



Early Childhood Regional Needs Assessment

Region 12

(Clay, Crawford, Jasper, Lawrence & Richland Counties)





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Table of Contents

Region 12 Executive Summary	3
Region 12 Snapshot Infographic.....	5
Overview & Acknowledgements	7
Introduction.....	8
Letter from State Leadership	9
Letter from Regional Leadership.....	10
Early Childhood Education & Care (ECEC) in Illinois	11
Timeline.....	13
Birth to Five Illinois Regions	14
Spotlight on Region 12	15
Regional Community Landscape.....	16
Local Community Collaborations.....	19
Early Childhood Education & Care (ECEC) Programs	20
Slot Gap.....	24
Early Childhood Education & Care (ECEC) Workforce.....	27
Parent/Family/Caregiver Voice	30
Regional Strengths & Needs.....	34
Recommendations.....	35
Appendices	37



Region 12 Executive Summary

In 2021, the Illinois Commission on Equitable Early Childhood Education and Care (ECEC) Funding issued a report with findings that highlighted the inequities in ECEC funding in Illinois and the need to create a better statewide infrastructure to support ECEC professionals, expand services and programs for families and caregivers, and increase enrollment in ECEC programs. The report focused on the importance of addressing racial inequities and the need to include local voices in the conversation funders and decision-makers were having about ECEC.

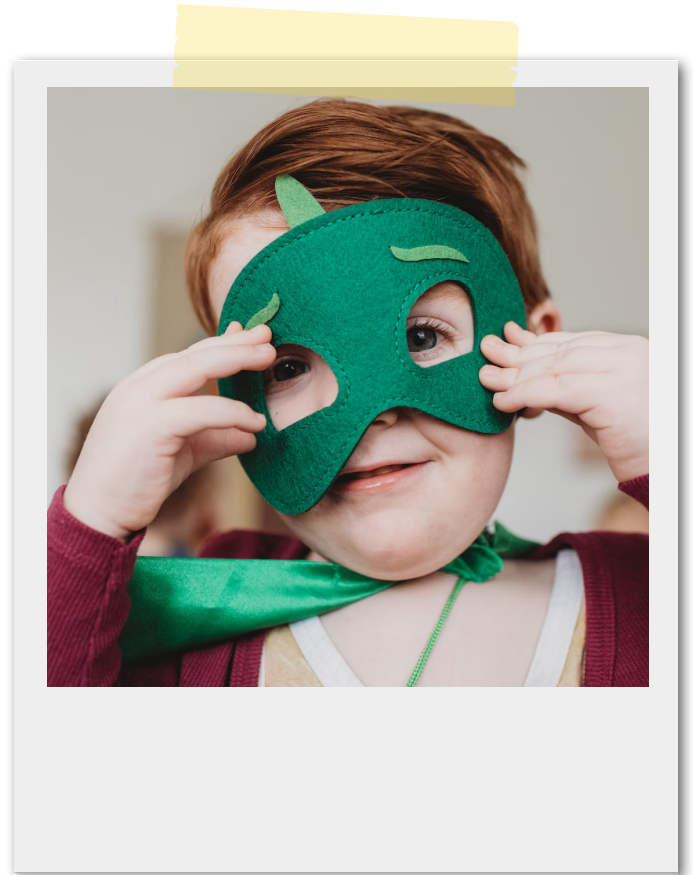
The experiences and knowledge families, caregivers, and early childhood professionals gain while navigating the complexities of the State's ECEC system is valuable, and understanding their lived experience in the local context is vital for decision-makers to ensure communities have access to the programs, services, and supports they need. To this end, Birth to Five Illinois was created to harness family and caregiver voices in ECEC and serve as a bridge between the communities and policymakers so family, caregiver, and professional experiences can guide the decisions made to expand or enhance services across the State.

An Early Childhood Regional Needs Assessment was created to present publicly available quantitative data and qualitative data from caregivers, ECEC professionals, and other community stakeholders collected through Action Council and Family Council meetings, focus groups, interviews, community meetings, and surveys. Throughout the process, regional barriers were documented, and recommendations were developed based on identified needs of families. This Executive Summary provides an overview of key findings from the development of the Region 12 Needs Assessment, which includes recommendations developed by our Action and Family Councils. Additional findings, analysis, and recommendations can be found in the full report.

Key Findings

Region 12 (Clay, Crawford, Jasper, Lawrence, and Richland Counties) has wonderful ECEC programs and providers but does not have enough of either to meet the needs of the community. Over 70% of children with working parents or guardians do not have access to child care, and 70% of children aged birth to two do not have access to publicly funded ECEC programming. Child care providers are not able to staff their programs to adequately operate during days and times families need. Low staff salaries and burnout have led to staff shortages and resulted in classroom and program closures.

Children across the Region have limited access to special education services, especially mental health support. ECEC professionals do not have access to training or staffing support to meet the needs of these children safely and effectively. Parents, guardians, and caregivers are also seeking educational opportunities to learn how to understand developmental milestones and advocate for their children.



Region 12 Needs

- Affordable and accessible child care and home visiting options.
- Funding for staff recruitment and retention, to impact wages, benefits, staff-to-child ratios, and diversity.
- Increased access to special education services and programming, including mental health services.
- Improved communication, understanding, and valuing of ECEC services and programs by families, community members, and providers.

Region 12 Recommendations

- Improved access to and capacity of child care programs and specialized support services.
- Appropriate and intentional funding and compensation for providers and programs.
- Effective communications and simplified processes for referrals.
- Increased awareness and availability of provider and family learning opportunities.

For more information or to learn how you can become involved with Birth to Five Illinois, please contact:

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REGION 12 SNAPSHOT INFOGRAPHIC

Using a Collective Impact Model, between September 2022 and June 2023, we led our Action and Family Councils through data discussions to identify gaps and needs for children and families.

We coordinated focus groups, interviews, and surveys to gather input from community members across the Region.



5,114

Children Under
the Age of 6
in Region 12



2,284

Children 0-5
at 200% Federal
Poverty Level



4,067

Children 0-5
Without Child
Care Slots

71%

Number of children under the age of 6 who have no spot in licensed child care and all their parents and/or caregivers are employed

“I can help you find a house all day long, but I doubt you will ever find child care. My sister-in-law has been on a waiting list for over three years.”
- Real Estate Agent, Crawford County

After identifying the most common and pressing Early Childhood Education & Care (ECEC) needs of their communities, Regional Councils made recommendations for how best to meet them.

REGION 12 NEEDS

1. Affordable and accessible child care and home visiting options.
2. Funding for staff recruitment and retention to improve wages, benefits, staff-to-child ratios, and diversity.
3. Increased access to special education services and programming, including mental health services.
4. Improved communication, understanding, and valuing of ECEC services and programs by families, community members, and providers.

REGION 12 RECOMMENDATIONS

1. Improved access to and capacity of child care programs and specialized support services.
2. Appropriate and intentional funding and compensation for providers and programs.
3. Effective communications and simplified processes for referrals.
4. Increased awareness and availability of provider and family learning opportunities.



“We live in a community that will always come together to help each other out, but we simply need more local, quality, and affordable access to everything every day — child care, medical resources, community programs, and so much more.”

- Parent, Lawrence County

Overview & Acknowledgements

Introduction

This Early Childhood Regional Needs Assessment presents data on Early Childhood Education and Care (ECEC) from multiple state and local sources throughout Illinois. It is a collaborative data report that relies on the expertise of entities that collect and analyze ECEC data, Birth to Five Illinois staff, Birth to Five Illinois Action Council and Family Council members, and a variety of cross-sector stakeholders in all 39 Regions across the State.

Through these Early Childhood Regional Needs Assessments, Birth to Five Illinois seeks to amplify the voices of those who have historically been minoritized, marginalized, or not invited to the decision-making table. Each Regional Needs Assessment offers parents, families, caregivers, ECEC providers, and other community stakeholders a platform for sharing valuable insights about their experiences within their local ECEC system. Additionally, it provides local, regional, and state decision-makers with qualitative information about each Region, adding critical context to the quantitative data that is available.

This report will be used in a variety of ways.

First, each Region's Birth to Five Illinois Action and Family Councils will use it to identify gaps in data that is needed to best understand ECEC in their area. Birth to Five Illinois Council members and Regional Staff will also use this report as a basis for making recommendations on how to increase enrollment in, and access to, ECEC programs and services, as well as to determine what additional services/programs and resources may be needed to support families and caregivers throughout the Region.

Second, this report will be made available to parents and caregivers so they can have a fuller picture of what is happening in their community and Region. It is our hope that families will learn more about the available programs and services, share the resources with other caregivers with young children, become advocates for ECEC, and help to drive long-term, sustainable change in their communities.

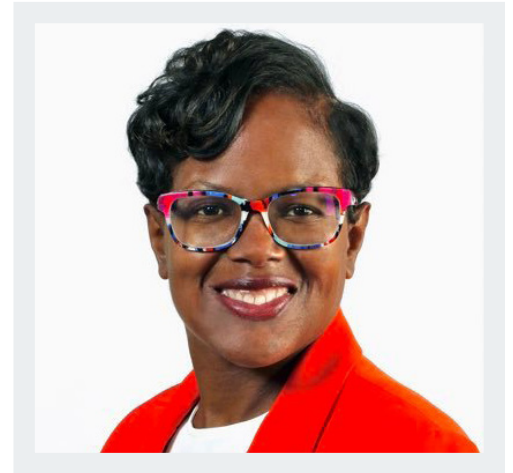
Third, policy makers, elected officials, and state agencies that administer ECEC programs will receive a copy of the report to give them a local view of the ECEC landscape in the areas they serve. The goal is to provide decision-makers with context from a community perspective so they can better understand data related to ECEC indicators and direct funding to the under-resourced areas across the State based on the feedback received from ECEC system users.

Lastly, the report will be shared with local government bodies, early childhood providers, and organizations so they can use the findings to assess and demonstrate the need for services as funding opportunities become available. Additionally, the data can be used to identify where ECEC services may need to be expanded to support the caregivers and children in the Region.



Letter from State Leadership

In under two years, I have had the privilege of partnering with the State's ECEC community to build Birth to Five Illinois, an extension of decades of foundational efforts that led to the creation of this statewide community system. In true collective impact modeling, we set out to design a system that respects and builds on the work of numerous local organizations that are working hard (often underfunded) to support children, families, and providers' access to our State's confusing and hard-to-navigate ECEC system.



While our work is not perfect, it is genuine and ever-evolving, and I am proud of the effort our Team has made to bring the vision of this equity-focused infrastructure to life. Birth to Five Illinois, while still in the development stage, has made great gains in bringing community members together under one goal, to make Illinois “the best state in the nation for families raising young children”. Our Team has gone above and beyond to make meaningful community partnerships and create space for the prioritization of family voices. My extended gratitude goes to each of the 128 people who shared the vision, brought their passion, and have worked tirelessly every day to improve ECEC experiences for the children and families in their communities.

In collective impact, nothing is done alone. We have many champions to thank, including:

- The Governor, staff in the Governor's Office and the Governor's Office of Early Childhood Development (GOECD), and the dedicated members of the Early Childhood Funding Commission for their early childhood visioning and dedication to racial equity.
- The Illinois Department of Human Services (IDHS) and Illinois State Board of Education (ISBE) for their generous funding and commitment to building this community system with families and caregivers at the center.
- Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) for providing the institutional, technical, and organizational support needed to launch the Birth to Five Illinois department and infrastructure.
- Illinois Action for Children (IACF) and the Illinois Early Childhood Asset Map (IECAM) for training and technical support. Many of the visualizations in this report were developed by staff from both organizations based on data they collected and analyzed on our behalf.

Most importantly, I would like to thank the hundreds of community members who signed up to serve on their Region's Action and Family Councils. It is their perspective and passion that have inspired us and made this report possible. Thank you to the countless parents who trusted their Council peers with vulnerable stories; providers who emanate passion for the children in their care; business owners offering creative solutions for the identified needs; elected officials who are fierce advocates; faith leaders who opened their doors for care and are now encouraging others to do the same; and various ECEC systems partners who offer families step-by-step support through the enrollments process, blending together the supports families need.

These Early Childhood Regional Needs Assessments are a compilation of community members' experiences; not ours. We thank them for sharing and hope we have represented them well.

Cicely L. Fleming (she/her)
Director, Birth to Five Illinois

Letter from Regional Leadership

Completion of this Region Scan was only possible because of the support and hard work of many in our community. While we cannot individually thank every person who told us their story or shared their experiences with us, we would like to spotlight a few partners whose input was invaluable.

We must start by thanking the Birth to Illinois State Team who guided us, kept us informed, and inspired us to strive to tell the story of Region 12 in an effective and meaningful way.

Our Action and Family Councils were the driving force behind this work. They spent countless hours reading data, sharing stories, learning about the world of Early Childhood Education and Care (ECEC), and advocating for the children and families of this Region.

We cannot underestimate the valuable insight provided by participants in our Focus Groups and Interviews, community members who joined in discussions through meetings and community events, and all the people who shared their experiences and thoughts in conversations. We aimed to meet people where they were, and our community met us and exceeded every expectation we had.

We were supported by so many organizations and businesses throughout this process. The Robinson, Clay City, and Red Hill School Districts; Newton Public Library; Crawford County Development Association; Robinson and Flora Rotary Clubs; Illinois Eastern Community Colleges; United Way of Crawford County; Child and Family Connections #20; and so many more were a vital part of helping to spread awareness of Birth to Five Illinois. The Learning Technology Centers of Illinois, Project CHILD, and the Clay County Health Department played a valuable role in helping us decipher data and how it relates to our specific Region.

We thank the providers and programs who welcomed us in to play with their students and talk to their families. We especially appreciate First Class Preschool and ROE 12 and Parkside Elementary School pre-K programs.

Most importantly, we must thank the community and the families. Without them, none of this would have been possible, and none of it would be meaningful. They shared their stories, trusted us with their experiences, and supported us in all that we asked. It is an absolute pleasure to have been a witness to this level of community support and encouragement.

Thank you,

Ann Oswalt (she/her)

Regional Council Manager: Region 12

Birth to Five Illinois



Early Childhood Education & Care (ECEC) in Illinois

ECEC in Illinois is made up of several programs, including publicly funded programs such as Head Start/ Early Head Start, Early Intervention, Early Childhood Special Education, home visiting, preschool, and center- and home-based child care. ECEC also exists within a larger system of services and supports for families, including pediatric health care, mental and behavioral health care, child welfare, and family-focused economic supports. When available, these services and supports can be confusing and difficult to navigate.

While programs and services for families and children exist across the state of Illinois, they are not accessed equitably. For example, families in rural areas oftentimes live in child care deserts and are forced to travel long distances to place their child in any program, regardless of its quality. Another example is families who speak a language other than English who may live in an area without programming in their home language, making it difficult to find educational options. A family that has little to no access to economic or material resources may live in a city with many programs but be unable to enroll their children due to the excessive cost of tuition and long waitlists for access to publicly funded slots.

Additionally, funding for ECEC has been siloed across multiple state agencies and has lacked a cohesive process for distributing funds to providers. Decentralized funding has led to unintended equity issues, leaving some areas of the State with nominal public funding for ECEC programming and others without enough funding to meet the demands of communities.



In 2019, Governor JB Pritzker declared, “Illinois will become the best state in the nation for families raising young children, with the nation’s best early childhood education and child care. My promise is this: our work won’t be complete until every child in this state enters kindergarten with the cognitive skills to think, learn, read, remember, pay attention, and solve problems, but also the social-emotional skills to communicate, connect with others, resolve conflict, self-regulate, display kindness and cope with challenges.”

To honor this commitment, the Governor’s Office formed the Illinois Commission on Equitable Early Childhood Education and Care Funding to study and make recommendations on funding that would provide more equitable access to high-quality ECEC services for all children ages birth to five. Work groups met throughout 2020 and published a report of findings and recommendations in March 2021.

The Commission made the following recommendations to address the racial, geographic, and economic inequities found in Illinois’ ECEC system:

1. Increase public investment to help better subsidize the cost families pay out of pocket.
2. Create a coordinated funding approach by centralizing state and federal funding and distribute funding in new, more targeted ways.
3. Provide a single source for information and funding for ECEC with designated regional structures to make the system easier for families and providers.

Following these recommendations, the Illinois Department of Human Services (IDHS) established the Division of Early Childhood (DEC) to help centralize and streamline the State’s existing child care, home visiting, and Early Intervention programs.

Additionally, after the Commission report recognized, “community input and data can fuel distribution of funds more effectively and equitably” and urged for the creation of a community and regional infrastructure to ensure input from families and providers is included in the state level decision-making process, the State partnered with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to launch our equity-focused regional system. Named Birth to Five Illinois, the goal of this new infrastructure is to create a network of community Councils across the State tasked with identifying the service needs in each region.

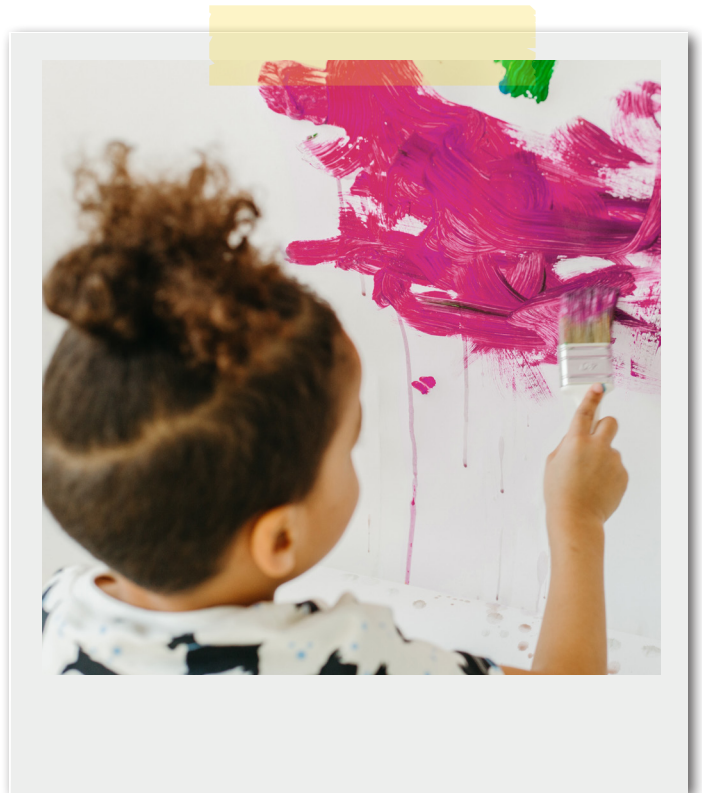
The **mission** of Birth to Five Illinois is to create a statewide regional infrastructure that will amplify input from communities in the development of policies and funding priorities. We support the mobilization of communities to build and sustain equitable access to inclusive, high-quality early childhood services for all children and families in the state of Illinois.

Our **vision** is reimagining a more equitable ECEC system that respects family and community voice and works to ensure it is centered and prioritized at every level of decision-making in Illinois.

Our **values and goals** are:

- **Family Voice:** Through this transformation centered on authentic family and community engagement, we will address the inequitable distribution of resources and services and rebuild our State’s ECEC system.
- **Racial Equity:** In an effort to move our ECEC system to one where racism no longer impacts a child’s success, we will work to dismantle barriers that have limited access to high-quality services for minoritized children in every corner of our State.
- **Collective Impact:** Birth to Five Illinois will build a system that harnesses knowledge directly from families and providers and encourages decision-makers to ensure new and/or expanded services are created to meet community needs. This community-driven framework will directly influence policy/funding at the local, regional, and state level.

Staying true to our mission and vision, Birth to Five Illinois has standardized the use of pronouns to affirm all genders and has included a land acknowledgment in each Early Childhood Regional Needs Assessments to honor the Indigenous Peoples who were forcibly removed from their land.

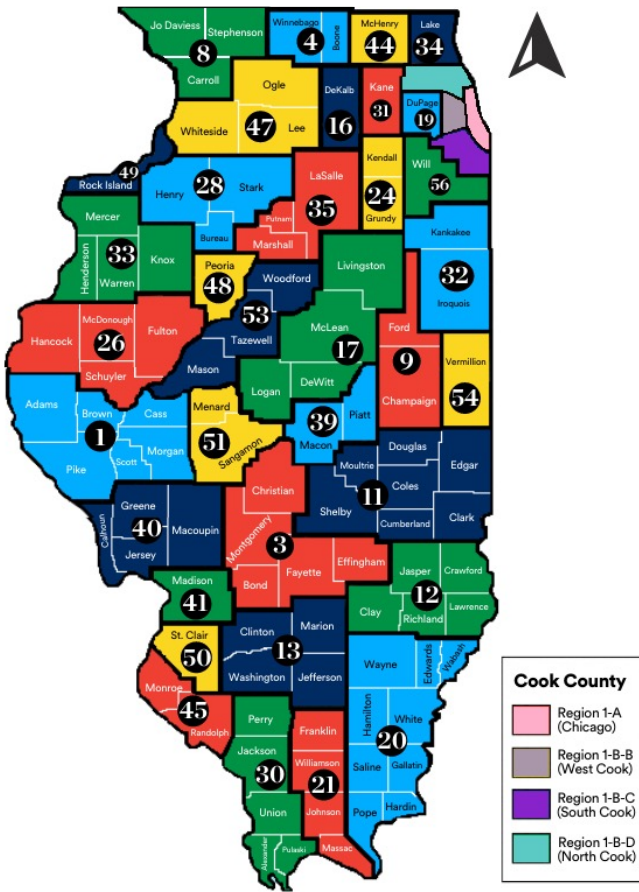


Timeline

- **March 2021**
Early Childhood Commission Report Published
- **September 2021**
Birth to Five Illinois Director, Cicely Fleming, Hired
- **February 2022**
Official Public Launch of Birth to Five Illinois
- **March 2022**
Held Regional Community Engagement Live Webinars
- **April 2022**
Established Partnerships with Existing Regional Early Childhood Collaborations
- **May – July 2022**
Hired 39 Regional Council Managers across the State
- **August – November 2022**
Hired Additional 78 Regional Support Staff
- **September 2022**
Awarded \$2.6 Million to 24 Implementation Grantees
- **October – November 2022**
Established 39 Birth to Five Illinois Action Councils
- **December 2022**
Established 39 Birth to Five Illinois Family Councils
- **January 2023**
Awarded \$575,000 to 9 Planning Grantees
- **January – April 2023**
Council Meetings & Ongoing Community Engagement (Focus Groups & Interviews)
- **June 2023**
39 Early Childhood Regional Needs Assessments Released
- **July – August 2023**
Report Dissemination & Public Input



Birth to Five Illinois Regions



To provide a structure for communities, families, and caregivers to engage with the data and share their experiences, our new statewide infrastructure was created across 39 Regions. The Regions align with existing Illinois State Board of Education (ISBE) Regional Offices of Education (ROE) boundaries. To better match demographic data to the needs for ECEC programs, Illinois Action for Children (IAFC), along with the Illinois Early Childhood Asset Map (IECAM), provided maps that reflect the true boundaries of the Birth to Five Illinois Regions. Birth to Five Illinois regional boundaries align with school districts instead of strictly following county lines, which can be a challenge for gathering and interpreting data because many early childhood services are provided by, or tied to, school districts.

After the Regions were established and staffed, Birth to Five Illinois Action and Family Councils were created by Regional Selection Committees. To ensure diverse perspectives, outreach efforts focused on community members who might be new to this type of work. Action Councils are comprised of ECEC professionals, healthcare providers, faith leaders, elected officials, and other community members. Each Action Council reserved two seats for parents/caregivers to ensure

family voices were included in every discussion. Family Councils are comprised of parents/caregivers from a wide variety of family types: single parents, adoptive and foster parents, caregivers of relatives, underage parents, two parent families, multi-generational families, and more. Each Regional Selection Committee reviewed Interest Forms, and recommendations were made based on a full consideration of a submitter's role/sector, location within the Region, race/ethnicity, gender, and answers to open-ended questions.

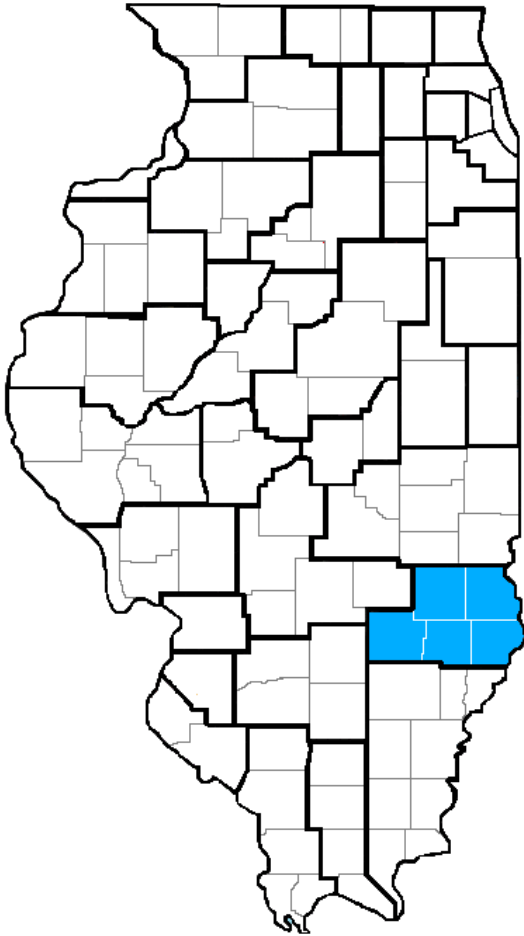
Regional Needs Assessment Methodology

Regionally based demographic, programmatic, and service provider data from IECAM and workforce data from INCCRRA were presented to Action and Family Council members during meetings and is included in the following section. The data comes from both IECAM (2020-2021) and INCCRRA (2021), unless otherwise noted. Some Regions included additional data collected during Community Based Planning or from state and/or local organizations and agencies. Action Council members were invited to bring additional aggregated data on programs and services provided by their agency/organization to complement IECAM data, while Family Council members brought their stories and experiences with the ECEC system to help contextualize quantitative data presented and discussed during meetings.

Additional qualitative data was collected community-wide through focus groups and interviews, and all Council members were invited to provide input on their Region's report. Council members developed the strengths, needs, and recommended next steps that are unique to each Region. Regional Teams, along with the support of their Action and Family Council members, created a dissemination plan and are holding community meetings virtually and in-person to share their report's findings. Throughout the fall of 2023, Regional Teams will lead their Councils through implementation planning based on the recommendations made in their report.

Spotlight on Region 12

Regional Community Landscape



Regional Boundaries

Region 12 is comprised of Clay, Crawford, Jasper, Lawrence, and Richland Counties in east central Illinois. This Region is a rural area, home to many miles of beautiful farmland. It is the birthplace of the HEATH Toffee Bar, home to a colony of rare white squirrels, location of the first city in Illinois, and holds the longest nighttime parade in Illinois every October. Region 12 encompasses 2,150 square miles. Our closest large cities are Charleston, Illinois, and Terre Haute, Indiana, both located roughly two hours from the center of the Region. We are home to many employers, including factories, an ethanol plant, a Walmart Distribution Center, and two Illinois state correctional centers. Three Fortune 500 Companies operate in the Region: Marathon Petroleum Corporation, The Hershey Company, and Dana Incorporated. This Region also has two community colleges, four hospitals, and eleven school districts.

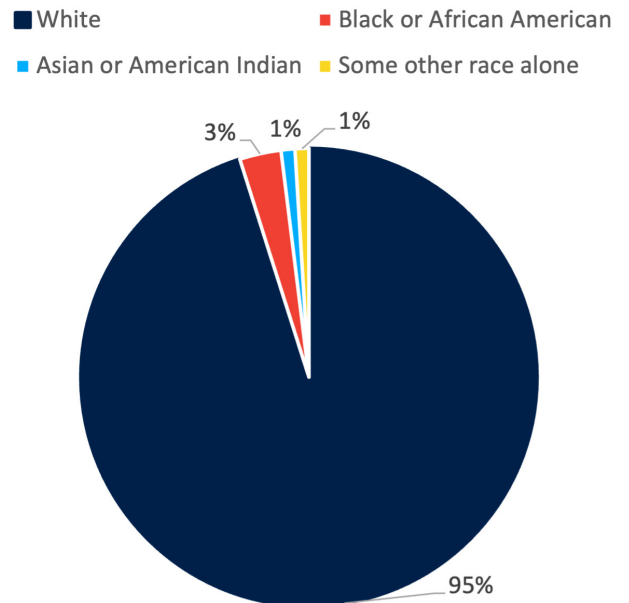
Land Acknowledgement¹

Region 12 acknowledges that Clay, Crawford, Jasper, Lawrence, and Richland Counties are the traditional homelands of the Myaamia (Miami), Očhéthi Šakówiŋ (Sioux), Kaskaskia, and Kiikaapoi (Kickapoo) Nations. We acknowledge the longstanding history of all Native Peoples, including their nations, territories, and languages, who came before us and who continue to contribute to this Region.

Regional Demographics

According to the 2020 U.S. Census, there are 72,347 people living in Region 12, with 5,114 (7%) of the population under the age of six. As seen in Figure 1, the majority of the population identifies as white; fewer than 3% identify as Black or African American; 1% identify as some other race alone; and fewer than 1% combined identify as Asian or American Indian. Approximately 3% identify as two or more races, predominantly white and Native American.

Figure 1: Region 12 Overall Demographics by Race



Source: U.S. Census
Created by: Birth to Five Illinois

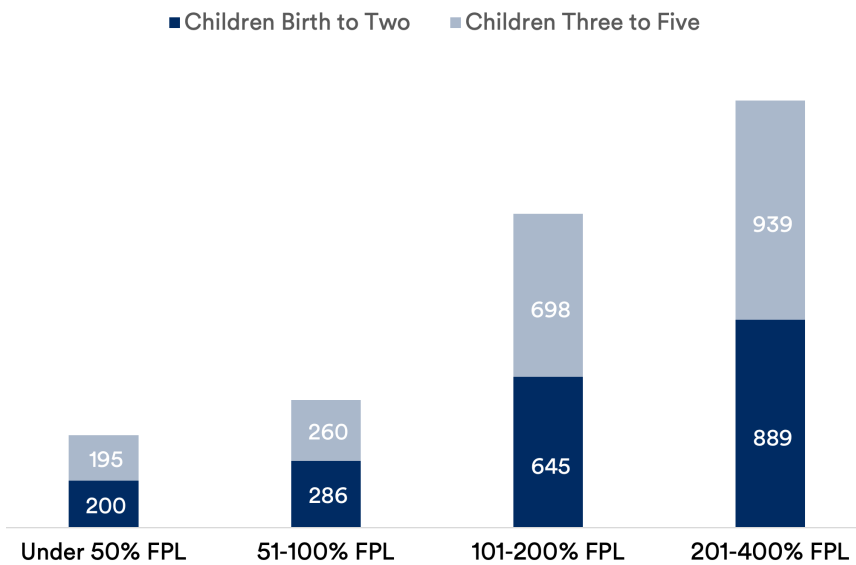
¹Based on information provided at <https://native-land.ca>

Children and Families in Priority Populations

The State has identified 12 priority populations² to be considered when making programming decisions regarding ECEC. These populations are defined as underserved and underrepresented communities based on demographics, identities, statuses, and/or lived experiences. In Region 12, the priority populations include children living in communities with limited to no access to economic/material resources and are considered to have high poverty rates, children experiencing homelessness, children/families with Department of Children and Family Services (DCFS) involvement, children impacted by caregiver involvement in the criminal justice system, and children with disabilities.

While 79% of the population aged 19-64 is employed, over 9,700 community members live at or below 200% (\$25,250 for a family of two) of the Federal Poverty Level (FPL), including 2,284 children under the age of six. FPL is a measure of income level created by the U.S. Department of Health and Human Services that calculates the minimum amount of money needed by a family to afford their basic household needs, such as food, housing, utilities, and other necessities. Many state-funded programs use 200% FPL to make determinations about enrollment eligibility. Figure 2 shows poverty rates of children under age six across Region 12, with consistent growth as the FPL rises.

Figure 2: Poverty Rates of Children Under Age Six by Federal Poverty Level



Source: IECAM
Created by Illinois Action for Children CS3

As of November 2022, there were 596 students in the Region that were receiving services under the McKinney-Vento Homeless Assistance Act. This service supports students and families by providing school supplies, assistance in applying for benefits such as Medicaid or housing aid, obtaining documentation necessary for school enrollment (i.e., birth certificates and immunization records), and assistance in finding transportation to and from school. However, this number only includes and serves students who have been identified as homeless and who are enrolled in a program that reports to the Illinois State Board of Education (ISBE).

Birth to Five Illinois Region 12 Family Council and Action Council members discussed the driving forces of poverty in the Region and how a lack of child care options contributes to family income and other life quality factors including healthcare.

“Mental health is a disparity across the board for all ages.
- Health Care Provider & Family Council Member”

² <https://oecd.illinois.gov/content/dam/soi/en/web/oecd/earlylearningcouncil/access/documents/priority-populations-updated-2021.pdf>

There are over 270 children in foster care in Region 12. Over 170 of those children are being raised by a grandparent or other relative. These numbers represent families with Department of Children and Family Services (DCFS) involvement and do not include families where a child is being cared for by a relative without DCFS involvement. Often, families arrange for care within their own personal networks to avoid children being removed from the home.

Information about how many children over the age of three who participate in ECEC receive Special Education services is not publicly available. However, child care providers, preschool teachers, and school district administrators all report an increase in the need for these services.

“Special education preschool spots fill up quickly. If a child doesn’t get one of those spots, they are bussed to another district with an opening, sometimes hours away. If a family opts out of bussing to another district, they often forfeit the right to receive any special education services at all from their home district.

- District Special Education Coordinator

”

In small districts like those in Region 12, appropriate learning environments are often located two or more hours away from a child’s home. ECEC classrooms in each district fill quickly, necessitating transporting children to neighboring districts. Families of children who need to access services in a district other than their own worry about the hours spent on a school bus. However, if families decline to allow their child to attend the ECEC class in another district, their home district can, and often does, make that child ineligible for any services.

The creation of an ECEC system that meets the needs of the Region begins with understanding the people who choose to make their home in these communities. Families who have been historically marginalized based on race, gender identity, economic status, or other factors must have their voices amplified and supported to ensure the system is equitable and inclusive.

The purpose of the priority populations list is to drive resources and attention toward improving access to high-quality, responsive services for children and families with limited to no access to economic or material resources. While the priority populations list addresses the access issue, Birth to Five Illinois strives to focus the attention of policymakers and early childhood stakeholders on identifying ways to engage these impacted communities to remove the systemic barriers causing the access issue within each Region.

Local Community Collaborations



Ann Oswalt (left), Resa Shaner (center), and Lisa Schaefer (right) at the Crawford County Community Leaders Alliance meeting.

Local Community Collaborations (LCCs) are groups of stakeholders who work together in an intentional and structured manner to share information and resources to fulfill a shared vision or goal. Looking through the lens of ECEC, goals typically center around improving the lives of children and families. LCCs provide opportunities for groups to join efforts and combine resources to create a more relevant and powerful collective impact.

The Region's first Early Childhood Community Collaboration was formed in February 2023. The Clay County Zero to Three Advisory Council, in partnership with the Effingham County Health Department, formed with the support of a Birth to Five Illinois Planning Grant. The Collaboration plans to implement a software-based coordinated intake and referral process called Integrated Referral and Intake System (IRIS). IRIS will enable ECEC providers of all types to work together to ensure children and families are aware of, and receiving, the services they need. Utilizing IRIS will allow participating providers to see what services are available, as well as the actual availability of those services; IRIS also creates opportunities for referrals. This

Collaboration serves Clay County in this Region and Effingham County in Birth to Five Illinois: Region 3 and hopes to expand to include other counties in the future.

ISBE-funded Prevention Initiative (PI) programs in Clay, Crawford, Lawrence, and Richland Counties have Advisory Councils, and there is an active Local Interagency Council (LIC). PI programs use these meetings to learn about resources they can take back to the families or children aged birth through three that they serve through home visiting. LIC meetings are facilitated through Child and Family Connections, which provides children with Early Intervention (EI) services. Their home visiting program serves children with documented delays or disabilities. The connections made by the service providers during the LIC meetings are then shared with the families. Both entities offer opportunities for service providers to meet and discuss Early Childhood systems and services, but these meetings are designed to focus on strengthening each individual program. While they do not meet the definition of an LCC, as there is not a shared vision or goal amongst a variety of participants, they are an invaluable resource to those working to support families, as meetings are used to build an understanding of the services provided to children and families.

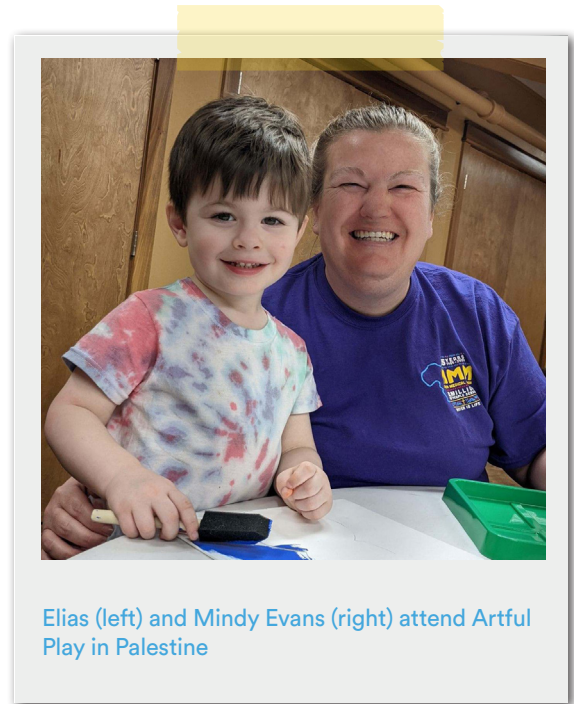
While there are no LCCs in Crawford, Jasper, Lawrence, or Richland Counties, there is an overarching spirit of collaboration within the community. Jasper and Crawford Counties each have a service agency that hosts Interagency Meetings, where agencies and service groups can meet and have conversations. Attendees often use these meetings to amplify the voices of the families and individuals they serve, but families typically do not have the opportunity to attend. These meetings occur quarterly, leaving a long gap between meetings, and are scheduled during the lunch hour, creating a need for attendees to work during personal time.

Understanding the programs and services in the community ensures that families are referred to services that can provide the support needed. A computerized, coordinated intake and referral system, as opposed to the pencil-and-paper systems that are typically used in this Region, creates a more streamlined, real-time look into available services.

Early Childhood Education & Care (ECEC) Programs

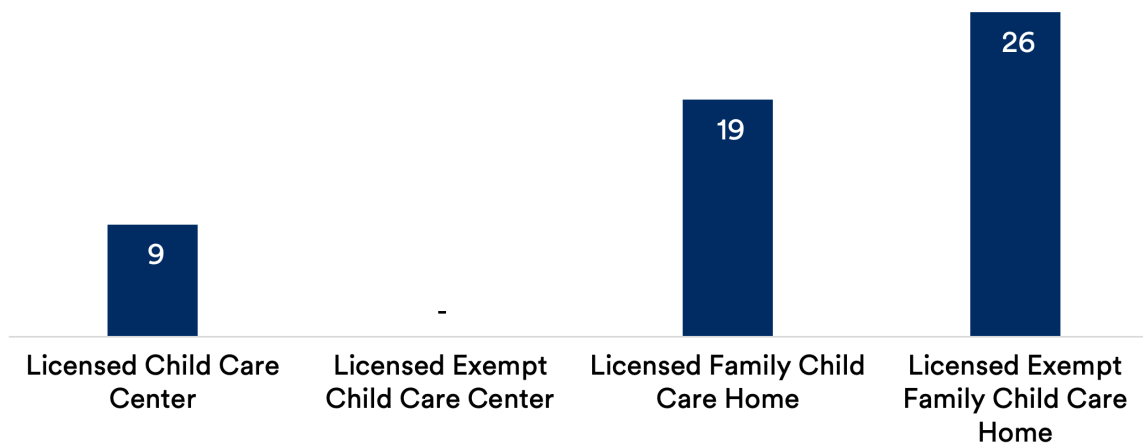
While the existing ECEC providers in the Region are excellent sources of care for families, the services offered do not always meet the access needs of the families. Cost, transportation, hours and availability of services are barriers many families face when seeking care for their young children. Understanding which early learning programs exist in Region 12 is key. This section will dive into the ECEC landscape, based on feedback provided by the community for the counties within Region 12.

The average annual cost of child care in Region 12 is over \$9,700 which is 13%-15% of the Regions' median income. Families eligible for the Child Care Assistance Program (CCAP), a program through IDHS that subsidizes child care costs for families with limited to no access to economic and material resources, report that the application process is often difficult and confusing and securing a spot in a program that accepts CCAP payments is almost impossible. The application process for CCAP requires the completion of a lengthy form, as well as the submission of pay stubs and other documentation. Licensed child centers and homes typically limit the number of spots available to families receiving CCAP, as the rate of pay received from the State is less than the rate received if a family pays directly. Figure 3 confirms what Region staff have heard from families: even for families who are eligible for CCAP, there is not always a child care option that will accept this form of payment.



Elias (left) and Mindy Evans (right) attend Artful Play in Palestine

Figure 3: Number of Providers Accepting Child Care Assistance Program Payment by Provider Type



Source: IECAM
 Created by Illinois Action for Children CS3
 Note: This data is provided at the county level for the Region

No child care centers in the Region provide transportation. Both the Action and Family Council members noted that a lack of public transportation in the Region creates a barrier to access for families, as they have no way to safely get their children to and from school or child care. ISBE-funded Preschool for All (PFA) programs operated through the school districts typically provide transportation for students using the district's school buses. Some non-district PFA programs often work with the districts to provide transportation via school buses, but this is cost-prohibitive for most programs. Most PFA programs are unable to provide mid-day transportation for the half-day sessions, creating a situation where families have no way to bring children home from a morning class or get children to an afternoon class. Head Start transportation is often offered, but staffing shortages have caused numerous cancellations and suspensions of this service. The lack of transportation options and consistent availability makes programs inaccessible to many families throughout the Region.

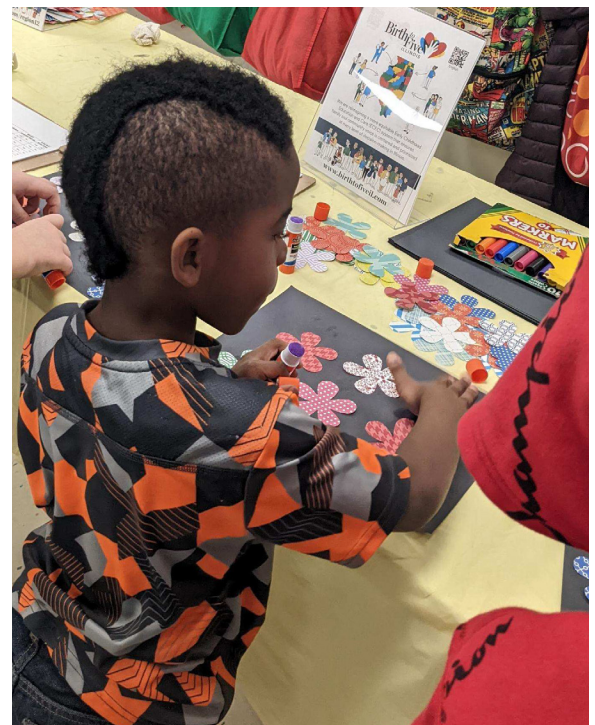
“ I combine all my breaks at work to drive to a neighboring county to pick my kid up from preschool and drop him off at my grandma's house. I am very lucky. Not everyone has an employer who would allow this

- Parent

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Several of the child care center and home-based options in Region 12 focus on a Christian, faith-based experience. There is also a tuition-based preschool option at a Catholic school in the Region. Two of the Regional Office of Education (ROE) 12 preschool programs are housed in churches but are not faith-based, however, merely based on location, this may not be a fitting solution for every family. A parent who is a member of the LGBTQIA+ population shared that the church affiliated with her local child care center was, “not a safe space for people like me. If they think I am sinful, what will they teach my child about me?”

Most sizable employers in the Region (i.e., factories, correctional centers, large-scale farms, and hospitals), along with many small businesses, operate outside of the 6:00am–6:00pm Monday through Friday hours that are typical for child care providers in the Region. It is not unusual for these employers, specifically in the direct service and front-line industries, to require unexpected, mandatory overtime shifts, sometimes due to emergency situations. Many employees in the Region are on rotating shifts or work a split shift, making it even harder to secure consistent child care. Head Start and PFA programs offer both half-day and full-day programs in some towns; however, these full-day programs are only available five to six hours per day, creating a need for before and after school (also known as wrap-around) care. Project CHILD, an IDHS-funded organization that focuses on advancing the quality, affordability, and accessibility of child care, reports that there are no child care or preschool programs licensed to provide second or third-shift care and none operate on weekends or holidays in the Region. The need for second and third-shift care, as well as the need for care on weekends and holidays, is a huge barrier for many families.



Crafts at Kid Zone Resource Night in Olney

The need for care outside of traditional hours, and the lack of transportation to get children back and forth, often creates situations where families cannot access preschool or other programs. Even with ECEC programs operating within traditional hours, staffing shortages often require the closing of classrooms for varying periods of time or even permanently, further reducing the availability of care and often creating emergency situations where families are forced to either miss work or utilize care options that are less than ideal.

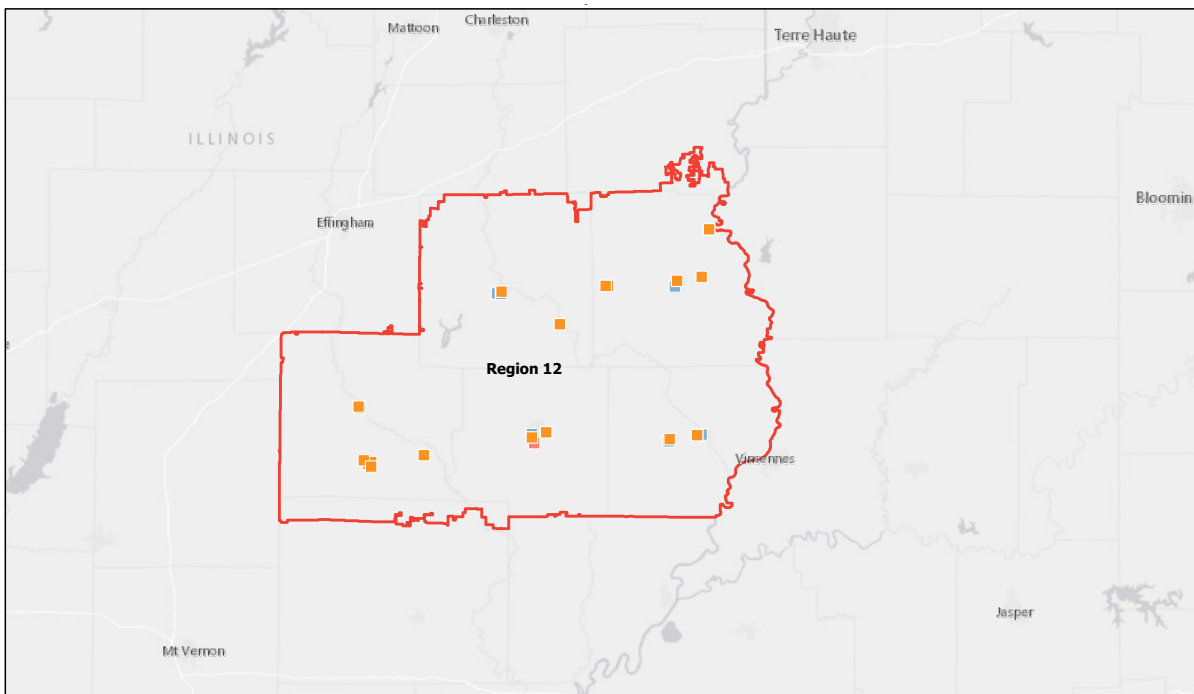
There is no good way to determine how many families utilize Family, Friend, and Neighbor (FFN) Care, as these arrangements are not tracked in the same ways that are required of licensed programs. In conversations with families, many stated they chose to have known and trusted individuals, including grandparents, care for their children instead of a child care center or home. According to Project CHILD, the local Child Care Resource and Referral Agency (CCR&R), there are 23 FFN providers who are paid through CCAP in Region 12. These situations may be chosen to enable family connectedness, provide an environment similar to home, or adherence to religious or cultural beliefs. Conversely, these arrangements may be made out of necessity and do not truly meet the needs of the family. There are also many middle and high school students tasked with caring for younger siblings or other young children not on an occasional basis, as these children are the primary source of child care for the family.

“ We often have students who miss school to stay home to care for a younger sibling. If the parent misses work because their child is sick, they don’t get paid. So, the responsibility falls to the older sibling. ”

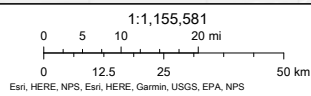
- Middle School Guidance Counselor (Crawford County)

In a Region spanning over 2,000 square miles, it is common to not have an ECEC program close to a family’s home. As seen in Figure 4, the clusters of providers are each roughly 25 to 40 miles or more away from the next closest cluster. Most PFA and Head Start programs do not enroll students who do not live in the county or even the town in which they operate.

Figure 4: Early Care and Education Sites (FY2021)



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 Publicly Funded ECEC Sites: Head Start (blue square), Early Head Start (green square), Preschool for All (orange square), Prevention Initiative (red square), Birth to five Councils (red outline)



Child care and preschool programs are not the only services essential to the ECEC landscape. PI, Maternal Infant and Early Childhood Home Visiting (MIECHV), and Early Head Start (EHS) programs serve a total of 334 children in the Region with home visiting services. MIECHV, PI, and EHS home visiting programs support families by bringing information, developmental screenings, activities, and other services to the family’s home on a weekly or biweekly basis. Other services may include referrals, domestic violence safety plans, and postpartum depression screenings. Early Intervention (EI) services are also a vital part of ECEC, and barriers to access exist for these programs as well.

A lack of service providers creates a situation where children

with delays or disabilities and families with children at the greatest risk of not receiving adequate academic preparation are unable to receive the services they seek. EI providers typically cover multiple counties and have service areas that cover hundreds or even thousands of square miles, causing providers to spend more time behind the wheel than with families. According to Child and Family Connections #20, the agency that oversees EI services in Region 12, the number of children being served in the Region was 328 from July 1, 2022, through January 31, 2023. In addition to those children, 137 new referrals were received.

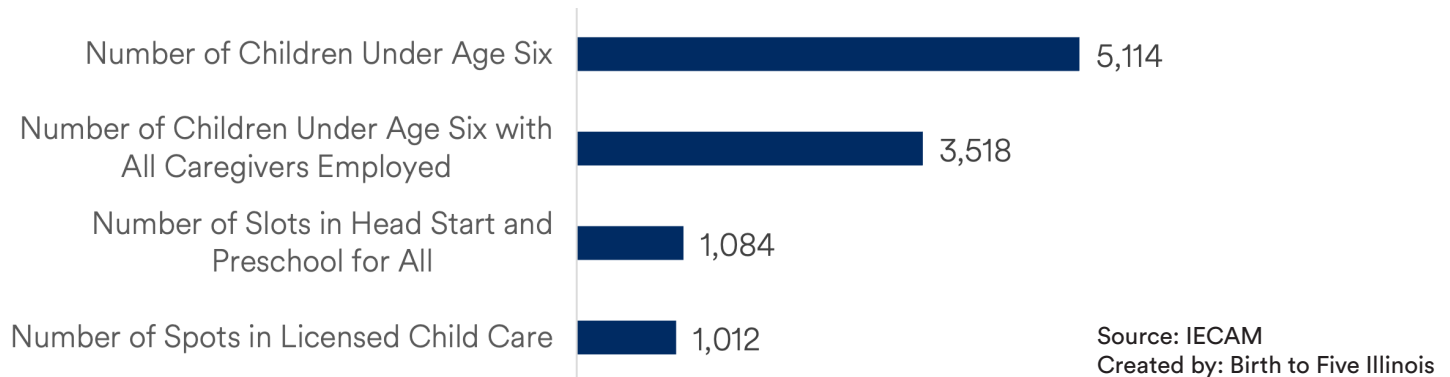
Many community and family members expressed that they did not know what “quality ECEC programming” should look like. They often mentioned things like safety and cleanliness but said they did not know anything about Developmentally Appropriate Practices, provider qualifications, or state-required safety protocols. Participants in parent focus groups and other community members overwhelmingly spoke of a need for staff to be kind, loving, and approachable. Participants in a focus group for Head Start families stated that they chose the specific program due to staff that made them “feel welcome.” Other families and community members mentioned factors like locked doors or background-checked staff but could not provide many more signs of a quality ECEC program.

“ There is only one Early Intervention physical therapist who provides services to a seven-county area. Just one. And she can’t do it all.
- Early Intervention Service Coordinator ”

“ I can help you find a house all day long, but I doubt you will ever find child care. My sister-in-law has been on a waiting list for over three years.
- Real Estate Agent (Crawford County) ”

Slot Gap

Figure 5: Region 12 Slot Gap



The existing ECEC providers in the Region are a great resource for children and families; however, there simply are not enough of them to serve all the Region’s children. This issue creates what is known as a “slot gap,” which is the difference between the number of child care slots that exist in the Region and the number of child care slots needed to ensure safe and accessible care for all families who want or need it. The vast majority of Region 12 is considered a “child care desert”, where the child care supply does not meet the potential demand within a geographic area. As shown in Figure 5, 69% (3,518) of children under the age of six in Region 12 live in households where all parents or guardians are employed. There are only 1,012 licensed child care spots in the entire Region, leaving roughly 2,500 children without access to licensed care should their parent choose to enroll them.

PFA (funded by ISBE) and Head Start (federally funded) programs help to fill the ECEC need by providing an additional 1,084 spots. However, these programs are eligibility-based. These programs are only available for children aged three to five, and only 169 of those spots are full-day (typically five to six hours), with the other 955 being half-day spots. Neither of these programs offers services during the summer break. Eligibility for Head Start and Early Head Start programs are income based, which is typically assessed at 185% FPL. For example, a single parent with one child could earn \$33,368 in gross income or below to be eligible for the program.

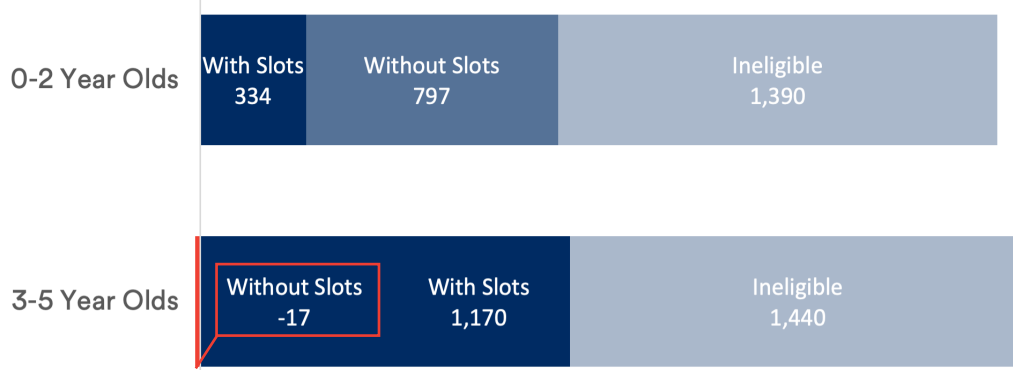
PFA and PI programs also use a points system to determine eligibility. These programs prioritize families with incomes at 50% and 100% FPL. A single parent with one child would need to earn \$12,320 or less than \$24,640 to qualify. There are many additional eligibility factors, such as those with a parent or guardian with a disability, children with prenatal drug exposure, children born prematurely, children of teen parents, children with an incarcerated parent, or children being raised by someone other than a parent (i.e., grandparents, foster families, etc.). It must be noted that the criteria used in Figure 5 to determine eligibility for PFA or PI programs cannot begin to adequately represent the number of students who would be eligible for reasons aside from family income.



Donna Rardin attends the Robinson Daddy Daughter Sweetheart Dance

While most eligible children aged three to five could attend either a PFA or Head Start program, Figure 6 highlights that a large majority of eligible children aged birth to two cannot. Out of 1,131 children who qualify for publicly funded programs, 797 (70%) do not have a funded slot.

Figure 6: Publicly Funded Early Childhood Education and Care Slot Gap



Source: IECAM
Created by: Illinois Action for Children CS3

There are no center-based PI or Early Head Start programs in the Region. Home visiting programs often serve multiple counties, with much of the visitors' time being spent driving from visit to visit. PI directors state the reasons they are unable to enroll more families as workload limits, lack of space for center-based programming, and lack of qualified staff. Many former home visitors cite their reasons for leaving the profession as dangerous situations and low pay.

While the data shows the licensed capacity of a program, there is no way of knowing how many spots there actually are. Many child care programs choose to serve fewer children than their license indicates, and several child care centers have closed rooms due to a lack of qualified staff. There are several reasons for these actions. Child Care Directors and ECEC staff on the Action and Family Councils shared that they felt the staff-to-child ratios allowed were too high and did not allow for individualized care. They also stressed that serving children with special needs required more time, training, and attention to ensure those children were able to fully participate in their day.

Additionally, programs report their enrollment numbers to different governing departments/entities, and there is no way to easily identify children who receive services via multiple funding streams. For example, a child may be enrolled in a half-day PFA class, which is reported to ISBE, then spend the rest of the day, while parents/guardians work or go to school, at a license-exempt child care home that does not report to ISBE. Enrollment data collection by ISBE asks if a child attends child care but does not ask for a location or require updates to be reported if the situation changes during the school year.

“During the pandemic, when schools were closed, child care centers were supposed to take in the kids of front-line workers. The child care center I used closed, and the closest one that would accept my two-year-old was over 30 miles from here. That center wasn't licensed after 6:00pm so [they] couldn't keep my child during the overtime I was mandated to work. I had to rely on family and friends to watch my child whenever they could. This meant I had to call out [take time off] a lot, causing another [Correctional] Officer to work a mandatory overtime shift, even though they didn't have child care either.

- Parent (Crawford County)

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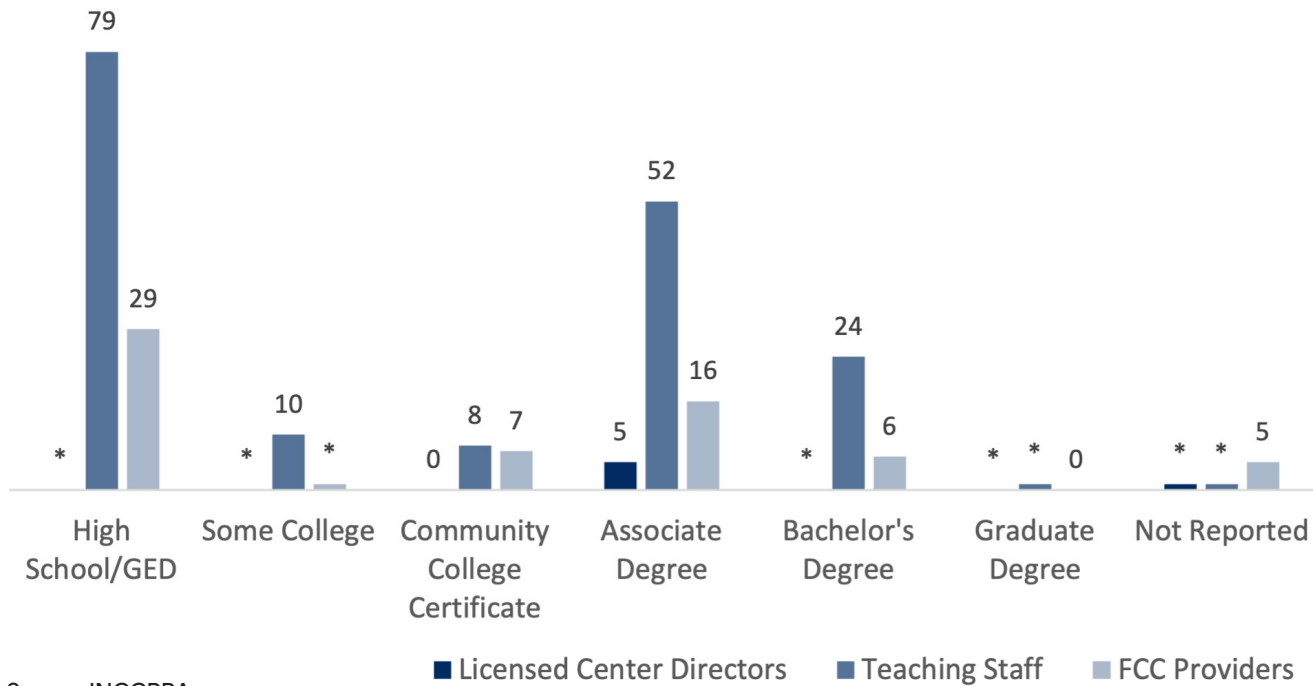
One of the two child care centers in Crawford County suffered extensive damage in the March 2023 tornado. Family members, friends, and community members worked around the clock to ensure the center could reopen without a lapse in care. At least one Family, Friend, and Neighbor Care provider's home was destroyed. Unfortunately, the full extent of the storm damage on ECEC in the Region cannot be known, as many of these providers are not required to report the impact; however, our already fragile system cannot afford even one service provider to close down.

Creating a system of ECEC that is accessible and reliable allows families to work and attend school and receive needed services. Knowing how many families need and want child care, preschool, or home visiting services allows providers to create options that truly meet the needs of families. A lack of ECEC options can cause a power dynamic where providers may pick and choose which families are afforded services; this often means families with the most resources are given priority.

Early Childhood Education & Care (ECEC) Workforce

The ECEC workforce in Region 12 is comprised of qualified, dedicated individuals. However, like the child care options themselves, there simply are not enough workers to meet the demand. Center directors, home child care providers, pre-K directors, school district administrators, and ECEC staff resoundingly attribute this to poor pay, lack of benefits, and lack of support for serving children with specialized educational needs.

Figure 7: Highest Level of Education for Licensed Professionals



Source: INCCRRA
Created by: Birth to Five Illinois

The field of ECEC requires staff to be well-trained and to obtain credentials and certifications. According to data from Gateways to Opportunity, a statewide professional development support system funded by IDHS and administered through the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), many providers hold a college degree of some kind (Figure 7). PFA teachers must hold a bachelor’s degree and a Professional Educator’s License (PEL). Head Start teachers are required to hold an associate degree and are encouraged to obtain a bachelor’s degree. According to Head Start Directors in the Region, approximately 50% of their teaching staff have a bachelor’s degree. Even with this level of education and training, many of these providers earn minimum wage or slightly above. All too often, providers themselves qualify for the income-based programs they serve. The demands of the job are incredibly high, and every provider who spoke with Region 12 staff mentioned devoting at least ten to fifteen unpaid hours each month to clean and sanitize the classroom, complete the required documentation, create lesson plans, and prepare for the next day.

The lack of ECEC providers is not limited to those in permanent positions. Every teacher, paraprofessional, administrator, and child care provider the Region 12 staff spoke with cited a lack of substitutes as a leading factor in classroom closures, staff burn-out, and the inability of staff to participate in necessary Professional Development opportunities. Staff are also faced with the decision of coming to work sick or having the classroom close for the day, which is especially true of home child care providers who often do not have any additional staff. Unlike classrooms for older children, ECEC classrooms cannot combine if there are staff absences. These classrooms must maintain the mandated staff-to-student ratios. Therefore, if staff members are absent and no substitute can be found, the classroom cannot be open.

Home visiting programs also struggle to hire and retain staff. High staff turnover leaves children and families without services for long periods of time, disrupts the learning process, and adds to the time a child is on the waiting list. In this rural Region, many visits happen in extremely isolated homes with little to no cellphone service, which places the provider in a vulnerable position as they work alone. Traversing miles of gravel or dirt roads that are prone to flooding can make accessing homes treacherous. One PI provider recounted an experience where she witnessed a stabbing while at a home visit and another where she was threatened to be shot by a child's family member. She left home visiting soon after.

“ I am fortunate to have a babysitter who cares for my child in the kind and loving way that she treats her own kids. I can't say that for my back-up babysitter. I have no choice but to send him if my regular sitter is sick and those are hard days at work for me.

- Parent

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“ We need changes in the credentialing process for therapists. The process is too cumbersome, and the providers need competitive wages to attract new providers into the field of EI. The changes in DCFS eligibility and Extended Services have increased the need for services beyond the pre-pandemic levels in many Child and Family Connections (CFCs), while the EI field is experiencing the same workforce shortages of providers and service coordinators as nearly everyone.

- CFC Director

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The need for more special education and behavioral health support has been a recurring topic throughout our community engagement process. ECEC providers across the board often do not feel as if they are properly equipped with the training, certifications, and staffing support needed to provide the specialized care many children require. Both center-based and home child care providers also report they cannot safely and effectively include these children who require specialized care in their programs with the current adult-to-child ratios. The providers must then make the difficult decision to either not enroll a child or to enroll the child but adjust the ratios to allow for fewer children per adult, exacerbating the slot gap issue and creating financial hardship for the child care program. Publicly funded programs do not have the option to reduce enrollment to create more appropriate ratios without jeopardizing their funding. They also do not have a budget allotment to provide additional paraprofessionals or other staff to assist children in receiving the support needed. EI providers must undergo a complicated and sometimes years-long process to become certified; moreover, training is required annually in addition to obtaining professional credentials. EI providers typically work as independent contractors, unable to bill for time spent traveling or documenting, and do not have benefits such as health insurance or retirement plans.

The ECEC workforce must also be viewed through the lens of equity. Children need to see themselves and their families represented by those who are entrusted with their care and education. In 1988, American educator Emily Styles coined the phrase “windows and mirrors” to illustrate the need for children's literature to create opportunities for children to see themselves reflected (mirrors) and to see new and different experiences (windows). This idea has grown to encompass all aspects of ECEC. Children must see themselves represented in the staff, materials, and experiences in their world. It is equally important that children have experiences and build relationships with others that represent the entire world. Racial and gender inequities in educators exist throughout Region 12. Most students will not

“ Programs need to stop prioritizing curriculum over connection.

- School District Director of Special Education Services

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have a teacher who is a person of color in their entire school career, from preschool through graduation from the local community colleges. There is only one male ECEC provider in the Region, working as a home child care assistant. According to the ISBE School Report Card, in the eleven school districts within the Region, white teachers account for 88%–100% of the teachers, with the majority of other reported races being “not reported” as opposed to selecting another race. In Region 12, 73%–91% of teachers identify as female with the remainder identifying as male. There is no readily available information about public school staff who identify outside the gender binary.

Region 12’s high schools and community colleges are realizing the need for a robust, well-trained ECEC workforce. Lincoln Trail College, a community college located in Crawford County, began offering Early Childhood classes in 2023. Wabash Valley College, located about 25 miles away from the closest county in the Region (Lawrence), is the next closest community college in the State offering these classes.

The closest in-state university that offers an Early Childhood Education bachelor’s degree program is Eastern Illinois University, located roughly 40 miles away from the closest Region 12 county (Jasper). Illinois Eastern Community Colleges (IECC), the system of community colleges that includes both Lincoln Trail College and Wabash Valley College, is beginning to offer ECEC classes online, allowing students to avoid long drives and scheduling conflicts. There may be colleges located in Indiana that are closer to the Region. However, students attending those colleges do not qualify for the Early Childhood Access Consortium for Equity (ECACE) Scholarship, which is a scholarship designed to provide financial assistance to current and former ECEC professionals in Illinois seeking credentials or degrees. ECACE is an initiative driven by the Illinois Board of Higher Education (IBHE) and the Illinois Community College Board (ICCB) in partnership with four other state agencies: the Illinois Student Assistance Commission (ISAC), ISBE, the Governor’s Office of Early Childhood Development (GOECD), and the IDHS Division of Early Childhood.

“Due to the fact that none of my multi-cultural grandchildren look like their teachers, we have been forced to have conversations about race before we were ready.”
- Custodial Grandparent

“It is remarkable to have six state agencies focused on this kind of initiative that will have a major impact on the early childhood workforce and has the potential to make a larger impact on higher education generally.”
-CCR&R staff

“I would love to put center-based Early Head Start programs in Richland, Crawford, Lawrence, and Jasper Counties, but there are no spots to house them and no workers to staff them. I’m having to shut down classrooms all over because there is no staff.”
-Head Start Director

The high schools in the Robinson and North Clay School Districts have begun offering Early Childhood classes as a dual credit option. Students will earn college credit while simultaneously enrolled in a high school class. Students will also obtain a Gateways to Opportunity Credential, allowing employment in child care upon graduation from high school. While only two of the Region’s 11 districts currently offer this option, there is an increased interest from other districts. ECEC scholarship programs, such as the ECACE scholarship, do not apply to students taking dual credit classes, nor are the students eligible for Federal Student Aid. The cost of these classes is paid by the district, community organizations, or the student.

Parent/Family/Caregiver Voice

Each family views their experiences in ECEC differently and each has their own needs and priorities. Some families choose to have little to no contact with the ECEC services in their area. Some find they require multiple services to meet the needs of their children and their family members. Many find themselves somewhere in the middle, using services that fit their needs, as necessary. Creating a system that respects and values a family’s needs, culture, language, priorities, and lived experiences is vital to ensuring successful and meaningful ECEC experiences.

On March 31, 2023, a tornado touched down in Crawford County, causing a tragic loss of life, many injuries, and devastating homes and businesses along its almost 50-mile path through Crawford and neighboring Sullivan County, Indiana. The impact of this event will be felt for a very long time. In a press conference held on April 2, 2023, Sheriff Bill Rutan said, “Everybody jumped in, just as we had anticipated they would. Everybody was here to help.” Senator Chapin Rose, State Representative Adam Niemerg, and Governor JB Pritzker echoed this sentiment. These officials used the word “hero” to describe the response. The members of this and surrounding communities do not use that word. They do not see what they did as heroic, just as how a community comes together to support and uplift each other. This is the true landscape of Region 12.



Auston (left) and Sandy Hyde (right)

“We live in a community that will always come together to help each other out, but we simply need more local, quality, and affordable access to everything every day child care, medical resources, community programs, and so much more.”
- Parent (Lawrence County)

While all family stories are valuable and essential to creating an ECEC system that meets many needs, some voices have historically been silenced. Those voices must be amplified to ensure they are heard. It is not the role of the ECEC system to define what a family is; each person must be allowed to choose who to include in their family. While these may not look like a “traditional” family, they must be shown respect and support. Children experiencing homelessness and extreme poverty and children with DCFS involvement may require different supports than children without these barriers. Children with disabilities, or those being raised by a parent or guardian with a disability, including mental illness, may also require different supports. All children and families must be supported in ways that are respectful and appropriate to their cultural, language, and religious traditions.

“I picked my granddaughter up from preschool and was told by the teacher, ‘Just because your family dynamics are different, doesn’t mean we don’t expect your granddaughter to behave in class’”
- Grandparent Raising a Grandchild

Many families find that licensed child care is not available where they live. Family Council members report asking to be added to child care center waiting lists before they even become pregnant but still do not have a spot once the baby is born. Parents commonly reported that they have been on waiting lists for three to five years, with no contact at all from the providers. Child care center and home directors report waiting lists are not always an accurate representation of how many families need care, as families often ask to be added to multiple lists. This makes it difficult to give an estimation of how long the wait truly will be.

Foster families find themselves in an even more precarious position, as there is typically very little to no notice of when a child will be placed with them. This makes it almost impossible to find licensed care. Foster family focus group participants described a system of community members, friends, and families who help care for children until a spot becomes available. These day-by-day arrangements are extremely valuable but exceedingly difficult for the foster family and even more so for the child who has already experienced an upheaval in their life. Families who depend on CCAP to supplement their child care costs repeatedly report that there are no available spots for their children, especially if they have more than one child.

Many parents and guardians in the community shared their experiences using friend/family/neighbor care, or not using any additional caregivers for their child. Some mothers expressed that they had been made to feel like bad parents for wanting to use child care services, being told that women should not “have a stranger raising their child.” They often choose to only turn to family members, friends, or neighbors to provide needed care. It is often viewed as more socially acceptable to have a family member, even one who may not be a safe option for a child, offer care as opposed to a non-related child care provider. Other families arrange for adults to work separate, alternating shifts to alleviate the need for child care. One member of a two-parent family in a father’s focus group shared that he did not trust, nor could he afford, child care, so he and his wife worked different shifts. They rarely had any time together as a family and neither parent was able to get adequate rest.

“When I had my triplets there were not three child care spots open anywhere, even at three different places. I had to quit my job as a nurse until the kids started Kindergarten. Even with my husband’s income we still qualified for Medicaid and food stamps. It was embarrassing and uncomfortable to receive assistance, but we didn’t have any choice.

-Parent

“I have been in charge of my twin brother and sister since I was eight years old and my dad left. My mom works a bunch of jobs and needs my help. I play football, but my brother and sister come first, and I have to be strong for them. Sometimes I miss games because I stay home to babysit. I am very proud of how the twins are turning out.

-Fifth-Grade Student

Families and providers both discussed at length the need for support for children experiencing social and emotional delays. Parents and guardians of children with mental health concerns spoke of child care centers who could not or would not care for their children, citing a lack of staff or lack of knowledge. Preschool teachers, directors, principals, and school superintendents all spoke of the need for more Early Childhood Special Education services. They all discussed how there was a lack of both push-in and pull-out services, meaning that students were not getting their needs met either as a part of a regular education class or in a special education class. Families of medically complex children or those with health care needs also spoke of ECEC programs not enrolling their children due to fear, lack of understanding, or concerns about liability.



Alexandra (left) and Sophie Kershaw-Patilla (right) at Friendship Park in Robinson

“

We want to be able to help these kids. We all have training on trauma-informed care, but only what it is, not what to do about it. These kids are struggling so much, and there is nobody to help them. I want to help, but I need to keep the other kids and my staff safe. There are so many violently aggressive kids. Social and emotional delays should get the same amount of support as physical or intellectual delays. Staff are quitting and families are pulling their kids out because I can't keep them safe from these students. It's like nothing I have ever seen before, and it just keeps getting worse. I don't know what to do, and nobody will help me. I want out.

- 30+ Year Veteran Early Childhood Teacher,
Lawrence County

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The lack of health care providers impacts children and families in myriad ways. A lack of specially trained health care providers can impede referrals and support for children with suspected developmental, health, or psychological delays (See Figure 8, Appendix B). This lack of availability of providers creates a system where families are denied the services they seek. Children who are experiencing illness, pain, or trauma have difficulty focusing and learning. For example, it is hard for a child to learn letters and numbers and respond to a teacher when faced with pain from untreated dental cavities, hearing loss from an untreated ear infection, or trouble seeing due to a lack of prescription glasses. Children also face barriers to cognitive and physical development that are key to learning when families experience food security challenges.

Clay, Crawford, and Lawrence Counties do not have a board-certified pediatrician. The closest hospitals specializing in pediatrics are in Indianapolis, St. Louis, and Chicago. All these locations are several hours away, two being in different states, and some do not accept Illinois Medicaid. The closest dentist that accepts Illinois Medicaid is over 45 miles away and is in a different state (Indiana) and time zone. Family Council and Action Council members, as well as special education service providers, stressed the importance of medical professionals having knowledge of early childhood development. Many shared experiences where a medical professional's advice to “give it time” or “wait for them to grow out of it” caused delays in obtaining diagnoses and services for children. The lack of pediatric care or other specialists in the area exacerbates this issue. Families who cannot travel great distances for care must depend on health care providers who may not fully understand children's development in a way that would allow them to ascertain when a referral for support services would be warranted.

There is a lack of mental health care available for anyone in the Region, especially for the youngest children. Families and health care providers alike report that wait times for mental health services are typically measured in months. There is only one Early Childhood Mental Health certified provider housed in the Region and that provider does not accept Illinois Medicaid.

“

My sister had to move to Indiana to get services for her child with autism. I have to take my child to specialists in St. Louis.

- Family Council Member/Parent of Child
with Specialized Health Care Needs

”

Many families also reported a need for educational staff across all ages to reflect, understand, and respect differences in children and family structures. In a grandparents raising grandchildren focus group, a participant shared that her older grandchild had experienced “assault and bullying” from school staff for being a member of the LGBTQIA+ community, which occurred in a school district with approximately 300 students. Given this experience, the lack of consequences for the staff member, and the small size of the district not allowing for opportunities for her other grandchildren to avoid class with this staff member, she is afraid of what her younger grandchildren will experience when they begin pre-K in the same school. She has lost trust in the school and the school’s ability to protect her grandchildren.

The need for a better understanding of early childhood development is not only relevant to ECEC providers. Family Council members expressed a lack of understanding of their own child’s development and the need for reliable information. When asked, families not participating in ECEC programs cited friends and family and the Internet as their resources for information on early childhood development. Home visiting programs such as PI can be a valuable resource for families, but most eligible children do not have access to it.

“ I think we really do need some equity in early childhood.
- School District Superintendent ”

Families often shared that they were unable to obtain child care that offered hours aligned with their work day. Providers shared that their experiences showed the need for wrap-around care and part-time care. Family experiences echo this need. Families shared stories of child care options that were not able to accommodate their work schedules, especially those working split shifts or those whose shifts varied from day to day or week to week.

Understanding the population and demographics of Region 12 helps in identifying the strengths and addressing the opportunities crucial to supporting the local communities and families. The Region is growing and adapting to changing ideals and priorities. Knowing where Region 12 stands now helps to ensure that equity and inclusion will be at the forefront in creating new opportunities for children and families.

Regional Strengths & Needs

The Family Council, Action Council, and community members at large all expressed that Region 12 has many strengths in the current ECEC system. While praising the existing programs, they also acknowledged that there were areas in which ECEC may be more accessible and equitable to families and where it may better support providers.

Strengths

- There is a sense of community, where neighbors, friends, and family come together to support each other, celebrate successes, and overcome challenges.
- Communities are growing, introducing new employment opportunities, and creating a more diverse population.
- Eligible three- to five-year-old children have access to publicly funded preschool.
- Existing ECEC programs are inviting, welcoming spaces where children receive quality educational experiences from dedicated staff who continue seeking ways to better serve children and families.
- High schools and community colleges recognize and support the need for a more robust ECEC workforce.
- Local agencies and support organizations actively seek ways to break down barriers for children and families.
- The community is beginning to recognize and support the need for mental health services for all ages.

Needs

- Affordable and accessible child care, particularly serving nontraditional schedules.
- Publicly funded home visiting or center-based opportunities for children under age three.
- Higher wages, benefits, and lower staff-to-child ratios to encourage staff retention and entice new staff to enter the field.
- Accessible special education, including mental health services, for all eligible children.
- Increased understanding of child development from families, medical providers, social service providers, and the community.
- Increased diversity of staff, including cultural, linguistic, and racial representation.
- Expanded pediatric medical care, especially for children with medically complex needs.

Recommendations

The Region 12 Councils discussed dozens of recommendations for systemic changes that could improve the lives of the families and children in the local communities. They understood, however, the necessity to prioritize those recommendations that would have the most profound impact on the greatest number of community members throughout the Region.

- Improved access, awareness, and availability of mental health and special education services, and specialized care for children with complex medical conditions.
 - Federal- and state-level support: Streamlined certification processes and funding appropriate to accommodate the number of children eligible for services; increased funding in publicly funded programs to allow for additional staff; increased funding for professional development for staff of publicly funded programs; development of educational opportunities for families and medical care providers.
 - Local-level support: Programs and agencies will be intentional to promote increased awareness of available services and providers and a better understanding of referral processes; home districts will provide special education services for students whose families choose not to accept out-of-district Early Childhood Special Education placement.
- Increased access and availability of varied ECEC services and programming, including child care, home visiting, play groups, and community activities.
 - Federal- and state-level support: Improved ability to provide publicly funded opportunities for all eligible children and families; increased CCAP reimbursement for all eligible children and expanded income guidelines to accommodate more families; incentives for creating a more diverse workforce.
 - Local-level support: Existing providers will be encouraged and supported in expanding offerings and made aware of grants and other funding opportunities; potential new providers, especially those from underrepresented populations, will be encouraged and supported in obtaining needed information and referrals and made aware of grants and other funding opportunities; agencies and organizations supporting families will aid in sharing other resources available to families.
- Fair pay and benefits for providers.
 - Federal- and state-level support: Subsidized income, in alignment with public school staff salaries for similar educational attainment and experience, for providers to ensure a living wage.
 - Local-level support: Coordinated intake available to all families; community partners understand and communicate information about programs and services available; agencies and service providers will refer to any program fitting a family's needs; and programs will reach out to other agencies and providers to share information.



Crafts at Kids Kingdom Family Night in Oblong

- Increased access for providers, families, and medical professionals to training regarding child development, advocacy, trauma-informed care, and other relevant topics. Increased access to college-level courses for current and prospective providers.
 - Federal- and state-level support: Increased scholarship opportunities for early childhood (EC) students; strengthened EC programs in community colleges and universities; increased funding for professional development of staff within publicly funded programs; development of educational opportunities for families, private providers, and medical professionals.
 - Local-level support: CCR&Rs provide combined educational experiences for providers and families; providers can support one another in providing educational opportunities and experiences to staff, families, medical providers and community members; agencies and organizations that support families can partner to provide educational opportunities for providers, families, medical professionals and the community.

In compiling this report, it is our hope that local and state leaders will use this information to advance ECEC services in the Region. We will continue our community engagement efforts to expand our understanding of the ECEC needs of local families and providers. If you have further questions about these recommendations or would like to get involved with the work of Birth to Five Illinois in Region 12, please find our contact information on the front inside cover of this Early Childhood Regional Needs Assessment.

Appendices

Appendix A: References

1. Gateways to Opportunity Registry 2021 Dataset, INCCRRA (unpublished data).
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2. Illinois Commission on Equitable Early Childhood Education and Care Funding (2021). Commission report of findings and recommendations: Spring 2021.
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8. Whitehead, J. (2021). Illinois' early childhood workforce 2020 report. Bloomington, IL: INCCRRA.
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Appendix B: Additional Figures

Figure 1: Patient-to-Physician Ratios Per Medical Provider Type in Region 12

Location	Primary Care Physicians	Dentists	Mental Health Providers
Clay County	6,540:1	2,190:1	630:1
Crawford County	2,060:1	2,607:1	430:1
Jasper County	9,470:1	9,190:1	220:1
Lawrence County	3,870:1	15,150:1	260:1
Richland County	1,720:1	3,950:1	210:1
Illinois	1,230:1	1,210:1	340:1
United States	1,310:1	1,380:1	340:1

Source: County Health Rankings & Roadmaps

Created by: Birth to Five Illinois

Figure 2: Health Care Providers by County

Location	Primary Care Physicians	Dentists	Mental Health Providers
Clay County	6,540:1	2,190:1	630:1
Crawford County	2,060:1	2,607:1	430:1
Jasper County	9,470:1	9,190:1	220:1
Lawrence County	3,870:1	15,150:1	260:1
Richland County	1,720:1	3,950:1	210:1
Illinois	1,230:1	1,210:1	340:1
United States	1,310:1	1,380:1	340:1

Source: County Health Rankings & Roadmaps

Created by: Birth to Five Illinois

Figure 3: Early Childhood Education and Care Programs and Services Overview in Region 12

Program	Funding Source	Age(s) Served	Program Description
Child Care Assistance Program (CCAP)	IDHS using a mix of State and Federal funding. Parents pay a co-payment	Families with children younger than age thirteen.	CCAP assists low-income parents with child care payments.
Early Childhood Special Education (ECSE)	ISBE	Children aged three to kindergarten-entry age.	Provides services for children through local school districts and special education cooperatives. Professionals with training and expertise in special education services implement the federal Individuals with Disabilities Education Act (IDEA), Part B.
Early Head Start (EHS)	Federal Government	Infants and toddlers under the age of three, and pregnant people.	Intensive high-quality, research-based, comprehensive services to foster the development of the foundations for school readiness and promote a healthy pregnancy for expectant individuals.
Early Intervention (EI)	Illinois Department of Human Services (IDHS)	Children birth to three years old.	Provides supports and services for families to help their children younger than three years old meet developmental milestones.
Head Start (HS)	Federal Government	Children aged three to kindergarten-entry.	Programs provide intensive high quality, research based, comprehensive services to preschool age children to foster school readiness.
Home Visiting by IDHS	IDHS Division of Early Childhood	Families with children birth to age five.	Supports pregnant people and parents with young children aged birth to five who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.
Home Visiting by Maternal, Infant and Early Childhood (MIECHV)	Health Resources & Services Administration (HRSA)	Pregnant women and families with children up to kindergarten entry.	Designed to expand voluntary, evidence-based home visiting program to improve the outcomes for pregnant women and families, particularly those considered at-risk. Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.

Program	Funding Source	Age(s) Served	Program Description
Preschool for All (PFA)	ISBE	Children aged three to kindergarten-entry age.	Provides high-quality early education center-based services for preschoolers, to provide children with a foundation of knowledge and skills that allows them to be successful throughout their school experience.
Prevention Initiative (PI)	Illinois State Board of Education (ISBE)	At-risk pregnant individuals and children birth to three.	Provides intensive, research-based, and comprehensive child development and family support and engagement services for expectant individuals and families with children from birth to age three to help them build a strong foundation for learning and to prepare children for later school success.

Note: The terms “low-income” and “at-risk” are included in because the data from Partner Plan Act uses this language. The language Birth to Five Illinois would use is “families with limited to no access to economic/material resources” and “those who were at risk of not receiving...”, respectively.

Source: Partner Plan Action
 Created by: Illinois Action for Children

Appendix C: Focus Group and Interview Questions

Throughout the development of the Regional Needs Assessment, focus groups and interviews were conducted with caregivers, providers, elected officials, and other community stakeholders. Below are questions developed for caregivers and others. In the interest of time and space, only select questions are included.

Caregivers

1. There are many Early Childhood services available in our Region. What Early Childhood services does your family use/has your family used?
2. How have you found out about Early Childhood programs or services, or found care for your child(ren)?
3. Do the child care services you're using now meet your family's needs? If not, please describe what would better fit your family's needs.
4. What, if anything, has been particularly helpful in making Early Childhood Education and Care work for your family?
5. What barriers or challenges has your family had with using Early Childhood services in your community?
6. Have any of the children in your care been referred to services? What was that process like?
7. Have you ever been placed on a waiting list for services? If so, did you receive services? How long did the process take?
8. What services don't currently exist in your community that you think would help families, in general? What services would help parent/caregivers, specifically?
9. Do you feel as if families with situations like yours (foster families, grandparents raising grandchildren, families experiencing homelessness, etc.) are treated with the same level of respect and valued the same as others? Do you feel as if families like yours are represented in the ECEC programs and services in the Region?
10. Is there anything else you think I should know about Early Childhood education, care, or services in your community, our Region, or in the State?

Early Childhood Professionals and Others

1. How long have you been involved in Early Childhood Education and Care? What roles have you held during that time?
2. What challenges do you think families have in accessing Early Childhood Education and Care programs and services?
3. What programs do you know of in the Region that serve children birth through age five and their families?
4. Do you feel that families are treated equally regardless of economic status?
5. What services don't currently exist in your community and/or this Region for young children and/or their families that you would like to see?
6. What data do you think would be helpful in better understanding how priority populations access Early Childhood care and services, or the barriers/challenges they have accessing care and services?
7. Is child care readily available and close to employers in your community?
8. What accommodations has your business or company made for professionals with young children? How have these accommodations impacted your business or company?
9. Have you connected with child care providers in the community to build relationships and build relationships with partners to provide the care you need for employees?

Appendix D: Additional Resources

Below are additional data resources that community members may find valuable.

1. County Health Rankings & Roadmaps: <https://www.countyhealthrankings.org>
2. Partner Plan Act: <https://www.partnerplanact.org/ppa/resources>

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