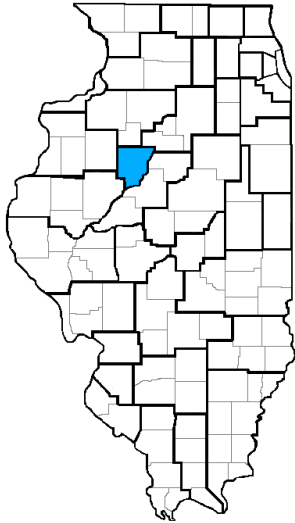# ACTION PLAN

**Birth to Five ILLINOIS**

**Region 48**

Peoria County

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# Family Council

| | |
|---|---|
| Andrea Santos | Gary Craig |
| Anita Frei | Hunter Stahl |
| C'Ante Morris | Indirea Slaughter |
| Catina White | Kerishena Metz |
| Christina Erwin | Kristin McGraw |
| Claudia Mercado | Laurel Huston |
| Courtney Kilgore | Megan Crookham |
| Folanda James | Shelby Hall |

# Action Council

| | |
|---|---|
| Andrianna Smyrniotis | Katy Bauml |
| Angela Green | Kelly Gibler |
| Bryna Ryan | Kimberly Cary |
| Erin Stout | Kristi Ray |
| Jacqui Jones | Laura Costic |
| Jenna Wiesner | Lisa Weaver |
| Katie Cobb | Shannon Dault |

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# Letter from Family & Action Council Members

The communities throughout our Region helped lead discussions by providing information through focus groups, interviews, community meetings, and surveys, and we are grateful for their help in developing our Early Childhood Regional Needs Assessment and Addendum, both produced in 2023. Their voices and passion for improving the Early Childhood Education and Care (ECEC) system to make it more equitable for all children, caregivers, and families are the driving force behind our work and are evident in this Region 48 Action Plan.

Council members and others in the community had a chance to share their experiences with ECEC programs and services and add their input to the next steps, detailed in this Action Plan, to move the needle on several recommendations identified in our Early Childhood Regional Needs Assessment. We especially want to thank the following community members for their support in developing our Regional Action Plan:

- Community Inclusion Team
- Early Childhood Forum of Central Illinois

It is our hope that this Action Plan will improve the awareness and education of child care providers and expand their knowledge and resources. We also hope it will continue to promote inclusivity in our area and provide easier access to ECEC services for all families in Peoria County.

We are excited to present our Regional Action Plan to our community partners and families and look forward to working with everyone to implement the recommendations included in the plan.

With gratitude,

Birth to Five Illinois: Region 48 Family & Action Council Members

# Action Plan Development

Between fall 2022 and spring 2023, the Action Council, Family Council, and Regional Birth to Five Illinois Team reviewed quantitative and qualitative data related to Early Childhood Education and Care (ECEC) services, programs, and supports and worked together to create an [Early Childhood Regional Needs Assessment](#) to highlight the experiences of families and caregivers in the Region. The report includes recommendations to improve ECEC opportunities at both the local and state level to make the system more equitable for all children. Councils developed an Action Plan based on several prioritized recommendations that will be used to help communities across the State raise awareness of ECEC services, expand the reach of services and resources to families, and advocate for better access to programs.

This Action Plan is aimed primarily at caregivers, community stakeholders, policymakers, elected officials, state agencies, and potential funders. It is our hope that caregivers find opportunities to talk about their experiences and become advocates for ECEC to help drive long-term, sustainable change in their communities. We also hope that community stakeholders build off the results of the Action Plan and help lead the efforts as we reimagine the ECEC system at the local level. We hope these plans provide an easy entry point for policymakers, elected officials, state agencies that administer ECEC programs, and funders to support community-led efforts, lending their expertise and support to bringing the plans to fruition.

# How this Document is Designed

Each recommendation has an Action Plan that is rooted in Continuous Quality Improvement (CQI),[1] a method that involves setting SMART goals, gathering feedback, evaluating progress on a regular basis, and making data-driven decisions. SMART is an acronym for Specific, Measurable, Achievable, Relevant, and Time-bound.[2] Council members developed SMART goals for each recommendation they chose and identified key partners who could help implement each goal. They determined how long it might take and the steps needed to achieve the goal.

Councils were asked to think about the potential risks, barriers, and solutions for each recommendation. They also considered who else needed to be engaged in the work to be successful and what funding may be needed to fully implement the Action Plan. In this document, only state agencies, elected officials, and state agency representatives in public service roles are listed by name. This list only identifies those individuals who may be instrumental in pushing the Action Plan; it does not imply their commitment or obligation to do so. Local and regional organizations and individuals were considered but are not listed, which allows Regional Teams and Councils to engage with community members in a collaborative manner.

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[1] See https://www.ncbi.nlm.nih.gov/books/NBK559239/ for more information.
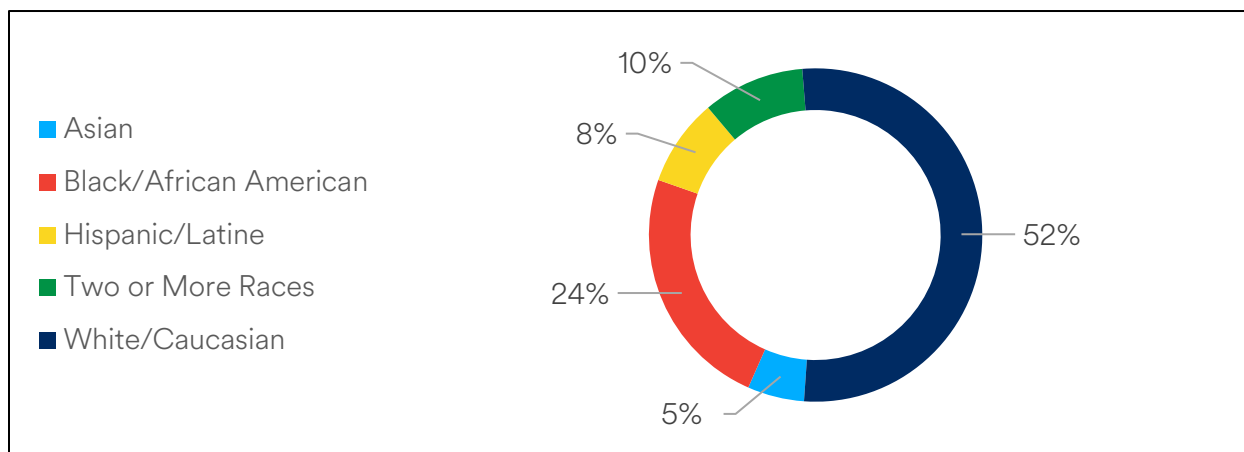[2] See https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf for more information.

Action Plans will be reviewed in the summer with the community to discuss progress toward the SMART goals, potentially identify new goals and steps to meeting them, and talk about next steps for implementing the recommendations.

## Region 48

Region 48 is located in north-central Illinois and includes Peoria County. In 2022, the total population of the Region was 185,374; 14,728 were children birth through age five. While most children in the Region age four and under are identified as white, there are significant numbers of children identified as Black/African American, Hispanic/Latine, Two or More Races, and Asian (Figure 1).

*Figure 1: Percentage of Children Aged Four and Under by Race/Ethnicity[3]*



Source: IECAM
Created by: Birth to Five Illinois

Across the Region, there are 6,925 slots in publicly funded, licensed, and license-exempt child care centers and homes for children birth through age five (Table 1). Currently, Region 48 does not have enough spots available for families who might want to enroll their young child in an ECEC program.

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[3] Other races/ethnicities have too small of numbers to be represented in the chart: American Indian and Alaska Native, 64 people; Other, 49 people.

*Table 1: Number and Capacity of Early Childhood Education and Care Programs*

| Program Type/Name | Ages Served | Number in Region | Capacity/ Funded Enrollment |
|---|---|---|---|
| Early Head Start | Ages Birth to Three | 3 | 111 |
| Head Start | Ages Three to Five | 6 | 585 |
| Preschool for All | Ages Three and Four | 21 | 1,157 |
| Preschool for All Expansion | Ages Three and Four | 5 | 180 |
| Licensed Child Care | Ages Birth to Twelve | 37 | 4,132 |
| Licensed Family Child Care | Ages Birth to Twelve | 44 | 413 |
| License-Exempt Child Care | Ages Birth to Twelve | 7 | 347 |

Source: IECAM
Created by: Birth to Five Illinois

For additional data and information, please access Region 48's Early Childhood Regional Needs Assessment at: www.birthtofiveil.com/region48/#report.

# Recommendation 1



Inform families of child care programs that provide an inclusive environment for children with disabilities and empower them with the tools to help make the best selection.

This recommendation was made based on feedback from caregivers and families that it is a challenge to find child care programs with adequate staffing and training to support their child. One community member stated, "Finding care for children with disabilities is especially difficult."

## SMART Goals

| SMART Goals | What steps will be taken to meet the SMART goal? | How will you know when the SMART goal has been achieved? |
|---|---|---|
| By September 2024, define inclusion from a professional setting and from the family | • Research the definition of inclusion from national and state entities. | • When research regarding the definition of inclusion from |

| | | |
|---|---|---|
| perspective by conducting a literature review from national and state agencies/ organizations and through a community survey. | • Create Google Forms to send to local child care providers, third party professionals, and families to self-report what inclusion looks like to them. Set a deadline for responses for each.<br>• Send out the child care provider Google Form and the third-party professionals Google Form.<br>• Share the family Google Form using various platforms such as social media, flyers, and email to capture family responses. Ask Child and Family Connections (CFC), special education advocates, and therapists to share Google Forms with families.<br>• Analyze results from responses. | national and state entities has been completed.<br>• When Google forms have been distributed.<br>• When community feedback is included in the definition of inclusion. |
| Between March 2024 and September 2024, collaborate with community partners to identify an existing tool that will guide families in determining if a program meets their needs. | • Reach out to the Community Inclusion Team for resources regarding existing tools.<br>• Research the Preschool Inclusion Toolbox resource book.<br>• Analyze existing tools and determine which tool will be used to disseminate.<br>• Disseminate tool to multiple sources that parents/caregivers utilize to find information. | • When the tool is disseminated to multiple sources that parents/caregivers utilize to find information. |
| Between March 2024 and September 2024, work with the Child Care Resource & Referral Agency (CCR&R) to identify licensed providers that care for children with a specific identified need. | • Contact the CCR&R Parent Referral Specialist to inquire if they have a current list of providers who offer "specialized" care.<br>• Analyze Google Form results received from providers; reach out to providers who did not respond to the Google Form.<br>• Disseminate information to multiple sources that parents/caregivers utilize to find information. | • When a comprehensive list is created and disseminated to multiple sources that parents/caregivers utilize to find information. |

# Risks & Barriers

| Anticipated Risks/Barriers to Meeting Goals/Recommendation | Proposed Solutions to Anticipated Risks/Barriers to Meeting Goals/Recommendation |
|---|---|
| Inadequate, incomplete, or biased data. | • Use a variety of sources to collect data. |
| Lack of teachers trained to support children with disabilities. | • Only include centers in which all pertinent staff have the training required to provide "specialized" care to children with disabilities. |
| Lack of family and/or caregiver participation in providing feedback. | • Attempt to reach these audiences through a broad range of sources and stress the importance of gathering their feedback.<br>• Inform families and providers that the data collected will help us establish a standard definition of inclusion that families can use to guide their decision when choosing care, and providers can use to ensure they are providing an environment in which all children can succeed. |

# Additional Engagement with State Organizations, Agencies & Individuals

Council members and Regional staff identified additional community and state-level organizations, agencies, and individuals and what role they might need to play in implementing the Action Plan SMART goals and/or recommendation. Local organizations, agencies, and individuals are still being contacted and their specific role is being defined at this time, so they have not been listed as a part of the Action Plan. However, Council members and Regional staff identified the Illinois Department of Human Services Division of Early Childhood (IDHS-DEC) and Family Matters Illinois as two agencies that should be engaged further to provide guidance on defining and understanding inclusion.

# Possible Funding Sources

While funding may be needed to support the activities related to the recommendation, the Council members did not identify additional possible funding sources at this time.

# Community

Council members said the Community Inclusion Team is currently working on similar goals and recommendations. This Team is still in the planning phase of their work, so there are no insights to be shared with the Council members or Regional staff at this time.

## Recommendation Implementation

Council members said they will know the recommendation is fully implemented when another agency and/or organization can take over and maintain the list of child care programs that are designed as inclusive, and when this agency and/or organization is regularly receiving feedback from child care providers that enrolling families have heard about their program because of the resource.

Council members also predict that by fully implementing this recommendation families will be able to make more intentional and informed decisions when seeking care. Having a tool to guide decision-making provides families with the language needed to express their wants and needs, which would lead to fewer children having to move programs, creating more stability for their care and education. Additionally, more options may become available for families seeking inclusive child care programs, which could lead to less stress for families requiring care or more financial security for families who are able to work because of having increased access to care. Finally, it will normalize that inclusive child care is needed for children with disabilities.

# Recommendation 2

**Coordinate specialized training opportunities for child care providers specific to providing care for children with disabilities, based on the population served.**

This recommendation was made based on feedback from caregivers and families who found it challenging to find programs with staff who were adequately trained to meet the needs of children with disabilities.

## SMART Goals

| SMART Goals | What steps will be taken to meet the SMART goal? | How will you know when the SMART goal has been achieved? |
|---|---|---|
| Between March 2024 and May 2024, conduct a survey to determine the training | • Utilize the survey from Recommendation 1 to ask child care providers what training | • When the training needs of survey respondents are determined. |

| | | |
|---|---|---|
| needs of local child care providers and staff. | they want or need based on what they are experiencing.<br>• Allow two to four weeks to capture survey responses.<br>• Analyze data. | |
| Between June 2024 and February 2025, create and plement a professional evelopment framework ased on the identified raining needs from the rvey results. | • Sort child care providers by training needs and whether they are seeking one-time training or a training series.<br>• Create a list of training that is already in place via other entities that match identified needs. Share this information with providers based on need.<br>• For unmet needs, contact training entities. Express the need for trainings covering identified topics.<br>• Connect providers to training entities who can provide the needed trainings.<br>• If multiple providers express the same need, work with the training entity to schedule a training cohort. | • A list of trainings is provided to child care providers based on heir identified training needs.<br>• For training cohorts, the ainings meet the eeds/expectations of the rticipants. |

## Risks & Barriers

| Anticipated Risks/Barriers to Meeting Goals/Recommendation | Proposed Solutions to Anticipated Risks/Barriers to Meeting Goals/Recommendation |
|---|---|
| Child care providers may not complete the survey. | • Provide an incentive to providers for completing the survey. |
| Providers may have limited availability to attend or complete trainings. | • Utilize recorded or on-demand trainings providers can complete on their schedule. |
| Providers may have limited access to the trainings. | • Arrange for trainers to provide trainings on-site at the provider's location. |

## Additional Engagement with State Organizations, Agencies & Individuals

Council members and Regional staff identified additional community and state-level organizations, agencies, and individuals and what role they might need to play in implementing the Action Plan SMART goals and/or recommendation. Local organizations, agencies, and

individuals are still being contacted and their specific role is being defined at this time, so they have not been listed as a part of the Action Plan. However, Council members and Regional staff identified the following statewide organizations, agencies, and/or individuals who should be engaged further to help support planning for or provide trainings:

- Autism Professional Learning and Universal Supports
- Early CHOICES
- Early Intervention Training Program
- Provider Connections
- STAR NET
- The ARC of Illinois

Furthermore, they noted that Little Friends of Naperville should be consulted about how they manage trainings within their program.

## Possible Funding Sources

While funding may be needed to support incentives for providers who complete surveys, trainer fees, and other activities related to the recommendation, the Council members did not identify additional possible funding sources at this time.

## Community

Council members said the Community Inclusion Team is currently working on similar goals and recommendations. This Team is still in the planning phase of their work, so there are no insights to be shared with the Council members or Regional staff at this time.

## Recommendation Implementation

Council members said they will know the recommendation is fully implemented when child care providers have better access to the trainings they need and want, giving them more widespread knowledge about providing care to children with disabilities.

They also predict that by fully implementing the recommendation child care providers will be better prepared and more comfortable providing care for children with disabilities. Additionally, this training may create a higher level of quality care, where all children are included with their peers, leading to greater outcomes and success for all children. Families will more readily find the care they need, which may result in more caregivers entering or re-entering the workforce and improved financial stability.

# Recommendation 3

Strengthen the Region's collaborative reach to healthcare professionals and child care providers.

This recommendation was made based on feedback from the Region's Local Community Collaboration, the Early Childhood Forum of Central Illinois. Despite representation from several Early Childhood Education and Care (ECEC) providers and programs, the Collaboration would like to expand to include representatives from the healthcare sector as well as center- and home-based child care providers.

## SMART Goals

| SMART Goals | What steps will be taken to meet the SMART goal? | How will you know when the SMART goal has been achieved? |
|---|---|---|
| Between March 2024 and May 2024, complete arketing and outreach to ealthcare professionals and hild care providers to form/invite them to the gion's independent Early ildhood Collaboration. | • Create a flyer that includes important information about the collaboration.<br>• Create a QR code or include a website address to a Google Form where information can be collected from potential new members.<br>• Create an outreach list.<br>• Distribute flyers to the outreach list.<br>• Reach out to existing contacts to request their help with making connections (healthcare professionals and the Child Care Resource & Referral Agency (CCR&R)).<br>• Immediately follow-up with those who responded via Google Form.<br>• For unresponsive individuals, follow up within one month. | • When the flyer has been created.<br>• When the flyer has been istributed to the outreach list. |

# Risks & Barriers

| Anticipated Risks/Barriers to Meeting Goals/Recommendation | Proposed Solutions to Anticipated Risks/Barriers to Meeting Goals/Recommendation |
|---|---|
| Healthcare professionals or child care providers not having a clear understanding of the purpose of the Collaboration. | • Ensure the flyer is detailed enough for healthcare professionals and child care providers to make an informed decision about becoming a member of the Collaboration. |
| Lack of community response to the outreach. | • Follow up if there is a lack of response from the outreach efforts. |
| Lack of time or availability to attend Collaboration meetings. | • Ask healthcare professionals and child care providers how they envision being involved if the time constraints keep them from attending Collaboration meetings. |

# Additional Engagement with State Organizations, Agencies & Individuals

Council members and Regional staff identified additional community and state-level organizations, agencies, and individuals and what role they might need to play in implementing the Action Plan SMART goals and/or recommendation. Local organizations, agencies, and individuals are still being contacted and their specific role is being defined at this time, so they have not been listed as a part of the Action Plan. However, Council members and Regional staff noted that the Illinois Chapter of the American Academy of Pediatrics should be engaged further to help determine best options for disseminating information to local healthcare practitioners about participating in the local Early Childhood Community Collaboration.

# Possible Funding Sources

While funding may be needed to support the printing and distribution of marketing materials and other activities related to the recommendation, the Council members did not identify additional possible funding sources at this time.

# Community

Council members noted that the Early Childhood Forum is currently working on similar goals and recommendations. They are preparing to start workgroups to support this initiative, so little information was available to share with Council members and Regional staff at this time.

# Recommendation Implementation

Council members said they will know the recommendation is fully implemented when there is increased participation in the Collaboration among healthcare professionals and child care

providers. Increased participation will allow these professionals to be more informed about Early Childhood events, programs, and services in the community and be a part of the resource-sharing that occurs within the Collaboration.

Council members also predict that by fully implementing the recommendation, healthcare professionals and child care providers that join the Collaboration will have an increased awareness of other programs and services within the community, which will lead to more families being connected to needed services, resulting in stronger and healthier children and families.

# Next Steps



Birth to Five Illinois Regions will continue to use the CQI process and meet with stakeholders this summer to discuss the community's progress on implementation and continue bringing stakeholders together.

As pieces of the Action Plan are implemented, stakeholders will be encouraged to build on those efforts and develop new SMART goals to expand access to ECEC services, programs, and supports, and continue this important work in making Illinois the best state in the nation for families raising young children, with the nation's best Early Childhood Education and Care system.

For more information on Birth to Five Illinois, please visit: www.birthtofiveil.com.