Early Learning
INDIANA

Closing the Gap:

An Assessment of Indiana's Early Learning Opportunities

2024 Update

Early Learning Indiana

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Overview

Since 2021, Early Learning Indiana's Closing the Gap report has analyzed early learning access at the statewide, county and tract levels. Through this report, we can better understand families' ability to access high-quality, affordable early learning. This year, we draw upon four years of findings, including the most recent analysis conducted in 2024.

CAPACITY

Capacity indicates how many young children can be served through seats in existing early learning programs. Statewide, capacity has increased each year. In 2021, 55.8% of children likely needing care could be served; that proportion increased to 62.3% by 2024. Over the last four years, 61 of 92 counties have increased their capacity sufficiency rates.

QUALITY

High-quality programs operate at the highest levels of Indiana's Paths to QUALITY™ rating system. Capacity within high-quality programs has also steadily increased since 2021. Currently, more than half of total program capacity (52.7%) exists within these programs, an improvement from 46.1% in 2021.

AFFORDABILITY

Available capacity is only accessible to the extent that it is affordable for area families. To determine affordability, ELI analyzes a combination of tuition rates, median family income and the availability of subsidized care. Statewide, a family can expect to pay 11.2% of their income for one child in care, with this proportion ranging from 5.3% to 14.9% at the county level. Programs eligible to accept families seeking subsidized care are plentiful, although less is known about how much program capacity is open to families paying with public vouchers.

CHOICE

In choosing an early learning program to meet their unique needs, families take into account myriad factors, only some of which are readily quantifiable. ELI considers three factors enabling families to make informed choices including the types of care available, whether programs are open during non-traditional hours, and if they offer care for infants and toddlers, for whom supply has historically been more limited. Little has changed within the choice index in recent years. In 2024, 71% of programs indicated the ability to serve infants and toddlers, and 26.5% of programs offer care outside the hours of 6 a.m. to 6 p.m. Family child care homes, child care centers and faith-based programs operate throughout the state, allowing many families to make choices about the type of program that best serves their needs.

ACCESS

The four components of capacity, quality, affordability and choice come together to create the access index. Modest, steady improvements have been observed in the access index, which stood at 60.6 in 2021 and increased to 63.8 in 2024. Statewide access remains moderate, with county-level scores varying from 27.3 to 76.7.

Access Index

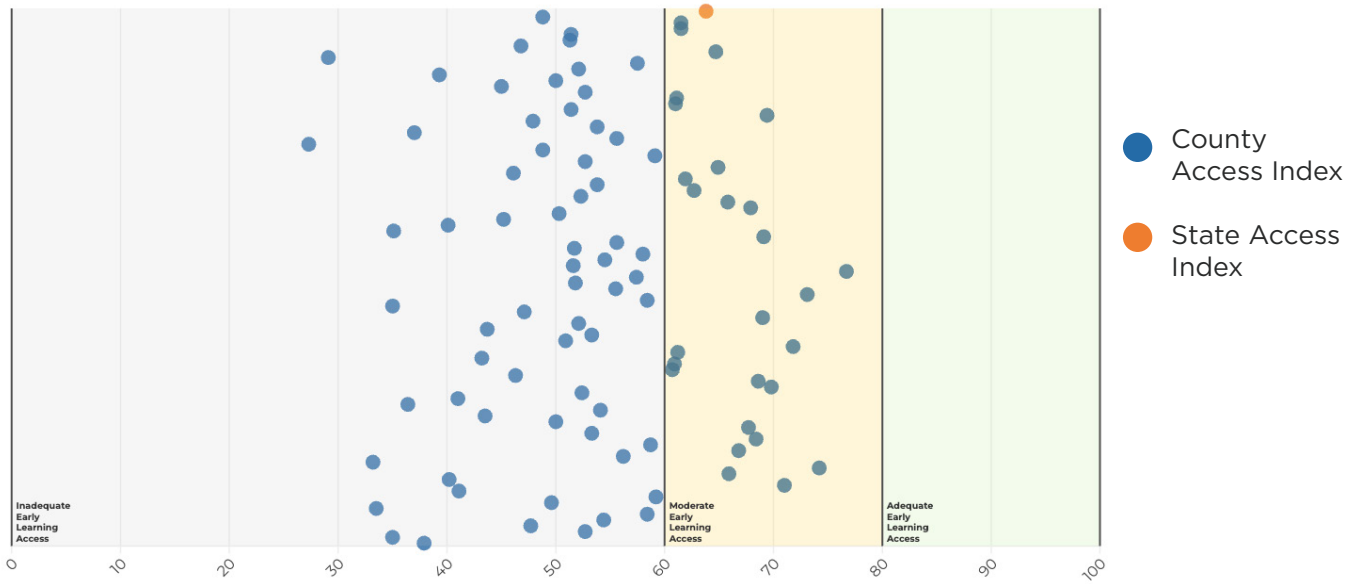
The Early Learning Access Index summarizes a statistical analysis of families' ability to access high-quality care across the state. Scaled from 0 to 100, it combines four elements into one composite score.

1. **Capacity:** represents the number of seats or spaces within early learning programs in a given area.
2. **Quality:** illustrates the number and proportion of programs which have achieved the highest levels on Indiana's Paths to QUALITY rating system.
3. **Affordability:** comprises of the cost of care weighed against median family income and the availability of subsidized care.
4. **Choice:** represents access to diverse types of programs, including various types of care, nontraditional hours and programs serving infants and toddlers.

The 2024 index stands at 63.8, an increase from 60.6 when the Index began in 2021. Wide variation exists, with access scores at the county level ranging from 76.7 in Lake County to 27.3 in Fountain County. Currently, 27 counties have moderate access to care (scores between 60-80) and no counties have adequate access (scores higher than 80).

Since 2021, Jefferson (+24.7), Decatur (+23.8) and Orange (+20.0) counties have experienced the largest increases in access scores.

Figure 1: Early Learning Access Index by County



Variation in access scores also exists at the tract level, with scores ranging from 17.07 to 87.23. At this level, we also see several tracts reaching adequate access within their local communities.

Capacity

Capacity represents the seats available for children estimated to be in need of care. Through the capacity sufficiency rate, or CSR, this report compares children likely requiring care to the regulated capacity in a given area. We estimate the number of children needing care based on census data about the proportion of children living in two-parent households with both parents working and single parent homes with one parent employed. Since 2021, the statewide CSR has increased from 55.8% to 62.3%. Currently, there are enough seats to serve about 203,000 of the roughly 326,000 children likely needing care (62.3%).

In recent months, several initiatives have addressed the capacity shortfall. These efforts include:

Child Care Expansion Grants program through the State of Indiana. A total of $10 million in grants were awarded to 24 programs across the state, with the goal of expanding existing programs and creating new programs in underserved areas. Grantees have proposed to add more than 1,800 seats across 20 counties.

Early Years Initiative grants supported by philanthropic support, aimed at improving learning and development outcomes for infants and toddlers. As part of this work, 68 grantees received funding to expand capacity by an additional 2,700 seats over the next several years.

Employer-Sponsored Child Care Fund grants issued by the State, which provided funding to employers seeking to expand child care supply or invest in other benefits. Through two rounds of funding, about $25 million was provided to businesses representing a diverse set of rural and urban communities.

Regional Economic Acceleration and Development Initiative (READI) grants through the Indiana Economic Development Corporation. As part of a broader, regional investment strategy, more than $8 million in early learning investments were funded through READI, with more than $19 million raised in matching funds. These funds are being used for capacity building efforts, including building renovations and construction, among other early childhood education related initiatives.

Table 1 below presents the counties with the highest capacity sufficiency rates in 2024 and those who have experienced the most positive growth since 2021. In total, 61 of 92 counties statewide have increased their capacity sufficiency rates over the last four years.

Table 1: Highest Capacity Sufficiency and Most Growth

HIGHEST CAPACITY SUFFICIENCY RATES (CSR), 2024		HIGHEST GROWTH IN CAPACITY SUFFICIENCY RATES (CSR), 2021 TO 2024		
County	**CSR**	**County**	**CSR**	**Change**
Lake	104%	Lake	104.0%	+49.0%
Marion	98.2%	Jefferson	62.9%	+36.3%
Ohio	89.8%	Wabash	66.2%	+30.0%
Bartholomew	83.9%	Brown	47.4%	+24.2%
Delaware	82.7%	Shelby	81.1%	+20.6%

CSR can also be viewed at a more granular, census tract level. As with county CSRs, tract level rates vary widely from 0.9% to 3346.9%. Tract population density, or urbanicity, plays an important role in the local capacity available. Tract urbanicity and capacity are positively correlated (c=40.7%), meaning that more urban areas tend to have higher CSRs. While more research is needed to confirm causality, this could be due to centers and other programs serving larger numbers of children being located in more densely populated areas, with rural areas more frequently serviced by smaller, disperse in-home providers.

Importantly, our estimates of young children who need care are based on those living in two-adult families in which both adults work or one-adult households with that adult working. Using adult employment as our guide to child care needs may underestimate those families who access programs specifically for early learning needs unrelated to adult employment, such as developmental and social preparation for entering kindergarten. It also may overestimate needs in areas where unregulated care from family members or nannies is more prevalent. Future research efforts should aim to more precisely identify capacity needs as it relates to all young children, not just those living in working families.

Capacity in Action: Pulaski County

One week after the official formation of the Quality Childcare Coalition, another child care provider shuttered its doors permanently – the third Pulaski County child care program to do so in six months.

"Our coalition's timing was both wonderful and awful," said Leann Wright, Community Foundation of Pulaski County (CFPC) executive director. "Our county was in crisis and people were panicking. At the same time, we knew the coalition needed to focus on long-term, sustainable solutions and not just a quick fix."

Local employers and community organizations joined together, and the CFPC was awarded $750,000 in grants from the State of Indiana's Employer-Sponsored Child Care Fund. The money was used to support new programs in both Winamac and Francesville, while also delivering support to those interested in starting new programs, especially in-home providers located in rural areas.

Wright envisions a future in which all of Pulaski County's children are prepared for kindergarten, and the formation of the Quality Childcare Coalition represents a big step toward that goal. "The coalition brings a diverse set of voices to the table. We have representation from employers, parents, in-home providers, centers," Wright said. "Everyone is committed to hanging in there and doing the work to keep things moving forward to make our vision a reality."

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Leann Wright, executive director of Community Foundation of Pulaski County

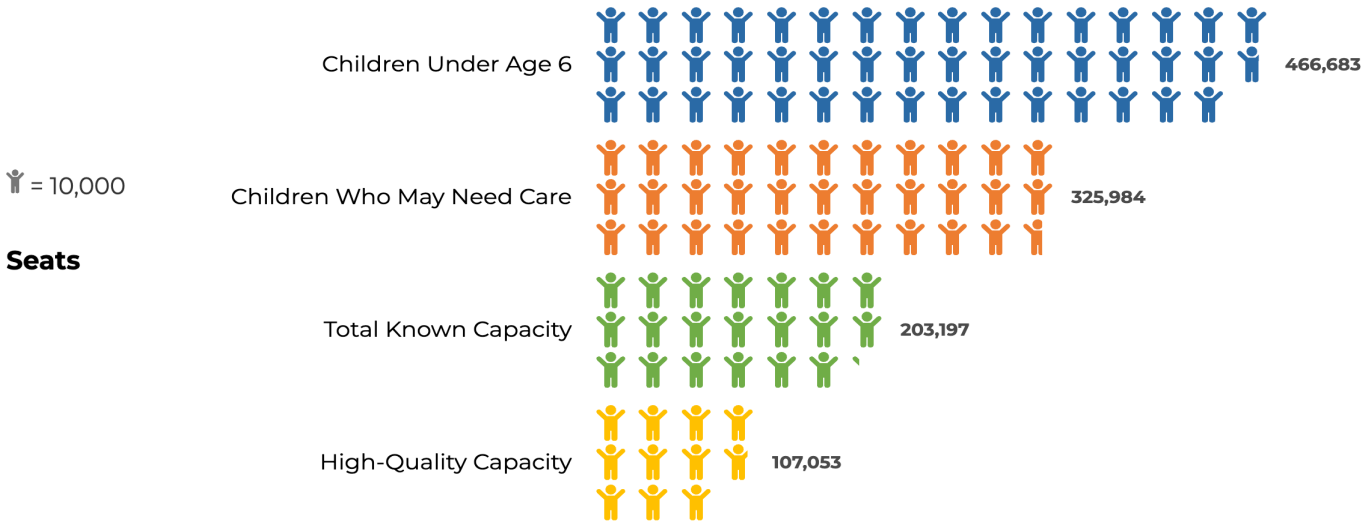
Quality

Indiana's Paths to QUALITY (PTQ) rating system measures the quality of care within participating programs. The system rates programs on a scale from 1 to 4, in which programs participating at levels 3 or 4 are considered high-quality. At these levels, programs are using planned curricula to guide learning and may also be nationally accredited. Because PTQ is a voluntary program, programs that have not opted to participate may or may not be operating at high-quality levels.

Of regulated programs included in this analysis, 63.0% are participating in PTQ at any level. A smaller proportion (40.2%) of all regulated programs have achieved a high-quality distinction. In total, high-quality programs have the capacity to serve approximately 107,000 children. This represents 52.7% of existing program capacity, and these programs can serve about 32.8% of those children needing care.

Figure 2: High-Quality Capacity as a Proportion of Total Capacity Needed

**Includes all programs regulated by Family Social Services Administration (FSSA) or programs in public schools known to the Department of Education.*



Statewide, the proportion of capacity that is high-quality has increased from 46.1% in 2021 to 52.7% in 2024, while rates at the county level vary from 90.7% to 2.1%. The table below presents counties able to serve the highest and lowest proportions of children within high-quality programs.

Table 2: Percent of Children Able to Be Served Within High-Quality Programs

HIGHEST PERCENT		LOWEST PERCENT	
COUNTY	**HIGH-QUALITY CSR**	**COUNTY**	**HIGH-QUALITY CSR**
Lake	58.0%	Switzerland	0.7%
Ohio	56.4%	Carroll	2.0%
Marion	52.0%	Jay	5.8%
Delaware	47.3%	Fayette	5.8%
Jefferson	47.3%	Fountain	5.9%

System-wide efforts to promote, coach and reward programs for participating in Paths to QUALITY have been ongoing for several years. One recent effort includes Early Learning Indiana's Closing the Gap advancement grants, which were awarded to programs participating in PTQ at Levels 1 or 2. These $5,000 awards, made possible by a grant from Lilly Endowment Inc., were used by programs for classroom materials, curriculum and staff training hours. Through this effort alone, more than 100 programs advanced at least one PTQ level.

Indiana's Office of Early Childhood and Out-of-School Learning encourages participation in PTQ by offering technical assistance to help providers navigate the costs and benefits of PTQ level advancement through a contract with SPARK Learning Lab. The State also incentivizes PTQ advancement by reimbursing high-quality providers at an elevated rate.

In late 2023, Indiana's Early Learning Advisory Committee recommended changes to the Paths to Quality system to simplify the measures to those that matter most for child learning and development. Implementation of these changes is expected to take place in the coming months.

Quality in Action: Clinton County

Using funds from Early Learning Indiana's Closing the Gap Advancement Grant, Early Academy Childcare in Clinton County quickly moved from Level 2 to Level 3 on Indiana's PTQ rating system. Funded classroom items like sensory tables, dry erase boards, kinetic sand and alphabet molds alongside a high-quality curriculum reinforce important concepts like letter and numeral recognition through informal play. The resources that make these learning activities possible have made an enormous impact on the classroom. "The funds have allowed me to completely transform my existing classroom space and provide many more educational opportunities for the kids," said Muriel Grigsby, owner of the program.

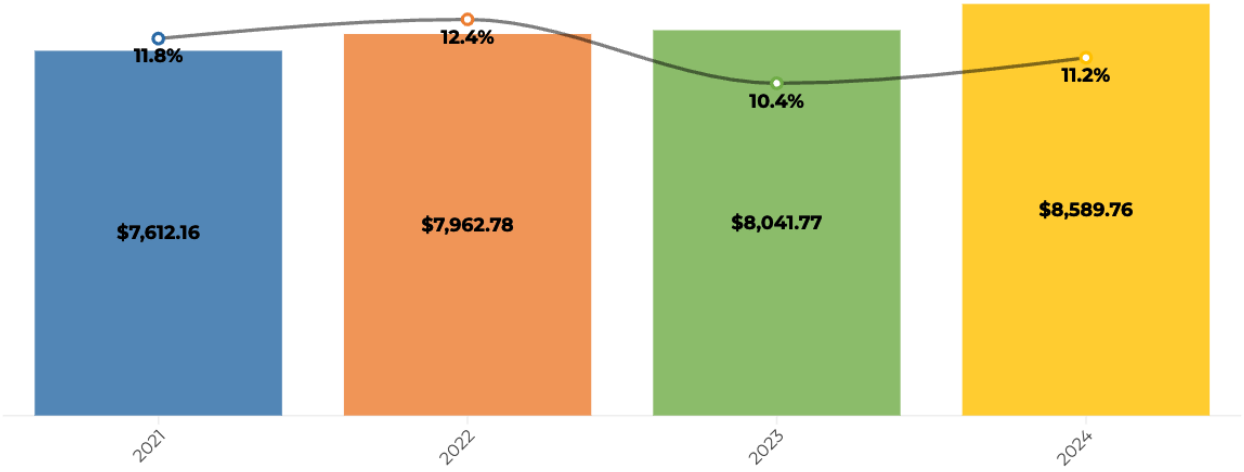
Early Academy Childcare is one of a few licensed home child care providers in Rossville and will soon offer full-day preschool to children ages 3 and up. While the materials and curriculum have given the children exciting new ways to stretch their growing skills, it has also given Muriel new inspiration and renewed support for her work. "I feel confident in my teaching ability, and having the resources to back that up definitely helps with a feeling of excitement for this profession," she said. "I have worked with kids for more than 25 years and I have a renewed sense of passion in my career as a licensed family child care provider because of this grant. I am happy. Not every child care provider can say that and truly mean it."

> **"The funds have allowed me to completely transform my existing classroom space and provide many more educational opportunities for the kids.**
>
> Muriel Grigsby, owner of Early Academy Childcare, Clinton County

Affordability

In 2024, the average cost of care for one child is $8,590, with the amount increasing for multiple children or specialized types of care. As a state, the cost of care and median family incomes have risen over time, resulting in modest fluctuations in the cost-to-income ratio for families. Currently, care for one child represents 11.2% of median family income, with sharp variations at the county and tract levels.

Figure 3: Cost of Care and Cost-to-Income Ratio Over Time



While high-quality care tends to be more costly to provide and therefore more expensive to families, there isn't always a clear relationship between affordability and high-quality capacity at the county level. The table below illustrates the counties with the highest and lowest cost-to-income ratios.

Table 3: Lowest and Highest Cost-to-Income Ratios

LOWEST COST-TO-INCOME RATIO		HIGHEST COST-TO-INCOME RATIO	
Union	5.3%	Madison	14.9%
Daviess	7.3%	Starke	14.3%
Spencer	7.3%	LaPorte	14.2%
Warrick	7.4%	Lake	14.1%
Martin	7.4%	Marion	14.0%

Families with qualifying incomes may also be eligible for subsidized care through programs such as CCDF, On My Way Pre-K or Head Start/Early Head Start. Recently, the state began offering CCDF vouchers to workers in early learning programs whose family income falls at or below 85% of state median income. The goal of this program is to build supply to enable more families to access child care services, especially those families leveraging subsidies to pay tuition. In 84 counties, the subsidized capacity sufficiency rate is near (90%+) or above 100%, indicating that there is theoretically more than enough capacity to serve children needing subsidized care. However, programs must make business decisions and balance their subsidized offerings alongside private pay families also needing care.

Affordability in Action: Wabash County

Sustaining affordable child care requires balancing the expenses of operating a program, including paying educators competitive wages, alongside making tuition affordable for families. Julie Garber, Community Foundation of Wabash County vice president for strategic initiatives, emphasizes the need to approach child care challenges from multiple angles. “So many grant resources offered are focused on building child care capacity, and that’s certainly necessary,” said Garber. “But we also need to work on the issue of keeping a child care workforce employed, because it was largely low wages that were preventing us from keeping our programs open.”

The foundation and its First Five initiative recently developed a two-phase campaign to raise the wages of child care workers in Wabash County. In phase one, the foundation offered grants to licensed providers who committed to increasing wages to $15/hour, making up the difference between the provider’s previous wages and the new amount. In phase two, the foundation encouraged providers to raise tuition in order to sustain the higher wages – with the foundation coming alongside with grants to subsidize costs so that families aren’t priced out of care.

“Our well-resourced families are able to afford care in most cases, and our families that receive the CCDF voucher get assistance in subsidizing the cost,” Garber said. “But there’s a whole group of families in the middle who don’t qualify for vouchers but struggle to pay for care. We’re seeing many families at the top of what they are able to pay, and when that happens, we see many parents start to stay home or migrate to a babysitting environment instead of a licensed program.”

The foundation piloted phase two last year with support from a $750,000 grant from Indiana’s Employer-Sponsored Child Care Fund. Employees who work for a company that belongs to local chambers Manchester Alive or Grow Wabash County can apply for discounted rates at licensed child care centers, registered child care ministries or licensed home child care programs. “We had wonderful uptake on that program, it was very well-received,” said Garber. “We’re hoping that’s a positive sign as we expand into our second phase – we’re calling it Operation Change the Future.”

Choice

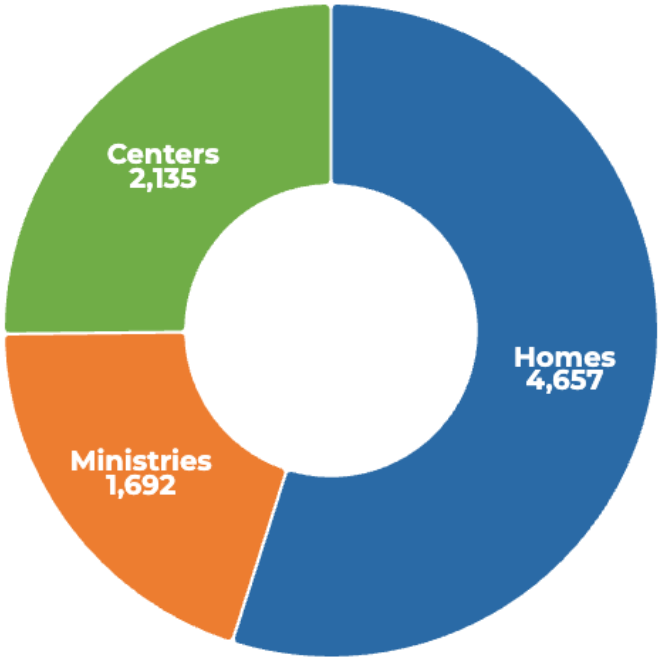
Early learning programs throughout Indiana represent a diverse mix of provider types, including in-home family child care providers, faith-based care, child care centers and private and public schools. This mix allows families to make choices about what type of care most fits their children's needs. However, choices are more limited in some areas of the state. In five counties, there are no center-based programs within an effective radius. Three counties have no nearby family child care homes.

The second aspect of choice we consider is the prevalence of infant and toddler care, an age group that is both demanding and expensive to serve. Statewide, the proportion of programs serving this age group has held steady over time, moving from 70.5% of programs in 2021 to 71.0% in 2024. The largest gains over time were demonstrated in Warren (+50%) and Benton (+40%) counties.

The third and final choice component examines care provided during non-traditional hours, including services outside the hours of 6 a.m. to 6 p.m. This factor becomes particularly important in areas that have higher workforce participation in healthcare or manufacturing, which often require second and third shift work hours. Since 2021, the proportion of programs offering nontraditional care has modestly declined, from 28.0% to 26.5%.

At the tract level, urban areas tend to have a higher choice index than rural areas. Urban areas more easily support non-traditional service hours and a more diverse mix of provider types, whereas rural areas may find it more difficult or less necessary to sustain larger-centered based programs.

Figure 4: Provider Type Across Indiana



Choice in Action: Southeast Indiana

The Southeastern Indiana YMCA is playing a vital role in addressing the need for high-quality infant care in the Batesville area. In 2021, the organization faced difficult decisions regarding its infant care program due to funding constraints and the challenges of maintaining the required low infant-to-teacher ratios. The infant program was discontinued, leaving a gap in the community's early childhood care offerings. Today, supported in part by a grant through Early Learning Indiana's Early Years Initiative, the YMCA has reopened and reimagined its infant room, expanding care and enhancing professional development for teachers.

McKenzie Callahan, YMCA childcare director, led the effort to outfit the room, train staff and create a nurturing environment for infants. It was an exceptionally special experience for her because her own newborn daughter is now one of the infants served in the program.

The team took the opportunity to strengthen the infant curriculum to coincide with the reopening. In partnership with Building Blocks, which operates a regional training center dedicated to improving child outcomes, the team implemented the Creative Curriculum® for Infants. This curriculum allows educators to individualize learning for each child during this critical period of rapid development and emphasizes the early childhood language development essential for fostering cognitive growth. A weekly coach visits the facility to work with teachers on lesson planning and curriculum implementation, and the center is participating in a research study to assess and improve the program's effectiveness. Teachers use a series of structured assessments, providing rich sources of data for tracking each child's developmental progress.

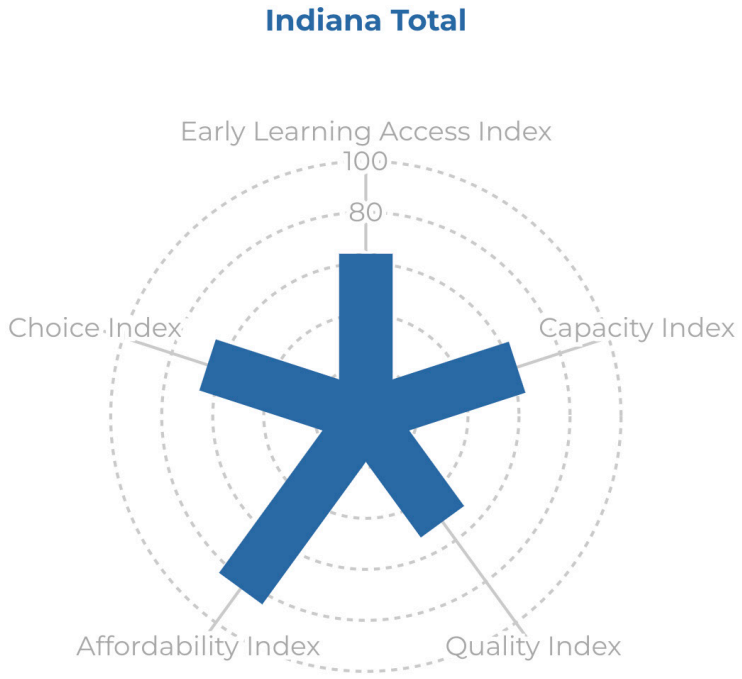
"Center-wide, we're just really excited about the partnership with Building Blocks," said Callahan. "We have a lot of really neat things happening, building quality through the new curriculum."

Particularly in rural areas, the addition of a single classroom makes an immediate impact, especially for infants and toddlers. Southeastern Indiana YMCA continues to be a cornerstone of child care for local families, thanks to its collaborative approach and emphasis on quality.

Conclusion

While progress has been made over the past four years in improving the state's access score, continued work needs to be done. The visual below represents the four components of the access score. At the statewide level, the affordability measure scores the highest, while quality lags behind, despite recent gains.

Figure 5: Indiana Access Score



The data provided in this report serves as an update on the progress made to ensuring access to high-quality, affordable care for all young children. Community-level improvement efforts are ongoing and include participation from coalitions, employers, government leaders, educators and families. While these efforts serve similar goals, their tactics vary based on the needs of their communities. At the county-level, each access score represents a unique mix of strengths and challenges. For example, Boone County excels at providing care that's affordable for local families. However, it has lower capacity and quality indices respectively, representing opportunities for growth in those areas. In contrast, Tippecanoe County is more equally balanced across the four components of the access index, with their lowest scores representing both capacity and choice.

With this knowledge, we can further target our efforts to improve access as a state and within local communities, ensuring that children have the best opportunity to access early learning opportunities that help them thrive in their early years and beyond.

Appendix 1: County Access Statistics

Table A-1: County Access Statistics

County		Early Learning Access Index	Capacity Sufficiency Rate (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	▲	48.8	46.5%	44.7%	12.1%	138.6%	61.5%	0.128	30.8%
Allen	▼	61.5	50.8%	54.9%	11.4%	192.8%	66.5%	0.931	33.2%
Bartholomew	▼	61.5	83.9%	41.2%	10.2%	313.2%	74.4%	0.575	14.0%
Benton	▼	51.4	8.1%	90.7%	11.7%	26.5%	100.0%	0.100	0.0%
Blackford	▲	51.3	25.5%	65.4%	11.3%	70.7%	73.3%	0.414	6.7%
Boone	▼	46.8	36.3%	39.5%	9.1%	325.0%	72.5%	0.577	16.2%
Brown	▲	64.7	47.4%	78.9%	9.7%	287.8%	59.3%	0.478	0.0%
Carroll	▼	29.1	25.4%	8.0%	9.4%	47.3%	63.0%	0.581	11.1%
Cass	▼	57.5	48.7%	56.8%	10.9%	135.0%	53.8%	0.699	23.1%
Clark	▼	52.1	61.7%	33.8%	10.8%	271.7%	67.7%	0.883	12.4%
Clay	▲	39.3	40.5%	20.2%	10.0%	177.5%	83.6%	0.142	32.8%
Clinton	▼	50.0	38.1%	43.9%	9.3%	178.0%	59.3%	0.689	29.6%
Crawford	▲	45.0	43.9%	37.8%	13.0%	132.4%	56.3%	0.755	6.3%
Daviess	▼	52.7	56.6%	38.1%	7.3%	229.1%	75.9%	0.498	17.2%
Dearborn	▲	61.1	44.4%	63.4%	8.8%	245.8%	63.3%	0.721	20.0%
Decatur	▲	61.0	44.1%	60.6%	8.6%	208.1%	63.6%	0.771	27.3%
DeKalb	▲	51.4	43.3%	54.0%	8.3%	205.8%	48.8%	0.374	14.0%
Delaware	▼	69.4	82.7%	57.3%	12.4%	254.5%	68.5%	0.878	13.0%
Dubois	▼	47.9	35.6%	44.3%	9.4%	185.7%	50.0%	0.771	21.9%
Elkhart	▼	53.8	33.3%	50.5%	13.9%	102.8%	69.7%	0.837	38.3%
Fayette	▼	37.0	41.5%	14.0%	10.4%	129.7%	55.0%	0.642	15.0%
Floyd	▼	55.6	73.6%	34.0%	9.1%	400.4%	66.9%	0.818	11.8%
Fountain	▼	27.3	26.8%	22.1%	12.0%	112.1%	42.9%	0.345	0.0%
Franklin	▲	48.8	38.4%	40.0%	8.9%	211.8%	66.7%	0.679	25.9%
Fulton	▲	59.1	32.1%	69.1%	10.1%	150.7%	58.3%	0.708	20.8%
Gibson	▼	52.7	54.6%	36.6%	8.8%	145.8%	76.3%	0.634	23.7%
Grant	▼	64.9	43.6%	74.2%	11.3%	143.2%	58.2%	0.727	21.8%
Greene	▼	46.1	53.2%	30.6%	10.3%	153.1%	76.1%	0.377	14.9%
Hamilton	▼	61.9	63.0%	47.6%	8.1%	710.4%	76.2%	0.772	26.1%
Hancock	▬	53.8	40.2%	44.5%	10.7%	333.5%	78.3%	0.824	28.5%
Harrison	▲	62.7	53.9%	66.6%	7.5%	302.4%	50.0%	0.758	6.3%
Hendricks	▬	52.3	41.6%	44.0%	9.2%	340.1%	71.2%	0.777	21.6%
Henry	▼	65.8	46.9%	75.9%	11.0%	177.0%	63.6%	0.623	13.1%
Howard	▲	67.9	57.1%	69.7%	10.9%	249.9%	61.0%	0.697	28.8%
Huntington	▲	50.3	42.7%	48.6%	11.6%	166.1%	60.0%	0.568	13.3%
Jackson	▼	45.2	51.8%	23.2%	8.6%	178.3%	63.3%	0.884	21.7%
Jasper	▲	40.1	25.2%	39.5%	10.4%	124.9%	50.0%	0.654	11.1%
Jay	▼	35.1	29.8%	19.3%	10.2%	105.6%	71.4%	0.651	9.5%
Jefferson	▲	69.1	62.9%	75.1%	9.6%	282.5%	53.8%	0.611	11.5%
Jennings	▲	55.6	32.4%	53.7%	9.3%	135.3%	74.3%	0.335	54.3%

Table A-1: County Access Statistics (continued)

County		Early Learning Access Index	Capacity Sufficiency Rate (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	▲	51.7	36.3%	46.0%	9.8%	217.3%	71.3%	0.957	13.5%
Knox	▼	58.0	64.6%	45.8%	8.1%	227.6%	76.1%	0.514	10.9%
Kosciusko	▲	54.5	39.8%	54.9%	10.5%	190.4%	60.0%	0.533	29.1%
LaGrange	▼	51.6	26.3%	62.0%	8.5%	172.7%	50.0%	0.221	33.3%
Lake	▲	76.7	104.0%	55.8%	14.1%	419.0%	71.8%	0.737	44.7%
LaPorte	▼	57.4	48.4%	48.4%	14.2%	158.4%	75.0%	0.588	48.0%
Lawrence	▲	51.8	35.9%	50.5%	10.3%	127.7%	69.4%	0.715	13.9%
Madison	▼	55.5	51.6%	49.6%	14.9%	150.7%	70.8%	0.910	8.2%
Marion	▲	73.1	98.2%	52.9%	14.0%	305.4%	75.3%	0.786	24.1%
Marshall	▼	58.4	36.5%	61.4%	11.0%	120.5%	66.7%	0.791	23.8%
Martin	▼	35.0	21.7%	30.7%	7.4%	93.9%	55.6%	0.516	11.1%
Miami	▼	47.1	36.5%	42.5%	13.1%	140.7%	55.4%	0.688	28.6%
Monroe	▼	69.0	62.6%	71.0%	10.7%	256.3%	67.0%	0.808	6.4%
Montgomery	▲	52.1	51.9%	55.3%	8.5%	189.3%	40.7%	0.229	7.4%
Morgan	▲	43.7	39.5%	29.5%	11.2%	179.7%	69.6%	0.901	13.4%
Newton	▼	53.3	21.9%	72.3%	13.4%	93.9%	25.0%	0.495	25.0%
Noble	▲	50.9	28.8%	56.5%	8.3%	156.0%	48.7%	0.609	23.1%
Ohio	▲	71.8	89.8%	62.7%	10.3%	324.8%	56.3%	0.442	25.0%
Orange	▲	61.2	35.8%	71.2%	8.4%	154.1%	65.0%	0.324	30.0%
Owen	▼	43.2	31.4%	41.7%	12.1%	97.5%	68.2%	0.554	4.5%
Parke	▲	60.9	77.9%	44.6%	9.9%	184.9%	81.8%	0.110	27.3%
Perry	▲	60.7	44.7%	63.3%	8.6%	178.4%	50.0%	0.510	41.7%
Pike	▼	46.3	67.6%	12.3%	7.8%	187.9%	66.7%	0.591	11.1%
Porter	▲	68.6	42.8%	68.9%	9.7%	248.4%	75.1%	0.760	51.6%
Posey	▲	69.8	40.5%	78.7%	8.9%	235.1%	72.4%	0.738	30.3%
Pulaski	▲	52.4	32.9%	47.9%	9.7%	148.0%	60.0%	0.535	60.0%
Putnam	▼	41.0	36.6%	28.2%	9.4%	118.8%	70.4%	0.539	18.5%
Randolph	▼	36.4	30.9%	30.1%	8.4%	117.9%	37.0%	0.655	7.4%
Ripley	▲	54.1	28.8%	55.1%	11.3%	130.7%	73.1%	0.499	42.3%
Rush	▲	43.5	30.2%	46.5%	9.2%	117.1%	55.6%	0.481	0.0%
St. Joseph	▲	68.4	60.0%	61.3%	12.0%	205.0%	74.8%	0.816	40.6%
Scott	▼	50.0	44.8%	48.7%	9.8%	84.6%	57.7%	0.506	15.4%
Shelby	▲	67.7	81.1%	52.9%	9.8%	311.1%	74.3%	0.711	16.8%
Spencer	▼	53.3	51.2%	41.6%	7.3%	251.0%	54.8%	0.709	32.3%
Starke	▲	58.7	29.1%	68.8%	14.3%	86.8%	73.3%	0.727	26.7%
Steuben	▼	66.8	45.6%	75.6%	8.0%	259.9%	66.7%	0.473	23.8%
Sullivan	▼	56.2	45.1%	56.6%	9.5%	132.3%	75.0%	0.234	21.9%
Switzerland	▲	33.2	33.3%	2.1%	12.0%	48.6%	60.0%	0.476	40.0%
Tippecanoe	▲	74.2	64.8%	72.0%	12.1%	257.6%	81.0%	0.773	30.2%
Tipton	▼	65.9	47.2%	71.1%	9.7%	187.2%	61.1%	0.704	27.8%

Table A-1: County Access Statistics (continued)

County		Early Learning Access Index	Capacity Sufficiency Rate (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	▼	40.2	13.9%	60.8%	5.3%	75.0%	25.0%	0.000	0.0%
Vanderburgh	▼	71.0	81.6%	57.6%	10.8%	291.1%	76.0%	0.775	21.4%
Vermillion	▲	41.1	34.8%	37.5%	9.5%	93.6%	70.0%	0.278	5.0%
Vigo	▼	59.2	64.0%	51.5%	13.2%	184.0%	80.3%	0.230	23.6%
Wabash	▼	49.6	66.2%	40.7%	9.9%	291.1%	34.5%	0.413	3.4%
Warren	▼	33.5	31.9%	20.3%	11.8%	166.3%	75.0%	0.503	0.0%
Warrick	▼	58.4	47.1%	50.3%	7.4%	473.5%	74.7%	0.838	21.6%
Washington	▼	54.4	58.4%	43.9%	8.6%	160.1%	53.8%	0.714	17.9%
Wayne	▼	47.7	54.2%	32.5%	9.8%	134.3%	56.9%	0.731	17.6%
Wells	▲	52.7	44.8%	44.4%	9.2%	159.4%	60.0%	0.809	25.7%
White	▼	35.0	27.1%	26.3%	11.1%	55.5%	73.1%	0.801	11.5%
Whitley	▼	37.9	38.2%	17.0%	10.1%	206.5%	70.2%	0.617	14.9%

Appendix 2: Methodology

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

When applicable, we update the data we use from the American Community Surveys (ACS) to estimate the number of children needing care, median family income and federal poverty levels within local years. Both the 2023 and 2024 report use 2021 ACS results, with five-year estimates.

In the 2023 report, updating our population data from 2019 to 2021 also drove changes in census tract boundaries. Areas that tract boundaries shifted, 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.

In 2023, we 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.

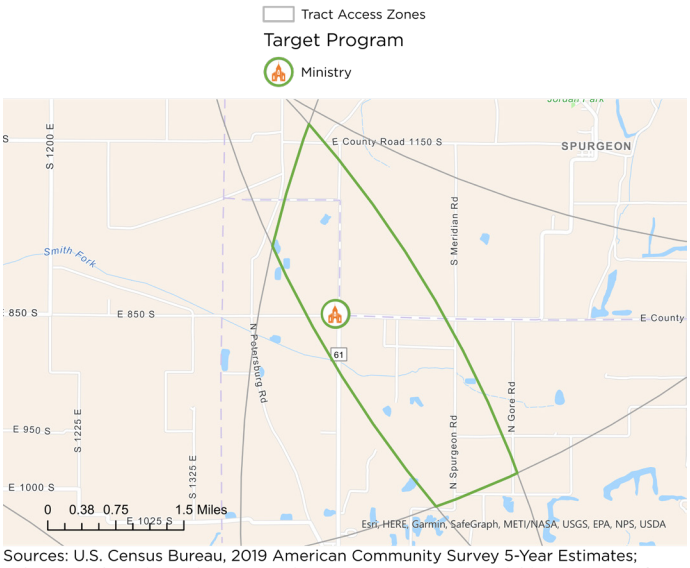
replaced with this minimum value, understanding that actual capacity might still be greater if the data for such capacity was available. These steps help to improve the estimated minimum capacity available across all programs included in the analysis.

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:

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

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

[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 - [($x_{ministires}$ – 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 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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