Early Learning
INDIANA

Closing the Gap:

An Assessment of Indiana's Early Learning Opportunities

Early Learning Indiana
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1776 N. Meridian Street, Suite A
Indianapolis, Indiana 46202
Phone: 317-636-9197
Email: Access@earlylearningindiana.org

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Executive Summary

Access to high-quality early learning opportunities is foundational to a child's success in kindergarten and beyond, a family's ability to achieve self-sufficiency and a community's economic resiliency.

Given the myriad factors that contribute to a family's ability to access early learning opportunities that meet their unique needs, a comprehensive understanding of the state of access in Indiana has been elusive. Through this *Closing the Gap* report **(report)**, Early Learning Indiana **(ELI)** has set out to describe the intersections between the various factors contributing to adequate access to early care and education and to provide Hoosier communities with a guide for prioritizing their efforts to improve these factors.

Access to early learning programs has historically been reduced to a quantifiable analysis of supply and demand. These studies are useful in determining whether there is enough capacity in early care and education programs to meet the perceived demand within a given geographic boundary. Where they fall short, however, is in qualifying how well the supply meets the needs of the population, beyond simply ensuring there are enough seats for children who may be in need. ELI developed a new methodology, the Early Learning Access Index **(Access Index)**, that attempts to both qualify and quantify access throughout the state. This report moves away from viewing access as simply a capacity supply and demand equation and layers in the additional components of quality, affordability and choice. These four elements, viewed in context with one another, offer a more robust assessment of Hoosier families' ability to access early learning opportunities that suit their needs.

The Early Learning Access Index is based on the following components:

1. **CAPACITY** – how sufficient the capacity of the early learning programs in the geographic area is, based on estimated need for care. This describes what percentage of children — who may need care in the area — can be served by the existing capacity.

2. **QUALITY** – how pronounced the capacity of the programs rated level 3 or level 4 on Paths to QUALITY™ is in the geographic area. This describes how much high-quality care might be prioritized in any given area, based on the availability of high-quality capacity over low-quality capacity.

3. **AFFORDABILITY** – how the average cost of care in the area compares to median family incomes of the population and the prevalence of programs offering subsidized care. This describes how accessible care is to area families based on the proportion of income they would have to spend to enroll in local care options, and if subsidized care options are readily available in their area.

4. **CHOICE** – how much choice families have among program characteristics that may be preferential. The presence of infant and toddler care options, availability of a variety of program types and availability of programs offering non-traditional hours all factor into this element.

Within the Access Index, each element was assigned a weight to indicate how much it influences the overall score. Capacity and quality each carry a weight of 30%. Affordability and choice are each weighted at 20%. ELI selected these weights based on its belief about the relative priority of each from a public policy perspective, recognizing that other stakeholders may prioritize these differently. At a minimum, there must first be enough seats for children who need them, and ELI

believes it is equally important for those seats to be high quality to drive the best learning outcomes for children. ELI perceives affordability and choice to be highly relevant components of access as well, given their importance in family decision-making.

To analyze these factors, ELI leveraged a geographic radial approach. Drawing upon its understanding that families generally prefer to locate early learning opportunities within 20 minutes of their location, ELI established geographic boundaries within 10 miles of the population center of each census tract. As described in detail in the report, this approach enabled ELI to reduce the inequities inherent in establishing boundaries in a geographically-diverse state, in which population levels and resource needs vary dramatically between — and even within — counties.

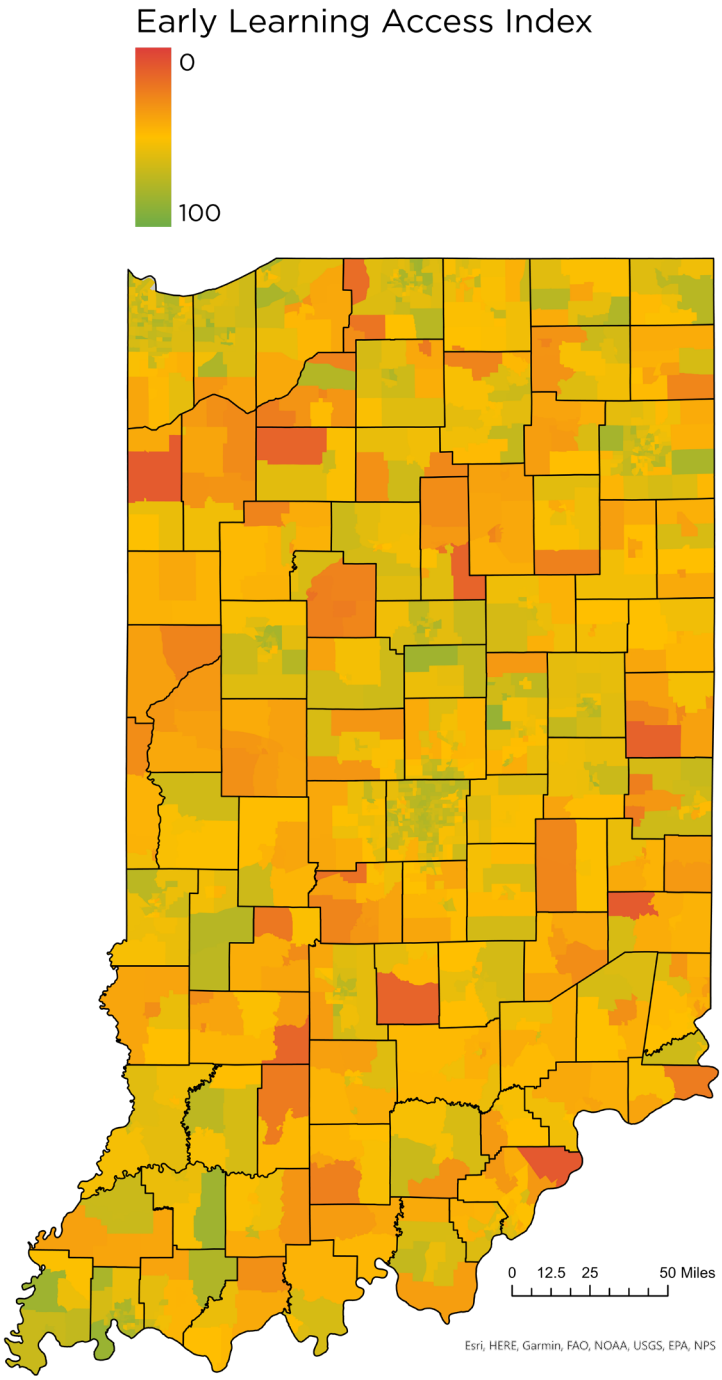
By evaluating access based on a geographic boundary that aligns with how families generally choose care and by taking four dimensions of access into account, ELI has created a more complete and actionable picture of Indiana's early learning landscape than traditional child care desert analyses. Using the interplay of all access dynamics as they relate to one another allows stakeholders to target investments and make informed decisions about policy decisions. While the mathematics powering the Access Index may be complex, the outcome and impact are relatively simple. Policy makers, community stakeholders, early learning programs and industry advocates can use this report as a guidepost to determine what is most needed, where it is most needed and how to prioritize system-building initiatives to ultimately empower Hoosier families with access to early learning opportunities that meet their needs.

Summary of the Findings

As the report shows, access is not uniform statewide or even countywide, but varies greatly from community to community. Some communities are well sourced in terms of capacity and quality but lack affordability or choice. Other communities have greater scores for choice and affordability, yet lack sufficient capacity or quality. Overall, the findings indicate that nearly every community in the state has opportunities to improve access.

The Access Index has a lowest possible score of 0 and a highest possible score of 100. To streamline findings and provide perspective on the relativity of Access Index scores, ELI developed

Map 1
Early Learning Access Index by Census Tract



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

three categories to indicate whether the overall access level is adequate, moderate or inadequate. In areas with scores less than 60, overall access was deemed to be inadequate, while areas with scores ranging from 60 to 80 were deemed to have moderate access and areas with scores 80 or higher were deemed to have adequate access. These benchmarks were developed based upon an analysis of the distribution of access scores combined with industry and local expertise.

Indiana's overall Early Learning Access Index score is 60.6, which places the state as a whole in the category of having moderate access. It is important to note, however, that the threshold for the moderate category is a score of 60, which means that Indiana is on the cusp of the inadequate access distinction. Only 14% of counties were found to have moderate access and the remaining 86% were classified as having inadequate access. No counties in the state were classified as having adequate access. Counties recognized as urban or suburban are more likely to have moderate access; rural counties are more likely to have inadequate access. At the tract level, 2.6% of census tracts in the state have adequate access and 46.9% of census tracts were found to have moderate access. This means that over half of all census tracts (50.6%) have inadequate access to early learning programs.

In addition to forming the overall Early Learning Access Index, ELI also examined each of its component parts. Each of the following is described with more detail in the report, but important highlights include:

CAPACITY Statewide, the Capacity Sufficiency Rate (CSR) is 55.8%, meaning that existing capacity across all programs can serve just over half of the population of children aged 0 to 5 who may be in need of care. Furthermore, this rate varies widely based upon locality. CSRs in Indiana range from 15.7% in Jasper County to 100.4% in Marion County, and more than two-thirds of all counties have a CSR less than 50%.

QUALITY Throughout Indiana, 46.1% of all early learning capacity qualifies as high quality. However, the percentage of children in Indiana who can be served through high-quality capacity is 25.7%. Over four-fifths of Indiana counties have less than 25% of the high-quality capacity required to serve area children, and more than one-fourth of counties have high-quality capacity to serve less than 10% of local children.

AFFORDABILITY Affordability was considered in two ways — through cost-to-income ratios and prevalence of subsidized program options — to demonstrate how much a family, based on median income, would be expected to pay for child care annually for one child. If a family has multiple children in care, of course, their costs may double or triple based on the number of young children they have. The overall cost-to-income ratio in Indiana is 11.8%. Nearly 50% of Indiana counties have cost-to-income ratios under 10%. Cost-to-income ratios statewide range from 5.9% in Union County to 15.7% in Madison County. Although subsidized programming is available statewide, families who do not qualify for these programs may still find the cost of care to be prohibitive, especially if they are seeking higher-priced, high-quality care. While 83.6% of programs offer one or more of the four subsidized options examined in this report, they are not always located in areas with the greatest need.

CHOICE The fourth component of access is the most subjective — the drivers of a family's decision about the right learning environment for their young child are many and varied, ranging from educational philosophy to personal fit and beyond. In light of known structural challenges faced by many Hoosier families searching for early care and education opportunities, ELI analyzed three systemic components of choice that influence a family's ability to make meaningful decisions about care: the availability of infant and toddler care, program type (auspice) variation and availability of non-traditional hours of care. In general, about 30% of programs statewide do not offer infant/toddler care, and only 28% of programs offer non-traditional hours. The median Auspice Score (possible range of 0 to 1, with 1 being the best) among Indiana counties is 0.637.

The full report details more of these findings and offers additional insight into the true state of access in Indiana. The ultimate goal of this report is not only to shed light on access to early learning opportunities within communities, but to equip stakeholders, communities and providers with the data necessary to make informed and strategic choices related to expanding access along any of the four dimensions discussed here. The challenge is great, but the opportunity to build a system of more equitable access for Hoosier children is greater.

Introduction

A central question facing every state, network and organization responsible for the regulation, growth or maintenance of early childhood education (ECE) programs is how to ensure access to early learning opportunities for all families in need of care.

Before that question can be addressed, however, it is essential to understand what access is and how to determine its sufficiency. The difficulty in determining how sufficient access is throughout Indiana lies in the fact that access is both multi-dimensional and subjective. This report addresses access through multiple lenses that focus on both dimensionality and subjectivity, presenting the multitude of factors and data necessary for determining how sufficient current access is within any given community.

Child Trends, in "Defining and Measuring Access to High-Quality Care and Education,"[1] defines access in the following way: "Access to early care and education means that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs." This report will address all four of these dimensions. Reasonable effort will be determined through geographic analysis of supply and demand to determine how sufficient the capacity is in a given area, as compared to the population of children under age 6 who may be in need of care in that same area. Supporting the child's development will focus on high-quality care and how sufficient the capacity of high-quality programs is for the population of children under 6 who may be in need of care. Affordability will be examined by comparing median family income levels to the cost of care within the same area and the prevalence of programs accepting Child Care and Development Fund (CCDF) vouchers or other subsidy-based programs. Meeting the needs of families will take into account a variety of supplemental factors that may affect a family's decision to enroll in care, such as the age of their child, the type of facility they prefer and the days and hours for which they need care. In keeping with the dimensions outlined by Child Trends, this analysis examined four categories of contributing factors for access:

1. **Capacity**
2. **Quality**
3. **Affordability**
4. **Choice**

These dimensions of access, along with supplemental data that should be used when approaching capacity-building decisions, such as commuting patterns and unemployment rates, will offer a comprehensive view of Indiana's current state of access and a road map to be used in navigating toward a future state of access. While the approach in this report is thorough, such a holistic methodology should be supplemented with a review of the local context. This report should be used as a general guide for understanding access notwithstanding the local nuances that exist in all communities.

For a detailed explanation of the methodology for this report and the Early Learning Access Index, see Appendix 1.

[1] Friese, S., Lin, V., Forry, N. & Tout, K. (2017). Defining and Measuring Access to High Quality Early Care and Education: A Guidebook for Policymakers and Researchers. OPRE Report #2017-08. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/cceepra_access_guidebook_final_213_b508.pdf

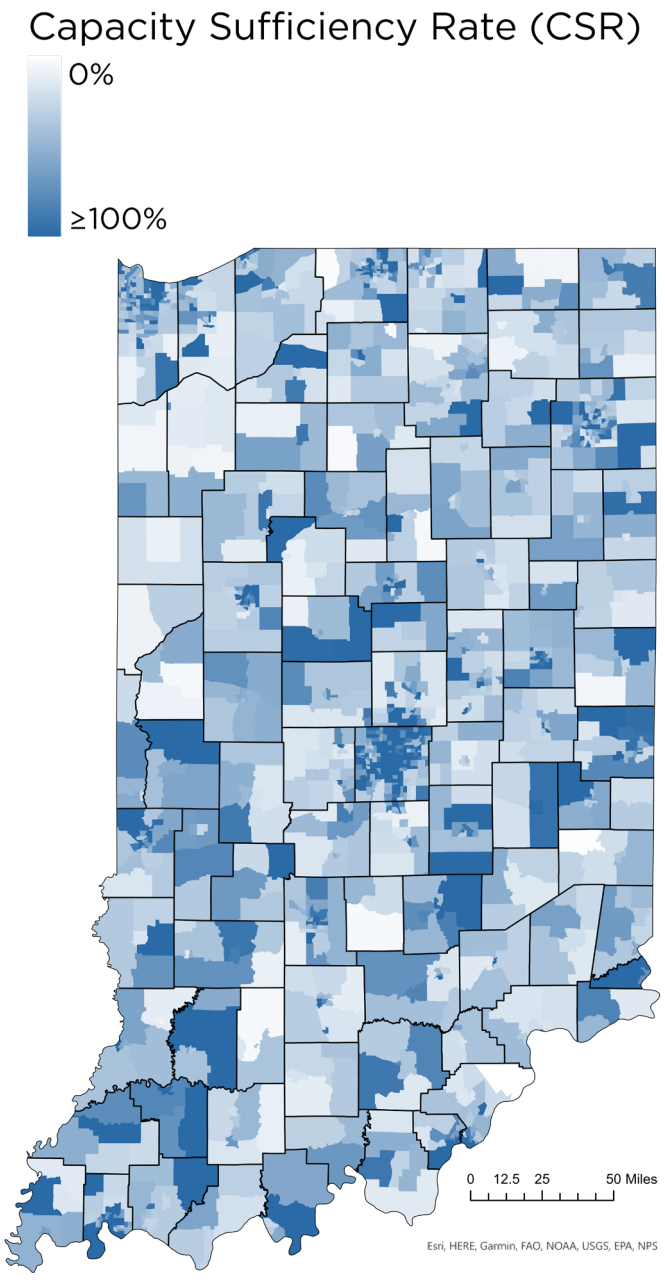
Capacity

To answer the question, "Do Indiana families have access to care with reasonable effort that supports their child's development?" we can look to both broad and narrow geographic analyses and understand the resources available to families to aid them in their search for care.

Indiana supports a strong network of Child Care Resource and Referral agencies that offer free child care referrals, which are customized to meet family preferences. The State also hosts an online child care search program called Child Care Finder, which allows families to complete radial searches near their home or along their route to locate programs. These tools are free and widely accessible to families. In spite of these state-sponsored resources, Indiana families reported in a 2019 survey that they were more likely to turn to referrals from family and/or friends, as well as use social media platforms (such as Facebook) to search for child care.

Indiana has an estimated 478,754 children under age 6. Approximately 323,109 of those children may be in need of care, based on the fact that all of the adults in their household are working. It is safe to assume that not all children with all caregivers in the labor force as of 2019 may need care, especially in light of the COVID-19 pandemic. Caregivers who work alternate shifts, have older children or additional potential caregivers such as grandparents in or near the home, are currently unemployed or are working in a reduced capacity or remotely may not need child care despite being in the labor force. Even if we assume a conservative estimate of two-thirds of children who may need care actually will need care, we still see a shortage in statewide capacity. Through the method of

Map 2
Capacity Sufficiency Rates by Census Tract



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

calculating capacity outlined in this report, we have determined that Indiana currently has an overall capacity to serve 180,452 children. Despite an overall shortage of capacity, the following discussion will show that sufficiency of capacity is subject to locality and the conditions of the care the family is seeking.

Map 2 details Indiana's Capacity Sufficiency Rate (CSR) statewide. The CSR shows the percentage of children who may need care in an area that can be served by the available capacity in that area. Areas of darker blue indicate that the census tracts have more sufficient capacity nearby to serve the children of that tract who may be in need of care. Lighter areas indicate a greater need for additional capacity to serve the children in those tracts. The statewide CSR is 55.8%, which means that overall current capacity would serve just over half of the children who may be in need of care statewide.

Map 2, however, demonstrates that while that may be the rate across the state, there are many areas that fall both above and below that threshold.

Out of over 1,500 census tracts in Indiana, 33.9% were found to have a CSR of 75% or higher, while 15.8% of tracts were found to have a CSR of less than 25%. While some tracts may have a CSR above 100%, this does not necessarily indicate that they are overserved. Urban areas, for example, are likely to be employment centers where additional families may be in need of care due to the fact that they are commuting from their home communities to urban locations to work. Marion County had the highest CSR, at just over 100%, followed by Ohio County (91.5%) and Pike County (89.6%). Jasper County had the lowest CSR (less than 16%), followed by Benton County (15.8%) and Martin County (19.4%).

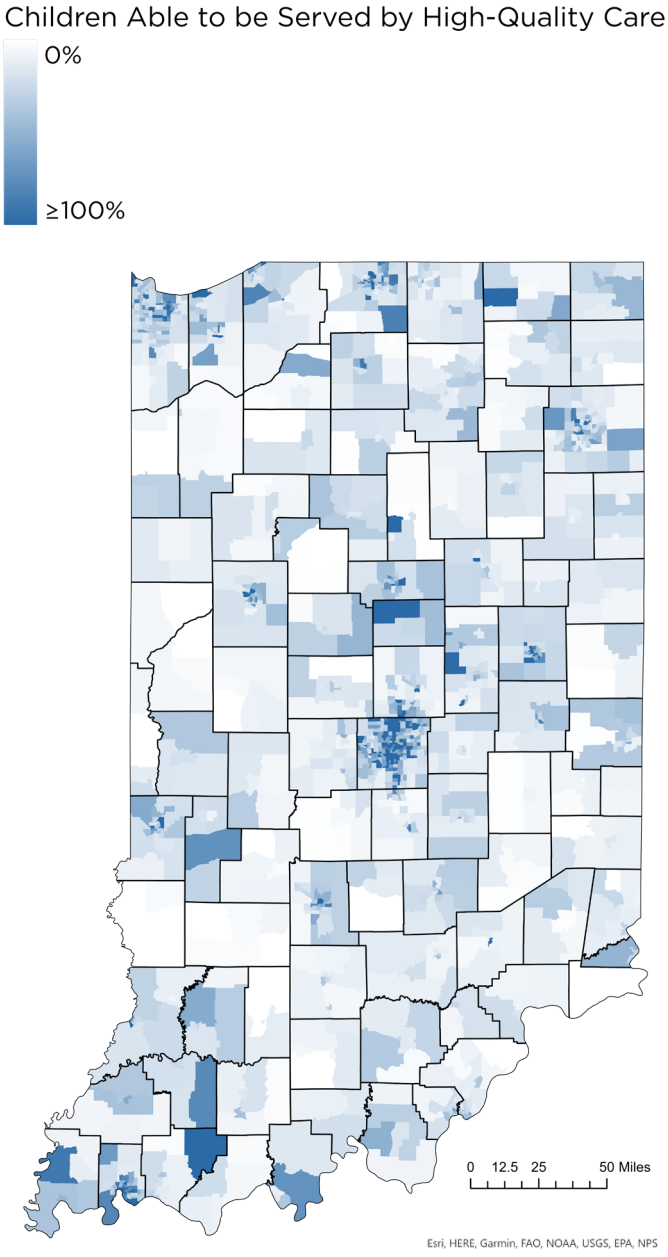
Evaluating the Capacity Sufficiency Rate (CSR) is an effective place to commence the analysis. It indicates on a broad scale how well our capacity meets the potential need of the population.

It is too broad, however, to end the analysis there. Areas with lower CSRs must be explored further to determine if additional capacity may be needed. Areas with moderate to high CSRs cannot simply be deemed adequate. Those areas may lack care that meets families' needs or may be insufficient due to an influx of commuters or other factors that would draw families to choose care in an area outside of their primary residence.

A major parameter of care that would support a child's development is the quality level of programs. ELI and other advocates of advancing the field of early childhood education are increasingly highlighting the importance of high-quality care. The State of Indiana has defined programs at Level 3 or Level 4 on Paths to QUALITY™ to be high quality. Based on the standards required to achieve those levels, we can say that high-quality programs place a greater emphasis on supporting children's development than low-quality programs. Only 17% of all Indiana programs[2] meet this definition of high quality. These programs, however, account for 38.3% of the statewide capacity. The distribution of this limited high-quality care can also be disparate. The range of high-quality capacity percentages among census tracts is 0% to 92%. Notably, this means that no area of the state is completely comprised of high-quality care. On the lower end of the spectrum, 33 census tracts (2.2% of all tracts) have 0% high-quality care. Furthermore, while only 1.3% of tracts have at least three-fourths high-quality capacity, 11.1% of tracts have less than one-fourth.

[2] This includes the additional school-based pre-K programs that are not in the RCCS database and do not participate in Paths to QUALITY™; looking at only the RCCS programs, 37.3% meet the definition of high quality.

Map 3
Children Able to be Served by High-Quality Care by Census Tract



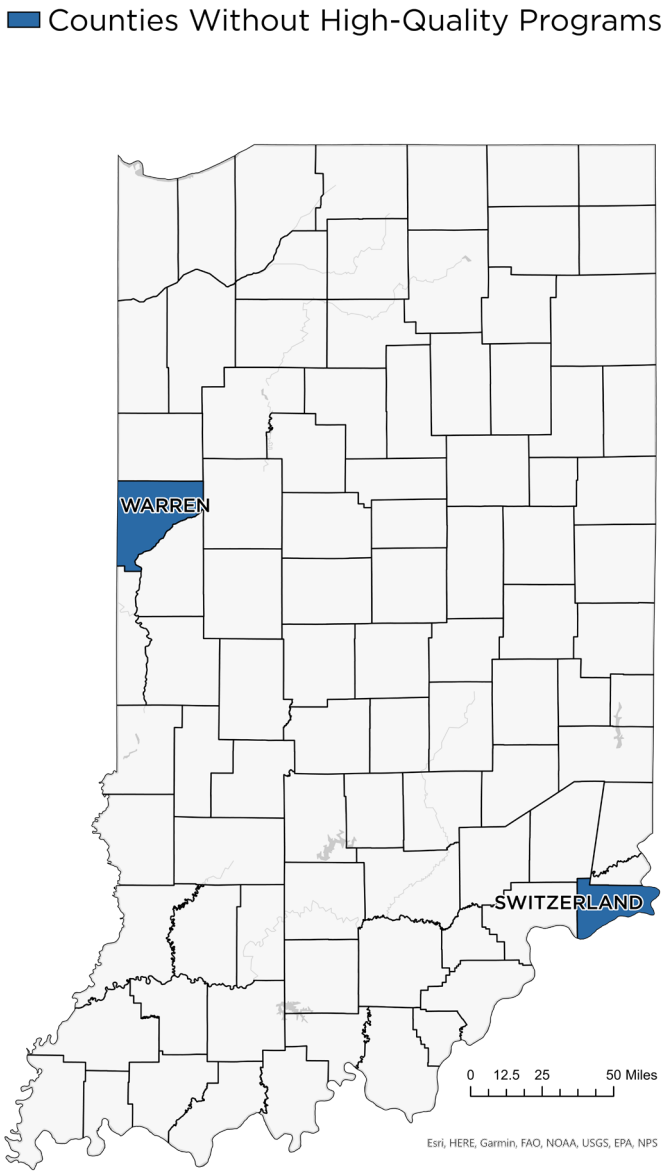
Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021

When demand is evaluated with regard to high-quality capacity alone, as shown in Map 3, the level of sufficiency across the state looks markedly different. ELI found that only 12.8% of all census tracts have high-quality capacity to serve 75% or more of the children who may be in need of care, as compared to the 33.9% at that level in the CSR analysis. Statewide, the current high-quality capacity can serve less than 30% of children under age 6 who may need care.

Marion County was found to have the highest rate of children able to be served by high-quality capacity at 48%. Switzerland County had the lowest rate at 0%. None of the six programs in Switzerland County are high quality, and there are no programs in neighboring counties within Switzerland County's access zone. The nearest high-quality programs for Switzerland County families are a local education agency in Madison (neighboring Jefferson County) and a Head Start/Early Head Start program in Rising Sun (neighboring Ohio County). In addition to Switzerland County, Warren County is the only other county in the state that has no high-quality programs within the county borders (see Map 4), but Warren County does have access to a high-quality program within its access zone in neighboring Fountain County.

Of all of the elements of access, quality presents the greatest opportunity for improvement. Industry advocates often promote the need for creating demand among parents for high-quality care. The reality, however, is that in many communities, it simply doesn't exist. Where it does exist, it is likely in high demand due to scarcity. High-quality care is more expensive to provide, so those providers often pass on the increased cost to families, making high-quality care even more unattainable due to cost, particularly for families who earn too much to qualify for subsidy-based programs, but would still be considered to be an ALICE (Asset Limited, Income Constrained Employed) family.

Map 4
Counties Without High-Quality Programs



Sources: Indiana Family and Social Services Administration, RCCS, 2021

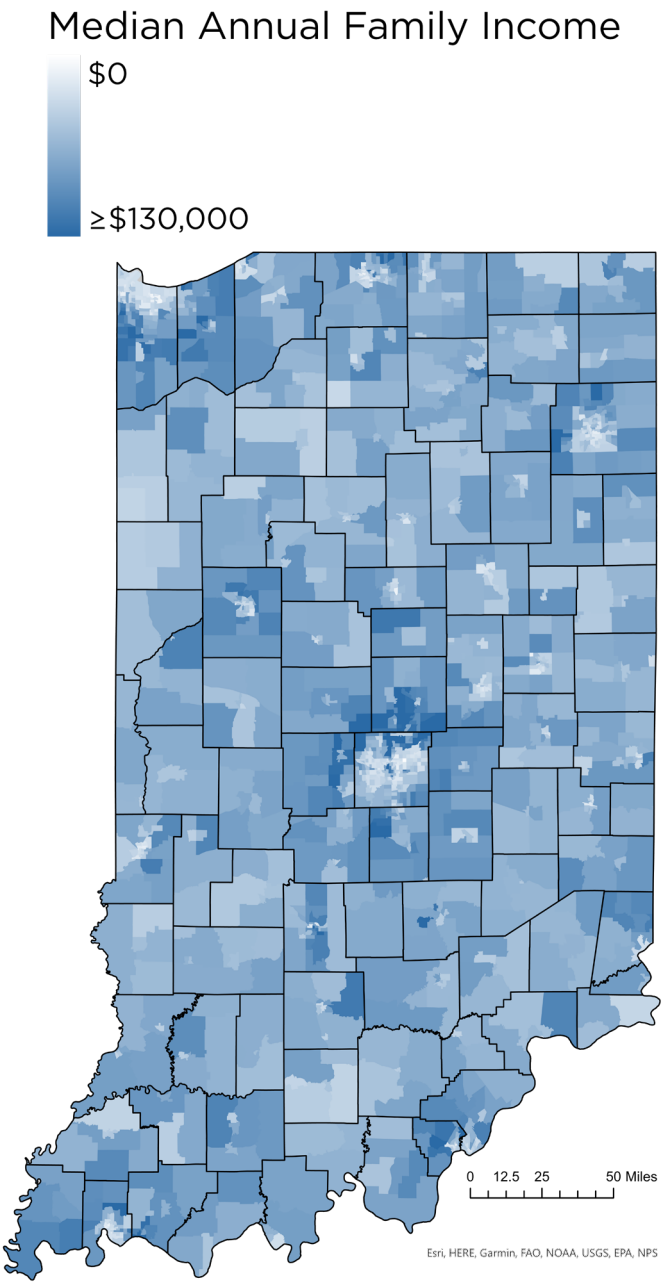
Affordability

The third factor that must be considered when assessing the state of access is affordability.

To illustrate how affordable care is for Hoosier families, ELI examined the cost of care as a comparison to income and the prevalence of programs accepting CCDF vouchers or participating in On My Way Pre-K or Head Start/ Early Head Start. Maps 5 and 6 show median annual family incomes and the average full-time annual cost of care throughout Indiana, respectively. The cost of care is based on market rates reported by providers. Using the ratio of the calculations in these two maps, Map 7 then looks at the percentage of the median family income in each census tract that would be spent to obtain care in the area for one child. When examined together, there are some problematic areas of the state. In urban areas, such as Marion County and northern Lake County, median incomes are lower than most of the rest of the state. Those same areas on Map 7 have some of the highest cost-to-income ratios, meaning that families at the lowest income levels may be spending one-fourth or more of their income on child care per child. That clearly presents an issue of access in terms of affordability for children living in poverty. In those urban areas, capacity may be sufficient, but access may not be, due to affordability. High-quality care tends to be more expensive than low-quality care, meaning that quality level may be an even greater barrier to access based on affordability. In Lake and Marion Counties, high-quality care is 50% and 89.2% more expensive than low-quality care, respectively.

The cost-to-income ratio, which serves as the primary indicator of affordability, illustrates the approximate percentage of family income that is spent on care for one child. Cost-to-income ratios statewide range from 5.9% in Union County to 15.7% in Madison County. Nearly 50% of counties have cost-to-income ratios under 10%. Interestingly, Hamilton County is among the lowest cost-to-income ratios at 8%. This is one of the wealthiest counties in the state and is also the

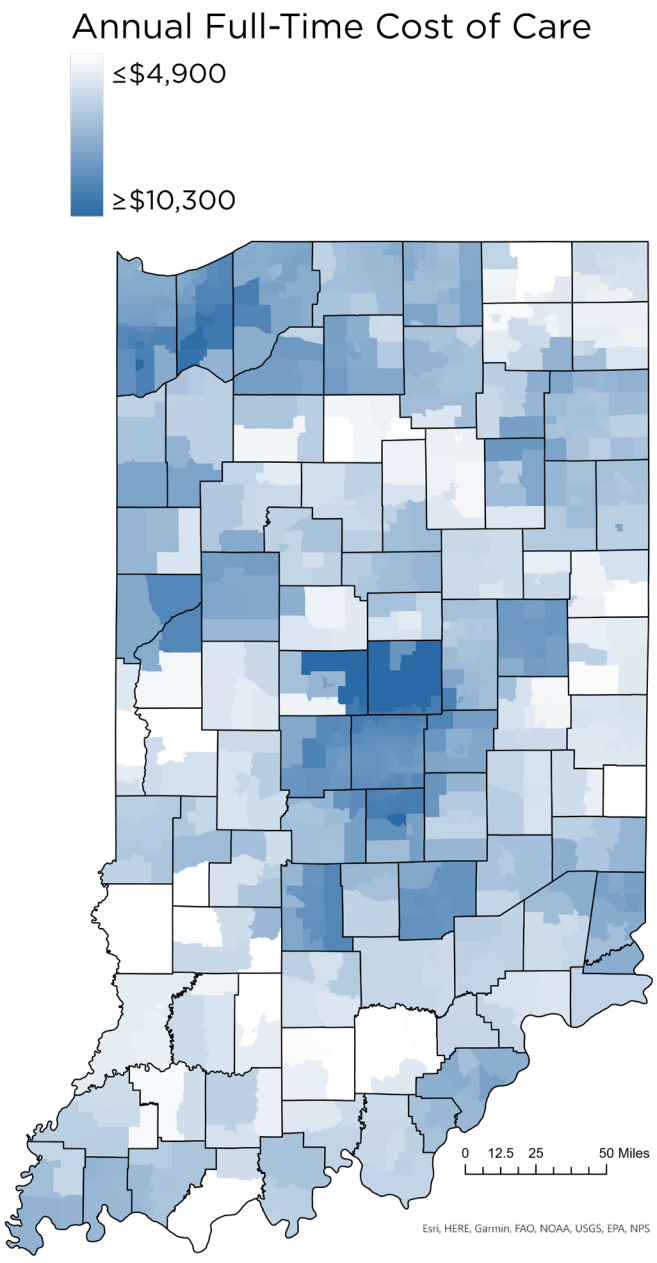
Map 5
Median Family Income by Census Tract



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates

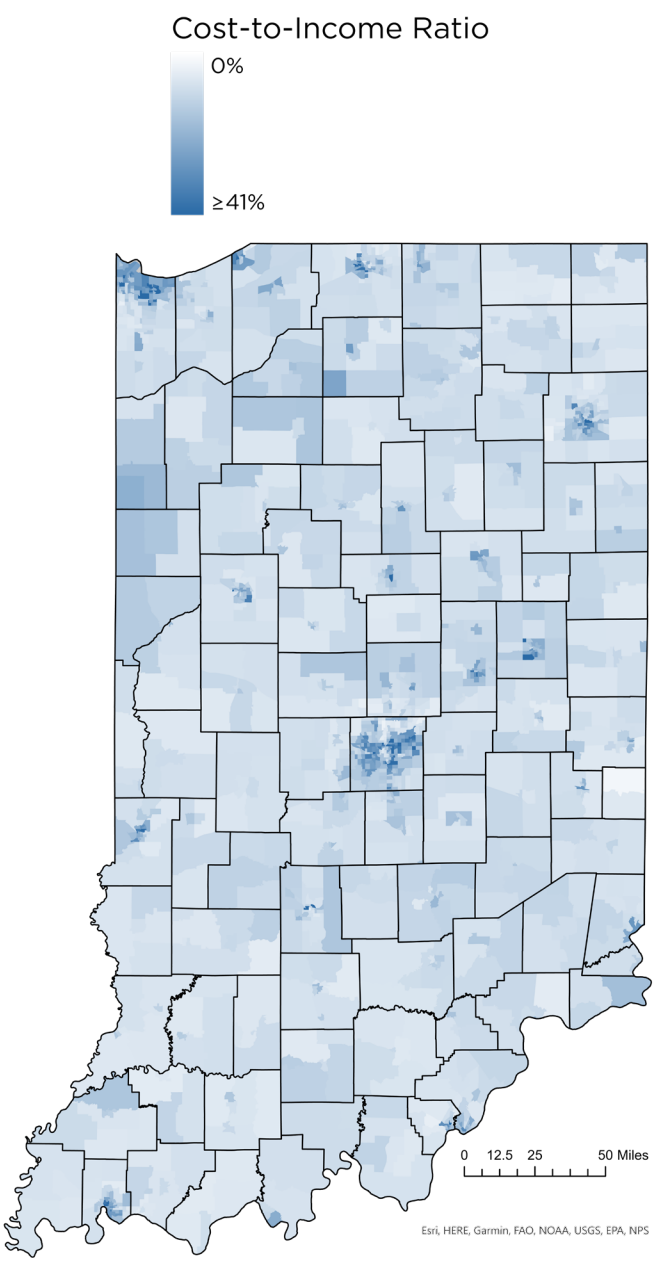
county with the second highest cost of care in the state. Hamilton County also experiences a low rate of children living in poverty, with only 5% of young children there living in poverty. We can contrast this with LaPorte County, where 32% of young children are living in poverty, and the cost-to-income ratio is 13.3%.[3]

Map 6
Cost of Full-Time Care by Census Tract



Sources: Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021

Map 7
Cost-to-Income Ratios by Census Tract



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021

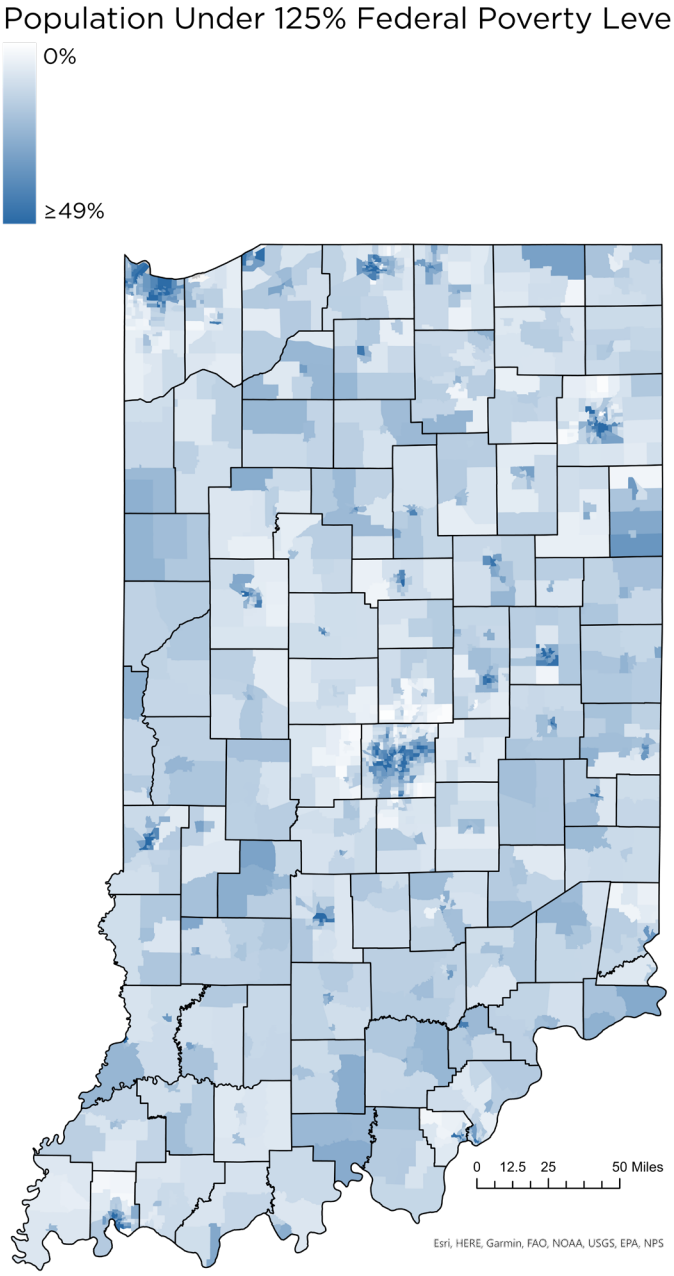
[3] Child poverty rates obtained from the Indiana Early Learning Advisory Committee 2020 Interactive Dashboard: http://www.elacindiana.org/data/elac-annual-report-interactive-dashboard/

Fortunately, resources, including CCDF vouchers, On My Way Pre-K vouchers and Head Start slots, are available to help some families in poverty afford early learning opportunities. However, not all Indiana early learning programs accept CCDF or On My Way Pre-K vouchers. Head Start and Early Head Start are also available to support low-income families, but availability within programs may also be limited. Five counties within the state were found to have capacity predominantly in Head Start and Early Head Start programs. In Union County and Ohio County, 100% of all program capacity is Head Start or Early Head Start. This means that these counties do not have capacity for the many families that would not qualify, based on income requirements. Crawford (80%), Newton (68%) and Martin (53%) are the other counties with a prevalence of capacity in Head Start and Early Head Start programs.

In Indiana, roughly 24% of all households can be defined as ALICE (asset limited, income constrained, employed) households,[4] which is almost double the number of families living at or below the federal poverty level. Many of these families do not qualify for CCDF vouchers, yet accessing high-quality child care would consume a significantly high portion of their annual household income. For a household earning 200% of the federal poverty level, high-quality care could cost over 20% of the family's annual income.

Out of over 4,000 programs in Indiana, 83.6% offer one of the forms of subsidized care mentioned above, yet there is not uniform supply of these programs in all communities across the state. Two counties (Fayette and Union) in Indiana boast 100% of accessible programs offering subsidized care, but 25 counties have less than 75% of their programs in this category. Adams County has the highest percentage of children aged 0 to 5 living in poverty (39%), yet it has the lowest percentage of subsidized programs in the state. Only 46% of Adams County programs accept subsidy-eligible children.

Map 8
Subsidy-Eligible Population by Census Tract



Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates

[4] According to United for ALICE: https://www.unitedforalice.org/indiana

Furthermore, simply because a program is eligible to accept vouchers, this does not mean that the program is enrolling and serving families utilizing vouchers. Statewide, 49.8% of programs that are eligible to accept CCDF or On My Way Pre-K vouchers did not have any children enrolled using those vouchers at the time of this analysis. While this issue may be exacerbated by lower overall enrollment statewide during the COVID-19 pandemic, it was still present before the pandemic. Using data from February 2020 – about a month before the pandemic started to impact economic activity in Indiana – this same rate of programs was about 26.9%. Thus, even though the availability of subsidized care may seem relatively high throughout the state, these nuances demonstrate that the accessibility of those subsidies may still be difficult, and especially so in the counties with the lowest rates of available subsidized care.

The methodology (see Appendix 1) for the Early Learning Access Index examines the availability of subsidized care relative to the need in a given community. Map 8 shows where the subsidy-eligible population rates – defined as the population under 125% of the federal poverty level – are highest in the state. It is clear from this map that the highest rates of the population that might be eligible for one or more child care subsidy programs exist primarily in major urban areas. This is no surprise, as a similar pattern was demonstrated with median family incomes in Map 5.

When comparing the capacity of subsidized programs to the estimated population of subsidy-eligible children, ELI found that eight counties do not have enough capacity in subsidized programs to serve all eligible children. The lowest rate among all counties was Switzerland County at 36.4%. While affordability as a function of cost is more universally important to examining access than the availability of subsidized care, ELI has combined these two factors with an augmented weight on cost-to-income ratios when developing the Access Index.

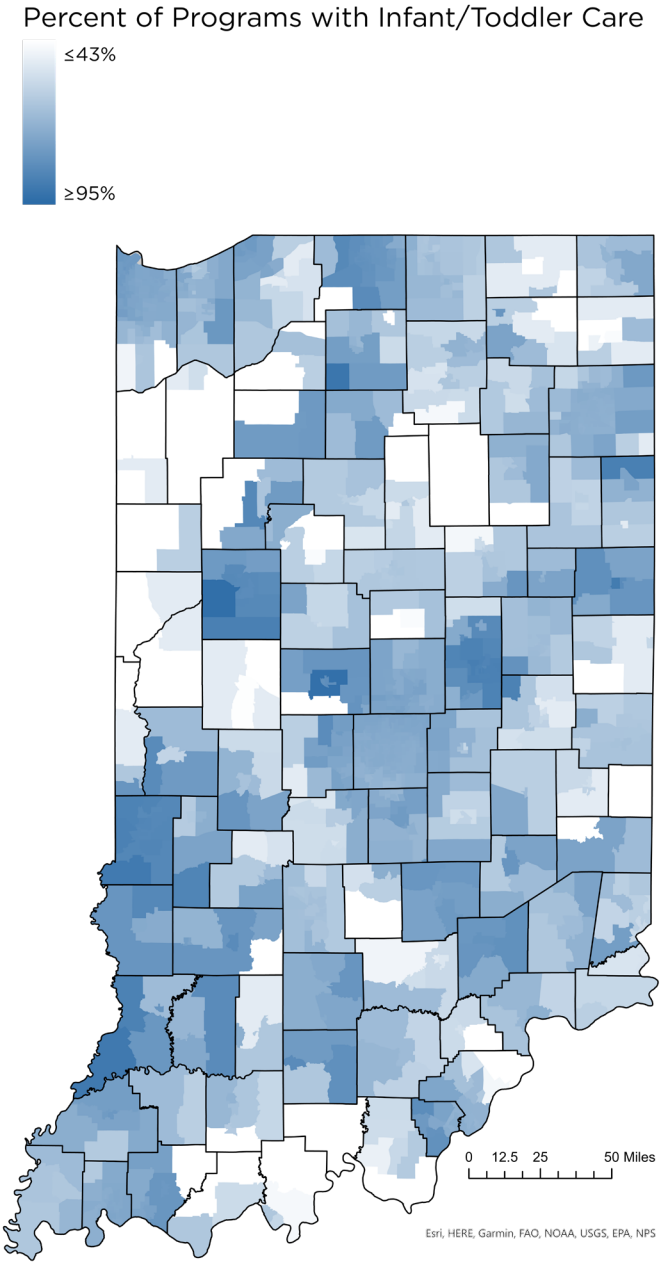
The fourth category of factors seeks to understand how well the availability of programs meets the varying needs of families by providing an array of options.

To evaluate how well the available programs meet families' needs, this analysis examined three aspects of choice: the ages served, the types of care offered and the range of hours provided.

One way to measure whether care is meeting families' needs is to determine if children of all ages have access to care, preferably high-quality care. It was not possible within this analysis to calculate age-group based sufficiency rates because available data sources do not track the proportion of overall capacity in programs apportioned to each age group. Due to licensing and ratio requirements, a smaller percentage of the overall capacity of programs that serve all or most age groups is typically dedicated to infants and toddlers. To shed light on this element of capacity disparity by age, ELI examined the presence or absence of providers serving infants and/or toddlers to determine if, at a program level, more infant/toddler capacity could be needed. Of the programs included in this analysis, 70.5% are licensed to serve infants and/or toddlers. Counties throughout the state range from infant/toddler availability as low as 16.7% of the programs (Fountain County) to 83.2% (Vigo County).

When the quality layer is applied to infant and toddler care, we see an even greater deficiency in high-quality opportunities for these youngest age groups. Fourteen counties, as shown in Map 10, have zero high-quality programs offering infant or toddler care. Overall, these deficiencies in infant/toddler care mean that families may delay placing infants and toddlers in care due to lack of availability, and they may not have the option to choose high-quality care for their child's first experience in care.

Map 9
Infant/Toddler Availability by Census Tract

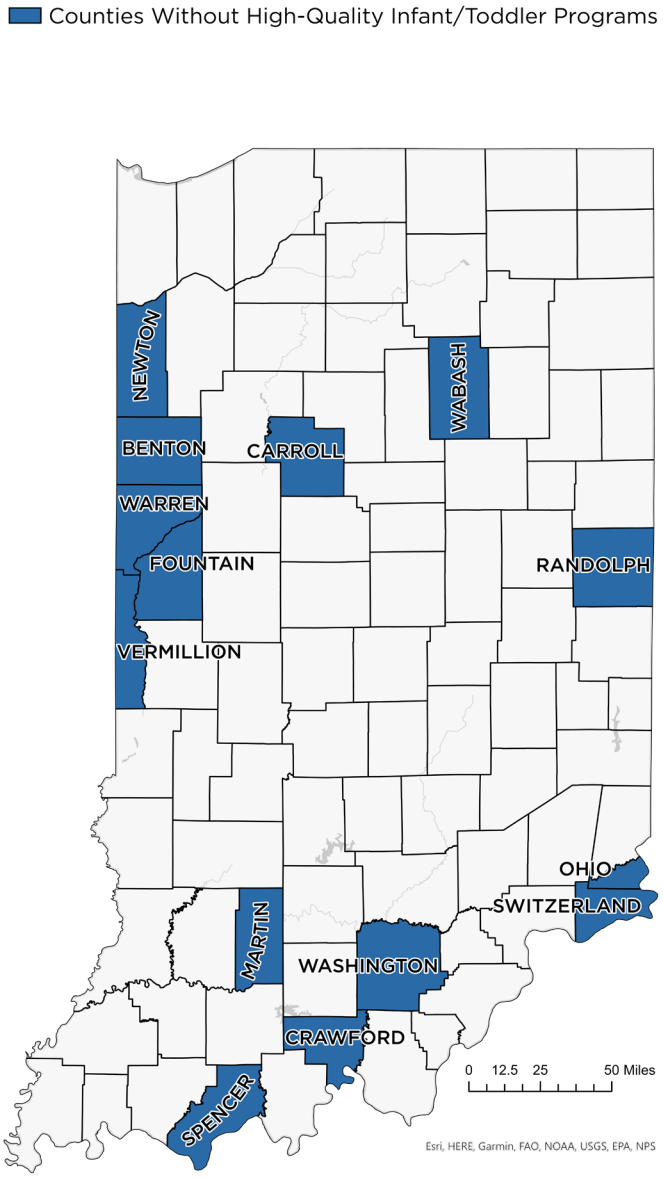


Sources: Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

One preference that families may feel strongly about is the type of care they choose for their child. While some families may only consider center-based care, others may prefer the home-based environment of a family child care setting. Families in some counties in Indiana may not have access to all types of care due to a lack of variation within their locality. For example, families in Fountain County and Warren County do not have access to any family child care homes. These families would have to choose an alternative form of care in a center, a ministry or by utilizing available informal care. Likewise, families in six counties – Benton, Crawford, Rush, Scott, Sullivan and Switzerland – do not have any centers.[5]

Map 11 shows the result of the overall Auspice Score, which identifies areas with high or low variation of program types, relative to the average proportions of auspices across all tracts in the state. A high variation in the Auspice Score means that an area has more types of programs for families to choose from, whereas the low-variation areas may be primarily flooded with one type of program (i.e., homes). An alternative explanation for some low-variation areas is that there may be too few programs for there to be significant variation. Crawford County has the lowest Auspice Score, right at 0. Of the 5 programs in Crawford County's access zone, 4 are Head Start/Early Head Start programs, and the fifth is a home, meaning that the general population in Crawford County may not be able to choose their preferred program type. Clark County has the highest Auspice Score at 0.960. Out of the 158 programs in Clark County's access zone, 50% are homes, 20% are centers and 16% are ministries. The rest are local education agencies (LEAs), Head Start/Early Head Start programs and other school-based pre-K programs. Families in Clark County have access to a wide range of care types.

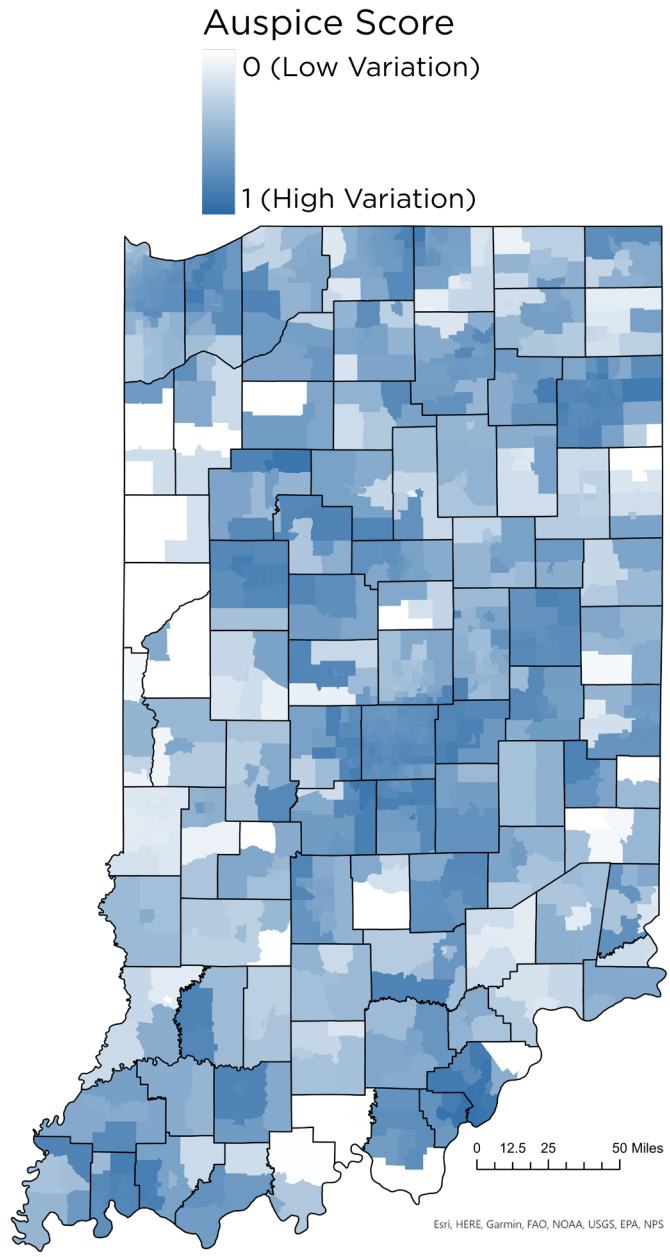
Map 10
Counties Without High-Quality Infant/Toddler Programs



Sources: Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021

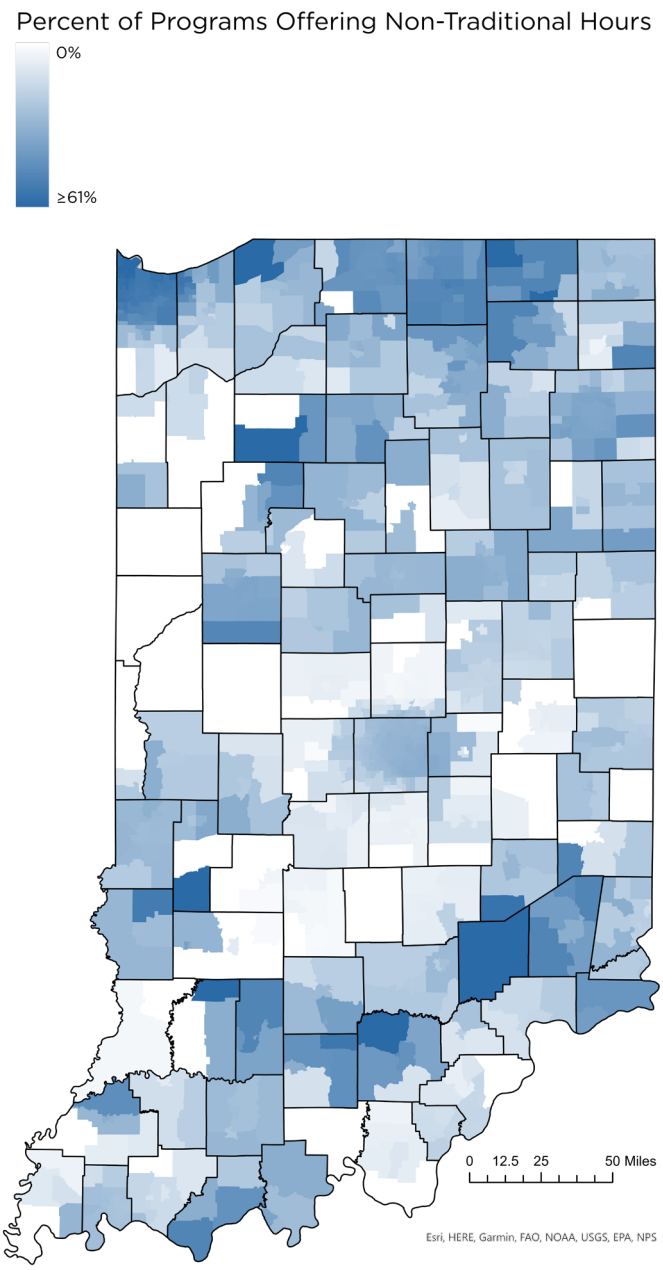
[5] The definition of centers here excludes Head Start/Early Head Start programs that are classified in RCCS as a center but have been re-classified in this analysis as a Head Start/Early Head Start program type specifically. A center that is primarily Head Start/Early Head Start would not be an option for the general population, as those seats would be reserved for children in low-income families.

Map 11
Program Type Variation by Census Tract



Sources: Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

Map 12
Non-Traditional Hours Availability by Census Tract



Sources: Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

The third and final factor related to the early learning choices families have in their communities is the availability of programs offering non-traditional hours. Many caregivers throughout the state work in jobs that require them to be away from the home at times that are not consistent with a typical 9-to-5 shift. Second- and third-shift workers, for example, might need care for their children in the evenings and/or overnight. Some industrial laborers have shifts that start very early in the morning and may need care that opens earlier than most. Other workers – such as healthcare workers – may work 12-hour shifts (or longer) and/or may be required to work on weekends, so extended hours of operation or weekend care might be necessary. Employers who offer shift work may find this data particularly interesting if they hope to attract workers with young children. Lack of access to care that accommodates workers' schedules may make hiring and sustaining the workforce difficult.

ELI examined the rates of accessible programs for each tract that offers at least some form of non-traditional hours: early opening hours, extended evening hours, overnight care or weekend care. A non-traditional program is defined as one which meets one (or more) of the following criteria: opens earlier than 6 a.m., does not close until 7 p.m. or later, stays open overnight or operates on Saturdays and/or Sundays. Map 12 shows where the percentage of programs offering non-traditional hours is highest and lowest throughout the state. The map demonstrates significant disparity throughout the state, as many areas have high percentages and others have very low percentages (many at 0%). Eight counties, notably rural, have absolutely no access to non-traditional hours for early childhood education. The highest prevalence of programs offering non-traditional hours is in Jennings County, which boasts 68.8% of accessible programs offering some form of non-traditional hours. Statewide, the rate is only 27.7% of programs. This is an area of improvement for the entire state's ability to make care more accessible to working families.

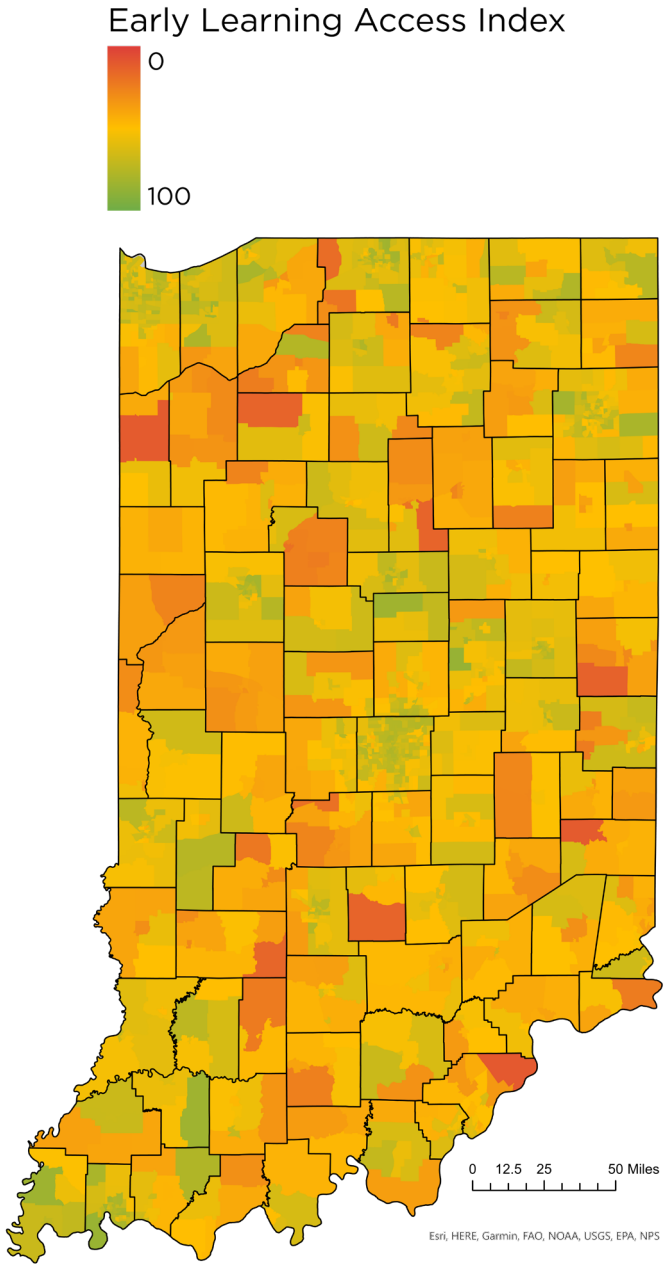
Early Learning Access Index

All of the factors examined in the previous sections of this report prove to be very powerful in isolation, but the recent paradigm shifts in the ECE industry that are placing greater importance on quality, affordability and choice – instead of focusing almost entirely on capacity – have prompted a need to be able to view the holistic application of all of these factors to identify where the greatest overall need is. The Early Learning Access Index attempts to meet this need.

Map 13 shows how each census tract in Indiana scores on the Early Learning Access Index, with a minimum possible score of 0 and a maximum possible score of 100. The statewide Early Learning Access Index score is 60.6. Among tracts, the average is 58.6. Access in Indiana's census tracts ranges from 9.6 to 86.3, indicating significant disparity throughout the state.

At first glance, there does not appear to be any notable pattern in the tract-base access scores, as there is not only significant variation within the state but also within counties. Due to the different demographics from one tract to another and the various areas of access, based on population centers and 10-mile radii described in Appendix 1, adjacent tracts can have vastly different scores on the Early Learning Access Index. Using an understanding of Indiana's geography, a generalization can be made, however, that the rural parts of the state have a tendency for lower overall access, as indicated by shades of red and orange on Map 13.

Map 13
Early Learning Access Index by Census Tract



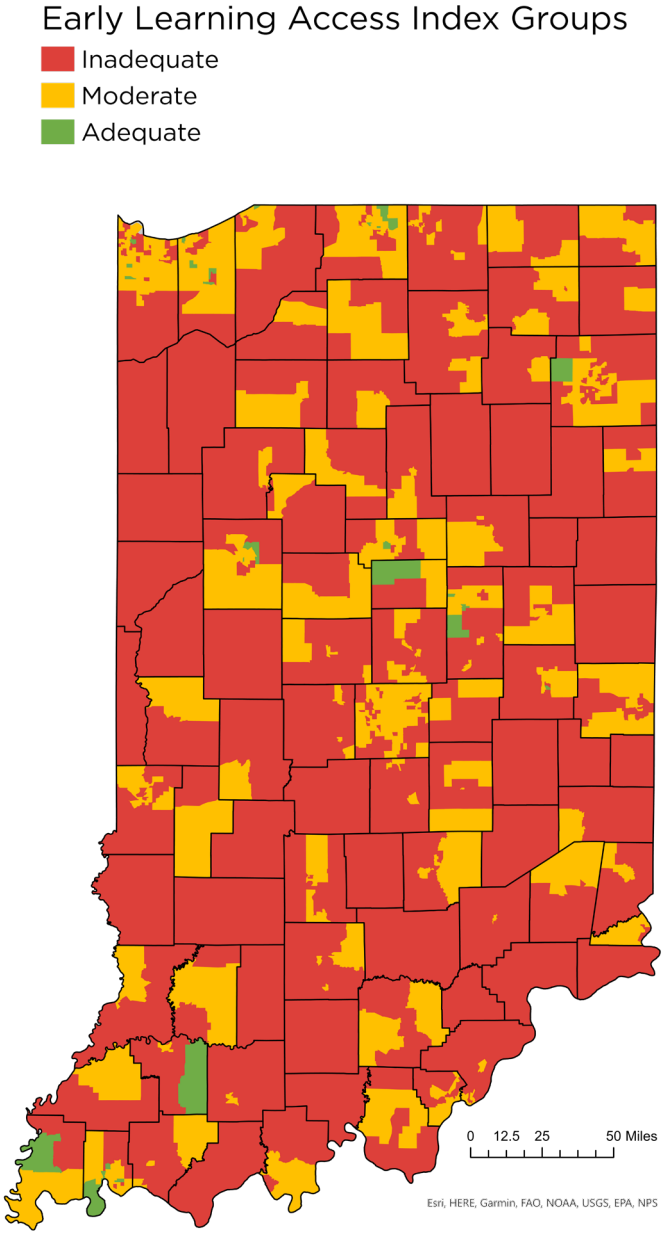
Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

Three categories were developed to indicate whether the overall access level is adequate, moderate or inadequate. In areas with scores under 60, overall access was deemed to be inadequate, while areas with scores ranging from 60 to 80 were deemed to have moderate access and areas with scores 80 or higher were deemed to have adequate access. These benchmarks were developed based upon an analysis of the distribution of access scores combined with industry and local expertise. As demonstrated in Map 14, only 2.6% of census tracts in the state have adequate access and 46.9% of census tracts were found to have moderate access. This means that over half of all census tracts (50.6%) have inadequate access to early learning programs. The statewide Early Learning Access Index of 60.6 places the state as a whole in the category of having moderate access.

An example of one of the most drastic variations in access among neighboring counties is in Carroll, Tippecanoe and Warren Counties. Tippecanoe County has some adequate access areas, including the northeast part of Lafayette with an Access Index at 81.4. Not far from this tract, as shown in Map 15, in neighboring Carroll and Warren Counties, are two very low access areas. The city of Delphi in Carroll County (Access Index at 19.8) and the eastern half of Warren County (26.8), which includes Carbondale and Williamsport, are two areas where families face a variety of access challenges.

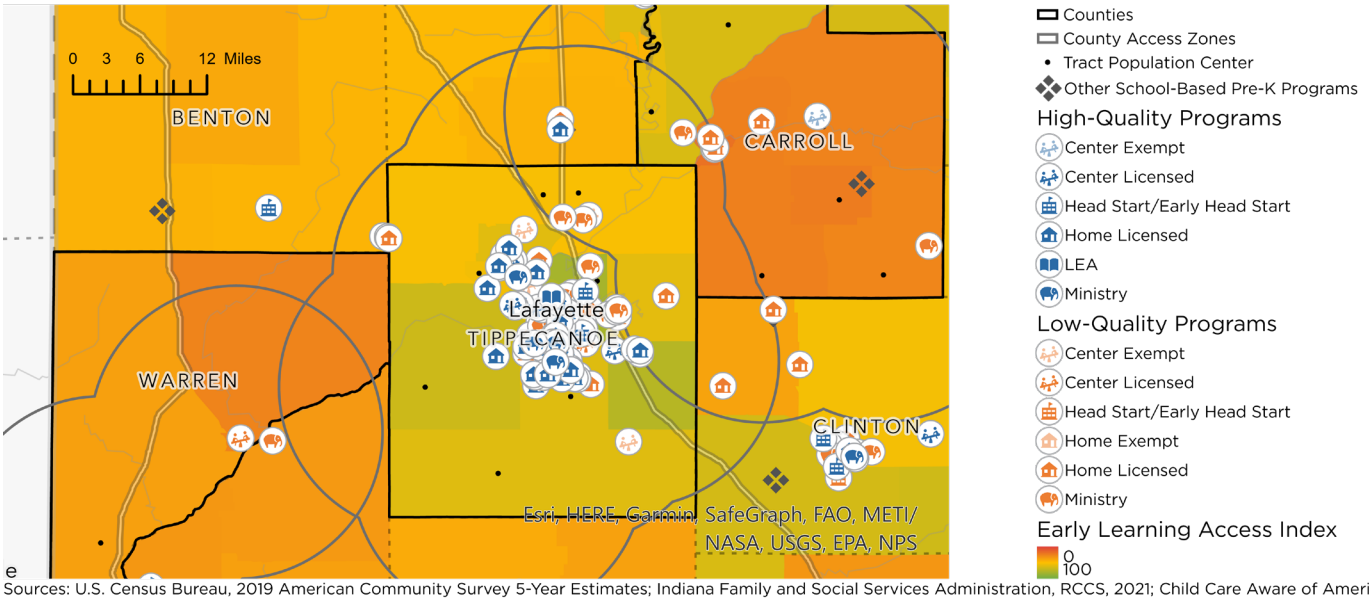
Figure A displays the major contributing factors of the Early Learning Access Index for each of these three areas. Of the three tracts, the Delphi tract has the lowest CSR, and it is clearly because the estimated children under 6 who may need care is nearly the same as the other tracts but the effective capacity of accessible programs is the lowest. This area, as with eastern Warren County, has no high-quality access. These are dramatically different from the northeast Lafayette tract, which has the high-quality capacity to serve over half of the area's children. Overall affordability in these areas varies greatly, as Lafayette is at 7% cost-to-income ratio, but Delphi has over twice that at 15.9% and eastern Warren County at 12.1%. Additional advantages in the northeast Lafayette area are an abundance of capacity (CSR over 100%), a higher prevalence of infant/toddler care, greater auspice variation and a moderate presence of non-traditional care.

Map 14
Early Learning Access Index Groups by Census Tract



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

Map 15
High-Access Area in Tippecanoe County; Low-Access Areas in Carroll and Warren Counties



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

Figure A: Notable Tracts in Carroll, Tippecanoe, Warren Co.

Eastern Warren County (Carbondale, Williamsport)

148 Est. Children	2 Effective Programs
48 Effective Capacity	32.6% CSR
0 HQ Eff. Capacity	0.0% HQ Capacity Rate
$76,797 Family Income	$9,256 Annual Cost of Care
12.1% Cost-to-Income	24 Sub.-Eligible Children
48 Subsidy Capacity	50.0% Infant/Toddler Care
0.000 Auspice Score	0.0% Non-Traditional

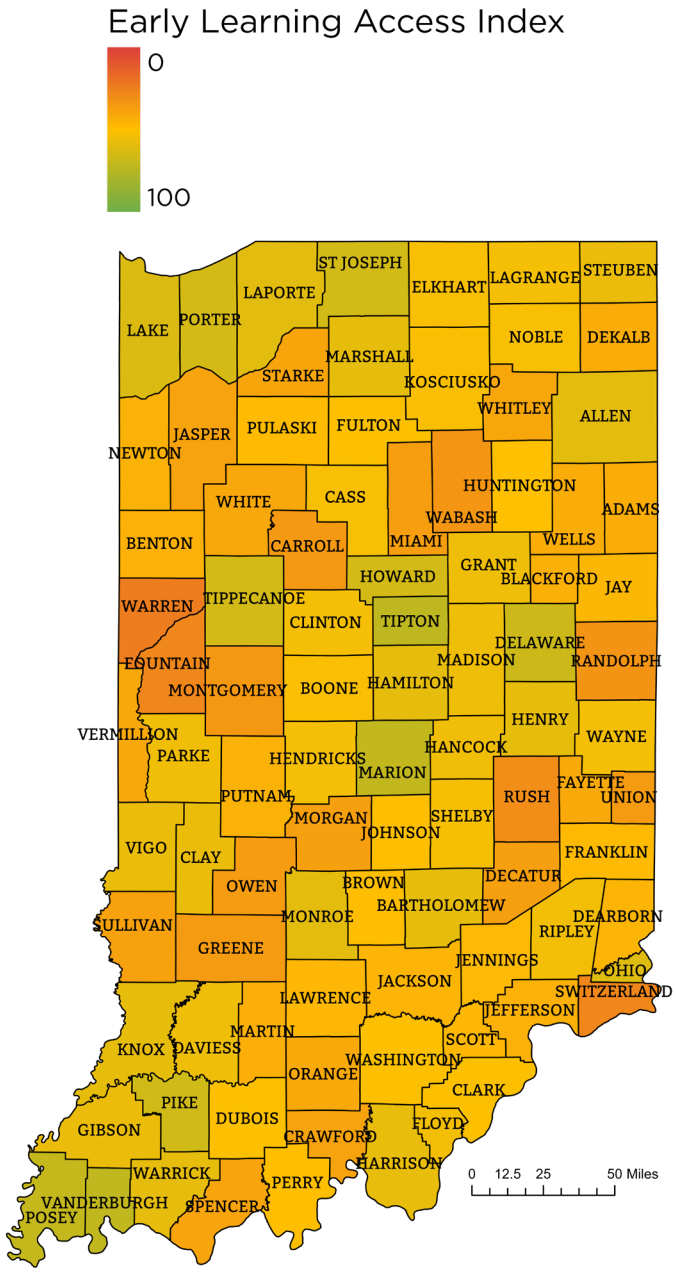
Northeast Lafayette (Tippecanoe County)

150 Est. Children	117 Effective Programs
152 Effective Capacity	101.2% CSR
79 HQ Eff. Capacity	52.1% HQ Capacity Rate
$116,250 Family Income	$8,102 Annual Cost of Care
7.0% Cost-to-Income	9 Sub.-Eligible Children
115 Subsidy Capacity	83.8% Infant/Toddler Care
0.842 Auspice Score	36.8% Non-Traditional

Delphi (Carroll County)

140 Est. Children	7 Effective Programs
21 Effective Capacity	14.8% CSR
0 HQ Eff. Capacity	0.0% HQ Capacity Rate
$44,554 Family Income	$7,072 Annual Cost of Care
15.9% Cost-to-Income	30 Sub.-Eligible Children
10 Subsidy Capacity	42.9% Infant/Toddler Care
0.751 Auspice Score	0.0% Non-Traditional

Map 16
Early Learning Access Index by County



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

While the census tract level of analysis provides important granularity, a practical approach to assessing access is to also view the Early Learning Access Index at the county level. By combining the 10-mile radial zones of each tract within a county, ELI created County Access Zones to determine the accessible range of programs for families living in the county. Using this method of analysis, Map 16 shows county-level scores. A positive takeaway is that the majority of counties are among the higher range of scores in the Access Index; there are more counties over 50 on the Access Index than below 50. The highest access counties are Tipton (72.4), Vanderburgh (71.8), Marion (71.5), Posey (70.1) and Delaware (67.8). The lowest access counties are Warren (23.8), Fountain (27.9), Switzerland (27.9), Rush (30.8) and Randolph (33.0). Although some counties may be considered higher access, relative to the rest of the state, the scores for those counties indicate that no Indiana county has sufficient or surplus access as defined here. The highest county score in the state is still only 72 out of 100 in the Early Learning Access Index. (Table A-1 in the Appendix provides access statistics for each county, as related to the Early Learning Access Index and its contributing factors.)

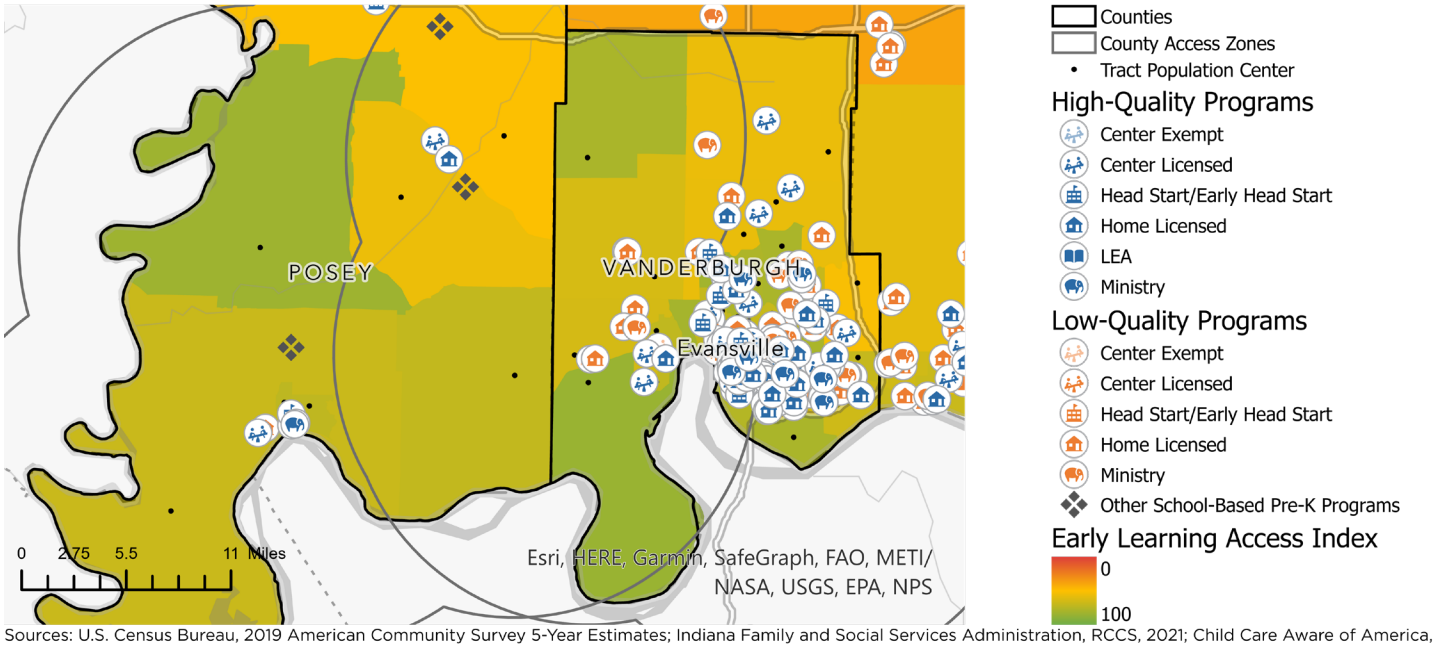
Only 14% of counties were found to have moderate access, while the remaining 86% would be classified as having inadequate access. No counties in the state could be classified as having adequate access throughout the county. When examined at the county level, we also see that counties classified as urban or midsized are more likely to have moderate access while rural counties largely fall into the inadequate access category.

Marion County is an interesting example to observe. It has an overall Access Index score of 71.5, placing it at the higher side of the moderate access category. The CSR of 100.4% is the highest in the state, which may make it seem almost oversourced in terms of capacity. However, Marion County is arguably the largest employment hub in the state, drawing workers from all over the state. According to commuting data, 47% of Marion County workers do not reside within the county. This may indicate that Marion County may need to be oversourced in terms of capacity, to accommodate inbound workers who desire care close to their employment center. As strong as Marion County's Access Index and CSR are,

a closer look at subsequent elements of access reveals that only 48% of the existing capacity is within high-quality programs. The county also has the second highest cost-to income ratio in the state at 15.3%. So, while the county does not appear to have an overall access issue in terms of number of seats for children, it does have access issues when it comes to quality and affordability.

It is noteworthy that two of the top counties in the state are also neighboring counties. In Map 17, Vanderburgh and Posey Counties are examined in greater detail. It is apparent in this map that the majority of the programs available in these two counties are located in and near Evansville (Vanderburgh County). This is a situation in which one city serves as a hub for the rest of the county and, as indicated by the County Access Zones (based on the 10-mile radii for each tract's population center), parts of neighboring counties like Posey County. The capacity of programs in Evansville serves a significant portion of both of these counties. Since this capacity appears to be abundant, the demand in both counties is able to be met to a large extent. Figure B outlines the major contributing factors in three notable tracts in these counties: New Harmony and rural west-central Posey County (with an Early Learning Access Index at 83.8), the southwestern corner of Vanderburgh County that includes the Red Bank area of Evansville and the University of Southern Indiana (Access Index at 85.3), and the Country Club Meadows area of northern Evansville (82.4). Even with the shared capacity, CSRs in these tracts are very high, availability of high-quality capacity is above average, affordability is good, Auspice Scores are mostly high and there is a relatively significant availability of infant and toddler care. All of these factors work in tandem to provide a high level of access in this area. In Map 17, however, it is apparent that some areas are still required to travel near the edge of the 10-mile radius to access care. Note that the high-access tract in west-central Posey County does not include any programs within the tract itself. The shared capacity of programs in nearby areas, such as Mount Vernon, are what provide the supply to meet the need of this tract.

Map 17
High Access Counties: Vanderburgh (#2) and Posey (#4)



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

Figure B: Notable Tracts in Posey and Vanderburgh Co.

West-Central Posey County (New Harmony, Lynn Twp.)

97 Est. Children	11 Effective Programs
112 Effective Capacity	115.7% CSR
87 HQ Eff. Capacity	77.8% HQ Capacity Rate
$93,068 Family Income	$7,283 Annual Cost of Care
7.8% Cost-to-Income	6 Sub.-Eligible Children
107 Subsidy Capacity	63.6% Infant/Toddler Care
0.408 Auspice Score	9.1% Non-Traditional

SW Vanderburgh County (Red Bank and USI areas)

94 Est. Children	141 Effective Programs
111 Effective Capacity	118.2% CSR
76 HQ Eff. Capacity	68.4% HQ Capacity Rate
$90,197 Family Income	$7,529 Annual Cost of Care
8.3% Cost-to-Income	16 Sub.-Eligible Children
95 Subsidy Capacity	70.9% Infant/Toddler Care
0.758 Auspice Score	27.0% Non-Traditional

Country Club Mdws. Area (E'ville, Vanderburgh Co.)

96 Est. Children	162 Effective Programs
134 Effective Capacity	139.5% CSR
84 HQ Eff. Capacity	63.1% HQ Capacity Rate
$67,591 Family Income	$7,458 Annual Cost of Care
11.0% Cost-to-Income	15 Sub.-Eligible Children
107 Subsidy Capacity	71.6% Infant/Toddler Care
0.827 Auspice Score	26.5% Non-Traditional

Figure C: Notable Tracts in Fountain and Warren Counties

Western Warren County (Judyville, West Lebanon)

160 Est. Children	2 Effective Programs
14 Effective Capacity	8.8% CSR
9 HQ Eff. Capacity	62.9% HQ Capacity Rate
$56,378 Family Income	$8,034 Annual Cost of Care
14.3% Cost-to-Income	24 Sub.-Eligible Children
9 Subsidy Capacity	0.0% Infant/Toddler Care
0.000 Auspice Score	0.0% Non-Traditional

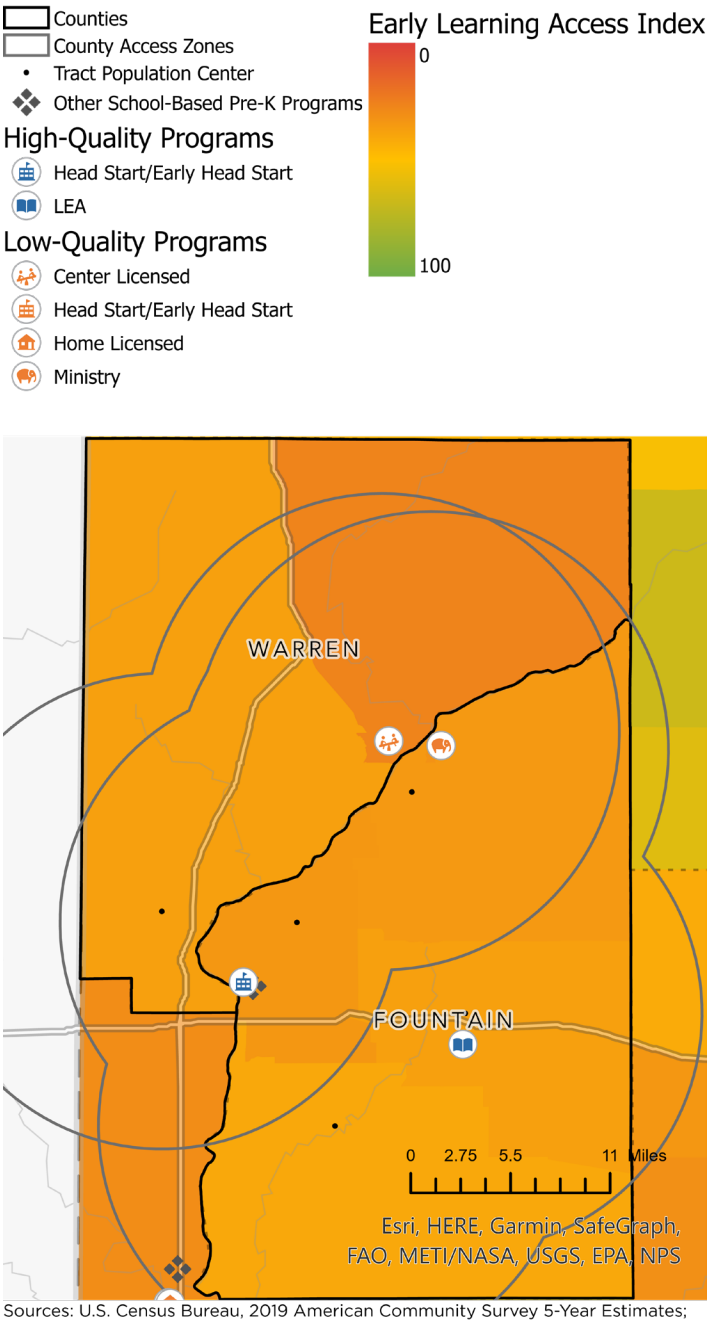
Eastern Warren County (Carbondale, Williamsport)

148 Est. Children	2 Effective Programs
48 Effective Capacity	32.6% CSR
0 HQ Eff. Capacity	0.0% HQ Capacity Rate
$76,797 Family Income	$9,256 Annual Cost of Care
12.1% Cost-to-Income	24 Sub.-Eligible Children
48 Subsidy Capacity	50.0% Infant/Toddler Care
0.000 Auspice Score	0.0% Non-Traditional

Attica (Fountain County)

82 Est. Children	2 Effective Programs
48 Effective Capacity	58.8% CSR
0 HQ Eff. Capacity	0.0% HQ Capacity Rate
$46,406 Family Income	$9,256 Annual Cost of Care
19.9% Cost-to-Income	15 Sub.-Eligible Children
48 Subsidy Capacity	50.0% Infant/Toddler Care
0.000 Auspice Score	0.0% Non-Traditional

Map 18
Lowest Access Counties: Warren (#92) & Fountain (#91)



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

The two lowest access counties in Indiana have a very different reality. Map 18 shows a stark contrast in Warren (also examined in Map 15) and Fountain Counties compared to Map 17. The first note on these two counties is the geographic distribution. The population centers of both counties are along the Wabash River, which forms the border between them. This causes the County Access Zones to be more or less the same (with a bit of an extension for Fountain County, which has more tracts in the southern portion of the county). In this shared area, there are only a few programs, and these programs are expected to serve nearly all of the demand in both counties.

Figure C examines the contributing factors in three notable tracts in Fountain and Warren Counties. The highest score in these two counties in the Early Learning Access Index is the tract that makes up the western half of Warren County, but its Access Index score is only 37.6. Adjacent to this tract, the eastern half of Warren County (also highlighted in Figure A above) has the lowest Access Index (26.8) in these counties. Neighboring Attica (located across the river in Fountain County) also has a very low Access Index (32.1). Notably, the available capacity in these counties is not enough to meet demand. The quality of those programs is also very low, affordability is low, Auspice Scores are 0 and there is no presence of non-traditional-hour care. In fact, Warren County has the fewest available programs in the County Access Zone (four), the lowest effective capacity in the state (62 seats) and the fewest subsidized programs available (three).

Additional Considerations

While the Early Learning Access Index is a thorough measure of access throughout the state, it cannot encompass every possible factor that could affect families' access to child care and the needs they may have.

For example, families tend to prefer care that is either close to their residence or close to their place of employment. The analysis used in this overview of access is based on residence, so this report recognizes that it may not be indicative of where care may be needed relative to employment centers. The calculations take into account major population centers to help shift toward where these hubs might be, and the 10-mile radius allows for a certain extent of commuting, but there are still factors relative to travel and commuting that may not be accounted for within this methodology.

The U.S. Census Bureau provides county-level commuter data from the 2015 ACS five-year estimates. This data includes the volume of commuter flows from one county to another; it includes every existing county-to-county pairing among commuters at the time the data was collected. Using these estimates, ELI visualized commuting patterns for a given county's workers using GIS software. ELI examined the rates at which a county's workers reside within the same county and from which counties other workers commute. These commutes include the counties of residence in other states as well as in Indiana. Using this analysis, a better understanding can be made of the range in which some families may ultimately search for care for their children. For example, if many families in Fountain County commute to Vermillion County for work, then they may also search for care closer to work, extending their search radius to the neighboring county and potentially beyond the 10-mile radius used in the analysis describe above.

The examples in Maps 19 and 20 illustrate how commuter patterns might look in an urban county (Marion) versus a rural county (Washington). In Marion County, about 63% of workers live in-county, and the counties from which other workers are commuting to work in Marion County are spread all over the state, and even in other states (as indicated by the gray lines on the map). In Washington County, a higher percentage of workers (84%) live and work within the county, with far fewer commuters entering the county from elsewhere. Commuting patterns may be more relevant in communities where fewer people live but that serve as large employment centers. Vermillion County (Map 21) is home to a plant owned by one of Indiana's largest employers, Eli Lilly, Inc. In Vermillion County, only 51% of workers live and work within the county. Regardless of the individual factors, commuting data is a valuable resource when determining nuanced interpretations of access based on local community dynamics.

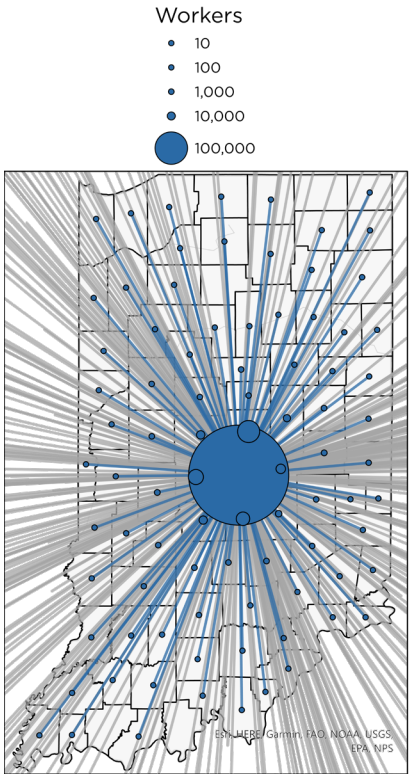
Related to commuting patterns, state boundaries may be a factor to consider. For example, Map 21 shows that there is a fair amount of commuting from counties in neighboring Illinois, and the opposite could certainly be true. For areas of Indiana that lie along state borders, families may actually choose to access care in one of the neighboring states (Illinois, Kentucky, Michigan, Ohio). Because the extent of this report remains within the boundaries of Indiana, the methodology does not account for additional programs available within accessible ranges in these states. Additionally, regulations and standards differ in each state, so the measures of quality would be different and other types of care may be different than what exists in Indiana. Local decision-makers in these border communities would likely have a better understanding of the interstate differences and availability to make improved interpretations of access.

Counties of Residence for Workers in...

Source: U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates

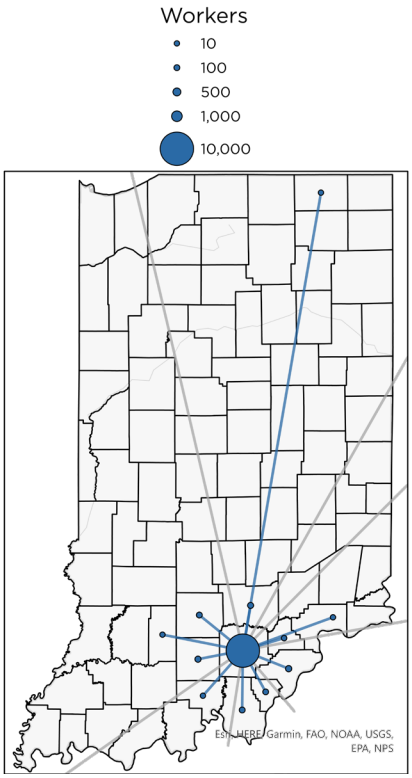
Map 19
Marion County

63.0% of workers live in Marion County



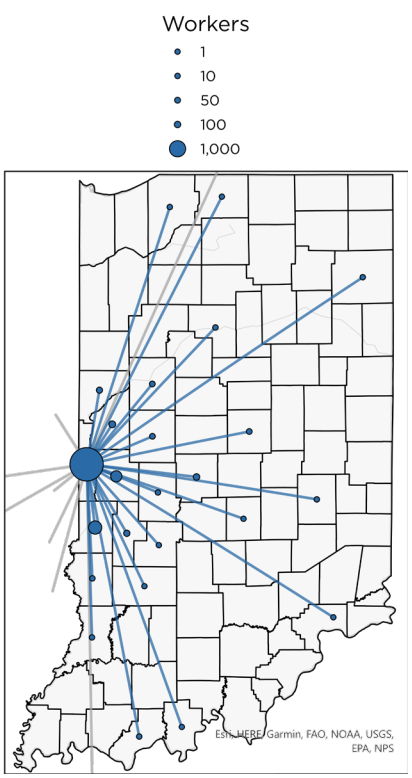
Map 20
Washington County

84.3% of workers live in Washington County



Map 21
Vermillion County

51.7% of workers live in Vermillion County



The final piece that cannot be overlooked when evaluating access and future needs is the effect that unemployment rates may have on demand – especially in the throes of the COVID-19 pandemic. While statewide unemployment rates skyrocketed at the onset of the pandemic, these rates began to normalize as the end of 2020 approached. This will likely need to be a factor of consideration when planning for immediate demand in a given community, as those who are unemployed may not need, and likely cannot afford, early learning during their period of unemployment. The U.S. Bureau of Labor Statistics provides Local Area Unemployment Statistics (LAUS) at various geographic levels.

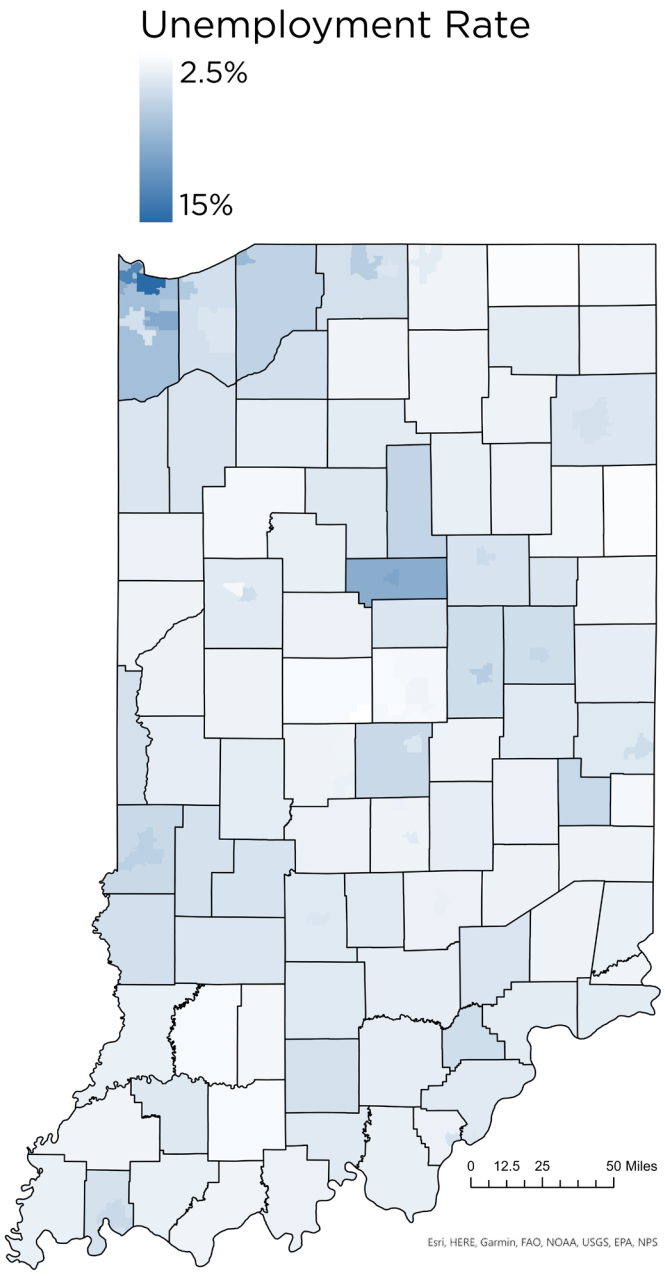
Using county-level unemployment rates and the rates available for some of Indiana's major cities, ELI mapped the rates from June 2021 to the approximate census tracts for each city. County-level rates were equally assigned to all tracts in counties that did not have any major city rates available or to all the remaining tracts in counties that had at least one major city with available rates. While unemployment data is not used directly in the Early Learning Access Index, it can be utilized to understand the fluctuations in the workforce that may impact demand in an area.

Map 22 shows that high unemployment rates have not quite subsided in many of Indiana's industrial areas, especially in northwest Indiana (East Chicago, Gary, Michigan City) and Kokomo. Much of the state, especially rural areas that may have been impacted less by the pandemic, have returned to rates much closer to the approximately 3% rate in Indiana before the pandemic hit. However, these industrial regions are still seeing much higher rates of unemployment, up to and exceeding 10%. Even during "normal" times – not hindered by the socioeconomic impacts of a global pandemic – unemployment rates can experience fluctuations, and these fluctuations cannot be accurately captured in the type of holistic statewide analysis used for the Early Learning Access Index. These fluctuations are better suited for interpretation at the local level when examining access and other local factors that are specific to the area.

In addition to increasing unemployment rates, the COVID-19 pandemic has brought about a cultural shift that may lead to higher rates of teleworking in many industries. A Gallup poll conducted in October 2020[6] showed that 33% of workers report working remotely "all the time," with two-thirds of those surveyed indicating they would like to remain working remotely indefinitely. In the short term, these workers may choose to go without child care due to COVID-19 concerns or other reasons related to the pandemic. However, as more workers begin to shift to permanently working remotely as a result of the cultural advances in making such a workplace style feasible for many companies and organizations, families may more prevalently desire care close to home. This societal adjustment might require a future shift in the availability of ECE programs from urban employment centers into more residential areas.

Every community must assess its own local dynamics while examining access to early learning programs. Commuting patterns, interstate economics, unemployment and remote working are just a few of the universal considerations discussed here, but there may certainly be extraneous factors unique to individual communities, which local leaders may be best qualified to assess.

Map 22
June 2021 Unemployment Rates by County and Available Cities



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2021

[6] Brenan, M. (2020). COVID-19 and Remote Work: An Update. Gallup, Inc. https://news.gallup.com/poll/321800/covid-remote-work-update.aspx

Conclusion

In summary, determining the state of access in Indiana is dependent on a multi-faceted approach that doesn't solely rely on supply and demand economics, but also on the dynamics of the local community and the individual needs of children and their families.

When approaching access-related decision-making, it is imperative that all of the dimensions of access be considered. The approach that meets the needs of one community may look very different in a neighboring community. The Early Learning Access Index is an attempt to quantify these dynamics as well as possible, but local decision-makers must consider all other relevant factors to make an informed decision about current and future needs of access in early childhood education.

There is no simple answer to the question, "Do Hoosier families have sufficient access to child care?" The complex answer is, "It depends." Some areas of the state are well sourced, while others are lacking in overall availability or availability of certain types of care, such as high-quality, infant/toddler or subsidized care. The approach in this report, while distinctly different from traditional "Child Care Desert" methods of determining access, offers a comprehensive and holistic approach to evaluating access needs and the relevant resources and data sources that are required for such an endeavor. This report is intended to be used as a guide to not only understand the current state of access, but to promote Indiana to a state of greater and more equitable access for all Hoosier families.

Interested in Early Learning Indiana presenting to your organization or discussing this methodology for your state?

Please reach out to: Access@EarlyLearningIndiana.org

Appendix 1: Methodology

To analyze the state of ECE access in Indiana, ELI focused on a geospatial approach. Using geographic information system (GIS) software, ELI created layers of relevant data and analyzed those layers individually and in relationship to one another. This analysis examined four categories of contributing factors for access:

1. **Capacity**
2. **Quality**
3. **Affordability**
4. **Choice**

ELI used these four categories to develop an Early Learning Access Index, a formula consisting of weighted combinations of variables that range from 0 (worst) to 1 (best). The Early Learning Access Index is defined as:

Access Index (I) = 30% Capacity + 30% Quality + 20% Affordability + 20% Choice

Capacity = c
Quality = q
Affordability = [(2f + s)/3]
Choice = [(t + a + h)/3]

where
c = score (0-1) derived from CSR
q = score (0-1) derived from rate of high-quality capacity
f = score (0-1) derived from cost-to-income ratio
s = score (0-1) derived from rate of subsidized care availability
t = score (0-1) derived from infant/toddler availability
a = Auspice Score (0-1)
h = score (0-1) derived from non-traditional hours availability

I = 30c + 30q + 20[(2f + s)/3] + 20[(t + a + h)/3]

The following narrative describes in detail how ELI examined relevant data in each category to develop this formula. Each term in the equation represents one of the four categories, and the coefficients are the weights ELI has applied to each category. Other experts in the industry could argue a different set of weights in this formula, but ELI defined these weights as such to allow for emphasis on capacity *(c)* and quality *(q)* without devaluing the importance of affordability *([(2f + s)/3])* and choice *([(t + a + h)/3])*. The variables that contribute to the Early Learning Access Index are derived from the relevant data and defined based on ratios, statewide averages and standard deviations so that each variable is normalized to a 0-to-1 range. After laying out each data point and subsequent variables, this section concludes with a review of the Early Learning Access Index.

CAPACITY ELI has developed a defined approach to understanding the effective capacity available to serve each area of the state. This approach is referred to as the Capacity Sufficiency Rate (CSR); the CSR incorporates a variety of layers of data necessary to obtain an accurate picture of supply throughout the state.

Within this analysis, ELI has defined demand as all children (under age 6) whose adult caregivers are active in the workforce. The U.S. Census Bureau's annual American Community Survey (ACS) collects this data. The most recent five-year estimates from 2019 are used here to identify the number of total children in each census tract[7] in Indiana who are under age 6 as well as the number of those children who have all caregivers in the labor force. The Indiana Family and Social Services Administration manages the Regulated Child Care System (RCCS), a database of all licensed ECE programs and the large majority of other registered or license-exempt programs, such as ministries and Head Start/Early Head Start programs. ELI geocoded the addresses of every program as of August 2021 to plot them on the map of Indiana.[8] Capacity estimates for programs are based on a hierarchy of available data; if a program does not have a value in the first field available, the next field is used, and so on. This hierarchy is as follows:

1. "Capacity" in RCCS – refers to the licensed capacity of the program
2. "Total Desired Capacity" in the Child Care Aware of America National Data System (NDS) for Indiana
3. "Recommended Capacity" in RCCS, used to estimate capacity in ministries that do not have a licensed capacity
4. The sum of "Head Start Capacity," "Early Head Start Capacity" and "Migrant Capacity" as shown for only Head Start/Early Head Start programs (and seasonal migrant programs) in RCCS

To supplement its understanding of available supply, ELI obtained a list of all school-based pre-K programs as of August 2021 from the Indiana Department of Education's INview portal. These programs were cross-referenced with the RCCS data to remove any duplication between the two sources. The remaining programs were added to the RCCS supply for this analysis. Capacity for these programs is defined as the current pre-K enrollment at the time the data was obtained, as total capacity data was not available from this data source. Therefore, it should be assumed that the capacity estimates for public and private school-based pre-K programs, represent a minimum capacity for each program.

With demand and supply both defined and calculated, the effectiveness of the supply can be assessed using the CSR. The CSR is defined as the effective calculated capacity of all programs within a 10-mile radius of the population center[9] of a given census tract divided by the sum of all children under age 6 with working caregivers in the tract. The 10-mile radius is an estimate of the maximum distance most families would be

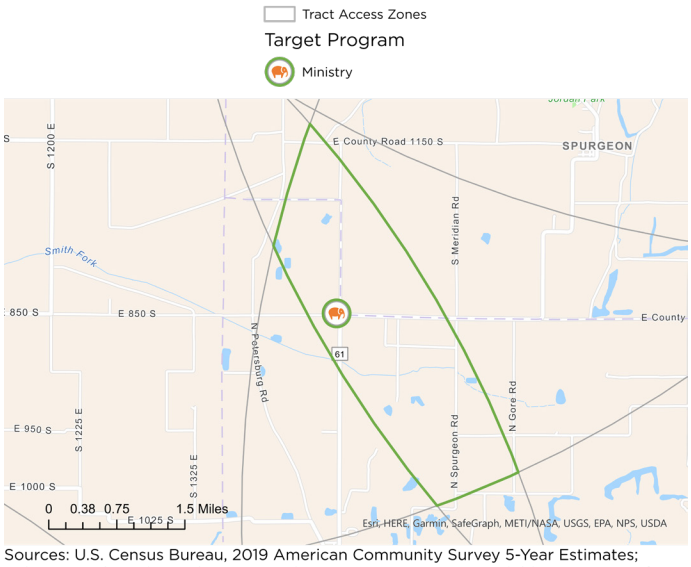
[7] U.S. Census data is compiled at the block level. A blockgroup is a contiguous section of blocks. Blockgroups are further compiled into tracts. Tracts do not cross county boundaries, so all counties have their own collection of tracts. Tracts are used as the geographic frame of reference for the majority of this analysis.

[8] Since this report focuses on early learning (ages 0 to 5), all programs that serve only school-age children have been excluded from this analysis.

[9] The population center of a tract is defined here as the geographic center of the most populated blockgroup within the tract. Using the population center is a more effective approach to understanding where the majority of a tract's residents would travel to for care.

willing to travel for care. Furthermore, the effective capacity is an estimate of a program's calculated capacity distributed equally among all of the tracts that the program may serve. This is determined by the number of tracts whose 10-mile radius encompasses the given program. For example, Map A-1 shows a program that has a capacity of 42 and is within 10 miles of the population centers of 4 different tracts. That program's effective capacity is 10.5 (42 divided by 4), which would be aggregated with other effective capacities for a given tract and the sum rounded to a whole number. This prevents capacity from being duplicated and illustrates a more accurate picture of how much capacity is actually available to the families living within a given area. This method allows us to understand sufficiency in areas wider than an individual tract but more granular than the county level. This is especially useful in more urban counties like Marion and Lake, where many census tracts will not have any programs because the sizes of the tracts are much smaller and the population in those tracts is likely to be mobile and utilize care in other nearby areas. It also allows for a certain level of commuting, such as in rural areas like Pulaski or Lawrence counties, where a single town might serve as a hub for most of the county.

Map A-1
Effective Capacity of a Program



Sources: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2021; Child Care Aware of America, National Data System, Indiana, 2021; Indiana Department of Education, INview, 2021

In general, the CSR gauges how well the capacity or supply in a given area is able to meet the demand. If the CSR is 100% or more, then there is likely no need for additional capacity. On the other hand, if the CSR is less than 50%, for example, then the area may need to increase its capacity to effectively serve all children who may be in need of care. The CSR (x_c) is used as the only contributing factor to the variable c in the Early Learning Access Index:

If CSR (x_c) is:
<1, then c is x_c
≥1, then c is 1

QUALITY Quality is assessed by calculating the capacity of those programs that the state of Indiana considers high-quality (Levels 3 or 4 on Paths to QUALITY™). The percentage of high-quality care is determined by dividing the high-quality capacity by the total capacity defined in the capacity analysis. Low percentages indicate that the available capacity is not located within high-quality programs.

The statewide average rate of high-quality care among tracts is 44%, meaning that the majority of available care for any given area is likely lower-quality programs. To account for outliers that may affect the appropriate range of analysis in relation to this average, ELI utilized standard deviations to assess the appropriate comparison ranges across many of the variables in this report. This method is useful for understanding how drastically the data deviates from the average.[10] Using two standard deviations to set the comparison range allows for inclusion of the vast majority of records in the data, based on the statistical understanding of a normal distribution, and it leaves only the outliers outside of the range. These outliers are then treated equally as minimum or maximum values within whatever variable is being set. The percent of high-quality capacity (x_q), relative to the statewide average (0.44) and two standard deviations (0.32), is the contributing factor to the variable *q* in the Early Learning Access Index:

If the rate of high-quality capacity (x_q) is:
≤0.12, then q is 0
>0.12 and <0.76, then q is [(x_q – 0.12)/0.64)]
≥0.76, then q is 1

This calculation demonstrates that a rate less than 12% would not have enough high-quality capacity to contribute at all to the Early Learning Access Index. Alternatively, based on the trends throughout the state, any tract with at least 76% high-quality capacity would obtain the full value of quality in the Early Learning Access Index calculation. It is worth noting that participation in Paths to QUALITY™ is voluntary, so if programs do not opt in, they cannot meet the Indiana definition of a high-quality program, no matter how highly the program might rate in alternative assessments.

AFFORDABILITY There are two pieces in this analysis related to affordability: the cost-to-income ratio of a tract and the rate of estimated subsidy-eligible children that can be served by programs that offer subsidized care. In looking at affordability as a cost-to-income ratio, median annual family income for families with children by tract is an important data point. This data is available at the tract level from the same 2019 ACS five-year estimates described previously.

Rates of care charged by programs are collected in the National Data System (NDS) for Indiana. Programs throughout the state are asked to disclose their market rates every six months. For this analysis, the average full-time, weekly cost of care for all programs[11] was calculated within the same 10-mile radius for each census tract. The cost-to-income ratio is defined at the tract level as the annualized[12] average cost of full-time, weekly care in the tract's 10-mile radius divided by the median annual family income for the tract. These calculations demonstrate the effective percentage of income for families in each community that would be used for one child's care; this does not account for families that may need care for multiple children. The statewide average cost-to-income ratio among tracts is 0.15, meaning that families throughout the state are likely to spend somewhere around 15% of their gross annual income on care for one child. The cost-to-income ratio (x_f), relative to the statewide average (0.15) and two standard deviations (0.26), contributes to the variable *f* in the Early Learning Access Index:

[10] Herries, J. (2020). Better Breaks Define Your Map's Purpose. ArcUser: The Magazine for Esri Software Users, Fall 2020. Redlands, CA: Esri.

[11] Some programs do not have any market rate data available; others have rates in other time categories (hourly, daily, monthly) or as part-time instead of full-time. This analysis utilizes only the rates available in the full-time, weekly category.

[12] Weekly averages are multiplied by 52 to estimate the average annual cost of care.

If the cost-to-income ratio (x_f) is:
<0.41, then f is [1 - (x_f/0.41)]
≥0.41, then f is 0

Using this calculation for the variable *f*, a cost-to-income ratio of 41% or higher per child represents very low affordability and would have 0 points toward the Early Learning Access Index in this portion of the affordability term. Any cost-to-income ratio less than 41% would garner a proportional score on the variable *f*.

The rate at which subsidized care can serve children from lower-income families is an important supplemental factor to general affordability. By looking at the availability of subsidized care, we can better understand if lower-income families might still have access to care in areas where care may be less affordable. In this component, subsidized care is defined as a program that falls in one (or more) of the following categories: Child Care and Development Fund (CCDF) voucher acceptance eligibility, On My Way Pre-K participation, Head Start participation or Early Head Start participation. All four of these programs provide subsidies to make care available to families who might otherwise not be able to afford care for their children. The estimate of eligible children is drawn from the percentage of the general population that falls under 125% of the federal poverty level, understanding that the profile of children in an area does not necessarily match that of the general population. However, this provides a rough estimate that can still help to understand the possible number of eligible children in any given area. The subsidized care component looks at the percent of estimated subsidy-eligible children in the tract that can be served by programs offering some form of subsidized care (per the above definition) in the tract's 10-mile radius. While this calculation is only an estimate of the sufficiency at which subsidized care is made available to families who may need it, it certainly helps provide a general understanding of the status of subsidized care throughout the state. The percent of eligible children that can be served by subsidized care (x_s) contributes to the variable *s* in the Early Learning Access Index:

If the subsidized care ratio (x_s) is:
<1, then s is x_s
≥1, then s is 1

The calculation for variable *s* simply means that any subsidized care rate that is 100% or higher gives the tract the full possible value of the variable, whereas anything less is simply the same proportion as the ratio indicates (i.e., a ratio of 30% would get 0.3 points out of 1 possible point).

In the Access Index, ELI has given the cost-to-income ratio twice the weight of the rate of subsidized care when measuring affordability. Doing so places greater importance on the cost of programs, which affects all who seek care, than the availability of specific subsidies, which typically affects a smaller proportion of families. This method still allows subsidized care availability to influence overall affordability, while demonstrating that program cost is more influential for all families.

CHOICE Compared with the three categories described above, choice is much more complex to define and calculate. In assessing child care options,

choice has been separated into three subcategories: infant/toddler care availability, auspice variation and non-traditional hours availability.

For most programs in RCCS, there is data about the age groups that are served. Many programs may offer care for only preschool/pre-K and others may offer only infant/toddler care; still others might serve children of all ages. Using this data, ELI calculated – within each tract's 10-mile radius – what percent of programs offer care for infants (less than 1 year old) and/or toddlers (1 or 2 years old). These percentages are used as a general gauge of the availability of infant/toddler care throughout the state. The statewide average availability rate of infant/toddler programs among tracts is 69%, meaning that most tracts in the state have around two-thirds of accessible programs within a 10-mile radius offering care of infants and/or toddlers. The infant/toddler availability rate *(x_t)*, relative to the statewide average (0.69) and 2 standard deviations (0.26), contributes to the variable *t* in the Access Index:

If the infant/toddler availability rate (x_t) is:
≤0.43, then t is 0
>0.43 and <0.95, then t is [(x_t – 0.43)/0.52]
≥0.95, then t is 1

With the availability of programs like pre-K and Head Start programs focused on specific age groups, it is not reasonable to expect that all programs in any given area will serve infants and/or toddlers. Thus, this calculation allows full credit to areas that have at least 95% of programs serving infants and/or toddlers, based on the above average and standard deviations. Alternatively, anything less than 43% is considered insufficient and does not get any credit in variable *t.*

Auspice variation is the most complicated piece of this analysis. In Indiana there are many different auspices for child care settings. In this analysis, we observe the following auspices: Centers (exempt or licensed), Ministries, Homes (exempt or licensed), Local Education Affiliates (LEAs), Head Start/Early Head Start Programs and Other School-Based Pre-K Programs (not already included in the previous RCCS auspices). Among those, the latter three are specialized auspices that often encompass smaller portions of available care. Thus, this analysis focuses on the rate at which the former three (Centers, Ministries and Homes) exist among the available programs throughout the state. For each tract (using the 10-mile radius method consistent with the rest of the analysis described above), each of these three auspices is calculated separately as a percentage of the total programs in the area. Since the statewide ratio of auspices is not a balance of these three, they are each assigned scores relative to the statewide average, and these scores are averaged out to create an Auspice Score *(a)*.

Statewide, the average ratio of centers is 19%, 16% for ministries and 48% for homes. In absolute numbers of programs, homes are much more prevalent throughout Indiana than centers or ministries. For each tract, the ratio is then compared to the average, within a range of two standard deviations. The standard deviations for each auspice are 0.1 for centers, 0.09 for ministries, and 0.16 for homes. Each of these three auspices is assigned a score from 0 to 1, based on the above relationships to the respective averages and standard deviations. Here are the calculations for each auspice:

If the ratio of centers ($x_{centers}$) is:
<0.19, then the centers score ($a_{centers}$) is (1 - [(0.19 - $x_{centers}$)/0.19])
≥0.19 and <0.39, then the centers score ($a_{centers}$) is (1 - [($x_{centers}$ – 0.19)/0.2])
≥0.39, then the centers score ($a_{centers}$) is 0

If the ratio of ministries ($x_{ministries}$) is:
<0.16, then the ministries score ($a_{ministries}$) is (1 - [(0.16 - $x_{ministries}$)/0.16])
≥0.16 and <0.34, then the ministries score ($a_{ministries}$) is (1 - [($x_{ministires}$ – 0.16)/0.18])
≥0.34, then the ministries score ($a_{ministries}$) is 0

If the ratio of homes (x_{homes}) is:
≤0.16 or ≥0.8, then the homes score (a_{homes}) is 0
>0.16 and <0.8, then the homes score (a_{homes}) is [1 - (|x_{homes} – 0.48|/0.32)]

These respective scores are averaged out to obtain the overall Auspice Scorem (*a* in the Early Learning Access Index):

$$a = [(a_{centers} + a_{ministries} + a_{homes})/3]$$

Just like the respective scores for each auspice, the overall Auspice Score also ranges from 0 (low variation) to 1 (high variation). The premise of the Auspice Score is that an area with higher variation indicates that families have more types of care to choose from when looking for options. An area with a lower variation would have fewer auspices to choose from, so families could be enrolling in their second-choice auspice, for example, because there may not be any programs of their preferred auspice in the area.

Wrapping up the choice analysis is a much simpler aspect: the availability of non-traditional hours. RCCS maintains data on the operating hours and days of the week for most programs in the database. ELI used this data to identify which programs are known to be "non-traditional." A non-traditional program is defined as one which meets one (or more) of the following criteria: opens earlier than 6 a.m., does not close until 7 p.m. or later, stays open overnight or operates on Saturdays and/or Sundays. Just as with infant/toddler care, ELI used this information to calculate the percent of programs offering non-traditional hours within each tract's 10-mile radius. The non-traditional hours availability rate (x_h), relative to the statewide average (0.27) and 2 standard deviations (0.34), contributes to the variable *h* in the Early Learning Access Index:

If the non-traditional availability rate (x_h) is:
<0.61, then h is (x_h/0.61)
≥0.61, then h is 1

With the demand for non-traditional hours likely to be relatively low (compared with overall demand), ELI does not utilize a calculation that maximizes at a 100% non-traditional availability rate. Instead, the maximum allotment of points on variable h is set at any non-traditional availability rate greater than or equal to 61% (based on the average and standard deviation above). Anything less than 61% receives a proportional score, relative to the 61% maximum.

EARLY LEARNING ACCESS INDEX With all of the factors above defined (and the respective variables calculated), ELI developed an Early Learning Access Index that scores every tract from 0 (low access) to 100 (high access), according to a system of weights applied to each of the four categories:

$$I = 30c + 30q + 20[(2f + s)/3] + 20[(t + a + h)/3]$$

where

c = score (0-1) derived from CSR
q = score (0-1) derived from rate of high-quality capacity
f = score (0-1) derived from cost-to-income ratio
s = score (0-1) derived from rate of subsidized care availability
t = score (0-1) derived from infant/toddler availability
a = Auspice Score (0-1)
h = score (0-1) derived from non-traditional hours availability

In this formula, capacity is weighted at 30%, quality at 30%, affordability at 20% and choice at 20%. Capacity and quality are single-factor variables, but affordability and choice include additional calculations to determine the value that is applied to the weight. Affordability combines the cost-to-income ratio (applied twice [2f]) with the subsidized care rate and averages the values. By counting cost-to-income ratios twice, the Access Index places a priority on this universal understanding of affordability while still accounting for the availability of subsidized care. Choice is a simple average of the three contributing factors: infant/toddler availability, Auspice Score and non-traditional hours availability.

Overall, the Early Learning Access Index creates a holistic understanding of the state of early childhood education access in Indiana. It places an emphasis on capacity and quality while also accounting for additional factors (affordability and choice) that are often overlooked.

Appendix 2

Table A-1: County Access Statistics

County	Early Learning Access Index	CSR	High-Quality Cap. Rate	Cost-to-Income Ratio	Subisidized Capacity for Eligible Children	Infant/Toddler Program Availability	Auspice Score	Non-Traditional Hours Availability
Adams	42.7	37.4%	31.6%	10.6%	74.3%	76.9%	0.135	30.8%
Allen	59.5	48.8%	47.2%	11.6%	197.9%	69.6%	0.938	33.1%
Bartholomew	58.4	81.2%	29.9%	10.9%	254.9%	77.0%	0.704	12.2%
Benton	44.4	15.8%	63.0%	11.1%	54.1%	60.0%	0.208	0.0%
Blackford	43.9	34.4%	29.8%	10.8%	164.0%	75.0%	0.552	18.8%
Boone	51.7	40.1%	40.6%	9.0%	394.3%	74.1%	0.621	18.2%
Brown	49.2	23.2%	57.1%	9.7%	171.4%	58.8%	0.488	0.0%
Carroll	34.7	31.2%	9.8%	9.7%	85.4%	64.5%	0.793	22.6%
Cass	52.0	37.9%	48.5%	11.3%	101.0%	54.5%	0.695	20.5%
Clark	50.6	55.3%	28.4%	12.0%	258.6%	69.0%	0.960	15.8%
Clay	57.2	48.4%	44.4%	9.1%	215.2%	66.7%	0.657	36.7%
Clinton	53.4	52.4%	37.8%	11.4%	255.1%	67.6%	0.750	21.6%
Crawford	38.8	44.6%	32.4%	9.7%	161.8%	25.0%	0.000	0.0%
Daviess	56.3	57.4%	38.2%	8.8%	150.3%	70.8%	0.705	20.8%
Dearborn	45.6	39.7%	30.8%	9.7%	203.3%	61.3%	0.577	25.8%
Decatur	37.2	24.5%	18.0%	10.6%	127.5%	66.7%	0.739	33.3%
DeKalb	42.9	38.8%	34.6%	9.8%	197.8%	52.4%	0.282	16.7%
Delaware	67.8	72.7%	55.9%	14.7%	255.7%	74.5%	0.863	17.9%
Dubois	50.4	31.2%	45.8%	8.5%	201.2%	55.9%	0.744	20.6%
Elkhart	52.0	32.8%	43.7%	12.6%	120.2%	68.6%	0.745	40.7%
Fayette	41.6	58.2%	10.6%	10.9%	250.4%	52.6%	0.790	21.1%
Floyd	54.2	67.1%	27.4%	9.4%	347.8%	68.0%	0.897	16.0%
Fountain	27.9	24.9%	14.1%	10.8%	155.6%	16.7%	0.613	0.0%
Franklin	47.7	24.3%	42.8%	9.8%	127.2%	69.6%	0.442	34.8%
Fulton	51.0	30.4%	42.9%	7.7%	149.2%	57.1%	0.860	28.6%
Gibson	56.8	69.2%	33.6%	9.1%	121.0%	69.4%	0.651	19.4%
Grant	55.7	29.2%	61.8%	12.7%	107.7%	57.1%	0.653	26.5%
Greene	35.8	40.6%	3.6%	10.3%	164.6%	74.2%	0.461	9.1%
Hamilton	59.0	49.8%	44.7%	8.0%	612.8%	74.5%	0.781	27.0%
Hancock	55.1	30.3%	49.8%	10.2%	244.6%	73.9%	0.832	28.8%
Harrison	57.6	39.6%	57.8%	8.2%	201.9%	57.4%	0.745	8.5%
Hendricks	53.6	33.9%	46.0%	9.7%	357.3%	74.0%	0.824	19.7%
Henry	58.3	36.5%	61.1%	12.1%	142.8%	78.3%	0.513	14.5%
Howard	65.6	62.4%	60.2%	12.7%	231.6%	60.0%	0.700	26.7%
Huntington	50.2	37.5%	45.8%	12.2%	109.3%	63.2%	0.479	23.7%
Jackson	45.6	42.4%	30.2%	9.8%	200.7%	54.2%	0.761	18.8%
Jasper	38.9	15.7%	40.7%	10.4%	105.4%	40.0%	0.619	10.0%
Jay	46.3	26.6%	39.6%	11.0%	102.8%	75.0%	0.661	15.0%
Jefferson	44.4	26.6%	42.9%	9.7%	112.6%	58.8%	0.324	17.6%
Jennings	47.3	34.5%	30.4%	10.1%	219.2%	78.1%	0.227	68.8%

Table A-1: County Access Statistics (continued)

County	Early Learning Access Index	CSR	High-Quality Cap. Rate	Cost-to-Income Ratio	Subsidized Capacity for Eligible Children	Infant/Toddler Program Availability	Auspice Score	Non-Traditional Hours Availability
Johnson	49.7	32.6%	42.7%	10.7%	202.1%	70.1%	0.857	8.5%
Knox	58.3	56.9%	47.5%	8.8%	203.5%	77.3%	0.519	4.5%
Kosciusko	51.6	33.8%	48.3%	9.7%	145.6%	55.1%	0.520	32.7%
LaGrange	53.8	25.8%	55.0%	7.6%	116.9%	56.0%	0.335	48.0%
Lake	62.9	55.0%	52.4%	14.6%	237.0%	72.1%	0.714	48.0%
LaPorte	60.2	43.8%	52.3%	13.3%	148.1%	71.2%	0.622	56.1%
Lawrence	46.6	37.3%	31.1%	9.8%	109.3%	71.0%	0.590	29.0%
Madison	55.6	43.4%	50.8%	15.7%	161.4%	73.7%	0.896	10.6%
Marion	71.5	100.4%	47.8%	15.3%	344.1%	72.9%	0.743	23.0%
Marshall	58.3	34.7%	58.1%	11.7%	131.5%	65.9%	0.853	24.4%
Martin	43.4	19.4%	39.1%	8.7%	119.4%	70.0%	0.280	30.0%
Miami	36.7	31.5%	22.4%	13.5%	133.6%	55.2%	0.625	22.4%
Monroe	59.4	55.4%	53.4%	10.0%	215.7%	62.3%	0.725	3.5%
Montgomery	34.6	51.8%	12.6%	9.0%	120.2%	42.9%	0.411	0.0%
Morgan	37.4	39.7%	12.8%	12.5%	106.9%	71.4%	0.858	10.1%
Newton	44.6	27.8%	47.6%	13.9%	134.4%	36.4%	0.531	18.2%
Noble	52.2	24.0%	57.6%	10.1%	162.2%	56.1%	0.460	29.3%
Ohio	61.7	91.5%	41.4%	10.7%	666.7%	52.6%	0.233	21.1%
Orange	41.2	26.3%	26.8%	9.9%	139.7%	73.1%	0.327	42.3%
Owen	36.1	45.9%	11.4%	11.6%	123.6%	68.8%	0.574	2.1%
Parke	55.0	64.9%	33.9%	9.3%	222.6%	78.5%	0.230	29.2%
Perry	49.9	51.5%	40.1%	10.4%	141.6%	45.5%	0.372	27.3%
Pike	66.4	89.6%	41.3%	7.9%	316.1%	68.2%	0.595	18.2%
Porter	64.7	36.8%	62.6%	9.2%	257.0%	71.8%	0.713	50.3%
Posey	70.1	45.3%	73.3%	7.6%	383.2%	68.2%	0.714	28.2%
Pulaski	48.2	46.0%	28.2%	12.4%	185.2%	68.8%	0.705	37.5%
Putnam	44.6	31.0%	32.1%	8.6%	160.5%	65.5%	0.667	20.7%
Randolph	33.0	38.6%	11.2%	9.5%	96.9%	54.2%	0.648	0.0%
Ripley	54.5	31.2%	49.7%	10.0%	174.0%	74.1%	0.385	48.1%
Rush	30.8	33.3%	5.6%	9.7%	93.4%	58.3%	0.443	4.2%
St. Joseph	65.8	57.5%	53.2%	11.7%	232.8%	75.6%	0.798	43.3%
Scott	46.7	29.2%	45.0%	10.0%	87.0%	55.6%	0.544	22.2%
Shelby	53.0	60.5%	31.1%	11.6%	233.2%	71.3%	0.812	16.9%
Spencer	39.3	32.5%	23.9%	6.8%	161.6%	35.0%	0.546	30.0%
Starke	39.6	33.2%	24.1%	13.7%	133.5%	60.0%	0.752	24.0%
Steuben	56.9	42.0%	52.4%	7.8%	259.4%	63.6%	0.464	27.3%
Sullivan	38.0	38.5%	2.0%	8.2%	180.6%	73.9%	0.335	34.8%
Switzerland	27.9	29.5%	0.0%	11.5%	36.4%	50.0%	0.484	37.5%
Tippecanoe	65.6	60.7%	51.4%	12.0%	253.4%	81.7%	0.838	32.8%
Tipton	72.4	61.6%	73.2%	8.1%	329.4%	59.3%	0.607	23.7%

Table A-1: County Access Statistics (continued)

County	Early Learning Access Index	CSR	High-Quality Cap. Rate	Cost-to-Income Ratio	Subsidized Capacity for Eligible Children	Infant/Toddler Program Availability	Auspice Score	Non-Traditional Hours Availability
Union	35.9	29.4%	25.8%	5.9%	234.6%	42.9%	0.471	0.0%
Vanderburgh	71.8	76.3%	60.7%	13.4%	273.6%	73.1%	0.819	23.4%
Vermillion	40.7	39.0%	24.0%	9.4%	133.6%	74.0%	0.195	20.0%
Vigo	57.4	56.7%	47.4%	13.1%	190.8%	83.2%	0.173	28.1%
Wabash	33.9	36.2%	18.8%	9.6%	182.8%	29.6%	0.406	11.1%
Warren	23.8	20.2%	14.1%	13.9%	118.9%	25.0%	0.400	0.0%
Warrick	58.7	44.8%	46.9%	7.9%	339.5%	72.3%	0.901	22.8%
Washington	51.0	45.6%	35.0%	8.5%	192.6%	58.3%	0.730	30.6%
Wayne	53.3	55.8%	36.9%	9.7%	161.4%	62.0%	0.672	20.0%
Wells	42.6	38.6%	32.3%	10.8%	104.0%	60.7%	0.344	14.3%
White	40.7	29.7%	26.9%	10.6%	83.4%	68.8%	0.714	21.9%
Whitley	40.5	33.0%	21.2%	10.3%	202.2%	67.2%	0.721	26.2%

Early Learning
INDIANA