



Closing the Gap:

An Assessment of Indiana's
Early Learning Opportunities

2023 Update

Early Learning Indiana

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Overview

Since 2021, the *Closing the Gap* report has helped Hoosier stakeholders better understand how many of our young children can be served within high-quality, affordable early learning programs and how we can ensure improved accessibility for all children. Drawing upon three years of data from state databases, population estimates and our calculations, here is what Early Learning Indiana knows about the state of access for Indiana's children in 2023.

CAPACITY

Capacity indicates how many of the children needing care can be served within existing programs. Statewide, just over 61% of the children likely needing care can be served through existing capacity. This proportion held steady from 2022 to 2023. While gains were made in specific counties, other counties lost capacity, resulting in no appreciable net gain statewide over the past year.

QUALITY

High-quality programs are defined as those participating at the highest levels of Paths to QUALITY™, Indiana's quality rating and improvement system. The proportion of capacity existing within high-quality programs continues to grow. Currently, 48.7% of program capacity is represented within high-quality programs, an improvement from 46.4% in 2022 and 46.1% in 2021.

AFFORDABILITY

Affordability weighs the cost of care against median family income and the availability of subsidized care. Recent increases in median family income have somewhat shielded families from rising child care costs, resulting in a statewide cost-to-income ratio of 10.4%. A sufficient number of early learning programs offering subsidized care for low-income families exists at the statewide level, although the subsidized capacity sufficiency rate is trending downwards in 69 of 92 counties. These

changes could be related to the state's recent move to increase subsidy qualifications to 150% of the Federal Poverty Level, opening eligibility to additional families at slightly higher incomes and driving a need for additional capacity.

CHOICE

Families are able to exercise choice in their program selection when there is broad availability of programs serving infants and toddlers, programs operating during nontraditional hours and a variety of program types, or auspices. The proportion of programs serving infants or toddlers has decreased slightly from 71.7% to 69.2%. Services during nontraditional hours are also trending downward, from 26.1% in 2022 to 24.4% in 2023. Diverse program types can be found statewide, highlighting our state's strong commitment to supporting providers operating within homes, ministries, centers and schools. Substantial variation in parent choice exists at the county and tract levels.

ACCESS

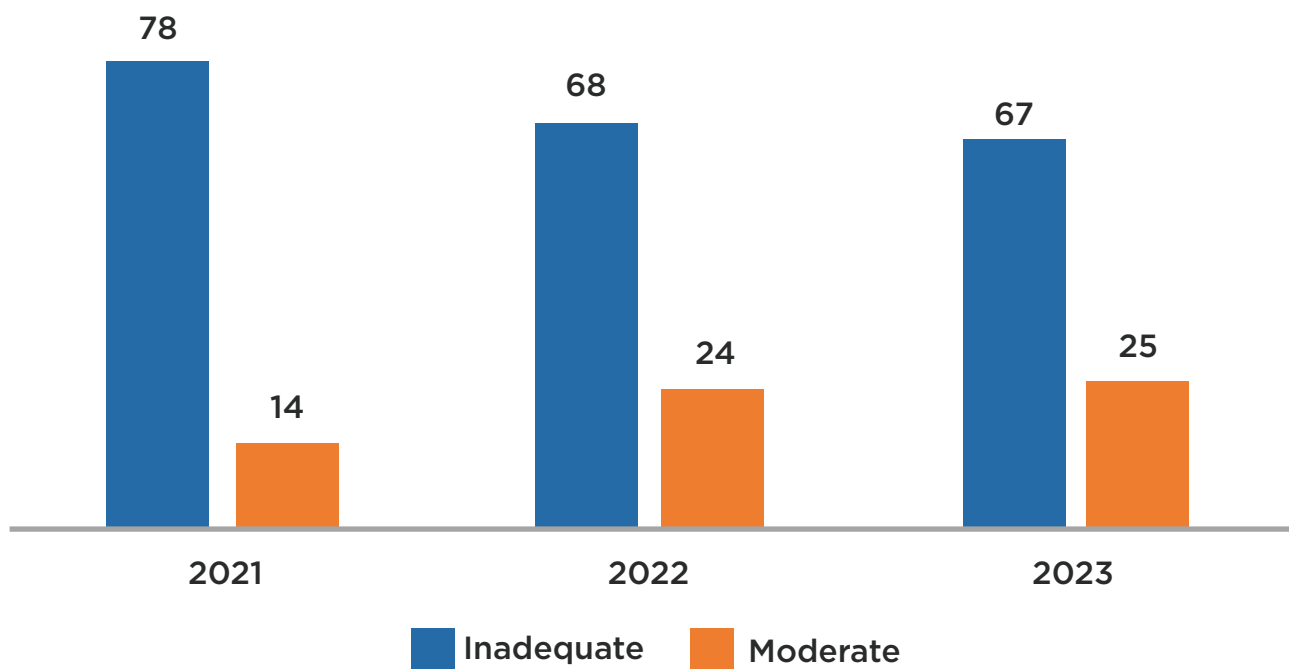
When taking into account capacity, quality, affordability and choice, overall access has slightly increased over the past three years, from 60.6 in 2021 to 63.2 in 2023 based on our index of these four factors. Statewide access remains moderate, with variation at the county level ranging from 28.1 to 73.4.

Access Index

Based on a composite index factoring capacity, quality, affordability and choice, the current statewide access level is 63.2, indicating moderate access to care. While this statewide score has increased modestly since 2021 (60.6), more substantial changes have happened at both the county and census tract levels. The number of counties with moderate access (index levels between 60-80) has improved from 14 to 25 over the past three years. For example, at the local level, the access index in Decatur County increased more than 16 points in 2023, from 39.9 to 56.5. Much of this growth can be attributed to an increase in both capacity sufficiency and the proportion of capacity represented within high-quality programs.

Despite this progress, no counties currently meet the threshold for adequate access to care, defined as an access score of 80 or more.

Figure 1

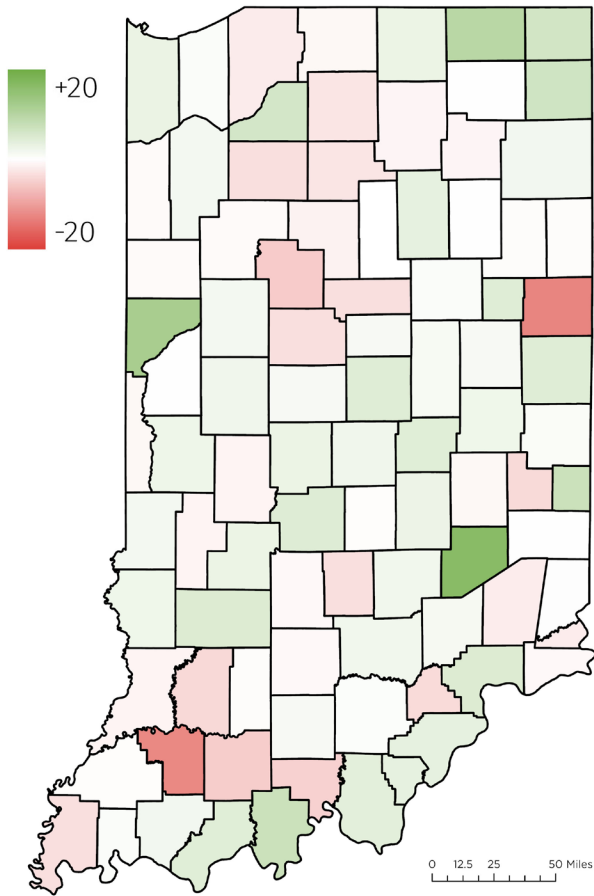


Sources: Calculations based on data from U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2023; WorkLife Systems, Indiana, 2023; Indiana Department of Education, INView, 2023.

Thirty-nine counties experienced a decrease in access scores from 2022 to 2023. More than half (23) of these decreases were slight, at two points or less. More significant decreases were felt in other counties, with Pike and Jay counties experiencing the largest shift.

The map below represents changes in access scores, with red representing decreases and green representing increases.

Map 1
Early Learning Access Index Changes
by County, 2022 to 2023



Sources: Calculations based on data from U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2023; WorkLife Systems, Indiana, 2023; Indiana Department of Education, INView, 2023.

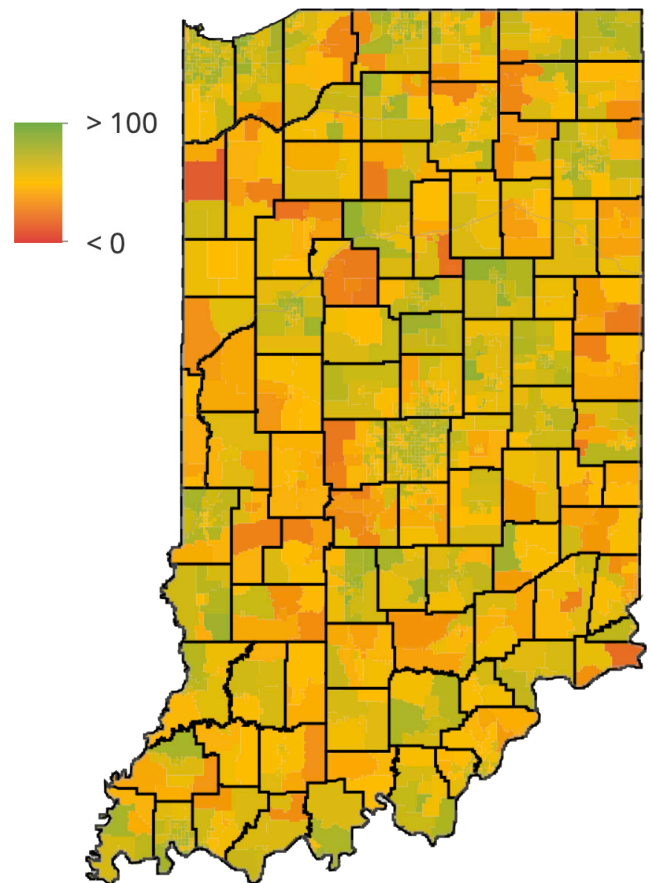


Table 1: Access Index Changes by County

Highest Access Scores	Lowest Access Scores	Largest Increase YOY	Largest Decrease YOY
Grant (73.4)	Switzerland (28.1)	Decatur (+16.6)	Jay (-12.8)
Tipton (73.3)	Carroll (31.2)	Warren (+12.2)	Pike (-12.5)
Marion (72.9)	Fountain (32.2)	LaGrange (+9.8)	Carroll (-5.3)
Vanderburgh (72.5)	Jay (36.2)	Union (+7.3)	Dubois (-5.3)
Tippecanoe (70.5)	Warren (37.4)	Perry (+7.3)	Crawford (-4.8)

Additional variation in access scores exists at the census tract level, with a number of tracts reaching adequate access scores (scores of 80 or more). The map to the right displays access levels by tract, with red representing lower access and green representing higher access.

Map 2
Early Learning Access Index
by Census Tract, 2023



Sources: Calculations based on data from U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2023; WorkLife Systems, Indiana, 2023; Indiana Department of Education, INView, 2023.



Capacity

Capacity is measured through the capacity sufficiency rate (CSR), which represents the number of children who may need care and can be served within a given area. The statewide CSR is currently 61.3%, representing no appreciable change from last year (61.2%). At the county level, more noticeable changes occurred. Some of this change was due to population shifts, as the number of children needing care decreased within several counties from 2019 to 2021. Other fluctuations represent true changes in the capacity of existing programs, through new programs opening, existing programs closing or remaining programs altering the number of seats within their programs. Table 2 below shows the highest and lowest CSRs by county and the respective percent change from the prior year.

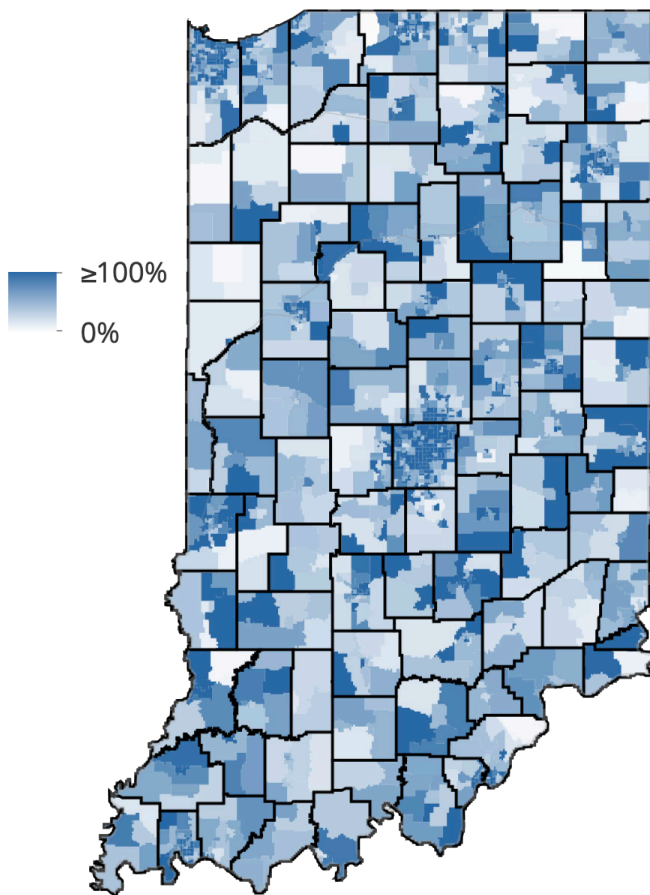
Table 2: Capacity Sufficiency Rates by County

HIGHEST CAPACITY SUFFICIENCY			LOWEST CAPACITY SUFFICIENCY		
County	CSR	Change	County	CSR	Change
Marion	100.4%	-5.1%	Benton	8.1%	-2.9%
Bartholomew	91.9%	+3.6%	Union	12.6%	-11.2%
Vanderburgh	87.6%	+2.6%	Newton	22.0%	-7.2%
Delaware	81.7%	+1.7%	Martin	22.2%	-0.8%
Shelby	80.5%	+3.7%	Fountain	23.3%	-8.7%



In some local areas, the CSR exceeds 100%, meaning that there is enough capacity to serve more children than may be in need of care. This capacity makes it more likely for a family to find available space within a program but doesn't eliminate the barriers to entry that program affordability or choice present. In the map below, darker shades of blue represent higher capacity sufficiency rates.

Map 3
Capacity Sufficiency Rates
by Census Tract, 2023



Sources: Calculations based on data from U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2023; WorkLife Systems, Indiana, 2023; Indiana Department of Education, INView, 2023.

Licensed early learning programs base their capacity off their building square footage, among other factors. However, some programs currently have closed classrooms due to a lack of qualified educators. In these instances, programs must lower their enrollment until they are staffed adequately to serve up to their licensed capacities. Because the data presented within this report utilizes licensed capacity as one indicator of capacity, it potentially overestimates the number of children who are currently able to be served.

Supplementary data available about the workforce reveals that this shortage of qualified educators continues to persist. Monthly surveys from the state's Office of Early Childhood and Out-of-School Learning asked providers to indicate how many open teaching positions existed within their programs. In September 2023, there were 2,323 open teaching positions reported, with 68% of all regulated providers responding. Unfilled positions have been a persistent challenge over the course of 2023, with the number of reported openings each month fluctuating from just under 2,200 to a high of almost 3,000. Planned work in the upcoming year will look more closely at these workforce shortages to better understand the root causes and identify viable solutions to address this persistent challenge.

Knowing that more capacity is needed to serve all Hoosier children, work is underway to continue building sustainable capacity in areas that need it most. Through state funding, the Office of Early Childhood and Out-of-School Learning launched Child Care Expansion Grants, designed to expand access to quality child care seats, particularly for those programs serving children through subsidized care. More recently, the state announced the Employer-Sponsored Child Care Fund, a \$25 million fund dedicated to employers working to expand access and child care benefits within their local communities.

In combination with state-funded efforts, Early Learning Indiana recently awarded a first round of funds through the Early Years Initiative. This initiative is focused on helping Hoosier families support the cognitive, social-emotional and physical wellbeing of infants and toddlers. A number of grantees are using this funding to add additional capacity to serve infants and toddlers, in combination with supportive curriculum and assessment materials, to ensure that learning outcomes are met.

SPOTLIGHT

Early Learning Shelby County started in 2018 as a traditional grassroots group of community stakeholders from a variety of sectors including pediatricians, health care professionals, parents, early intervention developmental preschool specialists, elementary teachers, city and county officials, economic development officials and more. The members of the group were all feeling and experiencing similar issues but couldn't put their finger on what it was.

In 2019, they started looking at data collection and participated in the National Institute of Children's Health Quality project Pediatrics Supporting Parents. "The study uncovered really disturbing data," says Early Learning Shelby County Executive Director Allison Coburn. "It showed 84% of 2-year-olds at their well-child visit weren't meeting developmental milestones. Moreover, there were significant reports of parent mental health concerns."

Early Learning Shelby County got to work opening a new center to serve children and families, which will open this year.

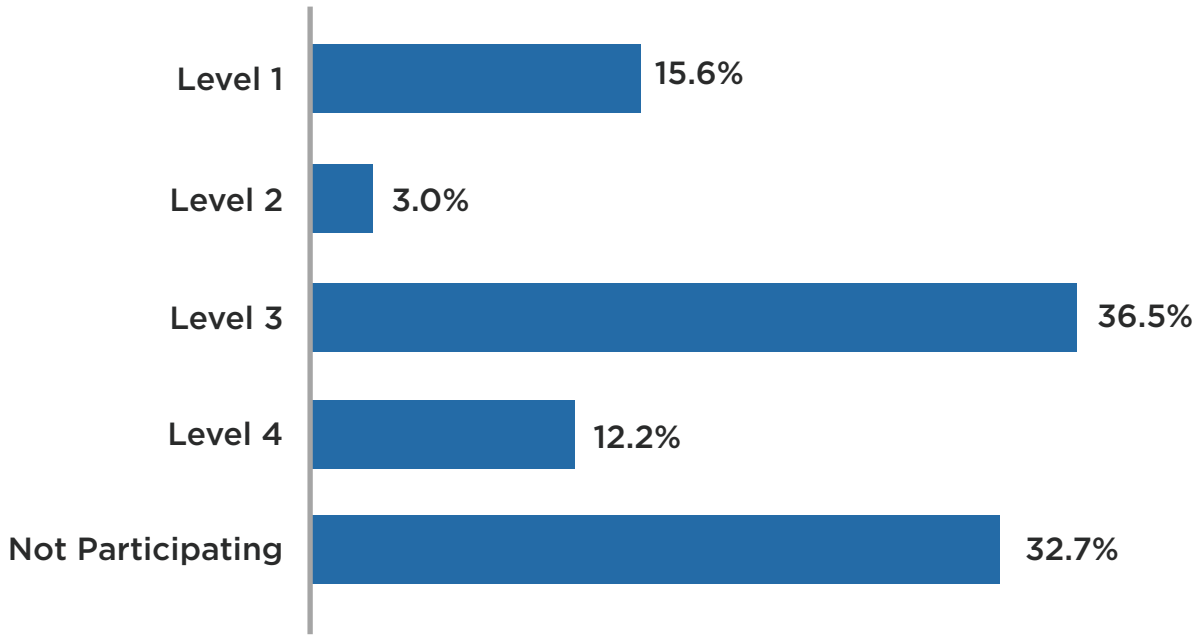


Prior to our building, we had eight known seats for children under the age of 3. And that was at our Early Head Start. We have waitlists each year for those eight seats over 100. Sometimes it tops 120. These are families that have qualified and met the metrics, but we have no place for them.

"My goal by 2027-2028 is to have all four corners of the county covered so that your family has a choice and a chance of getting child care," Coburn says.

Quality is measured based on programs' participation in Paths to QUALITY™, Indiana's quality rating and improvement system. Programs meeting Levels 3 or 4 on Paths to QUALITY, or PTQ, are considered high quality, while quality is less known in programs participating at Level 1 or 2 or not participating at all. Statewide, capacity within high-quality programs represents about 48.7% of total capacity.

Figure 2



Sources: Calculations based on data from U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2023; WorkLife Systems, Indiana, 2023; Indiana Department of Education, INView, 2023.



At the county level, the proportion of children who can be served in high-quality programs varies widely, from just under 1% to almost 49%. In Jefferson County, the percentage of children able to be served within high-quality programs increased from 22.7% in 2022 to 38.7% in 2023. A similar increase was seen in Decatur County, where the percentage jumped from 5.2% to 20.9%. A total of 57 counties experienced varying levels of increase, while the percentage dropped in 34 counties. Fountain County remained unchanged.

Table 3: Percent of Children Able to be Served by High-Quality Programs

HIGHEST PERCENT		LOWEST PERCENT	
Grant	48.9%	Switzerland	0.7%
Marion	48.1%	Carroll	1.5%
Tipton	48.1%	Clay	5.0%
Vanderburgh	47.4%	Jay	5.4%
Delaware	46.0%	Fayette	5.8%

To bolster existing quality initiatives, Early Learning Indiana awarded 168 providers with Closing the Gap grants in September 2023. These providers, currently participating at PTQ Levels 1 or 2, received supplemental funding to support their level advancement before the end of the 2023 calendar year. They will use these funds to purchase curricula, classroom materials or trainings. The goal of this work is to boost the number of high-quality programs across the state and better position those participating at lower levels to continue moving towards a high-quality distinction.

Ongoing assistance for providers looking to advance on PTQ is also provided through SPARK Learning Lab. This technical assistance vendor works directly with providers seeking to maintain high-quality status or advance levels on PTQ. Through group and individual coaching and supportive online materials, the SPARK team ensures that providers have the tools needed to improve and sustain program quality.



Quality is so important because our community has been lacking in that for years, and just seeing what other communities are doing and what the kids are capable of, I don't want our kids in our community to miss out, or our families. I want to give them that education so when they start kindergarten, they are confident.

Christi Dolezal, director of ABC & Me Early Learning Academy, Tipton County

Affordability



With the statewide average cost of care at just over \$8,000, the average family is spending about 10.4% of their annual income on child care. This percentage continues to increase for families paying tuition costs for multiple young children. Costs also increase depending on the age of the child, with infant care being the most expensive, and the quality level of the program, with higher quality programs generally charging higher rates.

This 10% cost-to-income ratio is lower than last year's ratio, which stood at 12.4%. Part of this decrease can be attributed to a rise in median family income, as this year's report includes newly available income data. Between 2019 and 2021, median family income rose in 85 of 92 counties,

with notable exceptions being Union and Crawford counties, both of which experienced about 15% decreases in median family income. While Hamilton and Boone counties top the list with the highest median incomes, proportionally the largest gains from 2019 to 2021 were experienced within Vanderburgh and Howard counties.

Do those living in counties with higher income levels pay proportionally less for child care? Not necessarily. While the cost-to-income ratio in Hamilton and Boone counties is between 7-8%, similar proportions are also seen in Pulaski and Decatur counties, both of which have substantially lower median family incomes.

Table 4: Cost-to-Income Ratio by County

HIGHEST COST-TO-INCOME RATIO		LOWEST COST-TO-INCOME RATIO	
Starke	13.9%	Spencer	7.1%
Madison	13.7%	Harrison	7.2%
LaPorte	13.3%	Warrick	7.2%
Elkhart	13.3%	Steuben	7.3%
Lake	13.1%	Hamilton	7.3%

Programs such as the Child Care and Development Fund (CCDF), On My Way Pre-K and Head Start/ Early Head Start exist to provide care to qualifying families at low-to-no cost. Statewide, there are just under 55,000 children eligible for these programs. The majority of regulated programs are eligible to serve children using CCDF. While there is more than enough capacity to serve these children within programs that accept subsidies, geographic mismatches exist, exacerbating existing barriers to enrollment.



I don't think someone's income or what they can afford should affect the quality of care they can get for their child. Every income level should be able to have high-quality care. And that has been very important to me since I started working here. It's important to meet both goals – cost and quality.

Derre'ka Jones, child care director,
Greater Faith Apostolic Church Inc.,
Jeffersonville, Indiana

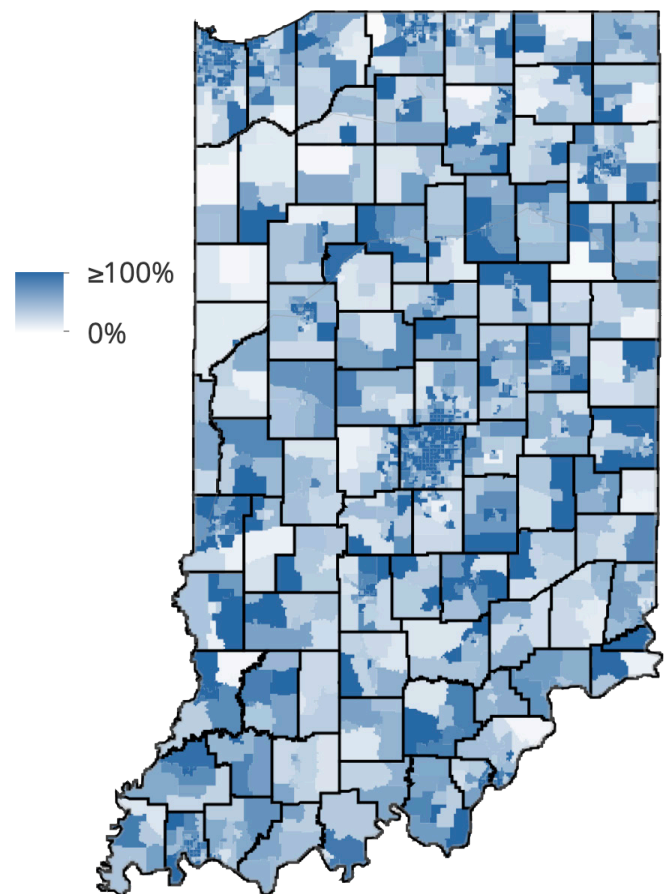


The three factors comprising the choice indicator include the availability of infant and toddler care, variety of program types and programs serving nontraditional hours. Infant and toddler care is generally more difficult for families to find, as it is both the most costly care to provide and the least profitable age range to serve. About 70% of programs currently serve infants and/or toddlers as part of their services. This is down slightly from 71.7% in 2022. At the county level, this percentage is more volatile in areas that have few program offerings, with a small number of programmatic changes making a big impact in the percentage able to be served. Six counties – Benton, Daviess, Clay, Parke, Vigo and Knox – serve infants and toddlers within 80% or more of their programs. Additional variation can be viewed at the tract level.

While overall capacity is tracked at the program level, less is known about capacity specifically allocated to serving infants and toddlers. While we know which programs are able to serve this age group, we know less about the proportion of their capacity dedicated to our youngest learners. It is possible that their services to this age group may be more limited, given stricter ratio requirements and increased associated costs.

Nontraditional hours include services provided outside the hours of 6 a.m. to 6 p.m. This type of care is most helpful to those working second or third shifts in manufacturing, health care and other industries. While demand for this care remains lower than traditional hours, it meets an important need for specific families. Across counties, the percentage of programs operating during nontraditional hours ranges from 0% to 58.8% and averages just over 24% statewide. This has decreased slightly from 26.1% last year. Despite this small decrease, improvements have occurred at the local level. For example, near Wells County, the number of programs operating during nontraditional hours increased from 3 to 9.

Map 4
Infant/Toddler Care Availability
by Census Tract, 2023



Sources: Calculations based on data from U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates; Indiana Family and Social Services Administration, RCCS, 2023; WorkLife Systems, Indiana, 2023; Indiana Department of Education, INView, 2023.



Table 5 below shows the highest and lowest percent of programs offering nontraditional hours and their respective percent change from the prior year.

Table 5: Percent of Programs Offering Nontraditional Hours

HIGHEST PERCENT			LOWEST PERCENT		
County	Percent of Programs	Change	County	Percent of Programs	Change
Jennings	58.8%	-8.9	Benton	0.0%	+0.0%
Pulaski	55.6%	+15.6%	Brown	0.0%	+0.0%
Porter	51.4%	+4.0%	Crawford	0.0%	+0.0%
LaPorte	49.4%	+2.8%	Fountain	0.0%	+0.0%
Ripley	48.0%	-2.0%	Union	0.0%	+0.0%
Lake	43.2%	-0.9%	Warren	0.0%	+0.0%

Licensed homes are the most predominant program type throughout Indiana, with proportionately fewer centers and ministries. Families have more options to select a program that meets their needs when the mix of program types is higher in a given area. The most diverse

mix of programs exists in Jackson, Allen, Delaware and Johnson counties. Less diversity in program types is found in Union County, where all nearby programs are centers, along with Adam and Benton counties, where the mix of program types remains low.



High costs and low supply often force families to settle for less-than-ideal child care options that do not support their babies’ learning and development. The cost of care remains unaffordable for most families; yet, research supports that children from most vulnerable families need it the most. High-quality, stimulating environments that are developmentally appropriate are essential, and families need options when seeking early care and education opportunities.”

Jennifer Myers, director, Monroe Smart Start

Conclusion

Since the launch of the *Closing the Gap* report and Early Learning Access Index in 2021, community leaders, early childhood educators and other key stakeholders have used access measures to better understand their communities and drive meaningful change. These efforts can be seen at both the tract and county levels, as high-quality capacity has increased, while the mix of diverse program types has remained robust. As these local improvements occur, they combine into a small yet steady increase in the statewide access index.

While more work is needed to ensure accessible, affordable, high-quality care for all children, the local efforts we've highlighted throughout this report chart a course for continued progress. As communities use Closing the Gap data in conjunction with their local-level context and knowledge, impact can be seen through the children being served and improved access statistics. These efforts, in combination with government funding, philanthropic leadership and business engagement, serve as catalysts for improvements in our ability to equip children with the skills needed to thrive in early childhood and beyond. We look forward to this continued community engagement, as we work to share updated analyses and report progress over time.



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

Please reach out to: Access@EarlyLearningIndiana.org

Appendix 1: County Access Statistics

Table A-1: County Access Statistics

County		Early Learning Access Index	CSR	Proportion of HQ Capacity	Cost-to-Income Ratio	Subsidized Capacity for Eligible Children	Infant/Toddler Program Availability	Auspice Score	Non-Traditional Hours Availability
Adams	▼	38.9	44.2%	25.8%	9.7%	83.1%	57.1%	0.119	21.4%
Allen	▲	62.3	54.8%	51.7%	10.7%	194.0%	65.9%	0.839	33.2%
Bartholomew	▲	66.1	91.9%	40.3%	9.4%	346.2%	72.3%	0.639	16.0%
Benton	▼	52.2	8.1%	90.7%	10.2%	26.5%	100.0%	0.090	0.0%
Blackford	▲	50.2	28.1%	53.8%	12.1%	78.8%	70.6%	0.517	17.6%
Boone	▲	52.5	31.9%	49.7%	8.3%	274.2%	72.1%	0.640	14.7%
Brown	▼	62.4	44.6%	74.6%	9.7%	270.2%	59.3%	0.471	0.0%
Carroll	▼	31.2	32.6%	4.5%	9.2%	53.6%	60.0%	0.504	13.3%
Cass	▼	58.8	49.4%	56.4%	10.3%	129.0%	52.5%	0.722	22.5%
Clark	▲	55.0	60.2%	35.9%	10.4%	261.6%	68.2%	0.883	13.4%
Clay	▼	38.6	35.7%	14.0%	9.1%	159.5%	82.5%	0.142	32.5%
Clinton	▼	53.6	39.5%	45.4%	9.1%	183.4%	60.7%	0.795	28.6%
Crawford	▼	44.3	42.5%	36.8%	11.9%	127.5%	50.0%	0.708	0.0%
Daviess	▼	53.9	56.9%	28.5%	7.4%	234.4%	82.8%	0.656	27.6%
Dearborn	▲	48.3	40.0%	34.1%	8.4%	242.6%	67.7%	0.613	25.8%
Decatur	▲	56.5	40.6%	51.6%	7.9%	225.2%	62.5%	0.662	29.2%
DeKalb	▲	50.8	45.2%	51.4%	8.2%	201.0%	44.4%	0.287	11.1%
Delaware	▲	70.2	81.7%	56.3%	12.1%	243.2%	68.7%	0.837	14.1%
Dubois	▼	50.1	36.0%	45.5%	9.1%	161.0%	48.4%	0.745	25.8%
Elkhart	▲	55.4	33.0%	50.9%	13.3%	99.1%	67.3%	0.800	39.3%
Fayette	▼	39.3	51.5%	11.2%	10.8%	162.4%	50.0%	0.579	20.0%
Floyd	▲	57.8	71.2%	35.1%	8.7%	379.2%	67.6%	0.821	12.7%
Fountain	▼	32.2	23.3%	25.4%	10.1%	97.9%	42.9%	0.536	0.0%
Franklin	■	45.8	40.4%	28.5%	8.8%	221.7%	61.5%	0.669	30.8%
Fulton	▼	54.1	30.7%	52.9%	9.0%	135.3%	61.5%	0.823	23.1%
Gibson	▼	55.1	64.2%	33.5%	8.9%	155.8%	73.5%	0.645	16.3%
Grant	▲	73.4	61.8%	79.1%	11.5%	209.4%	60.7%	0.658	23.2%
Greene	▲	46.4	51.9%	27.6%	9.6%	145.1%	75.8%	0.339	12.1%
Hamilton	▲	63.0	62.0%	46.8%	7.3%	684.2%	73.4%	0.790	25.7%
Hancock	▲	53.8	40.6%	40.6%	9.6%	325.7%	75.0%	0.824	26.8%
Harrison	▲	62.2	59.3%	58.6%	7.2%	333.4%	50.0%	0.866	6.3%

Table A-1: County Access Statistics (continued)

County	Early Learning Access Index	CSR	Proportion of HQ Capacity	Cost-to-Income Ratio	Subsidized Capacity for Eligible Children	Infant/Toddler Program Availability	Auspice Score	Non-Traditional Hours Availability
Hendricks	▲ 52.3	44.2%	38.6%	8.4%	338.9%	69.3%	0.780	19.8%
Henry	▲ 67.8	41.5%	82.1%	10.7%	165.4%	66.3%	0.518	15.1%
Howard	▼ 67.1	61.5%	65.1%	9.9%	258.6%	57.1%	0.630	27.0%
Huntington	▲ 46.5	50.8%	30.4%	12.3%	202.5%	63.6%	0.436	21.2%
Jackson	▲ 48.5	54.4%	24.7%	8.3%	181.4%	55.7%	0.926	24.6%
Jasper	▲ 38.8	31.4%	31.8%	8.9%	129.0%	40.9%	0.585	4.5%
Jay	▼ 36.2	25.6%	21.3%	9.8%	82.7%	71.4%	0.671	14.3%
Jefferson	▲ 62.9	62.6%	61.8%	8.8%	275.5%	57.1%	0.483	7.1%
Jennings	▲ 47.9	33.8%	32.0%	8.9%	124.9%	76.5%	0.256	58.8%
Johnson	▼ 51.0	35.1%	42.9%	9.2%	193.5%	67.9%	0.953	9.5%
Knox	▼ 58.7	66.9%	38.1%	8.1%	215.4%	80.0%	0.603	14.0%
Kosciusko	▼ 52.5	43.4%	46.6%	9.9%	188.3%	52.5%	0.563	29.5%
LaGrange	▲ 53.0	26.5%	61.9%	8.7%	141.9%	48.1%	0.205	40.7%
Lake	▲ 67.9	68.3%	53.9%	13.1%	262.2%	69.5%	0.742	43.2%
LaPorte	▼ 57.6	50.6%	42.5%	13.3%	162.5%	74.4%	0.554	49.4%
Lawrence	▼ 46.0	38.0%	30.9%	10.2%	131.9%	71.1%	0.701	18.4%
Madison	▲ 59.7	51.9%	53.6%	13.7%	157.7%	70.2%	0.910	8.3%
Marion	▲ 72.9	100.4%	47.8%	12.8%	298.8%	72.3%	0.793	22.3%
Marshall	▼ 61.0	41.5%	59.9%	10.9%	139.2%	66.7%	0.878	21.4%
Martin	▼ 40.7	22.2%	30.0%	7.9%	97.0%	72.7%	0.425	27.3%
Miami	▲ 47.9	42.1%	37.7%	11.4%	161.1%	52.5%	0.638	27.1%
Monroe	▼ 69.1	60.1%	71.1%	10.5%	246.3%	67.0%	0.754	6.2%
Montgomery	▲ 44.2	47.5%	36.9%	8.1%	131.9%	46.2%	0.228	7.7%
Morgan	▲ 41.8	40.9%	19.8%	10.7%	151.0%	67.2%	0.940	10.9%
Newton	▼ 54.9	22.0%	71.8%	11.6%	93.9%	22.2%	0.528	22.2%
Noble	▲ 50.8	30.5%	53.1%	8.4%	153.3%	45.2%	0.563	26.2%
Ohio	▼ 62.1	79.4%	45.9%	10.0%	324.8%	60.0%	0.325	26.7%
Orange	▲ 52.4	36.1%	48.7%	9.4%	155.2%	63.6%	0.342	36.4%
Owen	▲ 44.1	31.3%	40.2%	11.2%	93.6%	65.1%	0.576	4.7%
Parke	▲ 56.9	75.2%	32.2%	8.8%	150.4%	82.1%	0.143	25.4%
Perry	▲ 60.4	41.7%	67.9%	9.3%	171.7%	40.0%	0.450	30.0%
Pike	▼ 49.0	71.3%	16.6%	7.6%	244.0%	70.0%	0.712	10.0%

Table A-1: County Access Statistics (continued)

County	Early Learning Access Index	CSR	Proportion of HQ Capacity	Cost-to-Income Ratio	Subsidized Capacity for Eligible Children	Infant/Toddler Program Availability	Auspice Score	Non-Traditional Hours Availability
Porter	▲ 67.6	46.7%	61.5%	9.0%	268.3%	74.9%	0.726	51.4%
Posey	▼ 67.1	40.8%	74.2%	8.1%	228.5%	64.0%	0.716	27.0%
Pulaski	▼ 50.1	31.0%	40.8%	7.4%	84.1%	66.7%	0.441	55.6%
Putnam	▼ 41.8	33.5%	27.1%	8.2%	109.5%	65.4%	0.573	19.2%
Randolph	▲ 38.4	39.4%	23.6%	8.5%	121.0%	44.8%	0.729	3.4%
Ripley	▼ 53.4	25.7%	51.8%	10.4%	119.2%	76.0%	0.292	48.0%
Rush	▼ 41.6	38.8%	35.6%	9.4%	90.5%	47.4%	0.510	5.3%
St. Joseph	▼ 66.8	60.5%	54.0%	11.2%	190.1%	72.8%	0.842	40.0%
Scott	▼ 52.6	37.4%	56.8%	9.6%	82.6%	52.0%	0.500	20.0%
Shelby	▲ 64.0	80.5%	42.4%	9.6%	280.6%	71.7%	0.773	12.4%
Spencer	▲ 56.1	48.0%	46.4%	7.1%	191.7%	56.3%	0.699	31.3%
Starke	▲ 57.6	27.9%	63.3%	13.9%	85.1%	75.0%	0.766	25.0%
Steuben	▲ 69.2	46.3%	78.4%	7.3%	264.6%	66.7%	0.464	23.8%
Sullivan	▲ 57.5	44.2%	56.9%	9.5%	128.8%	73.3%	0.264	20.0%
Switzerland	▼ 28.1	28.8%	2.4%	10.2%	28.1%	50.0%	0.524	25.0%
Tippecanoe	▲ 70.5	66.0%	59.5%	10.8%	243.1%	77.0%	0.810	31.1%
Tipton	▲ 73.3	64.0%	75.2%	8.7%	260.3%	61.0%	0.641	25.4%
Union	▲ 43.1	12.6%	67.4%	7.4%	67.6%	25.0%	0.000	0.0%
Vanderburgh	▲ 72.5	87.6%	54.1%	10.6%	289.6%	71.7%	0.788	22.6%
Vermillion	▼ 40.6	32.0%	35.4%	8.7%	79.6%	69.2%	0.284	5.1%
Vigo	▲ 60.8	62.7%	50.7%	12.1%	173.6%	81.6%	0.172	25.1%
Wabash	▲ 50.1	62.9%	36.6%	9.1%	255.8%	34.5%	0.507	6.9%
Warren	▲ 37.4	26.7%	24.2%	9.4%	141.3%	75.0%	0.598	0.0%
Warrick	▲ 59.9	50.5%	47.7%	7.2%	477.1%	72.0%	0.853	23.2%
Washington	▲ 59.2	56.1%	46.5%	8.2%	163.9%	63.9%	0.774	25.0%
Wayne	▲ 50.8	54.8%	31.7%	10.0%	111.4%	60.0%	0.857	18.0%
Wells	▼ 49.8	43.8%	36.9%	9.6%	145.0%	64.9%	0.604	24.3%
White	▼ 39.6	42.0%	17.3%	10.3%	72.2%	72.4%	0.820	13.8%
Whitley	▼ 40.0	33.7%	21.5%	9.0%	151.6%	65.4%	0.666	21.2%

Appendix 2: Methodology

Overall, our methodology has largely remained unchanged from its creation in 2021. Any applicable updates are incorporated throughout Appendix 2.

In this year's report, we used more recent data available from the American Community Surveys (ACS) to estimate the number of children needing care, median family income and federal poverty levels within local areas. Last year's report utilized 2019 data, and in this edition, we referenced 2021 ACS results, with five-year estimates.

Updating our population data from 2019 to 2021 also drove changes in census tract boundaries. Following each decennial census, some census tract boundaries may shift or additional census tracts may be created, based on changes in local populations. In areas where tract boundaries shifted, this also affected our number of effective programs, as those are based on a radius from each tract which represents the likely distance a family would be willing to travel to receive care.

We also updated the work to calculate the number of children potentially eligible for subsidized care, to reflect the state's recent update to CCDF eligibility rates. Families at or below 150% of the Federal Poverty Level may now qualify for subsidized care, compared to 125% at the time of last year's *Closing the Gap* report.



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 2021 are used here to identify the number of total children in each census tract^[1] 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 to plot them on the map of Indiana. 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 WorkLife Systems database 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 from the Indiana Department of Education's (IDOE) 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.

In the 2022 update of *Closing the Gap*, ELI added additional steps in the estimate of capacity across all programs. For any of the programs in RCCS that are also school-based pre-K programs in the IDOE data, if there is no indicated capacity for these programs using the RCCS and NDS data, the capacity is substituted with the pre-K enrollment from IDOE. For all other programs without capacity data, ELI assumed a minimum of 10 seats for all programs except license-exempt home-based programs, which have a capacity of 5. The null capacity values for these programs was

^[1] 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.

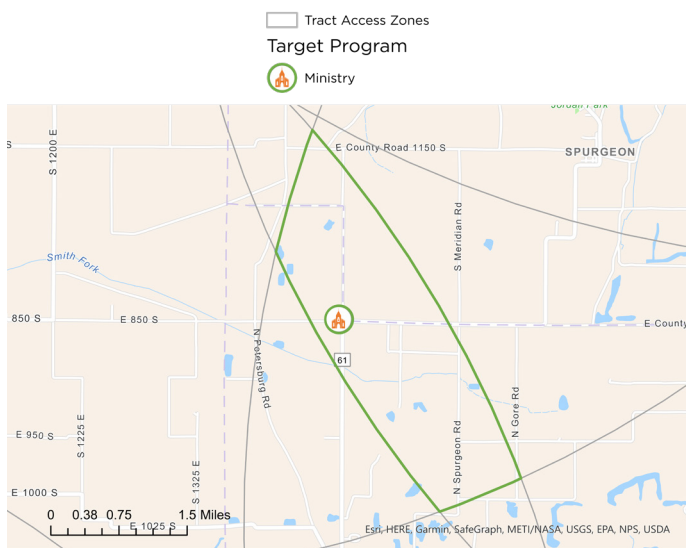
replaced with this minimum value, understanding that actual capacity might still be greater if the data for such capacity was available. These steps help to improve the estimated minimum capacity available across all programs included in the analysis.

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^[2] 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 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.

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:

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

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

^[2] 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.

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 formulas used in the Closing the Gap analysis are derived from the state of access in August 2021, when the first analysis was completed. The formulas are kept the same in order to measure relative change across all localities over time. The statewide average rate of high-quality care among tracts in 2021 was 44%, meaning that the majority of available care for any given area is likely of unknown 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.^[3] 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 2021 ACS five-year estimates described previously.

Rates of care charged by programs are collected in the WorkLife Systems database 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^[4] was calculated within the same 10-mile radius for each census tract.

^[3] Herries, J. (2020). Better Breaks Define Your Map's Purpose. ArcUser: The Magazine for Esri Software Users, Fall 2020. Redlands, CA: Esri.

^[4] 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.

The cost-to-income ratio is defined at the tract level as the annualized^[5] 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 in 2021, for example, was 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:

*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 150% 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*

^[5] Weekly averages are multiplied by 52 to estimate the average annual cost of care.

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. 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 in 2021, for example, was 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 in 2021, for example, was 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 $(1 - [(x_{ministries} - 0.16)/0.18])$
 ≥ 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 Score (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.



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