



# Early Childhood Regional Needs Assessment

## Region 1

(Adams, Brown, Cass, Morgan, Pike & Scott Counties)





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## Region 1 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.

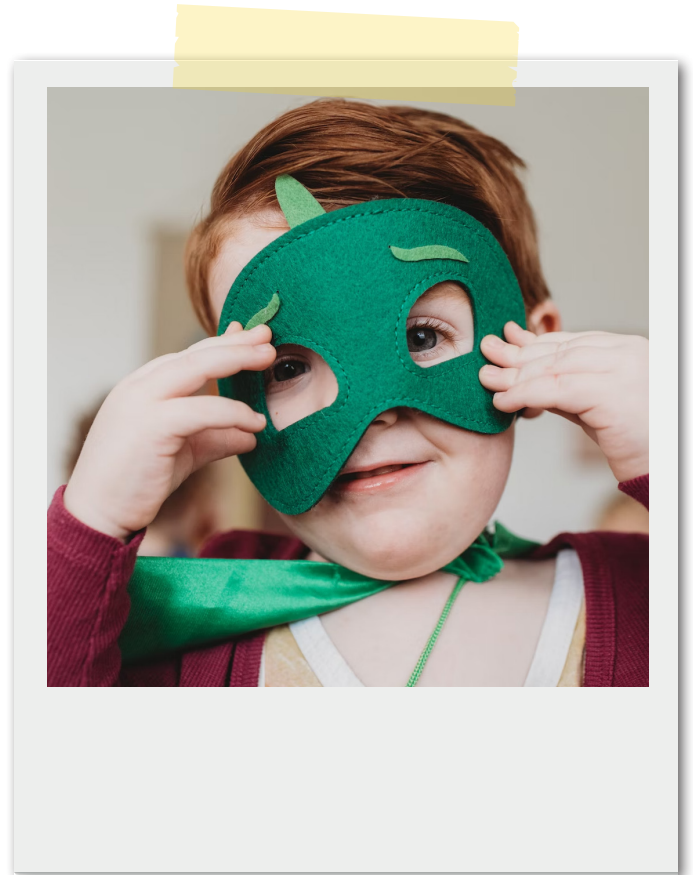
The experiences and knowledge families, caregivers, and early childhood professionals gain while navigating the complexities of the State's ECEC system is valuable, and understanding their lived experience in the local context is vital for decision-makers to ensure communities have access to the programs, 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 1 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

The key findings in Region 1 suggest a need to connect families and caretakers with existing Regional resources and to expand services in specific sectors. Region 1 has a solid foundation, with multiple innovative program models in the ECEC field to build the infrastructure needed to serve working families and young children. However, knowledge of and access to services are limited by the rurality of the Region. Increased collaboration between current service providers and opportunities to establish more public-private partnerships are areas for potential growth.

Families express frustration with the current system in terms of access, cost, and quality. With only two child care centers in the Region that are currently accepting new families, the lack of availability leaves many parents feeling they do not have choices in terms of quality and cost indicators. The cost and perception of quality in the current childcare system is prohibitive to enrollment for some families who opt out of working all together to stay home with their children.



Across all sectors, ECEC professionals cite the need to recruit and retain a diverse, well-compensated, and highly qualified workforce. Inequities in public funding create a lack of parity in compensation structures, leaving programs to compete against each other for staff. Funding is needed to expand current programs, especially for families and children ages birth to three; programming for children ages three to five receives a disproportionately high amount of public funding. An increase in the workforce for specialized services for children with developmental delays, multilingual learners, and those with social emotional/mental health needs are also in demand.

## **Region 1 Needs**

1. Improve outreach to families and awareness of available services in rural areas
2. Increase supply of public Early Childhood Education slots and Child Care provider capacity
3. Recruit and retain a stable, diverse, and high-quality work force
4. Provide more affordable ECEC services for families

## **Region 1 Recommendations**

1. Improve outreach to families and awareness of available services through referral systems and a database of resources by county.
2. Fund initiatives that allow ECEC providers to expand current capacity and spur new growth in the field.
3. Increase compensation through more equitable pay scales and reduce compensation disparities among programs/providers.
4. Reduce family copayments and increase provider reimbursement rates.

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

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# REGION 1 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.



**10,192**

Children Under  
the Age of 6  
in Region 1



**4,420**

Children 0-5  
at 200% Federal  
Poverty Level



**6,855**

Children 0-5  
Without Publicly  
Funded ECEC Slots

**65%**

Percentage of children ages birth to five who do not have access to a slot in a licensed or license-exempt child care center or home.

“There are zero day care centers, so every option for child care was an in home day care. After months of searching, I was finally able to get into a home care. Sadly, parents need to be looking for a spot as soon as they find out they are having a child to eliminate some of the stress of finding a responsible person to take care of your baby.”

- Parent, Morgan 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 1 NEEDS**

1. Improve outreach to families and awareness of available services in rural areas
2. Increase ECEC capacity for children ages birth to three
3. Recruit and retain a stable, diverse, and high-quality workforce
4. More affordable child care for families

## **REGION 1 RECOMMENDATIONS**

1. Link ECEC programs to systems that connect families to the services they need
2. Fund initiatives to allow ECEC providers to expand current capacity and spur new growth in the field
3. Increase compensation through more equitable pay scales and reduce compensation disparities among programs/providers
4. Reduce family co-pays and increase provider reimbursement rates



**“Due to the lack of day care in my community, I drive my boys twenty miles to my parents' house. I then turn around drive back through the community we live in and another twenty miles past that to go to work. If there were more day care availability in my community, my drive would only be 20 minutes.”**  
**- Family Council Member, Scott 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.

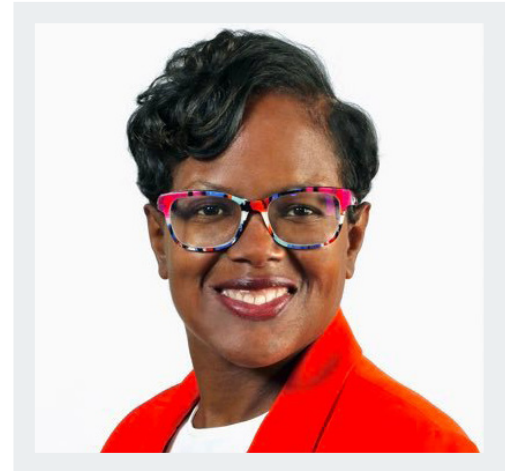
Third, policy makers, elected officials, and state agencies that administer ECEC programs will receive a copy of the report to give them a local view of the ECEC landscape in the areas they serve. The goal is to provide decision-makers with context from a community perspective so they can better understand 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

The Birth to Five Illinois: Region 1 Team would like to acknowledge the work of all our partners who helped tell the story of Adams, Brown, Cass, Morgan, Pike, and Scott Counties in our Regional Needs Assessment. First, we want to thank the families of children ages 0-5 who were willing to share their time and their lived experience navigating the Early Childhood Education and Care (ECEC) landscape. Through focus groups, playgroups, interviews, and Council meetings, their willingness to tell their stories and hold space for others to do the same was the most valuable resource from which we formed our knowledge base.

We also want to thank our Action Council for meeting with us regularly to discuss the current information available, while providing critical real-time updates about their programs and qualitative data to help us fill the gaps between the numbers. We want to acknowledge the time commitment of both Councils, but especially our Family Council parents and family members who worked so hard to juggle their parenting responsibilities to participate in our meetings. We also thank our Family Council for sharing their children with us by bringing them to meetings and having them on our remote meeting calls.

Many professionals in ECEC shared this work with us. We thank the Preschool for All (PFA) program directors, principals and coordinators, and the Head Start directors/staff who welcomed us to their facilities and took the time to sit down and tell us about their programs. Additionally, the contributions of the child care center directors, home visitors, home based care providers, and community child care resource and referral staff who responded to our outreach efforts and provided insight into our understanding of regional strengths and needs cannot be overstated and we thank them for their efforts.

We also want to acknowledge the time that local community leaders and legislators took to meet with us and to be engaged in conversation around this important topic. We would like to give special mention to The Tracy Family Foundation for generously including us in their community work in Brown and Cass Counties.

For their efforts to improve the lives of all children in our communities, we would like to thank the many agencies and nonprofit organizations who do the boots-on-the-ground work in Region 1 to deliver critical access to child care, education, employment, housing, health, crisis, and mental health services. We see you and value the work you do on behalf of children and families.

Thank you,

**Bridget English (she/her)**

Regional Council Manager: Region 1  
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.

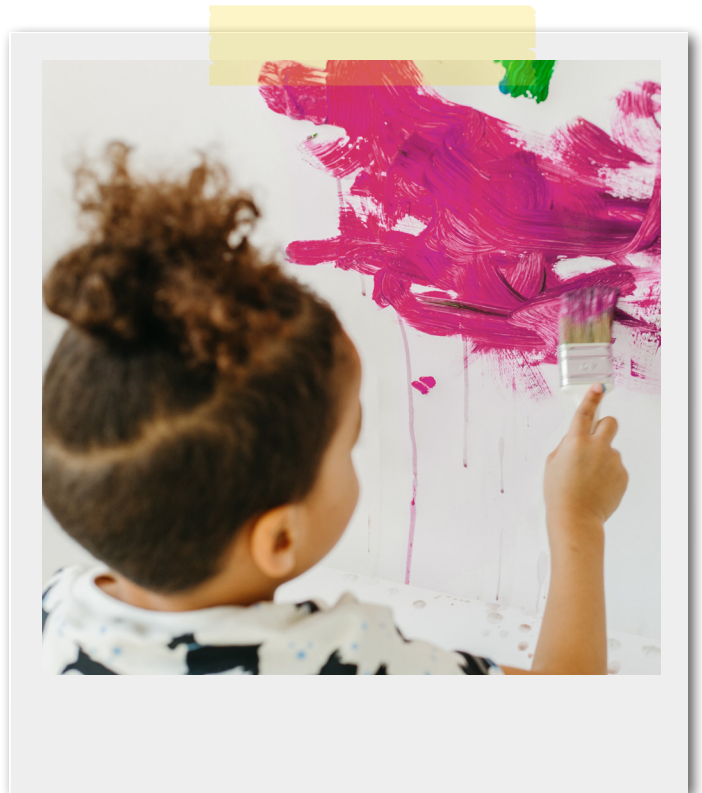
The **mission** of Birth to Five Illinois is to create a statewide regional infrastructure that will amplify input from communities in the development of policies and funding priorities. We support the mobilization of communities to build and sustain equitable access to inclusive, high-quality early 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 acknowledgement in each Early Childhood Regional Needs Assessments to honor the Indigenous Peoples who were forcibly removed from their land.

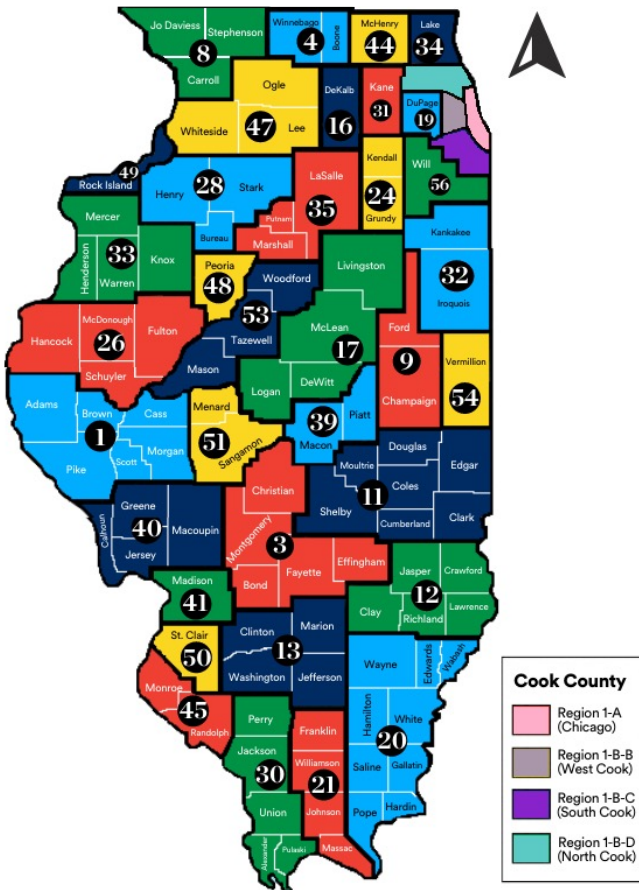


# Timeline

- **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

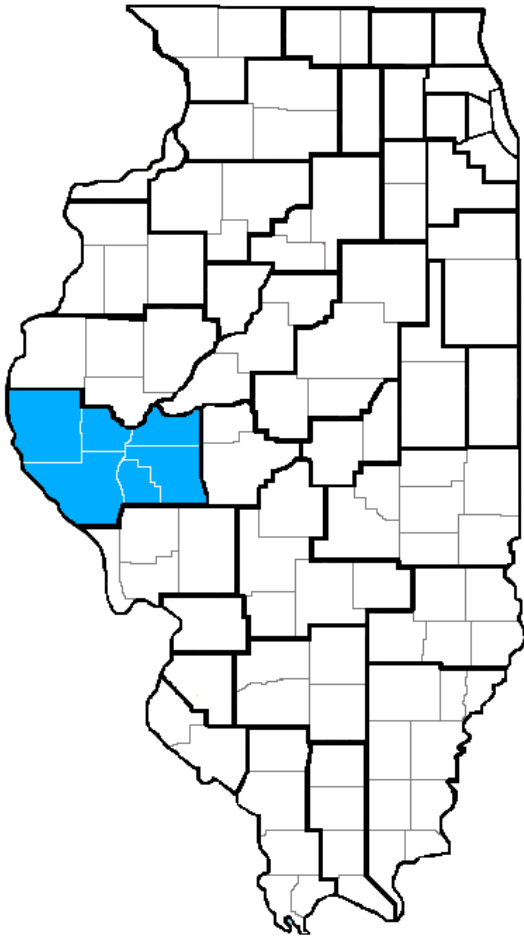
Regionally based demographic, programmatic, and service provider data from IECAM and workforce data from INCCRRA were presented to Action and Family Council members during meetings and is included in the following section. The data comes from both IECAM (2020-2021) and INCCRRA (2021), unless otherwise 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 1



# Regional Community Landscape



## Regional Boundaries

Region 1 is comprised of Adams, Brown, Cass, Morgan, Pike, and Scott Counties in west central Illinois. These six counties encompass over 3,000 square miles of land and are bounded by the Sangamon River to the east and the Mississippi River to the west. Additionally, the Illinois River runs through the Region.

The Region is rural, with vast amounts of farmland stretching between towns and cities. The Region’s major interstate is I-72, which runs east to west, crosses through five of the six counties and stretches over 95 miles of regional territory. Access to resources vital to young children can be limited by transportation and travel costs for families as these services are in county seats or regional hubs. There are two major hubs within the Region: Quincy, which lies on the far west side of the Region, and Jacksonville, which lies on the far east side. These two communities serve as points of access for retail, medical, dental, grocery, educational, recreational, and entertainment resources. While some county seats are centers for limited services for families and children, community members not living in Adams and Morgan Counties, where the two major hubs are located, often travel significant distances outside their county of residence for employment, child care, and other critical family services.

Region 1 is rich in educational institutions. There are 20 school districts in the Region, two four-year liberal arts colleges, and two junior colleges. Jacksonville, in Morgan County, is home to the Illinois School for the Deaf and the Illinois School for the Visually Impaired, which are P-12 residential schools serving students from throughout the state of Illinois. Region 1 has four hospitals within its borders, with the largest being the Quincy hospitals.

Agriculture and the state prison system are also leading industries in the Region. The Western Illinois Correctional Center (Brown County), companion work camp in Adams County, the Jacksonville Correctional Center (Morgan County), and companion work camp in Pike County are major regional employers. JBS Foods, a meat packing company in Beardstown, DOT Foods, a national distribution hub in Mt. Sterling, (Brown County), and Knapheide in Quincy (Adams County) are leading employers in industry.



As part of the Jacksonville Main Street revitalization, this was the first mural painted on a building showcasing Dr. Alonzo Kennebrew, the first African American physician to operate a surgical hospital.

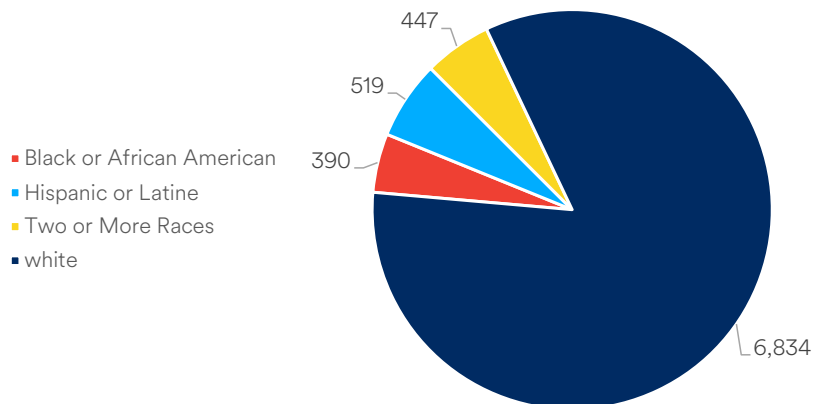
## Land Acknowledgement<sup>1</sup>

Region 1 acknowledges that our Region is comprised of traditional homelands of the Peoria and Bodewadmi (Potawatomi) Tribes. This Region is also the homeland of many other Nations, including the Myaamia (Miami), ḲḲḲḲ ḲḲḲḲ ḲḲḲḲ ḲḲḲḲ (Osage), Kaskaskia, Oθaakiwaki·hina·ki (Sauk) and Meškwahki·aša·hina (Fox), Kiikaapoi (Kickapoo), and the Očeti Šakówiŋ (Sioux). We acknowledge the historic and ongoing injustices experienced by Indigenous communities and honor all Native Peoples who came before us and who continue to contribute to our Region.

## Regional Demographics

Region 1 is home to 136,651 people overall, and 10,192 children aged from birth to five. While most of the Region self-identifies as white, there are pockets of racial diversity in communities throughout the Region. In Quincy, there is a small community of residents who self-identify as Black or African American. In the eastern part of the Region, 31% of children under age five living in Beardstown and Cass County identify as Hispanic or Latine, many of whom are recent immigrants; this is higher than the state average of 23%. This group includes families from Puerto Rico, Mexico, Cuba, Venezuela, the Dominican Republic, Honduras, and Guatemala.

Figure 1: Children Under the Age of Six by Race, Ethnicity



Source: IECAM  
Created by: Birth to Five Illinois

The Beardstown community is also home to a sizeable number of African immigrants, whose numbers are difficult to count due to Census-taking methodology. These families are from the Democratic Republic of Congo, Senegal, Togo, Burkina Faso, Benin, Chad, and Angola, among others. The community is also comprised of people from Myanmar, Micronesia, and South Korea. Many of these community members are employed by JBS Foods, a meat-packing plant in Beardstown. While there are many languages spoken here, Spanish and French are the primary language supports needed in Cass County, as well as neighboring Pike and Morgan Counties, to meet the needs of this population.

The Illinois Early Learning Council has identified a list of priority populations, groups of children and families who are underrepresented and underserved<sup>2</sup>. In Region 1, data was discussed on the following priority populations: children with disabilities, children born to underage parents, families experiencing housing insecurity, children of incarcerated individuals, and those living in grandparent-led households. 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. Publicly available data on priority populations is limited; however, the quantitative data available in this report is further informed by qualitative data collected through focus groups, interviews, and community discussions.

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

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

The socioeconomic landscape in the Region is made up of working to lower middle-class majorities, with pockets of deep poverty-level incomes and upper-middle-class communities. The median income for Region 1 is \$57,773, which is 21% lower than the Illinois median income of \$72,563. The two largest cities/towns of Quincy and Jacksonville, and parts of Adams County, are areas with higher median incomes than the remainder of the Region.

There are 4,402 children under the age of six who are living at or below 200% of the Federal Poverty Line (FPL) in Region 1. 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 cover their basic household needs, such as food, housing, utilities, and other necessities. Children living at or below 200% FPL may qualify for publicly funded ECEC programs including Head Start and Early Head Start.

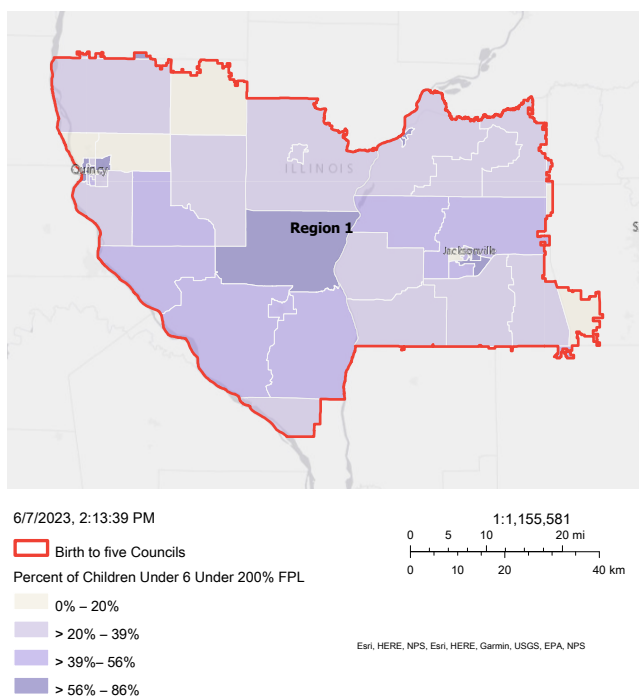
**Figure 2: Federal Poverty Levels at 50%, 100%, 185%, and 200% for a Family of Four**

	50% FPL	100% FPL	185% FPL	200% FPL
Family of 4	\$13,100	\$26,200	\$48,470	\$52,400

Source: U.S. Department of Health and Human Services  
Created by: Birth to Five Illinois

The highest concentrations of children experiencing poverty are in the two regional hubs of Jacksonville and Quincy, as well as Beardstown. In northwestern Pike County, there is a broad area where over 50% of children under the age of five are living below 200% of FPL.

**Figure 3: Percent of Children Under 6 Under 200% FPL**



Source: IECAM  
Created by: Illinois Action for Children CS3

Jacksonville (Morgan County) is home to both the Illinois School for the Deaf (ISD) and the Illinois School for the Visually Impaired (ISVI), which are both residential schools serving students from throughout the state of Illinois. Stakeholders from these two institutions said their top priority is the early identification and referral of children birth to age five. These two institutions, while located in Region 1, have both regional and statewide considerations when articulating the needs of their students and families.

Four of the six counties in Region 1 report underage parenting rates that are higher than the state average of 4%. According to IECAM data, Cass County ranks among the top counties in the state for babies born to parents ages 19 and under. After reviewing data from all county health departments in the Region, most of these pregnancies are to parents who are 18-19 years old. Outside of Quincy, there are a limited number of organizations working to support underage parents.

Approximately 2,000 men are incarcerated in the state prison system in Region 1. In Brown County, the incarcerated population is 10% of the overall population. While it is unclear exactly how many of these men are parents, Region 1 staff was able to conduct a focus group with incarcerated fathers who

gave us insight into their unique needs.

IECAM data indicates that in Pike County, the number of children under the age of five who are living in grandparent-led households (11%) exceeds the state average (10%). This is an area of deep poverty-level income. Community members gave feedback that increased drug use and limited housing options in the county could be driving these numbers. The leading causes of grandparent-led households of young children are divorce, parental desertion or death, housing or financial insecurity, foster care placement, or drug use. There may be an increased need for professional development in trauma-informed best practices for ECEC professionals in this area of the Region.

As of 2020, children living in families who experience housing insecurity are reported in Kindergartens in five of six counties in the Region, with Morgan County reporting the highest incidence. These numbers are thought to be low due to assessment and reporting inconsistencies throughout the Region and state.

It is important to examine the demographics in Region 1 to better understand the dynamic and unique needs of the children and families living here, and to better appreciate the urgency needed for efforts to support their development. The barriers facing children who are living in circumstances that align with the defined priority populations are often hidden or hard to define. By centering their experiences, barriers, and solutions to providing critical academic and social emotional resources can become more readily identified.

## Local Community Collaborations

An Early Childhood Collaboration is defined as a formalized group of stakeholders working together to improve their local early childhood system, focusing on programs and services for children from birth to age five or birth to age eight. Region 1 currently has two Early Childhood Collaborations operating within its borders and many other community Collaborations with the potential capacity to address ECEC specific policies and initiatives.



Region 1 Staff: Regina Nichols, Administrative Support; Brittany Peterson, Family and Community Engagement Specialist; Bridget English, Regional Council Manager.

The Adams County Health Department houses an All Our Kids (AOK) Network that serves Quincy and Adams County. This is a formal Collaboration funded by Illinois Department of Human Services (IDHS) and has been operating for several years. This Collaboration has new leadership and staff who are currently working to maintain the network of over 40 providers from the ECEC field in Quincy to share information and resources while working to establish new partnerships from the more rural parts of Adams County. The Adams County AOK Network is also home to the Region's only Coordinated Intake process. Using the Integrated Referral and Intake System (IRIS), Adams County has built the capacity to process family/child intakes, make referrals, and monitor referral progress across a broad network of social service, health, and educational programs. The AOK IRIS initiative is a strength in the Region and provides a model should other counties wish to replicate this program.

The Brown County Collaborative has been operating for five years. They established the Brown County Early Learning Center in 2021, which serves over 70 children in a state-of-the-art facility in Mt. Sterling. The Brown County Collaborative is currently seeking more formal recognition as a Collaboration through the Community Systems Statewide Support (CS3) and is actively working with Birth to Five Illinois to target next steps for potential funding opportunities and new projects. This Collaboration is supported by the Tracy Family Foundation, the largest philanthropic organization in the Region, which is also based in Brown County.

Every county in the Region has either a Local Interagency Council (LIC) attached to a public entity, or a community-based organization working to address various social service endeavors. Notable organizations within the Region include the Cass County Health Department, which is ranked among the top 10% of Health Departments in the United States, and the newly formed Beardstown Youth Group, a capacity building group currently working with the Tracy Family Foundation to organize community efforts in service of children in their community. Many of the Preschool For All (PFA) programs have LICs, and each of the Head Start programs in the Region are required to form Policy Councils, made up of parents and community stakeholders, to help inform their programming. When discussing the capacity and relative success of existing Collaborations, members of the Action Council noted that even within the non-ECEC specific groups, there could be an opportunity to form an ECEC subcommittee dedicated to projects and initiatives specific to the ECEC landscape.

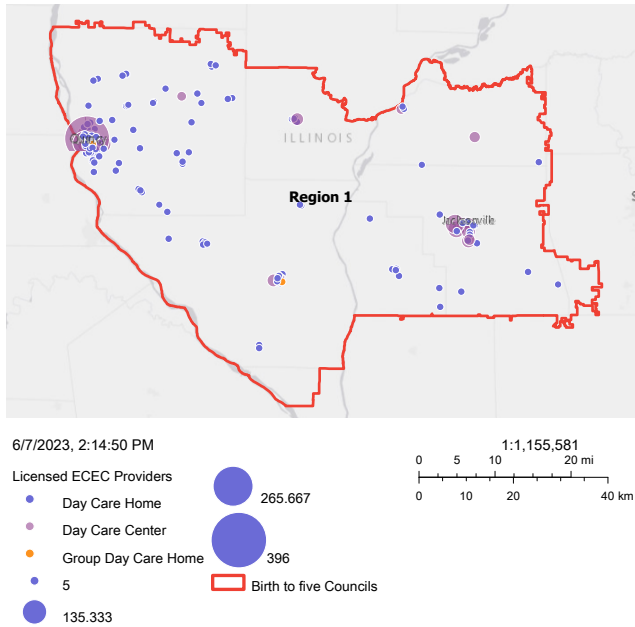
Regional ECEC programs are supported, in part, by the collaborative efforts of several nonprofit groups operating in the Region. Since its inception in 1997, the Tracy Family Foundation (TFF) has awarded more than \$50 million dollars to organizations serving communities in Region 1. TFF is supported by Dot Foods, the nation's largest food redistributor, located in Brown County. In addition to helping establish and fund the Brown County Early Learning Center, the TFF works with Community Collaborations, park districts, libraries, school districts, and government agencies such as Child Care Resource and Referral (CCR&R) agencies to provide funding for literacy and education programs across west central Illinois. The United Way also contributes a substantial amount of funding throughout the Region to support ECEC programs. These United Way partner agencies fund child care/development, crisis/intervention, education PreK-high school, emergency assistance programs, adult services, and mentoring/guidance activities. The Prairieland United Way, serving four of the six counties in the Region, provides funding to over 40% of the licensed centers in the Region. In addition to these major funders, there are also a handful of smaller grant-making organizations operating at the city or county level who support activities and initiatives geared toward children.

Understanding the current Collaboration landscape in the Region is critical to driving outcomes at the local level. With multiple organizations already making big impacts in their communities, the opportunity to provide models and best practices for communities looking to form Collaborations will be a strength. However, the absence of Collaborations specific to ECEC organizations limits the ability of agencies/organizations serving families of young children to engage in strategic, systems-focused initiatives to prepare children for Kindergarten and beyond. This also creates limitations for children and families to access equitable systems of service and support.

# Early Childhood Education & Care (ECEC) Programs

ECEC programs provide an array of delivery systems and funding models for providing services to children birth to age five. This section outlines these programs using the following categorizations: publicly funded education programs, privately funded education programs, child care programs, as well as children with disabilities.

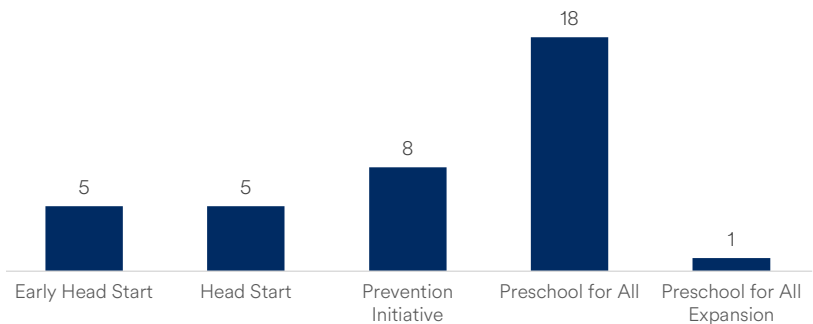
**Figure 4: Percent of Children Under 6 Under 200% FPL**



Source: IECAM  
 Created by: Illinois Action for Children CS3

“ I can’t shop at the local Dollar General or go to a school event without someone coming up and asking me if I have openings.  
 – Home Based Provider (Scott County) ”

**Figure 5: Number of Publicly Funded Sites**



Source: IECAM  
 Created by: Birth to Five Illinois

The map in Figure 4 shows the location of Early Childhood education and licensed care programs in the Region. Child care providers fall under two categories: licensed and license exempt. To receive public funding, both categorizations need to adhere to standards set forth by the Department of Children and Family Services (DCFS). There are areas with no child care at all, also known as child care deserts (Figure 4). The demand for programs is greatest outside of the regional hubs and county seats where most programs and providers are currently located, especially in Cass and Scott Counties, and the most rural portions of Pike and Morgan Counties.

## Publicly Funded Education Programs

Publicly Funded Education Programs are represented by two funding streams. Federal Head Start (HS) funding and state of Illinois Early Childhood Block Grant (ECBG) funding. These programs serve children from birth to five using both center-based and home-based service delivery models.

Most of the programming in Region 1 is for children ages three to five. Children ages birth to three do not have as many educational programs that are center based; most publicly funded educational programs available to this age demographic are home visiting services.

## Head Start/Early Head Start

Head Start (HS), serving children ages three to five, and Early Head Start (EHS), serving children birth to two, are federally funded. As indicated in Figure 5, Regional HS/EHS programs operate from three administrative centers and provide both home-based and center-based service delivery models.

HS/EHS runs three separate grants in Region 1. The Jacksonville HS (Morgan County) is administered through the Urban

League Head Start in Springfield, which lies outside the Regional boundaries in Region 51. PACT Head Start is administered out of Adams County and provides EHS home visiting services to Scott, Adams, Brown, Cass, and Pike Counties and center-based HS/EHS programs in facilities in Beardstown (Cass), Camp Point (Adams), and Pittsfield (Pike). PACT HS also operates in multiple counties outside Region 1. The third program in the Region is administered out of Quincy (Adams) and is the Region’s only blended funding model, combining both the state ECBG grant and federal HS grant funds into one program.

HS/EHS programs face several challenges in the Region. With a qualifying income indicator of 100% of the Federal Poverty Level (FPL), and an FPL structure that has not been adjusted to meet mandatory minimum wage requirements in the state of Illinois, families are at increasing risk of “pricing out” of HS/EHS services. The documents required for proof of income are prohibitive for immigrant families, such as those residing in Beardstown, who are wary of sharing official documents with institutions.

“ If Head Start across the state can keep their funding and serve the children that are eligible for Head Start, it is a win-win for the whole state. We can offer those whole family services when they need it most so they can be more successful and on the right road when they get to Kindergarten. Then, PFA can serve the three- and four-year-olds and can serve those who need less support.

– ECEC Professional  
(Adams County)

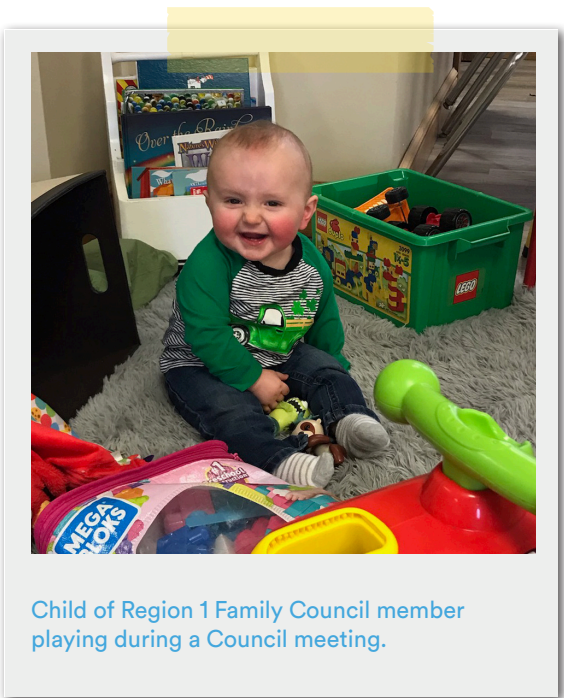
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HS/EHS programs, as community-based organizations, are eligible to apply for ECBG funds. However, in Region 1 only one Head Start program is currently using this “blended funding” model. ECBG funding could help HS/EHS programs to expand services, but one HS administrator cited that the State’s reimbursement model is a barrier to applying for ECBG funds. She stated that the HS program cannot write for stand-alone ECBG grant funding because her rural program’s cash reserves/unrestricted funds are not sufficient to accommodate reimbursement model payments from the State of Illinois contracts. This barrier to collaboration indicates a need for more public-private partnerships, which could potentially provide short-term capital to programs that want to access available public funds but cannot due to the state contract model, or a modification to the state contract model.

### Early Childhood Block Grant

The Early Childhood Block Grant (ECBG) funds Preschool for All (PFA) and Preschool for All Expansion (PFA-E), both of which serve children ages three to five, and Prevention Initiative (PI), which serves children ages birth to three. Programs that combine these funds in one center that is attached to a school district is the most common model for the ECBG grants in Region 1.

Region 1 is home to 20 school districts, 18 of which are using PFA grants to provide programming for children ages three to five. The remaining two districts, Mendon Unity and Meredosia Chambersburg, are self-funding preschool programs for their districts. Jacksonville School District 117 is operating the only PFA Expansion grant, which uses full-day programming and a stricter set of qualifying indicators to serve more children in the Region with the highest measure of known risk indicators. Although the number of PFA programs is a Regional strength,





some community programs continue to have waitlists. There are only eight PI programs serving the entire Region, making these funds underutilized compared to PFA funds.

ECBG grants were cut by approximately 2% during the current five-year cycle, and to date, these funds have not been reinstated. Level funding over the last five-year cycle has not allowed programs to keep up with sharp increases in the cost of goods and services and increases in personnel costs, some that may be driven by mid-contract increases in teacher salaries by districts trying to keep salaries competitive in the current nationwide teacher shortage. These factors can hurt long term sustainability and curb efforts at expansion. New ECBG Requests for Proposals (RFP), such as those released in April 2023, can help programs that are seeking to add seats. However, they do not address programs that may be experiencing budget deficits within the current cycle.

Quincy Public Schools uses a blended funded model to combine PFA/PFAE and HS funds into one program, which also provides Early Childhood Special Education (ECSE) programs and a Transitional Kindergarten for children who are not developmentally or academically ready for the traditional Kindergarten classroom. While there are workforce challenges associated with this funding structure, the Quincy Public Schools program is a model for how to maximize Early Childhood public education funding across state and federal funding mechanisms to provide comprehensive services under one program.

## Privately Funded Education Programs

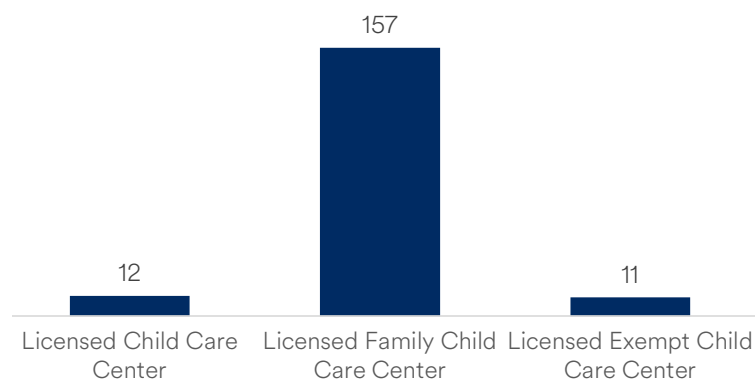
Throughout the Region, there are several privately funded education programs, most of which are operating out of faith-based organizations. These programs have their own criteria for admission, and most are funded through a tuition-based model. More data is needed from the private sector to better understand patterns in communities and to determine needs.

## Center Based & Home-Based Child Care Programs

Licensed care-based programs fall into two categories: center and home based. Capacity in licensed care settings only accommodates 35% of the children in Region 1 under the age of five, leaving 65% of children under age five without slots.

Figure 6 provides the breakdown of the Region's ECEC landscape and demonstrates the need for expanded center-based services, especially in the birth to three age range. It also shows the heavy dependence on home-based family child care systems in this rural part of the state. This shortage of child care options for all age ranges creates long waitlists for care and denies families of any choice in where their children receive care. Many parents and caregivers who shared their experiences described their search for care options as social media driven and a matter of "taking what you can get," rather than shopping around for quality and cost indicators. Finally, the lack of publicly funded education programs and child care openings for infants and toddlers throughout the Region makes finding care and educational resources for the youngest children in the Region scarce and does not fully support the pipeline to pre-Kindergarten.

**Figure 6: Number of Licensed, License-Exempt Child Care Sites**



Source: IECAM  
Created by: Illinois Action for Children CS3

“ Due to lack of child care in my community, I drive my boys twenty miles to my parents’ house. I then turn around, drive back through the community we live in and another twenty miles past that to go to work, making for over an hour of driving time in the morning and after work. If there were more child care availability in my community, my drive would only be about twenty minutes each morning and afternoon.

– Parent (Scott County)

”

The application and use of CCAP funding is underutilized in parts of Region 1, though not for lack of effort on the part of CCR&R representatives working to expand access. Discussions with Action Council members reveal that the length of the application and the transition to online-focused enrollment create barriers for families who face literacy and technical barriers to completing the application. Some Family Council members were not aware of this program, and after asking about it stated they were shocked to learn their children’s providers accepted these funds. Home-based providers indicated there is sometimes an awkwardness about suggesting use of government funds to what are perceived/assumed to be middle class families. Family Council members also noted that while the CCAP qualification requirements were more generous than other publicly funded programs,

they are still too low to provide relief for middle-class families struggling with the excessive costs of child care relative to their income.

Though stakeholders acknowledge that the CCAP application process is complicated and lengthy, parents/caregivers give positive feedback about the level of support they receive from CCR&R staff when needed. Licensed providers in home- and center-based settings are supported by CCR&R agencies when navigating the state reimbursement model for subsidized care. CCR&R agencies also provide supportive services, such as mental health consultants and professional development opportunities for providers. West Central Childcare Connection has been particularly engaged and supportive with providers, using a variety of outreach strategies to keep services delivery intact, especially during the COVID-19 lockdown.

“ After learning about CCAP, I feel like the CCAP application should be equivalent to the Free and Reduced Lunch Application; it should just be given to everyone at the beginning of services, no matter where your child attends or what your income level is.

– Family Council Member

”

In conversations with Action Council members and in focus groups/interviews with providers in both home and center settings, problems navigating the DCFS licensure process were noted. Specifically, these problems include requirements in the licensing code that are dated and prohibitive, and interactions with personnel that were not supportive. In focus groups and interviews, center-based providers also noted problems with DCFS payments for children in foster care, reporting that these payments are often many months in the arrears.

## Children with Disabilities

The two programs serving children ages birth to five with identified needs for specialized services are Early Intervention (EI), which serves children ages birth to 36 months, and Early Childhood Special Education (ECSE), which serves children ages three to five. In Region 1, these programs are coordinated from the two hubs of Jacksonville and Quincy. The Regional Office of Education (ROE #1) houses the EI services from offices in both cities. ECSE services are administered through two providers: Four Rivers Special Education District (serving Brown, Cass, Morgan, Scott, and Pike) and the Special Education Association of Adams County.

Community members shared challenges related to the coordination of special services in the EI program, including the limited reach of the screening and early identification system in rural areas, which is marked by gaps in both which children receive quality screenings and by whom. During discussions, the Family Council agreed that screenings done at pediatrician's offices, while designed to universally apply to all children, are rushed and sometimes incomplete. Family Council members with children in home based child care voiced concerns that the screenings they self-report at the pediatrician's office are the only screenings their children receive during the critical birth to three years. Region 1 has 157 licensed home-based providers caring for over 1400 children who may not have access to screenings outside their annual well child checks. Family Council members suggested an increase in training for home providers to perform developmental screenings on a more regular basis with their children, or an increase in home visiting services with more evening/weekend options for visits.

Once needs are identified, the EI service model allows for services to be delivered in the child's natural environment, which includes family homes, home based, and center-based providers. The rurality of the Region creates challenges for providers who must travel significant distances to meet service delivery needs. If providers are not available for home or center-based delivery, families and caregivers may be required to incur the cost and time to transport their children to regional hubs or county seats for services. When delays are not remediated in the birth to three years, they then must be identified in the ECSE system as three-year-olds. For children not attending PFA/PFAE programs from ages three to five years, they may not have delays identified or addressed until they enter Kindergarten. According to administrators, not only does this decrease Kindergarten readiness for these children, but it also creates a backlog in the ECSE referral and identification system and strains the human resources and financial capacity of school districts.

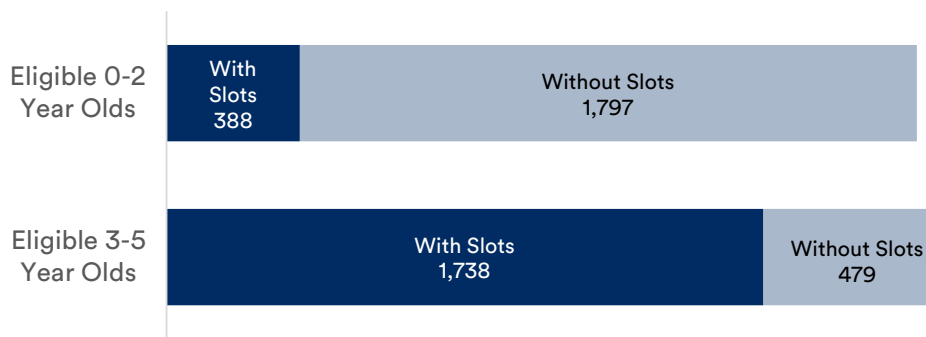
An understanding of ECEC programs from the family perspective is vital to understanding the complexity of the choices (or lack thereof) that families face when navigating the ECEC landscape. It is also important to understand the relationships between the programs that are operating within the Region and the potential for, and possible barriers to, collaboration and expansion.

## Slot Gap

A slot gap is when there are more children eligible for enrollment in ECEC programs than actual enrollment slots available. This information is critical to understanding where regional capacity lies in terms of both current access and potential future expansion. Slot gap measures the unmet need for education and care in the Region; it does not account for families who choose not to enroll their children into an ECEC program.

Figure 7 shows the capacity of publicly funded ECEC programs for children living at or below 200% FPL. Children zero to two years old are largely without access to publicly funded slots, while children ages three to five have access to more ECEC programs.

**Figure 7: Publicly Funded Early Childhood Education and Care Slot Gap**



Source: IECAM

Created by: Illinois Action for Children CS3

There are underlying contextual nuances when discussing slot gap and various challenges driving enrollment openings such as transportation, facilities, and workforce. Some programs cannot serve more children because they do not have the capacity in their facilities to add more classrooms or may have classrooms closed because of the teacher/workforce shortage. Transportation is impacted due to funding, and changes to bus driver qualifications have created a driver shortage, as well.

Eligibility definitions vary by program, which makes a uniform assessment complicated. Head Start, for example, has stringent income requirements (100% FPL or below) to qualify for programming. One suggestion from the Action Council was that PFAs and Head Start programs outside of Quincy (where the Head Start and PFA are operating a blended funding model) coordinate applications to be sure that households with the lowest income are aware of Head Start openings where available; both to provide choice and to fill slots in Head Start programs that have openings. This could open slots in PFA programs for households with higher income who meet qualifying non-financial indicators for those programs. Some community members stated that in the wake of increasing wages and inflation in the U.S. economy, the eligibility requirements are artificially low and create burdens on families and providers alike. Both professionals and parents/caregivers advocated for increased eligibility requirements.

Underlying equity issues may be present in current slot gap data in places where we do not have sufficient data available to measure whether race/ethnicity or parental citizenship status factor into how publicly funded slots are accessed and by whom. Specifically in Beardstown, where there is a significant immigrant population that is thought to be undercounted, there is not a clear picture of how this impacts slot gap data at the program level. Professional stakeholders in Beardstown report a decline in applications from immigrant families to one publicly funded program when proof of income became a requirement for enrollment. Parents and caregivers seeking citizenship may shy from programs that require income documents for a



Region 1 family members attending an ECEC event.

variety of reasons, even when assurances are made that the information is only for program verification purposes.

Family Council members noted that the distance parents commute to their workplaces forces them to choose whether to seek care in the communities in which they live versus the communities in which they work. This may mean that children who are leaving the communities in which they live for child care in the communities in which their caregivers work may not have access to publicly funded educational programs, such as PFA. Unless families can pay for preschool at child care facilities that house preschools or tuition at faith-based and other private providers, their children may not have access to preschool services. Conversely, publicly funded slots in counties experiencing flight for employment and ECEC services may appear to have more funding than necessary if they have open slots.

This issue of flight, while linked in some communities to lack of child care services, is a part of the reality of the rural ECEC landscape. There will always be parents and caregivers who choose to bring their child with them to the community in which they work for child care.

“

Having a baby and welcoming a new one into your home is supposed to be one of the most enjoyable and exciting times in a person’s life. However, with a new child comes a lot of extras. One of those being child care. When looking in the Jacksonville area, the cost for child care was well out of our budget. I began looking for child care in the small town I worked in. Wow, that was even more of a challenge. There are zero child care centers, so every option for child care was an in-home child care. There were very, very few options for openings. Getting an infant into a home care [program] is nearly impossible. After months of searching, I was finally able to get into a center. Without child care, I would not be able to work my full-time job and support my family. We really need to look at supporting working families and their essential need for affordable child care.

– Community Member (Morgan County)

”

While slot gaps can be useful to measure universal capacity, the data has limitations. It only accounts for certain contexts and the numbers do not differentiate between individual programs and provider waitlists/open slots or what drives these numbers locally. It also does not account for families that are not seeking services.

# Early Childhood Education & Care (ECEC) Workforce

The ECEC workforce is made up of a variety of roles and positions. These include administrators, teachers, substitutes, paraprofessionals, teacher assistants, home care providers, bus drivers, interpreters, and more. Professionals in the workforce may work in homes, centers, community-based organizations, schools, or faith-based programs. This section examines the characteristics of the Region 1 ECEC workforce from access, training, diversity, quality, and transportation perspectives, and provides highlights of the education and care sectors. Across all sectors and positions, the ECEC workforce is experiencing a shortage. The current salary structure creates a lack of parity in the ECEC workforce landscape and positions programs to compete in ways that do not benefit families and children, nor work to keep retention levels stable. Overall, ECEC median salary in Region 1, \$28,080, is lower than the overall median salary in Region 1, \$32,244; adding to the challenges with staffing retainment and recruitment.<sup>3</sup>

## Training and Education Opportunities

Access to a qualified ECEC workforce in Region 1 is supported by both traditional four-year programs, and non-traditional paths to education and training programs that allow workers to continue working in ECEC positions while continuing their education.

The Early Childhood Access Consortium for Equity (ECACE) aims to improve access to degree programs, Illinois Gateways to Opportunity credentials, and other licensure endorsements through scholarships and other supports. The effort to recruit and train the workforce through the ECACE initiative is currently being led by John Wood Community College (JWCC) in Quincy (Adams County), where their Early Childhood Education department is exceeding their goals regarding enrollment and program expansion. Prior to offering ECACE funding for candidates pursuing an Associates of Applied Sciences in Early Childhood Education (two-year) degree, JWCC was averaging approximately ten students a year in the program. Since implementing the ECACE, this number has grown to 38 students enrolled in the program. Access to the ECACE is being expanded in the 2023-2024 academic year to include the Associates of Arts in Education with a new concentration in Early Childhood Education for candidates who intend to pursue a bachelor's degree. JWCC has a pipeline of new Gateways to Opportunity credential programs as well. In 2022-23, they were approved for the Infant/Toddler Credential, and they are underway in the summer of 2023 to get approval to offer an Illinois Center Director Credential. The college is currently exploring options for the implementation of the Family Child Care Credential, as well.

Lincoln Land Community College in Springfield (Sangamon County) has a satellite office in Jacksonville (Morgan County) and participates in the ECACE. Quincy University (Adams County) is the only four-year degree program for Early Childhood licensure in the Region. Illinois College in Jacksonville (Morgan County) is currently offering an online English as a Second Language (ESL) Endorsement program to spur growth in language and cultural support for educators. These educational and training resources are important elements of the regional workforce, yet members of the Action Council reinforce the need for more collaboration between higher education institutions and ECEC programs to ensure strong marketing efforts and continued funding for initiatives that support cost-effective, non-traditional paths to increased workforce qualifications.

<sup>3</sup> INCCRRA Child Care Salary Profiles (2020)

## Diversity

The diversity of the workforce by race and ethnicity is disproportionate to the regional demographics of the birth to five age demographics. Figure 8 shows that across all staff indicators, the workforce is disproportionately white, with the most significant discrepancy between Hispanic/Latine workers and children (6% of children under five identified as Hispanic/Latine, with less than 2% of Hispanic/Latine representation in the licensed workforce), and the number of non-white providers in licensed family care settings.<sup>4</sup>

**Figure 8: Licensed Center Workforce by Race, Ethnicity**

	Black or African American	Hispanic or Latine	Native American/ Alaskan, Pacific Islander, or Other	Multi-Racial	White
Center Directors	2%	2%	2%	2%	92%
Licensed Teachers	7%	< 1%	< 1%	2%	91%
Family Care Staff	4%	< 1%	< 1%	0%	95%

Source: INCCRRA

Created by: Illinois Action for Children CS3

## Language

With a growing population of children and families who are not primary English language speakers, programs in Morgan, Cass, and Pike Counties are seeing an increased need for English language instruction, as well as bilingual staff and multilingual learner cultural support for school staff, children, and families. To meet the needs of families and to promote inclusivity in the learning process and family engagement opportunities, programs require access to interpreter and translation services. The language needs of programs and the success with which they can meet them are vital for Kindergarten readiness and academic success. Family Council members who are parents and caregivers of multilingual children were appreciative of the efforts of publicly funded education programs to offer translation and interpretation services but stated that the language barrier was still a challenge for them, as parents, to be full participants in the learning process.

## Quality

Workforce quality control in the ECEC landscape is supported in licensed centers in several ways. Licensing requirements are managed by the Department of Children and Family Services (DCFS), and the Illinois State Board of Education (ISBE) also performs periodic monitoring visits for grantees under the Early Childhood Block Grant (ECBG). The ExceleRate rating system, managed by the Illinois Network for Child Care Referral and Resource Agencies (INCCRRA), provides leveled ratings based on several program quality indicators tied to workforce qualifications. This is the rating system accessed by parents/caregivers looking to measure program and provider quality. Only four of the Region 1 licensed care centers, roughly 30%, are ranked Bronze or Gold on the ExceleRate system.

<sup>4</sup> Data reflects those who were registered in the Gateways to Opportunities Registry as of March 2021

## Transportation

New requirements for bus driver certification present a challenge for this sector of the workforce in education. Programs in Region 1 have had to limit or cut transportation due to the lack of qualified drivers to maintain routes. Several programs are trying to rebuild their fleets with smaller buses that do not carry the new, stricter requirements to meet this challenge. For most programs, however, the expense associated with this is prohibitive.

## Head Start Workforce

The Head Start programs in the Region all have classrooms that are currently closed due to lack of qualified staff. Directors point to low compensation structures that do not match the desired qualifications for staff. One of the few Regional Early Head Start programs that provides home visiting services has applied for a reduction in force because of the inability to fill positions and the size of its rural service area. To meet quality expectations and to accommodate extensive commutes to conduct visits, caseload requirements for home visitors have been reduced to match the number of available staff.

“Transportation has been an issue for the past couple of school years for [the PFA program] because of the bus driver shortage. Bus services have been cancelled until further notice for 8:00am drop off and 2:30pm pickup.

– Parent (Morgan County)

”

## Early Childhood Block Grant (ECBG) Program Workforce

Programs funded by the ECBG have minimum teacher requirements that include a bachelors level degree with a Professional Educator’s License (PEL) in Early Childhood. These programs are experiencing challenges consistent with the larger, nationwide teacher shortage. However, teaching positions in these programs are often among the most highly desired in the ECEC workforce, and other ECEC programs cannot compete with the benefits and salary packages they offer. ECBG programs face challenges in recruiting and retaining paraprofessionals to work alongside classroom teachers. Paraprofessionals are compensated as hourly employees and as state minimum wage requirements have increased, the cost to offer competitive wages and retain this workforce has also increased.

Home visitors in both the PI and EHS programs face unique challenges. There is no clear career path to home visiting. The job requires a combination of child development, parenting, and social work that makes both recruiting and training priorities difficult to balance. The job does not require a Professional Educator License (PEL), so these employees are not designated as certified staff and do not qualify for step increases for continuing education or teacher union contract raises. Turnover is high in home visiting programs as staff often leave these positions for higher pay and better opportunities for career advancement.

## Center-Based & Home-Based Child-Care Workforce

Child care centers across the Region report difficulties in hiring and retaining staff due to worker shortages, but also due to increases in the state minimum wage that renders the rates they currently offer unable to compete with jobs in the retail, food, and service industries which offer more pay and require less training. Centers that have raised wages to retain staff have been forced to pass that cost along to families in the form of higher rates and co-pays. Child care center staff do not generally have benefits offered as part of compensation packages. State supported wage supplement programs such as Gateways Restoration Grants have been a lifeline to many centers throughout the Region who are accessing these funds for use in different ways. Some directors are choosing to supplement current personnel line items with these funds to cover month-to-month operational costs. Others are using the funds to provide periodic “bonuses” to staff.

The Child Care Assistance Program (CCAP) bases provider reimbursement rates on a two-tier system by county, with Tier I counties receiving higher compensation rates than Tier II counties. Counties are tiered according



“ Recruiting is very hard. We require a degree. None of our funders say we have to have a degree. ISBE says that whatever the model says, that’s what we must follow. But, as an agency, we want to see an AA to have some knowledge (of the position). We have found that to be important. When we require a degree, they want to see specific pay, but in the home visiting world you don’t get that. We have had multiple rejections lately. They say ‘we can go to McDonalds or Walmart to get that pay.

– Home Visiting Program Administrator (Adams County)

to standard of living costs. Providers in Region 1 receive lower per diem rates for each child, even though the cost of services and goods in the Region do not significantly differ from neighboring Tier I communities. Sangamon County, for example, borders two Region 1 counties to the west and is a Tier I designation. Inequities in compensation impact the ability of both home- and center-based providers to offer competitive wages to staff.

The varied interpretation of DCFS licensing requirements that prohibits new hires in licensed centers from being on center premises while background check results are processed has been cited by multiple center directors as a barrier to streamlined hiring processes in a highly competitive labor market. Delay times from the time of hire to approval to work depend on location, processing time, and verification of the background check clearance through DCFS. In the past, new hires were allowed on center premises for strictly supervised training purposes, but depending on licensing agent interpretation, this regulation can be so strictly enforced as to not allow for this training period. The turnaround time on this process and the inability of centers to begin training and paying staff from time of hire makes positions with them untenable for some candidates who need to begin earning income as soon as possible.



A group of people all smiling for the camera.

## Early Intervention Workforce

Regional Early Intervention (EI) services are strained by a workforce shortage that contributes to increased wait times and overbooked providers. Service coordinators are available to provide families with assistance in coordinating needs across multiple providers, but these coordinators are not compensated commensurate with

“ We are short developmental therapists for sure. We need four full time in Adams County alone and we have two now. When someone expresses interest, they must have 120 hours of training completed before they can provide services to kids. They aren’t getting paid for any of that... Most of the trainings are online modules that aren’t typically a cost but there are 30 hours in four core areas that come at a cost.

– Early Intervention Professional (Adams County)

education requirements. Turnover is high in these positions. Specialized services such as developmental, occupational, and physical therapy are not always accessible for families who may be required to travel many miles to access providers at one of the two major regional medical providers. Due to workforce shortages and gaps in screening services, once children are referred to EI, the wait times for services to be rendered means that sometimes the child “ages out” (upon reaching 36 months) of EI and then is referred on to ECSE with no intervention services or plans in place. Recruiting developmental therapists in this sector is difficult because the path to credentialing is lengthy and costly.

Understanding the current workforce needs and challenges is critical to building a qualified, diverse, and equitably compensated workforce as a foundation for the entire ECEC system. The recruitment and retention of a human resources pipeline is essential to serving families of young children.

## Parent/Family/Caregiver Voice

Family engagement is a relationship building endeavor undertaken by families, professionals, and communities to support the healthy development of children in care and education settings. The family experience with access to ECEC is one of the biggest obstacles for working families. Family engagement is shaped by parent perception of access/choice (or lack thereof), cost, and quality of services.

Parents and caregivers report feeling like they have little to no choice because so many programs/providers are full, with long waitlists. One of the highest quality child care centers in the Region reports a waitlist of 290 children. Families we spoke with described their search for child care options as social media driven and a matter of “taking what you can get,” rather than shopping around for quality and cost indicators. One parent claimed that slots for care are so limited in centers that families should get their names on lists before their children are born.

“Child care for working parents is essential. Sadly, parents need to be looking for a spot as soon as they find out they are having a child to eliminate some of the stress of finding a responsible person to take care of your baby.”

– Parent (Morgan County)

“I work out of the county I live in, so child care that could work around my hours was something I really had to look at.”

– Parent (Morgan County)

The hours that programs and services are offered often do not match family work schedules. Parents and caregivers who work second and third shifts often find themselves unable to find child care. One exception in Region 1 is the Quincy Blessing child care center, which is attached to the hospital system and provides regular evening/weekend care to support hospital staff. Parents/caregivers with long commute times also struggle to find available care in the early morning and early evening hours.

Home visiting services are not always available to working parents/caregivers, as home visitors generally work a standard workday schedule and are often not available to conduct visits when working parents are home during evenings/weekends. While most home visiting programs in the Region have staff who reserve a few times on their caseload for evening visits with families working a traditional workday schedule, these times are not available on a widespread basis across the Region. Members of the Family Council unanimously agreed that they would welcome the opportunity to participate in evening/weekend home visits either in person or virtually.

Access to programs is challenged by transportation needs. Unless a child’s program or provider can provide transportation, half-day educational programs are often not options for working families who cannot transport their children to and from school during their workday. Publicly funded full-day PFA programs most often follow a school day schedule, leaving parents and caregivers to coordinate care for hours before and after programming. Parents express frustration with the fact that most child care centers charge them for the time their children are attending publicly funded programs, even though the children are not onsite in care centers during those hours.

“I wish I could write my check to [the PFA program] for the next two years ... rather than to the [child care center] since they will not even be in attendance there between 8:00am and 2:30pm. They will also be eating breakfast, lunch, and snack at [the PFA program] and not at the child care center.”

– Parent (Morgan County)

The cost for child care in Region 1 presents concerns for working parents/caregivers. CCAP funds can help provide some financial relief, but not everyone qualifies. Those who do qualify for CCAP cite that the application process is prohibitive in terms of access and timeliness. Multiple family members reported what they perceived to be a lengthy process to apply and be approved for funds, but parents mostly gave positive feedback about the level of support they receive from CCR&R staff when needed. One mother who was part of a focus group of women in a shelter described her CCAP application process as being delayed due to missing information, which was requested by mail rather than phone, text, or email – all of which were provided in her application. She feels the process could have been expedited and would have reduced the amount of time she had to wait to begin searching for employment and permanent shelter.

Once cost and availability are factored, parents and caregivers are often left with options they do not view as high-quality. The ExceleRate ranking system is what Family Council members and parents are most familiar with in terms of quality reporting. While caregivers find the ranking system valuable, they state that its usefulness is limited since they have no choices in child care and in most cases, must take what is available. Families may take a spot at a center but remain on waitlists for programs they deem as better quality and move their children once spots become available with a preferred provider.

One entire focus group of underage parents were intentionally staying out of the workforce or structuring work schedules with the ability of family members or the other parent to provide child care. These parents cited trust as the overriding driver of their child care decisions. Several referenced poor experiences in their own childhoods as the source of mistrust. One parent described her experience as the eldest of six siblings in a family that struggled to find quality care and had poor experiences with providers; as soon as she was old enough, she began watching her siblings. Now she works her waitressing schedule around her mother's CNA schedule, so she does not have to send her children to providers who are not family. She and her mother both must turn down extra shifts to accommodate each other's schedules. In this same group of underage parents, those who had participated in home visiting services as children are all currently enrolled in home visiting programs as parents. Several were getting services from the same programs, schools, and agencies with whom they received services as children.

Family Council members noted that access to quality developmental screenings is a challenge. Child care center directors admit that regular screenings performed in the centers have not been re-implemented with rigor and regularity in the post-COVID era. Regular screenings are not required of home-based child care providers. The annual developmental screenings parents are required to complete at pediatrician offices could present an incomplete picture of their child's development causing delays to be overlooked. Parents and caregivers also stated that one of the drawbacks of completing the screening in the pediatrician's office is that they do not have the tools to conduct testing for skills they may not have observed in their children (example: stacking blocks).

“ The current cost of child care for me ranges from \$1,525 to \$1,845 per month minus the \$75 per month scholarship money, but I am not sure how long I will be getting that. I wish CCAP was more inclusive for single mothers and would provide at least some assistance for those of us with incomes higher than the current qualifying amounts.

– Parent (Morgan County)

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“ I was not super impressed with the place when I toured it but felt it was my only option at the time with my hours and working out of town.

– Parent (Morgan County)

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One Family Council member shared her story as a first-time parent. Her son, despite being born prematurely and spending time in the NICU at birth, did not have delays identified by the screenings done at the pediatrician's office. His delays were brought to her attention by a family member, who then referred the parent to one of her friends who happened to work in EI. This parent lamented that she would not have been made aware either of her son's delays or of this resource to help remediate his delays had it not been for family and friends of the family who happened to be in education. When asked by a fellow Family Council member how her son's needs went unnoticed by her pediatrician, she answered "I must have just answered all the questions right." Expanded access to quality screenings was an important need emphasized by the Family Council.

During a focus group conducted at one of the Regional incarceration centers, fathers of children ages zero to eight revealed the challenges of maintaining engagement with their children at the most basic level, and how ECEC parent education efforts could help them. The men we spoke with made a unanimous request for increased parenting programming through coursework/instruction through the Illinois Department of Corrections. They credited the limited parenting course currently offered to them as beneficial to them in their roles as fathers, their commitment to not becoming a recidivism statistic, and in identifying/healing their own trauma.

Understanding how parents and caregivers perceive and engage with the ECEC community is important to empowering them to advocate for their children and to equip them with the tools and confidence to engage as active participants in their child's learning and development. From the provider/educator perspective, understanding the barriers to engagement is important to build trusting relationships with open communication as the foundation.

“Being a better parent makes me a better person; to be present, to be reliable and responsible for my son, gives me something to look forward to. To be a better father; take the best of what you have and make it work for you and them.

– Region 1 Parent Who is Incarcerated”

## Regional Strengths & Needs

Region 1 has strengths to build upon in several areas, which offers a foundation from which to drive solutions to Regional needs.

### Strengths

- Foundation of strong community partnerships: In all but one county in the Region, there is an existing network of community agencies that gather regularly to share information and resources. These groups can be tapped to identify contacts with critical community partners and to communicate the need for ECEC-specific committees or groups dedicated to systems-wide support within the ECEC landscape.
  - The Brown County Early Childhood Collaboration and their partner, The Tracy Family Foundation (and by extension, Dot Foods), provide a regional model for how employers can engage the workforce to determine child care needs and promote public/private Collaborations to fund initiatives to meet needs as identified.
  - The Adams County Health Department All Our Kids Network (AOK) provides a Regional model for an ECEC specific Collaboration and how those Collaborations might serve the community.
  - The Integrated Referral and Intake System (IRIS), administered by the AOK Network in Quincy (Adams County), provides a Regional model of a Coordinated Intake and referral system.
- Innovative regional ECEC program models: Region 1 has several program initiatives that can serve as models for other programs to follow. Examples of these regional models include, but are not limited to:
  - Transitional Kindergarten in Quincy models how to identify and serve children who require an additional year at age five to prepare for Kindergarten.
  - The Loretta M. Eno Early Learning Center, attached to the Blessing Health System in Quincy (Adams County), tailors hours and programming to the needs of the healthcare workforce in that community and provides a model for other regional healthcare systems in communities with a substantial healthcare workforce.
  - The Early Years Program (EYP) in JSD117 provides a regional model for maximizing services under the Prevention Initiative Grant, with seven full time home visitors serving over 100 children in Jacksonville, Illinois. The EYP also offers the only Preschool For All Expansion Grant in the Region.
- Utilization of public education funding for 3–5-year-olds:
  - With 18 of 20 school districts currently running PFA programs for three- to five-year-olds, the regional footprint of these public funds is significant.
  - PACT Head Start is utilizing federal HS/EHS funding to provide center-based and home-visiting services in the most remote counties of the Region, providing a model of how one program can combine resources to serve a large service delivery area.
  - The blended funding model in the Early Childhood and Family Center, in Quincy (Adams County), combines federal Head Start funds with ISBE Early Childhood Block Grant funds in one program and serves as a model for collaboration between these two funding streams.

- Training and educational opportunities: The infrastructure for offering training and educational opportunities to the workforce is expanding in several different institutions and across varied delivery systems (online and in person). These opportunities include:
  - The Early Childhood Access Consortium for Equity (ECACE) program at John Wood Community College (JWCC) and Lincoln Land Community College (LLCC). These programs provide scholarships/support resources to current ECEC workforce members to advance education and training in ECEC skills and certifications.
  - Early Childhood Education Professional Educator Licensure (PEL) program at Quincy University provides licensure for certified teachers in Early Childhood.
  - English as a Second Language (ESL) endorsement at Illinois College offers teacher candidates and current educators with a PEL the opportunity to gain language and cultural skills for multilingual learners.
  - The Vocational Preschool at Quincy Area Vocational Technical Center program offers high school students direct contact and training with preschoolers as they learn child development and child care skills for further education in the ECEC workforce.

## Needs

- Improve outreach to families and awareness of available services in rural areas: The rural nature of the Region means there is a universal need for increased access to, and awareness of, existing services.
- Increase ECEC capacity for ages birth to three years old: The lack of services for children from birth to three years old is reflected in the number of publicly funded education programs for this age demographic, which currently is less than 50% of the programs offered for three- to five-year-olds. Infant and toddler slots in center-based care facilities have the highest wait lists of any early childhood demographic.
- Recruit and retain a stable, diverse, and high-quality workforce: Regional workforce needs rank among the highest and most critical needs in the ECEC landscape. These needs are reflected in the following areas: recruitment/pipeline development, education and training, and compensation.
- More affordable child care for families: There is a high demand for child care throughout the Region, and a lack of licensed centers demonstrating Bronze, Silver, or Gold quality standards according to the ExceleRate rating system used statewide.
- More availability of quality developmental screenings: Access to consistent, quality developmental screenings is challenged by the rural nature of Region and the lack of ECEC programs in some areas, specifically in the birth to three age demographics.
- Access to language supports: As the Region continues to diversify by the number of languages spoken, there is a need to increase translation and interpretation services, as well as a need for educators trained in specific English language instructional strategies for multilingual learners. The need in this area is greatest in Cass, Morgan, and Pike Counties.
- Increased access to/awareness of mental health/social emotional resources: Across all sectors, ECEC stakeholders report an increase in the need for the workforce and the children/families accessing ECEC programs about mental health and social emotional resources.

- **Transportation:** Transportation for children and families throughout the Region poses a challenge in terms of funding to programs and the workforce. Many programs are struggling to maintain pre-COVID levels of transportation to students, with some school districts cutting or eliminating transportation in PFA programs. These cuts put the burden of transportation to these programs on child care centers, home-based child care providers, and parents/caregivers. Where transportation is provided, home-based child care providers who live too close in proximity to the schools to qualify for bus service may not have the capacity to transport the children in their care to educational programs during the day.
- **Increased funding and eligibility to publicly funded education programs:** Publicly funded education programs need to have funding levels re-examined at the federal and state levels to compensate for the rise in overall costs of goods and services, as well as the increases in the Illinois state minimum wage requirements. Rising minimum wages impact both eligibility for children/families, as well as the ability of ECEC employers to offer competitive compensation packages to their staff.
- **Access to data:** More data is needed in Region 1 to accurately measure where the greatest needs are in the most diverse and remote areas.

## Recommendations

The Region 1 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.

### **Improve outreach to families and awareness of available services in rural areas:**

- Establish Collaborations or subcommittees of current Collaborations/working groups that are specific to ECEC systems and programs.
- Develop more networking opportunities for professionals to increase awareness of current opportunities and engage with each other.
- Implement additional integrated referral systems to improve access, outreach, and awareness of critical services to families.
- Create a listing or database of resources by county with birth-to-three programs to be provided to new parents upon discharge from hospitals after labor/delivery.
- Engage the private/business sector in Community Collaborations for workforce needs identification and access to resources.

### **Increased birth to three services:**

- Maximize publicly available funds to establish more programs and services. Increase the utilization of Prevention Initiative funds.
- Expand child care slots for infants/toddlers in home and center-based settings.
- Identify collaborations between private providers/community-based organizations and public funding opportunities.
- Increase the amount of evening and weekend home visiting hours for working parents/caregivers.
- Develop an initiative to incorporate developmental training for home providers into the workday so voluntary training does not consume valuable provider off hours.

### **Recruit and retain a stable, diverse, and high-quality workforce:**

- Specifically recruit and incentivize hiring for candidates who are diverse by race/ethnicity and language ability, especially at the administrator level.
- Offer all employees of child care centers a form of reduced co-pay regardless of income; this must be subsidized to centers so cost is not passed on to families/caregivers.
- Reinstate funding for Child Care Restoration Grants or target new public funds to offer higher wages, benefits packages, and bonuses for continuing education; make these funding streams available on a multiyear/permanent cycle to allow for long-term business model forecasting.
- Grow the number of vocational or course-for-credit programs to allow high school students to earn course credit for entry-level credentialing and to graduate ready to enter the workforce.
- Expand ECACE to focus on high school level recruitment and home visiting professionals.
- Improve safeguards for ECEC personnel and providers who conduct home visits.



- Promote awareness of the ECACE scholarship and provide marketing materials/contact information directly to ECEC employees in the workplace; continue to build the role of Higher Education Navigators
- Streamline and shorten Professional Educator Licensure programs in Illinois (like Teach Ready in Florida) to increase the number of teachers available to ECEC programs and to retain these tuition dollars in the state of Illinois.

#### **Increased access to affordable child care choice:**

- Simplify the CCAP application and process.
- Eliminate the tiered reimbursement model for CCAP funds or make exceptions for regional hubs and counties bordering Tier 2 communities with a similar standard of living costs.
- Expand CCAP income guidelines to include more people/families.
- Improve communication and consistency with DCFS licensing agents to support more licensed home-based providers.
- Create low-interest rate loan programs to incentivize center and home-based providers interested in expanding/establishing licensed centers for care.

#### **Increased access to quality screenings:**

- Implement developmental screening requirements with systemic technical support and oversight for child care providers to ensure that developmental delays are remediated at the earliest intervention point.

#### **Access to language supports:**

- Create a regional/statewide resource list for ECEC professionals to access when searching for interpretation/translation services.
- Collaborate with Beardstown School District to establish a program to recruit and provide resources to multilingual candidates for ECEC workforce.
- Promote awareness of the ESL Endorsement and other continuing education opportunities in the instruction of multilingual learners.

#### **Transportation:**

- Establish funding to support transportation costs (for example, community partnerships); partner school districts to prioritize transportation-specific grants to fund ECEC programs that need to update their fleets to meet workforce challenges.
- Revisit current bus driver qualification requirements that are prohibitive to hiring.

#### **Increased funding and eligibility to publicly funded education programs:**

- Reinstate 2% cuts made in the current cycle to ECBG funding and across the board increases in the current cycle continuation grant to accommodate the rising cost of goods and services relative to inflation and the increase in personnel costs relative to increases in the Illinois minimum wage requirements.
- More PFA/PFA-E full day educational programs for working parents/caregivers with expanded grant capacity to allow programs to provide before and after school care.
- Coordinate applications between Head Start and PFA programs to maximize publicly funded education slots.

- Adjust Head Start income requirements to meet the increase in Illinois' minimum wage requirements to allow families earning more under increased minimum wages in to services.

**Collect critical regional specific data:**

- Conduct community surveys to determine the impact of families' decisions to commute their children into the communities in which they work.
- Gather an accurate measurement of the number of children in undercounted immigrant populations in Cass County.
- Provide accurate and consistent reporting on priority populations.

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 1, please find our contact information on the front inside cover of this Early Childhood Regional Needs Assessment.

# Appendices

## Appendix A: References

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## Appendix B: 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.

### Families, Parents, and 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. What services don't currently exist in your community that you think would help families, in general? What services would help parent/caregivers, specifically?
8. 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. What challenges do you think families have in accessing Early Childhood Education and Care programs and services?
2. What programs do you know of in the Region that serve children birth through age five and their families?
3. 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?
4. 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?
5. Is child care readily available and close to employers in your community?
6. What accommodations has your business or company made for professionals with young children? How have these accommodations impacted your business or company?
7. 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?

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