



# Illinois Preschool Development Grant Birth Through Five Needs Assessment

## Final Report

JANUARY 2020

Patricia Garcia-Arena | Sarah Hodgman  
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## Executive Summary

In December 2018, Illinois secured a \$3.7 million Preschool Development Grant (PDG) funded by the U.S. Department of Health and Human Services, Office of Child Care (HHS-OCC). An initial activity required under PDG is the completion of a statewide needs assessment of the early childhood care and education (ECCE) system to inform in-depth strategic planning to increase the availability of high-quality ECCE services.

Illinois's ECCE system is spread across several state agencies, is governed by various state and federal policies and regulations arising throughout decades of development, and uses federal, state, and local funding sources to support service delivery. Historically, Illinois has been committed to developing a robust mixed-delivery system that uses these components to target improvements in early childhood outcomes (Governor's Office of Early Childhood Development [GOECD], 2018b).

The Illinois PDG needs assessment provides a review of the state's ECCE system. See the accompanying text box for a note on the methodology used for this report. In addition, see the following sections for a brief summary of key findings and a comment on next steps.

### Methodology

*The American Institutes for Research (AIR) used three methods to complete the statewide needs assessment summarized in this report. The AIR team (1) reviewed existing needs assessments and other resources, (2) conducted a literature review, and (3) facilitated stakeholder focus groups.*

## Key Findings

Below, we provide a brief summary of key findings for each of the HHS-OCC federal domains: (1) definitions of key terms (complete findings begin on p. 24), (2) focal populations (complete findings begin on p. 32), (3) number of children being served and awaiting services (complete findings begin on p. 35), (4) quality and availability (complete findings begin on p. 37), (5) gaps in data or research to support collaboration between programs/services and maximize parental choice (complete findings begin on p. 46), (6) quality and availability of programs and supports (complete findings begin on p. 50), (7) measurable indicators of progress (complete findings begin on p. 58), (8) facilities (complete findings begin on p. 66), (9) barriers to the funding and provision of high-quality ECCE services and supports (complete findings begin on p. 67), (10) transition supports (complete findings begin on p. 68), and (11) system integration and interagency collaboration (complete findings begin on p. 72). A detailed description of the needs assessment findings to date can be found in [Appendix A](#).

### ***Definitions of Key Terms***

**FINDING: There is little consistency in terminology usage across the existing ECCE system.** A review of existing needs assessments and relevant resources revealed inconsistent use of definitions for key terms, making it difficult to interpret and compare findings across resources. The definitions of terms such as “low-income” families, “quality” ECCE, and “access to” or “availability of” ECCE varied across reports. Although these reports provided critical information about strengths and gaps of services provided to families and young children, the inconsistency in definitions limited the utility of these resources for identifying the needs of the state.

### ***Focal Populations for This Grant***

**FINDING: Additional analysis of existing data is needed to determine the characteristics of children who are vulnerable or underserved and the characteristics of children living in rural areas.** Data are available on characteristics of children such as the race/ethnicity, home language, income status, and geographic concentration of children ages 5 and under in Illinois. However, we cannot determine how these available data overlap with the population that we define as vulnerable or underserved (see [Defining Vulnerable or Underserved section](#)) without further analyses. Similarly, we also cannot determine how the available data on race/ethnicity, home language, income status, and geographic concentration overlap with the population that we define as living in rural areas (see [Defining Rural section](#)) without further analyses.

### ***Number of Children Being Served and Awaiting Service***

**FINDING: Establishing an unduplicated count on the number of children being served and awaiting services may not be possible with the existing available data sources.** The analysis completed by Northern Illinois University (NIU) could address the number of children being served, but not the number of children awaiting services across programs. Obtaining the number of children awaiting services across programs relies on administrative data from the Illinois Department of Human Services (IDHS) and Illinois State Board of Education (ISBE) that describe program-specific services received by children. But it is unclear whether any available state data sets systematically contain information related to eligibility or represent the broader population of children eligible for and awaiting services. That is, the available state data focus primarily on service receipt rather than service eligibility [without receipt]. Establishing an unduplicated count in this area may not be possible with the use of only existing administrative data.



### ***Quality and Availability***

**FINDING: Availability of ECCE has increased in recent years, but access to high-quality ECCE services is not uniform across Illinois because of challenges such as workforce issues and funding limitations.** In particular, focus group participants highlighted a need to provide more extensive training and preparation to teachers and staff who serve the children we have defined as vulnerable or underserved in order to expand access to quality ECCE services. Providers also expressed frustration with the system’s inability to attract and retain highly qualified staff because of lack of funding for teacher salaries. In addition, for children in rural areas, lack of transportation was identified as a major barrier to accessing high-quality ECCE services.

### ***Gaps in Data or Research to Support Collaboration Between Programs/Services and Maximizing Parental Choice***

**FINDING: Data or research on the outcomes and impact of programs and supports for families and children is needed.** A review of existing needs assessments and related resources as well as focus group conversations with researchers, advocates, and policymakers support the hypothesis that there is a need for data on the outcomes and impact of programs and supports for families and children, particularly when it comes to specialized care, such as health services, early intervention/special education services, or services for children who are English learners. In addition, details on specific programs and supports for families and children were limited in the existing needs assessments and related resources, with more emphasis placed on the prevalence of services as opposed to the quality of or demand for those services.

### ***Quality and Availability of Programs and Supports***

**FINDING: Details on specific programs and supports were limited. Children who are vulnerable or underserved and children in rural areas were identified as groups with particularly limited access to resources.** Children who are vulnerable or underserved and/or living in rural areas were mentioned by focus group participants as having limited access to specialized services, such as special education services, trauma-informed services, and services for English learners. Workforce issues, language barriers, funding limitations, and lack of transportation were identified as major challenges for those who need specialized care.

### ***Measurable Indicators of Progress***

**FINDING: There are challenges with the available data sources that currently make the development and use of indicators of progress difficult.** The Illinois Early Childhood Asset Map (IECAM) described three overall challenges that inhibited further development of the Illinois Early Childhood Dashboard. These challenges (namely, funding and prioritization, data availability, and operational definitions of the metrics) are overlapping, resulting in an overall lack of clarity regarding measurable indicators of progress.

### ***Facilities***

**FINDING: More information is needed on Illinois’s ECCE facilities.** Issues and concerns about quality ECCE facilities for young children are prevalent in the early childhood literature. However, limited information is available regarding ECCE facilities in Illinois.

### ***Barriers to Funding and Provision of High-Quality Early Childhood Care and Education***

**FINDING: Personnel is the major driving cost in ECCE.** A cost model study was conducted by Northern Illinois University to estimate how much it costs to fully fund a high-quality, comprehensive ECCE system (see [Appendix E](#) for the detailed cost model study final report). In their model that uses parity in compensation across ECCE delivery models along with recommended group sizes, the per child cost of \$15,000 - \$33,000.

### ***Transition Supports***

**FINDING: The transition from preschool to kindergarten was identified as being more straightforward than the transition into preschool. Continuity of care was identified as a need for this domain.** Transitions were found to be especially difficult for children moving from home visiting or home-based care into center- or school-based preschool. For children who are vulnerable or underserved, trauma-informed support that follows the children as they transition between types of care (e.g., home- to center-based child care or preschool to kindergarten) was identified as a need. In addition, providers mentioned language barriers and work schedules as limitations for many families seeking transition support, particularly for those children who could be defined as vulnerable or underserved. For children in rural areas, the inconsistency of offerings was emphasized, and transportation was also identified as a barrier.

## ***System Integration and Interagency Collaboration***

**FINDING: Several policies, practices, and structures remain that continue to hinder interagency collaboration. The greatest among these include ongoing data challenges.** There are several practices in place that reflect effective and supportive interagency collaboration supporting young children and families (e.g., Illinois ELC, GOECD, ExceleRate Illinois, the interagency team, the Illinois Longitudinal Data System). For these practices to spread to other areas, agencies, or sectors, the ongoing data challenges among and between agencies must be addressed.

## **Next Steps**

Illinois has made strides in recent years to expand programs and services for young children and their families through its mixed-delivery system. The challenge—and opportunity—for the state moving forward is to identify and implement the steps for ensuring equitable access to ECCE services within the context of Illinois’s complex mixed-delivery system.

This needs assessment aims to inform Illinois’s PDG B-5 strategic plan, which is intended to make actionable recommendations for advancing progress toward the state’s long-term goal: providing access to a continuous, equitable, and high-quality early childhood system that enables children, with the support of their families and communities, to grow up safe, healthy, happy, and ready to succeed (GOECD, 2018b).

## Introduction

The Preschool Development Grant Birth Through Five initiative (PDG B-5), a \$237 million federal grant program offered in 2018 by the U.S. Department of Health and Human Services, Office of Child Care (HHS-OCC), provided 46 states and territories with access to funding to analyze the current landscape of their early childhood care and education (ECCE) system and to conduct in-depth strategic planning to maximize the availability of high-quality ECCE services. Specifically, the PDG B-5 initiative supports states and territories in the following activities: (1) conducting a statewide needs assessment, (2) developing a statewide strategic plan, (3) increasing opportunities for parent choice and knowledge about high-quality ECCE, (4) sharing best practices among early childhood service providers, and (5) improving the overall quality of ECCE services. Through these activities, states will create plans to facilitate collaboration and coordination among existing ECCE programs in the state’s mixed-delivery system. The ultimate purpose is to encourage partnerships to improve coordination, program quality, and delivery of services to children from birth to age 5. In December 2018, Illinois secured a \$3.7 million 1-year PDG B-5 grant. The Illinois PDG B-5 grant is led by the Illinois Governor’s Office of Early Childhood Development (GOECD).

The needs assessment final report summarizes findings on the availability and quality of existing ECCE programs in Illinois. The structure of the report aligns with the *PDG B-5 Needs Assessment Guidance* provided by HHS-OCC (see Exhibit 1, p. 6), using the federal provided domains and questions to organize our findings.<sup>1</sup> The federal needs assessment guidance questions associated with each domain are listed at the start of each report section. The final section provides conclusions and next steps. In addition, more detailed findings are included in Appendix A. These findings will inform Illinois’s strategic plan in accordance with the federal guidance. Please see the Methodology section for more information on the overlap between the *PDG B-5 Needs Assessment* and the *PDG B-5 Strategic Plan*.

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<sup>1</sup> The order in which the PDG domains are listed has been adjusted for the purposes of this report.

## Methodology

With the *PDG B-5 Needs Assessment Guidance* as an organizing frame, AIR worked with GOECD to review the required elements of the needs assessment, creating a detailed crosswalk between the federal domain questions and the work we would need to engage in to address those questions (see Exhibit 1). We determined that we would answer as many questions as possible by using three key methods: (1) a review of Illinois’s existing ECCE needs assessments, (2) a literature review on targeted needs assessment domains, and (3) stakeholder focus group interviews. We describe each of the methodological approaches in the subsequent sections. In addition to these methods led by AIR, GOECD also contracted with Northern Illinois University (NIU) and Illinois Early Childhood Asset Map (ICAEM) at the University of Illinois at Urbana-Champaign to provide information to address several questions.

**Exhibit 1. PDG B-5 Federal Needs Assessment Guidance: Scope of Work Crosswalk**

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
Definition of Terms	<a href="#">What is your definition of quality ECCE for this grant?</a>	X					
	<a href="#">What is your definition of ECCE availability for this grant?</a>	X				X	
	<a href="#">What is your definition of vulnerable or underserved children for this grant?</a>	X	X				
	<a href="#">What is your definition of children in rural areas for this grant?</a>	X	X				
	<a href="#">Do you have a definition or description of your ECCE system as a whole? (If yes, what have you used that definition for? What about your broader early childhood system encompassing other services used by families with young children? Do you have a definition for that and, if so, what have you used it for?)</a>	X			X		
	<a href="#">Do these definitions differ in key ways from how you have defined any of these in the past? If so, what do you think are the advantages of your definitions for this grant?</a>						X
	<a href="#">Are there any challenges you foresee in using these definitions (e.g., are they consistent with how key programs that make up the broader early childhood system define these terms)?</a>				X		X

<sup>2</sup> A key question was not addressed in the needs assessment if it was deemed out of AIR’s scope of work.

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
<b>Focal Populations</b>	<a href="#">Who are the vulnerable or underserved children in your state? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status, and concentration in certain cities or towns and/or neighborhoods? What are the strengths and weaknesses of the data you have available on this population? Are there any initiatives under way to improve these data?</a>	X					
	<a href="#">Who are the children who live in rural areas in your state/territory? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, and poverty and low-income status? Are they concentrated in certain regions of the state/territory? Are data available on how far they typically live from an urban area? What are the strengths and weaknesses of the data you have available on this population? Are there any initiatives under way to improve these data?</a>	X					
<b>Number of Children Being Served and Awaiting Service</b>	<a href="#">What data do you have describing the unduplicated number of children being served in existing programs? What are your biggest data gaps or challenges in this area?</a>				X		
	<a href="#">What data do you have describing the unduplicated number of children awaiting services in existing programs? What are your biggest data gaps or challenges in this area?</a>				X		
	<a href="#">What are the strengths and weaknesses of the data you have available on children being served? Are there any initiatives under way to improve these data?</a>				X		

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
<b>Quality and Availability</b>	<a href="#">What would you describe as your ECCE current strengths in terms of quality of care across settings (e.g., accessing accurate data from rural areas, central points of data entry [+ or -], population mobility)?</a>	X					
	<a href="#">What would you describe as key gaps in quality of care across settings?</a>	X					
	<a href="#">What are the strengths and weaknesses of the data you have available on quality? Are there any initiatives under way to improve these data?</a>					X	
	<a href="#">What would you describe as your current strengths in making care available across populations and settings?</a>	X					
	<a href="#">What would you describe as key gaps in availability?</a>	X					
	<a href="#">What initiatives do you currently have under way to ensure that high-quality care is available to vulnerable or underserved children and children in rural areas in your state/territory? What works well? What could work better? Have you been particularly successful in developing quality environments for any particular populations or in any particular settings? What made these efforts successful, and what needs to be done to replicate them?</a>	X			X		



Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
	<a href="#">What initiatives do you currently have in place to inform parents about what constitutes a high-quality child care center and how different centers match up in terms of quality? Is this information delivered in a culturally and linguistically sensitive manner? How effective are the initiatives and information? What could be improved in this area?</a>	X		X			
	<a href="#">What initiatives do you have in place to promote and increase involvement by and engagement of parents and family members in the development and education of their children? What works well about these initiatives? What could be better? Include information about the degree of availability of these initiatives and the extent they are culturally and linguistically sensitive.</a>	X		X			
	<a href="#">What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences who do not have easily accessible services available?</a>	X		X			
	<a href="#">What do you see as your biggest need and opportunity in improving the quality and availability of care, particularly for vulnerable or underserved children and those in rural areas? This should include a discussion of needs and opportunities related to strengthening the early childhood care and education(ECCE) workforce in terms of training and the retention of high-quality staff and spaces across the ECCE system, including both center-based and family child care providers.</a>	X		X			

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
<b>Gaps in Data or Research to Support Collaboration Between Programs/ Services and Maximize Parental Choice</b>	<a href="#">What do you know about the service use of families with children (both children and family members) in the ECCE system?</a>			X			
	<a href="#">What are the most important gaps in data or research about the programs and supports available to families and children? What challenges do these gaps present? What existing initiatives are being undertaken in your state/territory to address these gaps?</a>		X	X			
	<a href="#">What are the most important gaps in data or research regarding collaboration across programs and services? What initiatives are currently under way in your state/territory to address these gaps?</a>		X			X	
	<a href="#">What are the most important gaps in data or research related to maximizing parental choice? What initiatives are currently under way in your state/territory to address these gaps?</a>		X	X			
<b>Quality and Availability of Programs and Supports</b>	<a href="#">What programs or supports do you have available that help connect children to appropriate, high-quality care and education? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve? What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that are not being connected to appropriate high-quality care and education?</a>	X		X			

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
	<p>What programs or supports do you have in place to make sure that children of parents who are employed, looking for work, or in training are able to access child care that is compatible with their employment or training situation? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?</p>						X
	<p><a href="#">What programs and supports do you have available to identify children who are developmentally delayed and connect them to services? How effective is the connection between these programs and supports and your ECCE system? Are these programs reaching children from vulnerable and underserved populations? Are they reaching rural children? What else do you need to know about these programs and the populations they serve? What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that are not being connected to these services?</a></p>			X			
	<p><a href="#">What programs or supports do you have available that help ensure that ECCE settings are helping vulnerable or underserved children access needed support services, such as health care, food assistance, housing support, and economic assistance? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?</a></p>	X					

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
	<a href="#">What programs and supports do you have available to support children who are non-English speaking or reflect different cultures that connect them to services? How effective is the connection between these programs and supports and your ECCE system? Are these programs reaching children from vulnerable and underserved populations? Are they reaching rural children? What else do you need to know about these programs and the populations they serve?</a>	X		X			
	<a href="#">What programs or supports do you have available that help ensure that ECCE settings are able to connect families in crisis to needed programs or services (e.g., family violence programs, emergency economic assistance, mental health care, substance abuse treatment)? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?</a>	X		X			
<b>Measurable Indicators of Progress That Align With the State’s Vision and Desired Outcomes for the Project</b>	<a href="#">What measurable indicators currently exist that can be used to track progress in achieving the goals of this grant and your strategic plan? What are the strengths and weaknesses of these indicators? Include the extent to which they can be used to describe the current conditions experienced by vulnerable, underserved, and rural populations.</a>					X	
	<a href="#">What opportunities are currently under way involving developing additional measurable indicators to track progress in achieving the goals of this grant and your strategic plan?</a>					X	

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
<b>Issues Involving ECCE Facilities</b>	<a href="#">What issues have been identified involving ECCE facilities?</a>	X	X				
	<a href="#">What innovative efforts have taken place to improve ECCE facilities? Have these efforts targeted vulnerable or underserved children and those who live in rural areas?</a>	X	X				
	<a href="#">What current plans are in place to address ECCE facility issues?</a>	X	X				
	<a href="#">What opportunities exist for different ECCE and/or other early childhood programs and systems to work collaboratively on ECCE facility improvement (e.g., through colocation of key early childhood services)?</a>	X	X				
	<a href="#">What are the strengths and weaknesses of the data you have available on ECCE facilities? Are there any initiatives under way to improve the data?</a>	X	X				
<b>Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education Services and Supports and Opportunities for More Efficient Use of Resources</b>	<a href="#">What barriers currently exist to the funding and provision of high-quality ECCE supports? Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality ECCE services and supports? Are there policies that operate as barriers? Are there regulatory barriers that could be eliminated without compromising quality? For this question, be sure to include a discussion of supports in the broader early childhood system, not just the ECCE system.</a>				X		

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
	<a href="#">Are there opportunities for more efficient allocation of resources across the system? Have there been successful efforts in the state at implementing strategies that have improved the efficient use of resources? Why and how were they successful, and what needs to be done to replicate them? Have there been efforts that were undertaken but did not show positive results? What can be learned from these experiences?</a>				X		
<b>Transition Supports and Gaps</b>	<a href="#">What are the strengths and weaknesses of the transition supports for children moving from the ECCE system to school entry?</a>	X		X			
	<a href="#">Are there targeted supports for vulnerable or underserved children and children in rural areas? What is effective about these? What could be better?</a>	X		X			
	<a href="#">Are there transition supports across the age spans or are they for specific age populations? Are there transition policies/practices that support children in all types of care and education settings?</a>	X		X			
	<a href="#">What is effective about the supports for children with developmental delays or other special needs? What could be more effective about them? For this question, look at both transition to kindergarten and transition between early intervention and preschool special education programs.</a>			X			

Domain	Questions	Review of Existing Resources	Literature Review	Stakeholder Focus Groups	NIU	IECAM	Not Addressed <sup>2</sup>
	<a href="#">How are parents currently provided with information about transitions? Is the information provided in a culturally and linguistically sensitive manner? What is effective about the information provided? What could be improved?</a>			X			
	<a href="#">Have there been any innovative efforts to improve transitions? How effective were they?</a>			X			
	<a href="#">How do the supports differ based on the type of ECCE provider (e.g., Head Start, state/territory prekindergarten, home care provider, private or religious-based provider)?</a>	X		X			
	<a href="#">How effective is the communication between ECCE providers and school systems? What could be done to improve that communication?</a>			X			
<b>System Integration and Interagency Collaboration</b>	<a href="#">What policies and practices are in place that either support or hinder interagency collaboration?</a>				X		
	<a href="#">Are there specific funding policies and practices that support or hinder interagency collaboration?</a>				X		
	<a href="#">What practices are in place that reflect effective and supportive interagency collaboration supporting young children and families? How were they developed? What would need to happen for them to spread to other areas, agencies, or sectors?</a>				X		

Note: NIU=Northern Illinois University; IECAM=Illinois Early Childhood Asset Map.

## Review of Existing Needs Assessments and Other Resources

The first step in conducting the needs assessment for Illinois was to perform a focused and selective search for existing needs assessments and other relevant resources. These resources were derived from GOECD, the team’s knowledge of various existing resources, and stakeholder contributions (e.g., members of the Early Learning Council [ELC] or their committees, responses to GOECD and AIR’s public request for needs assessments). We limited our review to resources published in the last 5 years. In doing so, we identified 25 reports, eight online data tools, seven web resources, one strategic plan, and one presentation, for a total of 42 sources, which are listed in [Appendix B](#).

For each resource reviewed, we documented the following data:

- Source title
- Source type (report, web page, implementation guide or strategic plan, or online data tool)
- Organization name
- Organization type (federal government agency, state government agency, nonprofit organization, or academic institution)
- Document source (e.g., from GOECD, internal knowledge, or a web search)
- Year of publication
- Age group discussed (0–2, 3–5, or 0–5)
- Whether the source focused on a specific population
- A brief summary of the findings provided by the source

Then, the research team created a coding database tool and a coding protocol that aligned with selected domains and key questions outlined by the federal guidance. We analyzed our coding results for themes and patterns, noting where gaps might be filled by the other methods—a literature review and focus group interviews.

## Literature Review on Targeted Needs Assessment Domains

Following our review of existing needs assessments and other relevant resources, we conducted a literature review targeted on the federal domains and questions that had not been answered by the review of existing needs assessments and would not be answered by the stakeholder focus groups.<sup>3</sup> We performed document searches in Google and selected education-related databases (ERIC, *Education Resource Complete*, and *Education Source*). We

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<sup>3</sup> The domains addressed by the literature review include definition of terms, quality and availability, gaps in data or research to support collaboration between programs or services and to maximize parental choice, and issues involving facilities.



limited our search to sources published in the last 10 years that were easily accessible electronically. Once an informative source was found on each topic, no additional searching was done. AIR also brainstormed potential known sources on each required domain in which more information was needed. Resources collected included reports, journal articles, and needs assessment tools. In total, we reviewed 33 documents.

### **Focus Group Interviews**

AIR worked collaboratively with GOECD to identify, select, and engage external stakeholders in three semistructured focus group interviews to better understand the state’s mixed-delivery ECCE system. These stakeholders included service providers across child-serving programs from birth to third grade (21 participants); families and caregivers, including custodial and noncustodial parents (8 participants); and community partners such as local early childhood advocates, researchers, and policymakers (8 participants). [Appendix C](#) documents the organization or service area associated with each of our 37 total focus group participants.

### **Limitations**

One of the primary limitations of our methodological approach to this needs assessment was that quantitative data analysis of extant or newly collected data was not considered by the state to be within our scope of work. Per the state’s instruction, we neither collected our own data nor performed any analysis on raw data sets, which limited us to only those analyses provided by existing resources. In our review of existing resources, we limited our scope to resources that focused on the entire state of Illinois, which may have excluded needs assessment information focused at a county or community level. In the literature review component, we reviewed only materials that were readily available on the web, which may have omitted other, less accessible resources. Finally, for our stakeholder focus group interviews, we recognize that by their nature in the sample size and how the sample was recruited, the information gathered may not be generalizable for the entire state or population. The stakeholders who chose to respond to our outreach were those who had an opinion or problem that they wanted the state to hear, which may have resulted in a sample that is not entirely representative of the general public’s viewpoints.

## Overview: Illinois’s Early Childhood Care and Education System

This section addresses the following questions from the federal needs assessment guidance:

- *Do you have a definition or description of your early childhood care and education system as a whole? (If yes, what have you used that definition for? What about your broader early childhood system encompassing other services used by families with young children? Do you have a definition for that and, if so, what have you used it for?)*
- *Do these definitions differ in key ways from how you have defined any of these in the past? If so, what do you think are the advantages of your definitions for this grant?*
- *Are there any challenges you foresee in using these definitions (e.g., are they consistent with how key programs that make up the broader early childhood system define these terms)?*

GOECD defines Illinois’s ECCE system as one that is spread across several state agencies, is governed by various state and federal policies and regulations arising throughout decades of development, and uses federal, state, and local funding sources to support service delivery. Historically, Illinois has been committed to developing a robust mixed-delivery system that uses these components to target improvements in early childhood outcomes (GOECD, 2018b). Respondents from a focus group consisting of researchers, advocates, and policymakers echoed the “mixed-delivery” nature of the ECCE system, stating that it encompasses a variety of programs and services, including but not limited to those within the areas of education, housing, and public health.

One challenge with using the ECCE terms that focus group participants shared is that there is little consistency in terminology usage across the existing early childhood research and literature for the state of Illinois. With the inception of the Office of Early Childhood Development Administration of Children and Families (ACF)—a division of HHS at the federal level and more comprehensive blending/braiding of funding sources, the state’s usage of early childhood services terminology has come under additional scrutiny by service communities (e.g., child care, preschool) and by professional communities (e.g., academics, professional development practitioners). These findings related to how the Illinois ECCE system is defined justify the need for continued efforts to refine and standardize the terminology for early childhood services in the state of Illinois.

In this report, the authors will use ECCE when discussing the early childhood system in Illinois. The remainder of this section lists and describes the various programs, services, and supports that make up Illinois’s current ECCE system.

**The Illinois Department of Human Services (IDHS)** oversees a number of programs and services for children ages birth to 5 years and their families, including:

- *Child Care*: The Child Care Assistance Program (CCAP), with funding from the Child Care and Development Block Grant, provides child care vouchers to low-income parents who are working, in training, or in school.
- *Early Intervention*: Early intervention is a statewide program for infants and toddlers under 3 years of age with a disability, a 30% delay in any area of development, or a risk of developmental delays. The program is federally funded by IDEA Part C and Medicaid, state funded by General Revenue, and privately funded by insurance billing and family payments.
- *Home Visiting*: The Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) provides intensive home visitation services to new and expectant families in an effort to strengthen the parent–child relationship, encourage healthy child growth and development, nurture parents in their role as the child’s first teacher, and prevent child abuse and neglect. The evidence-based models used are Healthy Families Illinois, Parents as Teachers, and Early Head Start-Home Based.
- *Illinois Head Start State Collaboration Office (HSSCO)*: The Illinois HSSCO is federally funded by Head Start and includes other initiatives such as the Child Care Collaboration, which facilitates collaboration between child care and other ECCE programs, and the Child Welfare Head Start Statewide Joint Agreement, which fosters collaboration at the state and local levels to ensure that children receiving child welfare services are served in Head Start/Early Head Start.
- *Supplemental Nutrition Assistance Program (SNAP)*: SNAP helps low-income families buy healthy food through their SNAP benefit offerings. SNAP benefits can be used to purchase food products that fit within certain guidelines and restrictions. Eligibility and amount are determined by income and expenses and the number of persons who live and eat together.
- *Temporary Assistance for Needy Families (TANF)*: TANF provides temporary financial assistance and health care coverage for pregnant women and families.
- *Women, Infants and Children (WIC)*: WIC provides food assistance for women, infants, and children with the goal of helping pregnant women, new mothers, and young children eat well and stay healthy.

**The Illinois State Board of Education (ISBE)** administers these key programs for children ages birth to 5 years and their families:

- *Prevention Initiative*: Funded by General Revenue as part of the Early Childhood Block Grant, Prevention Initiative provides community-based and home visitation supports to children from birth to age 3 and their families.

- *Preschool For All (PFA)*: Funded by General Revenue as part of the Early Childhood Block Grant and supplemented by federal Preschool Expansion Grant (PDG-E), PFA provides high-quality programs for children who are determined to be at risk of academic failure and for children in low- to- moderate income families. PFA Expansion (PFA-E) programs, funded in part by PDG-E funds, are full-day programs that serve children identified as having multiple risk factors.
- *Title I Preschool*: Title I, Part A provides federal funding through the Elementary and Secondary Act as amended by the Every Student Succeeds Act (ESSA) to help local education agencies (LEAs) support those children who are at the most risk of failing. LEAs can choose to use these funds to offer or expand preschool services to students who are eligible. ISBE is the administrator of Title I funds to all Illinois LEAs.
- *Early Childhood Special Education Programs*: These special education programs are federally funded through IDEA Part B Section 619 and provide special education services for children ages 3–5 through local school districts and special education cooperatives.

**The Illinois Department of Children and Family Services (IDCFS)** operates two ECCE programs:

- *Child Care Licensing*: IDCFS is responsible for licensing non-school-based child care centers and homes, granting license-exempt status to qualifying settings, and providing periodic monitoring and licensure violations tracking.
- *Foster Care and Adoption Services*: IDCFS strives to reunite children with their birth families. When reunification is not possible, as determined by the courts, many foster families choose to adopt the children they have cared for.

**The Illinois Department of Healthcare and Family Services (HFS)** operates one key ECCE program:

- *All Kids* is Illinois’s program for children who need comprehensive, affordable health insurance, regardless of immigration status or health condition, using both Medicaid and Children’s Health Insurance Program (CHIP) funding so every child in Illinois has access to medical coverage.

GOECD serves as a coordinating body for the state agencies that administer ECCE programs, as listed below. GOECD does not have any fiscal or administrative authority in its role as a coordinator with these agencies, or the ECCE programs the agencies administer. The purpose of GOECD is to coordinate various state initiatives to create an integrated system of quality ECCE programs across agencies (GOECD, 2019). GOECD’s roles are:

- cocreating and advancing a comprehensive vision for early childhood systems,
- providing leadership on the issues that are relevant across state agencies,
- facilitating sharing of ELC recommendations through state agencies, and
- convening the interagency team of early childhood program managers across agencies to facilitate implementation of recommendations to multiple systems from the ELC.

The ELC, Illinois’s State Advisory Council, is a public–private partnership that was created under Public Act 93-380 to coordinate existing programs and services for children from birth to age 5. The ELC is the leading advisory body for Illinois’s early childhood system. Its membership includes public agency representatives, service providers, private funders, advocates, and family organizations. The ELC has a full council, an Executive Committee, five standing committees, and multiple subcommittees. The ELC’s Executive Committee guides the work of its other four committees. The full list of committees and subcommittees of the ELC is provided in Exhibit 2.

**Exhibit 2. ELC Committees and Subcommittees**

ELC Committees	ELC Subcommittees
<p><b>Executive Committee:</b> The Executive Committee maximizes the ability to capture current and future federal funds for services and infrastructure. It holds and advances a comprehensive vision for early childhood systems, including quality, access, and integration and alignment. The Executive Committee also connects and leverages priorities of other bodies whose focus includes early childhood and education (e.g., P–20 Council, Cabinet for Children and Youth).</p>	
<p><b>Access:</b> The Access Committee increases access to high-quality early learning programs for children, families, and communities with the greatest need and supports early learning programs that serve the highest need families and children.</p>	<ul style="list-style-type: none"> <li>• All Families Served</li> <li>• Family Engagement Implementation</li> </ul>
<p><b>Quality:</b> The Quality Committee increases the comprehensiveness and effectiveness of early childhood services in supporting the healthy growth and development of all young children birth to age 5, especially those with the highest needs. It ensures that ECCE professionals have the knowledge and skills to effectively nurture and support the development and learning of all children in Illinois. It also ensures that children are ready for school by providing a solid foundation for appropriate child development strategies in workforce preparation across all settings.</p>	<ul style="list-style-type: none"> <li>• ExceleRate</li> </ul>
<p><b>Integration and Alignment:</b> The Integration and Alignment Committee successfully integrates and aligns early childhood programs and services to support program quality and seamless access for children and families. Through collaboration, the committee maximizes efficiency and quality of infrastructure investments across all types of early childhood services and ensures that the range of early childhood services and supports are connected so that families experience a seamless system.</p>	<ul style="list-style-type: none"> <li>• Data, Research, and Evaluation</li> <li>• Inclusion</li> <li>• Health</li> <li>• Community Systems Development</li> </ul>
<p><b>Home Visiting Task Force:</b> The Home Visiting Task Force advances a comprehensive vision for home visiting that includes improving the quality of and access to evidence-based home visiting programs for all at-risk families; increases coordination between home visiting programs at the state and local levels, as well as between home visiting and all other publicly funded services for families; and serves as the advisory body for Illinois’s federal Maternal, Infant and Early Childhood Home Visiting grant program funded by the U.S. Department of Health and Human Services.</p>	<ul style="list-style-type: none"> <li>• HVTF Executive Committee</li> <li>• Sustainability</li> <li>• Universal Newborn Support System (UNSS)</li> </ul>

Note. Early Learning Council information reported in this table was retrieved from <https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Pages/default.aspx>.

## Definitions of Key Terms

This section addresses the following questions from the federal needs assessment guidance:

- *What is your definition of quality early childhood care and education for this grant?*
- *What is your definition of early childhood care and education availability for this grant?*
- *What is your definition of vulnerable or underserved children for this grant?*
- *What is your definition of children in rural areas for this grant?*

### Defining Quality

Our review of existing needs assessments and related documents and related resources uncovered 10 different definitions of quality ECCE, each providing varying amounts of detail. Exhibit 3 documents five common elements we coded across the definitions of quality.

#### Exhibit 3. Elements of ECCE Quality Definition

Element of ECCE Quality Definition	Details of ECCE Quality Definition
Developmentally Appropriate Curricula	<p>“[A]ll children starting at birth will be offered opportunities to grow, learn and be cared for in safe, nurturing, culturally and developmentally appropriate settings” (IFF, 2019, p. 2).</p> <p>“A strong curriculum that is well-implemented increases support for learning and development broadly, and includes specificity regarding key domains of language, literacy, mathematics, and social-emotional development” (National Institute for Early Education Research [NIEER], 2019, p. 14).</p> <p>“Early Childhood Education focuses on the development of skills such as language, reading, counting, problem-solving and peer interaction” (Teen Parenting Service Network, 2018, p. 54).</p>
Teacher Qualifications	<p>“One of NIEER’s quality benchmarks is a requirement that the lead teacher in each classroom have a bachelor’s degree. Other benchmarks include teacher professional development and degree requirements for assistant teachers” (NIEER, 2019, p. 14).</p>
Inclusion of Specific Populations	<p>Provide services to children with disabilities ((U.S. Department of Education, Office of Special Education and Rehabilitative Services &amp; Office of Special Education Programs, 2018).</p>
Family Engagement	<p>ExceleRate, the Illinois Quality Recognition and Improvement System (QRIS), includes family and engagement among its indicators (Erikson Institute, 2019).</p>
Compliance With State and Federal Standards	<p>Teaching and learning are aligned along state and federal standards as well as best practices in early childhood education (GOECD, 2018a).</p>

The most comprehensive definition of quality ECCE found in our review of existing needs assessments and related documents, which included each of the elements listed above, was provided by the *Non-Regulatory Guidance Early Learning in the Every Student Succeeds Act (ESSA)* (U.S. Department of Education, Office of Elementary and Secondary Education, 2016, pp. 6–7):

Nationally recognized elements of a high-quality preschool program include, at a minimum:

- high qualifications for teachers and other staff (e.g., a bachelor’s degree in early childhood education or related degree with specialized training in early childhood for, at a minimum, the lead teacher);
- ongoing practice-based professional learning (or professional development) in early childhood development and mentoring, coaching, or other professional development consultation for teachers, administrators, and other staff;
- small class sizes and low staff-child ratios;
- a full-day, full-year program;
- developmentally appropriate, culturally and linguistically responsive instruction and assessments, as well as research-based curricula, that are aligned with State early learning and development standards;
- inclusion of children with disabilities;
- individualized accommodations and supports for children, including English learners (ELs);
- ongoing program evaluation used for continuous improvement;
- onsite comprehensive services for children to address health, including mental health, and overall well-being;
- high-quality family engagement and involvement;
- health and safety standards;
- and lead teacher compensation set at or very near K–3 teacher compensation in a teacher’s respective State.

ESSA’s definition of ECCE quality was the most comprehensive of those found in our review of existing needs assessments and related resources. However, the challenge with ESSA’s definition is that it focused only on preschool programs and did not include other programs and services in the ECCE system, such as home visitation, special education services, health and

mental health services, and so on. This focus on preschool and not on other ECCE services was a common theme across all the definitions we reviewed, making the existing definitions of quality more relevant to the 3- to 5-year-old age range and less relevant to the birth to 3-year-old age range.

## Defining Availability

From our review of existing needs assessments and other resources, we identified six resources that defined ECCE availability. Three of these resources defined ECCE availability generally—asserting statements about providing services to all Illinois families or specific populations in Illinois—but did not provide methods for determining this availability. For example, the *Illinois Early Childhood Asset Map* (n.d.) defined ECCE availability as providing a preschool experience for children who are most at risk for academic failure or who have disabilities. The *Illinois Child Care Program Report* (Illinois Department of Human Services, 2018, p. 2) included in its vision statement, “Illinois families will have multiple options for affordable quality childcare and early education.” For children with disabilities, Part C of the Individuals with Disabilities Education Act defined availability as making early intervention services available to all eligible children from birth through age 2 with disabilities and to their families (U.S. Department of Education, Office of Special Education and Rehabilitative Services & Office of Special Education Programs, 2018, p. 9). Although these statements highlight the wide availability of ECCE services as a mission, they do not provide methods for measuring the availability of these services.

The other three resources defined ECCE availability by explaining the methods they use to determine or measure availability. For example, the *FY2017 Annual Report to the Governor* (Illinois Children’s Mental Health Partnership, 2017) defined the availability of mental health services (for all children, not just in early childhood) as the number of psychiatrists per 10,000 children ages 0–17 years by county. The other two sources described their methods as follows:

- Estimate of Supply Versus Demand:** The *Access and Quality for Illinois Children: Illinois Early Childhood Education Needs Assessment* report (IFF<sup>4</sup> 2019) explained, “To enable standardized comparisons, the primary unit of analysis is the early childhood education (ECE) access rate, which provides an estimate of the number of ECE slots<sup>5</sup> available per 100 children in each study area” (p. 22). The ECE service gap, which is an estimate of the number of ECE slots needed to meet demand for ECE, also is reported for each study area. IFF wrote, “By comparing the availability of ECE services at high quality providers<sup>6</sup> to the level of need by age, income, race, and other demographic considerations, this report identifies areas in Illinois where children lack access to high quality ECE services” (2019, p. 12).

<sup>4</sup> IFF is the full name of the organization, not an acronym.

<sup>5</sup> ECE slots was not defined further in this report.

<sup>6</sup> High quality is defined in this report by the ExceleRate standards.



- **Reach Indicators:** In the Erikson Institute’s *Risk and Reach Report* (2019), researchers selected 17 indicators to represent ECCE public programs or services (e.g., home visiting, developmental screening, early intervention, early childhood special education, high-quality childcare, prevention initiative, and publicly funded preschool) that support positive outcomes for children, and then assigned counties a Reach Level (i.e., level of access) based on their relationship to the average across all counties for each indicator: “Each of the 17 Reach Indicators has a map illustrating children’s access to resources by county. Access to resources is illustrated using density circles of different sizes” (p. 14).

In sum, there are a variety of ways to measure ECCE availability, and Illinois does not consistently use any one measure. Although the Illinois Children’s Mental Health Partnership (ICMHP) compares the number of providers with the number of all children (ages 0–17) in a given area, IFF looks at the number of ECE slots compared with the number of young children (ages birth to 5) in each county, and the Erikson Institute calculates the density of ECCE resources by the number of young children (ages birth to 5) in each county.

### Defining Vulnerable or Underserved

A review of the literature identified several definitions for the vulnerable or underserved. Several demographic and economic characteristics are used to describe children as being vulnerable or most at need or underserved by ECCE services. Children may be considered vulnerable because they may be affected by risk factors linked to poor developmental outcomes (Administration for Children and Families & The Ounce, 2017), including academic failure, poor health (Robbins, Stagman, & Smith, 2012), and physical and psychological developmental delays (American Psychological Association, n.d.).<sup>7</sup> Similar to the review of existing needs assessments, no documents provided an all-encompassing definition of children who are vulnerable or underserved. We uncovered the following definitions in the documents we reviewed:

1. Children from low-income backgrounds, a disproportionate share of whom are racial and ethnic minorities (Joshi, Geronimo, Romano, & Acevedo-Garcia, 2014)
2. American Indian and Alaska Native children, children of migrant and seasonal farmworkers, children who are dual-language learners, children with disabilities, and children who are homeless and in the foster system (Joshi et al., 2014)

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<sup>7</sup> In Illinois’s PDG B-5 application, referencing the 2013 All Families Served subcommittee of Illinois’s Early Learning Council, “at-risk” referred to children and their families receiving or eligible to receive services through safety-net services such as Medicaid, SNAP, CHIP, and TANF, or students who face economic disadvantage and lack a support system. Underserved was defined as children and families who do not receive equitable ECCE resources compared with other students as a result of eligibility requirements, accessibility, or capacity. The relevance, meaning, and data used in these definitions among existing Illinois needs assessments will be discussed as part of our work in Task 2 of the project and with GOECD.

3. Children who are low-income and culturally and linguistically diverse receiving mental health services (Jain, Reno, Cohen, Bassey, & Master, 2019)
4. Children who are experiencing family economic hardship as defined using the National Center for Children in Poverty’s Young Child Risk Calculator to describe children under the age of six who are at risk (Robbins et al., 2012)
5. Children who are experiencing homelessness as defined by the McKinney-Vento Education Assistance Act (Administration for Children and Families & The Ounce, 2017; Bassuck, DeCandia, Beach, & Berman, 2014)
6. Children who are experiencing child abuse and neglect as defined by the Child Abuse and Prevention Treatment Act (American Psychological Association, n.d.)
7. Children who are exposed to multiple risks, including frequent residential mobility (five or more moves before the age of six) compounded by being a member of a single parent household in which the parent is unemployed, has low income, or is from a mixed-race or Hispanic background (Murphey, Bandy, & Moore, 2012)

In the review of existing needs assessment documents, the All Families Served (AFS) subcommittee of the ELC (Illinois ELC, AFS, 2019) provided the following definitions of the terms *vulnerable* (or in this case, *at risk*) and *underserved*:

- **At Risk:** Children and families who face economic disadvantage and a lack of a support system.
- **Underserved:** Children and families who do not receive equitable resources compared with those received by other students in the academic pipeline and do not have adequate access to early childhood programs because of the programs’ locations, costs, enrollment requirements, or capacity to serve the comprehensive needs of families.

Using the definitions from the AFS subcommittee to guide our coding of existing needs assessments and related documents, we found 11 resources (including the AFS subcommittee’s report) that defined *vulnerable or underserved* and/or provided examples of vulnerable or underserved populations.<sup>8</sup> Exhibit 4 lists these populations and signifies how many of the 11 resources mentioned each population.

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<sup>8</sup> The terminology used to discuss children who are vulnerable or underserved was not consistent in the existing literature. For the purposes of this report, we consider the following terms to be synonymous with *vulnerable or underserved*: at risk, high risk, disadvantaged, and priority or high priority.

**Exhibit 4. Populations Considered to Be Vulnerable or Underserved**

Population	Source Count
Children in Families Experiencing Poverty or Deep Poverty	9
Children Experiencing Homelessness	4
Children of Teen Parents	3
Children With Caregivers With Low Educational Attainment	3
Children of Families That Face Barriers Based on Culture, Language, and Religion	3
Children in Communities With High Rates of Substance Use	3
Children in Communities With High Rates of Violence	3
Children in Families With Child Welfare Involvement	2
Children of Migrant or Seasonal Workers	2
Children With Disabilities or Children of a Parent or Legal Guardian With a Disability	2
Children Living in Rurally Isolated Communities	2
Children in Families With Refugee or Asylee Status	1
Children in Families Who Face Barriers Because of Immigration Status	1
Children in Communities With High Rates of Incarceration	1

Although the AFS subcommittee’s definition is understandable, it is not specific enough to measure. For instance, there are numerous ways to measure “economic disadvantage” and “lack of a support system.” As such, both the literature review and review of existing needs assessments indicate that there are multiple ways to conceptualize and measure *vulnerable or underserved*. For example, *vulnerable or underserved* can be defined as economic or poverty status, but there is a large body of literature suggesting that the definition of “low-income” varies according to data source and timing of when the data captured are used (Cellini, McKernan, & Ratcliffe, 2008). One example discussed by Cellini et al. (2008) is the Panel Study of Income Dynamics (PSID), a longitudinal data set that begins in 1968. It contains decades of data and is considered representative by most experts, but it provides only annual or biennial data, and income and household structure are captured at different times of the year. “While household structure is measured at the time of the interview, income is reported for the previous year—potentially mismatching poverty thresholds and making it difficult to pinpoint the timing of events leading to poverty” (Cellini et al., 2008, p. 7). This suggests that defining *vulnerable or underserved* and the characteristics included in the definition will need to be a continuous process that develops and changes over time.

## Defining Rural

We did not find definitions of rural in our review of existing needs assessments and related resources. Therefore, we reviewed the general literature, where we found many definitions of rural with little consensus. Some sources defined rural by the size of the city or town, while other sources did so by ZIP Code, commuting patterns, or U.S. Census Bureau information. Besides geographic indicators and population count, economic and policy-relevant factors were also incorporated into some definitions of rural. See below for some examples of how various actors have defined rural:

- According to the National Center for Education Statistics (2006), there are three subcategories for the definition of rural:
  - Fringe. Census-defined rural territory that is less than or equal to five miles from an urbanized area as well as rural territory that is less than or equal to 2.5 miles from an urban cluster
  - Distant. Census-defined rural territory that is more than five miles but less than or equal to 25 miles from an urbanized area as well as rural territory that is more than 2.5 miles but less than or equal to 10 miles from an urban cluster
  - Remote. Census-defined rural territory that is more than 25 miles from an urbanized area and is also more than 10 miles from an urban cluster
- The U.S. Department of Agriculture’s Economic Research Service created rural-urban continuum codes to define rural counties in America. The codes place every American county into one of nine categories, with Category 9 being the most rural. The codes classify counties based on specific conditions, such as persistent childhood poverty. Any county between Categories 5 and 9 is then classified as rural (Malik & Schochet, 2018).
- North Carolina uses the U.S. Census Bureau’s population estimates as a definition of rural counties, where the average population density must be 250 individuals per square mile or less (NC Rural Health Leadership Alliance Work Group on Early Childhood, 2017).

In Illinois specifically, two of the existing needs assessments and other documents we reviewed used the 2013 National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties (Ingram & Franco, 2014), namely those published by the Erikson Institute (2019) and IFF (2019). This classification scheme divides counties into two overarching categories—metropolitan and nonmetropolitan—and then further separates them into six subcategories. Listed from the most urban to the most rural, these categories and subcategories are:

**Metropolitan**

1. Large central metro—Counties in metropolitan statistical areas (MSAs) of 1 million or more population that:
  - a. contain the entire population of the largest principal city of the MSA, or
  - b. have their entire population contained in the largest principal city of the MSA, or
  - c. contain at least 250,000 inhabitants of any principal city of the MSA.
2. Large fringe metro—Counties in MSAs of 1 million or more population that did not qualify as large central metro counties.
3. Medium metro—Counties in MSAs of populations of 250,000 to 999,999.
4. Small metro—Counties in MSAs of populations less than 250,000.

**Nonmetropolitan**

1. Micropolitan—Counties in micropolitan<sup>9</sup> statistical areas (urban cluster population 10,000–49,999).
2. Noncore—Nonmetropolitan counties that did not qualify as micropolitan.

The NCHS classification scheme is the definition most recently used by research organizations in Illinois. Illinois may wish to further explore definitions of rural for the state.

**Summary of Definitions in Existing Needs Assessments and Relevant Resources**

Our review of existing needs assessments and relevant resources revealed inconsistent use of definitions for key terms, making it difficult to interpret and compare findings across resources. The definitions of terms such as “low-income” families, “quality” ECCE, and “access to” or “availability of” ECCE varied across reports. Although these reports provided critical information about strengths and gaps of services provided to families and young children, the inconsistency in definitions limited the utility of these resources for identifying the needs of the state.

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<sup>9</sup> For more information on this classification scheme terminology, please refer to the source Ingram & Franco (2014).

## Focal Populations of the Grant

This section describes the demographic characteristics and geographic distribution of young children in the state of Illinois, addressing the following questions from the federal guidance:

- *Who are the vulnerable or underserved children in your state? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status, concentration in certain cities or towns and/or neighborhoods?*
- *Who are the children who live in rural areas in your state/territory? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status? Are they concentrated in certain regions of the state/territory? Are data available on how far they typically live from an urban area? What are the strengths and the weaknesses of the data you have available on this population? Are there any initiatives under way to improve these data?*

For this domain, we determined the characteristics of children in the state of Illinois by reviewing existing needs assessments and other resources for information on race/ethnicity; immigration status; home language; poverty or low-income status; and concentration in cities, towns, or neighborhoods. As is noted throughout this section, further statewide data are needed to determine how these demographic characteristics overlap and interact with the concentration of children we have identified as vulnerable or underserved and/or living in rural areas.

### Race/Ethnicity of Focal Populations

In their 2019 *Risk and Reach* report, the Erikson Institute reported that for children age 5 and under in Illinois (p. 20):

- 51% are White, Non-Hispanic
- 24.3% are Latinx or Hispanic
- 15.6% are Black, Non-Hispanic
- 9.1% are Other, Non-Hispanic

In addition to this overview of race/ethnicity, the Erikson Institute also provided a breakdown of poverty and low-income data by race/ethnicity. They found that for Illinois children ages 5 and under living in families with income below poverty (2019, p. 36):

- 48% are Black, Non-Hispanic
- 29% are Latinx or Hispanic

- 12% are White, Non-Hispanic
- 16% are Other, Non-Hispanic

Additional analysis on the raw data from IECAM or other potential state data sources are needed to determine how these race/ethnicity data overlap with children who are vulnerable or underserved and/or living in rural areas.

### Immigration Status of Focal Populations

In their 2019 *Recommendation on Priority Populations*, the AFS subcommittee of the ELC identified two types of immigrant groups as being vulnerable or underserved. They defined these groups as follows (Illinois ELC, AFS, p. 7):

- **Children in Families Who Face Barriers Because of Immigration Status:** Children in mixed immigration status families, undocumented families, and immigrant families are impacted by policies including public charge. A mixed status family is a family whose members include people with different citizenship or immigration statuses.
- **Children and Families With Refugee or Asylee Status:** *Refugee* as defined by the U.S. Department of Homeland Security is a person outside his or her country of nationality who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. An asylee is a person who meets the definition of refugee and is present in the United States or is seeking admission at a port of entry.

Other existing needs assessments and related resources we reviewed used terms such as *new Americans*, *recent immigrants*, or *refugees* in their discussion of children who are vulnerable or underserved. Although these resources generally identified immigrant groups as a focal population, none of the reviewed resources presented information on the prevalence of immigrant groups in the state of Illinois, where they are located within the state, or how they are involved (or not involved) in the ECCE system. Because of the lack of information on this topic, it is difficult to determine how immigration status overlaps and interacts with the concentration of children identified as vulnerable or underserved and/or living in rural areas.

### Home Language of Focal Populations

The 2010 U.S. Census indicated that 23% of Illinois residents under the age of 5 spoke a language other than English at home (ICMHP, 2017). In addition, IECAM provides raw data on the languages that are spoken throughout the state of Illinois by county. Additional data analysis is needed to describe the children we have identified as vulnerable or underserved and/or living in rural areas by home language.

## Income Status of Focal Populations

Populations in poverty or with low-income status were mentioned as focal populations in the majority of existing needs assessments and related documents we reviewed. Some resources used the Federal Poverty Level (FPL) to define poverty or low-income status, while others discussed poverty or low-income populations without providing a specific definition.

Using the FPL, the Erikson Institute reported that in 2016, 21.5% of all children ages 5 and under in Illinois lived in families with incomes below poverty, which was greater than the national average of 19.5% of children under age 5 living in poverty (2019, pp. 36–37). IFF reiterated this finding, stating that 22% of Illinois children are living below the FPL, and they identified this population as vulnerable or underserved in their assertion that high-quality early childhood education experiences are integral to improving outcomes and social mobility for this population (2019, p. 22).

In addition to providing aggregate data on poverty and low-income populations, the Erikson Institute (2019) also presented a breakdown of poverty by race/ethnicity (as seen earlier) and a look at poverty by county, which is discussed in the following section.

## Geographic Concentration of Focal Populations

The federal guidance for the needs assessment task requests a description of children who are vulnerable or underserved and children in rural areas by their concentrations in certain cities, towns, or neighborhoods; however, in our review of existing needs assessments and related resources, we did not find any data that were disaggregated by these units. Instead, the available data were disaggregated by county and/or school district. Seven sources in our review of existing needs assessments and related resources provided this breakdown by county and/or school district. As Exhibit 5 shows, all seven of these sources disaggregated their data on poverty or low-income status, five sources disaggregated their race/ethnicity data, and two disaggregated their data on home language. None of these sources provided data on immigration status.

### Exhibit 5. Mention of the Geographic Concentration of Focal Populations

Focal Population	Source Count
Race/Ethnicity	5
Immigration Status	0
Home Language	2
Poverty or Low-Income Status	7

Although raw data are available on race/ethnicity, home language, and poverty or low-income status by county or school district, additional data analysis is needed to determine how these community-level data overlap with the concentration of children who are vulnerable or underserved and/or living in rural areas.



## Number of Children Being Served and Awaiting Service

The following information was provided by NIU in response to the federal guidance questions for this domain:

### Project purposes

Led by an NIU team from the Center for Governmental Studies and Education Systems Center, the Unduplicated Counts Project (“Project”) carries two purposes. First and primarily, it utilizes the Illinois Longitudinal Data System (ILDS) interagency linkage mechanism, the Master Client Index (MCI), to establish distinct counts of children ages birth to 5 served by selected publicly funded early childhood funding streams/programs administered by the Illinois Department of Human Services (IDHS), the Illinois State Board of Education (ISBE), and Head Start. Second, it seeks to develop recommendations that would promote alignment in data collection, naming, linkage, and analysis to support greater understanding of access to early childhood care and education services through an unduplicated count. This iteration of the Project, funded by the Preschool Development Grant Birth through Five (PDG B-5) grant, represents the third phase of the work.

Please refer to Appendix D for the Project report.

### Relevant domain and key questions

*Number of children being served and awaiting service*

- **What data do you have describing the unduplicated number of children being served in existing programs? What are your biggest data gaps or challenges in this area?**

Using the MCI, the Project links child-level data from selected IDHS- and ISBE-administered programs. For Phase III, from IDHS, those programs include the Child Care Assistance Program (CCAP), Early Intervention (EI), Healthy Families Illinois (HFI), and Maternal, Infant, and Early Childhood Home Visiting (MIECHV). From ISBE, those programs include Preschool for All (PFA), Preschool for All Expansion (PFA-E), Prevention Initiative (PI), and IDEA Part B, Section 619 (Section 619). The Project established unduplicated counts of children served by these programs, individually as well as for certain overlaps across programs, for service years 2016, 2017, and 2018.

Notably, the Project has yet to include data from Early Head Start or Head Start. The Illinois Head Start Association (IHSA) and its data administrator, the Center for Prevention Research & Development (CPRD) at the University of Illinois at Urbana-Champaign, are building a data system to house and share records from [Early] Head Start grantees statewide. This work is currently governed by grantee-specific data-sharing agreements, a reality that reflects the structure of Head Start but has slowed progress. More broadly, interagency data integration depends upon intra-agency data-sharing capability.

Such sharing remains a goal for IHSA, and it and CPRD are in the midst of building pilot systems to that end. A ChildPlus-specific pilot began in earnest in 2019 with six grantees, and the hope was for those data to be incorporated into the Project at the county level. CPRD was still validating the pilot data and reports—a vital step prior to external sharing—as of that fall, meaning that the data were not available in time for the Project. It aims to complete the ChildPlus pilot and a subsequent COPA pilot in the coming months.

The NIU team also has encountered challenges related to early childhood data system siloes, strained agency-based data capacity, inefficient data-sharing processes, poor-quality demographic data, and the prevalence of missing data.

- **What data do you have describing the unduplicated number of children awaiting service in existing programs? What are your biggest data gaps or challenges in this area?**

The Project itself does not address the number of children awaiting service across programs. It relies upon administrative data from IDHS and ISBE that describe program-specific services received by children; that is, the data focus primarily on service receipt rather than service eligibility (without receipt).

It is unclear whether any of the IDHS or ISBE data sets systematically contain information related to eligibility or represent the broader population of children eligible for and awaiting services. Establishing an unduplicated count in this area means we may not be able to use administrative data like the Project has to date.

- **What are the strengths and weaknesses of the data you have available on children being served? Are there any initiatives under way to improve these data?**

The data used for the Project represent the majority of publicly funded early childhood programs operating in Illinois. They provide an increasingly longitudinal look at the number of children served over time and by which program(s). Also, their integration represents an early achievement and marker of progress for the state’s longitudinal data system governance and technical infrastructure.

Illinois is working through systemic data challenges broadly and in early childhood. Agency data systems are traditionally siloed, with limited communication and integration between them, both within and across agencies. Resources supporting these systems are scarce in general, but a state budget impasse from July 2016 to August 2017 proved particularly debilitating to system maintenance and enhancement. As a result, the progress of the ILDS, which is dependent upon agency-specific systems, has been relatively slow, though it continues to build momentum through efforts like the Project.

In early childhood, different agency data processes can inhibit interagency data linkage and disaggregation for the Project. Agencies have changed, but not necessarily documented, how they define certain demographic indicators, such as race/ethnicity, over time. Furthermore, these data—including race/ethnicity but also low-income status, homelessness, and language learner status—often suffer from poor data quality or are missing in large numbers.

Several recent state-level initiatives are driving improvements in early childhood data. In its 2019 final report, the Illinois P-20 Council’s Education and Workforce Data Task Force makes four key recommendations for action to improve the state’s data infrastructure. These recommendations are informing ongoing discussions on building the next generation of state longitudinal data systems, or ILDS 2.0.

In addition, federal grant dollars from a State Longitudinal Data Systems Grant and the PDG B-5 renewal grant will strengthen intra- and inter-agency data systems over the next several years. Specific planned enhancements include the rationalization of demographic information across early childhood data systems at IDHS, ISBE, and possibly other agencies, and the creation of an integrated early childhood participation data environment that will facilitate secure and efficient data analysis. Future iterations of the Project will benefit from these and other enhancements.

## Quality and Availability of Early Childhood Care and Education

A review of existing needs assessments and related resources showed that Illinois has exhibited efforts to improve the quality and availability of the state’s ECCE offerings in recent years. These efforts include the widespread implementation of ExceleRate (Illinois’ QRIS) and increased funding for services such as preschool and home visiting. Although these efforts have contributed to improvements in the quality and availability of ECCE, the reviewed needs assessments/related resources and focus group findings reveal that access to high-quality ECCE services is not uniform across Illinois. The following sections address the questions from the federal needs assessment guidance that pertain to quality and availability.

### Quality

This section addresses the following questions from the federal needs assessment guidance:

- *What would you describe as your current strengths in terms of quality of care across settings?*
- *What would you describe as key gaps in quality of care across settings?*
- *What are the strengths and the weaknesses of the data you have available on quality? Are there any initiatives under way to improve these data?*

### Strengths

In our review of existing needs assessments and related resources, information on the recent improvements in Illinois’s ECCE quality were provided from a range of service area perspectives, including Head Start, child care, and home visiting. From these resources, we identified two commonly mentioned strengths: (1) improved teacher qualifications and

professional development and (2) the widespread implementation of ExceleRate and other assessment tools.

In relation to teacher qualifications, the Illinois Head Start State Collaboration Office (ILHSSCO, 2018) reported that “97% of Head Start Teachers have an early childhood related degree, [The Child Development Associate Credential] CDA or State Certificate” (p. 20). Regarding professional development, the Illinois Department of Human Services (IDHS; 2018) reviewed the various training programs available for child care providers in Illinois, stating that “responsive, well-qualified practitioners are one of the most important factors in childcare settings. IDHS provides professional development opportunities to childcare providers. These services are available to childcare providers listed on the statewide database, including licensed and license-exempt practitioners” (p. 14).

IDHS (2018) also noted the positive impacts of ExceleRate on the quality of ECCE in Illinois:

One of the significant ways states can assist child care providers with quality improvement is to develop a Quality Recognition and Improvement System. In order to assist Illinois child care programs in providing quality care for children and their families, IDHS has administered the Quality Counts Quality Rating System (QC-QRS) since 2007 which successfully transitioned licensed providers to the ExceleRate Illinois™ (ExceleRate), the quality recognition and improvement system (QRIS) (p. 12).

The positive impacts of ExceleRate were echoed by other sources as well. For example, IFF (2019) reported that “ExceleRate offers consistent standards for program quality and improvement” (p. 51), and National Institute for Early Education Research (NIEER) mentioned ExceleRate as one of the positive outcomes of Illinois’s Race to the Top grants (2019, p. 76).

The home visiting literature included information on the benefits of standardized assessment tools as well. For example, the ELC Home Visiting Task Force reported: “To bring increased coordination to the field, the cross-model home visiting program quality rating tool (HVPQRT) is now being used to monitor all home visiting programs funded by the ISBE Prevention Initiative and MIECHV” (2019, p. 1).

### **Gaps**

Although policies regarding ECCE teacher qualifications have improved over time, there are still gaps in this area. NIEER (2019) reported that Illinois did not meet the following quality benchmarks pertaining to teacher qualifications during the 2017–18 school year:

- **Assistant Teacher Degree:** Policy that requires an educator license of Child Development Associate or equivalent

- **Staff Professional Development:** Policy that requires at least 15 hours per year of professional development, individual professional development plans, and coaching for teachers and assistants

NIEER further explained that Illinois’s current requirements ensure appropriate certification and professional development for ECCE teachers, but these requirements do not extend to teaching assistants.

ExceleRate implementation was also mentioned as an area for further improvement by multiple sources among the needs assessments and related resources we reviewed. For the licensed child care settings, IFF (2019) emphasized that although the implementation of ExceleRate has benefits, there are also many challenges associated with the rating system, including families’ lack of understanding of the program, provider dissatisfaction with the costs of participation, and the disconnect between what ExceleRate deems as high quality versus what is actually feasible for providers in the daily operations of their programs.

Representatives from IECAM commented further on the challenges associated with ExceleRate because IECAM is responsible for processing and providing data related to Illinois’s ECCE accreditations and ExceleRate ratings. The accreditations information is provided to IECAM by programs themselves and funders, while the ExceleRate data is obtained from Illinois Network of Child Care Resource and Referral Agencies (INCCRRA; for child care centers), ISBE (for PFA, PFA-E, and Prevention Initiative), and ILHSSCO (for Early/Head Start). The IECAM representatives reported challenges with obtaining the ExceleRate data because of difficulties navigating the communication with these various actors (INCCRRA vs. ISBE vs. ILHSSCO) as well as with the different formats and types of data they provide (e.g., INCCRRA categorizes their child care data into three “types,” depending on the purpose of the data collection, while the other sources do not).

In addition to practical issues such as implementations costs and data complications, the stakeholders participating in our focus group interviews discussed some of the more fundamental issues with ExceleRate implementation. For example, one provider stated, “There does need to be a measure or standard for quality, and ExceleRate seems to be the current measure, but I don’t know that that’s the best way to do it. At least in the current system, quality really cannot be standardized because of the differences in funding and staffing and infrastructure.” Speaking to this lack of consistency, a participant in the researcher, advocate, and policymaker focus group noted, “Families just don’t know how inconsistent the teacher preparation and quality standards are... We want them to trust our field’s expertise, but right now we are missing the boat for having a system that is consistent that families can really trust.”

In sum, although the state’s recent focus on teacher qualifications and ExceleRate implementation has contributed to improvements in ECCE quality, there is still a lack of consistency in Illinois’s quality of care across settings.

## Availability

In this section, we address the following questions from the federal needs assessment guidance:

- *What would you describe as your current strengths in making care available across populations and settings?*
- *What would you describe as key gaps in availability?*

## Strengths

The following information comes from our review of existing needs assessments and related resources.

In *The State of Preschool*, NIEER (2019, p. 76) reported:

Federal grant funding has supported enhancement in both preschool program implementation and access in Illinois. The Preschool Development Grant (PDG), awarded to Illinois in 2014, supported 2,745 new preschool slots and 2,170 enhanced preschool slots during the 2017–2018 school year.

From a home visiting perspective, the Children’s Home Association of Illinois (2019) reported:

The Family Connects approach coordinates with participating hospitals to ensure that prior to discharge from the hospital, 100 percent of all birthing families—regardless of income, risk or perceived needs—meet with a Family Connects nurse who offers them a follow-up home visit (p. 3).

In Illinois, home visiting is supported by funding from the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, the Illinois Department of Human Services, Illinois State Board of Education and Early Head Start. Together, these funding streams support approximately 300 programs across the state and serve approximately 17,000 families each year (p. 4).

These sources support that diverse funding streams have increased the availability of services for preschool and home visiting settings in recent years. However, our review of existing resources did not uncover information on the strengths in availability of other service areas such as child care, health and mental health services, and early intervention and special education services.

## Gaps

According to the *Access and Quality for Illinois Children: Illinois Early Childhood Education Needs Assessment* (2019), access to high-quality ECCE services is not uniform across Illinois.<sup>10</sup> This trend is partially due to limited advancement beyond the Licensing Circle of Quality in ExceleRate, especially for home-based providers. Outreach strategies tailored to center-based or home-based providers are necessary to increase quality improvements. Workforce issues, such as a lack of qualified teachers and challenges offering competitive pay, provide additional obstacles for providers in achieving and/or improving quality (IFF, 2019, p. 64).

In sum, although the availability of ECCE has increased in recent years, access to high-quality ECCE services is still not uniform across Illinois because of challenges such as ExceleRate limitations, workforce issues, and insufficient funding.

## Focal Populations

The section addresses the following federal domain questions:

- *What initiatives do you currently have under way to ensure that high-quality care is available to vulnerable or underserved children and children in rural areas in your state/territory? What works well? What could work better? Have you been particularly successful in developing quality environments for any particular populations or in any particular settings? What made these efforts successful and what needs to be done to replicate them?*
- *What do you see as your biggest need and opportunity in improving the quality and availability of care, particularly for vulnerable or underserved children and those in rural areas? This should include a discussion of needs and opportunities related to strengthening the ECCE workforce in terms of training and the retention of high-quality staff and spaces across the ECCE system, including both center-based and family child care providers.*

## Children Who Are Vulnerable or Underserved

The ELC AFS subcommittee has been working to improve access to early learning programs for the children and families of highest need since 2013. In the 2019 *Recommendation on Priority Populations*, the subcommittee provided extensive information on the strides that have been made and the work still to be done regarding quality and availability of care for children who are vulnerable or underserved. Two excerpts from the report:

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<sup>10</sup> High-quality ECCE services is defined in this sufficient report by the ExceleRate standards.

**Background**

In FY13, the Hard to Reach Subcommittee of the Family and Community Engagement Committee presented a final recommendation regarding underrepresented and underserved populations to the Early Learning Council, which was approved. The recommendation identified eight priority populations and encouraged communities and individual early care and education programs to increase their service to these populations. In addition, the committee recommended to the Governor’s Office of Early Childhood Development that the seven Early Childhood Innovation Zones (pilot communities) identified in the Early Learning Challenge Grant engage in planning to increase service to those populations and that other committees of the Early Learning Council consider the populations as they conduct their work.

Since 2013, the committee has adopted a new name, the All Families Served Subcommittee, but its charge to improve access to early learning programs for the highest need children and families largely remains the same. The Illinois early learning community has largely embraced the priority populations identified in the 2013 recommendation, as evidenced by the intentional focus on these populations by the Innovation Zones and efforts to align enrollment priorities for the Preschool Expansion Grant program to the priority population list. In addition, general awareness of the unique needs of the priority populations, as well as the barriers they face in accessing high-quality early care and education programs, has increased among the Illinois early learning community, resulting in greater interest in developing policies and program models to serve our most vulnerable children and families.

Five years after the initial recommendation regarding priority populations was adopted, there has been a significant shift to both the federal and state political landscape that has brought new leadership, new policies and priorities, and changing resources. In addition, the general population in Illinois has experienced some changes. In consideration of these dynamics, and in recognition that the needs of children and families do not remain static over time, the All Families Served subcommittee determined that a comprehensive review and update to the priority populations list was needed.

In a series of meetings, the subcommittee reviewed the impact of the initial recommendation, studied data on children and families, and consulted with experts in order to update and affirm existing priority populations. A work group convened to consolidate the information from the subcommittee meetings to produce a comprehensive list. The subcommittee also worked to articulate a



vision for engaging in rigorous efforts to provide excellent service and support to priority populations in all of Illinois’s early care and education programs and services, and to ensure that the priority population recommendation can be a living document that continues to responsively guide the state’s early learning priorities as the landscape continues to change with time (pp. 1–2).

### **Purpose of Priority Populations Recommendation**

Most state-funded early care and education programs have systems in place to identify and enroll priority populations; however, barriers to serving children and families with high needs persist. Many children who stand to benefit most from what early learning programs and services can offer remain unable to access these programs. Addressing these barriers must begin by clearly identifying who these children and families are and committing to increasing access to services across programs in a coordinated effort. Adopting a universally recognized list of priority populations can serve to not only galvanize the Illinois early learning community around a common goal of enrolling more children with high needs in our programs, but can also foster shared language and understanding across programs about the characteristics and needs of these particular populations, raise public awareness, and drive improvements to services that can and must include changes to program delivery and design, data collection, and professional development. Ultimately, the purpose of the priority population recommendation is to drive resources and attention toward efforts to improve access to high-quality, responsive services for children and families with the highest needs, and to promote coordination and alignment across the various parts of the early childhood landscape (prenatal to age 5) in service of that goal (p. 2).

To learn more about the specific programs and supports available to children who are vulnerable or underserved and their families, see the [Children Who Are Vulnerable or Underserved section](#).

When we discussed focal populations in our stakeholder focus groups, the consensus was that workforce issues are the biggest limitation in providing high-quality ECCE to children who are vulnerable or underserved. Focus group respondents highlighted a need to provide more extensive training and preparation to teachers and staff who serve vulnerable or underserved children. In addition, providers expressed frustration with the system’s inability to attract and retain highly qualified staff. One provider stated, “It is not that we don’t want to provide high quality care, it’s that the people who are truly qualified cannot afford to be in this profession, and we [as the school district] cannot afford to do anything about that.”

### **Children in Rural Areas**

Although the quality and availability of ECCE programs across Illinois certainly have increased, areas in Illinois still lack access to ECCE services. The limited availability of ECCE programs is especially true for rural areas. IFF (2019) supported this finding, stating that:

Illinois residents in rural counties across the state faced limited access to formal ECE services, especially to high-quality care. While rural communities had slightly below average access to ECE services, they had far less access than urban communities to high-quality ECE providers (p. 63).

This was the only resource in our review of existing needs assessments and related resources that directly addressed the lack of access to high-quality care in rural areas. The focus group participants were vocal about this issue. For example, one provider stated, “There are counties in Illinois that do not have a single ECCE provider or facility,” while another provider asserted, “Transportation is a major setback because public transit is just not comprehensive in this region.” Other providers reiterated this point, emphasizing the need for more accommodating transportation options both in the routes of the public transit systems and their hours of operation.

Participants in the researchers, advocates, and policymakers focus group emphasized workforce issues as a major limitation. One researcher noted that before we talk about the shortage of ECCE teachers and staff, we need to look at the workforce pipelines and access to higher education, particularly in rural areas of the state. These points highlight the need for continued efforts to improve the availability and quality of ECCE services in rural areas, with particular emphasis on workforce issues and the structural conditions that create them.

### **Informing and Engaging Families**

- *What programs or supports do you have available that help connect children to appropriate, high-quality care and education? What works well about these programs or supports? What could work better? What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that are not being connected to appropriate high-quality care and education?*
- *What initiatives do you currently have in place to inform parents about what constitutes a high-quality child care center and how different centers match up in terms of quality? Is this information delivered in a culturally and linguistically sensitive manner? How effective are the initiatives and information? What could be improved in this area?*

- *What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that do not have easily accessible services available?*
- *What initiatives do you have in place to promote and increase involvement by and engagement of parents and family members in the development and education of their children? What works well about these initiatives? What could be better? Include information about the degree of availability of these initiatives and the extent they are culturally and linguistically sensitive.*

When discussing connection to services with parent focus group participants, respondents described word-of-mouth as the primary way that parents learn about their ECCE options. This was in part due to a lack of awareness of existing resources that connect parents to services but also partly due to the ineffectiveness of these resources in informing parents (“Even if you tell parents about resources, they don’t see their worth because of economic limitations, scheduling limitations, transportation limitations, and so on”). These findings are consistent with previous comments on the challenges associated with ExceleRate implementation (i.e., families do not necessarily understand what the quality ratings mean), and they highlight the need for further initiatives to inform parents about what constitutes high-quality ECCE and connect them with appropriate, high-quality care and education.

Initiatives to inform parents and connect them to services are not absent from Illinois’s current ECCE system. For example, INCCRRA is a statewide organization that manages 16 local Child Care Resources and Referral (CCR&R) agencies intended to inform parents and families of the child care options in their communities. Their website includes parent-friendly information on ExceleRate ratings and explains the importance of quality in ECCE, along with providing many other important resources.<sup>11</sup> INCCRRA’s efforts are noteworthy; however, our focus group data highlights parents’ lack of awareness of child care centers, center ratings, and the resources they provide. As one parent explained, “If you don’t know where to look or who to ask, you just don’t know what’s out there.”

According to focus group participants, this lack of awareness of ECCE resources is especially true for families of different cultural or linguistic backgrounds. Although our review of existing resources uncovered multiple statements on valuing diversity and multiculturalism (e.g., HSSCO, n.d.) and being culturally and linguistically responsive (e.g., Illinois State Home Visiting, 2019), focus group participants reported a lack of access to resources for diverse populations. For example, one parent who is a native Spanish speaker and whose family uses bilingual home

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<sup>11</sup> Information retrieved from <https://www.inccrra.org/about/what-is-inccrra>

visiting services stated, “There is kind of a cultural disconnect with the Spanish-speaking families; they just don’t know what resources are available, and their cultural background makes it so they are hesitant to reach out. I think the perception is that it is too expensive or just not accessible.” For more information on cultural and linguistic challenges, please see the [Children Who Are English Learners section](#).

Beyond informing parents about ECCE quality and connecting them to ECCE services, many focus group participants also commented on current initiatives to promote and increase involvement by and engagement of parents and family members in the development and education of their children. For example, the leader of a parent advocacy group described the success she’s found with organizing parent-led community screenings and enrollment efforts. She asserted that this is a great way to both inform parents of their options and engage parents in the ECCE system, and it still gives parents the “word-of-mouth” method of information seeking that they most often resort to. Another parent stated that at her daughter’s preschool, parents are asked to volunteer twice a month, and if they do not respond to the request, the program requests a home visit to determine why.

From the providers’ standpoint, one professional development instructor discussed her experience facilitating trainings for providers on how to promote parent involvement and engagement. She noted that from these trainings, she has heard that engaging parents remains a major challenge for many providers and shared that “they really have to be creative” to find ways that parents can be involved in ways that work them. This includes being aware of work schedules and transportation needs, among other accommodations. Providers and parents agreed that accommodating parents’ schedules and needs is a challenging yet crucial aspect of promoting family involvement and engagement.

## Data Gaps and How to Address Them

The following sections identify and address the current data gaps in Illinois’s ECCE system, particularly in relation to programs and supports for families and children, collaboration across programs and services, and efforts to maximize parental choice.

### Data Gaps: Programs and Supports for Families and Children

This section addresses the following questions from the federal needs assessment guidance:

- *What do you know about the service use of families with children (both children and family members) in the ECCE system?*
- *What are the most important gaps in data or research about the programs and supports available to families and children?*

During focus groups with parents and providers, participants shared that parents often choose ECCE services for their children based on family or friend recommendations. According to the focus group with researchers, advocates, and policymakers, more data need to be collected on families’ experiences in the ECCE system. As one researcher shared, “Data need to incorporate the voice of those being served.” In addition, these focus group participants discussed the need to move the field’s attention to *how* services are being provided to families and children across the state rather than a focus on number of children and families served.

A review of existing needs assessments and related resources as well as focus group conversations with researchers, advocates, and policymakers support that there is a need for data on the outcomes and impact of programs and supports for families and children, particularly when it comes to specialized care such as health services, early intervention/special education services, or services for children who are English learners. In addition, details on specific programs and supports for families and children were limited in the existing needs assessments and related resources, with more emphasis placed on the prevalence of services (e.g., “ILHSSCO (2018) reported that 24% of child development staff working in Illinois Head Start programs are proficient in a language other than English,” see pp. 37–38) as opposed to the quality of or demand for those services.

### **Data Gaps: Collaboration Across Programs and Services**

- *What are the most important gaps in data or research regarding collaboration across programs and services?*

The review of the research literature indicates that ECCE programs are rooted in multiple systems of care (e.g., education, health services, human services, social services), resulting not only in compartmentalized funding and services but also data on children and families being served in the system (Demma, 2010). To deliver high-quality early childhood services requires coordinated efforts across sectors, sufficient funding, staff capacity, reliable data systems, and continuous monitoring cycles (Nores & Fernandez, 2018). Several kinds of gaps in data or research may hinder supportive collaboration between programs or services:

#### **Governance**

States may organize their programs and statewide administration in various ways to support stronger collaborations between programs and services (Administration for Children and Families, n.d.; Goffin, Martella, & Coffman, 2011; Regenstein & Lipper, 2013). The theory is that an effective governance structure should create coherence and stronger coordination across policies and services (Regenstein & Lipper, 2013). Although the field is actively engaged in exploring and implementing various ECCE governance models, there has been little data or research on model effectiveness or how changing state governance structures improves service

provision and outcomes for children (Regenstein, 2019). In our review of existing Illinois governance documents, the primary theme that emerged was the need for a higher level of integration among the numerous agencies that administer ECCE programs in Illinois. In addition, for our governance project work, we found very few documents from state agencies other than GOECD that discussed early childhood governance, either internally within the agency or coordinating across systems.

### **Funding**

Funding sources vary from federal, state, and local public dollars to private support from philanthropy and individuals. Financing models and mechanisms run the gamut, as do the amounts of funding allocated per child served. These different funding streams often may make collaboration between systems more challenging (see <https://www.buildinitiative.org>).

### **Workforce Issues**

In a recent brief (Austin, Edwards, & Whitebook, 2018), the Center for the Study of Child Care Employment at the University of California Berkeley identified critical policy questions that cannot be answered currently because of gaps in available workforce data. There is a lack of detailed and comprehensive information about teachers' education, compensation levels, turnover, retention, and other factors that can be used to answer questions about ECCE providers in general as well as differences across types of providers.

### **Reliable Data Systems**

For state-level policymakers to analyze outcomes and evaluate the effectiveness of early childhood programs, as well as various other social services that these children may interact with, it is essential that an effective data system is in place (King, 2017). Early childhood unified data systems have been one approach discussed in recent years and in Illinois in the Early Learning Council Data Research and Evaluation Committee, and the state's work to create unique identifiers for children (Bonsu, Howard, Holod, & Hauser, 2015; King, Perkins, Nugent, & Jordan, 2018). The ability to link data is important for policymakers to have a full picture of the student population and the quality of care they are receiving. Furthermore, the ability to track this information across time, along with metrics of student success, allows for quality improvement (King, 2017).

### **Continuous Monitoring**

In the ECCE field, there is a growing shift toward an ongoing, cyclical process of improvement as a key part of high-quality programs and services (Supplee & Daily, 2018). The term *continuous quality improvement* (CQI) is used to describe such a process, in which data are used to identify a program's strengths and opportunities for improvement, which are then tested, refined, incorporated into practice, and reexamined across time. CQI is not new to business and

manufacturing, and its principles are being tested and applied to ECCE programs and services in new and innovative ways to allow for shared learning between these sectors (Supplee & Daily, 2018).

In our review of existing needs assessments and related resources, we found that the level of detail provided on the data sources cited in the state’s existing needs assessments and related documents varied from one report to the next. For example, some reports that cited multiple data sources did not consistently list the source of individual statistics or graphs. Implementing inconsistent data reporting practices hinders opportunities for cross-sector coordination and collaboration.

In addition, IECAM spoke from the perspective of data providers:

Overall, I would say that the most important gap in data to support collaboration between programs (i.e., community collaboration efforts) is found in the need for more up-to-date data on the community level, or, even, perhaps, smaller levels (e.g., ZCTAs [ZIP Code Tabulation Areas], census blocks). Much of the data useful for community level collaborations are aggregated at PUMA [Public Use Microdata Area] or county level, thereby making it difficult for local programs to access or even identify the data needed. In higher level of populations, such as Chicago or Cook County, IECAM [Illinois Early Childhood Asset Map] can do statistical estimations and provide somewhat meaningful data for programs, however, that is nearly impossible in less populated, rural areas of the state. In one sense, programs have come to rely on IECAM and other organizations to provide aggregated data when, in reality, they should have better collaborative conversations on the local level to get some of the needed data. These data might include hospital administrative data, birth data, enrollment data, etc. We do the best we can but try to “educate” communities to dig into their own locales and programs for such information and/or data.

### **Data Gaps: Efforts to Maximize Parental Choice**

- *What are the most important gaps in data or research related to maximizing parental choice?*

An important gap in data and research related to maximizing parental choice concerns how best to engage different types of families so that they connect with necessary programs and services. Because families with children with disabilities, rural families, and non-English-speaking families, for example, have different needs and hardships, a better understanding of strategies of parent engagement and education would empower families to make better choices and would likely increase participation in programs and services. A key part of the strategy should likely include improving communication of ECCE program quality. Because some families principally rely on word of mouth to obtain information on quality of early childhood

programs, data and research on campaigns and strategies that effectively reach families facing different types of challenges and hardships should focus on how to convey information about quality and accessibility effectively because ExceleRate ratings may not be easily interpretable for parents.

## Quality and Availability of Programs and Supports

### Children Who Are Vulnerable or Underserved

This section addresses the following question in the federal needs assessment guidance:

- *What programs or supports do you have available that help ensure that ECCE settings are helping vulnerable or underserved children access needed support services, such as health care, food assistance, housing support, and economic assistance? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?*

The following programs and supports (described in the [Overview: Illinois's Early Childhood Care and Education System section](#)) cater to children who are vulnerable or underserved in Illinois: CCAP, state and private home visiting services, Head Start/Early Head Start, SNAP, TANF, WIC, Prevention Initiative, PFA/PFA-E, Title I preschool programs, and the All Kids program. In addition, Illinois' regional Child Care Resource & Referral (CCR&R) centers work to connect parents and families with child care services in their communities and provide many parent-friendly resources on their websites. However, our focus group data highlight parents' lack of awareness of these centers and the resources they provide to the community. In addition to these state-led initiatives, the Child-Parent Center Preschool to 3rd Grade (CPC P-3) program provides comprehensive family support services as well as early childhood care and education in low-income neighborhoods. It is administered by Human Capital Research Collaborative, an interdisciplinary center at the University of Minnesota, in partnership with school districts in Chicago, Evanston, and Normal, Illinois (Human Capital Research Collaborative, n.d.). Together, these programs and supports help to ensure that vulnerable or underserved children have access to the support services they need. Additional data are needed on the demand for these types of programs and supports as well as their impact on the populations they serve.



## Children With Developmental Delays

This section addresses the following question in the federal needs assessment guidance:

- *What programs and supports do you have available to identify children who are developmentally delayed and connect them to services?*

During focus group interviews with parents and providers, participants described early intervention (EI) as an important service for children with developmental delays (DDs)<sup>12</sup> and their families because EI provides home visiting services and other supports to families with infants and toddlers under age 3 with a disability, a 30% delay in any area of development, or a risk of developmental delays. However, one EI provider noted the disconnect between enrollment in EI and enrollment in special education services upon entry into formal schooling (i.e., ages 3 and older). She commented that “parents choose to wait [to enroll their child in special services], maybe because they aren’t ready to accept it.” The provider further explained, “When parents do accept the services, their choice is either to bus their child really far away and put them through stressful experiences to get that specialized care or to not get that care at all. This of course then lessens the quality of care because that experience is not appropriate for young children, especially children with disabilities.” Parents supported this point by commenting on the general lack of access to services for their child(ren) with DDs, especially in rural areas. Transportation was once again mentioned as major barrier, particularly for those families who need access to specialized care.

In addition to this discussion of current challenges in connecting children who are developmentally delayed to services, providers and policymakers also described the limitations of the current quota system for children with DDs in Illinois. One preschool provider argued that the funding for preschool special education services and the quotas for children with individualized education programs (IEPs) are not aligned: “Centers are required to enroll a certain number of students with IEPs and are supposed to provide for these students in compliance with the *Individuals with Disabilities Education Act*, but the centers do not receive funding to actually provide these services because that special education funding goes specifically to special education centers.” A focus group participant who attended the researchers, advocates, and policymakers focus group supported this idea, stating that “Head Start centers are required to have 10% of their enrollment be held for children with special needs, but that requirement does not address the spectrum of severity of needs. For example,

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<sup>12</sup> The terminology used to discuss children with developmental delays was not consistency in the existing literature. For the purposes of this report, we consider the following terms to be synonymous with *children with developmental delays*: children with special needs, children with disabilities, and children accessing special education services.

providing for a child with a speech delay is going to be very different than providing for a child with autism, but the quota does not account for that.”

Finally, focus group participants once again mentioned workforce issues as negatively impacting the quality and availability of care for children with DDs, listing the field’s lack of specialization and insufficient funds as challenges to providing high-quality, specialized care.

## Children Who Are English Learners

This section addresses the following federal needs assessment questions:

- *What programs and supports do you have available to support children who are non-English speaking or reflect different cultures to connect them to services? How effective is the connection between these programs and supports and your ECCE system? Are these programs reaching children from vulnerable and underserved populations? Are they reaching rural children? What else do you need to know about these programs and the populations they serve?*

In their discussion of linguistic accommodations for English learners (ELs)<sup>13</sup> in preschool programs, NIEER noted that PFA programs are “required to provide instruction in children’s home language if there are 20 or more English Language Learners (ELLs) with the same home language enrolled in a program. All pre-K teachers are required to meet bilingual education certification requirements. Language of instruction is determined locally if there are fewer than 20 ELLs with the same home language, however English as a Second Language and other home language supports may be provided” (2018, p. 76). We did not find data regarding the prevalence of these occurrences in the state, that is, how many of Illinois’s PFA programs actually have 20 or more students with the same home language.

Beyond NIEER’s comments on PFA programs, limited information was available on specific programs and supports for ELs in the reviewed resources and literature. The available data centered more on the *prevalence* of services for ELs in Illinois, as opposed to the quality of or demand for those services. For example, ILHSSCO (2018) reported that 24% of child development staff working in Illinois Head Start programs are proficient in a language other than English. ICMHP (2017) stated that more than 260 of Illinois’s mental health service providers offer services in Spanish, 35 offer services in Polish, and 44 offer services in other

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<sup>13</sup> The terminology used to discuss English learners (ELs) was not consistent in the existing literature. For the purposes of this report, we consider the following terms to be synonymous with *English learners*: English Language Learners (ELLs), Dual Language Learners (DLLs), English as a Second Language (ESL) learners, bilingual learners, and non-English-speaking learners.

languages. However, neither of these sources commented on whether this prevalence is enough to accommodate the EL population of Illinois.

According to the parents and providers who attended focus groups in two areas of Illinois, access to ECCE services for ELs remains an issue throughout the state. They asserted that this gap is due to language barriers and a “generational divide” in which the older generation seems to be less trusting of the system. This is especially true for vulnerable and underserved populations because providers described lack of trust and concern over citizenship documentation as major barriers to enrollment for immigrant and refugee groups in Illinois, in addition to language. Rural populations were also named by providers as a group with limited access to EL resources.

## Families in Crisis

The following questions from the federal needs assessment guidance informed this section:

- *What programs or supports do you have available that help ensure that ECCE settings are able to connect families in crisis to needed programs or services (e.g., family violence programs, emergency economic assistance, mental health care, substance abuse treatment)? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?*

Based on the information provided by existing needs assessment and relevant resources and by the stakeholders who attended our focus groups, we have defined “families in crisis” to include the following groups:

- Families experiencing homelessness
- Families experiencing food insecurity
- Children with teen parents
- Children in foster care
- Children exposed to trauma (e.g., violence, substance abuse, mental health issues)
- Families who are new to the United States (i.e., immigrant families)
- Migrant families

Information on the quality and availability of programs and supports for these families is provided below.

### **Homelessness and Food Insecurity**

In general, the state of Illinois has developed successful ways to identify and provide for children and families experiencing homelessness (see the text box for a provider’s perspective on Illinois’s service of homeless children). These processes are in accordance with the McKinney-Vento Act, which “requires all [local educational agencies] LEAs to appoint local liaisons who are tasked with identifying and supporting children who are homeless (including those in preschool to the extent that an LEA offers a free public education for preschool children) and connecting them with supportive services” (U.S. Department of Education, Office of Elementary and Secondary Education, 2016, p. 13).

#### ***Voice of an Illinois Provider:***

One thing that I will say has improved is Illinois’s focus on identifying homelessness and making those kids a priority. We are educating providers on what homelessness is and how to provide for them. We have made progress, but of course, the work is not done yet.

– ECCE Professional Development Provider

In addition to these mandated services, Illinois’s home visiting programs have worked to reach families experiencing homelessness, specifically through the Home Visiting for Homeless Families Demonstration Project (HVHF). According to the *Home Visiting Innovations Brief* (Early Learning Council, Home Visiting Task Force, 2019, p. 2):

[HVHF] seeks to improve the developmental trajectories of children experiencing homelessness in Cook and Sangamon Counties. This includes improvements in developmental screenings, well-child visits, and economic self-sufficiency of the family. The project’s approach is to train homelessness providers on home visiting, hire a home visitor whose caseload exclusively consists of homeless families, and provide training to a shelter on implementing the Parents as Teachers model.

Although the Erikson Institute (2019) did not provide information on specific programs or supports in place to help children experiencing homelessness and/or food insecurity, they did provide data on these families, stating that 1.8% of all kindergarteners in Illinois were reported as homeless in 2016. Thirteen counties fell into the high-risk category for homelessness (defined as a percentage of 5.28% or more), with Jefferson County exhibiting the highest rate at 14.4% (Erikson Institute, 2019, pp. 46–47).

Regarding food insecurity, many of the programs and supports mentioned in the section on vulnerable or underserved children also provide for families experiencing homelessness and/or food insecurity, particularly supports such as SNAP, TANF, and WIC. In addition, the *Family*

*Connects IL White Paper* discussed the partnerships between their home visiting services and local food pantries (Children’s Home Association of Illinois, 2019). The *Risk and Reach Report* supported that access to these supports is fairly widespread, noting that 81.6% of eligible children ages five and younger received SNAP benefits in 2016 (Erikson Institute, 2019, pp. 54–55).

### **Teen Parenthood and Foster Care**

The UCAN Teen Parenting Service Network (TPSN) explained (2018, p. 54):

DCFS mandates that all children for whom the Department is legally responsible shall be enrolled in an early childhood education program. Thus, all children aged 3-5 who are in state care MUST be enrolled in an early learning program. Furthermore, because TPSN is responsible to serve the entire family unit, meaning the parent AND child, each caseworker is responsible for the educational outcomes of their assigned parenting youth, as well as the educational outcomes of their children, including enrollment in early learning programs, as long as the parent agrees to enrolling their child(ren).

To help teen parents meet these requirements, TPSN offers connections to programs and services, including center-based and home-based preschool services, home visiting services, and developmental screening services. Although these programs have shown promise in providing for the children of teen parents, TPSN noted that there are still barriers to ECCE services for teen parents, including “work and education requirements, unconventional work hours, lack of transportation, placement instability and lack of trust in childcare programs” (2018, pp. 60–61). These barriers mirror those for the focal populations of this grant, namely those who are vulnerable or underserved and those who are living in rural areas.

Regarding ECCE services for children in the foster care system, a foster parent in attendance at an AIR focus group explained that although DCFS is supposed to fund ECCE enrollment for foster children, this funding is often insufficient or delayed, which results in the child being removed from his or her child care program. In addition, she said, “Internet research failed me as a foster parent” because even when a center does have open slots, they often will turn foster children away because “they just don’t want to deal with it.” These comments emphasize a need for enhanced communication between DCFS and ECCE providers as well as more services designed to connect foster parents to ECCE programs and supports in Illinois.

### **Trauma**

Providers from a variety of service areas commented on the lack of access to trauma-informed services for children suffering from various types of trauma, including exposure to violence, substance abuse, mental health issues, and otherwise. For example, a provider offering professional development trainings for multiple counties across Illinois reported having only

one certified mental health consultant for all 1,000 ECCE programs in her jurisdiction. A home-based child care provider also commented on the shortage of specialized providers, stating, “Providers have no training in trauma-informed practice unless they study or get trained in special education and social services, which is not most of us.”

In addition to providing trauma-informed services for children, some providers described a need for greater supports for the caregivers of these children, including resources designed to prevent caregiver fatigue, a need to empower and educate caregivers on how to deal with their trauma-exposed child(ren), and a need for trauma-informed support for both families and children that follows them throughout their child(ren)’s educational career.

### ***Exposure to Violence***<sup>14</sup>

According to the Erikson Institute, 14 young children per 1,000 had one or more substantiated charges of maltreatment in fiscal year 2016, and 15 Illinois counties had a rate of 39 per 1,000 or higher (2019, pp. 44–45). In addition, the violent crime rate in Illinois was 436 incidents per 100,000 people, and 10 counties had a violent crime rate of 407 per 100,000 or higher (pp. 70–71). In their 2017 annual report, ICMHP extrapolated from national data and estimated that more than 195,000 children are exposed to violence each year (ICMHP, 2018, p. 8). The *Family Connects IL White Paper* listed families with children exposed to domestic violence, child abuse, and/or neglect among the primary beneficiaries of home visiting services and concludes that a universal service approach is the best way to provide them with services (Children’s Home Association of Illinois, 2019). *Home Visiting Innovations Brief* discussed the Prenatal Substance Use, Intimate Partner Violence and Depression (4Ps Plus), a screening tool used to identify mothers who have experience intimate partner violence so that they can be targeted for home visiting services (Early Learning Council, Home Visiting Task Force, 2019, pp. 1–2). No other reviewed resources provided details on specific programs or supports designed for children exposed to these various forms of violence.

### ***Exposure to Substance Abuse***

As with exposure to violence, the *Family Connects IL White Paper* included families with children exposed to substance abuse as a priority population for home visiting services but did not describe any specific programs or supports designed for them (Children’s Home Association of Illinois, 2019). The 4Ps Plus screener mentioned above is used to identify mothers who were prenatal substance users and recommend them for follow-up (Early Learning Council, Home Visiting Task Force, 2019, pp. 1–2). The ICMHP *FY2017 Annual Report to the Governor* listed substance abuse intensive outpatient services as one of the supports within a child’s system of

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<sup>14</sup> In this context, violence is assumed to include domestic violence, child abuse, neglect, or other forms of maltreatment as well as community-level violence and crime.

care (ICMHP, 2017, p. 17), although it was not specified whether such programs are available for children ages birth to five. The ICMHP report also mentioned the opioid crisis as a significant stressor on children and families, noting that nearly 11,000 Illinois residents died from overdoses between 2008 and 2016. Although young children were not named specifically as an affected population, ICMHP quoted the Illinois Department of Public Health as stating, “Beyond these deaths are thousands of emergency department visits, hospital stays, as well as the pain suffered by individuals, families, and communities... [T]he opioid epidemic is the most significant public health and public safety crisis facing Illinois” (IDPH, 2017, as cited in ICMHP, 2017, p. 8). Meanwhile, budget cuts have forced many substance abuse treatment programs to close, despite improvement in other areas of health care coverage (ICMHP, 2017, p. 13).

### ***Exposure to Mental Health Issues***

In the *FY2017 Annual Report to the Governor*, ICMHP asserted that access to mental health supports has improved in recent years because of the increased capacity of services such as managed care and community health centers as well as the expansion of Medicaid and the Affordable Care Act. Despite this increased coverage, the Illinois Department of Public Health emphasized the lack of access to mental health services for children in rural areas, stating, “Nearly 1.5 million people, or 11% of the state’s population, live in rural areas, where they often must travel long distances to access child behavioral health services. There are very few psychiatrists in rural counties and even fewer child and adolescent psychiatrists in the state” (2017, pp. 17–18). One of the initiatives mentioned as an effort to address the needs of rural areas was providing mental health care over the telephone, i.e., telehealth services; however, the current reach of these services and the quality of care they provide when compared to in-person care was not addressed in the report.

### ***Immigrant and Migrant Families***

The *Non-Regulatory Guidance Early Learning in Every Student Succeeds Act* addresses the unique needs of migrant children in its description of the Migrant Education Program (MEP), which “provides funds to States to offer high-quality education and supportive services. These funds help to ensure that migratory children meet the same challenging State academic standards as all other children and are able to graduate from high school or earn a certificate of high school equivalency” (U.S. Department of Education, 2016, p. 14). However, information on how this relates to early childhood education specifically was not included.

In a focus group discussion on providing services to recent immigrant families, many providers voiced concerns about what happens to students and their families once they enter the public school system, particularly for undocumented families. Providers reported that the fear and distrust experienced by immigrant families often prevents them from engaging with the ECCE

system. On a positive note, one provider did mention that once their Head Start center was able to hire a native-speaking worker, the undocumented families in his area were more willing to enroll their children because they were able to communicate their thoughts and concerns more effectively and, therefore, could place more trust in the ECCE system.

## Measurable Indicators of Progress That Align With the State’s Vision and Desired Outcomes

- *What measurable indicators currently exist that can be used to track progress in achieving the goals of this grant and your strategic plan? What are the strengths and the weaknesses of these indicators? Include the extent to which they can be used to describe the current conditions experienced by vulnerable, underserved and rural populations?*
- *What opportunities are currently under way involving developing additional measurable indicators to track progress in achieving the goals of this grant and your strategic plan?*

The following information was provided by IECAM in response to the federal guidance for this domain:

### Background

The concept of having a public early childhood “dashboard” was started approximately six years ago, with the development of an Ad Hoc Committee purposed with exploring appropriate indicators with which to provide the public with measures to assess the state’s progress on specific primary and secondary measures. The Ad Hoc Committee met regularly for a period of two years, after which the state commissioned Child Trends to assist in our development of such metrics. The Ad Hoc Committee was made up of stakeholders from across the state, and included individuals from advocacy organizations (e.g., Ounce of Prevention), the Illinois Early Childhood Asset Map (IECAM), state agencies, and administrators from various early childhood programs and agencies (e.g., child care, Head Start). Through a grant with the Illinois Department of Human Services (IDHS), IECAM worked collaboratively with committees of the Early Learning Council (ELC), particularly the Data, Research, and Evaluation (DRE) Subcommittee. As work progressed with the development of the primary and secondary metrics, IECAM and the DRE worked collaboratively with other committees and subcommittees of the ELC to help in the drafting of appropriate indicators and metrics with which to measure progress.

In 2017, IECAM took responsibility for the Dashboard, putting it on their web site, and seeking the data with which to populate the indicators. The goal was to design the Dashboard in such a way as to make it accessible, useful, and welcoming to the general public. In addition, the primary metric page would lead the user to a deeper dive into secondary indicators and an even deeper look into the raw data or other charts/tables found on the IECAM web site.



The primary metrics, as developed by the Ad Hoc Committee, IECAM, the DRE Subcommittee, and the Governor’s Office of Early Childhood (GOECD), included: Economic Security, Health, High-Quality Early Learning for Infants and Toddlers, High-Quality Early Learning for Preschoolers, Kindergarten Individual Development Survey (KIDS), and Coordinated Community Systems. Although secondary metrics were developed for each of the primary metrics, work never occurred on populating those indicators. At present, Economic Security and KIDS have been populated.

### Challenges

Three overall challenges inhibited the further development of the Dashboard and will be delineated further below. Although I will describe them separately, each are integrated into the other challenges, providing an ongoing issue of lack of clarity.

**Funding and Prioritization:** IECAM was funded for a period of approximately one year to assist in the development of the dashboard framework and work with Illinois stakeholders to draft primary and secondary indicators for measurement. After that time period, the IECAM staff decided to keep working on the Dashboard without special funding. We asked that the dashboard work be rolled into our annual work plan. The funding has never been the issue. What has been an issue is that when the special funding ended, the prioritization of the dashboard work “took a back seat” in the ELC committee work and the GOECD. Although extremely supportive of the continued dashboard work by IECAM, there remained little clarity of purpose and wording, specifically related to the operational definitions of the metrics themselves. Similarly, when the issue of operational definitions and available data converged, there was no clear message as to who made decisions or simple wording changes in the metrics. The work slowed down as IECAM sought to work with the DRE and GOECD in making word changes to the metrics. In several cases, the wording of the metric itself was a barrier to finding data with which to populate it.

**Data Availability:** The Economic Security metric was easily populated for several years, providing trends and offering evidence in the way of raw data, charts, maps, and tables for the public. The other five metrics brought with them different types of challenges, ranging from the lack of any appropriate and identified data with which to measure (i.e., Coordinated Community Systems), the delay in obtaining collected data from the state (i.e., KIDS), capacity issues within state agencies regarding sharing available and pertinent data (i.e., Health), to the actual wording of the operational definition of the developed metric (i.e., High-quality Early Learning). Contributing to this lack of clarity was change of leadership and change in priorities of the state (due to shifts in state and/or federal initiatives and funding opportunities). IECAM found it difficult to find and use the appropriate datasets with which to describe and accurately measure the indicators related to high quality programming for children, birth to age 5, when the metric was written in such a way as to actually change the data needed. In addition, the ExceleRate program was still fairly new and had pilot and incomplete rating data for early childhood programs around the state. Although much of those issues have been cleared, IECAM is still waiting for some of the ExceleRate data, due to unclear communications and expectations.

**Operational Definitions of the Metrics:** Two issues primarily have challenged IECAM as we have sought to populate the chosen indicators with data—the actual description (operational definition) of the metric and the mixed messages (i.e., mixed signals) from state leadership. The two metrics relating to enrollment of children (infants/toddlers and preschool) in high quality programs specify that the program must be gold-rated through the ExceleRate QRIS statewide program. Additionally, the metrics specify home-visiting programs, using the phrase “and/or” home visiting programs.

When looking for data to populate such a metric, IECAM needed to look first at the ExceleRate program data. Up until FY2019, we had not been able to get child care, PFA, Prevention Initiative (PI), *and* Head Start ExceleRate rating data. And, even if we had, there were inconsistencies among state leadership as to which programs actually had a gold-rating.

Secondly, IECAM had to look at home visiting programs. Aside from the fact that the home visiting data is woefully inconsistent (although improving) across the state and across service types, IECAM was constrained by the phrase “and/or.” These constraints include:

1. Overlap between home visiting and licensed child care and licensed family child care
2. Little to no ExceleRate rating data for home visiting programs/services

To be fair, in the last year, IECAM has received specific guidance from the DRE and GOECD on the wording for the two metrics. Yet, the constraints remain because of the lack of consistent home visiting and ExceleRate data.

Finally, the two metrics discuss “children with high needs.” IECAM grappled with the definition of high needs and how best to quantify it. Again, in the last few years, the All Families Served Subcommittee has developed the Priority Population recommendations to the ELC, which has provided some (limited) guidance for IECAM in attempting to quantify children with high needs. However, it seems as if the definition for high needs depends on the funding initiative with which it is associated (e.g., Early Learning Challenge Fund, Pritzker Initiative).

### Future Opportunities

Data have become a high priority for the state in the past 5 years, resulting in numerous conversations and discussions occurring across the state related to unduplicated enrollment counts, risks affecting young children and families, and the reach (i.e., ECE programs, etc.) that may mitigate those risks. The following have helped further some of these conversations at the local and state levels.

1. *Risk and Reach Report (Erikson Institute, IECAM, Voice for Illinois Children)*: enabled state agencies the opportunity to talk with and share data across agencies in order for this report to be developed and published.
2. *PDG B-5*: enabled IECAM, GOECD, and the DRE to begin the process of revising and revisiting the original metrics in the Early Childhood Dashboard; as well as give others opportunity to carefully consider specific and pertinent metrics related to strategic goals and objectives.

3. *Prenatal to Three Initiative (PN-3)*: enabled stakeholders opportunities to develop strategies and action plans to increase and improve services for infants and toddlers.
4. *Increased Focus on Community Systems*: The ELC has prioritized community systems development, with an eye to making pertinent data to local agencies and entities with which to make data-informed decisions for their communities.

#### Metrics for the PDG B-5 Strategic Planning Project and FY2020

Introduction: The process of developing the new metrics for the restructured performance measurement system (i.e., Early Childhood Dashboard) has been a collaborative one, including stakeholders from all parts of the state, leaders from state agencies, researchers and data specialists, program administrators, and advocates of the early childhood community. Strategically, the metrics are organized across five “domains”—General, Access, Quality, Coordination, and Workforce. The General domain features metrics informed by and impacting each of the other four domains and includes two of the original metrics from the previous measurement system—Economic Security of Children and Families and Kindergarten Information Development Systems (i.e., Kindergarten Readiness). The four new domains feature thoughtfully and collaboratively developed metrics for the state to pursue in upcoming years.

In addition to overall metrics found in the five domains, targeted workgroups were formed for the purpose of drafting metrics related state priorities: (1) home visiting and early intervention targeting children in welfare, (2) inclusion with children birth to five, (3) expanded coordinated intake in home visiting programs, (4) kindergarten transition, (5) professional development alignment, and (6) racial equity.

#### **Access**

1. Number of enrollment slots in ExceleRate Illinois Silver- and Gold-rated programs serving all eligible children
2. Number of children entering kindergarten who have access to at least one year in an ExceleRate Illinois Silver- and Gold-rated publicly funded preschool
3. Number of enrollment slots designated for home visiting programs
4. Number of enrollment slots designated for infant/toddler programs
5. Number of children enrolled in Early Intervention
6. Number of children enrolled in Early Intervention receiving services in community settings

#### **Quality**

1. Number of ExceleRate Illinois Silver- and Gold-rated licensed centers and publicly funded early childhood (birth to 5) programs
2. Number of children enrolled in ExceleRate Illinois Silver- and Gold-rated licensed centers and publicly funded early childhood programs
3. Number of early childhood mental health consultants
4. Number of early childhood programs receiving the Pyramid Model implementation support from a process coach

**Coordination**

1. Number of community collaborations established in identified high-need communities
2. Percentage of local community collaborations completing the Community Systems Development benchmark survey

**Workforce**

1. Number of Gateway credentials and/or professional educator licenses with early childhood education endorsement awarded
2. Number of special education endorsements or letters of approval awarded to early childhood educators
3. Number of bilingual or ESL Gateways credentials or endorsements awarded to early childhood educators
4. Statewide average compensation for assistant teachers, lead teachers, and directors

**General**

1. Number and percentage of Illinois children birth through age 5 living in families with incomes greater than or equal to 200% FPL
2. Number and percentage of Illinois children demonstrating readiness in developmental areas of the KIDS assessment

**Targeted Workgroups*****Home Visiting and Early Intervention: Children in Welfare***

1. Number and percentage of referrals to home visiting program/early intervention involving children enrolled in at least one child welfare program (e.g., Foster Care, Intact Families)
2. Number and percentage of child welfare involved children birth to age 3 referred to Early Intervention
3. Number and percentage of children in Intact Families, birth to age 3, referred to a home-visiting program
4. Among the identified eligible child welfare involved families, the number and percentage of Child and Family Team meetings attended by home visitors/EI providers
5. Among the identified eligible child welfare involved families, the number of consults between child welfare, EI, and home visiting
6. Number of cross-sector professional development activities occurring between early childhood programs and child welfare agencies

***Inclusion With Children Birth to Five***

1. Number and percentage of preschool-aged children receiving special education services across the state
2. Number and percentage of preschool-aged children receiving special education services that are for all children (e.g., Head Start, Preschool for All) across the state
3. Number of preschool-aged children receiving self-contained special education services across the state
4. Number of children enrolled in Early Intervention receiving services in community settings (i.e., locations where typically developing children go, e.g., library play group)
5. Early Childhood program in which special education services are being delivered (e.g., Head Start, PFA, child care)
6. Characteristics of children receiving special education services across the state (e.g., race, ethnicity, age)
7. Number and percentage of general early care and education settings with a Gold ExceleRate rating in which young children with disabilities receive special education services
8. Number and percentage of children with special needs enrolled in general early care and education settings with a Gold ExceleRate rating in which young children with disabilities receive special education services
9. Number and percentage of general early care and education settings with a Silver ExceleRate rating in which young children with disabilities receive special education services
10. Number and percentage of general early care and education settings (serving children receiving special education/EI services) with Outstanding Practices in Inclusion awards
11. Number of classrooms who implement at high quality as determined by tools, such as the Illinois Inclusion Guidelines or ICP (need to spell out)

***Expanded Coordinated Intake in Home Visiting Programs***

1. Home Visiting Slots
  - a) Number and percentage of home visiting program slots
  - b) Number and percentage of closed home visiting slots
  - c) Number and percentage of open home visiting slots
2. Coordinated Intake Process
  - a) Number and percentage of home visiting programs using a Coordinated Intake Assessment Instrument (CIAT) (or similar intake form)
  - b) Race and ethnicity of families participating in Coordinated Intake
  - c) Turnover rate of families in coordinated intake
  - d) Development/purchase of a software program that would capture the data gathered from CIAT and other intake procedures; as well, as run reports on the data

### 3. Coordinated Intake Database

- a) Development of a database to track the procedural steps in the coordinated intake process:
- b) Track the origin of a Coordinated Intake Assessment Instrument (CIAT) or another intake form
- c) Track the roles of individuals completing a CIAT or intake form
- d) Track the confirmations of any type of family contact (# of times, manner of contact) by Coordinated Intake worker
- e) Track the confirmations of any type of family contact (# of times, manner of contact) by partners who received referrals
- f) Track medium used to send/make referral (e.g., phone, fax, email)
- g) Track any additional referrals made to other entities and agencies
- h) Track the length of time in each activity of the entire intake process

### 4. Home Visiting Services

- a) Track the family status (declined/accepted referral) related to home visiting
- b) Reasons families decline home visiting services
- c) Average time families spend on the waitlist for home visiting services
- d) Number and percentage home visiting programs fully staffed (according to “regulations”)
- e) Track the priority population served by individual funders
- f) Average referral capacity in meeting community needs and filling home visiting slots (Correlation between number of referrals, number of open slots, and number of children eligible for home visiting programs)

### ***Kindergarten Transition***

1. Identification of a local transition leadership team in each service area including early childhood\* educators (both public/private), kindergarten teachers, parents, community collaboration if available and/or community stakeholders and administrators
2. Under the guidance of the local transition leadership team, development of a plan to share student information between EC programs and kindergarten using template. (Template may include student IEP data, MTSS, 504s, Social and Emotional supports, EL Supports, current data of PreK students moving to kindergarten and KIDs data to share trends coming into Kindergarten with PreK educators.)
3. Development of PD/coaching calendar for cross-grade level activities between early childhood programs and kindergarten based on a rubric completed by PreK and kindergarten educators (public and private) to identify the local transition needs (trauma, social emotional, family empowerment)

4. Development of a curricula alignment plan (horizontal and vertically) between early childhood classrooms and kindergarten classrooms using an identified template. (Template can include beginning steps to identify all curricula used (base curriculum, additive - second step, etc.), to how to align components to continue to grow and align between grade levels. Can also include suggestions to continue to align up.)
5. Development of sustainability plan in the school wide/ school Improvement plan by administration

### ***Professional Development Alignment***

1. Development, publication, and implementation of a public statewide, cross-agency professional development calendar that aligns all PD opportunities from entities, such as Gateways, StarNet, ECPL, etc.)
2. Creation of a statewide web site dedicated to professional development that enables users to learn about early childhood professional development opportunity options
3. Number of participants attending aligned professional development opportunities
4. Role and/or affiliation of participants attending the aligned professional development opportunities
5. Percentage of early childhood programs with "protected time" for professional development
6. Number and percentage of child care programs offering "protected time" for professional development

### ***Racial Equity***

1. Race and ethnicity (number and percentage) of children (birth to 5) enrolled in early childhood programs by program type (i.e., PFA, Prevention Initiative, Head Start, Early Head Start, Child Care, Home-visiting)
2. Race and ethnicity (number and percentage) of children (birth to 5) enrolled in early childhood programs by geography (e.g., county, zip code)
3. Race and ethnicity (number and percentage) of the early childhood workforce by program type
4. Race and ethnicity (number and percentage) of the early childhood workforce by job categories (e.g., home visitors, assistant teachers, lead teachers, etc.)
5. Workforce compensation delineated by race and ethnicity
6. Percentage of early childhood programs with a Gold ExceleRate rating with written policies to improve access for underserved racial and ethnic populations to services
7. Percentage of Early Learning Council state committees with written policies to improve access for underserved racial and ethnic populations
8. Percentage of Early Learning Council state committees with written policies to improve involvement of advocates and/or entities representing underserved racial and ethnic populations

## Early Childhood Care and Education Facilities

In this section, we address the following questions from the federal needs assessment guidance:

- *What issues have been identified involving ECCE facilities?*
- *What innovative efforts have taken place to improve ECCE facilities? Have these efforts targeted vulnerable or underserved children and those who live in rural areas?*
- *What current plans are in place to address ECCE facility issues?*
- *What opportunities exist for different ECCE programs and systems to work together collaboratively on ECCE facility improvement?*
- *What are the strengths and the weaknesses of the data you have available on ECCE facilities? Are there any initiatives under way to improve the data?*

To effectively serve the increasing number of early childhood students attending preprimary programs, states must focus on designing and providing quality early childhood facilities (Stevenson, 2010). Issues and concerns about quality ECCE facilities for young children are prevalent in the early childhood literature. At the same time, limited information is available regarding ECCE facilities. No data were found on ECCE facilities in our review of existing needs assessments and other resources. This finding impacted our updates to the ELC research agenda. For the purposes of this report, we identified the following facilities-related issues and strategic efforts through our review of the literature:

### Providing Guidance for Facilities Planning

A review of all state department of education websites emphasized that, to create adequate facilities, states must provide guidance by clearly identifying information relevant for facilities planning (Lea & Polster, 2010). Illinois has been highlighted as a state that achieves this guidance through the *Preschool for All Implementation Manual* (Illinois State Board of Education, 2017; Lea & Polster, 2010).

### Development of Facility Policy

To achieve not only quality facilities but also increase the quantity of facilities, policymakers will need to develop and implement comprehensive facility policies that acknowledge research on the early childhood environment, promote sound design and real estate development practices, and address the main policy challenge of financing the building of quality facilities (Sussman & Gillman, 2007).



## Recent Developments in Illinois ECCE Facilities Planning

GOECD provided information on recent developments in the area of early childhood facilities. First, in June 2019, the Illinois General Assembly provided \$100 million in funding for early childhood facilities through the Early Childhood Construction Grant (ECCG) program (IECAM, 2019), which was first created in 2012 (Illinois Office of the Governor, 2012). Funds are available for both school- and community-based programs and are administered by the Capital Development Board in partnership with ISBE (Capital Development Board, 2020). The ELC convened an ad hoc workgroup to discuss updating and strengthening the ECCG program, and provided the following recommendations: update the statewide index of need and align it with new studies; roll out the ECCG program in three phases, one for projects already in the pipeline and two for projects still to be developed; update and clarify the selection criteria; offer technical assistance to LEAs and providers before funding decisions are made as well as after applicants are selected; allow for flexibility in what constitutes an appropriate local funding match; and strengthen internal capacity within state agencies (Illinois ELC, ECCG Program Ad Hoc Workgroup, 2019, pp. 6–7).

Also, in 2019, Illinois received \$40.2 million in federal grants from the U.S. Department of Health and Human Services targeted at early childhood infrastructure, specifically for building and expanding preschools in certain neighborhoods (“Illinois to Receive \$40.2 Million,” 2019).

These increased funding opportunities show that Illinois recognizes that improved and expanded preschool facilities should be a priority for the state. However, as noted in AIR’s updates to the ELC research agenda, additional data collection is needed to address the questions dictated by the federal guidance, listed above.

## Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education Services and Supports and Opportunities for More Efficient Use of Resources

- *What barriers currently exist to the funding and provision of high-quality early childhood care and education supports? Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality ECCE services and supports? Are there policies that operate as barriers? Are there regulatory barriers that could be eliminated without compromising quality? For this question, you should be sure to include a discussion of supports in the broader early childhood system not just the ECCE system.*
- *Are there opportunities for a more efficient allocation of resources across the system? Have there been successful efforts in the state at implementing strategies that have improved the*

*efficient use of resources? Why and how were they successful and what needs to be done to replicate them? Have there been efforts that were undertaken, but did not show positive results? What can be learned from these experiences?*

A cost model study was conducted by NIU to estimate how much it costs to fully fund a high-quality, comprehensive ECCE system (see Appendix E for the detailed cost model study final report)

## Transition Supports

Illinois has prioritized school transitions in recent years, as supported by the creation of the Kindergarten Transition Advisory Committee and the efforts of ILHSSCO. However, more detailed data are still needed on the specifics of these supports, their impact and outcomes, and whether they are widespread across regions and populations. The following sections address the strengths and weaknesses of Illinois’s current transition supports, the supports available for specific populations, and the strengths and gaps in communication and continuity as it pertains to ECCE transitions.

### Strengths and Weaknesses

In this section, we address the following questions from the federal needs assessment guidance:

- *What are the strengths and weaknesses of the transition supports for children moving from the ECCE system to school entry?*
- *Have there been any innovative efforts to improve transitions? How effective were they?*

The Kindergarten Transition Advisory Committee (GOECD, 2018a) provided a detailed overview of Illinois’s existing transition supports, identifying the following as key strengths: the requirement that all principals engage with prekindergarten grade levels as part of licensure; the commitment of local early child care programs and agencies to work collaboratively on transition issues; and the implementation of the Kindergarten Individual Development Survey, which rolled out statewide in 2017. In addition, ILHSSCO’s 2018 needs assessment and strategic plan reported that in 2009, grantees ranked transition support and curriculum alignment as high priorities, but in 2014 these items dropped to second to last (2018, p. 9). This possibly suggests that between 2009 and 2014, transition supports improved and therefore no longer need to be prioritized. Specific details to support this conclusion were not provided other than ILHSSCO’s assertion that “written agreements are in place to coordinate transition services with 65% of school districts” (ILHSSCO, 2018, p. 18). The ILHSSCO website stated that the office “prioritizes regional and national issues, such as school readiness and transition” (ILHSSCO, n.d.) and listed the following as actions they have taken to improve transition supports:

- Established the statewide School Readiness Team
- Co-planned and facilitated a statewide School Readiness Summit with Head Start and Early Head Start state and national partners
- Provided content on school readiness for the state superintendent’s newsletters to local school districts
- Promoted Head Start grantee participation in the Illinois Kindergarten Individual Development Survey pilot

In AIR’s stakeholder focus groups, parents and providers identified the ease of transition within school districts (e.g., public preschool to public kindergarten) as a strength of Illinois’s existing transition supports. In particular, the implementation of kindergarten transition days was mentioned as an effective tactic for improving this transition. A provider from southern Illinois described, “At my program, we have a kindergarten transition day where our pre-K kids get bussed altogether to the kindergarten building. They get to meet the principal, spend time with the teachers and current kindergarteners, and they even eat lunch there. We are lucky that our district does this; I know not all schools do.”

Although the provider’s description of the kindergarten transition day is primarily positive, the last sentence alludes to a major gap in Illinois’s existing transition supports. Parents and providers from two regions of Illinois agreed that inconsistency is the main weakness of the transition supports available in the state. As the previous quote highlights, not all schools engage in the same processes or offer the same resources to children and parents. In some cases, it is difficult to identify why these inconsistencies exist. For example, one parent described that her cousin lives just one school district over from her, and yet her cousin does not have access to nearly as many transition supports. In other cases, the transition support inconsistencies are due to the geographic location of programs. For example, one provider explained that although her Child and Family Center (CFC) offers a districtwide transition day for children and families each month, some children cannot attend because of the limited transportation options in their rural district. She also stated that transitions are more difficult for children moving from home-based care to center-based care or school-based care because those children and families may not always be as aware of the CFC’s offerings if their home provider is not as connected with CFC compared to the center- and school-based programs.

### **Support for Specific Populations**

In this section, we address the following questions from the federal needs assessment guidance:

- *Are there targeted supports for children who are vulnerable or underserved and children in rural areas? What is effective about these? What could be better?*

- *What is effective about the supports for children with developmental delays or other special needs? What could be more effective about them? For this question, you should look at both transition to kindergarten and transition between Early Intervention and preschool special education programs.*

### ***Children Who Are Vulnerable or Underserved***

The Kindergarten Transition Advisory Committee (GOECD, 2018a, p. 8) discussed transition support for children who are vulnerable or underserved in their mention of bridge programs designed for children with limited ECCE experience, children with mental health concerns, and children in home visiting programs. Their report suggested that future policy should “consider how to best integrate families of all backgrounds, including those with mixed immigration status, families without permanent housing, families who are justice involved, caregivers who work non-traditional hours, and others” (GOECD, 2018a, p. 14). This statement supports that children who are vulnerable or underserved are being included in the transitions dialogue, but there is still work to be done to fully support these children and their families.

Focus group participants highlighted a few key areas in which supports for the vulnerable or underserved could be improved. First, many providers discussed the need for trauma-informed support that follows children who are vulnerable or underserved as they transition from grade to grade and program to program. They emphasized the importance of continuity for children who are trauma-exposed and therefore vulnerable. In addition, providers mentioned language barriers and work schedules as limitations for many families seeking transition support, particularly those who are vulnerable or underserved. Finally, parents and providers once again noted that the availability of resources for children who are vulnerable or underserved is not uniform across the state of Illinois, preventing some families from accessing the support they need.

### ***Children in Rural Areas***

As previous domains have highlighted, rural areas are often at a disadvantage when it comes to accessing ECCE resources. This applies to transition supports as well, for all age groups and all types of care. Focus group participants noted how inconsistent the availability of support is in different regions of the state. Transportation was also mentioned as barrier to accessing transition supports for families in rural areas.

### ***Children With Developmental Delays***

Illinois’s ECCE system has specific processes in place to support children with developmental delays through school transitions, namely through early intervention and school-based special education services. In AIR’s stakeholder focus groups, parents and providers spoke positively about certain aspects of these supports, both for the transition from early intervention to preschool and the transition from preschool to kindergarten. One provider explained, “Early

intervention has been working really hard to get more specific information from parents after their transition conference and help them do what needs to be done. That follow-up on the EI side has been really successful in making it a friendship and a partnership, in meeting parents where they are.” A parent supported the importance of EI, stating, “Without early intervention, I would have no idea how to get my son into preschool.” Another parent commented on the strength of communication with her daughter’s providers regarding her upcoming preschool to kindergarten transition, stating, “We have discussed the transition a lot because of our IEP meetings and the transition meetings at the school. I have already received information about what services are available if she ends up needing additional services like speech therapy, and we have discussed what it will look like when she actually gets into kindergarten. It’s really comforting to know that the district is already communicating about the transition.”

These statements show that Illinois’s efforts to support children with developmental delays have seen many successes. However, providers also identified some areas of improvement during focus group meetings. For example, one preschool provider explained, “We meet with the EI people and do everything to enroll those kids, but it really just depends on what resources are available at any given time. We do not have a systematic way to prioritize who gets in and who doesn’t, it really just depends on timing and availability.” Another provider described the transition from EI to preschool as a “logistical nightmare” because of the numerous actors who must communicate to support that transition (i.e., the EI provider, the general preschool provider, the special education preschool provider, and the parents). This trouble with coordination was echoed by an EI provider, who stated, “I think where the ball is dropped is between the transition meeting and when the child actually turns three, because in our district, the schools don’t utilize the existing relationships; for example, they don’t follow up with the EI provider if an attempt to contact a family fails, they just label them as nonresponsive and stop trying. That is how we—the school districts—lose track of kids and families.”

## Communication and Continuity

In this section, we address the following questions from the federal needs assessment guidance:

- *Are there transition supports across the age spans, or are they for specific age populations? Are there transition policies and practices that support children in all types of care and education settings?*
- *How do the supports differ based on the type of ECCE provider (e.g., Head Start, state/territory Pre-K, home care provider, private or religious-based provider)?*
- *How effective is the communication between ECCE providers and school systems? What could be done to improve that communication?*

- *How are parents currently provided with information about transitions? Is the information provided in a culturally and linguistically sensitive manner? What is effective about the information provided? What could be improved?*

The Kindergarten Transition Advisory Committee and ILHSSCO have both worked to improve the communication and continuity of ECCE services by supporting efforts such as the commitment of local early child care programs and agencies to work collaboratively on transition issues (GOECD, 2018a) and the creation of written agreements to coordinate transition services between Head Start programs and 65% of the state’s school districts (ILHSSCO, 2018, p. 18). ILHSSCO also provides guides and planning for parents, school districts, and Head Start programs, such as a toolkit for LEAs to host a kindergarten summit for parents, teachers, and other stakeholders. However, many of the focus group comments mentioned in the previous transition supports sections speak to a need for continuous improvement of communication and continuity in Illinois’s ECCE system. Parents and providers gave many examples of why communication between the various types of ECCE services must be enhanced (e.g., the “logistical nightmare” of communication between service agencies for children with developmental delays), as well as why the continuity of care between these types of services must be established (e.g., the need for continuity in trauma-informed care or the challenges faced by families transitioning from home- to center- or school-based care). In addition, although some parents spoke highly of their communication with their child’s provider/district, both parents and providers noted that not all parents have that access; the resources available to children and families are not uniform across Illinois.

From our review of existing needs assessments and other resources, we also identified a need for more *data* on transition supports, i.e., their impact and outcomes, particularly for younger children (ages birth to three years) and children with needs other than education, such as health needs. Having this improved data may allow for greater communication and continuity moving forward.

## **System Integration and Interagency Collaboration**

- *What policies and practices are in place that either support or hinder interagency collaboration?*
- *Are there specific funding policies and practices that support or hinder interagency collaboration?*
- *What practices are in place that reflect effective and supportive interagency collaboration supporting young children and families? How were they developed? What would need to happen for them to spread to other areas, agencies, or sectors?*

The following information was provided by GOECD:

Illinois has put into place policies, practices, and structures designed to support interagency collaboration related to ECCE.

### **Illinois Early Learning Council**

Primarily, Illinois' Early Learning Council was created by statute in 2006 to serve as the state advisory council and further the early childhood vision of the state:

The Illinois Early Learning Council is hereby created to coordinate existing programs and services for children from birth to 5 years of age in order to better meet the early learning needs of children and their families. The goal of the Council is to fulfill the vision of a statewide, high-quality, accessible, and comprehensive early learning system to benefit all young children whose parents choose it. The Council shall guide collaborative efforts to improve and expand upon existing early childhood programs and services, including those related to nutrition, nutrition education, and physical activity, in coordination with the Interagency Nutrition Council. This work shall include making use of existing reports, research, and planning efforts. (20 Illinois Compiled Statutes 3933/5, via Public Act 93-380).

The Early Learning Council is a public-private partnership that strengthens, coordinates, and expands programs and services for children birth to 5 throughout Illinois. Membership includes senior state officials and non-government stakeholders appointed by the Governor; these members build on current programs to ensure a comprehensive, statewide early learning system (preschool, child care, Head Start, health care and support programs for parents) to improve the lives of Illinois children and families. Committees focus on access, home visiting, integration and alignment, and quality, with sub-committees focused on family engagement; data, research, and evaluation; inclusion; health; community systems development; and the quality ratings and improvement system.

The Early Learning Council has a bidirectional relationship with state early childhood care and education agencies, in which agencies share information and seek support from the Early Learning Council while the Early Learning Council provides capacity to support collaboration and coherence across state agencies.

### **Governor's Office of Early Childhood Development**

The Governor's Office of Early Childhood Development (GOECD) leads the state's initiatives to create an integrated system of quality, early learning and development programs to help give all Illinois children a strong educational foundation before they begin kindergarten. Established via an Executive Order in 2009 to focus the state's efforts and maximize its investment in early learning programs, the office is responsible for the following bodies of work: management of the Early Learning Council; overseeing ExceleRate Illinois; overseeing Illinois's Maternal, Infant, and Early Childhood Home Visiting program and pilot projects on Coordinated Intake and Community Systems Development; convening and collaborating with state agencies focused on children and families to address common issues; strengthening training and supports for the early learning workforce; serving as a resource for parents, families, and providers; and conducting research and data analysis to inform policymaking.

### **ExceleRate Illinois**

ExceleRate Illinois, the state’s Quality Recognition and Improvement System overseen by GOECD, supports interagency collaboration by uniting quality improvement efforts across various funding streams and regulatory jurisdictions. The program establishes standards for helping infants, toddlers, and preschool age children served by programs governed by various state agencies to develop intellectually, physically, socially, and emotionally. It provides a framework for early learning professionals to identify opportunities for improvement, increase their skills, and take steps to make positive changes.

### **Interagency Team**

The Interagency Team is a coordinating body of public agencies convened by GOECD that works to strengthen early childhood policymaking and service delivery in Illinois. The Interagency Team enables agencies to discuss and plan with each other to coordinate implementation of policies and recommendations. While state agencies have been meeting to coordinate early childhood care and education for many years, the Interagency Team was formalized and elevated in 2011 as an implementation team for cross-agency initiatives.

### **Illinois Longitudinal Data System**

The Illinois Longitudinal Data System brings together seven state agencies, several of whom govern early childhood care and education in Illinois, to integrate data and complete prioritized data analyses to better understand service delivery. Participating early childhood agencies include the Department of Human Services, the State Board of Education, the Community College Board, the Board of Higher Education, and soon the Department of Child and Family Services. These agencies enter into an intergovernmental agreement to allow the Centralized Demographic Dataset Administrator to match interagency data and prepare files for analysis. The Master Client Index generated through this process has supported Illinois’ work to create an unduplicated count of children receiving early childhood care and education services and better understand service delivery and saturation across the state.

### **Legislation as a Driver of Interagency Collaboration**

Recently, legislation passed by the state’s General Assembly has served as a lever to incentivize greater interagency collaboration in early childhood care and education.

For instance, Public Act 100-0645 allows for early childhood educators with a Gateways ECE Credential Level 5 to serve as lead teachers in Preschool For All classrooms alongside early childhood educators with Professional Educator Licenses and Early Childhood Education endorsements. The Gateways credentialing system, while designed to support early childhood professionals across the field and which receives funding support from both the Department of Human Services and the State Board of Education, has typically been represented by the child care sector, while state preschool educators must attain licensure and endorsements regulated by the State Board of Education. This legislation allows for greater integration of the workforce and supports a pathway to professional advancement for educators who otherwise may not have been able to use their Bachelor’s qualifications in a state preschool classroom.



In addition, Public Act 100-105 describes new protections for young children against suspension and expulsion in early childhood care and education settings. The law applies equally to all settings regardless of licensure, funding stream, or regulatory jurisdiction, creating greater equity across all early childhood settings. GOECD has supported joint drafting of rules to govern the law's implementation across licensed child care and state preschool classrooms, sparking greater interagency collaboration to develop rules that work for all settings.

On the other hand, there remains in Illinois several policies, practices, and structures that continue to hinder interagency collaboration around early childhood care and education. The greatest among these include ongoing data challenges, which are described in the unduplicated count research project and can be found in Appendix D.

## Conclusions and Next Steps

The ECCE system in Illinois consists of a complex mixed-delivery system that is funded by a variety of sources, administered by multiple state and local agencies, and implemented by a diverse set of home-, center-, and school-based providers. Many stakeholders based in the public, private, advocacy, and research sectors have invested their time and resources in informing and promoting the expansion of quality ECCE statewide. To capture the diversity of Illinois's ECCE landscape, this needs assessment collected information in a variety of ways, including reviewing existing needs assessments and related resources, conducting a literature review, and facilitating stakeholder focus groups with researchers, advocates, policymakers, providers, and parents. The key findings supported by this needs assessment are summarized in Appendix A. These findings show that Illinois has made great strides in recent years to expand programs and services for young children and their families through its mixed-delivery system. The challenge—and opportunity—for the state moving forward is to identify and implement the steps for ensuring equitable access to ECCE services within the context of Illinois's complex mixed-delivery system.

The following recommendations summarize our suggestions based on the needs assessment findings as well as the recommendations provided by the existing needs assessments and related resources that we reviewed for this report. Recommendations are listed by domain.

### Definition of Terms

Findings from our review of existing needs assessments and relevant resources revealed inconsistency in the definitions of key terms. Consistent use of definitions would improve the ability of policy and programmatic audiences to understand findings and make accurate comparisons across reports. Although standardized definitions may not capture important nuances relevant to local areas, the use of both standard definitions *and* tailored definitions

would likely increase the value of the findings and implications that emerge from future ECCE research studies and reports.

### **Focal Populations**

As mentioned above, there is inconsistency in how key terms are defined in the ECCE system. The same is true when it comes to defining focal populations in Illinois. The review of existing needs assessments and related resources as well as focus group interview findings indicate that further research is needed to determine how demographic characteristics overlap and interact with the populations of children we have identified as vulnerable or underserved and/or living in rural areas. Future researchers may wish to use the raw data from IECAM to gain a better understanding of the characteristics of focal populations in Illinois.

### **Number of Children Being Served and Awaiting Service**

Unduplicated counts of children served by certain programs, individually as well as for certain overlaps across programs, for service years 2016 through 2018 have been established (see [Appendix D](#)). Early Head Start or Head Start data are not included in these counts. Regarding children awaiting services, the data focus primarily on service receipt rather than service eligibility [without receipt]. Illinois is working through systemic data challenges broadly and in early childhood. Agency data systems are traditionally siloed, with limited communication and integration between them, both within and across agencies. Several recent state-level initiatives are driving improvements in early childhood data.

### **Quality and Availability**

A review of existing needs assessments and resources reveals that the availability of ECCE has increased in recent years, but access to high-quality ECCE services is still not uniform across Illinois because of challenges such as workforce issues and funding limitations. If Illinois continues to associate the quality of a provider with their ExceleRate rating, then IFF (2019) suggests that ExceleRate participation must be expanded statewide because certain areas having more Gold Circle of Quality providers leads to a lack of consistency across the state.

### **Focal Populations**

In focus group discussions, the consensus among providers, researchers, advocates, and policymakers was that workforce issues are the biggest limitation in providing high-quality ECCE to children who are vulnerable or underserved. These respondents highlighted a need to provide sufficient training and preparation to teachers and staff who serve the children we have defined as vulnerable or underserved.

In discussion of rural areas, one researcher noted the need for focus on workforce pipelines and access to higher education, particularly in the more rural areas of the state. IFF supports this point, suggesting that the state must grow the supply of quality providers in Illinois's more rural counties:

Given the low population density of rural communities, it is challenging for center-based providers to serve every community. Therefore, home-based and family, friend, and neighbor care are an important and valued part of rural ECE supply. Local Child Care Resource & Referral (CCR&R) Agencies, Illinois Department of Children and Family Services (IDCFS) licensing representatives, and All Our Kids (AOK) networks should increase provider and parent education to highlight the range of program options (IFF, 2019, p. 7).

These findings highlight the need for continued efforts to improve the quality and availability of ECCE services in rural areas, with particular emphasis on workforce issues and the structural conditions that create them.

### **Data Gaps and How to Address Them**

An important gap in data and research related to maximizing parental choice concerns how best to engage different types of families so that they connect with necessary programs and services. A key part of the strategy should likely include improving communication of ECCE program quality. Data and research on campaigns and strategies that effectively reach families facing different types of challenges and hardships should focus on how to convey information about quality and accessibility effectively because ExceleRate ratings may not be easily interpretable for parents.

### **Quality and Availability of Programs and Supports**

#### ***Vulnerable or Underserved***

Although various programs and supports cater to vulnerable or underserved children in Illinois, future research may wish to further explore the demand for these types of programs and supports as well as their impact on the populations they serve.

#### ***Children With Developmental Delays***

During focus group interviews, parents and providers commented on the general lack of access to services for children with developmental delays, especially in rural areas. As suggested in the updated research agenda and plan, it is recommended that the state further examine the impact and outcomes of programs and services for children with developmental delays.

### ***English Learners***

Limited information was available on specific programs and supports for English learners. In the future, researchers may wish to gather more specific information to determine factors such as the languages offered, the level of demand for these services, and where the current programs are located in the state, particularly for those who are also considered to be vulnerable or underserved and/or who live in rural areas. This research may help to inform strategies for minimizing barriers for non-English-speaking families in the future.

### ***Families in Crisis***

For families exposed to trauma, providers highlighted the need for resources catered to the caregivers of trauma-exposed children, in addition to trauma-informed supports for the children themselves. For children in foster care, parents described needing enhanced communication between DCFS and ECCE providers as well as more services designed to connect foster parents to ECCE programs and supports in Illinois.

### **Measurable Indicators of Progress**

For the PDG B-5 strategic planning process, measurable progress indicators or metrics are being strategically organized across five “domains”—General, Access, Quality, Coordination, and Workforce. The General domain features metrics informed by and impacting each of the other four domains and includes two of the original metrics from the previous measurement system—Economic Security of Children and Families and Kindergarten Information Development Systems (i.e., Kindergarten Readiness). The four new domains feature thoughtfully and collaboratively developed metrics for the state to pursue in upcoming years.

In addition to the overall metrics found in the five domains, targeted workgroups were formed for the purpose of drafting the following six metrics-related state priorities: (1) home visiting and early intervention targeting children in welfare, (2) inclusion with children birth to 5, (3) expanded coordinated intake in home visiting programs, (4) kindergarten transition, (5) professional development alignment, and (6) racial equity.

### **Facilities**

The increased funding opportunities for ECCE facilities in 2019 demonstrate Illinois’ recognition that improved and expanded preschool facilities should be a priority for the state. For example, Illinois received \$40.2 million in federal grants from the U.S. Department of Health and Human Services targeted at early childhood infrastructure, specifically for building and expanding preschools in certain neighborhoods. As was noted in AIR’s updates to the ELC research agenda, it is suggested that future researchers explore the current state of Illinois’s ECCE facilities and gather data that will allow us to begin answering the questions dictated by the federal guidance.

## Barriers to Funding and Opportunities for More Efficient Use of Resources

A cost model study was conducted by NIU to estimate how much it costs to fully fund a high-quality, comprehensive ECCE system (see [Appendix E](#) for the detailed cost model study final report). In their model that uses parity in compensation across ECCE delivery models along with recommended group sizes, the per child cost of \$15,000 - \$33,000.

## Transition Supports and Gaps

Needs assessment findings indicate that inconsistency is the main weakness of the transition supports available in the Illinois, whether it be the inconsistent communication between the various actors involved in ECCE transitions or the lack of continuity of care between one program and the next. There also is a need for more data on transition supports (i.e., their impact and outcomes), particularly for younger children (ages birth to 3 years) and children with needs other than education, such as health needs.

The Kindergarten Transition Advisory Committee discussed transition supports specifically for children who are vulnerable or underserved and suggested that future policy should “consider how to best integrate families of all backgrounds, including those with mixed immigration status, families without permanent housing, families who are justice involved, caregivers who work non-traditional hours, and others” (GOECD, 2018a, p. 14). It is also recommended that future research collect data on transition supports across age groups, especially for children ages birth to 3, in an effort to facilitate greater communication and continuity in transition supports moving forward.

## Interagency Collaboration and Data Systems

Several practices are in place due to legislative order that reflect effective and supportive interagency collaboration supporting young children and families (e.g., Illinois ELC, GOECD, ExceleRate Illinois, the interagency team, and the Illinois Longitudinal Data System). Recently, legislation passed by the state’s General Assembly, such as Public Act 100-0645, has served as a lever to incentivize greater interagency collaboration in ECCE. However, there remain several policies, practices, and structures that continue to hinder interagency collaboration. The greatest among these include ongoing data challenges. For these practices to spread to other areas, agencies, or sectors, the ongoing data challenges among and between agencies must be addressed.

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## Appendix A. Summary of Needs Assessment Findings

Domain	Questions	Findings	Page No.
Definition of Terms	What is your definition of quality early childhood care and education (ECCE) for this grant?	<p>High-quality ECCE consists of the following elements:</p> <ul style="list-style-type: none"> <li>• high qualifications of teachers and staff,</li> <li>• developmentally appropriate curricula,</li> <li>• inclusion of specific populations,</li> <li>• family engagement,</li> <li>• and compliance with state and federal standards.</li> </ul> <p>This is not an exhaustive list. Please see the <a href="#">Defining Quality section</a> for the full definition, provided by the <i>Non-Regulatory Guidance Early Learning in the Every Student Succeeds Act</i> (2016)</p>	24
	What is your definition of ECCE availability for this grant?	We define ECCE availability as “the number of ECE slots per 100 children.” Please see the <a href="#">Defining Availability section</a> for the full definition, provided by IFF (2019).	26
	What is your definition of vulnerable or underserved children for this grant?	<p>We define vulnerable (or in this case, at risk) and underserved as:</p> <ul style="list-style-type: none"> <li>• <b>At Risk:</b> Children and families who face economic disadvantage and a lack of a support system.</li> <li>• <b>Underserved:</b> Children and families who do not receive equitable resources compared with those received by other students in the academic pipeline and do not have adequate access to early childhood programs because of the programs’ locations, costs, enrollment requirements, or capacity to serve the comprehensive needs of families.</li> </ul> <p>These definitions were provided by the All Families Served (AFS) subcommittee of the Early Learning Council (ELC; 2019). For a list of populations considered to be vulnerable or underserved by this definition, please see the <a href="#">Defining Vulnerable or Underserved section</a>.</p>	27
	What is your definition of children in rural areas for this grant?	We will use the Urban-Rural Classification Scheme for Counties, provided by the National Center for Health Statistics (Ingram & Franco, 2014), to define rural areas for this grant. See the <a href="#">Defining Rural section</a> for the full classification scheme.	30

Domain	Questions	Findings	Page No.
	Do you have a definition or description of your ECCE system as a whole? (If yes, what have you used that definition for? What about your broader early childhood system encompassing other services used by families with young children? Do you have a definition for that and, if so, what have you used it for?)	Illinois’ ECCE system is spread across several state agencies, is governed by various state and federal policies and regulations arising over decades of development, and uses federal, state, and local funding sources to support service delivery. Historically, Illinois has been committed to developing a robust mixed-delivery system that uses these components to target improvements in early childhood outcomes (Governor’s Office of Early Childhood Development [GOECD], 2018). For a list of the various programs, services, and supports that make up Illinois’s current ECCE system, see the <a href="#">Overview: Illinois’s Early Childhood Care and Education System section</a> .	20
	Do these definitions differ in key ways from how you have defined any of these in the past? If so, what do you think are the advantages of your definitions for this grant?	Illinois Early Childhood Asset Map (IECAM) noted that the terminology used to describe services for young children has evolved over the past decade, ranging from early childhood education, early care and education, early care and learning, and several other iterations. Each shift in language appears to attempt to be more inclusive of varying types of programs and services, which is consistent with our current usage of ECCE as encompassing all of the various programs, services, and supports that comprise Illinois’s robust mixed-delivery system.	20
	Are there any challenges you foresee in using these definitions (e.g., are they consistent with how key programs that make up the broader early childhood system define these terms)?	Both the American Institutes for Research’s (AIR’s) and IECAM’s findings show there is little consistency in terminology usage across the existing early childhood research and literature for the state of Illinois. With the recent changes in governance and funding, the state’s usage of early childhood services terminology has come under additional scrutiny by both service communities and professional communities. These findings justify the need for continued efforts to refine and standardize the terminology for early childhood services in the state of Illinois.	20

Domain	Questions	Findings	Page No.
Focal Populations	Who are the vulnerable or underserved children in your state? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, poverty and low-income status, and concentration in certain cities or town and/or neighborhoods? What are the strengths and weaknesses of the data you have available on this population? Are there any initiatives under way to improve these data?	Although data are available on the race/ethnicity, home language, income status, and geographic concentration of children ages 5 and under in Illinois, we cannot determine how these data overlap with the population we define as vulnerable or underserved without further analyses. No data are available on immigration status at this time.	32
	Who are the children who live in rural areas in your state/territory? What are their characteristics in terms of race/ethnicity, recency of immigration, language spoken at home, and poverty and low-income status? Are they concentrated in certain regions of the state/territory? Are data available on how far they typically live from an urban area? What are the strengths and weaknesses of the data you have available on this population? Are there any initiatives under way to improve these data?	Although data are available on the race/ethnicity, home language, income status, and geographic concentration of children ages 5 and under in Illinois, we cannot determine how these data overlap with the population we define as living in rural areas without further analyses. No data are available on immigration status at this time.	32

Domain	Questions	Findings	Page No.
Number of Children Being Served and Awaiting Service	What data do you have describing the unduplicated number of children being served in existing programs? What are your biggest data gaps or challenges in this area?	Unduplicated counts of children served by programs individually as well as certain overlaps across programs for service years 2016 through 2018 have been established. Early Head Start or Head Start data have yet to be included.	35
	What data do you have describing the unduplicated number of children awaiting service in existing programs? What are your biggest data gaps or challenges in this area?	Establishing an unduplicated count on the number of children being served and awaiting services may not be possible with the existing available data sources. The available state data focus primarily on service receipt rather than service eligibility [without receipt].	35
	What are the strengths and weaknesses of the data you have available on children being served? Are there any initiatives under way to improve these data?	The data integration for this needs assessment represents an early achievement and marker of progress for the state’s longitudinal data system governance and technical infrastructure. Illinois is working through systemic data challenges broadly and in early childhood. Agency data systems are traditionally siloed, with limited communication and integration between them, both within and across agencies. Several recent state-level initiatives are driving improvements in early childhood data.	35
Quality and Availability	What would you describe as your ECCE current strengths in terms of quality of care across settings (e.g., accessing accurate data from rural areas, central points of data entry [+ or -], population mobility)?	Two strengths in quality were identified: (1) improved teacher qualifications and professional development and (2) the widespread implementation of ExceleRate and other assessment tools.	37
	What would you describe as key gaps in quality of care across settings?	Although the state’s recent focus on teacher qualifications and ExceleRate implementation has contributed to improvements in ECCE quality, there is still a lack of consistency in Illinois’s quality of care across settings.	38
	What are the strengths and weaknesses of the data you have available on quality? Are there any initiatives under way to improve these data?	IECAM described challenges with communication and consistency between the various actors who contribute to the ExceleRate data collection process. The continued efforts of IECAM and their partners will contribute to future improvements in data.	38
	What would you describe as your current strengths in making care available across populations and settings?	Diverse funding streams have increased the availability of ECCE in recent years, particularly for preschool and home visiting services.	40

Domain	Questions	Findings	Page No.
	What would you describe as key gaps in availability?	Although the availability of ECCE has increased in recent years, access to high-quality ECCE services is still not uniform across Illinois due to challenges such as ExceleRate limitations, workforce issues, and insufficient funding.	41
	What initiatives do you currently have under way to ensure that high-quality care is available to vulnerable or underserved children and children in rural areas in your state/territory? What works well? What could work better? Have you been particularly successful in developing quality environments for any particular populations or in any particular settings? What made these efforts successful and what needs to be done to replicate them?	The ELC AFS subcommittee has been working to improve access to early learning programs for the children and families of highest need since 2013. Focus group participants identified workforce issues as a barrier to providing for these focal populations.	41, 44
	What initiatives do you currently have in place to inform parents about what constitutes a high-quality child care center and how different centers match up in terms of quality? Is this information delivered in a culturally and linguistically sensitive manner? How effective are the initiatives and information? What could be improved in this area?	Although there are initiatives to inform parents about what constitutes high-quality ECCE, parents named word-of-mouth as the primary way they learn about their ECCE options. This highlights the need for efforts to increase parents' awareness of the resources available to them.	44
	What initiatives do you have in place to promote and increase involvement by and engagement of parents and family members in the development and education of their children? What works well about these initiatives? What could be better? Include information about the degree of availability of these initiatives and the extent they are culturally and linguistically sensitive.	Current initiatives mentioned by focus group participants included parent-led community screenings and enrollment efforts, in-home follow-ups with nonresponsive parents, and parent engagement workshops for providers. Accommodating parents' schedules and needs was identified as a challenging yet crucial aspect of promoting family involvement and engagement.	44



Domain	Questions	Findings	Page No.
	<p>What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences who do not have easily accessible services available?</p>	<p>Other than the initiatives designed to support English learners, specific initiatives to address the cultural/linguistic needs of families were not identified for the state of Illinois.</p>	44
	<p>What do you see as your biggest need and opportunity in improving the quality and availability of care, particularly for vulnerable or underserved children and those in rural areas? This should include a discussion of needs and opportunities related to strengthening the ECCE workforce in terms of training and the retention of high-quality staff and spaces across the ECCE system, including both center-based and family child care providers.</p>	<p>Focus group participants highlighted a need to provide sufficient training and preparation to teachers and staff who serve the children we have defined as vulnerable or underserved. In addition, providers expressed frustration with the system’s inability to attract and retain highly qualified staff due to the lack of funding. For children in rural areas, lack of transportation also was identified as a major barrier to ECCE.</p>	44
<p>Gaps in Data or Research to Support Collaboration Between Programs/ Services and Maximize Parental Choice</p>	<p>What do you know about the service use of families with children (both children and family members) in the ECCE system?</p>	<p>More data are needed regarding the service use of families with children in the ECCE system. The parent voice needs to be incorporated into the data collection processes to better understand the family experience.</p>	46
	<p>What are the most important gaps in data or research about the programs and supports available to families and children? What challenges do these gaps present? What existing initiatives are being undertaken in your state/territory to address these gaps?</p>	<p>Given that the ECCE landscape consists of a set of systems that serve families in a variety of ways, the development of coordinated data systems across programs and services is critical. Although the benefits of a coordinated data system are considerable, it is a complex and costly endeavor that may require new technological infrastructure, data-sharing agreements, and record linking.</p>	46
	<p>What are the most important gaps in data or research regarding collaboration across programs and services? What initiatives are currently under way in your state/territory to address these gaps?</p>	<p>Collaboration across Illinois’s mixed-delivery system will require continuous improvement in the areas of governance, funding, workforce, data, and monitoring. In addition, there is a need for consistency in data reporting practices and for further discussion on when to use local versus state data.</p>	47

Domain	Questions	Findings	Page No.
	<p>What are the most important gaps in data or research related to maximizing parental choice? What initiatives are currently under way in your state/territory to address these gaps?</p>	<p>An important gap in data and research related to maximizing parental choice concerns how best to engage different types of families so that they connect with necessary programs and services. A key part of the strategy should likely include improving communication with parents about what constitutes high-quality ECCE.</p>	49
<p>Quality and Availability of Programs and Supports</p>	<p>What programs or supports do you have available that help connect children to appropriate, high-quality care and education? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve? What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that are not being connected to appropriate high-quality care and education?</p>	<p>Child Care Resource and Referral centers work to connect parents and families with child care services in their communities and provide many parent-friendly resources on their websites. However, our focus group data highlights parents' lacking awareness of these centers and the resources they provide.</p>	50
	<p>What programs or supports do you have in place to make sure that children of parents who are employed, looking for work, or in training are able to access child care that is compatible with their employment or training situation? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?</p>	<p>These questions were identified as being out of the scope of our needs assessment.</p>	N/A

Domain	Questions	Findings	Page No.
	<p>What programs and supports do you have available to identify children who are developmentally delayed and connect them to services? How effective is the connection between these programs and supports and your ECCE system? Are these programs reaching children from vulnerable and underserved populations? Are they reaching rural children? What else do you need to know about these programs and the populations they serve? What specific initiatives are in place to address the needs of parents/families that meet their cultural and/or linguistic needs? Are there specific populations of parents/families with cultural/linguistic differences that are not being connected to these services?</p>	<p>Early intervention (EI) was identified as an important service for children with developmental delays and their families; however, providers noted the disconnect between enrollment in EI and enrollment in special education services upon entry into formal schooling (i.e., ages 3+). In addition, rural areas were found as a place of need for special education services. Finally, limitations in workforce and transportation were again listed as barriers to providing children and families with access to high-quality care.</p>	51
	<p>What programs or supports do you have available that help ensure that ECCE settings are helping vulnerable or underserved children access needed support services such as health care, food assistance, housing support, and economic assistance? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?</p>	<p>There are many state-led initiatives in place to help ensure that vulnerable or underserved children have access the support services they need, including education, child care, food assistance, and healthcare. Future researchers may wish to further explore the demand for these types of programs and supports, as well as their impact on the populations they serve.</p>	50
	<p>What programs and supports do you have available to support children who are non-English speaking or reflect different cultures that connect them to services? How effective is the connection between these programs and supports and your ECCE system? Are these programs reaching children from vulnerable and underserved populations? Are they reaching rural children? What else do you need to know about these programs and the populations they serve?</p>	<p>Details on specific programs and supports for children who are English learners (ELs) were limited in the existing literature. In focus group discussions, children who are vulnerable or underserved and children in rural areas were both identified as groups with limited access to EL resources.</p>	52

Domain	Questions	Findings	Page No.
	<p>What programs or supports do you have available that help ensure that ECCE settings are able to connect families in crisis to needed programs or services (e.g., family violence programs, emergency economic assistance, mental health care, substance abuse treatment)? What works well about these programs or supports? What could work better? What else do you need to know about these programs and the populations they serve?</p>	<p>The definition of “families in crisis” includes the following for the purposes of this grant:</p> <ul style="list-style-type: none"> <li>• Families experiencing homelessness</li> <li>• Families experiencing food insecurity</li> <li>• Children with teen parents</li> <li>• Children in foster care</li> <li>• Children exposed to trauma (e.g., violence, substance abuse, mental health issues)</li> <li>• Families who are new to the United States (i.e., immigrant families)</li> <li>• Migrant families</li> </ul> <p>Specific programs and supports available to these families are described in the <a href="#">Families in Crisis section</a>.</p>	53

Domain	Questions	Findings	Page No.
<p>Measurable Indicators of Progress that Align with the State’s Vision and Desired Outcomes for the Project</p>	<p>What measurable indicators currently exist that can be used to track progress in achieving the goals of this grant and your strategic plan? What are the strengths and weaknesses of these indicators? Include the extent to which they can be used to describe the current conditions experienced by vulnerable, underserved and rural populations.</p>	<p>The primary metrics, as developed by the Ad Hoc Committee, IECAM, the Data Research, and Evaluation (DRE) subcommittee, and GOECD included Economic Security, Health, High-Quality Early Learning for Infants and Toddlers, High-Quality Early Learning for Preschoolers, Kindergarten Individual Development Survey (KIDS), and Coordinated Community Systems. Although secondary metrics were developed for each of the primary metrics, work never occurred on populating those indicators. At present, Economic Security and KIDS have been populated.</p> <p>IECAM found it difficult to find and use the appropriate data sets with which to describe and accurately measure the indicators related to high-quality programming for children birth to age 5 when the metric was written in such a way as to actually change the data needed. In addition, the ExceleRate program was still fairly new and had pilot and incomplete rating data for early childhood programs around the state. Although many of those issues have been resolved, IECAM is still waiting for some of the ExceleRate data due to unclear communications and expectations.</p>	<p>58</p>
	<p>What opportunities are currently under way involving developing additional measurable indicators to track progress in achieving the goals of this grant and your strategic plan?</p>	<p>Strategically, the metrics are organized across five “domains” — General, Access, Quality, Coordination, and Workforce. The General domain features metrics informed by and impacting each of the other four domains and includes two of the original metrics from the previous measurement system—Economic Security of Children and Families and Kindergarten Information Development Systems (i.e., Kindergarten Readiness). The four new domains feature thoughtfully and collaboratively developed metrics for the state to pursue in upcoming years.</p> <p>In addition to overall metrics found in the five domains, targeted workgroups were formed for the purpose of drafting metrics-related state priorities: (1) home visiting and early intervention targeting children in welfare, (2) inclusion with children birth to 5, (3) expanded coordinated intake in home visiting programs, (4) kindergarten transition, (5) professional development alignment, and (6) racial equity.</p>	<p>58</p>

Domain	Questions	Findings	Page No.
Issues Involving ECCE Facilities	What issues have been identified involving ECCE facilities?	This domain was identified as an area of need, as we do not currently have detailed data or information on ECCE facilities in Illinois.	66
	What innovative efforts have taken place to improve ECCE facilities? Have these efforts targeted vulnerable or underserved children and those who live in rural areas?	This domain was identified as an area of need, as we do not currently have detailed data or information on ECCE facilities in Illinois.	N/A
	What current plans are in place to address ECCE facility issues?	Funds are available for both school- and community-based programs and are administered by the Capital Development Board in partnership with ISBE. Also, in 2019, Illinois received \$40.2 million in federal grants from the U.S. Department of Health and Human Services targeted at early childhood infrastructure, specifically for building and expanding preschools in certain neighborhoods.	67
	What opportunities exist for different ECCE and/or other early childhood programs and systems to work together collaboratively on ECCE facility improvement (e.g., through colocation of key early childhood services)		
	What are the strengths and weaknesses of the data you have available on ECCE facilities? Are there any initiatives under way to improve the data?	This domain was identified as an area of need, as we do not currently have detailed data or information on ECCE facilities in Illinois.	N/A

Domain	Questions	Findings	Page No.
Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education Services and Supports and Opportunities for More Efficient Use of Resources	What barriers currently exist to the funding and provision of high-quality ECCE supports? Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality ECCE services and supports? Are there policies that operate as barriers? Are there regulatory barriers that could be eliminated without compromising quality? For this question, you should be sure to include a discussion of supports in the broader early childhood system, not just the ECCE system.	See cost model study final report details in Appendix E.	E-1
	Are there opportunities for a more efficient allocation of resources across the system? Have there been successful efforts in the state at implementing strategies that have improved the efficient use of resources? Why and how were they successful and what needs to be done to replicate them? Have there been efforts that were undertaken, but did not show positive results? What can be learned from these experiences?	See cost model study final report details in Appendix E.	E-1

Domain	Questions	Findings	Page No.
Transition Supports and Gaps	What are the strengths and weaknesses of the transition supports for children moving from the ECCE system to school entry?	Strengths of Illinois’ transition supports include increased collaboration efforts and the implementation of KIDS. However, not all schools and programs offer families the same access to transition resources; therefore, inconsistency was identified as the main weakness of Illinois’ transition supports.	68
	Are there targeted supports for vulnerable or underserved children and children in rural areas? What is effective about these? What could be better?	For children who are vulnerable or underserved, trauma-informed support that follows the children as they transition between programs and grades was identified as a need. In addition, providers mentioned language barriers and work schedules as limitations for many families seeking transition support, particularly those who are vulnerable or underserved. For children in rural areas, the inconsistency of offerings was emphasized, and transportation was again identified as a barrier.	70
	Are there transition supports across the age spans or are they for specific age populations? Are there transition policies/practices that support children in all types of care and education settings?	In general, the transition from preschool to kindergarten (i.e., 3- to 5-year-olds) was identified as being more straightforward than the transition into preschool, particularly when transitioning from home visiting or home-based care into center- or school-based preschool (i.e., birth to 3-year-olds). Continuity was identified as a need for this domain.	71
	What is effective about the supports for children with developmental delays or other special needs? What could be more effective about them? For this question you should look at both transition to kindergarten and transition between early intervention and preschool special education programs.	The efforts of early intervention specialists and special education service providers to build partnerships with the families of children with developmental disabilities allow the transitions for this population to be relatively effective. However, there are still areas for improvement in facilitating communication between the numerous actors involved and ensuring continuity of care between one program and the next.	70
	How are parents currently provided with information about transitions? Is the information provided in a culturally and linguistically sensitive manner? What is effective about the information provided? What could be improved?	Parents reported communicating with providers and schools in various ways depending on the service area they were involved with. Although some parents spoke highly of their communication with their child’s provider/district, both parents and providers noted that not all parents have that access; the transition resources available to children and families are not uniform across Illinois.	71



Domain	Questions	Findings	Page No.
	Have there been any innovative efforts to improve transitions? How effective were they?	The implementation of kindergarten transition days was mentioned as an effective tactic for improving the preschool-to-kindergarten transition; however, this service is not available to all children and families. The development of the Kindergarten Transition Advisory Committee and the implementation of KIDS also have contributed to the improvement of transition supports in Illinois.	68
	How do the supports differ based on the type of ECCE provider (e.g., Head Start, state/territory prekindergarten, home care provider, private or religious-based provider)?	In general, the transition from preschool to kindergarten was identified as being more straightforward than the transition into preschool, particularly when transitioning from home visiting or home-based care into center- or school-based preschool. Continuity was identified as a need for this domain.	71
	How effective is the communication between ECCE providers and school systems? What could be done to improve that communication?	In AIR’s stakeholder focus groups, parents and providers identified the ease of transition within school districts (e.g., public preschool to public kindergarten) as a strength of Illinois’ existing transition supports. However, when transitioning between service areas (e.g., home- to school-based care), communication was named as an area of need. This need was especially emphasized for children with developmental disabilities transitioning from early intervention to preschool.	71

Domain	Questions	Findings	Page No.
System Integration and Interagency Collaboration	What policies and practices are in place that either support or hinder interagency collaboration?	Recently, legislation passed by the state’s General Assembly has served as a lever to incentivize greater interagency collaboration in ECCE. On the other hand, there remain several policies, practices, and structures that continue to hinder interagency collaboration. The greatest among these include ongoing data challenges.	79
	Are there specific funding policies and practices that support or hinder interagency collaboration?	Public Act 100-0645 allows for early childhood educators with a Gateways ECE Credential Level 5 to serve as lead teachers in Preschool For All classrooms alongside early childhood educators with Professional Educator Licenses and early childhood education endorsements. The Gateways credentialing system, which is designed to support early childhood professionals across the field and receives funding support from both IDHS and ISBE, has typically been represented by the child care sector, while state preschool educators must attain licensure and endorsements regulated by ISBE. This legislation allows for greater integration of the workforce and supports a pathway to professional advancement for educators who otherwise may not have been able to use their bachelor’s qualifications in a state preschool classroom.	79
	What practices are in place that reflect effective and supportive interagency collaboration supporting young children and families? How were they developed? What would need to happen for them to spread to other areas, agencies, or sectors?	Several practices are in place due to legislative order that reflect effective and supportive interagency collaboration supporting young children and families (e.g., Illinois ELC, GOECD, ExceleRate Illinois, the interagency team, and the Illinois Longitudinal Data System). For these practices to spread to other areas, agencies, or sectors, the ongoing data challenges within and between agencies need to be addressed.	79

## Appendix B. List of Existing Needs Assessments and Other Reviewed Resources

Title	Organization Name	Year
Preschool Development All Families Served: Network Mapping Tool	Administration for Children and Families, Department of Education Advocacy & Communication Solutions, LLC	2019
Preschool Development All Families Served Webinar: Strategies to Engage Families as Partners That Are Often Difficult to Reach	Administration for Children and Families, Department of Education Advocacy & Communication Solutions, LLC	2019
Recommendation on Priority Populations	Early Learning Council, Access Committee—All Families Served Subcommittee	2019
Early Development Instrument	Erikson Institute	2018
Illinois Risk and Reach	Erikson Institute	2019
Family Connects Illinois White Paper	Family Connects Illinois	2019
Kindergarten Transition Advisory Committee	Governor’s Office of Early Childhood Development	2018
Access and Quality for Illinois Children	IFF	2019
Maternal, Infant, and Early Childhood Home Visiting Continuous Quality Improvement Report	Illinois Center for Prevention Research & Development	2019
Illinois Children’s Mental Health Partnership Annual Report	Illinois Children’s Mental Health Partnership	2017
Illinois Children’s Mental Health Partnership Annual Report	Illinois Children’s Mental Health Partnership	2019
Community Services Block Grant	Illinois Department of Health and Human Services	2014
Social Services Block Grant	Illinois Department of Health and Human Services	2015
Child Care and Development Fund Book of Tables	Illinois Department of Human Services	2017
Child Care and Development Fund Policies Database	Illinois Department of Human Services	2008–18
Head Start State Collaboration Needs Assessment	Illinois Department of Human Services	2018
Illinois Child Care Program Report	Illinois Department of Human Services	2018
Illinois Head Start State Collaboration Office Website	Illinois Department of Human Services	2017
Maternal and Child Health Services Title V Block Grant	Illinois Department of Public Health	2016

Title	Organization Name	Year
Title V Needs Assessment Databook	Illinois Department of Public Health	2015
Evanston/Skokie Community Assessment	Illinois Head Start Grantees	2017
A Look at Kindergarten Readiness	Illinois State Board of Education	2019
Final State Home Visiting Vision and Priorities	Illinois State Home Visiting	2019
Home Visiting Innovations Brief	Illinois State Home Visiting	2019
2017 and 2019 Preschool For All Analysis	Latino Policy Forum	2019
Medicaid and Children’s Health Insurance Program Enrollment Data	Medicaid	2017
The State of Preschool	National Institute for Early Education Research	2018
Illinois Longitudinal Data System	Northern Illinois University	2018
Child and Families Connections Survey Summary	Ounce of Prevention Fund	2019
Home Visitor Survey Report	Ounce of Prevention Fund	2019
Teen Parenting Service Network Year in Review	Teen Parenting Service Network	2018
Special Supplemental Nutrition Program for Women, Infants, and Children Data Tables	U.S. Department of Agriculture	2019
Annual Report on the Implementation of the Individuals with Disabilities Education Act	U.S. Department of Education	2017
Every Student Succeeds Act Early Learning Guidance	U.S. Department of Education	2016
Perkins Data Explorer	U.S. Department of Education	2018
Striving Readers Program	U.S. Department of Education	2012
Title II Reports	U.S. Department of Education	2018
Temporary Assistance for Needy Families Caseload Data	U.S. Department of Health and Human Services	2018
Title V Federal-State Partnership	U.S. Department of Health and Human Services	2017
Community Development Block Grant Performance Profiles	U.S. Department of Housing and Urban Development	2017
Workforce Innovation and Opportunity Act National Performance Dashboard	U.S. Department of Labor	2018
Illinois Early Childhood Asset Map	University of Illinois Urbana-Champaign	2019

## Appendix C. Stakeholder Focus Group Participants

Focus Group Location	Stakeholder Type	Organization or Service Area
Chicago	Researcher	Erikson Institute
	Advocate	Illinois Action for Children
	Researcher	McCormick Foundation
	Researcher	McCormick Foundation
	Researcher	NORC
	Advocate	Ounce of Prevention
	Advocate	Ounce of Prevention
	Researcher	University of Illinois at Chicago
Southern Illinois	Provider	Caregiver Connections – Mental Health
	Provider	Center-based services
	Provider	Center-based services
	Provider	Center-based services
	Provider	Children’s Home & Aid – Family Supports
	Provider	Children’s Home & Aid – Prevention Initiative
	Provider	Early/Head Start
	Provider	Early/Head Start – Special Education Services
	Provider	Early intervention
	Provider	School-based services
	Provider	School-based services
	Parent	Parents United for Change
Northern Illinois	Foster Parent	Center-based services
	Parent	Center-based services
	Parent	Center-based services
	Parent	Home visiting and doula services
	Parent	Home visiting services
	Parent	Home visiting services
	Parent	Home visiting services
	Provider	Center-based services
	Provider	Center-based services
	Provider	Home-based services
	Provider	School-based services
	Provider	Home visiting and doula services
	Provider	Home visiting and doula services
	Provider	Home visiting services
	Provider	Professional development services
	Provider	YWCA Family Services
	Provider	YWCA Family Services

Stakeholder Type	Number of Attendees
Researcher/Advocate/Policy makers	8
Providers	21
Parents	8
<b>Total =</b>	<b>37</b>

## **Appendix D. Northern Illinois University’s Early Childhood Unduplicated Counts Project**

# **Preschool Development Grant Birth through Five Statewide early childhood needs assessment: Unduplicated counts project – Report**



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## Introduction and Background

Establishing unduplicated counts of children served by early childhood programs is key to understanding the early childhood ecosystem in Illinois. These counts help reveal whether services are reaching populations of need, and how—questions prioritized in the Illinois Early Learning Council’s Research Agenda. And their establishment represents a technical achievement built on robust and operational inter-agency data systems.

Only a select few states have reached the unduplicated count milestone in early childhood, and Illinois’ progress has focused upon publicly funded early childhood services. These services consist of an overlapping set of programs and funding sources. Anecdotal evidence suggests that a substantial number of children interact with multiple programs concurrently. Until recently, state data systems have been unable to describe this population in aggregate.

Funded by the Preschool Development Grant Birth through Five grant awarded by the U.S. Department of Health and Human Services, the Early Childhood unduplicated counts project (“The Project”) reflects Illinois’ progress towards an unduplicated count in early childhood. Undertaken by a team from the Northern Illinois University Center for Governmental Studies (CGS) and Education Systems Center, the Project links child unit-level records across state agency systems to describe the population of children receiving selected publicly funded early childhood services in Illinois. Services include programs administered by the Illinois Department of Human Services (DHS) and the Illinois State Board of Education (ISBE). Programs include the Child Care Assistance Program (CCAP), Early Intervention (EI), Health Families Illinois (HFI), and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) at IDHS; and Prevention Initiative (PI), Preschool for All (PFA), and Preschool for All Expansion (PFA-E) as well as Individuals with Disabilities Education Act (IDEA) Part B, Section 619 (619) at ISBE. Please note that program and funding stream are used interchangeably for the purposes of this report.

The Project serves two primary purposes. First, it establishes unduplicated counts of children ages birth through five served by the selected DHS and/or ISBE programs across time and geography. These counts provide the agencies and other interested stakeholders with clear statewide, cross-agency baselines of service provision to identify gaps in reach, inform resource allocation, and support more rigorous research analyses. Second, it seeks to develop recommendations that would promote alignment in data collection, naming, linkage, and analysis to support greater understanding of access to early childhood care and education services through an unduplicated count.

This report outlines the results from the Project, with an emphasis on service years 2016, 2017, and 2018. Service year is defined as the 365-day period from July 1 to June 30, and service receipt is defined as a child receiving program services at any point during a given service year. Project findings include counts and proportions of children served by DHS and/or ISBE programs at state and county levels, where possible. These and other findings inform general recommendations that could strengthen future state-level matching work.

## Research Questions and Data

### *Research Questions*

The Project is a component of a broader statewide birth-to-five early childhood needs assessment being completed for PDG B-5. Primary research questions pursued by the Project are as follows.

- Across the state of Illinois and within each of county, including regions within Cook County, how many children birth through five received early childhood services from programs administered by DHS, ISBE, Head Start, and/or the City of Chicago during the 2017 and 2018 service years (SY)?
- Across the state of Illinois and within each county, what percentage of the overall birth through five population and the birth through five population in poverty (<185% Federal Poverty Line (FPL)) received early childhood services from programs administered by DHS, ISBE and/or Head Start during the 2017 and 2018 SYs?
- What are the demographic characteristics of children receiving these services? How do these characteristics vary between programs? Demographic characteristics include Geography, Race/Ethnicity, Low-Income status, English Language Learner status, Disability status, and Homelessness.
- What number and percentage of children (birth through three and three through five) are served by providers rated in ExceleRate—the state’s system for measuring and improving the quality of early learning providers—and at the various levels in ExceleRate? How do these numbers and percentages vary by program funding stream (e.g. CCAP, PFA, etc.)?

The Project addresses each of the questions at least in part. Notably, it does not include Early Head Start or Head Start data. Due to data sharing-related delays in its timeline, it prioritizes county-level data for service year 2018. Given widely missing or poor-quality household income information, it uses lagging poverty population estimates. And lastly, cell counts less than or equal to ten limited the extent to which data could be disaggregated, and suppression and disclosure proofing related to small state-level Section 619 counts limited the broader use of state-level PFA-E data.

### *Data sources*

The Project uses child-level data—ranging from basic demographic data elements to associated early childhood provider information—from several distinct data sources falling under DHS or ISBE purview. At DHS, the Child Care Management System (CCMS) holds records for children served by CCAP. Records from EI and HFI are held within the Cornerstone system, while Visit Tracker, a system maintained by the Center for Prevention Research and Development (CPRD) at the University of Illinois at Urbana-Champaign, stores MIECHV records. Each of these sources is an operational system.

ISBE’s operational Student Information System (SIS) contains records for children served by Early Childhood Block Grant programs PI, PFA, and PFA-E as well as students enrolled in the public K-12 system. Its web-based I-STAR, or IEP-Student Tracking and

Reporting, system houses records for children and students receiving special education services, including through IDEA Part B Section 619.

Concerning the number of children living in poverty, the CGS team used data from the U.S. Census Bureau's American Community Survey and Population Estimates Program, published on the Illinois Early Childhood Asset Map, to establish the total population in poverty (<185% FPL). The Census data are estimates as of 2016 and 2017, the most recent year available. The Project provides approximate state-level rates of service receipt in 2016 and 2017 relative to the estimated population in poverty for those respective years, and it provides a rough state-level calculation for 2018 using the 2017 estimate.

#### *Linkage method*

The CGS team linked data across DHS- and ISBE-administered programs using the Master Client Index (MCI), a set of inter-agency unique identifiers that CGS maintains on behalf of the ILDS. The team matched records to the MCI using a one-to-one exact record match with allowance for slight variations in no more than two demographic data elements, e.g. first name and data of birth. Relatively few of the records received for the Project did not match with the MCI.

## Caveats and Concerns

#### *Descriptive analysis*

Project findings describe the population of children served by a selected set of early childhood programs, across service years and only at aggregate levels. Aggregate data can mask underlying patterns within and across subgroups or children, and the Project does not attempt to investigate such patterns. Beyond establishing counts of children served, the CGS team did not perform statistical analyses.

#### *Definition of service receipt*

Constrained by data availability and quality, the Project's definition of service receipt cannot adequately describe the experiences of children interacting with the same program(s) at different points, or in different locations, during a given service year. As a result, Project findings should be considered point-in-time unduplicated counts of children served at any point during a service year as of the last day of that year.

#### *Cell size suppression and disclosure proofing*

Cell size suppression and disclosure proofing limit the extent of disaggregated Project findings, which are based upon already suppressed data tables made available to NIU staff. In keeping with best practices of public data disclosure, in the data tables it created and shared for the Project, the CGS team suppressed all cells with counts less than or equal to ten as well as all cells that could possibly be used to determine the contents of cells with counts less than or equal to ten. This practice effectively disclosure proofs the tables, removing the possibility of identifying individual or small groups of children—often from vulnerable populations—being served by the early childhood programs of interest.

Regardless of necessity, suppression meant that, in compiling the Project report, NIU staff relied upon already suppressed data. The suppression is particularly apparent upon disaggregation and thus limits the findings describing certain programs, subgroups, and counties.

Further, disclosure proofing related to state-level Section 619 counts less than or equal to ten resulted in suppression of broader state-level PFA-E counts. As of the release of Project findings, sharing the state-level PFA-E counts would enable the determination of the suppressed 619 counts and is therefore not permissible per the data sharing agreement governing the Project. Nonetheless, NIU staff recognize the value of including the PFA-E counts and will work with relevant agency and GOECD staff to determine how to share them securely in a way that enhances the Project while protecting individual and small group confidentiality.

#### *Missing or invalid data elements*

Missing or invalid demographic data elements proved common across Project data sources. As in past phases of the unduplicated counts work, low income status, English language learning, and homelessness data elements are missing in large numbers. DHS and ISBE do not necessarily collect this information for all programs included in the Project, but the lack of availability means that the Project findings do not describe those subgroups.

CCAP's race/ethnicity data element for CCAP proved of questionable quality such that the CGS team was not confident in its use for service year 2016. Following a 2017 DHS update of the CCMS race/ethnicity codes, the team did not encounter similar concerns for service years 2017 and 2018 data. For CCAP and other DHS programs, in the rare instances where a record's race/ethnicity code did not align with the race/ethnicity code from the linked ISBE record, the team defaulted to the ISBE code.

The ExceleRate provider rating data element in the CCAP records was both unclearly coded and of limited availability. The CGS team clarified the codes with DHS staff and established, at the county level and for CCAP or ECBG funding streams, counts of children served by Gold or Silver Circle providers. However, the team's ability to disaggregate by funding stream was limited by missing data and counts less than or equal to ten.

#### *Data unavailable or not received*

Data from Early Head Start, Head Start, and Parents Too Soon (PTS) programs were either unavailable or not received for the Project. Despite plans for this and prior phases of the Project, the CGS team has yet to include Early Head Start and Head Start records in the unduplicated counts work. The Illinois Head Start Association (IHSA) and its data administrator, CPRD, are building a data system to house and share records from Early Head Start and Head Start grantees statewide. Inter-agency data integration depends upon individual entities being capable of sharing records, and such capability remains a goal for IHSA. It and CPRD continue to make steady progress, but an integrated Head

Start system has yet to reach an operational level such that it can provide data for the Project, statewide or for selected grantees.

IHSA and CPRD face several notable challenges in the data systems space. First, in Illinois, [Early] Head Start grantees are funded by federal dollars and thus not required to report data, child-level or aggregate, to state entities like IHSA. Second, given the nature of Head Start, IHSA must establish a separate data sharing agreement with each individual grantee. Third, multiple data vendors operate in the Head Start space, with Illinois grantees contracting with ChildPlus, COPA, Teaching Strategies GOLD, and others for data systems and reporting support. And fourth and ultimately, building an integrated data system takes time under the smoothest of circumstances, and the prior challenges combined with general data quality questions have slowed IHSA's and CPRD's progress.

The Ounce of Prevention Fund serves as the DHS grantee overseeing PTS and thus houses PTS program data in its OunceNet system. This structure complicates and adds time to the data sharing process for external parties like NIU. Despite the best efforts of DHS, Ounce, and NIU staff, the requested PTS records were not received by the CGS team in time for inclusion in this iteration of the Project.

The Project could undercount the number of children served by CCAP in Chicago. The NIU team's past Project experiences suggest that DHS CCMS may not communicate regularly with the City of Chicago Department of Family & Support Services (DFSS) system holding CCAP records. The City administers CCAP with a group of Chicago-based providers that do not appear to report data directly to DHS. These data may or may not exist within CCMS, which would require their transfer from DFSS. CCMS is the Project's sole source for CCAP records. A direct data sharing agreement between the City and NIU—an attempt to ensure that City-administered CCAP provider data would be included—was not completed in time to support this iteration of the Project.

#### *Poverty estimates*

The Project again attempted to use child-level programmatic data that describe household income or similar information, but as in past attempts, these data were either largely missing or suffering from quality concerns. For the programs used in the Project, income-related information is typically self-reported by families and thus inherently unreliable. In addition, large numbers of records are missing those data. Though proxies like free-or-reduced-price-lunch eligibility are available for certain data sets, they are not available across agencies. Combined, these issues have limited the team's use of programmatic poverty-related data for the Project.

Unable to rely on child-level data, the Project uses the freshest, though still lagging poverty estimates (<185% Federal Poverty Line) available from the U.S. Census Bureau's American Community Survey and Population Estimates Program. These estimates describe 2016 and 2017, and Census estimates for 2018 will only become available in early 2020. The Project provides state-level rates of service receipt in 2016 and 2017



relative to the estimated population in poverty for those years, and it provides a state-level approximation for 2018 using the 2017 poverty estimate.

Using the 2017 estimates with the Project’s service year 2018 county-level data resulted in calculations of questionable validity. For example, numerous counties showed rates above 100 percent—perhaps understandably given slight year-over-year changes in population—and a subset of counties showed rates much larger, e.g. greater than 300 percent. As a result, NIU staff elected not to include 2018 county-level poverty data in the Project findings.

Please refer to the Appendix for a memo expanding on these and other systemic data issues encountered by the NIU team over the course of the three Project phases.

## Findings – Birth-To-Three Programs

All Project findings focus on a selected group of programs: CCAP, EI, HFI, and MIECHV from DHS; and PFA, PFA-E, PI, and IDEA Part B, Section 619 from ISBE. Findings do not describe the entire Illinois early childhood ecosystem, which encompasses this group of programs but also additional state programs, Head Start, and any privately-funded services.

Birth-to-three programs include CCAP, EI, HFI, and MIECHV from DHS; and PI from ISBE. Project findings focus on the overlaps between CCAP and PI, HFI & MIECHV and PI, and EI and PI. Table 1 contains counts of children served in service years 2016, 2017, and 2018, by program. There are no clear trends across all programs, with counts for CCAP and PI showing relative dips in service year 2017, HFI counts decreasing each year, and MIECHV and EI counts increasing each year. Shown in the last column, the unduplicated count of children served by at least one of the programs also dips in 2017 before an approximate 4,500 child increase in 2018.

Table 1: Count of children ages birth to three receiving services, by program, 2016-2018

Year	Total CCAP	Total PI	Total HFI	Total MIECHV	Total EI	Total CCAP or PI or HV* or EI
2016	58,205	13,626	2,064	524	40,441	105,186
2017	56,994	12,761	1,529	687	41,015	104,172
2018	57,304	14,268	1,394	733	42,593	108,707

Sources: DHS CCMS, Cornerstone; CPRD Visit Tracker; ISBE SIS

## Child Care Assistance Program (CCAP) and Prevention Initiative (PI)

CCAP and PI serve children starting at birth to three years of age. Figure 1 shows the counts of children served by CCAP, PI, or both programs during service years 2016, 2017, and 2018. The number of children in solely CCAP-funded slots centered at approximately 55 thousand across service years 2016 through 2018. Less than one-fifth of those numbers in 2016 (n = 10,444) and 2017 (n = 10,221) were served by PI only, though the count in PI only rose by nearly a quarter, to n = 12,746, in 2018. Year-over-year, the number of children served by both CCAP and PI decreased, from 3,182 in 2016 to 2,540 in 2017 to 1,522 in 2018. In 2018, exclusive CCAP enrollment and exclusive PI enrollment both rose, though PI showed a larger increase as reflected in the growth in its proportion in Figure 2 below.

Figure 1: Count of children ages birth to three served by CCAP, PI, or both, 2016-2018

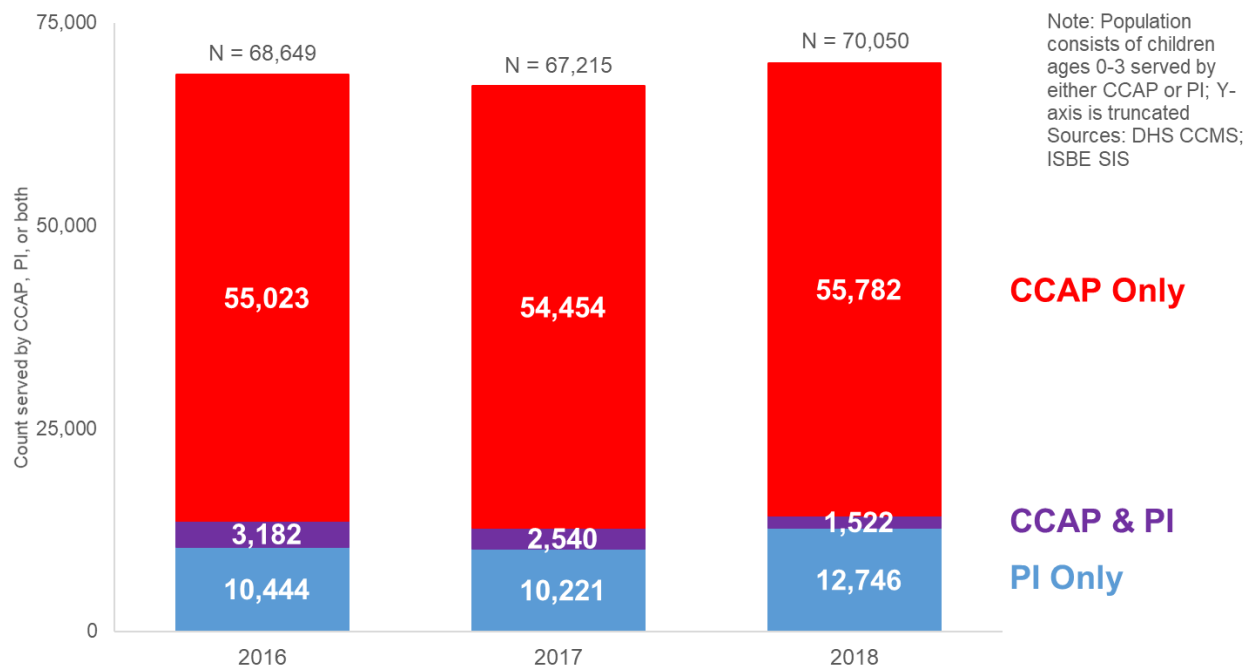


Figure 2 displays, for the population served by CCAP, PI, or both programs, the proportion of children served by each program in a given service year. During 2016 (N = 68,649) and 2017 (N = 67,215), CCAP served approximately 85 percent of this population, with roughly four out of five children enrolling in slots funded by that program only. PI served approximately 20 percent and 19 percent of children, respectively, during those years, and the overlaps in CCAP and PI hovered around 4 percent. In 2018 (N = 70,050), the proportion served by CCAP fell to approximately 82%, with the overlap in children served by both CCAP and PI decreasing by roughly half, to approximately 2.2 percent. That year, the proportion served by PI only increased to approximately 18.2 percent from approximately 15.2 percent of the population in both 2016 and 2017.

Figure 2: Proportion of children ages birth to three served by CCAP, PI, or both, 2016-2018

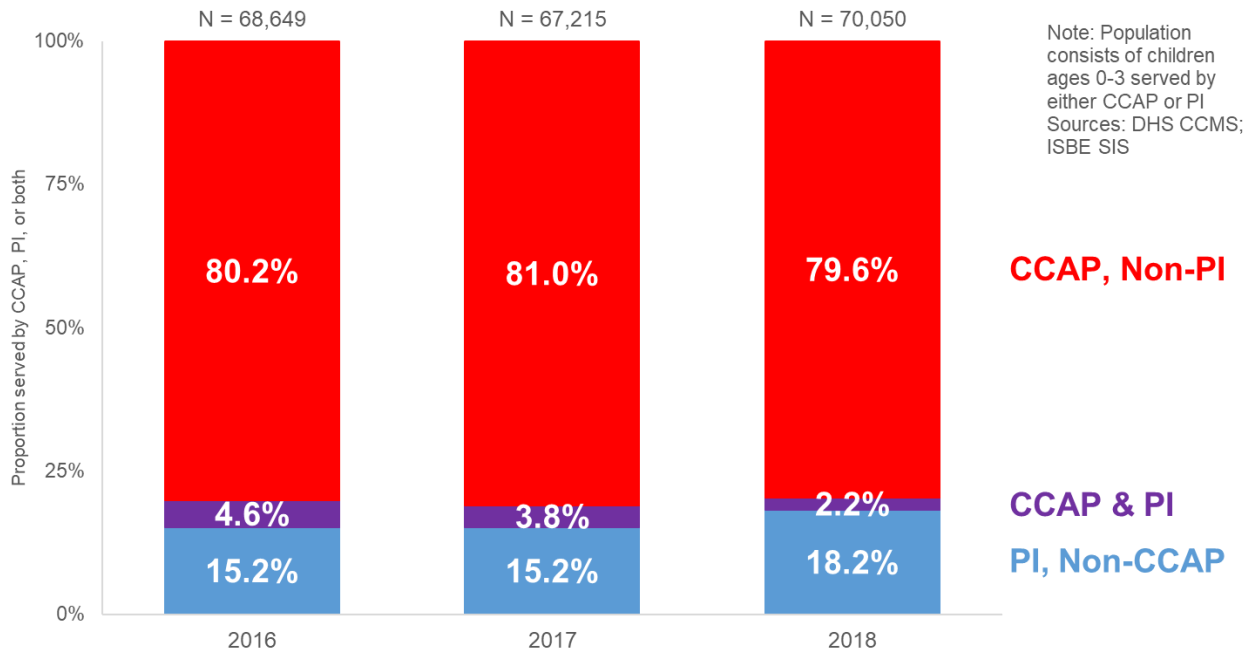
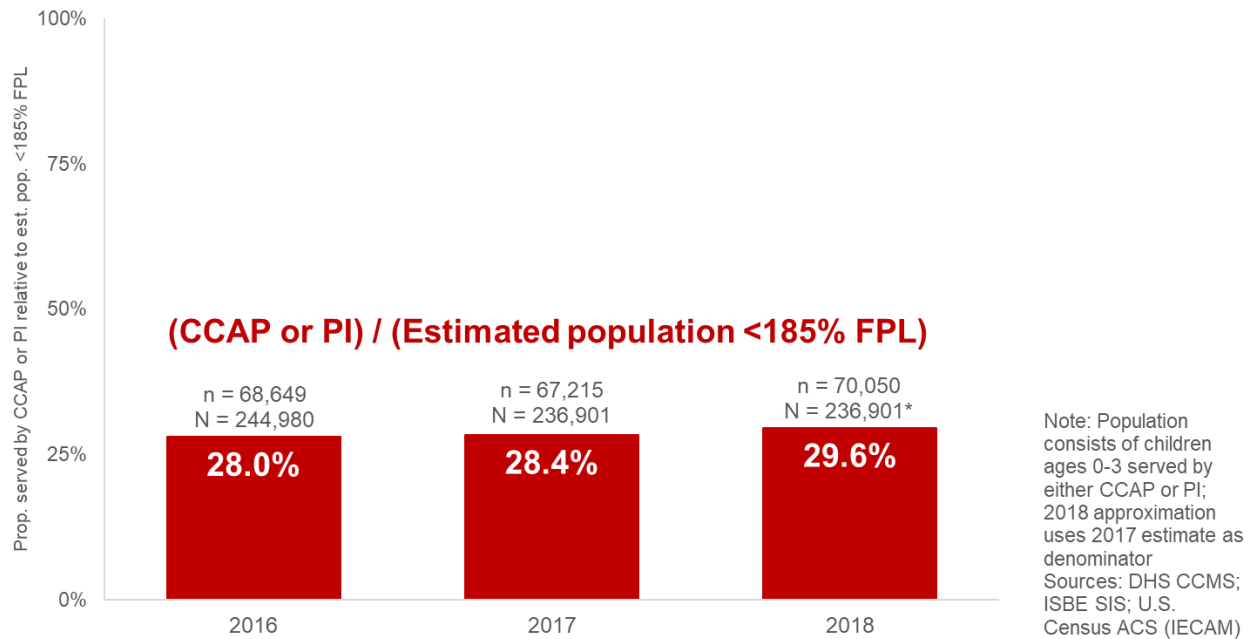


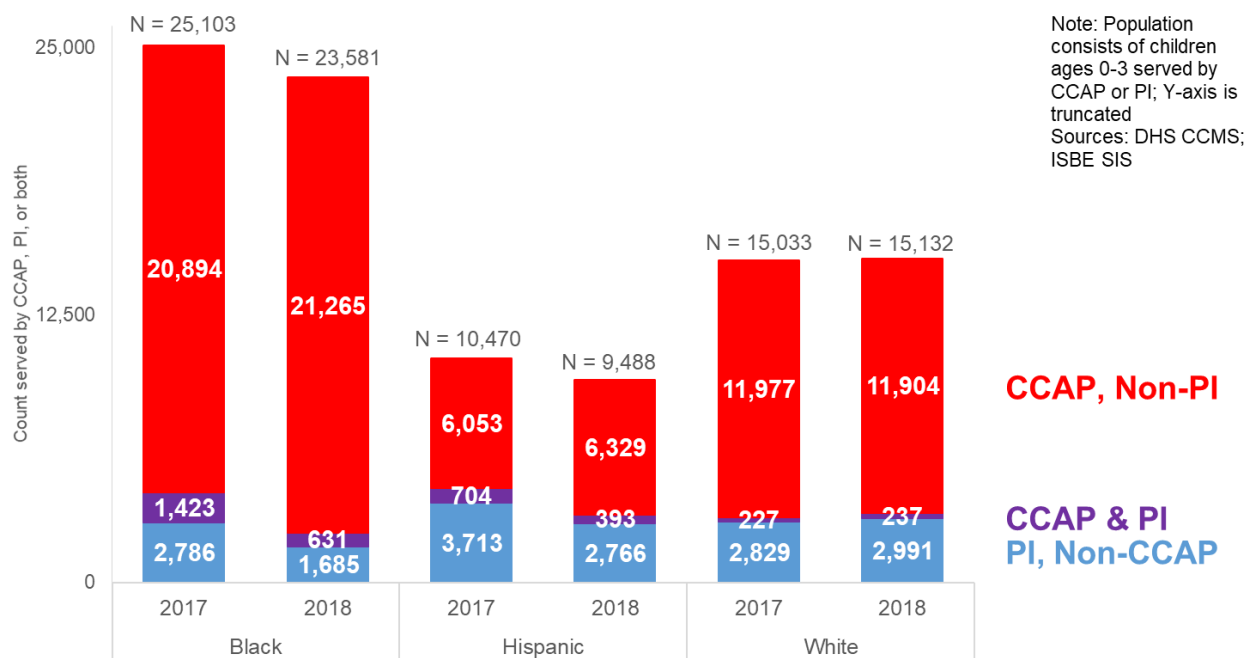
Figure 3 looks at the CCAP-or-PI population (n) as a proportion of the U.S. Census estimate of the birth-to-three population living in households below 185 percent of FPL (N). Proportions rose from approximately 28 percent in 2016 (n = 68,649, N = 244,980) to approximately 28.4 percent in 2017 (n = 67,215, N = 236,901) then approximately 29.6 percent in 2018 (n = 70,050, N = 236,901\*). Please note that the 2018 proportion recycles the 2017 poverty estimate given the Census has yet to release its 2018 estimate.

Figure 3: Population of children ages birth to three served by CCAP or PI as a proportion of the estimated birth-to-three population living in households below 185 percent of the Federal Poverty Line, 2016-2018



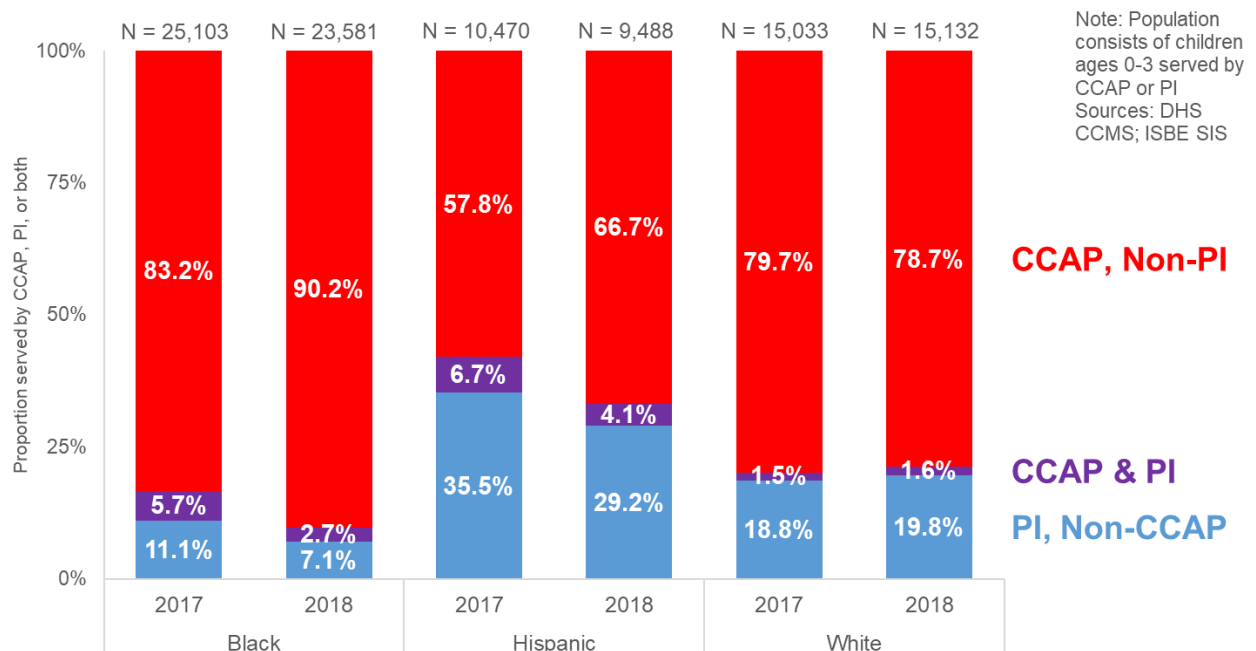
Project findings focus on Black, Hispanic, and White children. Focusing on service years 2017 and 2018, there are clear differences by racial/ethnic group in the number of children served by CCAP or PI. Figure 4 shows that, during service years 2017 and 2018, more Black children (n = 25,103 in 2017 and n = 23,581 in 2018) were served by CCAP or PI than were White children (n = 15,033 in 2017 and n = 15,132 in 2018) or Hispanic children (n = 10,470 in 2017 and n = 9,488 in 2018). As suggested by the proportions served, counts skewed towards CCAP. Counts of Black ( $\Delta = - 1,001$ ) and Hispanic children ( $\Delta = - 947$ ) served solely by PI decreased year-on-year, while counts for White children ( $\Delta = + 162$ ) increased.

Figure 4: Count of children ages birth to three served by CCAP, PI, or both, by race/ethnicity, 2017-2018



As displayed in Figure 5, Black children were overwhelmingly served by CCAP alone, with approximately 83.2 percent and 90.2 percent in those slots in 2017 and 2018, respectively. By contrast, weaker majorities of Hispanic children—approximately 57.8 percent in 2017 and 66.7 percent in 2018—enrolled in solely CCAP-funded slots. Proportions for CCAP only among White children fell in between their counterparts, at approximately 79 percent each year. Year-on-year, the breakdown of proportions remained largely the same for White children, and it skewed more heavily towards CCAP for both Black and Hispanic children. Further, the proportions of children of color served by both CCAP and PI decreased by several percentage points in 2018 compared to minimal change in the same proportion for White children.

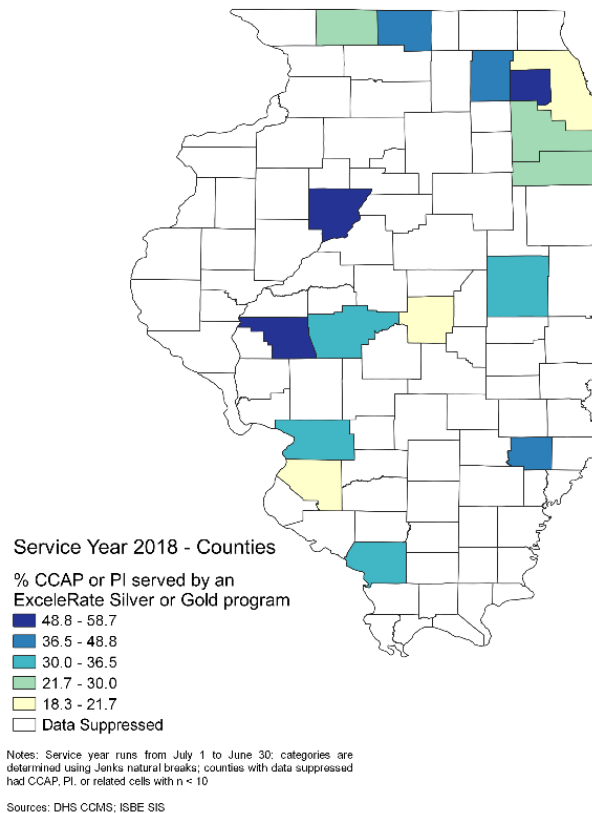
Figure 5: Proportion of children ages birth to three served by CCAP, PI, or both, by race/ethnicity, 2017-2018



Illinois' quality recognition and improvement system, ExceleRate, recognizes quality improvement efforts by providers through its Circle of Quality designations: Licensed, Bronze, Silver, and Gold. Silver and Gold represent the two highest circles, and Figure 6 shows the proportion of the unduplicated count of children served by CCAP or PI that was served in an ExceleRate Gold or Silver setting. DuPage, Morgan, and Peoria counties had the highest proportions of CCAP-or-PI-served children in Gold or Silver settings in 2018, with between approximately 50 and 60 percent of children served. Kane and Winnebago counties also had relatively high proportions.

Figure 6 has a cell size suppression threshold of  $n \leq 10$ . This level of suppression and related disclosure proofing resulted in many counties—more counties than expected—being impacted. Further investigation of the county-level data is necessary in future iterations of the Project.

Figure 6: Proportion of children ages birth to three served by CCAP or PI in ExceleRate Gold or Silver Circle settings, by county, 2018



## Home Visiting (Healthy Families Illinois (HFI) and Maternal, Infant, and Early Childhood Home Visiting (MIECHV)) and Prevention Initiative (PI)

The Project incorporates data from two state-administered home visiting programs—Healthy Families Illinois (HFI) and Maternal, Infant, and Early Childhood Home Visiting (MIECHV)—that are collectively referred to as “Home Visiting”. PI and the two Home Visiting programs serve children from birth to three years old. Figure 7 depicts for the population served by Home Visiting or PI the number of children served by either or both programs during service years 2016, 2017, and 2018. There was a dip in service year 2017 in the total number of children enrolled in either a Home Visiting program or PI, with the total decreasing from N = 16,002 in 2016 to N = 14,772 in 2017 before rebounding to N = 16,233 in 2018. The counts for PI only, which served most children in this population each year—at n = 13,422, n = 12,597, and n = 14,112 in 2016, 2017, and 2018, respectively—drove the changes in the overall total. Overlaps in Home Visiting and PI were minimal, peaking in 2016 at n = 204 and falling to n = 164 and n = 156 during the subsequent two years.

Figure 7: Count of children ages birth to three served by HV\*, PI, or both, 2016-2018

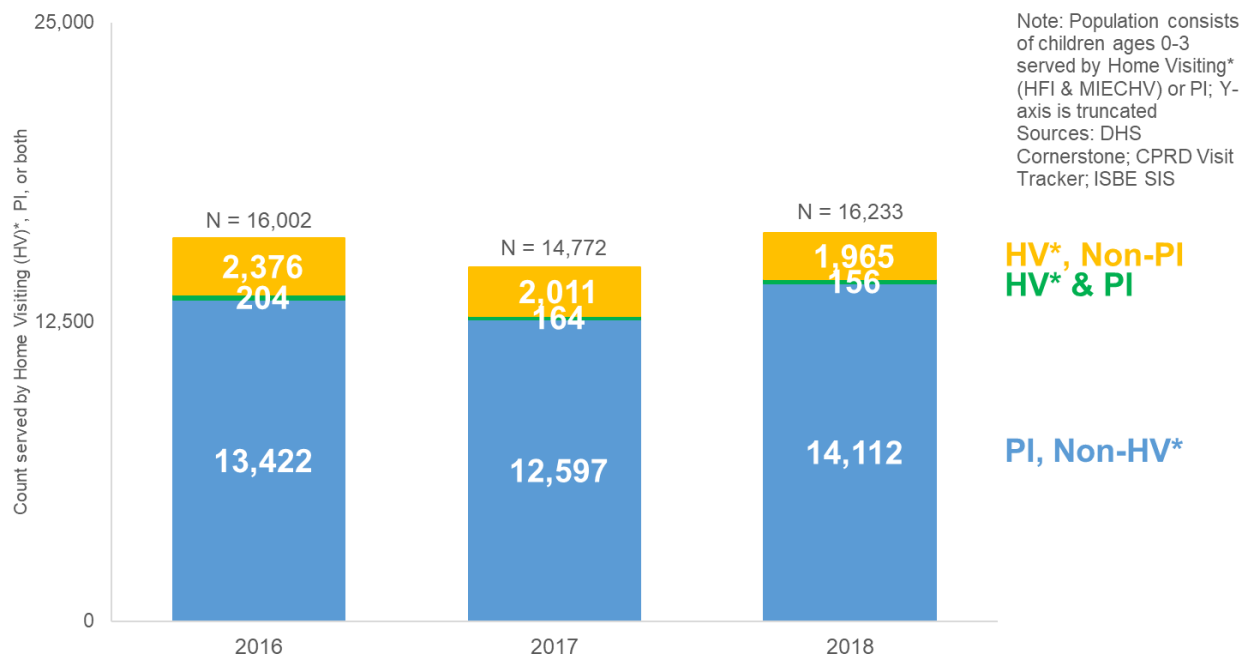




Figure 8 displays the proportion of children served by one of the Home Visiting programs, PI, or both during 2016, 2017, or 2018. Over that period, a growing proportion of children were served solely by PI, increasing from approximately 83.9 percent in 2016 (N = 16,002) to approximately 85.3 percent in 2017 (N = 14,772) and approximately 86.9 percent in 2018 (N = 16,233). The proportion receiving Home Visiting services alone decreased in response, from approximately 14.8 percent in 2016 to approximately 12.1 percent in 2018. The approximate overlap between programs remained relatively stable across years.

Figure 8: Proportion of children ages birth to three served by HV\*, PI, or both, 2016-2018

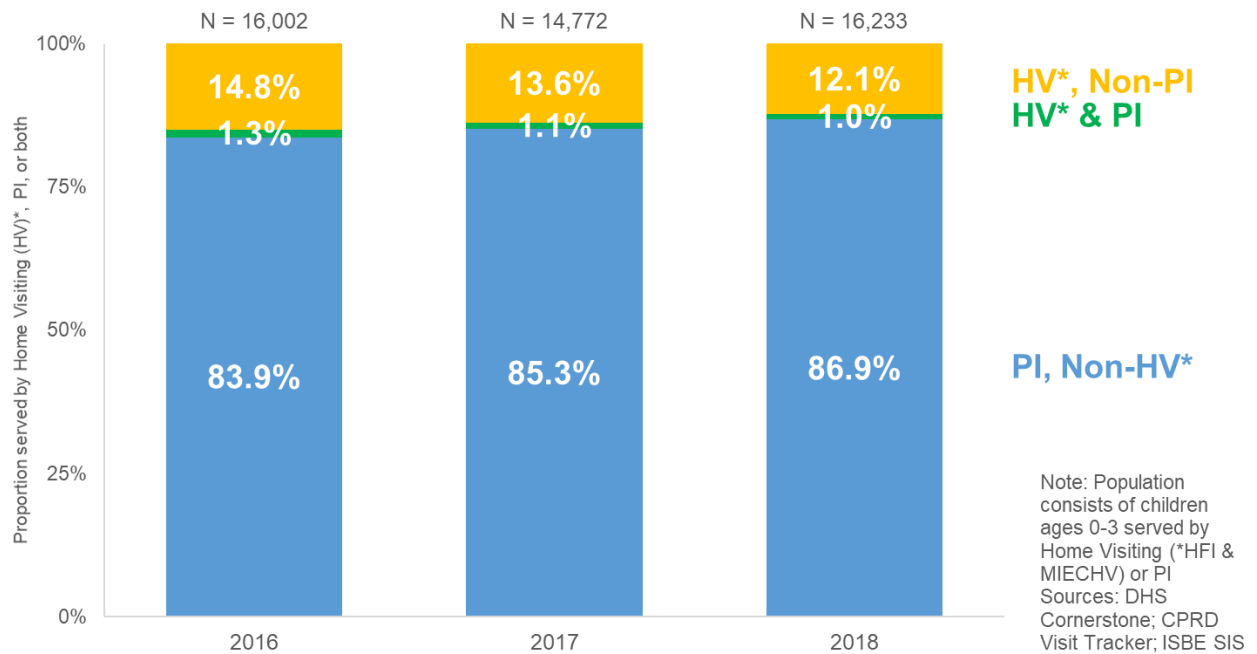
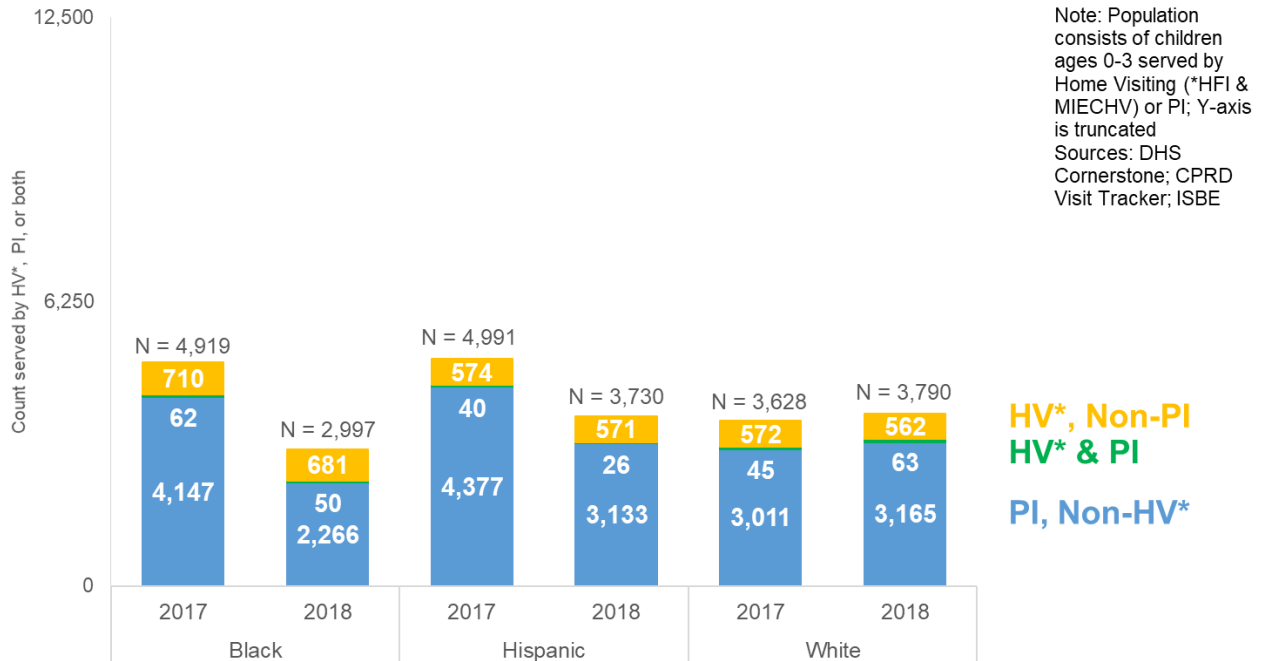


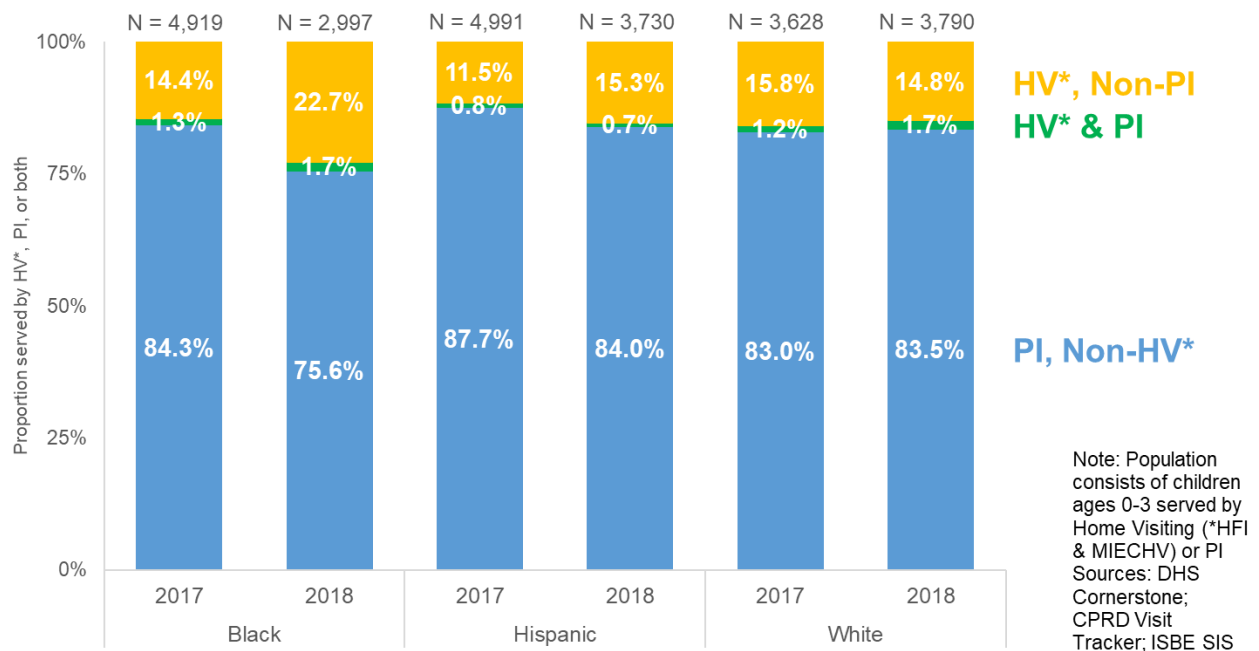
Figure 9 mirrors the counts displayed in Figure 7 in that PI enrollment shaped total enrollment among the Home Visiting or PI population regardless of racial/ethnic group. Black ( $\Delta = - 1,881$ ) and Hispanic children ( $\Delta = - 1,244$ ) showed marked decreases year-over-year in the number served solely by PI. These decreases contrasted with the slight increase ( $\Delta = 154$ ) among White children.

Figure 9: Count of children ages birth to three served by HV\*, PI, or both, by race/ethnicity, 2017-2018



Proportions served by Home Visiting or PI in 2017 and 2018 were roughly similar across racial/ethnic groups (Black, Hispanic, or White). Figure 10 depicts group differences, with the most notable being the increase ( $\Delta = 8.3$  percentage points) in 2018 in the proportion of Black children served solely by a Home Visiting program. Hispanic children also saw an increase in the same proportion, from approximately 11.5 percent in 2017 to 15.3 percent in 2018. By contrast, White children saw a decrease, or an increase in the proportion served by PI, from approximately 15.8 percent to approximately 14.8 percent.

Figure 10: Proportion of children ages birth to three served by HV\*, PI, or both, by race/ethnicity, 2017-2018



## Early Intervention (EI) and Prevention Initiative (PI)

EI and PI serve children from birth to three years old. Figure 11 displays the number of children in EI or PI that were served by either or both programs during service years 2016 (N = 51,859), 2017 (N = 51,613), and 2018 (N = 55,060). It shows an increase in the number of children served by EI alone over time, from n = 38,233 in 2016 to n = 40,792 in 2018. The number in PI only also increased over the same period, from n = 11,418 to n = 12,467. Overlaps between the programs decreased over time, from n = 2,208 to n = 1,801.

Figure 11: Count of children ages birth to three served by EI, PI, or both, 2016-2018

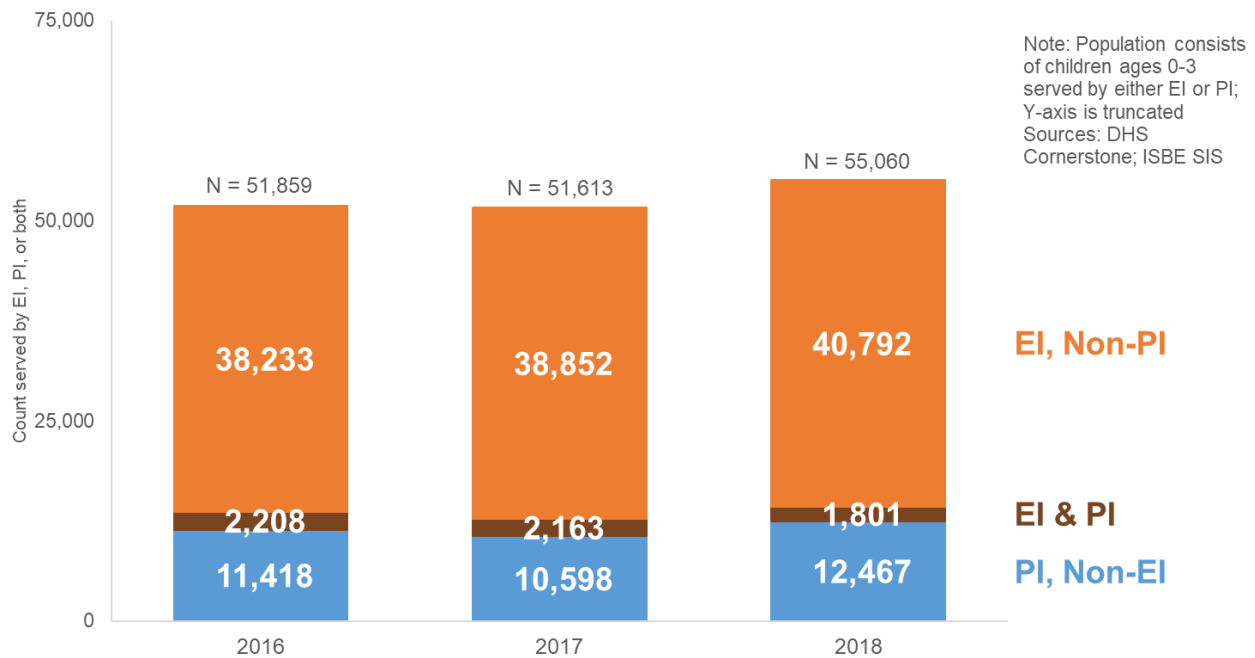
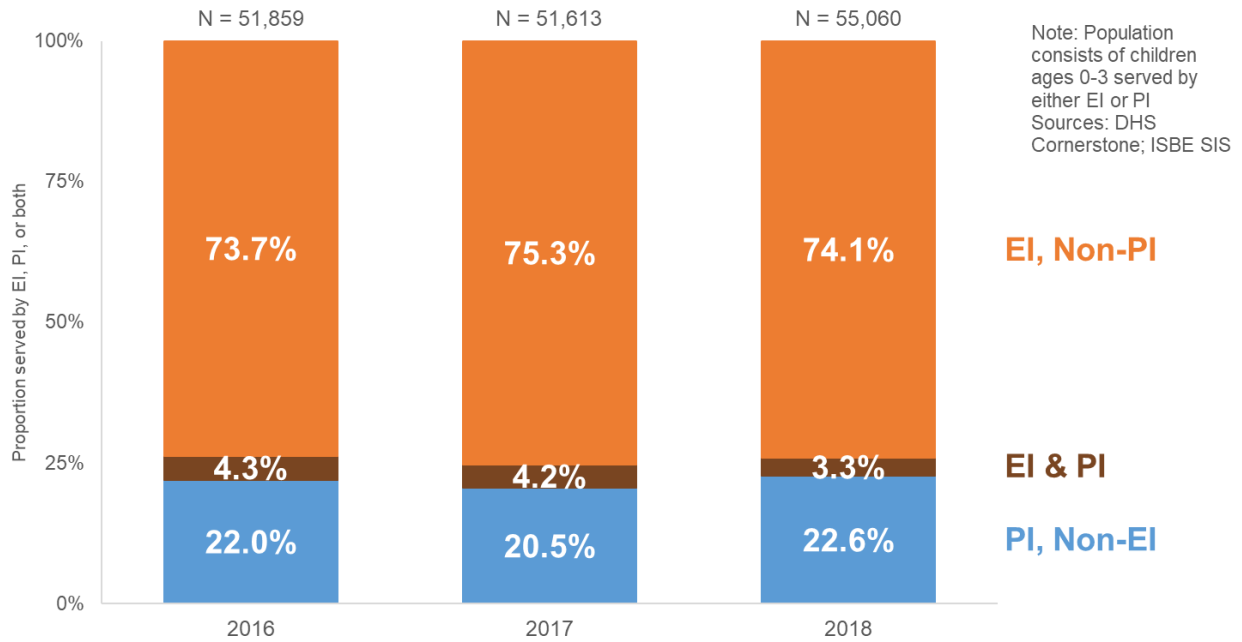


Figure 12 displays the proportion of the population in EI or PI that was served by either or both programs. For each year, nearly three quarters of the population was served by EI only. The proportion in PI only moved from approximately 22 percent in 2016 to approximately 20.5 percent in 2017 to approximately 22.6 percent in 2018. And the overlap sat at just over 4 percent in 2016 and 2017 before contracting to approximately 3.3 percent in 2018.

Figure 12: Proportion of children ages birth to three served by EI, PI, or both, 2016-2018



Considering race/ethnicity, Figure 13 reflects how White children made up majorities of the children served solely by EI, at roughly 22,000 children each year. Counts stayed relatively similar across years for both Black children (5,000 < n < 5,500) and for Hispanic children (10,000 < n < 11,000). For PI only, counts decreased for Black and Hispanic children, respectively, and increased slightly for White children.

Figure 13: Count of children ages birth to three served by EI, PI, or both, by race/ethnicity, 2017-2018

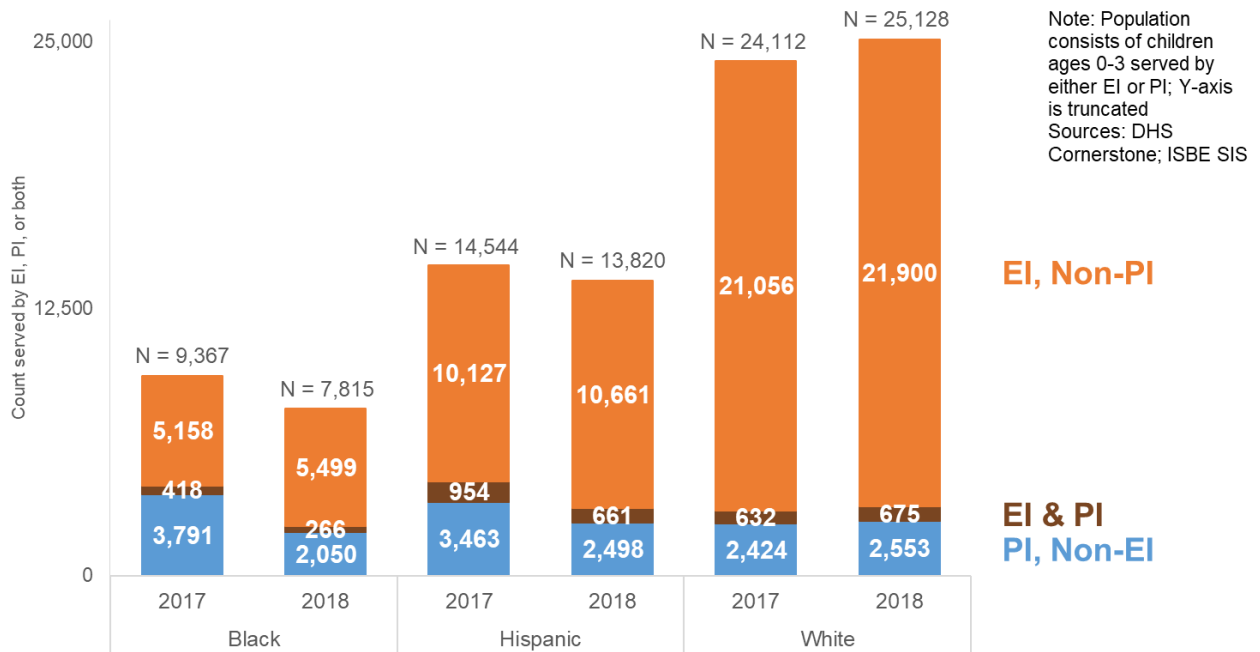
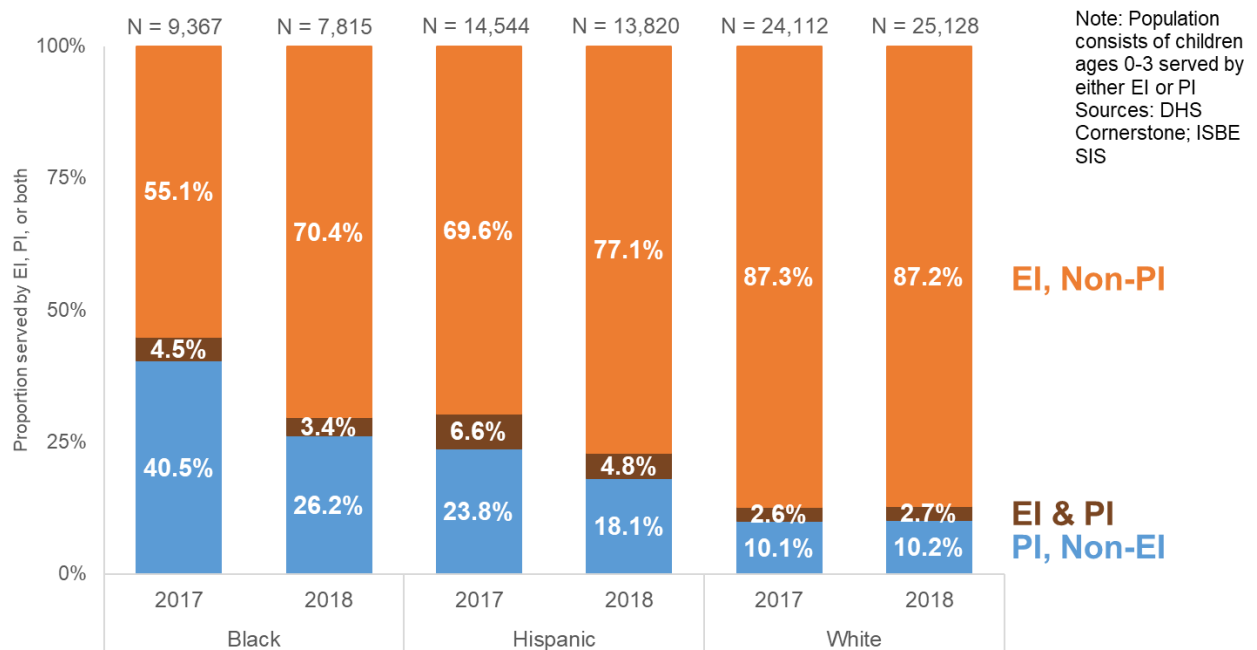


Figure 14 shows that Black, Hispanic, and White children tended to be served by EI alone, though there were clear differences between groups. In 2017, approximately 87.3 percent of White children were served by EI only, compared to approximately 69.6 percent of Hispanic children and approximately 55.1 percent of Black children. In 2018, Black and Hispanic children showed increases in the same proportion, increasing to approximately 70.4 percent and approximately 77.8 percent, respectively; White children held steady at approximately 87.2 percent. Across groups, from 2017 to 2018, the overlap between EI and PI either decreases, as it does for Black and Hispanic, or remains relatively static.

Figure 14: Proportion of children ages birth to three served by EI, PI, or both, by race/ethnicity, 2017-2018



## Findings – Three-To-Five Programs

*Disclaimer: Upon completion of the analysis, a data issue was discovered that may have allowed for some children of kindergarten age to have been included in the Project's CCAP three-to-five findings. This issue may affect the magnitude of findings but is unlikely to affect the general trends depicted below. The NIU team is rectifying the issue in a follow-up analysis and will release a revised report.*

Three-to-five programs include CCAP from DHS; and PFA, PFA-E, and IDEA Part B, Section 619 from ISBE. Project findings focus on the overlaps between CCAP and PFA as well as PFA-E where noted, with disaggregation by Section 619 status. Table 2 contains counts of children served in service years 2016, 2017, and 2018, by program. The PFA or CCAP column includes unduplicated counts of children served by either PFA, CCAP, or both. CCAP-funded enrollment fell by nearly 6,000 between 2016 and 2017 before stabilizing in 2018, while PFA enrollment held relatively steady at just over 70,000 children. Enrollment in CCAP or PFA decreased by about 7,000 between 2016 and 2017. PFA-E enrollment grew each year following its initial implementation, from approximately 3,041 children in 2016 to approximately 6,481 children in 2018. Receipt of Section 619-related services also grew each year, and approximately 21,227 children were eligible for and received an Individualized Education Program per Section 619 in 2018. Lastly, at least 74,209 children received CCAP- or PFA/PFA-E-funded services from an ExceleRate Gold or Silver Circle provider in 2018.

Table 2: Count of children ages three to five receiving services, by program, 2016-2018

Year	Total CCAP	Total PFA	Total PFA-E	Total Section 619	Total CCAP or PFA	Total CCAP or PFA/PFA-E served by ExceleRate Gold or Silver Circle provider*
2016	66,411	72,317	3,041	18,344	124,654	N/A
2017	60,779	70,091	4,578	20,889	117,797	N/A
2018	60,161	71,502	6,481	21,227	117,648	74,209

Sources: DHS CCMS; ISBE I-STAR, SIS

\*Note: Count aggregates non-suppressed county-level data



## Child Care Assistance Program (CCAP) & Preschool for All (PFA)

Figure 15 displays the populations of three-to-five-year-old children served by CCAP, PFA, or both programs during 2016 (N = 124,654), 2017 (N = 117,797), and 2018 (N = 117,648). Please note that Figure 15 describes PFA and does not include PFA-E data. There was relatively stable enrollment in PFA only from 2016 (n = 60,201) to 2017 (n = 59,320) to 2018 (n = 60,130). Decreases in the overall number of children served track with decreases in CCAP-funded enrollment, both CCAP only and coupled with PFA, across years. The number of children in solely CCAP decreases from n = 52,337 in 2016 to n = 47,706 in 2017 to n = 46,913 in 2018, while the number in both CCAP and PFA falls from n = 12,116 in 2016 to n = 10,771 in 2017 to n = 10,605 in 2018.

Figure 15: Count of children ages three to five served by CCAP, PFA or both, 2016-2018

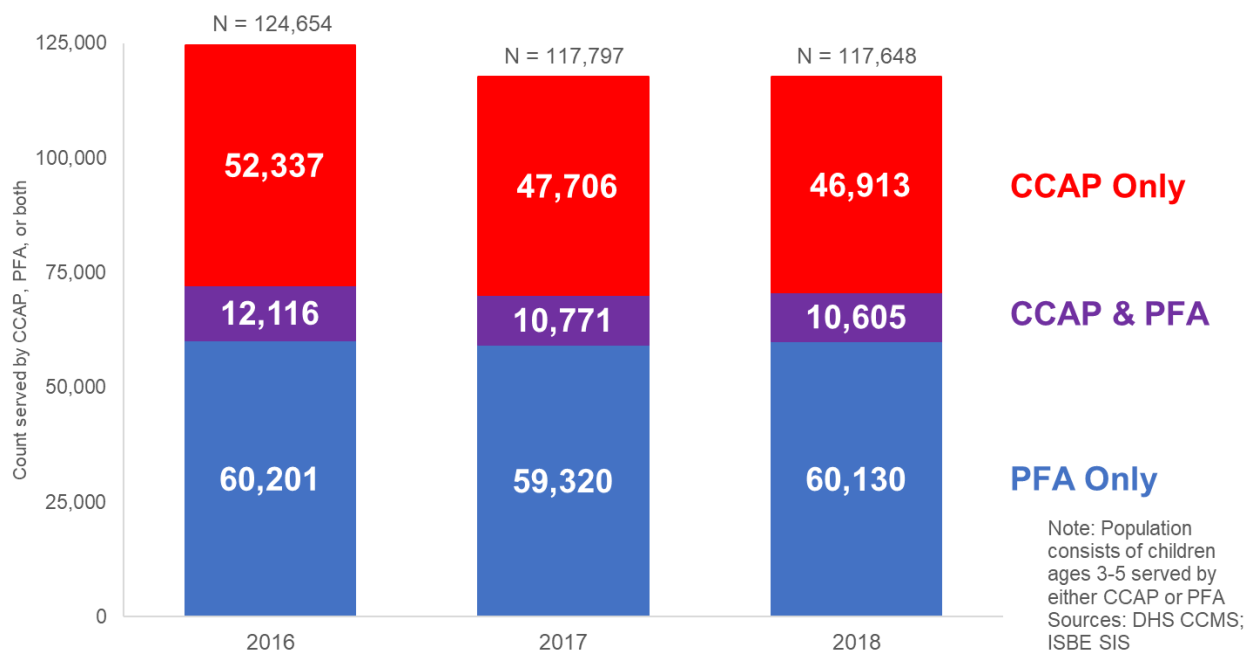


Figure 16 displays the proportions of children served by CCAP, PFA, or both programs during 2016 (N = 124,654), 2017 (N = 117,797), and 2018 (N = 117,648). Please note that Figure 16 describes PFA and not does not include PFA-E data. CCAP alone served approximately 42, 40.5, and 39.9 percent of the CCAP-or-PFA population in each respective year. Those decreases were mirrored by year-over-year increases in the proportion served by PFA only. Increases were approximately 2.1 percentage points from 2016 to 2017 and approximately 0.7 percentage points from 2017 to 2018. The proportion served by both CCAP and PFA hovered between 10 and 9 percent across years.

Figure 16: Proportion of children ages three to five served by CCAP, PFA or both, 2016-2018

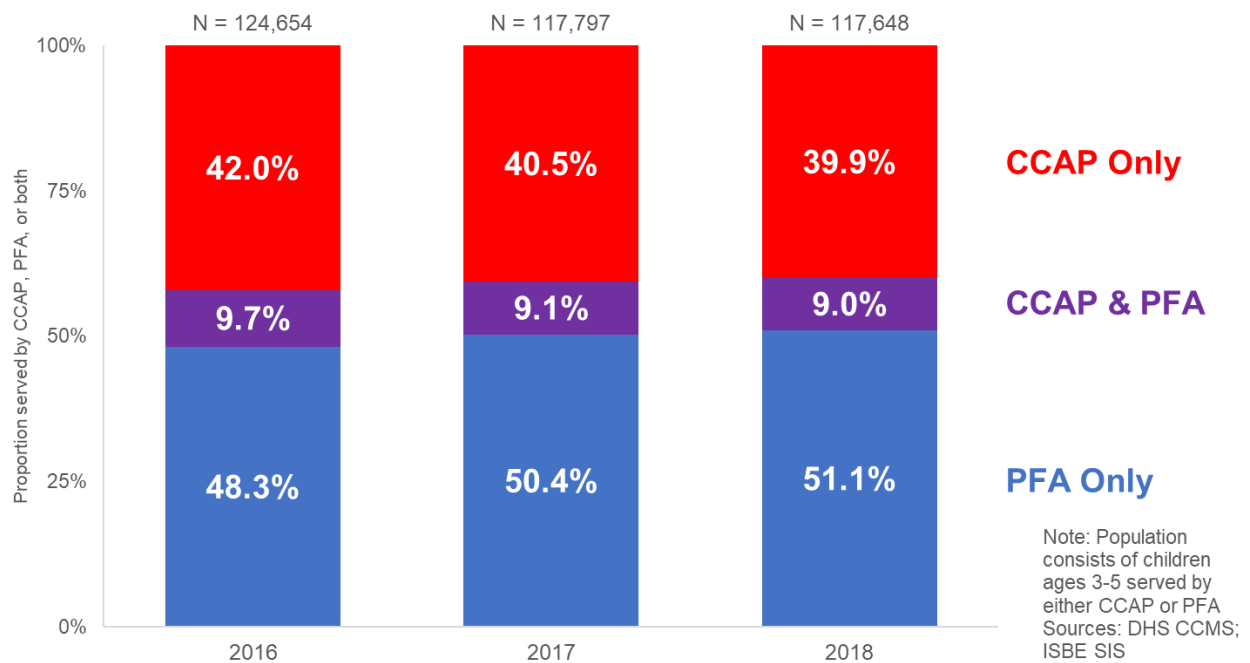
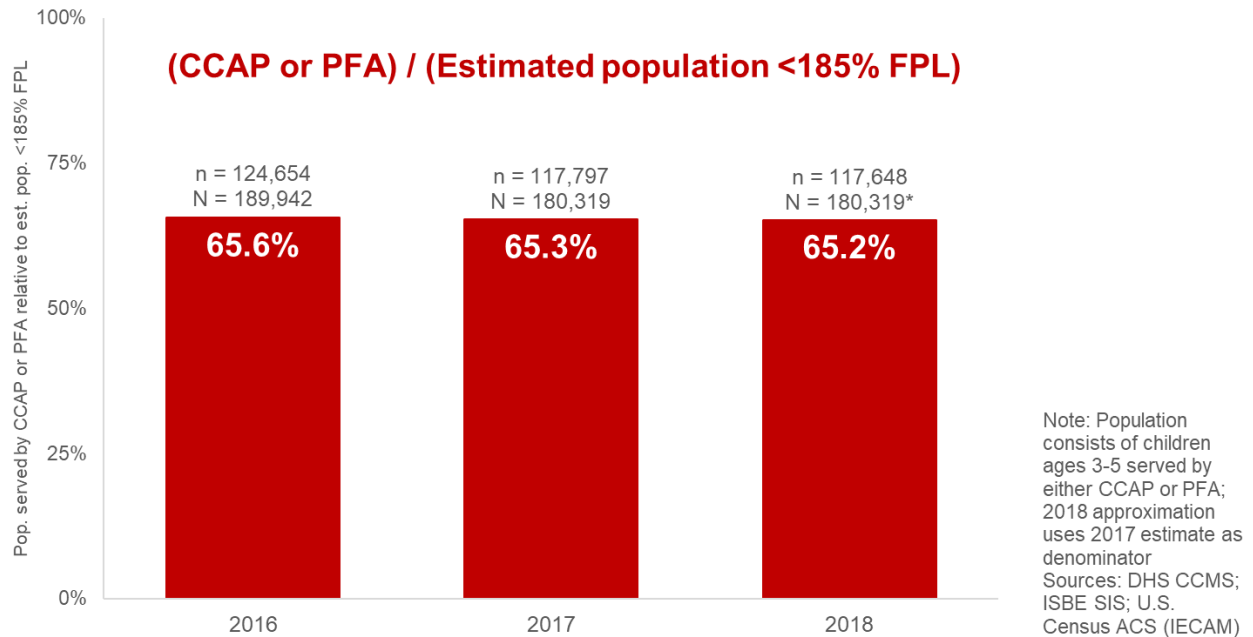


Figure 17 shows the population of children ages three to five served by CCAP or PFA as a proportion of the Census estimate living in households below 185 percent FPL for 2016 (n = 124,654, N = 189,942), 2017 (n = 117,797, N = 180,319), and 2018 (n = 117,648, N = 180,319\*). Overall, in each year, the CCAP or PFA population (n) represented roughly two-thirds of the estimated population in poverty (N), which is over two times higher than the same ratio for the CCAP or PI population. However, unlike with CCAP and PI, the CCAP and PFA population made up a slightly lower proportion with each year, falling approximately 0.3 percentage points in 2017 and another possible 0.1 percentage point in 2018. Please note that 1) 2018 recycles the 2017 poverty estimate given the Census has yet to release its 2018 estimate and 2) Figure 17 does not include PFA-E data on account of cell size suppression and disclosure proofing.

Figure 17: Population of children ages three to five served by CCAP or PFA as a proportion of the estimated three-to-five population living in households below 185 percent of the Federal Poverty Line, 2016-2018



For disaggregation by race/ethnicity, PFA data were combined with PFA-E data in order to establish sufficiently sized counts. Figure 18 shows that CCAP or PFA/PFA-E served White children in the greatest numbers—n = 40,076 in 2017 and n = 39,577 in 2018. They were followed by Black children—n = 37,486 in 2017 and n = 36,689 in 2018—and Hispanic children—n = 30,307 in 2017 and n = 29,996 in 2018. Regardless of racial/ethnic group, counts of children served dropped year-over-year. And regarding the overlap between CCAP and PFA/PFA-E, in both years, Black children were served in higher numbers than were Hispanic and White children combined.

Figure 18: Count of children ages three to five served by CCAP, PFA/PFA-E, or both, by race/ethnicity, 2017-2018

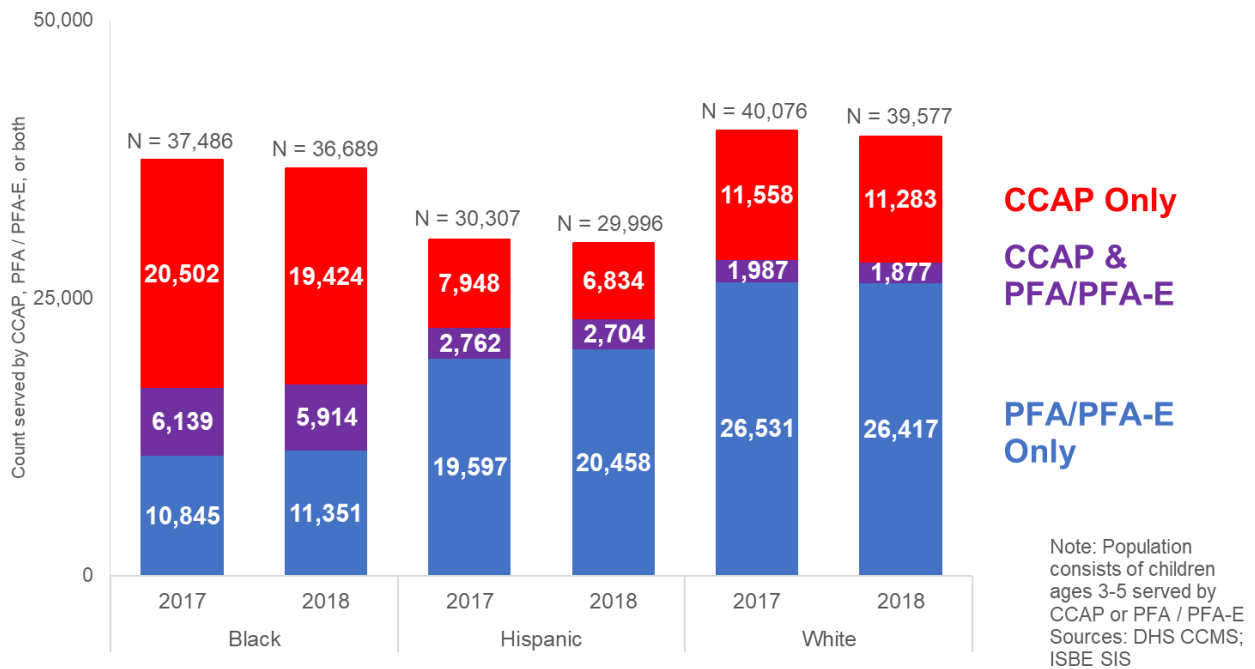


Figure 19 provides proportions served by program in 2017 and 2018. As with ECBG counterpart PI, in both years, PFA/PFA-E served Hispanic and White children in larger proportions—over roughly 70 percent of both groups—than Black children—around 45 percent each year. Black children skewed more heavily towards CCAP, with approximately 54.7 percent and approximately 52.9 percent served by CCAP only in 2017 and 2018, respectively. Relative to the other two groups, they also had larger overlaps across programs, at around 16 percent each year.

Figure 19: Proportion of children ages three to five served by CCAP, PFA/PFA-E, or both, by race/ethnicity, 2017-2018

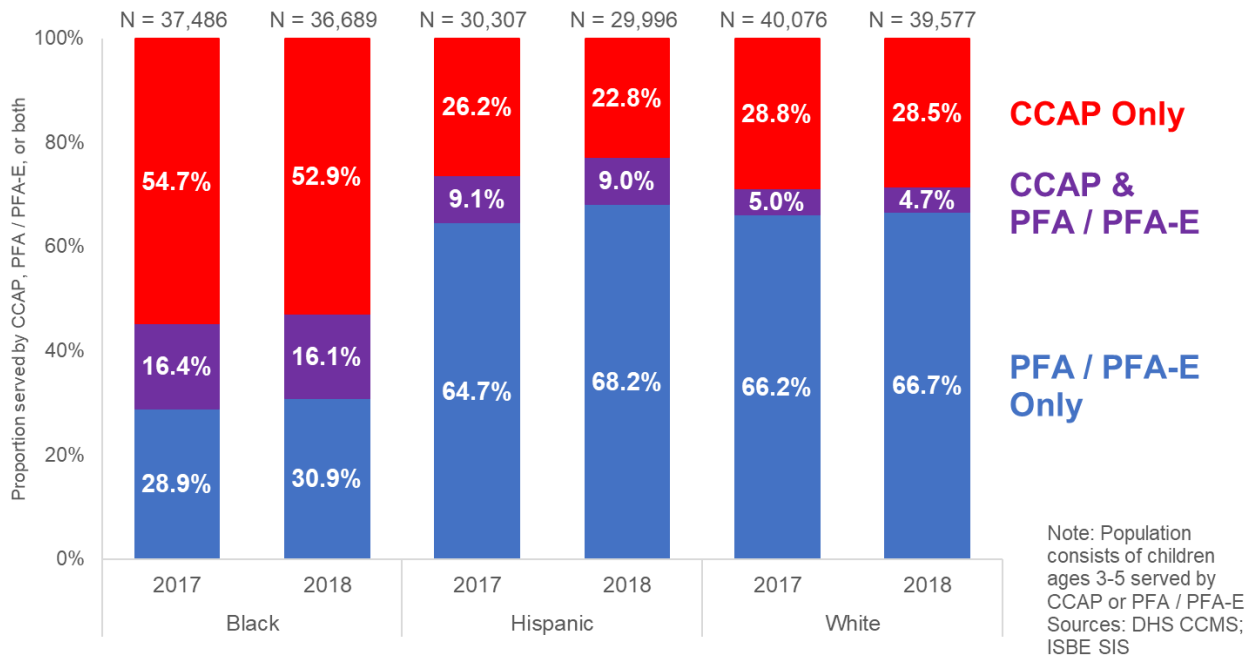
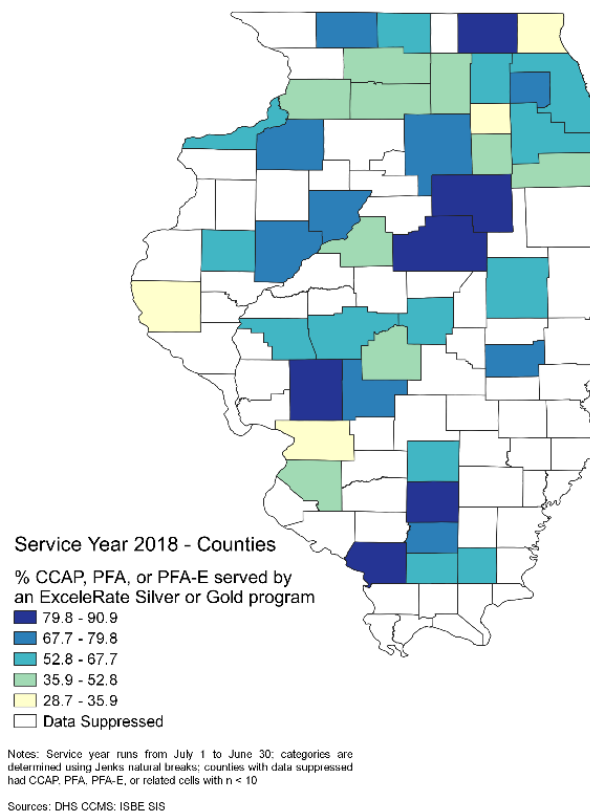


Figure 20 displays, at the county level, the proportion of children served by CCAP, PFA, or PFA-E in ExceleRate Gold or Silver settings, the highest ExceleRate ratings. Here, the highest category ranges from approximately 80 to 90 percent and includes McHenry, Livingston, McLean, Macoupin, Jefferson, and Jackson counties. Counties in the next category, with approximately 67.7 to 79.8 percent of the CCAP or PFA or PFA-E population served in a Gold or Silver setting, includes Stephenson, DuPage, LaSalle, Henry, Peoria, Fulton, Montgomery, Coles, and Franklin.

For the county-level data in Figure 20, the CGS team implemented a cell size suppression threshold of  $n = 50$  rather than  $n = 10$  in efforts to balance protection of confidentiality with the availability of actionable data. This level of suppression and related disclosure proofing results in numerous counties having suppressed data, with perhaps more counties than expected being impacted. As noted above with Figure 6, further investigation of the county-level data is necessary in future iterations of the Project.

Figure 20: Proportion of children ages three to five served by CCAP or PFA or PFA-E in ExceleRate Gold or Silver Circle settings, by county, 2018



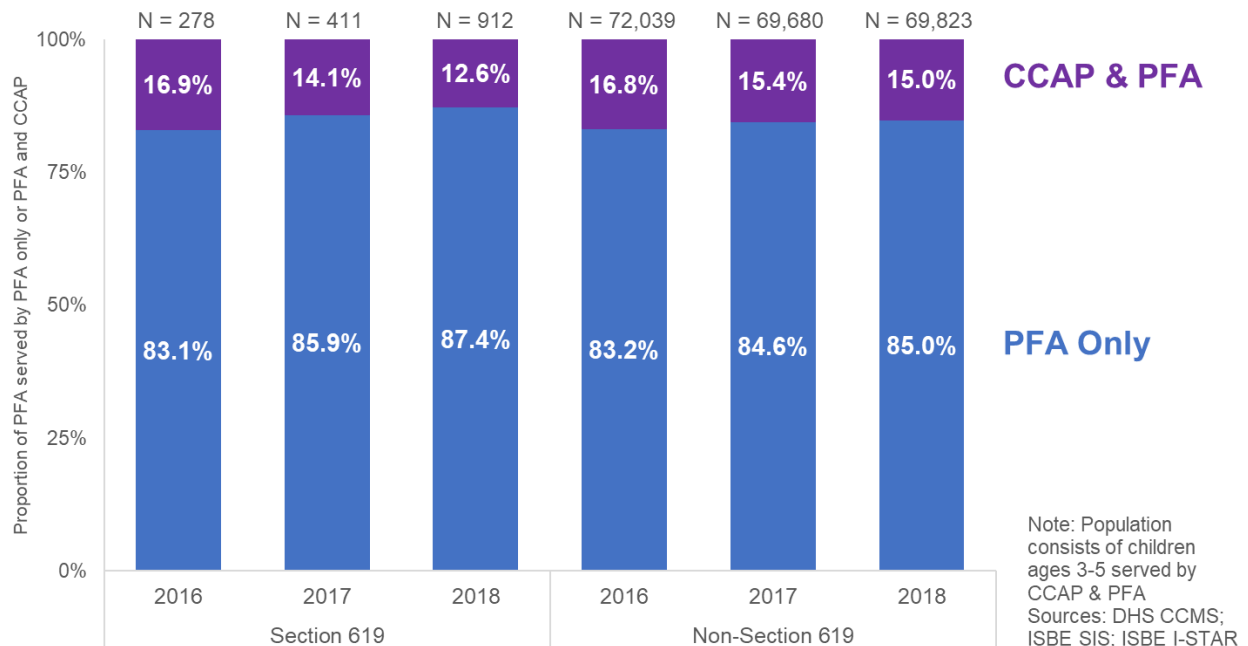
A combination of cell-size suppression and related disclosure proofing limited the CGS team's ability to share overall state-level counts of children served by PFA-E. The data sharing agreement governing NIU's use of DHS and ISBE data requires that NIU take all steps necessary to protect individual and small group confidentiality. Any counts that are below 10 or could be used to identify counts that are below 10 are not a part of the current Project findings. NIU staff are working with relevant agency and GOECD staff to determine the steps necessary to share state-level PDG-E counts securely for eventual use in enhancing this report. PFA-E data are currently incorporated in the race/ethnicity breakdowns in combination with PFA data. Please refer to *Caveats and Concerns, Cell size suppression and disclosure proofing* for additional information.

## IDEA Part B, Section 619

IDEA Part B, Section 619 applies to children ages three to five identified as disabled. The Project disaggregates counts of children served by PFA or CCAP by Section 619 status. Overall, Section 619 children made up approximately 0.4 percent (n = 278), 0.6 percent (n = 411), and 1.3 percent (n = 912) of all PFA-funded children in years 2016, 2017, and 2018, respectively. The 2017-to-2018 change represented an increase of approximately 107 percent.

Figure 21 displays the proportion of PFA-served children served by PFA alone or both CCAP and PFA, by Section 619 status. In interpreting the figure, please note that the year-specific counts vary greatly between Section 619 and non-Section 619. In 2016, among the CCAP-or-PFA population receiving Section 619 services, approximately 16.9 percent (n = 47) were served by both CCAP and PFA. This proportion compared with approximately 16.8 percent (n = 12,069) among the non-. Proportions fell across years regardless of status, though the non-Section 619 had higher proportions in 2017 (approximately 15.4 percent with n = 10,713) and 2018 (approximately 15.0 percent with n = 10,490) than did their served counterparts (approximately 14.1 percent (n = 58) in 2017 and approximately 12.6 percent (n = 115) in 2018).

Figure 21: Proportion of PFA-served children served by PFA only or by both CCAP and PFA, by Section 619 status





## Recommendations

### *Treat Project findings as a marker of progress*

The early childhood community should consider Project findings as evidence of the continued progress of the ILDS and its participating agencies. The Project and other ILDS-related data projects have only recently become possible in Illinois. Supported largely by federal State Longitudinal Data Systems (SLDS) grant dollars, the execution of legal agreements, establishment of governance, and construction of technical infrastructure have combined to enhance data practices within and across agencies.

Now incorporating records from over a half-dozen different early childhood programs, administered by two different agencies, the Project represents a key achievement of the ILDS to date. Its findings—specifically, the identification of the number of children receiving services from multiple funding sources/programs in a given service year—have proven revelatory and informed policy conversations. In addition, over the course of the three iterations of the Project, DHS and ISBE have benefited from ILDS infrastructure in building more efficient external data sharing processes, and their child-level records have displayed markedly higher quality across data elements.

### *Act on the P-20 Council's Education & Workforce Data Task Force recommendations*

Continued enhancement of inter- and intra-agency data systems would build on the progress of the ILDS while helping address some of its shortfalls. In its spring 2019 final report, the P-20 Council's Education and Workforce Data Task Force makes recommendations for action to improve the state's data infrastructure. In sum, the Task Force and its recommendations pursued a vision of data-informed practice and policy decision making and a mission of empowering stakeholders with actionable information that will support improved learning, equity, and community engagement.

Particularly relevant to the Project, the Task Force recommends increasing data capacity within and across agencies. Related recommended actions include assessing current and future capacity needs and planning and budgeting for those needs; developing centralized capacity to support inter-agency data linkage and use; and building a “next-generation” centralized infrastructure to facilitate secure and efficient data analysis. Each of these actions would benefit the Project and strengthen its findings, which are created from early childhood data sets typically scattered across disparate agency systems, of questionable quality, and maintained by overburdened agency staff. These and other challenges continue to limit Project findings.

DHS, ISBE, and other ILDS participating agencies should consider the Task Force a call to improve their intra-agency data systems and the quality of the data therein. The ILDS supports inter-agency data governance and sharing but leaves ultimate control and maintenance of data to its participating agencies. Completion of the Project and similar inter-agency projects is dependent upon participating agencies collecting, storing, and sharing high-quality data.

In early childhood, DHS and ISBE should continue encouraging the collection of high-quality data by early childhood care providers. Prioritizing local-level data quality strengthens state-level systems and inspires confidence in state-level reporting and analyses. Agencies should also consider the inter-agency rationalization of demographic or common programmatic data element naming conventions and codes. Aligning element names and codes—particularly, for demographic elements describing race/ethnicity, low-income status, homelessness, and language learning—would help establish a baseline for better describing and understanding the child populations served.

Expected federal grant investments in early childhood data systems should expedite inter- and intra-agency efforts. Federal SLDS grants have seeded the ILDS from the beginning, and ISBE, as the state education agency applicant, continues to pursue these funds. In addition, Illinois was recently awarded a PDG B-5 Renewal Grant, which will support systems building within DHS and other state entities. Combined, these grants will drive early childhood ecosystem-wide improvements over the next several years.

#### *Incorporate Head Start data*

Future iterations of the Project should aim to incorporate data from Head Start and Early Head Start. These programs serve a substantial number of children under the age of five in Illinois, including many from priority populations, and would make strong additions. The Project would help tease out what is, anecdotally, certain overlap in service coverage between Early Head Start and Head Start providers and their IDHS and ISBE counterparts. More broadly, establishing Head Start-inclusive unduplicated counts would mark a major achievement for inter-agency data sharing in Illinois, and it would position the state as a leader in the early childhood data systems space.

Fortunately, IHSA and CPRD appear well positioned to share Early Head Start and Head Start data soon. As of fall 2019, CPRD was pursuing a pilot integration of child-level data from a set of Head Start grantees contracting with ChildPlus. This pilot should be completed in early 2020, at which time the CPRD system should be operational and capable of sharing data externally. A second pilot, focused on COPA, will launch in 2020 with similar near-term goals for operation and data sharing.

## Appendix

### **Preschool Development Grant Birth through Five**

#### **Statewide early childhood needs assessment:**

#### **Unduplicated counts project – Data issues memo and proposed next steps**

##### **Summary**

Systemic data-related challenges have emerged during the three phases of the Early Childhood Unduplicated Counts Project (“The Project”). Identifying such barriers is a primary purpose of the work, but they continue to hinder completion of the planned analyses as well as other state inter-agency projects. This memo summarizes challenges related to data systems, sharing, and quality encountered by the Northern Illinois University (NIU) team while working on the Project. The team hopes the memo can inform ongoing conversations around enhancing Illinois’ early childhood data systems.

The summarized challenges include:

- *Continued development of Head Start data systems*
- *Data system siloes*
- *Data-related capacity and communications*
- *Data sharing agreement execution*
- *Data transfer*
- *Data formatting and quality*
- *Missing data records and fields*

##### **Project purposes**

Led by an NIU team from the Center for Governmental Studies and Education Systems Center, the Project carries two purposes. First and primarily, it utilizes the Illinois Longitudinal Data System (ILDS) inter-agency linkage mechanism, the Master Client Index (MCI), to establish distinct counts of children ages birth to five served by selected publicly funded early childhood funding streams / programs administered by the Illinois Department of Human Services (DHS), the Illinois State Board of Education (ISBE), and Head Start. Second, it seeks to develop recommendations that would promote alignment in data collection, naming, linkage, and analysis to support greater understanding of access to early childhood care and education services through an unduplicated count.

##### **Background**

Funded by the Race to the Top Early Learning Challenge Grant, Project Phase I fulfilled both intended purposes. After execution of the project-specific data sharing agreement in October 2014, a years-long data transfer process pushed the NIU team’s completion of Phase I to summer 2016. Phase I created, for service years 2013 and 2014, unduplicated counts of children served by Preschool for All (PFA) or the Childcare Assistance Program (CCAP) from ages three to five and Prevention Initiative (PI) or CCAP-funded infant/toddler care from ages birth to three. The counts represented an early win for the ILDS and for the early childhood community, placing Illinois among a select group of states to have established such baselines.

Notably, Phase I was the first determination of the count and proportion of children served by both CCAP and either of the Early Childhood Block Grant programs (PI and PFA), and where possible it broke down service receipt by child race/ethnicity. Phase I also saw NIU and staff from the Governor's Office of Early Childhood Development (GOECD) identify numerous data barriers, including those outlined in this memo. These barriers precluded completion of the planned initial scope and prompted plans for a Phase II, which would both complete the Project scope and rectify standing issues.

Planning for Phase II started later that fall, and after an iterative and lengthy process, all signatories executed the final data sharing agreement in late spring 2017. The subsequent data transfer from DHS and ISBE to NIU was not wholly completed until early 2018, at which time analysis began. The primary Phase II enhancement included establishing counts for two additional years of data (service years 2015 and 2016). The goal of incorporating Head Start data remained unfulfilled, as did obtaining the complete set of data elements requested initially during Phase I. Additionally, the availability and quality of the requested demographic data elements—particularly race/ethnicity, homelessness, and English-language-learner status—remained a major concern.

Contracted with ISBE as part of Illinois' Preschool Development Grant Birth through Five Grant, the NIU team will have completed Phase III of the Project in early 2020. Plans for this phase included establishing unduplicated counts for CCAP, PI, and PFA as well as Early Head Start and Head Start and additional programs or supports from DHS—including Early Intervention (EI); Healthy Families Illinois (HFI); Maternal, Infant, and Early Childhood Home Visiting (MIECHV); and Parents Too Soon—and from ISBE—including Preschool For All Expansion (PFA-E) and IDEA Part B, Section 619. The data sharing agreement was executed in September 2019, with data transfers from IDHS and ISBE to NIU completed in early November 2019. Despite initial plans, data from Parents Too Soon (PTS) and Early Head Start and Head Start were not available in time for inclusion in Phase III.

## **Challenges**

### *Continued development of Head Start data systems*

The Illinois Head Start Association (IHSA) and its data administrator, the Center for Prevention Research & Development (CPRD) at the University of Illinois at Urbana-Champaign, are building a data system to house and share records from Early Head Start and Head Start grantees statewide. Inter-agency data integration depends upon individual entities being capable of sharing records, and such capability remains a goal for IHSA. It and CPRD continue to make steady progress, but an integrated Head Start system has yet to reach an operational level such that it can share data for the Project.

IHSA and CPRD have yet to share records for the Project for several reasons. First and generally, Head Start grantees are funded by federal dollars and thus are not required to report data to state-level entities, public or private, like IHSA. In Illinois, only grantee-level participant counts, which are limited in their application to the Project and its linkage of child-level data, are widely available. A notable past effort to encourage systematic state reporting was a 2016-17 IHSA-ISBE outreach campaign around including Head Start-

served children in ISBE's Student Information System (SIS). Those children would then be assigned an ISBE student identifier that would facilitate inter-agency linkage and future analysis. The campaign was unsuccessful, and there has not been a systematic effort since. IHSA's ongoing outreach has focused on individual grantees.

Second, due to the localized nature of Early Head Start and Head Start grantees, IHSA must establish a data sharing agreement with each individual grantee. There are dozens of Head Start and Early Head Start grantees across Illinois. As of spring 2019, IHSA had reached data sharing agreements with approximately three quarters of them, and its staff are hopeful that it can reach agreements with additional grantees over time. Regardless, executing many agreements slows IHSA's and CPRD's efforts to build a state-level system that is representative of all Illinois children served by Head Start.

Third, multiple data vendors operate in the Head Start space, with grantees contracting with ChildPlus, COPA, Teaching Strategies GOLD, and others for data systems and reporting. Each vendor maintains proprietary system structures and builds similar but customized reports for individual grantees. For example, ChildPlus and COPA may not collect the same general data elements, or they may define child demography or other characteristics in different ways. For IHSA and CPRD, these differences across vendors and between grantees complicate integrating records into one system.

CPRD has nearly completed a pilot build integrating data across five Head Start grantees that use ChildPlus. Starting in earnest in 2019, the pilot entails updating the data sharing agreement with each participating grantee, obtaining direct access to grantees' respective ChildPlus systems, pulling data and rationalizing differences across grantees, and integrating those data into a single CPRD-built environment. As of fall 2019, CPRD was validating the data and testing reports within its system—steps necessary prior to external data sharing—and those efforts were still ongoing at the time of data transfer for the Phase III analysis. Per CPRD, pending completion of the ChildPlus pilot and similar success with COPA, data from pilot grantees, and perhaps others, should be available to support a future Head Start-inclusive unduplicated count.

IHSA and CPRD appear well positioned for inter-agency data sharing soon, with a goal of sharing capability in 2020. Though a long effort, CPRD's ChildPlus pilot has proven largely successful, and there are plans to expand the integration to more ChildPlus-using grantees in the coming year. Additionally, CPRD will embark on a similar pilot with COPA, which is used by the City of Chicago. IHSA has contracted with COPA to build data reports like those used for ChildPlus. Beyond the pilots and at a non-systematic level, CPRD has previously successfully linked child-level records from a subset of ChildPlus- and COPA-using grantees with assessment records held in Teaching Strategies GOLD. Such a linkage should be possible within a state-level integrated Head Start data system.

#### *Data system siloes*

The number of disparate early childhood data systems poses a challenge for inter-agency work. Illinois is like other states in that its data systems reflect manifold early childhood programs and funding streams. For the purposes of the Project, these systems can be

categorized by agency or entity, though intra-agency systems do not necessarily communicate.

ISBE stores its PFA, PI, and PFA-E records in its SIS, while Section 619 data are housed in the Individualized Education Program Student Tracking and Reporting System (I-STAR). Though there is an IEP indicator available within SIS, per ISBE staff, that indicator does not appear to be regularly verified against the I-STAR system of truth. Both SIS and I-STAR are operational systems—that is, they support program operations—but ISBE has recently built a data warehouse that can facilitate the sharing of data and help staff assess possible discrepancies between SIS and I-STAR (and other systems). Such integrated environments also limit the need to interact directly with operational systems for external data sharing.

Four Project-relevant operational data systems fall under the purview of the DHS Division of Family & Community Services (FCS). FCS maintains two of these systems, which house CCAP, EI, and HFI records. The other two systems are maintained by non-DHS entities: Visit Tracker, which houses records from MIECHV and is maintained by CPRD; and OunceNet, which houses Parents Too Soon records and is maintained by The Ounce of Prevention Fund. Project Phases I and II used solely CCAP records, from a single system, while Phase III expanded to CCAP, EI, HFI, and MIECHV records, from three different systems. There appears to be minimal communication between these operational systems. Unlike ISBE, DHS does not appear to operate a data warehouse or similar environment in the early childhood space.

There are additional data sources and/or systems that could contribute data for the establishment of future unduplicated counts. As noted, an IHSA/CPRD system was not available for Phase III. Pending such a system, any Head Start data used for the Project would be drawn from numerous individual grantees, which use different or multiple data vendors. Other possible data sources include state-level data systems maintained by the Illinois Department of Children & Family Services and the Illinois Department of Public Health and more local systems, including those maintained by the City of Chicago.

The existence and frequency of data sharing between state and local systems is unclear. Notably, the NIU team's Project experiences suggest that DHS CCMS may not communicate regularly with the City of Chicago Department of Family & Support Services (DFSS) system holding CCAP records. The City administers CCAP with a group of Chicago-based providers that do not appear to report data directly to DHS. These data may or may not exist within CCMS, which would require a transfer from DFSS. Project experiences with these data—including the sharing of dozens of Chicago CCAP provider-specific spreadsheets for Phase I and limited Chicago CCAP coverage in the MCI for use in Phase II—prompted the NIU team's unsuccessful attempt to establish a data sharing agreement directly with the City of Chicago for Phase III. All indications are that this issue is unique to Chicago.

*Data-related capacity and communications*

The Project and other inter-agency efforts depend upon enough stable data capacity existing within agencies. Between maintaining or updating current systems, validating existing data, and reporting data for statutory or compliance purposes, agencies often have few resources to devote to external data requests like the Project. These resources are further stressed by general challenges recruiting for data-related positions as well as the lingering effects of Illinois' recent years-long budget impasse.

It has taken all the ILDS participating agencies—including DHS and ISBE—years to establish internal systems that can support external data sharing. ISBE has benefited from being Illinois' state education agency and thus the lead on several federal State Longitudinal Data Systems (SLDS) grants, which have seeded the creation of the MCI and other ILDS infrastructure to date. ISBE has a single primary operational system for child/student unit records, SIS, and can allocate its resources accordingly. For Phase III, the NIU team worked with an early childhood-specific data staffer and an agency-wide data manager.

DHS has struggled by comparison. DHS maintains dozens of operational systems, and with Phase III, the Project has now interacted with each of the systems relevant to FCS Early Childhood. Each of these systems has at least one responsible data staffer and supervisor, but corresponding with staff from each system has not been easy for the NIU team. Primary system contacts can be unclear, as staff often will pass NIU messages up and down the hierarchy seeking approval or clarity. Across sources, data staffers have not always known that DHS has executed a specific data sharing agreement with NIU, so they required a clear confirmation from their direct supervisor. Likewise, supervisors have sometimes questioned or claimed the availability of data elements that may or may not be available. These questions or claims require clarification from data staffers, who have sometimes already offered conflicting information to the NIU team. Lastly, apparent turnover across systems or offices, including the DHS Office of the General Counsel, has resulted in changes in contacts with minimal external communication of such.

Responsiveness has suffered as a result. Sporadic communication of internal DHS status means the NIU team has had trouble predicting how long data sharing and transfer processes may take. DHS could return correspondence within days, as it has more recently and for Phase III, or it could take months or even years, as was the case for the data sharing agreement for the Validation Study for the Race to the Top Early Learning Challenge Grant. These delays at the start of projects have begotten further delays in transfers and subsequent analyses. In response, the NIU team generally left Phase II and III timelines relative, e.g., a project deliverable expected four weeks after data receipt, rather than tied to specific dates as in Phase I.

Data capacity and related communications from DHS and ISBE have improved over the course of the Project, as have the NIU team's own processes. At DHS specifically, the issues above either had been addressed by the start of, or only minimally impacted, Phase III. Much remains to be done, but the NIU team is optimistic for continued improvements moving forward.

### *Data sharing agreement execution*

Questions regarding data availability and updated agency data policies significantly delayed execution of data sharing agreements for Phases I and II. While ISBE publishes SIS data element and sharing protocols, DHS has not always provided similar documentation describing its sources. Limited understanding of the availability and sourcing of DHS data elements forced the NIU team to request a broad set of data for Phase I. Requested data as named did not necessarily align with actual data element names, so narrowing and finalizing the request required extensive work with DHS staff. Learnings from Phase I revealed that DHS stores CCAP data in CCMS, but a data dictionary outlining CCMS data elements did not exist to inform planning for Phase II. Phase II thus suffered from a similarly protracted request process. An internal CCMS data dictionary existed as of spring 2018 and somewhat informed the specification of data elements for the Phase III CCAP data request.

The Phase II execution process overlapped with data sharing policy changes within DHS and ISBE. In fall 2016 DHS implemented a new security control questionnaire outlining specific data security criteria required of all external data requestors. The NIU team completed the questionnaire—which is a necessary and positive step forward for DHS—but completion did delay execution of the data sharing agreement. That delay coincided with staff turnover and a refresh of the data sharing approval process at ISBE. ISBE and NIU signatories had signed a prior version of Phase II agreement during fall 2016, but the DHS process and resulting changes to the agreement required a second round of signatures. The agreement now had to obtain approval through ISBE's updated process, which the agency had just implemented and was still fine-tuning. Ultimately, DHS and NIU signatories signed the Phase II agreement in April 2017. The ISBE signatory signed in June 2017, executing the agreement.

Executing the Phase III data sharing agreement went quickly by comparison. Given past challenges, the NIU team strategically and intentionally engaged DHS and ISBE staff to raise awareness of the Project and related agreement. ISBE has implemented a new data request process, which allows for easier tracking of progress, and DHS has recently connected NIU with a staffer, who has been very responsive, devoted to shepherding external data sharing agreements and the like. Even with these improvements, the Phase III process took approximately three months. Meeting a data transfer timeline of three months or fewer should be a reasonable goal for future work.

### *Data transfer*

Each of the Project's three data transfer processes has proven lengthy. These processes encompass the agencies both transferring requested data to NIU and clarifying any immediate questions regarding data formatting and coding. DHS, ISBE, and NIU executed the Phase I agreement in October 2014. ISBE transferred its data to NIU by the end of that year, but IDHS took over a year to transfer the CCAP data, delaying the completion of the analysis.

The Phase II transfer proceeded in a similar way, with ISBE transferring its PFA and PI records within a month or so and DHS taking around six months to transfer the CCAP



data. Notably, the coding of race/ethnicity within CCMS changed between Phases I and II, resulting in differences in codes within the five years of data collected for Phase II. Without documentation, this change was not known to the NIU team. For Phases I and II, the CCAP delays appear to have related directly with the noted capacity and communications challenges.

As with the execution of the data sharing agreement, the Phase III data transfer was relatively quick but surfaced new challenges. Phase III is the first phase to have incorporated data from multiple DHS systems. Initiating the transfer of those data entailed the NIU team corresponding with staff representing each system, including CCMS (CCAP), Cornerstone (EI and HFI), CPRD's Visit Tracker (MIECHV), and the Ounce of Prevention Fund's OunceNet (PTS). Though staff from each system were responsive and helpful, reaching them all took time and added complication when compared with the single point of contact for the ISBE transfer. Regarding CCAP, the field for provider ExceleRate rating was unclearly coded, and it took weeks to receive a clarification from relevant DHS staff.

Ultimately, the Phase III DHS data transfer, across all systems, took two months, and the PTS transfer did not occur in time for the inclusion of those data in Phase III. PTS data are maintained by the Ounce, but DHS is legally responsible for stewarding them. Initial correspondence with staff from the Ounce was funneled through DHS staff, who had to give the go-ahead for the Ounce to share the data with NIU. This process proved too lengthy such that including the data would have delayed completion of the Phase III analysis past the end of NIU's contract. The NIU team is now more aware of the DHS-Ounce data sharing relationship and can account for it moving forward.

#### *Data formatting and quality*

The NIU team has had trouble handling DHS data throughout the Project. Data element formats and codes vary across agency data systems, and the lack of clear documentation makes consistently cleaning and integrating the data time consuming. Regarding data formatting, in Phase I, DHS shared data via many separate spreadsheets. Working with numerous individual files proved cumbersome for the NIU team. The Phase II transfer featured fewer individual spreadsheets—an incremental improvement—and Phase III saw DHS data being shared in the standard text or flat format typical of ISBE and other state entities.

Data quality concerns are common across DHS demographic elements. Regarding Date of Birth, numerous child records show service dates, e.g., for receipt of CCAP services, that precede the child's actual birth date. While mothers or families receiving prenatal services is common, understanding how those instances would appear in a child record is difficult to understand. Another possibility is that Date of Birth refers to a mother's due date, which may or may not align with the date she gives birth. Social Security Number (SSN) raises a similar issue in that, through its CDDA work, the NIU team has found that an SSN associated with a child's record can refer to the child's parent. Descriptive but very likely incorrect names are also relatively common. Examples include "Child Smith" and "Baby Jones"—names that effectively limit the number of data elements available for

inter-agency matching of records. Investigating and addressing these concerns will require improving local level data collections.

#### *Missing data records and fields*

Missing data exist in all data systems and analyses, but systematic patterns raise concern. Phase I revealed missing data patterns across DHS demographic elements. Most notably, of the Phase I DHS records for 2014, approximately thirty to forty percent were missing a value for the race/ethnicity field. The NIU team only recognized the extent of the 2014 issue after a manual check against 2013 aggregate counts and rates. Thereafter the team was not confident in sharing race/ethnicity-related findings for 2014. Considering equity, those missing data severely limited the potential for Phase I findings to inform policy. As with the quality issues above, missing data stem from the local level. Per agency data staffers, DHS has resolved to improve the issue through outreach.

Across ISBE and DHS systems, household income information is typically either missing or of questionable quality. Agencies must rely upon data that are reported by families and thus unreliable. Further, proxies like free-or-reduced-price lunch are unavailable across agencies. As a result, to date, the Project has used U.S. Census American Community Survey poverty estimates, available from the Illinois Early Childhood Asset Map, to calculate service receipt as a proportion of the total population in poverty. These proportions are of questionable validity, and in Phase III, the freshest available Census estimates were from 2017 versus 2018. Use of the 2017 poverty estimates for the 2018 proportion calculations resulted in wildly variable calculations at the county level, and the NIU team decided against including those county-level data in its findings. Phase III provided state-level proportions for 2016 (for which 2016 Census estimates were available) and 2017, and rough state-level proportions for 2018 using 2017 estimates.

A significant subset of missing data records plagued Phase II. Upon processing the DHS data for Phase II, the NIU team discovered that all child records from Chicago lacked a CDDA-ID to link with ISBE records. The DHS Chicago records were not a part of the spring 2017 data collection for Release 4 of the ILDS MCI identifiers and thus were neither linked nor assigned an ID. Agency-specific data elements collected to create the MCI do not include indication of geography, so the issue had remained unknown. The NIU team used demographic elements to perform a separate DHS-to-ISBE production match of the Chicago records, but that match postponed full findings for Phase II until late spring 2018.

There remains little indication of why DHS did not share the Chicago records for MCI Release 4. Given their existence in the data transfer for Phase II, those records exist within CCMS. NIU and GOECD staff identified a specific, agency-wide point of contact at DHS, and the NIU team worked through that contact to investigate further. The understanding of the team was that the issue had been addressed as of future MCI releases. The team did not encounter the issue in Project Phase III.

#### **Closing**

This memo provides an overview of the Project and the systemic data-related challenges it has faced during its first three phases. The Project is the beneficiary of the inter-agency

infrastructure of the ILDS, which is in turn dependent upon intra-agency data systems and processes. DHS and ISBE have each made internal progress, but much remains to be done to ensure that agency data are efficiently shareable. Both agencies will continue to be vital participants in conversations around enhancing early childhood data systems statewide.

**Proposed short-term next steps**

The following table lays out proposed next steps—including suggested tasks, parties, and completion dates—to begin addressing the noted data issues in the short term (through spring 2020).

<b>Task</b>	<b>Parties / notes</b>	<b>Suggested completion</b>
Hold initial conversations with DHS and ISBE EC staff to share Project findings in depth and broach noted data issues	NIU EdSystems, DHS, ISBE, GOECD	1/31/20
Hold conversation with IHSA and CPRD staff to discuss status of vendor pilots	NIU EdSystems, IHSA, CPRD, GOECD	1/31/20
Engage DRE regarding Project findings and high-level data issues	NIU EdSystems, DRE	2/28/20
Determine ISBE plans and timeline for SLDS-supported early childhood data staffer	ISBE, NIU EdSystems, GOECD, Gov’s Office	2/28/20
Determine GOECD plans and timeline for PDG-supported data staffer	GOECD, NIU EdSystems, Gov’s Office	2/28/20
Engage IAT, perhaps in two successive monthly meetings, regarding Project findings and noted data issues	NIU EdSystems, IAT	3/31/20
In coordination with DRE and IAT and in relation to ILDS 2.0, identify and gauge the interest of prospective members of an early childhood data working group	NIU EdSystems, IAT, GOECD, Gov’s Office	3/31/20
Pending initial meeting of ILDS 2.0 governance, hold an initial engagement of early childhood data working group	TBD; pending initial meeting of ILDS 2.0 governance	4/30/20
Set work plan re: next steps to address noted data issues	TBD; pending initial meeting of working group	5/29/20
Coordinate with ISBE SLDS and GOECD data staffers re: work plan roles and responsibilities	TBD; pending hire of data staffers and existence of work plan	5/29/20

## Appendix E. Northern Illinois University’s Cost Model Study

# **ILLINOIS COST MODEL FOR EARLY CHILDHOOD EDUCATION AND CARE SERVICES**

**DECEMBER 17, 2019**

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## INTRODUCTION

Illinois is committed to fulfilling its historical commitment to the care and education of its youngest children. Numerous public and private stakeholders have come together around a comprehensive vision for the state as it relates to supporting young children: We envision Illinois as a place where every young child – regardless of race, ethnicity, income, language, geography, ability, immigration status, or other circumstance – receives the strongest possible start to life so that they grow up safe, healthy, happy, ready to succeed, and eager to learn. One critical part of this vision is ensuring that families have access to early care and education services to ensure that not only do children have a strong start in life but that their parents can fully participate in the workforce knowing that that children are in safe, healthy, and high-quality care and education environments.

While Illinois' three major funding streams for early childhood education and care provide critical services for many children, the reality is that many families are not able to access the care and education that they want and need. Additionally, the current workforce is inadequate to meet the current demand for educators, let alone what may be needed for future growth. In order to support efforts to ensure that Illinois' vision is fulfilled, in 2019, as part of the federal Preschool Development Grant (PDG B-5) Needs Assessment, the Illinois Governor's Office of Early Childhood Development (GOECD) requested a cost model for a comprehensive system of early childhood education and care for all children ages 0-5 in Illinois. This report describes the process for developing a comprehensive cost model as well as the findings from this work.

Current Approximate Funding  
for Major ECE Funding Streams:

HS/EHS = \$345M (25%)

CCAP = \$617M (44.7%)

ECBG = \$420M (30.4%)

TOTAL = \$1.382B

With funding from the federal PDG B-5, Illinois engaged Northern Illinois University (NIU), specifically Theresa Hawley and Kate Ritter, to analyze the cost of providing high-quality early childhood education and care (ECEC) services to all families in Illinois. The primary research question posed by the GOECD is: "what is the per child and total cost of providing high-quality early education and care services via licensed or school-based settings to all families in Illinois?" Additionally, the project was charged with addressing the use of a sliding scale for family co-pay and taking into consideration existing funding eligibility regulations.

In consultation with numerous public agencies and private stakeholders, a plan was developed and refined that addresses the following:

- the need for multiple program models to support family choice and need (full day, year-round center-based ECEC with and without enhanced comprehensive services; school-day, school-year ECEC with full comprehensive services; part-day, school-year ECEC with more limited parent education and support);
- the substantial variation in need for a more intensive and comprehensive set of services based on early life experiences and developmental needs of individual children;
- wage parity across positions and existing funding streams;



- an analysis of barriers to funding and providing high-quality ECEC services and opportunities for more efficient use of resources; and
- the need for a range of models for appropriately qualified support staff.

The cost model has been designed to address the above issues, and incorporates assumptions to reflect current best practices and service expectations as understood by the authors after review of the literature and consultation with the Quality Committee and Data, Research and Evaluation Subcommittee of the Illinois Early Learning Council. These assumptions and the justification for them are described in this report. It is hoped that the findings of this report will be used to:

- inform the work of the planned Governor's Early Childhood Funding Commission;
- inform planning for near-term expansion of the Illinois State Board of Education's Early Childhood Block Grant; and
- inform policy for Illinois Department of Human Services' Child Care Assistance Program (CCAP) rates, taking into account new minimum wage laws scheduled to be implemented state wide.

Also, of importance is what this model does NOT specify or identify. The staffing patterns, salaries, enhancements and other inputs included here are simply to generate a reasonable estimate of the COST of a fully-funded, high-quality ECEC system. This model and report do not suggest any specific changes to program funding, to requirements of any program standards, nor how funding should be identified or distributed. These key questions will require additional deliberation and input from a broad group of stakeholders.

## COST MODELING APPROACH

The ECEC system is incredibly complex and represents a classic market failure. Services are provided in a number of settings – schools, community-based organizations, homes – and paid for through a range of mechanisms by public/government and private actors. Further, deeply held cultural values impact funding and available options for services. Ultimately, the burden rests with individual families to identify and figure out how to pay for care and education in the early years of their children’s lives. While Illinois has been a leader in funding early childhood education and care many families still struggle to find and afford care and many if not most providers are inadequately compensated. Determining the true cost of a quality system for ECEC requires both setting a “north star” for desired end results of the system and taking into account the complex range of cost drivers for the system. This section describes both the system values represented by the cost assumptions made in this report as well as the core set of variables taken into consideration for cost models.

## VALUES FOR AN EQUITABLE AND HIGH QUALITY SYSTEM

The following set of guiding values reflect goals of the ECEC community for a high quality early childhood system. These values acknowledge the challenges in our current system that require funding to address if we are to put an end to inequities in quality and access and ultimately provide a more accurate estimation of the investment needed to reach a high quality, comprehensive ECEC system. The values include:

- Program models that meet families’ needs and preferences for schedule and setting;
- Program models that provide comprehensive services that are sufficient to address the needs of children who are furthest from opportunity, including those in poverty or experiencing homelessness or child welfare involvement;
- Program models that are culturally and linguistically appropriate and meet the full range of special needs that young children have;
- Parity in compensation and benefits across the profession, commensurate with varying characteristics such as qualifications and role, to ensure highly qualified teachers and staff are hired and retained;
- Staffing patterns that allow for adequate time for teacher’s engagement in lesson preparation, professional development, parent engagement, and consultation services;
- Class sizes and staff-to-child ratios that reflect best practice for each age group;
- Adequate infrastructure investment to ensure appropriate quality improvement supports are available as well as opportunities to build a highly qualified workforce.

## CONSENSUS PROCESS

At multiple points in the project the consultants sought input from a variety of stakeholders to share and check assumptions as well as hear other feedback.

The compensation schedule and staffing patterns were vetted by the Early Learning Council (ELC) Quality Committee and align with the *Consensus Statement on Early Childhood Educator Compensation* and the *Achieving Compensation Parity: Illinois Goal for the Field of Early Childhood Care and Education* report.

Regional discussions with providers were conducted by the consultants in partnership with Illinois Action for Children to check assumptions used and get feedback on model development. Providers had the opportunity to review the compensation schedule, staffing patterns, and non-personnel inputs. These discussions allowed providers to give feedback on our input data to ensure the models were capturing the true cost of care.

Lastly, the models were presented in their entirety to the ELC Quality Committee, the Data Research and Evaluation subcommittee and the Inter-Agency Team<sup>1</sup>. Feedback on input data, assumptions and findings were collected both verbally and via an online form. Through the online form, we received critical feedback on the assumptions for children with disabilities, Dual Language Learners, and family child care. We met with people and agencies that submitted comments to clarify and improve our cost estimates for those types of care, ensuring that the appropriate additional costs were captured and number of children were identified. Specifically, staff from the Latino Policy Forum provided invaluable assistance with developing assumptions for cost to support young dual language learners.

## DATA COLLECTION

To understand the current true operating expenses of early childhood education programs, Illinois Action for Children distributed a survey, developed by the consultants, to ECEC programs across the state. The survey included questions on staffing structures and education levels of staff, salary schedules, benefits, non-personnel costs, and program size. The survey was distributed to both CBOs and family child care homes (FCC) and nearly 200 surveys were completed. The use of this data is described in the relevant sections below.

A nationally recognized cost-modeling tool, the Provider Cost of Quality Calculator (PCQC), was used to supply data for non-personnel costs in CBOs and FCCs, such as marketing, printing, insurance and audit costs, that were unclear or missing from local budgets. Data from the Illinois Facilities Fund (IFF) was utilized to adjust some non-personnel costs, such as rent and depreciation

Budget information for public preschool programs was obtained through the Illinois School Board of Education (ISBE) Evidence-Based Funding Formula (EBF). The EBF includes classroom operating costs, staffing and salary schedules for teachers and administrators, as well as information about costs for student assessment, computer/technology equipment, student activities, operations and maintenance, and central office for Pre-K through Grade 12. For more information on the EBF, see page 9.

## STRUCTURAL DRIVERS OF COST

As noted above the complexity of our system is a result of the range of funders, and therefore program requirements, as well as differing desires and needs of parents across Illinois. To construct the model,

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<sup>1</sup> The Inter-Agency Team (IAT) was created through Illinois' Race To The Top – Early Learning Challenge Grant to coordinate early childhood system among different state agencies. The IAT consists of early childhood leadership from the following Illinois agencies: State Board of Education, Department of Human Services, Department of Children and Family Services, Department of Public Health, and Board of Higher Education. The IAT ensures cross-agency coordination in an effort to move toward a more unified early childhood system.

the following key cost drivers were taken into account to accurately reflect Illinois’ current ECEC landscape:

- Mixed delivery system where services are provided in a range of settings by community-based organizations (CBOs), public schools, and family child care homes (FCC) and at variety of intensities (part-day, school-day, full day);
- Programmatic requirements and related cost variations (e.g., staffing structure) based on funding framework, including Head Start, Early Head Start, Preschool for All, Preschool for All Expansion, Prevention Initiative, Child Care licensing rules, and varying ExceleRate Circles of Quality;
- Cost variation by geography;
- Incorporation of minimum wage implementation.

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**SERVICE DELIVERY MODELS**

In a mixed delivery system, it is essential to determine a per child cost based on 1) the setting in which services are provided (either in a K-12 school or a CBO or a home), 2) the number of days per year services are provided, and 3) the number of hours the program operates (i.e., part-day, school-day, full-day). Per child costs were generated for each of the following service delivery models (for a description of “comprehensive” and “high quality” center-based models, see Staffing Structure section on page 11):

<b>Models<sup>2</sup></b>	<b>Infants and toddlers (0-3)</b>	<b>Preschool age children (3-4)</b>
<b>Comprehensive center-based (Full day, full year with comprehensive services)</b>	✓	✓
<b>High quality center-based (Full day, full year ExceleRate Gold level)</b>	✓	✓
<b>School-day, school-year ECEC (ages 3 &amp; 4 only)</b>		✓
<b>Part-day, school-year ECEC (ages 3 &amp; 4 only)</b>		✓
<b>Full-day, year-round family child care</b>	✓	✓
<b>Home Visiting</b>	✓	

For each model an associated staffing pattern, salary schedule, and set of non-personnel costs was generated to come up with a per child cost. Salary schedules and rent (a non-personnel cost) were varied based on geographic region of the state, as described below.

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**SALARY SCHEDULE & BENEFITS**

Personnel is the largest cost factor in ECEC, accounting for 60-80% of program expenses.<sup>3</sup> High quality ECEC requires a well-qualified, well-compensated, and stable workforce. Unfortunately, ECEC teachers remain one of the lowest paid professions both in Illinois and nationally. The current ECEC market functions only because educators in community-based programs “subsidize” the system through their low wages and benefits.

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<sup>2</sup> The budgets of school-based programs typically do not include costs shared across the entire K-12 school (i.e. principal’s salary, rent/utilities, maintenance, etc.) as part of the preschool specific budget. To ensure the true cost of services is being estimated, the school-based model includes the costs of these shared services.

<sup>3</sup> Center for American Progress, “Where Does Your Child Care Dollar Go? Understanding the True Cost of Quality Early Childhood Education” (2018), available at <https://www.americanprogress.org/issues/early-childhood/reports/2018/02/14/446330/child-care-dollar-go/>

Rather than using the current wage and benefit structure, our model is built to estimate costs if there were parity in compensation (including both wages/salary and benefits) across early childhood service delivery models. Compensation parity means that the salary and benefit schedules for early childhood educators in non-school settings are built commensurate with local school district elementary educators and based on varying characteristics such as qualifications, role, and tenure.

A range of data sources were used to understand the current landscape and inform recommendations for the salary schedule for CBOs, family child care providers and home visiting staff. Current salary data from the field was collected from Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) through the Gateways Registry as well as the Illinois Salary & Staffing Survey<sup>4</sup> and labor statistics data by occupation were obtained from the Bureau of Labor Statistics (BLS) public datasets (see chart below for current salary data for each position). For the Chicago Metro area, we also relied on data from a survey we conducted in collaboration with the Mayor’s Office of Chicago-based child care programs and delegate agencies of the Chicago Department of Family & Support Services in December 2017. We then compared current wages to salaries included in the FY2020 calculations for the K-12 Evidence-Based Funding (EBF) formula as well as to average salaries across all occupations (by education level) and to upcoming changes to minimum wage in Chicago and Illinois.

Determining a “Recommended” salary structure was challenging for a number of reasons. For example, it was determined that simply using the average salary of K-12 teachers (or the teacher salary used in the EBF formula calculations) was not an appropriate benchmark for BA-level teachers without a Professional Educator License (PEL), as the majority of teachers in Illinois public schools actually have Master’s degrees, and the annual work schedule in CBO settings is not the same as in schools. The Recommended Salaries shown below were developed by consensus of the Compensation Work Group and the Quality Committee of the Illinois Early Learning Council. The following recommended salary schedule for CBOs and FCC providers reflects approximate parity with average salaries in Illinois across all fields for jobs requiring specific levels of education (AA, BA, etc.). We also ensured that wages for every staff position (i.e. janitorial/maintenance staff, cooks, etc.) would be above new minimum wage laws. For school-based positions, the salaries included in the K-12 EBF calculations were used to ensure consistency with that model. In addition, for CBO-based positions requiring a PEL, the salaries from the EBF formula were used.

#### Illinois’ Evidence-based Funding Formula

The Evidence-Based Funding for Student Success Act was signed into law on August 31, 2017. This law enacts evidence-based funding (EBF) and comprehensively changes the way that school districts receive the bulk of state funds. EBF implements a formula that prioritizes equity and allocates state funding to school districts based on student need.

The new formula calculates the cost of providing students with a high-quality education, the cost of adequacy, and assesses how far districts currently are from reaching that amount. The steps are:

- 1) Give each district the same amount of state funds as previous year.
- 2) Calculate how much it costs to educate students in each district.
- 3) Figure out how many local resources are available for education.
- 4) Direct new state funds to the lowest-funded districts first.

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<sup>4</sup>Illinois Salary and Staffing Survey of Licensed Child Care Facilities Fiscal Year 2017

<http://www.dhs.state.il.us/OneNetLibrary/27894/documents/CCAP/2017SalaryandStaffingSurveyofLicens edChildCareFacilitiesv2.pdf>

The following table presents data on current average salaries, separated between the Chicago Metro area and the balance of the state, along with the recommended salary scales used in the cost model for care outside of public schools.

<b>SALARY SCALES</b>				
	<b>Balance of the State</b>		<b>Chicago Metro</b>	
<b>Personnel</b>	<b>Current Average</b>	<b>Recommended</b>	<b>Current Average</b>	<b>Recommended</b>
<b>Site Director (PI/PFA)</b>	\$49,629 <sup>a</sup>	\$63,750	\$55,393 <sup>d</sup>	\$75,000
<b>Site Director (Licensed)</b>	\$33,195 <sup>a</sup>	\$46,750	\$39,092 <sup>a</sup>	\$55,000
<b>Additional Professional Staff (Out Of Classroom)</b>	\$28,333 <sup>a</sup>	\$42,500	\$32,344 <sup>d</sup>	\$50,000
<b>Teacher (PEL)</b>	\$55,806 <sup>f</sup>	\$55,806	\$65,104 <sup>f</sup>	\$65,104
<b>Teachers (Bachelor's degree)</b>	\$32,032 <sup>a</sup>	\$41,650	\$32,402 <sup>d</sup>	\$52,000
<b>Teachers (Associate Degree)</b>	\$23,490 <sup>a</sup>	\$36,550	\$29,661 <sup>a</sup>	\$43,000
<b>Teacher Assistants</b>	\$19,741 <sup>a</sup>	\$33,150	\$27,352 <sup>d</sup>	\$39,000
<b>Teacher Aides</b>	\$17,160 <sup>c</sup>	\$25,501	\$27,040 <sup>e</sup>	\$30,000
<b>Lead Floater Teacher/Sub</b>	\$23,000	\$34,850	\$28,000	\$41,000
<b>Assistant Floater Teacher/Sub</b>	\$19,500	\$30,600	\$27,040 <sup>e</sup>	\$36,000
<b>Family Engagement Specialists</b>	\$29,000 <sup>b</sup>	\$34,000	\$33,569 <sup>b</sup>	\$40,000
<b>Cook</b>	\$20,000 <sup>b</sup>	\$25,501	\$29,000 <sup>b</sup>	\$30,000
<b>Asst Cook/Food Aide</b>	\$17,160 <sup>c</sup>	\$19,240	\$27,040 <sup>e</sup>	\$27,040
<b>Administrative Assistant</b>	\$25,500 <sup>b</sup>	\$29,750	\$30,000 <sup>b</sup>	\$35,000
<b>Maintenance Workers</b>	\$17,160 <sup>c</sup>	\$25,501	\$27,040 <sup>+</sup>	\$30,000

<sup>a</sup> Salary figures obtained from FY2017 Illinois Salary and Staffing Survey  
<sup>b</sup> Salary figures obtained from Early Childhood Workforce Consensus Statement on Early Childhood Educator Compensation  
<sup>c</sup> Current IL minimum wage  
<sup>d</sup> Salary figures obtained from Chicago Delegate Survey, December 2017  
<sup>e</sup> Current Chicago minimum wage  
<sup>f</sup> Illinois Evidence Based Funding Formula

BLS data was used to set recommended benefit amounts for health insurance, worker’s compensation and retirement. The model does not use a standard fringe rate calculated as a percentage of salaries because wages in the industry are so low that a typical fringe percentage would not cover the true cost of providing health insurance. Actual costs for health insurance and other benefits from BLS data as shown in the table below:

*The current ECE market functions because educators “subsidize” the system with low wages and benefits.*

	Current Fringe	Recommended CBO Fringe
<b>FICA</b>	7.65%	7.65%
<b>Health Insurance*</b>		\$5,408.00
<b>Worker's Compensation**</b>	1.5%	1.15%
<b>Retirement</b>		3.9%

\* \$2.60 per hour worked  
 \*\* IL average is \$1.15 per \$100 based on BLS data  
 \*\*\* 3.9% based on BLS data

**STAFFING STRUCTURE**

**Staffing Patterns**

Staffing patterns for school-based preschool programs were based on the EBF and the Preschool for All program standards. For School-Day programs, an additional 0.2 FTE of PEL teachers was included to allow for “specials” and to accommodate planning periods within the teachers’ schedules. Administrator staffing was calculated at the same rates used in the K-12 system.

Two-sets of staffing patterns were created on which to build the CBO cost model. Licensing requirements and results from the survey of providers were used to provide information on a basic staffing patterns the field currently uses for the purposes of comparison but, because they represent limited quality standards, the cost model is built on two more appropriate levels of quality: High Quality and a Comprehensive Model.

Both models include BA-level teachers and AA level aides in every classroom. The “Comprehensive model” was designed to meet the more intensive needs of children in low-income families (or facing other significant risk factors), and includes an extra aide in each classroom and lower group sizes. All models, except part-day school-based pre-K, include one Family Support staff position for every 35 students.

FTE PERSONNEL	LICENSED STAFFING	HIGH QUALITY STAFFING	COMPREHENSIVE STAFFING	SCHOOL-BASED STAFFING
Site Director/Principal	1 per site	1 per site	1 per site	1 per site
Additional Professional Staff (out of classroom)	If enrollment > 125, 1 per program	1 per 4 classrooms	1 per 4 classrooms	1 per 5 classrooms
Teachers	1 per classroom	1 per classroom	1 per classroom	1.2 per classroom
Teacher Assistants	1 per classroom	1 per classroom	1 per classroom	1 per classroom
Teacher Aides	1 per infant & toddler classroom	1 per infant & toddler classroom	1 per classroom	-
Lead Floater teacher/sub	.4 per classroom	.2 per classroom	.1 per classroom	10.032 per teacher
Assistant floater teacher/sub	-	.4 per classroom	.5 per classroom	10.032 per teacher assistant
Family Engagement Specialists	-	1 per 35 children	1 per 35 children	1 per 35 children
Infant Toddler Specialist	-		included in Additional Professional Staff	
Nurse	-	consultant in non-personnel costs (5-6 hours/month)	consultant in non-personnel costs (5-6 hours/month)	consultant in non-personnel costs (5-6 hours/month)
Cook	-		1 per site	-
Asst Cook/Food aide	-		1 per site	-
Administrative Assistant	1 per site	1 per site	1 per site	1 per site
Maintenance Workers	contract in non-personnel costs	contract in non-personnel costs	1 per site	contract in non-personnel costs

Additionally, the cost model incorporates some funding for Early Childhood Mental Health Consultation (ECMHC) and nurse consultation in all program-level budgets (approximately 5 hours per classroom per month). System-level costs for infrastructure also include some costs for support of the ECMHC workforce.

### Ratios and Group Size

Child-to-staff ratios and smaller class sizes are a key quality indicator in ECEC programs and they have a significant impact on per child cost. Improving these measures allow children to receive more individual attention, reduce the time and effort teachers spend on classroom management, and allow for fewer stressful interactions. While it is important to consider the relationship of group size and ratios to children's experiences and outcomes, it is also important to recognize the relationship between these programmatic factors and cost. Weighing the value of reduced class sizes and ratios against the cost is easily measured while the benefits are hard to quantify without more rigorous research, creating a difficult tradeoff for parents and policy makers.



Both the High Quality model and the Comprehensive model are built on better ratios and group sizes than required by Illinois licensing standards. For example, licensing standards allow a group size of 15 and 16 children for toddlers and two year olds, respectively. The High Quality model reduces the groups sizes for both ages to 12; the Comprehensive Center model incorporates an even smaller group size of 8 for these ages, as this is recommended best practice (e.g., federal EHS standard). For preschoolers, the High Quality model matches licensing standards with a maximum of 20 children per classroom, whereas the Comprehensive model meets Head Start standards of 17 children per classroom. Moving from 12 to 8 children (High Quality vs. Comprehensive model) for the toddlers and two year olds increases the per child cost by approximately 34%. Reducing the number of preschool children per classroom from 20 to 17 increases the per child cost by approximately 15%. Similarly, with staffing, the Comprehensive Center model includes an Aide in each classroom which exceeds licensing requirements and improves upon the High Quality model. This increases the per child cost by approximately 10%.

The following table presents the ratio and group size structures used to develop the models. ExceleRate Gold group size and ratio requirements are used in the first model and the Comprehensive model keeps toddler and two-year-old classrooms at a maximum group size of 8 students.

	Staff/Child Ratio (ExceleRate Gold)	High Quality Max Group Size	Comprehensive Max Group Size
Infants (6wks - 14 mo)	1 to 4	8	8
Toddlers (15mo - 23mo)	1 to 4	12	8
Two-year-olds	1 to 6	12	8
Preschool (3 and 4 years)	1 to 10	20	17

**Family Child Care Staffing**

For Family Child Care programs, two staffing patterns were used. The first staffing pattern reflects a high quality FCC program that exceeds licensing requirements in both provider education (AA salary) as well as an additional 0.5 FTE assistant. The second staffing pattern reflects FCC ExceleRate Gold requirements. This includes a provider with a BA (BA salary) and the following staffing requirements:

- For FCC Homes, 1 adult to 6 children with no more than 2 children under 2 years of age;
- For Group FCC Homes, 2 adults to 12 children with no more than 6 children under 30 months; no more than 4 children under 15 months.

The second staffing pattern also exceeds requirements by including an additional 0.5 FTE assistant to reflect more realistic business practices at high quality FCC programs.

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**GEOGRAPHIC VARIATION**

The model accounts for geographic variation in cost of living throughout the state by following the methodology of the Illinois Evidence-Based Funding Formula (EBF) for K-12 education. The EBF applies a regionalization factor, based on cost of living factors in each county. We applied the regionalization factor to two inputs: salaries and rent/mortgage. All other costs were considered the same across the state (i.e. utilities, education supplies, professional development, etc.).

Nearly all school districts in the EBF calculations fall into one of two extremes (highest or lowest possible factor), so for simplicity, the model assigns all counties to one of two regional variations. The Chicago Metro regionalization factor is 1.05. This includes Cook County and the surrounding counties (CCAP Group 1A counties). The balance of the state had a regionalization factor of 0.9 (this included CCAP Group 1B and Group 2 counties).

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## ACCOUNTING FOR SPECIAL POPULATIONS

Another key component in the cost model is taking into consideration the needs of special populations and ensuring adequate resources are available to support their needs. In consultation with Committees and subcommittees of the Early Learning Council as well as other key stakeholder groups, assumptions were developed and incorporated to address the need for mental health consultation at a variety of levels of intensity, the need to support and foster the unique strengths of dual language learners, and to support children with special needs. The approach incorporated for each of these special populations is included below.

### Dual Language Learners

For children enrolled in preschool programs in Illinois public schools (part-day or full-school-day), ISBE's evidence-based funding formula (EBF) for K-12 schools takes into account the cost of providing preschool services for children whose home language is something other than English. Therefore, this cost model does not include additional costs for services for those children. In ECEC settings based in CBOs, the basic staffing pattern used in the models (requirements for PFA) is intensive enough to account for supporting the diverse developing language needs of young children. However, the cost model does incorporate the following the cost of additional expenses necessary for providing bilingual education in both CBOs and FCCs<sup>5</sup>:

- \$500 per child for differential salaries for bilingual teachers and appropriate professional development/credential processes;
- \$600 per child for other additional costs related to bilingual education in preschool as mandated by administrative rules within state code (administrative rules do not include services for students 0-2, however, best practice would suggest their language services be congruent with prek and beyond). These include:
  - Multilingual books
  - Software programs (applications and games) in multiple languages
  - Multicultural materials for student centers
  - Development or modification of student assessments and observation
  - Translation of information for parents in multiple languages
  - ESL instructional materials that are developmentally appropriate
- \$100 per child for screening for EL services with the Idea Proficiency Test. This includes costs associated with ensuring all personnel conducting screenings are bilingual and materials and activities for the children are available in multiple languages and developmentally appropriate.

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<sup>5</sup> Guidance and recommendations on additional expenses and related costs were provided by the Latino Policy Forum (<https://www.latinopolicyforum.org>). We commend and thank the Latino Policy Forum for their expertise and time.

Total system cost for supporting Dual Language Learners (DLLs) was calculated as follows:

- Approximately 30% of children live in households where another language other than English is spoken.<sup>6</sup>
  - 30% of children ages 0 -5 in families <200% FPL using CBO/FCC care: 38,725
  - Additional per child funding for each EL in CBO/FCC setting: \$1,100 (\$500 for salary & \$600 for materials, assessments, translation, etc.)
  - Total cost for EL services in CBO/FCC setting: \$42.6M
- Approximately 35% of 3-year olds need to be screened to determine if they need EL services.
  - 35% of 3-year olds in IL: 56,725
  - Per child cost for EL screening: \$100
  - Total cost for EL screening: \$5.7M
- TOTAL COST FOR EL SERVICES IN CBO/FCC & EL SCREENING: \$48.3M

### Children with Special Needs

Per the federal Individuals with Disabilities Education Act (IDEA), Local Education Agencies (LEAs) are legally responsible for providing special education and related services to children ages 3-5 in the least restrictive environment (LRE), which for most children means a classroom (or home child care) setting with typically developing peers. For preschool, under the law, settings include school and community based PreK, Head Start, and child care settings. If a child is in a community-based setting when they are identified as needing special education and related services, that is the location that should first be considered as the LRE.

The EBF for schools in Illinois includes the costs of serving preschool children with IEPs. For children with IEPs, EBF includes these children as 0.5 student in all costs except core teachers. (Note: The cost model includes the cost of core teachers in the cost of the regular preschool program that the child attends.) Therefore, this cost model does not include additional costs for specialized services in school-based settings, as these costs should be covered by existing funding in EBF and/or IDEA. The LEAs are allotted funding based on the EBF and are obligated to provide specialized services as prescribed in the students' IEP/IFSP, to all preschoolers who reside in their district that have IEPs/IFSPs, whether they attend school-based or community-based programs. Unfortunately, the current system does not provide adequate funding or guidance to LEAs regarding services for children with IEPs/IFSPs who are in community-based settings. As a result, children in community-based programs often do not receive services in their preferred and least restrictive setting. Therefore, this cost model does account for additional funding needed to serve children in CBOs. However, it is important to note that LEAs likely need itinerant staff to manage this system. This additional cost should be included in the EBF.

Funding is included for community-based organizations (CBOs) to ensure that they can support a high-quality inclusive education - including time to collaborate with the specialized service providers, individualize instruction, attend meetings with EI and ECSE etc. For children enrolled in community-based child care, the Comprehensive program staffing pattern is already intensive enough to account for supporting needs of children with mild delays or disabilities. For children with moderate to severe needs, an additional \$15,000 is included per child to meet their needs within a CBO. While Early Intervention currently supports the cost of professionals coming into a CBO program to provide

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<sup>6</sup> IECAM <https://iecam.illinois.edu/characteristics/demographics/child-language/>

specific therapy services, the additional cost could include providing instructional aides, altering the environment, additional professional development, or other costs associated with developmentally appropriate support beyond a scheduled therapist visit. The model also includes higher costs for educational supplies and equipment to account for the purchase of adaptive materials and devices.<sup>7</sup>

Children with IEPs/IFSPs:

- An estimated 10% of children ages 0-5 in CBO programs are assumed to have moderate to severe special needs<sup>8</sup>: Total of 23,959 children
- Additional cost of providing instructional aides or other needed services and supports for children with moderate to severe needs estimated at \$15,000/child
- Total additional cost: \$359.4M

## PER CHILD COST BASED ON SERVICE DELIVERY MODEL

Per child costs were determined based on all the variables described in the previous section and are presented below by service delivery setting.

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### CBO MODEL

Non-personnel costs used in the CBO model for the High Quality program and the Comprehensive program can be found in Appendix I.

Group sizes and ratios that were used in the CBO models can be found in the table # on page 11. **It is important to note that ratios and group size have a significant impact on per child cost as discussed in the previous section.**

To account for the fact that ECEC programs do not maintain full enrollment throughout the year, we incorporated an enrollment percentage in each model. For infants, toddlers and two year olds, enrollment was calculated at 90% for High Quality CBO and 95% for Comprehensive CBO; for preschoolers, enrollment was calculated at 85% for High Quality CBO and 95% for Comprehensive CBO.

CBO model staffing patterns and salary scales are listed in the tables on pages 8 - 10. The following table shows the final per child costs by age, quality level of CBO, and region of the state. As a reminder, per child costs for Chicago Metro region include a 1.05 regionalization factor and the balance of the state represents 0.9 regionalization factor.

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<sup>7</sup> Guidance and recommendations on estimates, additional expenses and related costs were provided by the Ounce of Prevention Fund (OPF) (<https://www.theounce.org>). We commend and thank OPF for their expertise and time.

<sup>8</sup> <https://www.cdc.gov/nchs/products/databriefs/db291.htm#Data>

## Per Child Cost in CBOs

	CHICAGO METRO		BALANCE OF THE STATE	
	HIGH QUALITY CENTER	COMPREHENSIVE CENTER	HIGH QUALITY CENTER	COMPREHENSIVE CENTER
Infant	\$31,827	\$33,095	\$28,996	\$28,439
Toddler	\$23,945		\$22,228	
Two Year Old	\$20,871		\$19,615	
Preschool	\$15,996	\$20,715	\$15,419	\$17,970

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### SCHOOL MODEL

Non-personnel costs used in the model for public school preschool programs can be found in Appendix 2. These cost figures were taken from the EBF. Costs for rent, utilities, insurance, administrative staff, and maintenance services are included in Central Office and Maintenance & Operations lines. As a reminder this model is for preschool age children, three- and four-year-olds, only.

### Per Child Cost in Public Schools

	CHICAGO METRO	BALANCE OF STATE
School Day	\$16,901	\$14,387
Half Day	\$8,679	\$7,388

The model takes into account that for working families a school or part-day and part year program will not necessarily meet their needs for child care through counting some of those children as using relative or license exempt care in addition to a school based program.

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### FAMILY CHILD CARE MODEL

Generating a model for family child care (FCC) is complicated by the wide variation in FCC structures and enrollment numbers. To develop a reasonable estimate of a per child cost, we looked at non-personnel data in the PCQC and the Center for American Progress report *Understanding the True Cost of Child Care for Infants and Toddlers*<sup>9</sup>. We also surveyed family child care providers and received extensive budget and programmatic feedback from Pat Twymon and her association Supporting Professionals Network Association. A table of the non-personnel costs can be found in Appendix 3.

The family child care model was built with parity to the CBO model, meaning we use best practice for staffing patterns as well as recommended salaries and benefits. The CBO salaries for teacher with a Bachelor's degree, teacher with an Associate degree, and teacher aide were used in the FCC model.

<sup>9</sup> <https://www.americanprogress.org/issues/early-childhood/reports/2018/11/15/460970/understanding-true-cost-child-care-infants-toddlers/>

These salaries were regionalized (1.05 for Chicago metro area and 0.9 for the balance of the state) just as they were for CBO model. The statewide calculations assumed 25% of FCC programs have a provider with a Bachelor’s degree; 75% have a provider with an Associate degree.

Both benefit amount and staffing patterns were based on recommended best practice. We used the CBO benefit structure (FICA, health insurance, retirement, etc.). In terms of staffing, regular FCC programs were calculated with an aide, while group FCC programs were calculated with 1.5 aides.

It’s important to note that FCC providers often go into business when they are caring for their own children. To account for this, we reduced the number of children by 2 when calculating the per child cost of the program. Another way to account for this structure would be to include their own children as a benefit expense. We also assumed an 85% enrollment rate, just as we did for CBOs to account for the fact that programs are rarely 100% enrolled.

The following tables illustrate the per child cost for FCC and Group FCC programs, with a differentiation between providers with an Associate degree and a Bachelor’s degree.

**Per Child Cost in Family Child Care**

Per Child Cost Based on Degree of Provider				
	CHICAGO METRO		BALANCE OF STATE	
	FCC	Group FCC	FCC	Group FCC
<b>BA Level Salary</b>	\$22,460	\$17,608	\$19,960	\$15,673
<b>AA Level Salary</b>	\$20,770	\$16,481	\$18,511	\$14,707

It is important to note that FCC subsidizes the cost of infant and toddler care with preschoolers (3 & 4 year olds), just as CBOs do. If changes to the system (universal preschool, better access to high quality centers, etc.) cause FCC to lose 3 and 4 year olds, the cost for FCC care will rise. FCC homes can only take 2-3 children ages 0-2, while Group FCC homes can only take 2-5 children ages 0-2. This can increase the per child cost anywhere from 25 to 50%.

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**HOME VISITING**

The Ounce of Prevention with support from the Maternal Infant and Early Childhood Home Visiting (MIECHV) team at the Governor’s Office of Early Childhood Development (GOECD) estimated the cost of providing voluntary, accessible, comprehensive home visiting services throughout the state of Illinois. The services included in the cost model include 1) core intensive home visiting services; 2) embedded doula services; 3) Family Connects Illinois; and 4) coordinated intake for home visiting. The full model and narrative is available in the companion piece *Home Visiting Cost Model Narrative*.

## OVERALL SYSTEM COST

To determine the overall systems cost required using the specific models developed as described previously, making assumptions about the numbers of children who would use each of the different types of care, and also considering the program supports and infrastructure that would be necessary to support a comprehensive system. This section describes the data used and assumptions made to determine the total system cost. While many assumptions used are based on distribution across the current system as it is, it is important to note that when more options are available for families they may make different choices than they currently do. Estimates were developed, as described below, for how many children across a range of family incomes, would use the following types of care.

Model Type	Infants and toddlers (0-3)	Preschool age children (3-4)
Full day, year-round center-based ECE (with comprehensive services)	✓	✓
Full day, year-round center-based ECE (without comprehensive services)	✓	✓
School-day, school-year ECE (ages 3 & 4 only)		✓
Part-day, school-year ECE (ages 3 & 4 only)		✓
Full-day, year-round family child care	✓	✓

## ACCOUNTING FOR FAMILY CHOICE

The most substantial challenge in creating a statewide cost model was determining the number of children that would be enrolled in each type of program, according to age and family income. Current usage does not necessarily reflect parental preference if families had true choices among a variety of high-quality options. To develop service-level assumptions, national and state research on use of early care and education program types by parent work status and family income level were used. The following data sources and research were used to inform estimates:

1. National Household Education Survey 2016 (NHES)
  - Provides recent household data on type of care used by child age and family income
  - Limitation is data cannot be analyzed as a cross of age by family income
2. Census report: Who's Minding the Kids 2011
  - Provides a snapshot of care arrangements by age, maternal work status, poverty status
3. CCAP certificate data March 2019 for Cook County
  - Provides number of children enrolled in each provider type by age
  - Limitation is the data does not include children served through contracts
4. IECAM
  - Provides data on where children birth through age 5 live and the capacity of ECE services available to them. It also includes demographic data, including population, poverty level, linguistic isolation, and employment characteristics of families with children.

To develop a service-level methodology, we reviewed cost models that have been conducted recently in New York<sup>10</sup> and in California<sup>11</sup>.

### ***NYC Under Three: A Plan to Make Child Care Affordable for New York City Families***

In May 2019, New York City’s Comptroller Scott Stringer introduced an initiative, called “NYC Under 3,” to improve affordability, accessibility and quality of child care for children under age 3. As a first step to improve child care options for parents of young children living within the city, New York City’s Comptroller Scott Stringer commissioned a study on the availability and true cost of child care for infants and toddlers. The study *NYC Under Three: A Plan to Make Child Care Affordable for New York City Families* includes a detailed methodology on the uptake rate once the initiative is fully operational. Key components of the study:

- Used data from U.S. Census Bureau, *Who’s Minding the Kids? Child Care Arrangements: Spring 2011* to estimate percentage of children in families below 400% FPL by age in “organized” care;
- Assumed 10 percentage point increase in working mothers and overall 15 percentage point increase in use of center and FCC care due to care being more affordable under the plan.
- Assumed higher uptake by lowest income families;
- Assumed similar distribution of settings to current subsidy use, which is heavily weighted to FCC in NYC. (Note: this is very different from subsidy use pattern in Cook County, where use of centers is much more common.)

### ***Breaking The Silence on Early Child Care and Education Costs: A Values-Based Budget for Children, Parents, and Teachers In California***

In July 2019, the Center for the Study of Child Care Employment in collaboration with the Economic Policy Institute released a report on what it would cost to provide high-quality and comprehensive early care and education in California. The guiding principals were to generate a true cost that does not financially burden families, supports and helps build a well-qualified workforce, and provides adequate staffing levels for recommended ratios/group sizes as well as reasonable planning and preparation time. The cost estimate used an upper, middle and lower-range estimate of the number of families choosing to participate in the system. The lower-range estimate used the current share of children under age 5 in either home-based or center-based care in CA, based on NSECE 2012 data. The mid-range estimate is based on the labor force participation of parents with children under age 5, using data from the American Community Survey. The highest-range estimate for children ages 2 and under, they used the participation rate in Denmark, a country with a comprehensive ECEC system already in place. For children age 3-4, they used the inverse of the overall homeschooling rate in the United States, which also happens to coincide with Denmark’s participation rate for this age group. Staff pay in the model mirrored that of staff in the primary and secondary school system in California.

## ASSUMPTIONS REGARDING CHANGES IN USAGE TRENDS

The assumptions about family choice of child care arrangements outlined in this section are based on the availability of a *fully funded* comprehensive, high quality statewide early childhood system in Illinois. The reality is that parents make decisions about use of care based on a variety of inter-related factors and preferences for different features of child care. The NHES study<sup>12</sup> provides the following data which offers context for current usage based on differences in age of children and family income:

<sup>10</sup> <https://comptroller.nyc.gov/reports/nyc-under-three-a-plan-to-make-child-care-affordable-for-new-york-city-families/>

<sup>11</sup> <https://cscce.berkeley.edu/breaking-the-silence-on-costs/>

<sup>12</sup> <https://nces.ed.gov/pubs2017/2017101REV.pdf>



- Use of relative care (25%) and non-relative home care (13%) is fairly consistent across income groups;
- Center and school-based care use is much more common among the highest income families (52% as compared with 30% for lower income families);
- Center and school-based care is much more common for ages 3-5 than ages 0-2;
- Many families combine home care (relative or non-relative) with school or center-based care, especially for children ages 3-5 years old.

Based on a review of literature and data, a review of models developed by other states, and recent trends in actual usage the following assumptions for future usage, in a comprehensive system where parents have more choice, were developed:

- More families at higher incomes will use **full-day, year-round care** because more of these families have all parents working.
- If care is affordable, families at lower incomes will start to use **center-based care** at levels closer to higher income families.
- All families will use **center-based care** more if it is affordable, both due to preferences and due to higher maternal labor force participation.
- Total use of **non-relative care** by low-income families for infants and toddlers will be about 40% (similar to estimate by NYC), but using Cook County and national data on type of care preference, this will break out as about 25% in centers and 15% in FCC.

## ESTIMATES FOR FUTURE USAGE

The following tables illustrate the percentages of care distribution used in the model:

### INFANTS, TODDLERS & TWO YEAR OLDS

The table below shows the percent (and number) of infants, toddlers and two year olds estimated to use each type of care arrangement by income level. These percentages are based on the full statewide count of infants<sup>13</sup>, toddlers and two year olds:

- Total under 200% FPL: N = 187,101
- Total 200 – 400% FPL: N = 131,392
- Total over 400% FPL: N = 141,599
- Total children 0 - 2: N = 460,092

Note: The percentages in each income level in the table do not equal 100%. There are a certain number of families that will not use non-parental care. Furthermore, there is overlap with center care/family child care and children in relative care. For example, a child may attend a center-based program during the week but may also need relative care on the weekend or at night if the parent has a non-traditional work schedule.

<sup>13</sup> According to CCAP data, the average amount of care in an infant's first year is approximately 6 months. To account for this, we used 0.5 of the population of children < 1 year old in estimates.

ESTIMATED INFANT, TODDLER & TWO YEAR OLD USE OF CARE BY SETTING AND INCOME LEVEL			
	Under 200% FPL	200-400% FPL	Over 400% FPL
Center	25%** (39,126)	30% (33,046)	30% (35,617)
Non-relative home (FCC)	15% (23,530)	15% (16,523)	15% (17,808)
Relative (paid or unpaid)*	28% (43,922)	28% (30,843)	28% (33,42)

\* Can overlap with Center and Non-relative home

\*\* For children in families under 200% FPL, Comprehensive CBO cost was used.

### PRESCHOOLERS – AGES 3 – 5

The table below shows the percent (and number) of preschool children estimated to use each type of care arrangement by income level. These percentages are based on the full statewide count of 3 -5 year olds<sup>14</sup>:

- Total under 200% FPL: N = 192,587
- Total 200 – 400% FPL: N = 135,246
- Total over 400% FPL: N = 145,757
- Total children 3 – 5: N = 473,590

Note: The percentages in each income level in the table equal more than 100%. There are families that use both center or school-based programs as well as home-based care (licensed family child care or license-exempt relative care) for before/after school care or for weekend care.

ESTIMATED PRESCHOOLER USE OF CARE BY SETTING AND INCOME LEVEL			
	Under 200% FPL	200-400% FPL	Over 400% FPL
Center—full day/year round	30%** (48,740)	35% (39,934)	35% (43,037)
School-based—PFAE/HS full day with full parent engagement	60% (97,481)		
School-based—PFA part-day		50% (57,048)	40% (49,185)
Non-relative home*	12% (19,496)	12% (13,692)	12% (14,756)
Relative (paid or unpaid)**	23% (32,368)	23% (26,242)	23% (28,281)

\* Can overlap with Center- and School-based

\*\* For children in families under 200% FPL, Comprehensive CBO cost was used.

Data from Illinois Early Childhood Asset Map (IECAM) provided the number of children in Illinois by age, county and federal poverty level. The percentages in the tables above were applied to the statewide demographic data. These data tables are available in Appendix 4.

<sup>14</sup> To account for children who turn 5 years old prior to the start of kindergarten, we used 0.5 of 5-year-old population in estimates.

## SYSTEM INFRASTRUCTURE AND SUPPORTS

To estimate system-level costs associated with statewide early care and education infrastructure and supports, we drew from the National Academies of Sciences *Transforming the Financing of Early Care and Education* report. The report includes workforce development costs as well as quality assurance and improvement costs in the system-level estimate. In developing the report, the committee assumed (based on prior research practice) that these costs can be calculated using a fixed percentage of the direct costs of ECCE services. The committee applied an 8 percent system-level cost based on the total cost of services. We applied the same 8% system-level cost to our model.

Workforce professional development is a critical component of system-level costs as Illinois strives to move toward a system that provides adequate compensation and supports growth of a qualified workforce. This level of support may not be necessary on an ongoing basis once Illinois reaches its compensation and workforce goal. However, as the National Academies report states:

“Cost components of system-level workforce development supports that may remain in a transformed ECE system include information systems, curriculum development, system evaluation, career counseling, leadership development, textbooks and scholarships for educators’ continuing professional development, and support for home-based ECE provider networks, among others.”

As Illinois’ ECCE system grows to serve more families with higher quality care, an effective system of quality assurance and improvements is also critical. These system-level costs include monitoring and regulation systems, quality improvement and accountability systems, and data and information management systems. These are ongoing, annual costs of a high quality ECCE state system.

## PARENT CO-PAYMENTS

The cost of ECEC continues to rise each year faster than inflation, while family income has not kept pace.<sup>15</sup> The average cost of preschool care accounts for nearly 15% of the Cook County median family income, with infant and toddler care costing even more. Infant care in a CBO can cost as much as college tuition.<sup>16</sup> The federal recommendation is that ECEC cost no more than 7% of family income.

We estimated the amount of family contribution to the system using the federal 7% benchmark. Co-payment amounts were set based on income level (% FPL), however families under 100% FPL were not assessed a co-payment. The following payment scale was applied:

ANNUAL PARENT CONTRIBUTION BY INCOME LEVEL							
50%	100%	130%	162%	185%	200%	400%	Above 400%
\$0	\$1,429	\$1,858	\$2,316	\$2,644	\$2,859	\$5,718	\$8,576

<sup>15</sup> Illinois Action for Children, *The Cost of Child Care in Cook County in 2018* ([http://www.actforchildren.org/wp-content/uploads/2018/04/CookCountyReport\\_2018\\_April\\_Final.pdf](http://www.actforchildren.org/wp-content/uploads/2018/04/CookCountyReport_2018_April_Final.pdf))

<sup>16</sup> Ibid.

According to INCCRRA data, in the CCAP system the average number of children ages 0-5 per family is 1.08.<sup>17</sup> As a result, we used 1 child per family in our estimate.

The total amount of estimated parent contribution to the system is estimated at \$2.9B.

## TOTAL SYSTEM COST

To determine an overall system cost, the per child cost by service delivery model and geographic region was combined with the estimates outlined above of how many children in each age group would participate in each model type. Ultimately this model represents providing services to approximately 70% of children ages birth five (approximately 655,000 children).

TOTAL STATEWIDE COST		
<b>Center-based</b>		\$5,085,236,569
	Infants	\$638,217,659
	Toddlers	\$1,117,696,797
	Two year olds	\$1,071,763,574
	Preschool	\$2,257,558,540
<b>School-based Settings (3-and 4-year olds only)</b>		\$2,393,401,283
<b>Additional Costs for Dual Language Learners (in CBOs)</b>		\$48,270,065
<b>Additional Costs for Special Needs/Inclusion (in CBOs)</b>		\$359,385,413
<b>Licensed Family Child Care</b>		\$1,746,786,704
<b>Relative Care</b>		\$292,074,395
	<b>Direct Services Total</b>	\$9,925,154,429
<b>Infrastructure (8% of direct service costs)</b>		\$794,012,354
<b>Home Visiting*</b>		\$531,217,701
<b>TOTAL COST</b>		<b>\$11,250,384,485</b>

\*Home Visiting model already incorporates infrastructure costs.

## CONCLUSION

An ever-growing body of research has found that investment in high quality early childhood programs can yield a \$4 - \$12 return for each \$1 spent<sup>18</sup>, as it sets the groundwork for a child's healthy development and learning for years to come. Illinois' current ECEC investment is losing valuable returns and is not in line with its vision for supporting young children. We commend GOECD for requesting a cost model for a comprehensive system of ECEC as an important step toward realizing its vision.

The purpose of this model is to estimate how much it costs to fully fund a high quality, comprehensive ECEC system in Illinois; one that provides affordable and accessible ECEC to all families with a well-

<sup>17</sup> INCCRRA: August 2019, 72,759 families served with 78,472 children ages 0 – 5.

<sup>18</sup> The Center for High Impact Philanthropy, *Invest in a Strong Start for Children: High Return on Investment* (2015). (<https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/early-childhood-toolkit/why-invest/what-is-the-return-on-investment/>)

compensated and highly-qualified workforce. The estimates in this model are based on national best practices and competitive compensation.

Personnel is the major driving cost in ECEC, due to the small class sizes and ratios recommended for young children. As a result, in our model that uses parity in compensation across early childhood service delivery models along with recommended group sizes, the per child cost of \$15,000 - \$33,000 and the overall system cost of \$1.1B may seem overwhelming. However, it is also important to note that this model provides an estimate of the total cost of a fully funded, high quality ECEC system. It does not account for current federal, state and local resources and funding. This is an important next step in developing a plan for increased investments and implementation of a system that ends inequities in quality, access and compensation.

We applaud Illinois for its commitment to young children. We provide this cost model as tool and resource to help the state reach its goals of a comprehensive, high quality ECEC system that is available to all families and that ends disparities in the workforce.

## APPENDIX I- SUPPORTING DATA TABLES

### NON-PERSONNEL COSTS IN CBO MODEL

Expenses	High Quality Center	Comprehensive Center	Per	Notes
Food (includes food & kitchen supplies)	5,000	2,000	per classroom	Comprehensive Center has Cook & Assistant Cook on staff; High Quality Center includes contracted service.
Office supplies & equipment	20	20	per child	
Education supplies & equipment	150	225	per child	Comprehensive includes additional funds to ensure equipment and supplies for inclusive classrooms.
Child Assessment	15	15	per child	
Marketing, printing & postage	49	49	per child	
Rent/Lease*	13.65	13.65	per square foot	*Regionalized cost (1.05 Chicago metro, 0.9 rest of state); see lines below for regional amounts.
Utilities (gas, electric, internet, phone)	2.19	2.19	per square foot	
Maintenance/Repair/Cleaning	2000	500	per classroom	High Quality Center does not include Maintenance staff; this is a contracted service.
Fees/Permits/Licenses/Taxes	500	500	per site	
Accounting/legal/audits	3000	3000	per site	
Staff training & education	500	500	per staff	
Consultation—nurse, mental health, nutrition, health, etc.	5500	5500	per classroom	Includes consultation services at 5-6 hours/month per classroom.
IT support	1000	1000	per classroom	
Insurance	150	150	per child	
Telephone & Internet	1440	1440	per site	
Indirect Cost	1182	1182	per child	Based on EBF

Regionalized Cost	Base Cost	0.9 Rest of State	1.05 Chicago Metro
*Rent/Lease	13.65	12.29	14.33

NON-PERSONNEL COSTS IN SCHOOL-BASED MODEL

Expense	Cost	Per
Food (include food and kitchen supplies)	\$4,000	per classroom
Education supplies & equipment	\$233	per child
Child Assessment Tool	\$25	per child
Staff training & education	\$125	per child
Consultation (mental health, nutrition, health, etc.	\$5,500	per classroom
IT support	\$285.5	per child
Central Office (includes employee benefits)	\$1,204	per child
Maintenance & Operations (includes employee benefits)	\$1,404	per child

NON-PERSONNEL COSTS IN FAMILY CHILD CARE MODEL

Expense	Cost	Per
Rent*	\$12,000	annual*
Utilities	\$4,300	annual
Maintenance/Cleaning	\$2,111	annual
Internet	\$1,446	annual
Food	\$900	per child annually
Materials & Admin	\$400	per child annually
Professional Development	\$400	per staff annually
Insurance	\$1,575	annually
Union Dues	\$900	annually

\* expense regionalized (1.05 Chicago Metro area and 0.9 for remainder of state)

NUMBER OF CHILDREN BY FAMILY INCOME AND GEOGRAPHY

The following table presents the number of children in families under 200% federal poverty level (FPL), 201- 400% FPL, and greater than 400% FPL. The data is further broken out by age categories and by geographic region of the state. The geographic regions are simplified to Chicago Metro and the balance of the state. Chicago Metro includes the following counties: Cook, DeKalb, Kane, Kendall, Lake, McHenry.

	Number of Children Under 1 Year	Number of Children 1 Year	Number of Children 2 Years	Number Of Children 3 Years	Number Of Children 4 Years	Number Of Children 5 Years	TOTAL
<b>Under 200% Federal Poverty Level</b>							
<b>CHICAGO METRO</b>	33,033	35,359	37,066	38,020	37,523	32,607	213,608
<b>BALANCE OF STATE</b>	27,439	27,021	27,183	27,888	28,918	27,631	166,080
<b>201-400% Federal Poverty Level</b>							
<b>CHICAGO METRO</b>	20,880	22,434	23,565	24,182	23,814	20,644	135,519
<b>BALANCE OF STATE</b>	21,596	21,356	21,561	22,100	22,851	21,655	131,119
<b>&gt;400% Federal Poverty Level</b>							
<b>CHICAGO METRO</b>	26,864	28,459	29,731	30,499	30,238	26,617	172,408
<b>BALANCE OF STATE</b>	18,890	18,750	18,905	19,382	20,050	18,971	114,948
<b>TOTAL</b>	148,702	153,379	158,011	162,071	163,394	148,125	933,682



ESTIMATES OF NUMBER OF CHILDREN USING SERVICES BY MODEL, GEOGRAPHY, AND INCOME

The next several tables present the number of children receiving services based on the demographic data above and the distribution of care tables on pages 19 - 20.

**Infants (under age 1)**

	CHICAGO METRO			BALANCE OF STATE		
	Under 200% FPL	200 - 400% FPL	Over 400% FPL	Under 200% FPL	200 - 400% FPL	Over 400% FPL
<b>Center</b>	4129	3132	4030	3430	3239	2834
<b>Non-relative home (FCC)</b>	2477	1566	2015	2058	1620	1417
<b>Relative (paid or unpaid)*</b>	4625	2923	3761	3841	3023	2645

**Toddlers (age 1 year old)**

	CHICAGO METRO			BALANCE OF STATE		
	Under 200% FPL	200 - 400% FPL	Over 400% FPL	Under 200% FPL	200 - 400% FPL	Over 400% FPL
<b>Center</b>	8840	6730	8538	6755	6407	5625
<b>Non-relative home (FCC)</b>	5304	3365	4269	4053	3203	2813
<b>Relative (paid or unpaid)*</b>	9901	6282	7969	7566	5980	5250

**Two Year Olds (24 - 35 months)**

	CHICAGO METRO			BALANCE OF STATE		
	Under 200% FPL	200 - 400% FPL	Over 400% FPL	Under 200% FPL	200 - 400% FPL	Over 400% FPL
<b>Center</b>	9,267	7,070	8,919	6,796	6,468	5,672
<b>Non-relative home (FCC)</b>	5,560	3,535	4,460	4,077	3,234	2,836
<b>Relative (paid or unpaid)*</b>	10,378	6,598	8,325	7,611	6,037	5,293

### Preschoolers (Ages 3-5)

	CHICAGO METRO			BALANCE OF STATE		
	Under 200% FPL	200 - 400% FPL	Over 400% FPL	Under 200% FPL	200 - 400% FPL	Over 400% FPL
<b>Center (full day/year round)</b>	27,554	20,411	25,916	21,186	19,522	17,121
<b>School-based (PFAE full day, full parent engagement)</b>	55,108	0	0	42,373	0	0
<b>School-based (PFA part-day)</b>	0	29,159	29,618	0	27,889	19,567
<b>Non-relative home (FCC)</b>	11,022	6,998	8,885	8,475	6,693	5,870
<b>Relative (paid or unpaid)*</b>	21,125	13,413	17,030	16,243	12,829	11,251

## APPENDIX II - ADDITIONAL DATA USED TO INFORM THE COST MODEL

- 379,565 children under age 6 live in low-income families (under 200% FPL)<sup>19</sup>
  - 68% of children under age 6 at *all* family income levels are in families where all parents are working<sup>20</sup>
  - 42% of children under age 6 in low-income families (under 185% FPL) are in families where all parents are working<sup>21</sup>
  - Estimated 28% of infants and toddlers in low-income families need non-relative care (calculation: IECAM estimate that 42% are in families working \* NHES estimate that about 67% of working families use some non-relative care)
  - Estimated 28% of preschoolers in low-income families need non-relative care (calculation: IECAM estimate that 42% are in families working \* NHES estimate that about 67% of working families use some non-relative care)
  - NHES survey shows use of relative care (25%) and non-relative home care (13%) is fairly consistent across income groups. Model includes a *slight* increase due to assumed increase in labor force participation.
- 
- Data from child care certificates indicates that relatively few children start subsidized care under three months old.
  - According to CCAP data, the average amount of care in a baby's first year is closer to 6 months, so we counted these children at half of this participation rate.
  - Currently, approximately 14-17% of low-income infants and toddlers (ages 1 through 2) are receiving CCAP certificates for center-based care (some additional are likely receiving contract care) in a typical month. The model assumes about 10% jump in use of center-based care (due to increased affordability, increased labor force participation)
- 
- Goal is 90% participation center/school program (PFAE/HS) for children ages 3-5 from low-income families
    - Estimated roughly a third of that would need to be full-day/year-round
  - National "exemplar" program participation rates across 3-5 for public preschool is around 85%
    - Assumed at highest incomes slightly more families opting for privately funded programs instead of the public preschool
    - Assumed more of the higher income families would need full-day/year-round

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<sup>19</sup> IECAM 2016 data

<sup>20</sup> Kids Count 2017

<sup>21</sup> Estimated from IECAM 2016 data



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