-2021. Sudden unexpected infant deaths (SUIDS - sudden infant death syndrome (SIDS) or accidental suffocation and strangulation in bed) in the northwest region of the state containing Lake and Porter counties was 107.8 per 100,000 live births from 2017-2021. The other data on infant deaths by cause is not available at the county level.



Source: Indiana State Department of Health Division of Maternal and Child Health, Infant Mortality Fact Sheets 2021.

Neonatal Abstinence Syndrome (NAS) is a group of conditions caused when a baby withdraws from certain drugs they are exposed to in the womb before birth. NAS is most often caused when a woman takes drugs called opioids during pregnancy. The estimated rate of NAS in Indiana in 2022 was 6.72 per 1,000 live births. This is a decrease from the rate in 2018 (9.49). Between May 2021 and July 2022, an estimated 76 infants were born with NAS in Lake County, and an estimated 61 infants were born with NAS in Porter County.<sup>21</sup>

<sup>20</sup> Source: Indiana State Department of Health Division of Maternal and Child Health, Infant Mortality Fact Sheets 2021.

<sup>21</sup> <https://www.regenstrief.org/iadc-dashboards/>

### ***Policy Changes with the Potential to Impact Infant and Maternal Health***

In August 2022, Indiana passed a law in banning abortions within the state. This law took effect on August 1st, 2023. This policy change has the potential to impact maternal and infant health outcomes in the coming years. Annual updates to this report will examine this data to understand changes in the years after this policy is enacted. This policy also has the potential to affect the demand for early childhood education services and other services aimed at supporting pregnant people and infants.

### **OTHER HOME VISITING PROGRAMS**

Evidence-based home visiting services are offered to families and children across Indiana through Healthy Families Indiana. Nurse-Family Partnership (NFP) is offered to a few select counties, including Lake County. The My Healthy Baby program (formerly OB Navigation pilot) also provides support to coordinate home visiting service providers.

My Healthy Baby is a collaboration between the Indiana State Department of Health (ISDH), the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). The program works with pregnant women to provide guidance during pregnancy and through the baby's first year of life at no cost to families. Lake County was identified as one of twenty at-risk counties that received assistance as part of the pilot program. As of May 2023, My Healthy Baby was expanded to all 92 Indiana counties.

### **NUTRITION**

According to the most recent data available from Feeding America, approximately one in 10 (11%) of people in Indiana are food insecure and even a higher percentage (13%) of children are food insecure. Lake County's numbers for food insecurity are similar at 11% for the overall population but higher than Indiana's average for children at 18%. Porter County's numbers are lower than Indiana and Lake County's rate with the overall population at 9% and children at 9%.<sup>22</sup> The percentage of the population in Indiana who are low-income and do not live close to a grocery store is 9%. This ranges across Indiana's counties between 0% in Spencer, Harrison, Owne, Orange, White, and Carroll counties, and 20% in Vigo County. Lake County's percentage of the population that are low-income and do not live close to a grocery store (10%) is slightly above the state overall (9%) while Porter County is slightly below (8%).<sup>23</sup>

Portage Township Schools, a public school system located in Porter County, announced in Summer 2023 that all students would be receiving free breakfast and lunch during the 2023-2024 school year through the USDA's Community Eligibility Provision (CEP) program.<sup>24</sup>

The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** is a nutrition program that provides nutrition and health assessments, nutrition education and counseling, breastfeeding support, referrals to other related support and social services, and

---

<sup>22</sup> Source: Feeding America, Map the Meal Gap, <https://map.feedingamerica.org/county/2021/overall/indiana>

<sup>23</sup> Source: University of Wisconsin Population Health Institute. (2023). County Health Rankings & Roadmaps 2023. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<sup>24</sup> [https://www.portage.k12.in.us/apps/pages/index.jsp?uREC\\_ID=2456366&type=d&pREC\\_ID=2236555](https://www.portage.k12.in.us/apps/pages/index.jsp?uREC_ID=2456366&type=d&pREC_ID=2236555)

supplemental healthy foods to meet needs. **In 2022, over 20,000 individuals were served by WIC in Lake and Porter counties, over half (55%) of whom were children.**

2022 Fiscal Year WIC Enrollment		
	Total Enrollment	Child Enrollment
Indiana	252,347	138,129
Lake	18,806	10,374
Porter	2,272	1,221
Source: Indiana State Department of Health - WIC/TEFAP Division. (2022). WIC Unduplicated Enrollment by County. [Data set]		

## Adverse Childhood Experiences (ACEs) and Challenging Behaviors

### MENTAL HEALTH

Children's mental health has been a prominent issue both nationally and at the state level in recent years, especially during and after the COVID-19 pandemic. The Journal of the American Medical Association (JAMA) estimates that nationally 7.7 million children, one in every 6, have at least one mental health disorder, also finding that roughly half of children do not receive any kind of treatment from a mental health professional.<sup>25</sup>

Mental Health America has found this is a growing issue, reporting in the past 4 years, there has been an increase in the number of major depressive episodes in youth 12-17 from 8.7% to 12.6%. At the state level, this issue is especially prevalent. Indiana ranks 46th out of 50 states and the DOC for youth (12-17) with at least one severe Major Depressive Episode in the past year.<sup>26</sup> Almost one-third (28.2%) of Indiana children 3-17 years had one or more mental, emotional, developmental, or behavioral (MEDB) problems, and 15.3% of Indiana children ages 3-5 have one or more reported MEDB problems.<sup>27</sup>

Youth mental health outcomes have worsened in recent years. In 2021, the Indiana Department of Health reported nearly half (47%) of Indiana students reported feeling sad or hopeless almost every day for over 2 weeks. This is an increase from 29% in 2015 and 2011. Suicidal ideation amongst high school students has also increased, with more than one quarter (28%) of students reporting they seriously considered attempting suicide in 2021, an increase from 20% in 2015, and 19% in 2011.<sup>28</sup>

<sup>25</sup> <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377>

<sup>26</sup> <https://mhanwi.org/research-results/>

<sup>27</sup> <https://www.childhealthdata.org/browse/survey/results?q=9353&r=16>

<sup>28</sup> Indiana Youth Institute. Kids Count Data Book. 2022. Retrieved from: <https://www.iyi.org/wp-content/uploads/2023/03/Data-Book-Digital-3.13.23.pdf>

Mental Health America asserts mental health begins in early childhood, stating “the first five years of a child’s life are critical for setting the foundation for lifelong health, success, and learning.” They reference research that specifically shows there is a relationship between ACEs and outcomes like mental health.<sup>29</sup>

## **ACES AND CHILDHOOD TRAUMA**

According to the CDC, ACEs, “are potentially traumatic events that occur in childhood (0-17 years). They can include both potentially traumatic events, such as witnessing violence in the home or community, or can include aspects of the child’s environment that can affect their sense of safety and stability, such as substance use problems in the home or experiencing homelessness.

According to the 2021 National Survey of Children’s Health, in Indiana an estimated 40% of children 0-17 years have experienced at least one ACE, and 21% have experienced two or more. The rate of children experiencing at least one ACE has decreased slightly from 2016 (46%). The rate for children 0-5 is lower, likely due to the shorter time frame during which experiences could occur. In Indiana in 2021, 24% of children 0-5 were estimated to have experienced at least one ACE. Data on ACEs at the county and local level is not currently available.<sup>30</sup>

The CDC-Kaiser Permanente ACE study, one of the largest investigations into the impact of ACEs in later life, and CDC’s Behavioral Risk Factor Surveillance System which collects data on ACEs via phone survey at the state level, have found childhood adversity through ACEs has lasting impacts on a number of long-term outcomes. These include but are not limited to mental health and suicidal ideation, chronic diseases like diabetes, substance abuse, and opportunities like education, occupation, and income.<sup>31</sup> Additionally, research has found that experiencing ACEs in early childhood specifically (0-5 years) is correlated with chronic health conditions and developmental risk factors in young children, such as emotional or behavioral problems.<sup>32</sup>

---

<sup>29</sup> <https://mhanwi.org/research-results/>

<sup>30</sup> <https://www.childhealthdata.org/browse/survey/results?q=9924&r=16&g=1001>

<sup>31</sup> <https://www.cdc.gov/violenceprevention/aces/ace-brfss.html>

<sup>32</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8882933/>

## Early Adversity has Lasting Impacts

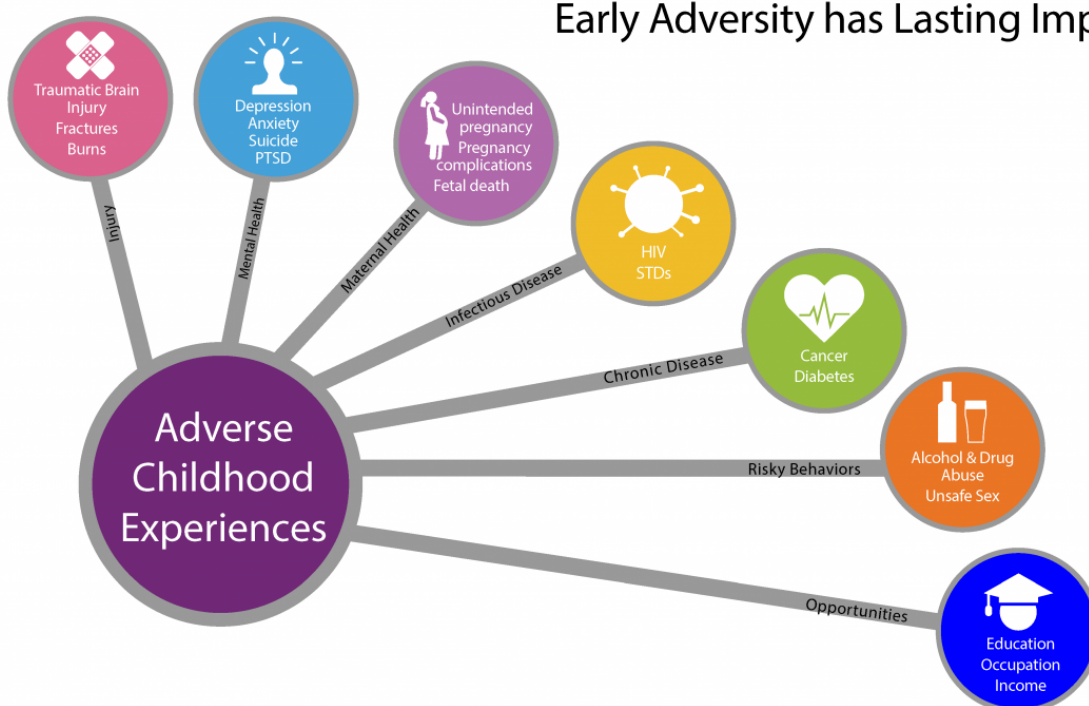


Image Source: Centers for Disease Control Violence Prevention. (2022). Behavioral Risk Factor Surveillance System ACE Data. Retrieved from: <https://www.cdc.gov/violenceprevention/aces/ace-brfss.html>

The CDC-Kaiser Permanente ACE study's methodology for measuring ACEs is one of the most common approaches to understanding ACEs, however some assessments do exist that are more specifically focused on children. One such model is The Pediatric ACEs and Related Life-events Screener (PEARLS) is used to screen children and adolescents ages 0-19 for ACEs. PEARLS was developed by the Bay Area Research Consortium on Toxic Stress and Health (BARC). The PEARLS tool includes a screening for ACEs as well as a screen for additional adversities and provides versions for caregiver respondents and children.<sup>33</sup>

## CHALLENGING BEHAVIORS

Any abnormal pattern of behavior which is above the expected norm for age and level of development can be described as "challenging behavior."<sup>34</sup> The Head Start Early Childhood Learning & Knowledge Center (ECLKC) acknowledges the connection between ACEs and challenging behaviors, stating, "children who have been exposed to trauma can have considerable reactions that can interfere with learning and behavior."<sup>35</sup>

Research supports this assertion. A 2018 study into childhood emotional and behavioral disorders published in *Child Abuse & Neglect: The International Journal* found adverse experiences in childhood were key risk factors contributing to the development of behavioral

<sup>33</sup> <https://www.acesaware.org/learn-about-screening/screening-tools/>

<sup>34</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803568/>

<sup>35</sup> <https://eclkc.ohs.acf.hhs.gov/mental-health/article/effects-trauma-managing-challenging-behaviors>

issues. The study listed adverse family life, poor child-parent relationships, maternal mental health status, and poverty specifically as adverse childhood experiences that showed a relationship with behavioral outcomes.<sup>36</sup> An additional 2018 study further found that there was a strong association between ACEs in early childhood (0-5) and the amount of challenging behaviors exhibited at age 9.<sup>37</sup>

Research also suggests early care and education professionals are seeing an increase in challenging behaviors in recent years, especially during and after the COVID-19 pandemic.<sup>38</sup>

Data on behavioral issues and disciplinary incidents among school-aged children supports this trend. In 2021-22, 4.2% of students in Indiana received an in-school suspension, 6.4% received an out-of-school suspension, and 0.2% of students were expelled. Indiana Youth Institute reports the suspension and expulsion rates for 2021-2022 were significantly higher than the previous year. Lake County had the second-highest rate of out-of-school suspensions out of 92 Indiana counties, with nearly one tenth (9.5%) of students receiving an out-of-school suspension in the 2021-22 school year.<sup>39</sup>

### *The Pyramid Model*

Though best practices around challenging behaviors vary, an approach provided by the Head Start ECLKC recommends using the Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children (Pyramid Model) to prevent and respond to challenging behavior. The Pyramid Model was developed by two national, federally-funded research and training centers: The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention for Youth Children (TACSEI).

A visual representation of the pyramid model detailing its components is included below. This model builds on a tiered public health approach to providing universal supports to all children to promote wellness, targeted services to those that need more support, and intensive services to those who need them. Over a decade of evaluation has shown this model to be an effective framework for early care and education systems.

---

<sup>36</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803568/>

<sup>37</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5436949/>

<sup>38</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9234312/>

<sup>39</sup> Indiana Youth Institute. Kids Count Data Book. 2022. Retrieved from: <https://www.iyi.org/wp-content/uploads/2023/03/Data-Book-Digital-3.13.23.pdf>





Image Source: National Center for Pyramid Model Innovations. (2022). Pyramid Model Overview - The Basics. Retrieved from: <https://challengingbehavior.org/pyramid-model/overview/basics/>

The National Center for Pyramid Model Innovations (NCPMI), in addition to this model, offers a few best practices to prevent challenging behaviors in early care and education settings. These include:

- Designing effective classroom environments
- Providing a predictable daily schedule
- Establishing consistent rules, rituals, and routines<sup>40</sup>

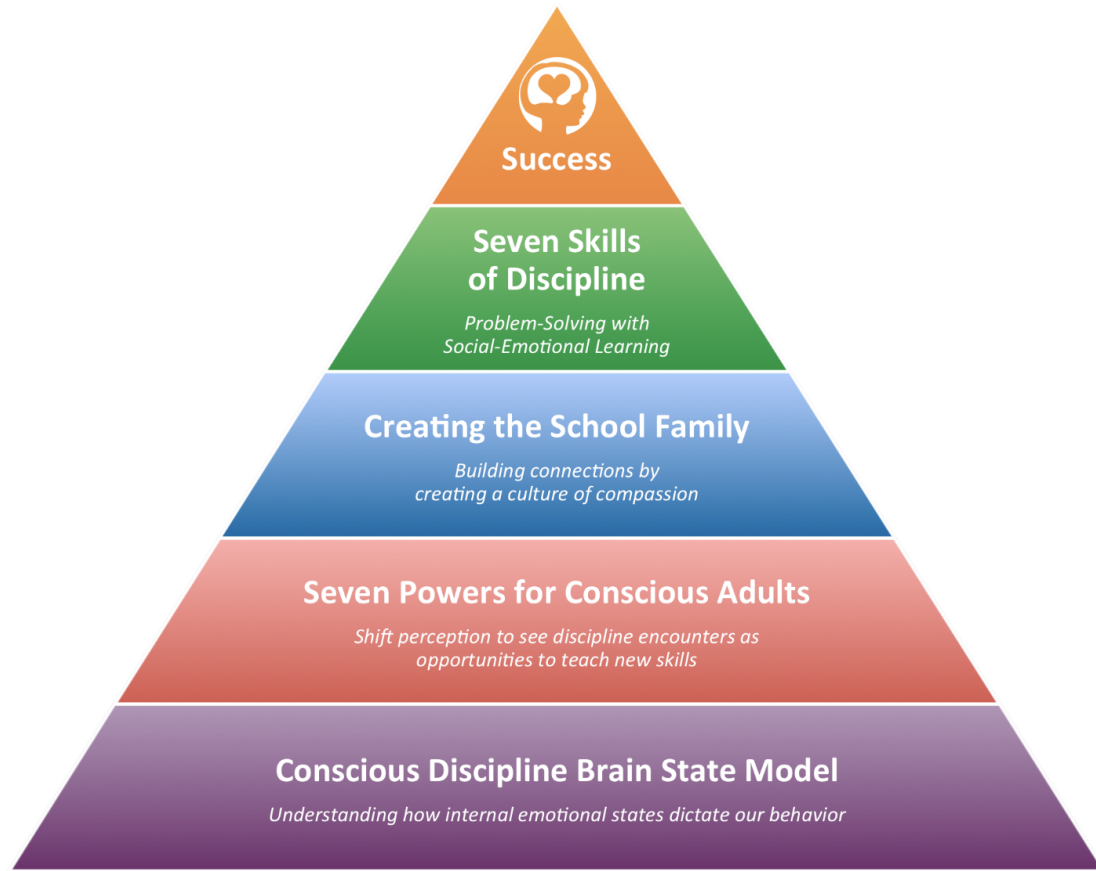
### *Conscious Discipline*

Another evidence-based model for responding to challenging behaviors is Conscious Discipline. Conscious Discipline is an evidence-based, trauma-informed approach. It is recognized by the Substance Abuse and Mental Health Administration's (SAMHSA's) National Registry of Evidence-based Programs and Practices (NREPP). Conscious Discipline encompasses four components, detailed below:

---

<sup>40</sup> [https://challengingbehavior.org/docs/RecommendedPractices\\_preventing-challenging-behavior.pdf](https://challengingbehavior.org/docs/RecommendedPractices_preventing-challenging-behavior.pdf)





Geminus has implemented Conscious Discipline training and methods in classrooms with great success and plans to continue training staff on this approach in future years.

## Child Care Access

### CHILD CARE AVAILABILITY

In 2021, it is estimated that 29,486 young children in Lake and Porter counties need care because all of their parents are in the workforce (both parents in a two-parent household or one in a single-parent household). Over two-thirds of Lake (64%) and Porter (71%) counties' young children need care, similar to the need in Indiana (68%).<sup>41</sup>

Capacity in Early Care and Education for Children in Need of Care				
Location	Children Under 6 Years Who Need Care		Capacity to Serve Young Children in Known Care	Capacity Available to Children That Need Care
Indiana	325,984	68%	179,530	55%
Lake	21,887	64%	12,356	56%
Porter	7,599	71%	2,430	32%
Service Area Total	29,486	66%	14,786	50%
	Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table B23008.		Source: Brighter Futures Indiana (July 5, 2023). Brighter Futures Indiana Data Center. <a href="https://brighterfuturesindiana.org/data-center">https://brighterfuturesindiana.org/data-center</a>	

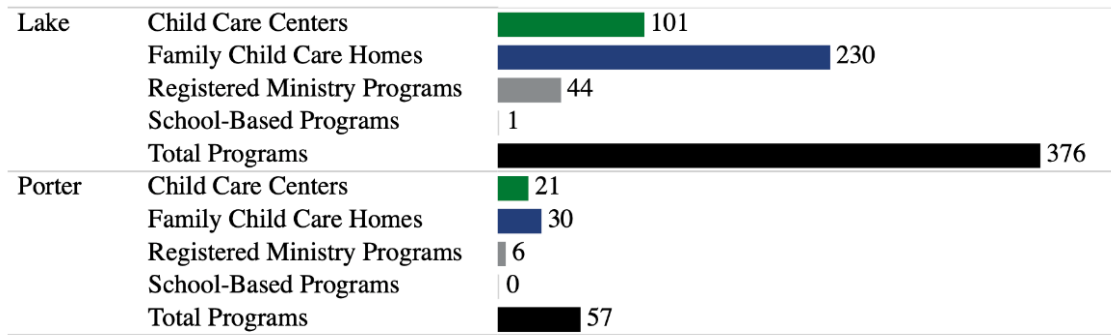
In Indiana, capacity in known early care and education programs is available to serve around half (55%) of young children in need of care because parents work. This is similar for Lake County (56%), but Porter County only has the capacity to serve around one-third (32%) of young children in need. The remaining percentage of young children who need care are being cared for by a family member, friend, or neighbor.

In Indiana, early care and education programs include child care centers, family child care homes, registered ministries, and school-based programs. As of July 2023, Lake County has 376 known programs, which is a slight increase from 2022 (351 programs). Porter County has 57 programs, which is also a small increase from 2022 (52 programs).

---

<sup>41</sup> Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table B23008.

### Early Care and Education Programs



Source: Brighter Futures Indiana (July 7, 2023). Brighter Futures Indiana Data Center. Retrieved from <https://brighterfuturesindiana.org/data-center>

In Lake County, over half of capacity is in child care centers (57%), followed by family child care homes (22%), and registered ministries (21%). The capacity makeup is similar in Porter County, with over half of capacity in child care centers (66%), nearly one-fifth (17%) in family child care homes, and the remaining capacity in registered ministries (17%). Lake and Porter counties did not have any reported capacity in school-based programs in 2023.<sup>42</sup>

Capacity in Early Care and Education Programs									
Location	Child Care Centers		Family Child Care Homes		Registered Ministries		School-Based		Total
Lake County	7,075	57%	2,671	22%	2,610	21%	NA*	NA	12,356
Porter County	1,605	66%	424	17%	401	17%	NA*	NA	2,430

Source: Brighter Futures Indiana (July 7, 2023). Brighter Futures Indiana Data Center, Retrieved from <https://brighterfuturesindiana.org/data-center>

\*Capacity for school-based programs is unavailable.

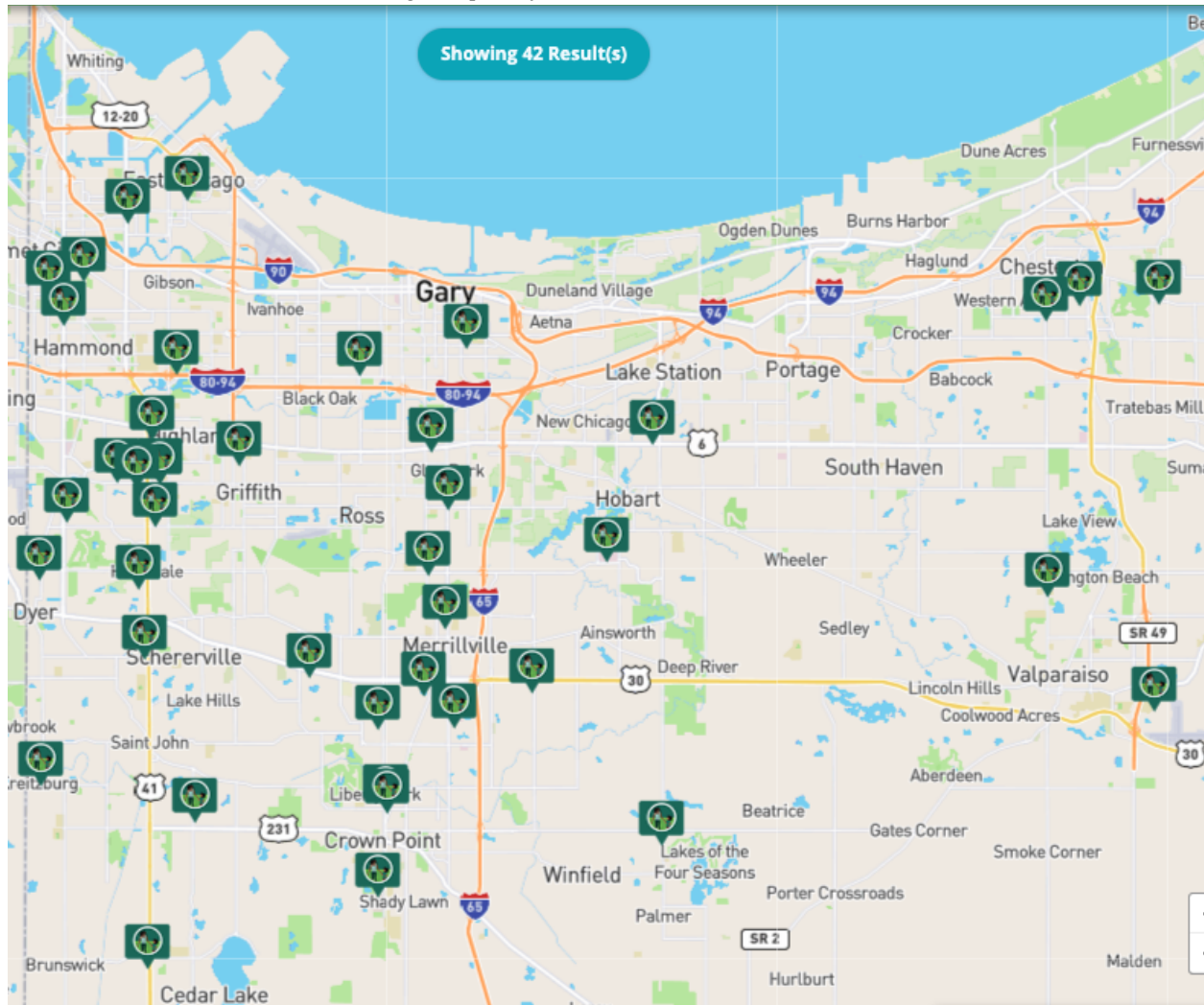
The maps below are snapshots from FSSA Child Care Finder, showing licensed centers registered to serve children in Lake and Porter counties.

In general, more licensed centers are available to older children than to younger children. In fact, nearly twice as many centers are available to preschoolers than to infants in Lake and Porter counties.

<sup>42</sup> Data note: Enrollment may vary from actual capacity.

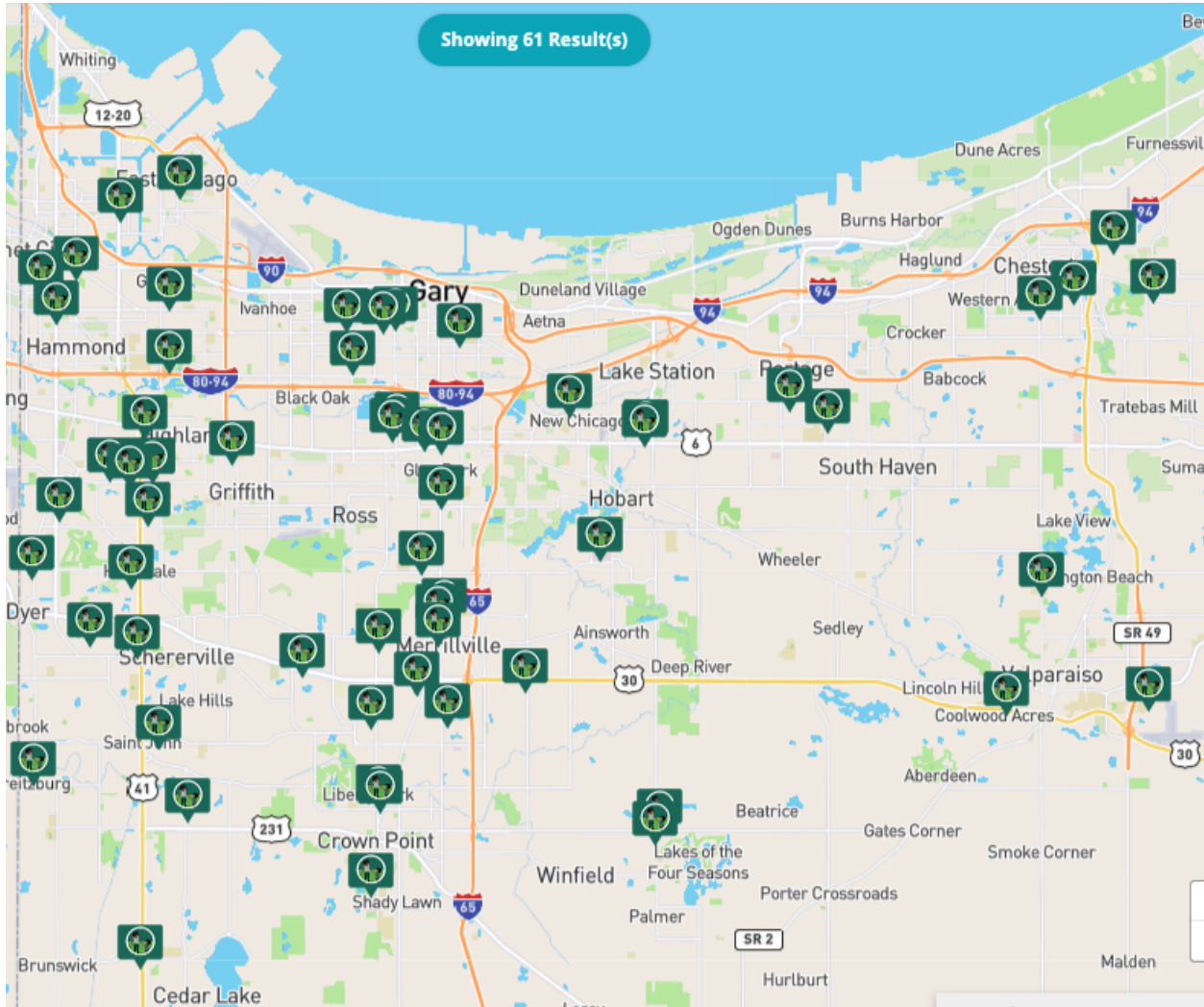
## Map of Early Care and Education Sites in Lake and Porter Counties Serving Infants

*Image snapshot from FSSA Child Care Finder*



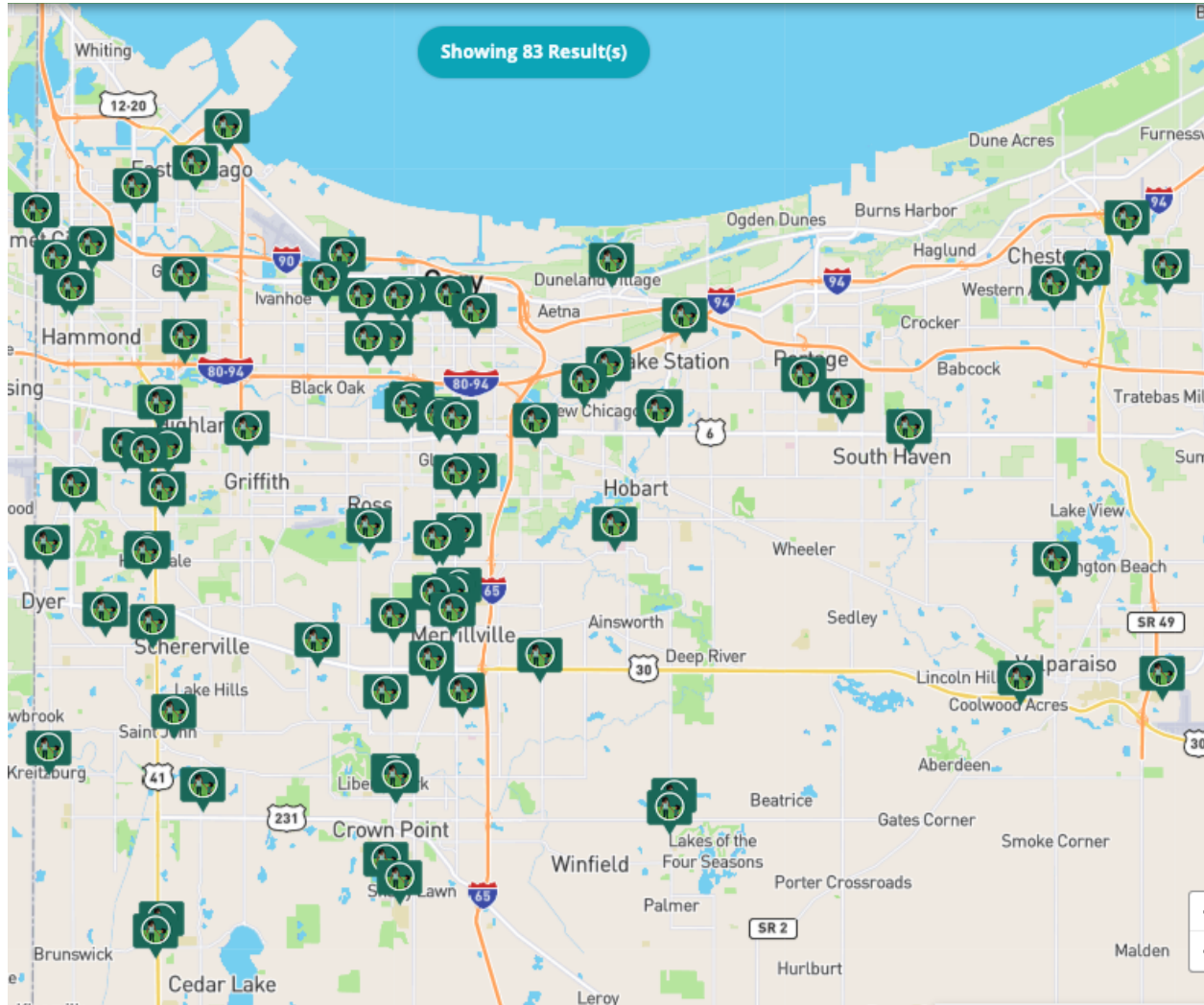
## Map of Early Care and Education Sites in Lake and Porter Counties Serving Toddlers

*Image snapshot from FSSA Child Care Finder*



## Map of Early Care and Education Sites in Lake and Porter Counties Serving Preschoolers

*Image snapshot from FSSA Child Care Finder*





## APPROXIMATE NUMBER OF HEAD START - ELIGIBLE CHILDREN SERVED

According to the U.S. Census Bureau, Lake County has over 8,000 children under six living below 100% FPL (poverty) and an additional 2,104 living between 100% and 125% FPL. Porter County has 1,630 children living in poverty and an additional 417 living between 100% and 125% FPL.<sup>43</sup>

Young Children within the Federal Poverty Guidelines			
Location	<100% FPL (poverty)	<125% FPL	<185% FPL
Lake	8,504	10,608	15,700
Porter	1,630	2,047	3,011
<b>Service Area Total</b>	<b>10,134</b>	<b>12,655</b>	<b>18,711</b>
<b>% of Total Children Within the Federal Poverty Guidelines Geminus has Capacity to Serve (1,544 funded enrollment)</b>	<b>15%</b>	<b>12%</b>	<b>8%</b>
<b>% of Total Children Within the Federal Poverty Guidelines Geminus Serves (1,791 cumulative enrollment)</b>	<b>18%</b>	<b>14%</b>	<b>10%</b>

Based on Geminus Head Start program's funded enrollment of 1,544 children, Geminus has the capacity to serve 15% of children living at or below poverty in Lake and Porter counties, with a majority of the funded enrollment located in Lake County.

Based on the cumulative enrollment of 1,791 children served in Geminus Head Start programs, Geminus served 18% of total young children in poverty in Lake and Porter counties.

### Unmet Need for Head Start Eligible Children

In Lake County, the demand for child care based on young children in poverty is 8,504 child care slots. The supply of slots through both Geminus Head Start and for young children through the Child Care Development Fund (CCDF) is 3,723, creating an unmet need of 4,781 slots. In Porter County, the demand for care from children living in poverty is 1,630 slots. The supply is 594 slots through Geminus Head Start seats and CCDF slots, creating an unmet need in Porter County of 1,036 slots. In both Lake and Porter counties, the unmet need for slots is greater for children ages 0-3 compared to the need for slots for children ages 3-5.

<sup>43</sup> Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table B17024.

Unmet Need for Head Start Eligible Children				
	<b>Supply</b> (Geminus HS/EHS slots for children)	<b>Supply</b> (Child Care Development Fund (CCDF) slots)	<b>Demand</b> (Young children in poverty)	<b>Unmet Need</b> (Slots needed for children in need)
Lake County 0-5	<b>1,443</b>	2,280	8,504	<b>-4,781</b>
0-3 (EHS)	310	1,638	5,526	<b>-3,578</b>
3-5 (HS)	1,133	1,124	4,346	<b>-2,089</b>
Porter County 0-5	<b>101</b>	493	1,630	<b>-1,036</b>
0-3 (EHS)	18	359	1,011	<b>-634</b>
3-5 (HS)	83	251	846	<b>-512</b>
Service Area Total	<b>1,544</b>	2,773	10,134	<b>-5,817</b>
0-3 (EHS)	328	1,997	6,537	<b>-4,212</b>
3-5 (HS)	1,216	1,375	5,192	<b>-2,601</b>
<p><i>EHS and HS populations overlap the three-year-old counts.</i></p> <p><i>EHS count includes child slots only, does not include slots for pregnant women.</i></p> <p><i>The income eligibility threshold for CCDF increased from 127% of the federal poverty threshold to 150% in July 2023, increasing the number of children and families eligible for assistance.</i></p> <p>Geminus Slots Source: Geminus Head Start, 2022-23 Program Year Funded Enrollment.</p> <p>CCDF Source: FSSA OECOSL, 7/1/20-6/30/21 via ELAC.</p> <p>Children in Poverty Source: U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021. Table B17024.</p>				

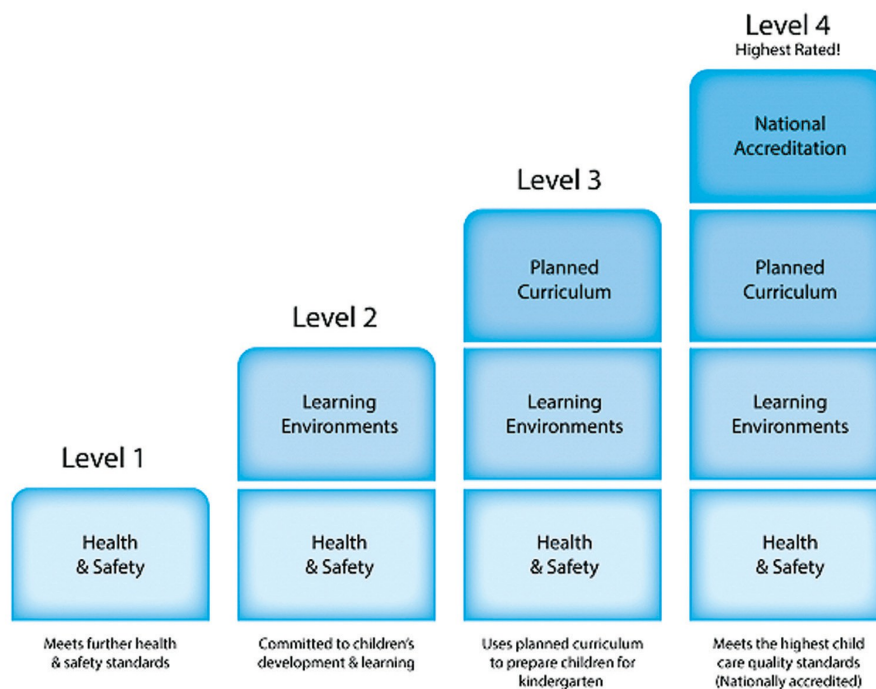


## 5. Quality

### High-Quality Child Care Availability

#### QUALITY

High-quality child care in Indiana is defined as a program rated at Paths to QUALITY™ Levels 3 or 4 or an approved nationally accredited program. As of July 5, 2023 Lake County had 177 high-quality programs or 47% of programs are high-quality and Porter County had 32 high-quality programs or 56% of programs are high-quality.



High-Quality Programs			
	Total Programs	Total High-Quality Programs	Percentage of Programs that are High Quality
Indiana	4,143	1,649	51%
Lake	375	177	47%
Porter	57	32	56%

Lake County's child care programs can in total serve 12,348 children. Out of this total capacity, approximately two thirds (65%) is designated to high-quality programs, which is a slightly higher

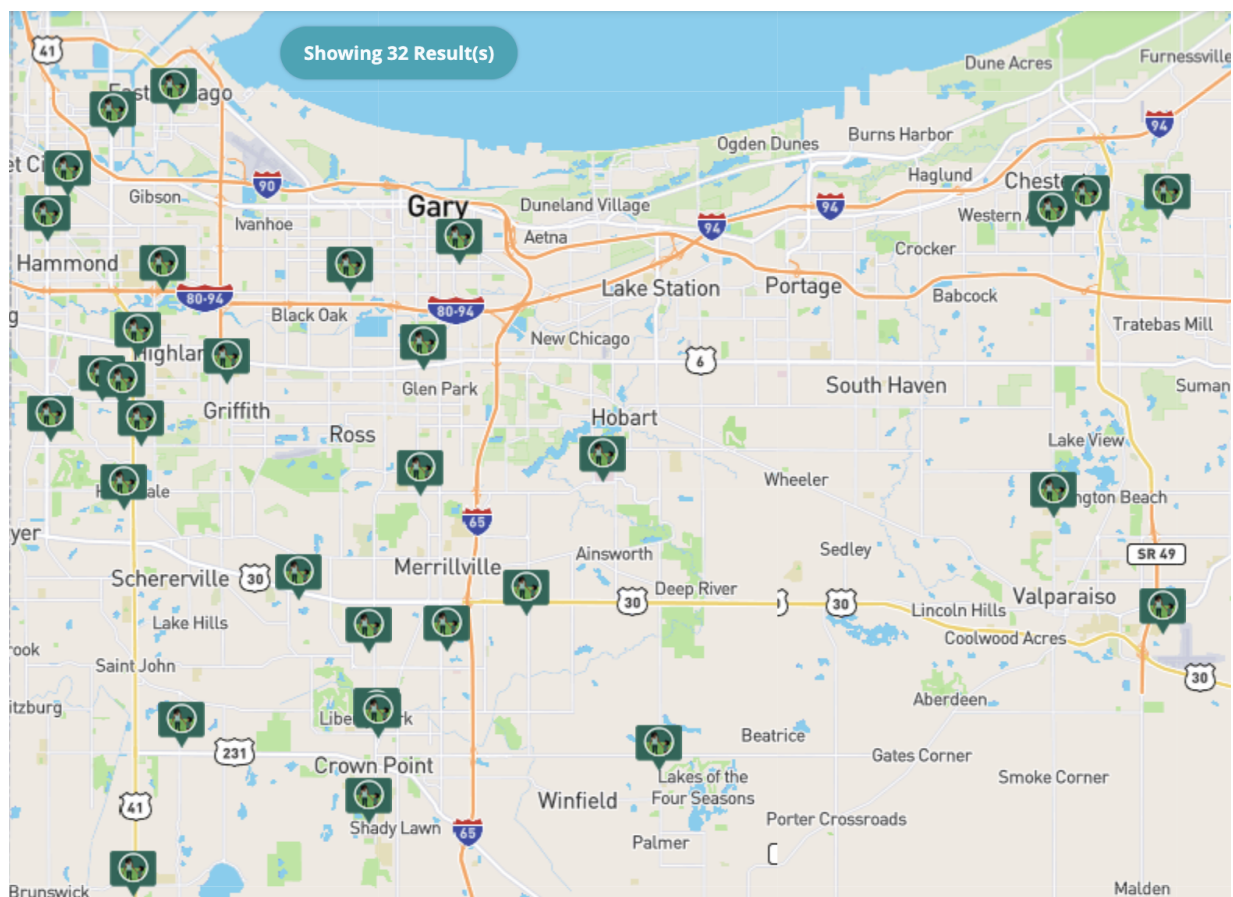
percentage compared to Indiana (51%). Porter County has a total capacity of 2,430, and has even more high-quality capacity with the ability to serve more than four in five (81%).<sup>44</sup>

High-Quality Capacity			
	Total Capacity	Total High-Quality Capacity	Percentage of Capacity that is High Quality
Indiana	179,453	92,224	51%
Lake	12,348	7,998	65%
Porter	2,430	1,968	81%

The map below is a snapshot from FSSA Child Care Finder, showing high-quality (Level 3 or 4 on Paths to QUALITY™) licensed centers registered to serve children 0-5 years of age in Lake and Porter counties.

### Map of High-Quality Early Care and Education Sites in Lake and Porter Counties

*Image snapshot from FSSA Child Care Finder*



<sup>44</sup> Source: Brighter Futures Indiana (July 5, 2023). Brighter Futures Indiana Data Center. <https://brighterfuturesindiana.org/data-center>

## AFFORDABILITY

As of July 19, 2023, the average weekly cost of full-time early childhood education in Indiana was \$159.04. The average weekly cost in Lake and Porter counties is higher than the state average (\$176.39 and \$202.53, respectively). Households in Lake County would spend more of their income on early childhood education (14%) than households in Porter County by four percentage points (10%).

Affordability is a common barrier for parents who want to enroll their child in an early childhood education program. The average tuition cost of high-quality early childhood education for infants and toddlers is more than preschool and school-age early childhood education. The average tuition cost of high-quality early childhood education in Indiana for infants and toddlers as of July 19, 2023 is \$10,884, higher than preschool (\$9,369) and school-age (\$7,585) high-quality childhood education. Lake County's annual cost for high-quality early childhood education for infants and toddlers is about the same as the state average at \$10,790 while Porter County is above at \$13,071.<sup>45</sup>

High-Quality Average Annual Cost by Age Group			
	Indiana	Lake	Porter
Infants and Toddlers	\$10,884	\$10,790	\$13,071
Preschool	\$9,369	\$9,652	\$11,338
Source: Brighter Futures Indiana (July 19, 2023). Brighter Futures Indiana Data Center. <a href="https://brighterfuturesindiana.org/data-center">https://brighterfuturesindiana.org/data-center</a>			

There are assistance programs available to help families afford care. In Indiana, the two main publicly funded early care and education programs outside of EHS and HS are the Child Care Development Fund vouchers and On My Way Pre-K.

### *Child Care Development Fund (CCDF)*

The Child Care Development Fund (CCDF) provides voucher assistance to low-income families for child care so they can work or attend school. In 2020-2021, half (50%) of vouchers went to older children ages three through five, while half (50%) went to children under three years of age with infants being the smallest recipients of vouchers.

Over the last three years, the total number of vouchers has decreased statewide. In Lake County, the number is 15% lower in 2021 than in 2020, while in Porter County, the number of vouchers increased 14% from 2020 to 2021.

---

<sup>45</sup> Source: Brighter Futures Indiana (July 19, 2023). Brighter Futures Indiana Data Center.  
<https://brighterfuturesindiana.org/data-center>

Children Served in Early Care and Education with a CCDF Voucher									
	Infant	Ones	Twos	Threes	Fours	Fives	Total Under 6 (2021)	Total Under 6 (2020)	Total Under 6 (2019)
Indiana	3,019	4,363	5,282	5,522	4,116	3,215	25,517	27,266	26,848
	12%	17%	21%	22%	16%	13%			
Lake	239	409	508	482	377	265	2,280	2,688	2,692
	10%	18%	22%	21%	17%	12%			
Porter	64	76	102	117	83	51	493	431	360
	13%	15%	21%	24%	17%	10%			

Source: FSSA OECOSL, 7/1/20-6/30/21 via ELAC.

Recent policy changes may impact the number of children served through CCDF. Effective July 1, 2023, initial family income eligibility for CCDF increased from 127% of the federal poverty level to 150% - which equals around \$45,000 in annual income for a family of four. This expansion will create access for approximately 11,000 more children and families to receive assistance. If more families become eligible to receive CCDF vouchers, then there will also need to be enough seats within child care programs to meet the demand. In Lake County, there are 372 CCDF-eligible programs with over 12,000 eligible seats for youth under 13. In Porter County, there are 55 CCDF-eligible programs with nearly 2,300 seats for youth under 13.

#### *On My Way Pre-K*

On My Way Pre-K (OMWPK) awards grants to low-income families with children 4 years of age, so that they may have access to high-quality pre-K the year before they begin kindergarten. In order to qualify, a parent must also be working or enrolled in school. In the 2022-2023 program year, over 6,000 children were served in an OMWPK program across Indiana, an increase of 30% over the 2022-22 program year (4,793). In Lake County, 500 children were served in an OMWPK program, which is an increase of 49% (336) since the 2021-22 program year. Porter County enrolled 96 children in OMWPK, which increased by 2% (94) over last year. To monitor OMWPK participation in the 2023-24 program year, visit <https://www.in.gov/fssa/5688.htm>.

Recent policy changes may impact the number of children served through OMWPK. Effective July 1, 2023, initial family income eligibility for OMWPK increased from 127% of the federal poverty level to 150% - which equals around \$45,000 in annual income for a family of four. This expansion will create access for approximately 11,000 more children and families to receive assistance.

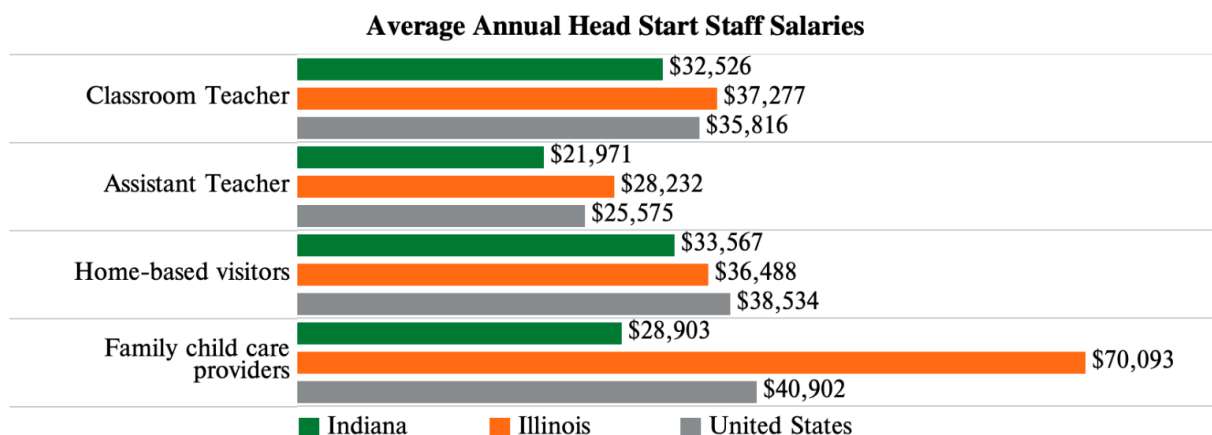
Children with On My Way Pre-K Vouchers				
	2019-20	2020-21	2021-22	2022-23
Indiana	3,517	2,476	4,793	6,230
Lake	297	184	336	500
Porter	20	36	94	96
Source: Family and Social Services Administration, On My Way Pre-K County Grant Enrollment, <a href="https://www.in.gov/fssa/5688.htm">https://www.in.gov/fssa/5688.htm</a> .				

## 6. Workforce

### Economic Changes Impacting Employment

#### EARLY CHILDHOOD EDUCATION WORKFORCE WAGE TRENDS

Annual average Head Start staff salaries in Indiana ranged from \$21,971 to \$33,567 in the 2022 program year, depending on position. On average, Indiana Head Start staff earned lower wages than the national average and lower wages than Head Start staff peers in the neighboring state of Illinois.



Source: Indiana, Illinois, and National 2022 Program Information Reports.

Head Start Teacher pay is similar to the mean annual pay for preschool workers in general (except special education) in Indiana, which in May of 2022 was between \$24,540 and \$32,220.<sup>46</sup>

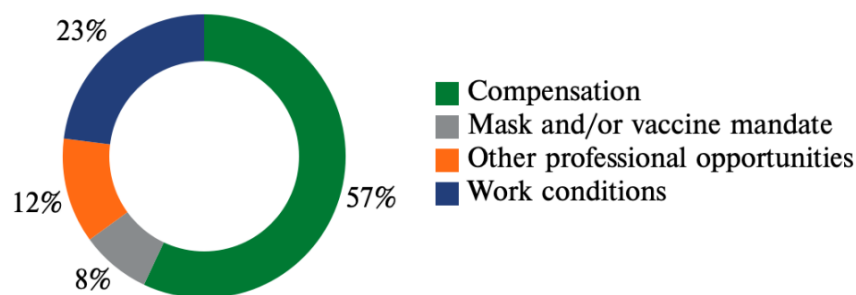
<sup>46</sup> Source: Bureau of Labor Statistics. (2022). "Occupational Employment and Wages, May 2022 - Preschool Teachers, Except Special Education." Retrieved from: <https://www.bls.gov/oes/current/oes252011.htm#st>

### ***The Head Start Workforce Crisis***

In February 2023, the National Head Start Association surveyed grant recipients on workforce issues and their impact on programming. Based on responses from 200 programs, they found:

- 20% of Head Start and Early Head Start classrooms are currently closed. Of those with closed classrooms, 81% cited staff vacancies as the primary reason.
- 19% of staff positions were vacant nationwide
- 65% of respondents indicated compensation is the number one reason for staff vacancies
- 81% of respondents said staff vacancies are higher than usual
- Current enrollment relative to funded enrollment was 79% for Head Start and 81% for Early Head Start nationally as of February 2023, which the National Head Start Association attributed directly to closed classrooms due to staff vacancies.

#### **What is the top reason Head Start staff are leaving?**



Source: National Head Start Association. (2022). Workforce brief: confronting Head Start's workforce crisis.

Not only was compensation the top reported reason for staff leaving Head Start programs, but respondents reported understaffing as the main driver of poor working conditions, the second most common reason for leaving.<sup>47</sup>

Along these same lines, in an Information Memo released to Head Start grant recipients on September 12, 2022, the Office of Head Start (OHS) addressed strategies to stabilize the Head Start workforce. This memo encouraged all grant recipients to consider the following actions:

- Permanently increase staff compensation, advising organizations to use the OHS Wage Comparability Survey guide to aid decision-making
- Offer bonuses, short-term pay increases, or other financial incentives
- Compensate staff during closures and transitions
- Provide information to staff on the Public Service Loan Forgiveness (PSLF) program
- Promote a positive and empowering work environment
- Provide supports for educational attainment and career advancement
- Consider, where appropriate, utilizing qualification waivers for Head Start preschool teachers

<sup>47</sup> Source: National Head Start Association. (2022). Workforce brief: Confronting Head Start's Workforce Crisis."

### ***Competition for Qualified Staff***

Other education professionals serving children K-8th grades make on average much more than early child care and education professionals. In 2019, Indiana early education professionals with a bachelor's degree were paid over one-third (35%) less than educators teaching children K-8th grades on average. The average hourly median wage for kindergarten teachers in Indiana in 2019 (\$28.48) was more than double the average hourly wage for a preschool teacher (\$12.84).<sup>48</sup>

Indiana early care and education employers also face competition from neighboring states. As the table below outlines, early childhood workers make on average 10% more hourly in Illinois than they do in Indiana.

2019 Early Childhood Education Professionals - Average Hourly Earnings by Occupation			
Occupation	Indiana	Illinois	% Difference
Child care worker	\$10.31	\$11.16	7%
Preschool teacher	\$12.84	\$14.29	10%
Center director	\$19.51	\$24.44	20%
Source: Center for the Study of Child Care Employment. (2019). State Profiles. <a href="https://cscce.berkeley.edu/workforce-index-2020/states/indiana/">https://cscce.berkeley.edu/workforce-index-2020/states/indiana/</a>			

Nationally, pay for preschool teachers in Indiana is low in comparison to other neighboring states, as the map on the following page from the Bureau of Labor Statistics illustrates.

---

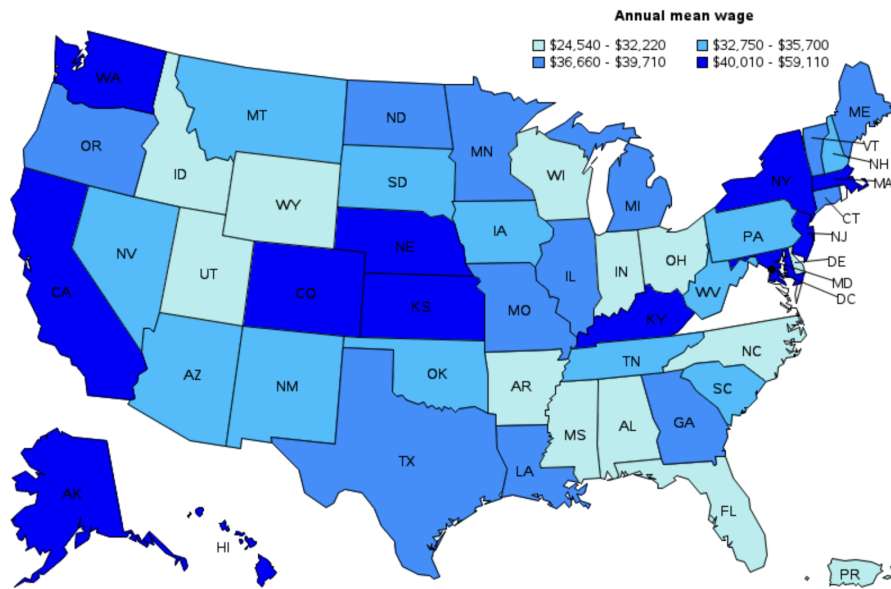
<sup>48</sup> Source: Center for the Study of Child Care Employment. (2019). State Profiles.  
<https://cscce.berkeley.edu/workforce-index-2020/states/indiana/>



## Map of the Annual Mean Wage of Preschool Teachers

Image snapshot from the U.S. Bureau of Labor Statistics' Occupational and Wage Statistics Occupation Profiles

Annual mean wage of preschool teachers, except special education, by state, May 2022



Blank areas indicate data not available.

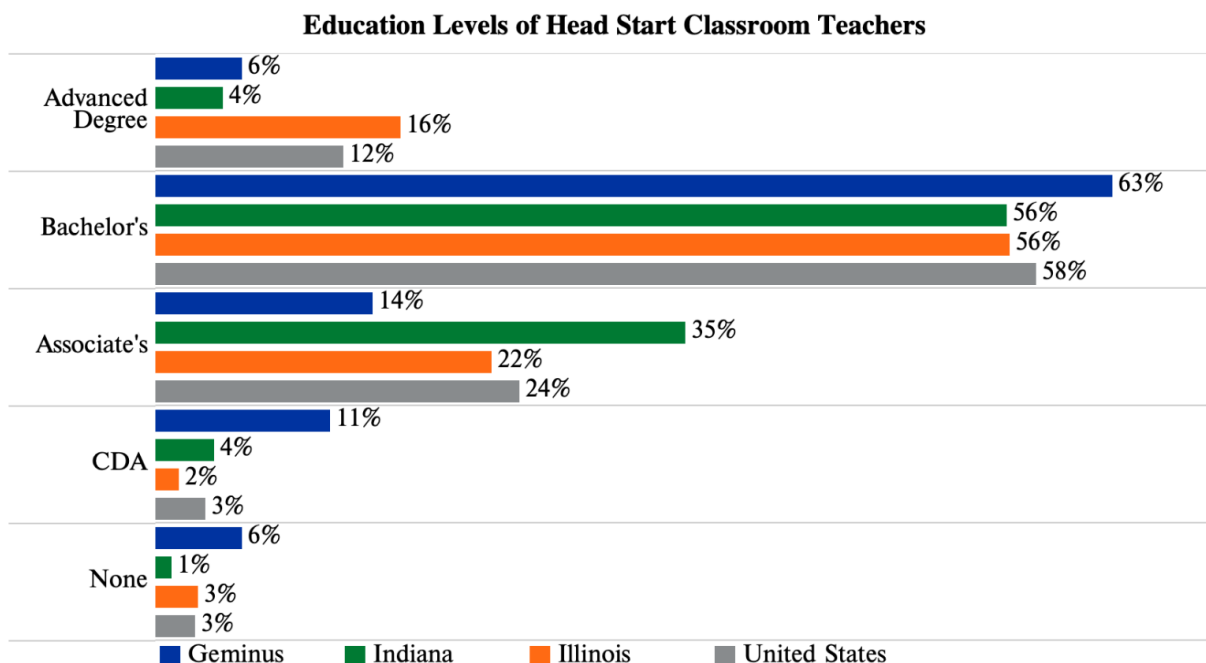
Competition is also coming from the private sector as more entry-level jobs raise base pay rates. As of October 2021, Target was offering wages up to \$24 an hour for entry-level positions, and Costco was paying all starting employees \$16 an hour, with over half making \$25 an hour.<sup>49</sup>

## DEGREE COMPLETION

In the 2022-23 program year, Geminus reported higher degree completion rates (as defined by the Program Information Report) for Head Start classroom teachers as compared with Indiana averages with the exception of Associate's degrees, which Geminus Head Start classroom teachers completed at a lower rate than state averages.

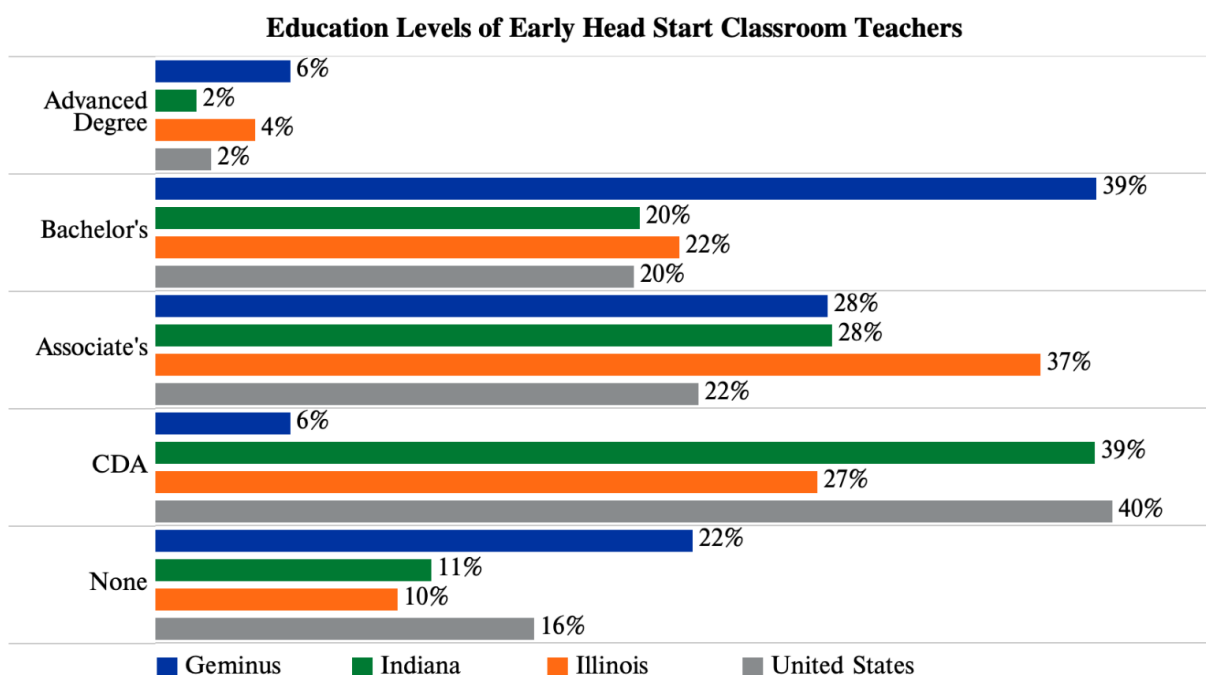
<sup>49</sup> Source: Smith, K. A. (2021). 8 Big Companies Raising their Minimum Wages During Covid. Forbes Advisor. [forbes.com/advisor/personal-finance/companies-paying-15-an-hour](https://forbes.com/advisor/personal-finance/companies-paying-15-an-hour).





Source: Indiana, Illinois, and National 2022 Program Information Reports, Geminus 2022-2023 Program Information Report.

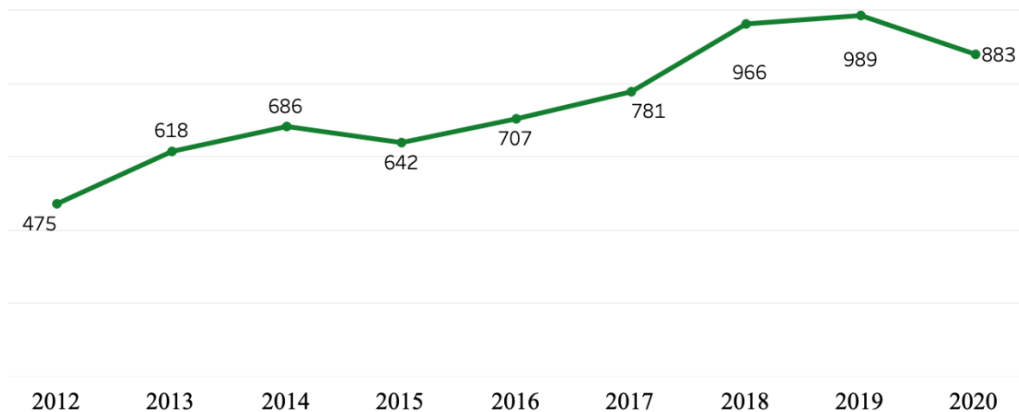
On average, Geminus Early Head Start classroom teachers reported higher rates of degree completion than state averages with the exception of Child Development Associate CDA credential completion which was lower for Geminus Early Head Start classroom teachers than for their peers on average.



Source: Indiana, Illinois, and National 2022 Program Information Reports, Geminus 2022-2023 Program Information Report.

Degrees earned in Early Childhood Education and Teaching have increased in Indiana every year since 2012, except 2020, though this is possibly as a result of the COVID-19 pandemic. In every year since 2012, over three fourths of completed Early Childhood Education and Teaching degrees have been completed in Marion County. Beginning in 2017, degrees in Early Childhood Education and Teaching began being reported in Lake County, with an average of 9 degrees per year and a total of 34 degrees in the years 2017-2020. There were no degrees reported as completed in Porter County in the years 2012-2020.<sup>50</sup>

### Early Childhood Education & Teaching Degrees Earned in Indiana 2012-2020



Source: U.S. Department of Education National Center for Education Statistics. (2020). Integrated Postsecondary Education Data System (IPEDS) Completions.

### *Child Development Associate (CDA) Credentials*

The CDA National Credentialing Program was established officially when the first CDA was administered in 1985 and has awarded nearly one million CDA credentials to date. The CDA was born out of an effort by early childhood educators in the 1970s to improve the quality of early care and education. It was established through a partnership between the then-named U.S. Department of Health, Education, and Welfare, Administration on Children Youth, and Families (ACYF) and the National Association for the Education of Young Children (NAEYC).

Since the program's inception in 1985,<sup>51</sup> a total of 26,565 CDA credentials have been awarded in Indiana. This is less than neighboring states Illinois and Michigan, though when taking population into account, Indiana actually saw a greater number of credentials awarded as a percentage of the total population than Michigan or Illinois.<sup>52</sup> Data on CDA credential awards is not currently available at the local or county level.

<sup>50</sup> Source: U.S. Department of Education National Center for Education Statistics. (2020). Integrated Postsecondary Education Data System (IPEDS) Completions.

<sup>51</sup> Only aggregate data since the program's inception is accessible, no year-over-year comparisons are available.

<sup>52</sup> Source: Council for Professional Recognition. (2021). State Fact Sheets.

Total CDA Credentials Awarded by Type Since Program's Inception (1985-2021)					
State	Total CDAs	Infant-Toddler	Preschool	Family Child Care	Home Visitor
Indiana	26,565	5,712	13,346	4,155	321
Illinois	28,717	9,095	15,759	3,387	495
Michigan	33,479	7,016	24,491	1,209	798
Source: Council for Professional Recognition. (2021). State Fact Sheets.					

### ***Teacher Education and Compensation Helps (T.E.A.C.H) Early Childhood Scholarship***

Created in 1990, the Teacher Education and Compensation Helps, or T.E.A.C.H., Early Childhood Indiana Scholarship Program is a national program that supports early childhood education professionals in gaining additional education and/or credentials. This program addresses the issues of under-education, poor compensation, and high turnover within the early childhood education workforce by removing the financial barriers to education. Head Start center directors, assistant teachers, and home visitors are among those who are eligible to participate in the program.

In Indiana, the Indiana Association for the Education of Young Children (INAEYC) administers the T.E.A.C.H. Early Childhood Program. During the 2022 fiscal year, the program helped 1,369 early education professionals increase their education. These professionals worked in early childhood settings serving over 38,000 young children.

In Indiana, participants in the T.E.A.C.H. program saw increased compensation (9% average increase for associate degrees, 13% for bachelor's degrees) and high retention rates (98% for both associate's and bachelor's degrees).<sup>53</sup> Data on TEACH participants at the local and county levels is not currently available.

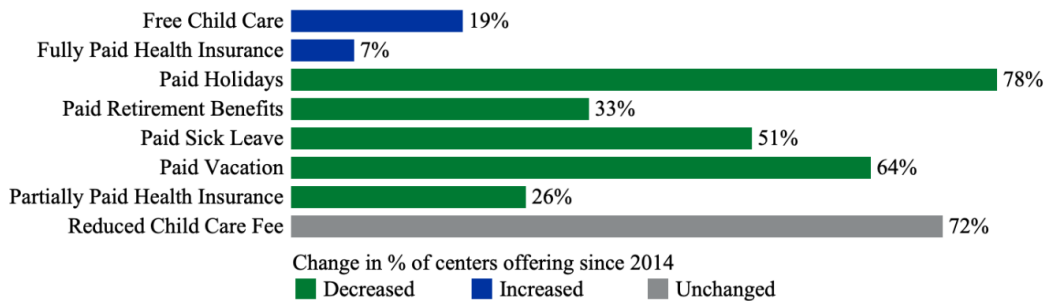
During the 2022-23 Program Year, a total of 14 instructional staff working in Geminus Head Start programs had been enrolled in the T.E.A.C.H. program.

## **BENEFITS**

According to the Indiana AEYC's 2019 Indiana Child Care Workforce Study, fewer child care centers and registered ministries reported offering benefits compared with 2014, with the exception of free child care (increased by 3%), fully paid health insurance (increased by 3%), and reduced fee child care (remained unchanged).

<sup>53</sup> T.E.A.C.H. Early Childhood National Center. (2022). 2021-2022 State Profile Compendium. Retrieved from: <https://www.teachechnationalcenter.org/wp-content/uploads/2022/12/FY22-Compendium-FINAL-12.9.22-3.pdf>

**Percentage of Indiana Child Care Centers/Ministries Offering Benefits, 2019  
(As Reported by Directors)**



Source: Indiana Association for the Education of Young Children. (2020). 2019 Indiana Child Care Workforce Study: Working in Child Care in Indiana.

As centers report reducing benefits in Indiana, workers nationally are seeking improved benefits. Grant Thornton LLP’s State of Work in America Report found that of responding workers who left their jobs in the prior 12 months, 18% did so in search of better benefits, and of those who turned down an offer, 33% did so because of insufficient benefits.<sup>54</sup>

Nationally, benefits like sign-on bonuses are becoming more common as employers compete for workers. In fact, the GlobalData Job Analytics database found that job postings referencing “sign-on bonus” increased over four times (454%) between August 2020 and August 2021.<sup>55</sup>

Early Care and Education providers in Indiana are increasingly providing benefits like these in an effort to attract and retain workers. The July 2022 Early Learning Indiana Child Care Workforce Survey found that 90% of high-quality centers and ministries reported they were offering at least one type of incentive to attract and retain staff, with 84% providing pay increases, 43% offering hiring bonuses, and 45% offering staying bonuses. The number of respondents offering pay increases and hiring bonuses both increased by 10% each between 2021 and 2022.<sup>56</sup> The Spring 2021 American Rescue Plan offered a one-time funding increase for Head Start programs of \$1 billion nationally, available to all grantees based on funded enrollment. Allowable uses for these grant dollars included hiring additional staff, providing staff wellness and professional development opportunities, and increasing or expanding fringe benefits. Though this was a one-time funding increase, this funding did allow some Head Start programs to provide better benefits to attract and retain workers.

Demand for remote or hybrid work options has also increased since 2020. Grant Thornton LLP’s State of Work in America Report found that of responding workers, 77% enjoyed working from home, 75% felt working from home had improved their work-life balance, and 80% wanted flexibility on where and when they conducted their work going forward.<sup>57</sup>

<sup>54</sup> Source: Grant Thornton LLP. (2022). “The State of Work in America: American workers find their voice.”

<sup>55</sup> Source: GlobalData Job Analytics Database. (2021). Job trends of companies referencing “sign on bonus” 2020-2021.

<sup>56</sup> Indiana Business Research Center, Early Learning Indiana. (2022). Childcare Workforce Study. Retrieved from: <https://www.ibrc.indiana.edu/studies/Childcare-Workforce-Analysis-for-ELI.pdf>

<sup>57</sup> Source: Grant Thornton LLP. (2022). “The State of Work in America: American workers find their voice.”



to serve 1,216 children ages three through five; and Early Head Start-Child Care Partnership locations have the capacity to serve 200 children.

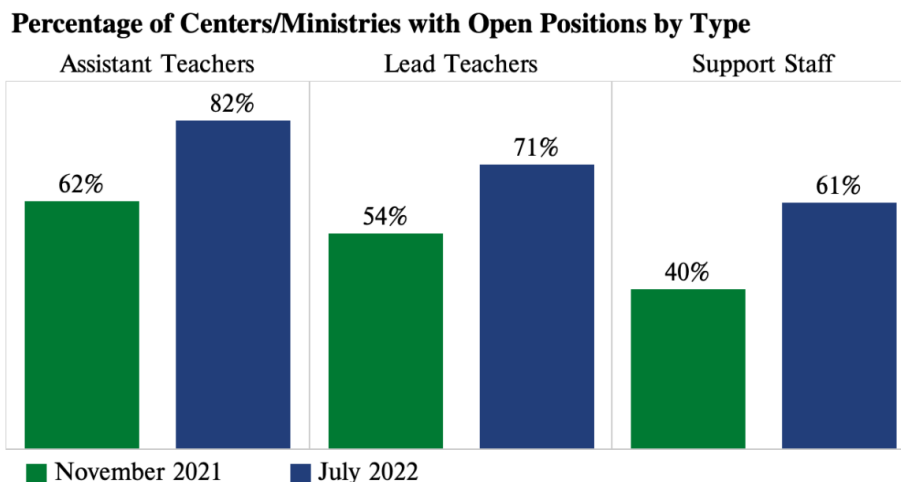
## CUMULATIVE ENROLLMENT

Due to turnover of enrollment, Geminus Head Start cumulatively served 1,837 children and 29 pregnant women in the 2022-23 program year. The majority of children served are enrolled in the Head Start program. Less than a tenth (159 children and 29 pregnant women; 8%) of children and women were served in Early Head Start, and nearly one fifth (310; 17%) were served in EHS-CCP, and the remaining three quarters (1,368; 74%) were served in Head Start programs.

## ENROLLMENT AND WORKFORCE CHALLENGES

Indiana early childhood education programs are facing challenges in recent years finding and retaining qualified staff, leading to issues maintaining capacity and keeping seats open for children who need services. Early Learning Indiana conducted a Child Care Workforce Survey in July 2022, and found that child care providers reported seeing higher rates of turnover in 2022 than they saw in 2021. Over half (57%) of high-quality centers and ministries indicated they were operating at decreased capacity due to staffing shortages.<sup>58</sup>

The figure below displays results from the Early Learning Indiana Child Care workforce survey, showing the number of high-quality centers and ministries reporting open positions by type of position. These results show staff vacancies are a growing problem. It also demonstrates this issue especially impacts support staff positions like assistant teachers. Though these positions are just as important to support a provider's capacity to provide services, compensation is less for support roles, which can create additional challenges in filling those positions.



Source: Indiana Business Research Center, Early Learning Indiana. (2022). Child Care Workforce Survey. Retrieved from: <https://www.ibrc.indiana.edu/studies/Childcare-Workforce-Analysis-for-ELI.pdf>  
Data Note: Survey Responses limited to providers at PTQ Level 3 or 4

<sup>58</sup> Indiana Business Research Center, Early Learning Indiana. (2022). Child Care Workforce Survey. Retrieved from: <https://www.ibrc.indiana.edu/studies/Childcare-Workforce-Analysis-for-ELI.pdf>

Like early childhood education programs in general, Head Start programs specifically both in Indiana and around the country have experienced under-enrollment in recent years, largely due to the impact of COVID-19 and not having enough staff. Though Head Start programs typically pay a higher wage than community based early childhood education programs and tend to offer more benefits, they are still struggling to find and retain staff. As of May 2023, Indiana Head Start programs overall were at a 78% enrollment level, similar to enrollment levels in neighboring states Illinois (76%), Michigan (77%), and Ohio (76%). The Indiana Head Start Association conducted a survey in July 2022 and found 82% of responding program sites reported they were under-enrolled, pointing to staff shortages as the main reason. Of programs that indicated they had open positions, over nine tenths (93%) said these shortages were forcing their program sites to close classrooms.

Under-enrollment due to staff shortages is an issue at the national level as well. Nearly a quarter (20%) of Head Start and Early Head Start classrooms were closed as of February 2023 according to a survey conducted by the National Head Start Association. Over three fourths (81%) of responding sites that indicated they had closed classrooms cited staff vacancies as the main reason. Over three fourths (81%) of responding grant recipients indicated they felt staff vacancies are higher than usual, and two thirds (65%) said the main reason for staff vacancies was compensation. In general, Head Start programs have higher educational requirements for staff than community based programs, which can lead to greater challenges finding qualified staff. Geminus has submitted a Change of Scope application to address under enrollment in Head Start, and to create a pathway to higher salaries for instructional staff. Implementation will occur upon approval of the application.

## **ELIGIBILITY**

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

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

Geminus Head Start programs use this criteria to determine eligibility. The table below details the number of students Geminus serves who are eligible within each of these categories.



<b>Geminus Cumulative Enrollment by Eligibility Category</b>			
	<b>HS</b>	<b>EHS</b>	<b>EHS-CCP</b>
Children from Income Eligible Families	569 (42%)	69 (43%)	126 (41%)
Children from Families Experiencing Homelessness	46 (3%)	9 (6%)	28 (9%)
Children from Families Receiving Public Assistance	544 (40%)	51 (32%)	100 (32%)
Children in Foster Care	37 (3%)	3 (2%)	9 (3%)
Children With Eligibility Based On Some Other Type Of Need, But Not Listed Above	143 (10%)	22 (14%)	31 (10%)
Children from Families with Income Between 100% and 130% of the Federal Poverty Level (Over-Income)	29 (2%)	5 (3%)	16 (5%)

In addition to the eligibility criteria above, Head Start programs are also dedicated to serving young children with disabilities, and must ensure at least 10% of their total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act. Children in EHS ages 0-2 are eligible for an Individualized Family Service Plan (IFSP) and children in HS ages 3-5 are eligible for an Individualized Education Plan (IEP). Many Head Start programs also serve children who are Dual Language Learners (DLLs), and there are specific Head Start Performance Standards designed to support DLLs and their families.

<b>Geminus Cumulative Enrollment Regardless of Income Eligibility</b>			
<b>Dual Language Learners and Children with Disabilities</b>			
	<b>HS</b>	<b>EHS</b>	<b>EHS-CCP</b>
Dual Language Learners	116 (8%)	19 (12%)	15 (5%)
Children who have an IEP/IFSP	109 (8%)	22 (14%)	24 (8%)

## **FAMILY**

In the 2022-23 program year, Geminus Head Start programs served 1,668 families. This is more families served compared to the previous year by 60, this is likely due to the continuing process of recovering the reduction in families served in 2020-2021 (327 families) most likely due to the COVID-19 pandemic.

During the 2022-23 program year, nearly all (96%) of total families received at least one service through the Geminus Head Start programs. The top five and lowest five services families received were the following:



Top Five Services Families Received		
HS	EHS	EHS-CCP
Research-based parenting curriculum (83%)	Research-based parenting curriculum (89%)	Education on nutrition (72%)
Involvement in discussing their child's screening and assessment results and their child's progress (54%)	Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter) (82%)	Research-based parenting curriculum (61%)
Education on preventive medical and oral health (53%)	Assistance in enrolling into an education or job training program (81%)	Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter) (51%)
Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter) (52%)	Housing assistance (e.g., subsidies, utilities, repairs) (63%)	Housing assistance (e.g., subsidies, utilities, repairs) (49%)
Supporting transitions between programs (i.e., EHS to HS, HS to kindergarten) (49%)	Supporting transitions between programs (i.e., EHS to HS, HS to kindergarten) (60%)	Education on health and developmental consequences of tobacco product use (45%)

Lowest Five Services Families Received		
HS	EHS	EHS-CCP
Substance misuse treatment (0%)	Substance misuse treatment (1%)	Substance misuse treatment (0%)
Education on postpartum care (e.g., breastfeeding support) (2%)	Mental health services (18%)	Assistance to families of incarcerated individuals (0%)
Assistance to families of incarcerated individuals (3%)	Education on postpartum care (e.g., breastfeeding support) (18%)	Education on relationship/marriage (1%)
Mental health services (7%)	Education on nutrition (20%)	English as a Second Language (ESL) training (2%)
Education on relationship/marriage (10%)	Assistance to families of incarcerated individuals (28%)	Asset building services (e.g., financial education, debt counseling) (3%)

## HEALTH

Per performance standard requirements, EHS/HS and EHS-CCP programs are required to review the accessibility of healthcare and insurance for children enrolled in a program. Nearly all students had health insurance and accessible healthcare by the end of the program year. Over 80% of HS students were up-to-date with immunizations, while only about one half of EHS and half EHS-CCP students were up-to-date. Although nearly all Head Start students were up-to-date on immunizations, less than half (43%) had completed a professional dental examination during the program year. Most HS children had a dental home, but less EHS and EHS-CCP students reported having a dental home.

2022-23 Health Services Percentage of Students By the End of the Enrollment Year						
	% with a Medical Home	% with Health Insurance	% with up-to-date on immunizations	% with a current physical exam	% with a dental home	% who have completed a professional dental exam during the program year
Head Start	99%	98%	83%	83%	95%	43%
Early Head Start	77%	79%	58%	60%	52%	46%
EHS-CCP	99%	92%	51%	74%	87%	39%

## MATERNAL HEALTH

Geminus Head Start is funded to serve 20 pregnant women, but was able to serve 29 pregnant women during the 2022-23 program year. Geminus Head Start partners with other maternal health organizations, such as My Healthy Baby, to provide services and support to pregnant women.

In the 2022-23 program year, over three-fourths (79%) of the pregnant women Geminus served had a medical home, and 83% had medical insurance. In the 2021-22 program year, 68% of pregnant women Geminus served had a medical home, and 84% had health insurance.

## 8. Stakeholder Feedback

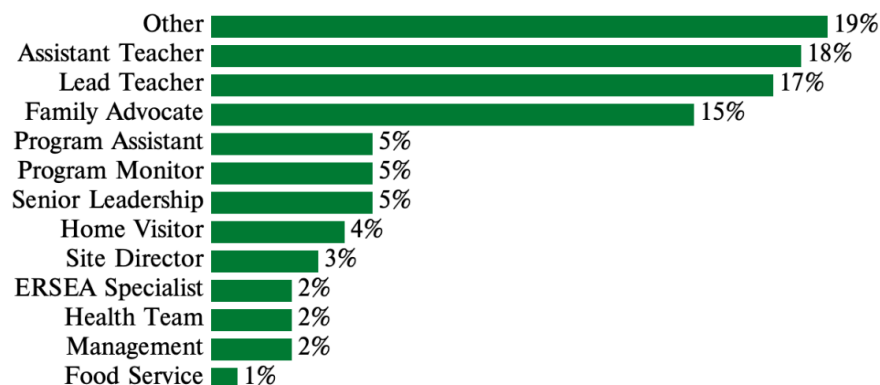
Geminus Head Start conducted stakeholder feedback with parents/guardians of current HS/EHS participants, community partners who work with HS/EHS, And Geminus HS/EHS staff members through surveys. Feedback was collected to gather input on how to improve the program and to learn about the general experiences each stakeholder group has with Geminus Head Start.

### GEMINUS HEAD START STAFF FEEDBACK

A survey was shared with Geminus Head Start staff in early fall 2023. A total of 123 staff responded to the survey.

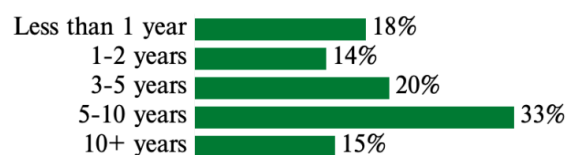
The staff that responded to the survey represent a variety of roles within the organization. Over a third (35%) of the responses came from Assistant Teachers and Lead Teachers, followed by Family Advocates (15%). The remaining positions each represent less than 10% of overall respondents. Nearly one fifth (20%) of respondents indicated they had a position other than those listed. Other positions include but are not limited to: Classroom Aide, Coach, Intervention Specialist, and Record Keeping Specialist.

**What is your position at Geminus Head Start?**  
N=123



There is a mix of responses based on staff members' length of employment with Geminus. A fifth of staff respondents have been employed 3 to 5 years and another third have been employed less than 2 years. Over a tenth (15%) of respondents have been employed over 10 years.

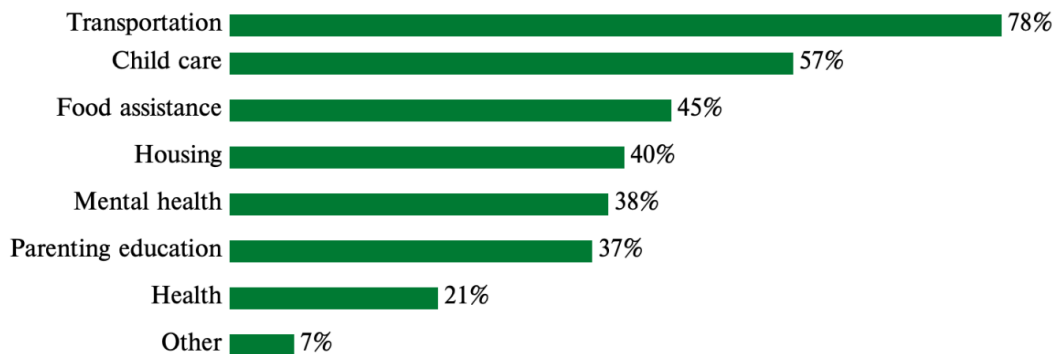
**How long have you been employed with Geminus Head Start?**  
N=123



### Geminus Meeting the Needs

Respondents were asked what they felt were the community's greatest needs, with the opportunity to select up to three. The greatest identified need was transportation, indicated by over three fourths (78%) of respondents. Child care and food assistance were also among the top three identified needs.

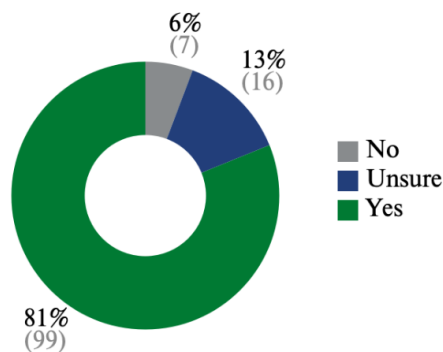
#### **What do you feel are families' greatest needs in the surrounding community?**



Other areas of need not captured in the above options included after school/after hours care, assistance for families who have need but do not qualify for federal assistance programs, secondhand smoke/drug education, and additional therapy including speech therapy.

Overall, respondents were positive about Geminus Head Start's services and how Geminus is meeting the identified community needs. Most respondents (81%) felt that Geminus Head Start meets the community's needs. Respondents also rated their likelihood to recommend Geminus Head Start to children and families. On a scale of 1 (would not recommend) to 10 (highly likely), respondents on average gave a rating of **7.4**.

#### **Do you feel that Geminus Head Start helps meet the community's needs?** N=122



Respondents shared ideas for how Geminus Head Start could improve. Key themes from responses include:

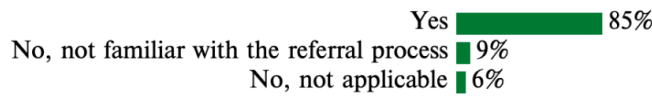
- Increased training earlier in a staff member's tenure, especially focused on social emotional health and serving children with disabilities

- Continue to improve communication, and continue to solicit feedback from staff to inform decision making at all levels
- Continue to offer support for staff wellbeing, prioritizing staff appreciation and timely resources and support for staff
- Find ways to help families fill needs, especially transportation needs

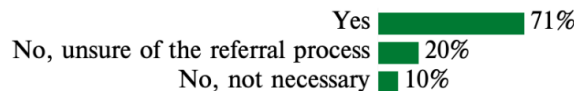
### Referrals

When respondents were asked about the referral process, the majority (85%) reported that they refer families they encounter in the community to Geminus Head Start. A small number (9%) of respondents reported being unaware of the referral process for Head Start services. When asked about referring families to services within the Geminus/Regional Health Systems (RHS) organization outside of Head Start, nearly three fourths of respondents (71%) indicated they do refer families to services within the system. When respondents were asked if they refer families to services with organizations outside of Geminus/ RHS, nearly half (46%) reported they do refer families, but nearly a third (31%) of respondents are unsure of the referral process.

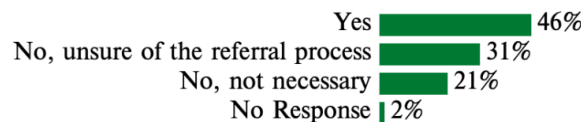
**Do you refer your families with children or expecting children who you know or meet in the community to Geminus Head Start/Early Head Start programs?**  
N=123



**Do you refer families to other departments within Geminus/ Regional Health Systems outside of Geminus Head Start?**  
N=123



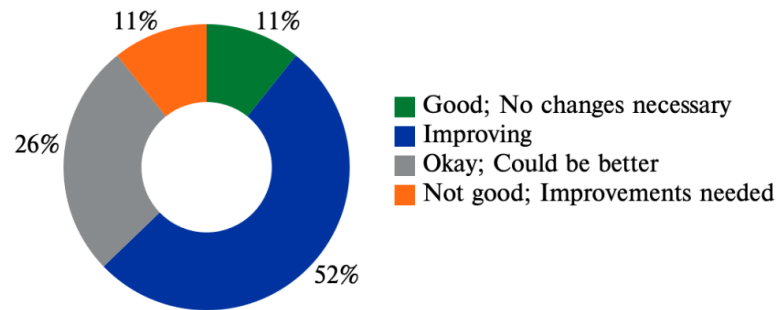
**Do you provide referrals to organizations outside of Geminus/ Regional Health Systems to families you serve?**  
N=123



### Communication

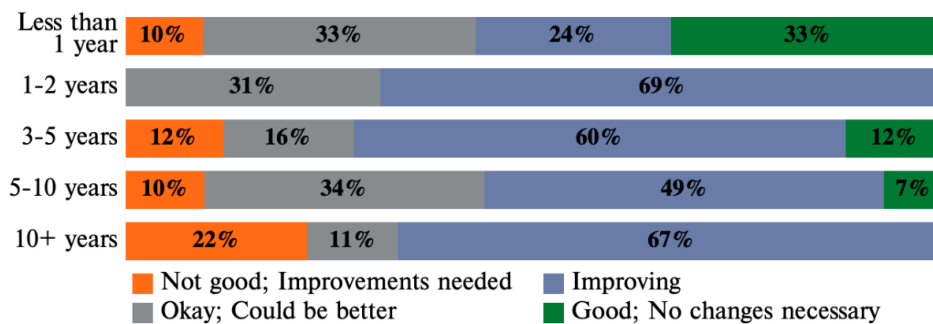
When respondents were asked about the communication within Geminus Head Start, over half reported they felt communication was improving. Over one third of respondents (375) indicated communication was okay but could be better, or was not good. Over one tenth (11%) indicated communication was good and no changes were needed.

**How is the communication within Geminus Head Start?**  
N=122



Staff with a longer employment at Geminus Head Start report more communication improvements are needed compared to staff employed for a shorter period.

**How is the communication within Geminus Head Start?**  
N=122



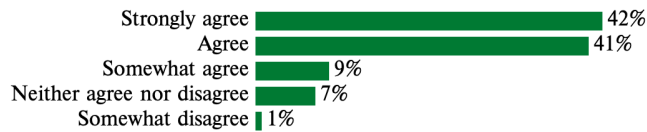
Staff reported areas for communication improvement to include:

- Clear, transparent, timely communication about new changes and decisions to team members in all roles
- More opportunities for staff to share feedback and inform planning efforts
- More regular written communication available to all staff
- Greater communication and awareness, especially for teachers, of what resources and services are available across Geminus/RHS

**Challenging Behaviors**

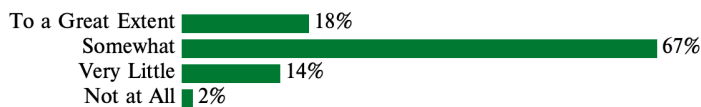
As previously mentioned, research has shown that in general there has been a rise in challenging behaviors in recent years in early care and education and school-age education programs. Staff survey respondents overall reported seeing this increase in Geminus Head Start programs as well, over three fourths (83%) of respondents agreed or strongly agreed that challenging behaviors have increased.

**Indicate your level of agreement with the following statement: There has been a rise in challenging behaviors in the children Geminus Head Start serves.**  
N=123



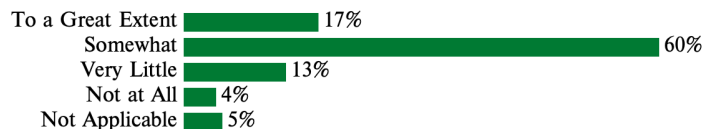
Though responding to challenging behaviors is an increasing need, less than one fifth (18%) of respondents indicated they felt they were able to support the needs of families of children with challenging behaviors to a great extent. Over half of respondents (67%) indicated they felt somewhat able to effectively support families in this way, with the remaining respondents feeling they were not able to support families of children with challenging behaviors.

**To what extent do you feel you are able to effectively support the needs of the parents/families of children with challenging behaviors?**  
N=123



Staff respondents indicated a need for additional training and support to better address/meet the needs of challenging behaviors in their students, with nearly one fifth (17%) of respondents indicating they did not have adequate training and support to meet this need, and nearly two thirds (60%) of respondents indicated they only somewhat had the training and support they needed.

**To what extent do you feel you have adequate training and support to address/meet the needs of challenging behaviors in your students?**  
N=122



Respondents shared ideas on how Geminus Head Start programs can better meet the needs of children, families, and/or staff as it relates to challenging behavior. Key themes from responses include:

- Strengthening family relationships and integrating a plan that works for home and the classroom
- Continuing to utilize conscious discipline and expanding this training to all staff, parents, and school partners
- More staff support in classrooms, especially classrooms serving children with disabilities
- Support for staff including breaks after challenging incidents, mental health support, and support for overall staff wellbeing

Respondents also shared more generally resources they believe are/would be helpful in meeting the social-emotional needs of children/staff/families. Key themes from responses include:

- More parent education and increased family engagement opportunities
- Continued and increased training on conscious discipline and serving children with disabilities for staff, and conscious discipline training for families
- More and better behavioral health services

## **PARENT/ GUARDIAN FEEDBACK**

Geminus Head Start conducted a parent/ guardian survey in the spring of 2023. The survey was distributed at the annual family picnic in June of 2023. This family picnic was the first one since being back from COVID-19. There were a total of 88 responses collected, which is 184 fewer responses than what was collected in 2022 (272). New staff were trained this year on tactics to have families complete the survey, which may explain the decrease in the number of responses.

Families from a variety of program sites completed the survey to identify their overall experience with Geminus Head Start staff, what prevents their child(ren) from attending, preference on communication, and resources parents/guardians are in need of.

Survey respondents indicated the following as their HS/EHS school/program:

- Alexander Hamilton Elementary
- Early Learning Academy
- Paul Saylor Elementary
- Merchants of Hope Enrichment Academy
- Ridge View Elementary
- Ridgewood
- Safe Haven Academy
- South Haven Elementary
- Southridge
- St. Mark Early Learning Academy
- Wiggles & Giggles
- The Arc
- TradeWinds
- Virgil Bailey Elementary
- Home-based

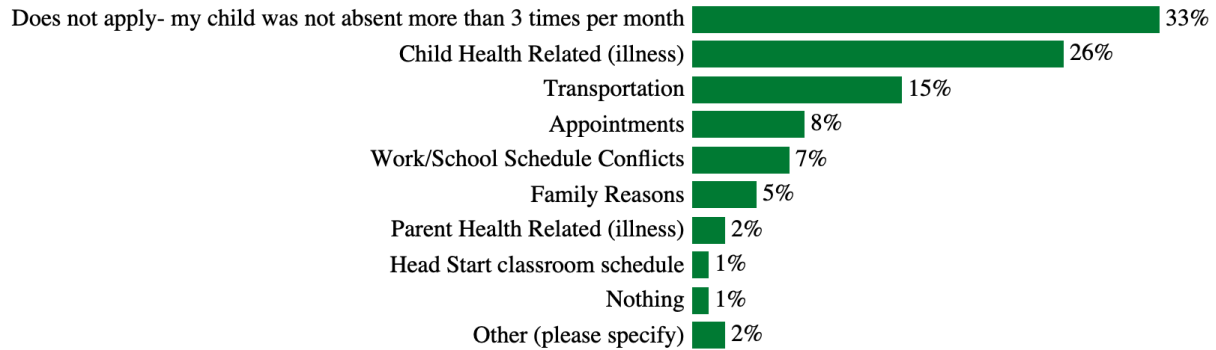
Respondents have not been participating in a Geminus Head Start program for very long. Approximately two in five (39%) have been participating for 1-2 years, and less than one quarter (23%) have been participating for 6-12 months.

When wanting to better understand attendance and participation in the program, parents were asked the top reason or most common barrier that prevents their child from attending regularly. More than one quarter (26%) did indicate child health-related (illness) was the top reason or most common barrier that prevents their child from attending regularly.



### What reason or most common barrier prevents your child from attending Head Start regularly?

N=88



Parents/guardians were asked a series of questions about **their experience with their HS/EHS program**. Parents/guardians who responded to the survey gave high ratings of satisfaction related to their experience with their HS/EHS program. Nearly all parents/guardians (97% or higher) agreed with the following statements regarding their experience:

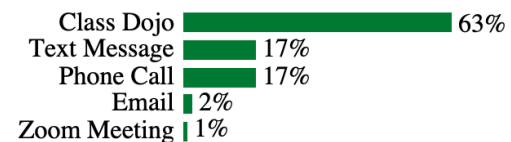
- My child's teacher helped me understand my child's social/emotional development: 100%
- My child's Head Start/Early Head Start staff/site is welcoming and inviting: 99%
- I feel my child is safe and happy in the Head Start/Early Head Start program: 99%
- I am satisfied with the education my child is receiving at Head Start/Early Head Start: 98%
- My child's teacher has provided me with information on how my child is doing in Head Start/Early Head Start and what I can do to help my child learn and develop: 99%
- The Head Start staff supported and discussed the importance of my child's daily attendance: 99%
- I feel the Head Start/Early Head Start program is preparing my child for kindergarten or their next level of education: 97%

The survey asked a series of questions to parents/guardians on **communication on engagement events** throughout the school year. Most

parents/guardians who responded to the survey indicated that Head Start/Early Head Start staff encouraged their families to attend engagement events (98%). Almost two-thirds (63%) of parents/guardians shared that their preferred method of communication during the school year is through Class Dojo. Over ninety percent of parents/guardians shared that Head Start staff encouraged them to download apps to improve communication for upcoming events.

### What was your preferred method of communication during this school year?

N=88

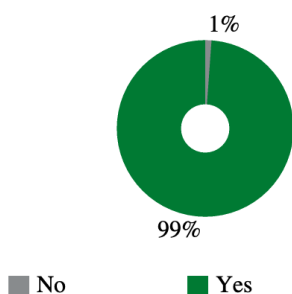


Parents/guardians were asked questions related to the **support their family received**.

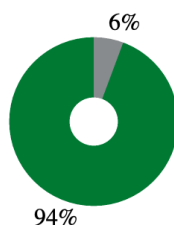
***Nearly all survey respondents (99%) indicated their family feels supported by Head Start/Early Head Start staff.***

Ninety-four percent of survey respondents shared that their Head Start/Early Head Start Case Manager or Family Advocate worked with their family to set an individual goal, and nearly all (97%) indicated their family was supported to achieve their goals by their Head Start/Early Head Start Case Manager or Family Advocate.

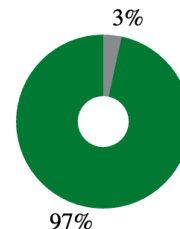
**My family feels supported by Head Start/Early Head Start staff?**  
N=88



**My Head Start/Early Head Start Case Manager or Family Advocate worked with my family to set an individual goal?**  
N=88

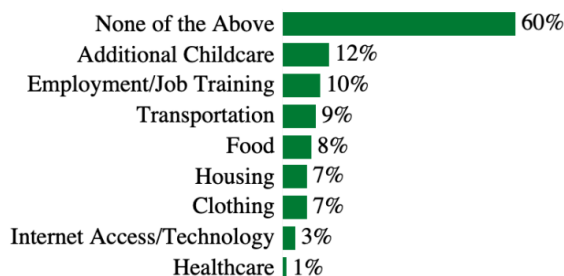


**My Head Start/Early Head Start Case Manager or Family Advocate supported my family to achieve goals?**  
N=88



Questions were asked about the resources families have received. More than nine in 10 (92%) survey respondents indicated they had received community resources to support their family's needs. Respondents were asked what resources their family needed most at the time of the survey. Three in five respondents (60%) indicated "None of the above. I have received all the resources I need from Head Start staff or other programs." Of the respondents who indicated a specific resource they are in need of, "additional childcare" was at the top of the list (12%), followed by "employment/ job training," "transportation," and "food."

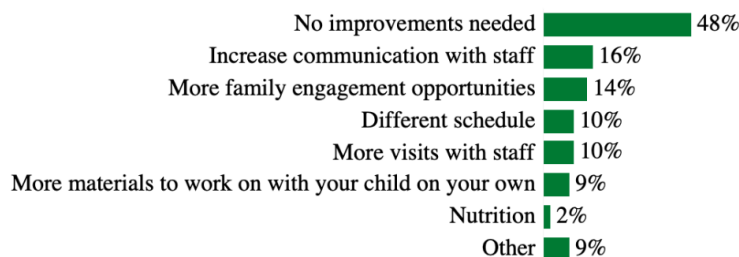
**What resources are your family in need of the most at this time? (Check all that apply)**  
N=88



Survey respondents were asked how their involvement with Geminus Head Start could be improved. Approximately half of respondents (48%) indicated “no improvements needed.” Of those who indicated how their involvement could be improved, “increased communication with staff” was at the top of the list (16%), followed by more “family engagement opportunities” (14%).

**How could your involvement with Geminus Head Start be improved? (Check all that apply)**

N=88



## COMMUNITY PARTNER FEEDBACK

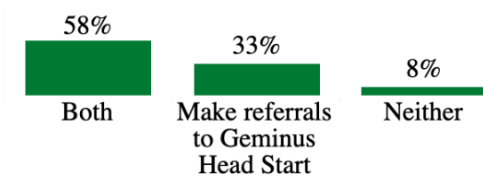
Geminus Head Start conducted a community partners survey in the summer of 2023. The survey was sent to 16 community partners, and the survey received 12 responses resulting in a 75% response rate. The organizations identified to complete the survey provide services to families within Lake and Porter counties and work with Geminus Head Start by sharing or receiving referrals for children and/or families. More than two in five (42%) of respondents represent an education agency, and more than two-thirds (67%) serve Lake County.

The respondents' engagement with Geminus varies from the following:

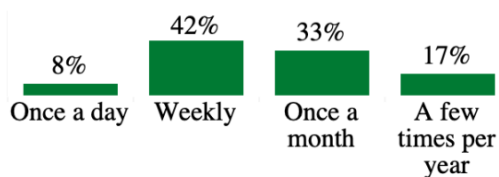
- Over half (58%) of survey respondents make and receive referrals to and from Geminus Head Start.
- Approximately one-third (33%) make referrals to Geminus.
- Less than ten percent indicated neither making or receiving referrals
- None indicated they received referrals from Geminus.

Community partner respondents indicate interacting with Geminus frequently. More than two-fifths (42%) of respondents interact with Geminus on a weekly basis, and one third (33%) interact with Geminus at least once a month.

**Related to referrals, how does your organization cooperate with Geminus Head Start?**  
N=12



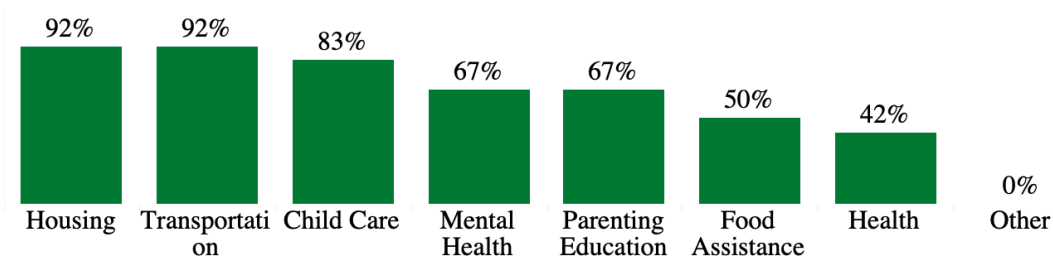
**How frequently do you interact with members of the Geminus Head Start team?**  
N=12



Survey respondents were asked what they feel is the most important outcome Geminus Head Start Provides. Approximately three-quarters (75%) of survey respondents indicated social and emotional development.

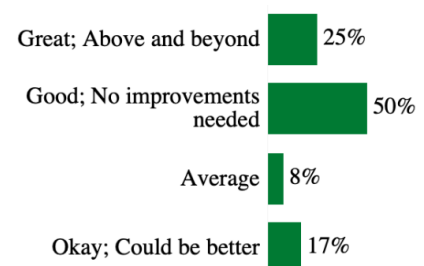
When survey participants were asked what the families' greatest needs were in the surrounding communities, housing and transportation were tied as the top priority. Child care was the second top priority indicated by respondents.

**What do you feel are families' greatest needs in the surrounding communities of Lake and Porter counties? (Select all that apply)**  
N=12



Survey participants reported that Geminus Head Start is doing a good, and even a great, job at meeting the needs of the community. Half (50%) of respondents said Geminus Head Start is Good; no improvements are needed. One of the most noted areas for improvement is for Geminus Head Start to increase their overall community education on child development and services available to families, specifically to underserved communities throughout Lake and Porter counties.

**How well does the Geminus Head Start program meet the needs of the community at large?**  
N=12



When participants were asked how their relationship with Geminus Head Start could be improved, more than one-third (36%) indicated increased communication between organizations as an area for improvement, followed by more than one quarter (27%) indicated sharing more or better informative materials.

**How could the partnership between  
your organization and Geminus  
Head Start be improved?**  
N=11



## 9. Recommendations

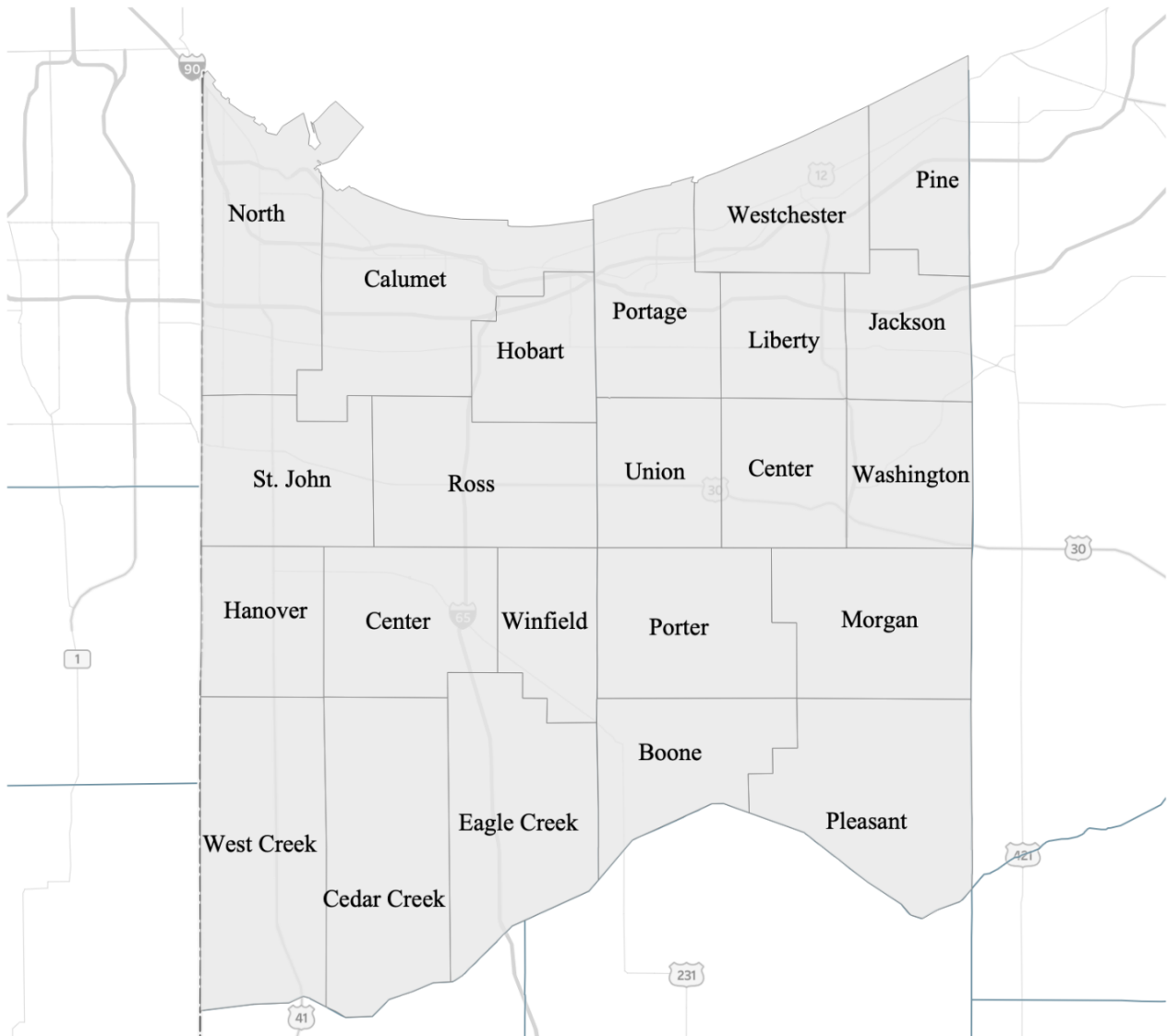
Based on this community needs assessment, we recommend the following areas for Geminus Head Start to consider. This list is not intended to be exhaustive, the recommendations are meant to provide insight to inform program decisions that will lead to strengthened programs and services available to children and families in Lake and Porter counties.

1. **Educate on the importance of being up-to-date with immunizations as early on as possible during a child's life.** In Early Head Start and EHS-CCP, the percentage of children who were up-to-date on immunizations ranged between 51% and 58%. Childhood vaccinations and preventive care often detect and prevent conditions and diseases in their earlier, more treatable stages, significantly reducing the risk of potential illness, disability, early death, and expensive medical care.
2. **Expand training to support families and staff in responding to challenging behaviors.** Public research and staff survey feedback indicate challenging behaviors are increasing in the classroom. Most (83%) of staff survey respondents indicated they were only somewhat or less able to support the needs of parents/children with challenging behaviors, and indicated there is a need for additional training and resources to support staff in meeting the needs of children with challenging behaviors in their classrooms.
3. **Continue to increase and improve communication with parents, staff, and community partners.** Though nearly half (48%) of parent/guardian survey respondents indicated no improvements to Geminus Head Start were needed, the top area parent/guardian respondents indicated could be improved was increased communication with staff, with 16% of respondents identifying this as a need. Similarly, when asked how their partnership with Geminus could be improved, over a third (36%) of community partner survey respondents indicated a need for increased communication between organizations. Finally, though over half of staff survey respondents felt communication at Geminus Head Start was improving, over a third (37%) indicated a need for continued improvements.
4. **Prepare and plan for potential increased need for services due to policy changes.** Recent policy changes at the state level referenced in the above report have the potential to impact the demand for Geminus Head Start's services in the coming years. Specifically, the April 2022 joint announcement by the Administration for Children and Families (ACF) and the Food and Nutrition Service (FNS) sharing a change in Head Start policy which makes it easier for Supplemental Nutrition Assistance Program (SNAP) households to become eligible for Head Start programs has already had an impact on enrollment by eligibility criteria, which may continue to grow as the public becomes more aware of this change. Additionally, the income eligibility threshold for CCDF increased from 127% of the federal poverty threshold to 150% in July 2023, increasing the number of children and families eligible for assistance. Finally, in August 2022, Indiana passed a law in banning abortions within the state. This policy change has the potential to impact maternal and infant health outcomes in the coming years. This policy

also has the potential to affect the demand for early childhood education services and other services aimed at supporting pregnant people and infants. Geminus should monitor the impact of these policy changes on the demand for services and on the broader communities they serve and adapt as necessary.

## Appendix

### Appendix A: Townships in Lake and Porter Counties



**Appendix B: Median Annual Income for Families with Children Under 18 Years and  
Population of Children Under 6 Years Under 125% FPL by Township in Lake and  
Porter Counties**

<b>County</b>	<b>Township</b>	<b>Median Income (with Children Under 18)</b>	<b>Population Under 6 Years Living Under 125% FPL</b>
Lake County	Calumet township	\$31,957	4,354
	Cedar Creek township	\$100,321	28
	Center township	\$102,783	128
	Eagle Creek township	\$86,298	0
	Hanover township	\$131,684	0
	Hobart township	\$57,356	681
	North township	\$51,458	4,304
	Ross township	\$77,429	494
	St. John township	\$117,843	567
	West Creek township	\$110,119	40
	Winfield township	\$114,766	12
Porter County	Boone township	\$93,810	49
	Center township	\$95,500	704
	Jackson township	\$131,910	0
	Liberty township	\$108,654	55
	Morgan township	\$178,042	0
	Pine township	\$85,208	5
	Pleasant township	\$95,500	15
	Portage township	\$66,021	684
	Porter township	\$106,110	96
	Union township	\$106,645	79
	Washington township	\$107,756	19
	Westchester township	\$90,776	341