



Early Childhood Regional Needs Assessment

Region 3

(Bond, Christian, Effingham, Fayette & Montgomery Counties)





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Region 3 Executive Summary

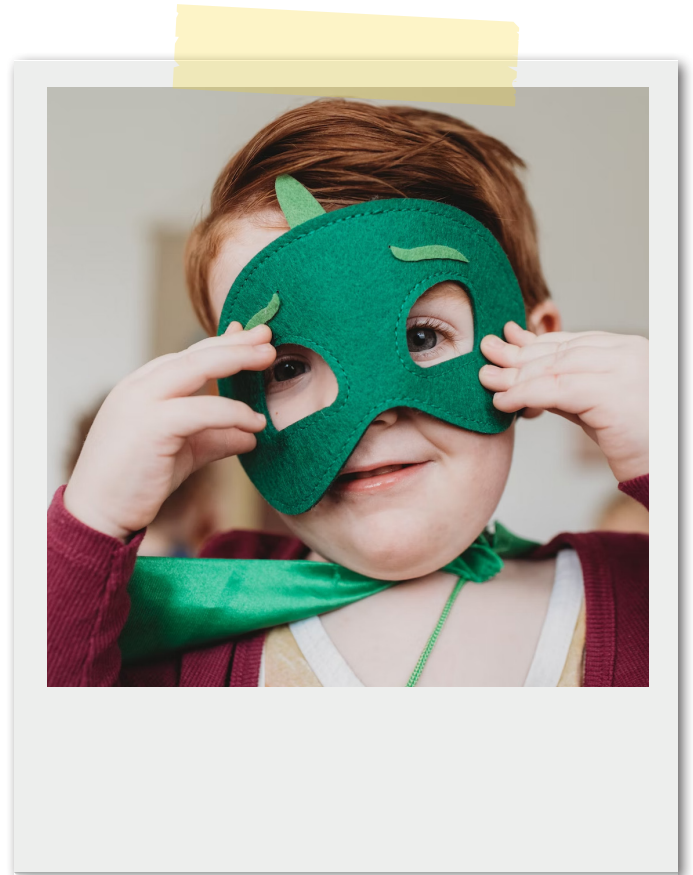
In 2021, the Illinois Commission on Equitable Early Childhood Education and Care (ECEC) Funding issued a report with findings that highlighted the inequities in ECEC funding in Illinois and the need to create a better statewide infrastructure to support ECEC professionals, expand services and programs 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 3 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

Understanding Region 3's demographics is integral in knowing what type and the number of resources that are necessary to create an equitable and accessible ECEC system. Forty two percent of children in the Region, birth to five years old, are living at or below the 200% Federal Poverty Level (FPL). Most of these children live in rural communities that lack ECEC funding and resources. Furthermore, transportation is not available (or the cost too great) for families to get to the urban areas that provide these services. This effects the Region's priority populations for children in the age group, which were those experiencing homelessness and maltreatment. The Region's average for those experiencing homelessness, double the state's average, is 4% and 7% in one county. The Region is also home to many children facing maltreatment and in substitute care. In Region 3, an average of 37 per 1,000 children five and under have experienced abuse, almost double the state average of 19 per 1,000. With this knowledge, the importance of trauma informed care, closing the slot gap, wrap around care, support for children with disabilities and developmental delays, and system alignment are in the spotlight.



It is also important to address the workforce that is educating and caring for children. In recent years, there has been a realization that ECEC workforce issues are not going away and the state, along with communities, are attempting to remedy some of the issues. When working with Action and Family Councils together, it is clear that attempting to eliminate slot gap before coming up with a plan to address the workforce on a permanent basis is causing confusion and anxiety on communities.

Region 3 Needs

- Mental health and trauma informed care training and professional development.
- Affordable child care.
- Higher standards of quality for programs, including support for children with diverse needs and inclusion.
- Close the slot gap with full day and wrap around programs.
- Services to support children with disabilities and delays, including Early Intervention providers and medical providers in rural areas.
- System alignment and growth with intake process, organization of resources, comprehensive data collection, and funding structure.

Region 3 Recommendations

The recommendations of Region 3 will take collaboration between entities and stakeholders in community organizations, private businesses, and local and state government. System alignment and growth is an important starting point. This includes aligning intake processes with one Regional system, comprehensive data collection methods, and aligning funding structures.

- Provide mental health and trauma-informed training and professional development for the ECEC workforce, and establish Early Childhood Mental Health Therapists as part of a county wide resource for child care centers and family child care homes.
- Increase the number of programs that utilize the Child Care Assistance Program (CCAP), along with user friendly applications and higher FPL criteria to include lower middle-income families.
- Increase compensation, benefits, and reimbursement for education after years of service for members of the ECEC workforce.
- Implement higher Standards of Quality for ECEC programs and ensure that grants are offered based on need.
- Fund additional slots and expand on services that offer alternative delivery models; this supports inclusion, transportation, family child care homes, home visiting, and wrap around care.

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

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REGION 3 OVERVIEW

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.



8,457

Children Under the Age of 6 in Region 3



3,587

Children 0-5 at 200% Federal Poverty Level



3,606

Children 0-5 Without Publicly Funded ECEC Slots

40

The number of children ages birth to five per 1,000 children that experience maltreatment. This is compared to the State average of 19 per 1,000 children ages birth to five.

“Those of us living in the lower middle class are struggling. Prices are going up and wages are staying the same, so we can’t afford basic needs. Some of us are having to work several jobs just to stay up and out of debt.” - Community Member, Fayette 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 3 NEEDS

1. Mental health & trauma-informed care training and professional development
2. Affordable child care with full-day options and wrap-around care
3. Higher standards of quality for programs including more inclusive programs and support to meet the needs of all children
4. Services to support children with disabilities, including Early Intervention and medical providers in rural areas
5. Improved collaboration among providers and organizations

REGION 3 RECOMMENDATIONS

1. Provide mental health & trauma-informed training and professional development for the ECEC workforce
2. Increase the number of programs that utilize CCAP along with user-friendly applications and higher income eligibility to include lower middle-income families with a co-pay
3. Create higher standards of quality for ECEC programs
4. Fund additional slots that support inclusion and expand on services that offer alternative delivery models
5. Increased collaboration between programs and services to provide support to children and families



“We have a deeply fragmented child care and education system. We need one door programs that are the backbone of our communities.”

- Action Council Member

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.

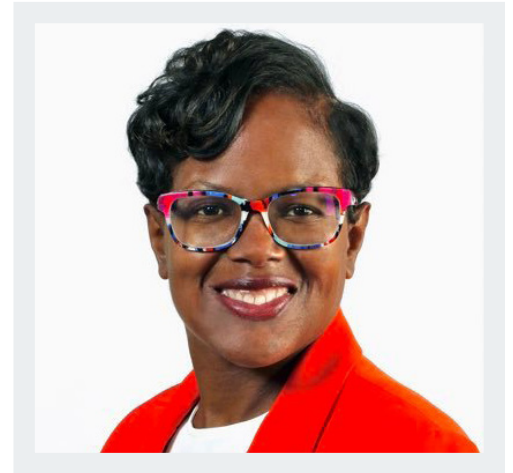
Third, policy makers, elected officials, and state agencies that administer ECEC programs will receive a copy of the report to give them a local view of the ECEC landscape in the areas they serve. The goal is to provide decision-makers with context from a community perspective so they can better understand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

It is with gratitude that we write this letter to all who provided their expertise and voice to our Regional Needs Assessment. While we cannot individually thank every person who told us their story or shared their experiences, we would like to spotlight a few partners whose input and support were invaluable.

Thank you to the Action Council and Family Council members who consistently participated in meetings, shared their knowledge and resources, spent numerous hours discussing what the data was proving and excluding, and provided their input to advocate and create a real picture of the Early Childhood Education and Care (ECEC) landscape in Region 3. Thank you for providing your expertise to create a true image of the Region and elaborate on complex systems and processes in the ECEC world. Your vision and perspectives made this report possible.

Thank you to our community for all the ways you participated and supported us in surveys, focus groups, interviews, and community events. Our goal was to meet you where you were, and you welcomed us with open arms. You are why we are here, and without your stories, expertise, vulnerability, and grace none of this would have happened or had true meaning. What you have provided shows commitment to your community and to its future.

Thank you to the Birth to Five Illinois State Team who provided the guidance to build Birth to Five Illinois: Region 3 to its full potential. It was not just about the data; it was about our communities and the families in them. The State Team was there every step of the way, promoting regional voice, strengths, and needs.

A special thank you to Lori Longueville for providing the guiding light. You are there in more ways than I can count or express. I am honored that you are my coach and thankful that our paths crossed.

A special thank you for the input from: Region 3 preschools, early learning programs, child care centers, Early Intervention and Special Education Programs, our Child Care Resource & Referral (CCR&R), libraries, health departments, churches, chambers of commerce, and community service providers. Thank you to Lake Land College, Kaskaskia College, and Greenville University for working together to end this teacher shortage; Ready Nation and Kate Buchanan for promoting our work; and Kim Hunt for providing the foundation Region 3 needed. Thank you to the legislators who have expressed interest in getting involved: Congressman Mike Bost, Senator Jason Plummer, Senator Steve McClure, Representative Charlie Meier, and Representative Wayne Rosenthal. We are grateful for: Joe Sippers and Toastiez for donating food and space; Good Works Bond County's Joellen Vohlken for helping us engage the community; Shannon Graham and Amanda Kirk for centering the foster voice in focus groups and interviews; and ROE3 Learning Express for inviting us to their fun-filled family engagement days and activities.

Thank you,

Amy Robinson (she/her)

Regional Council Manager: Region 3
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.

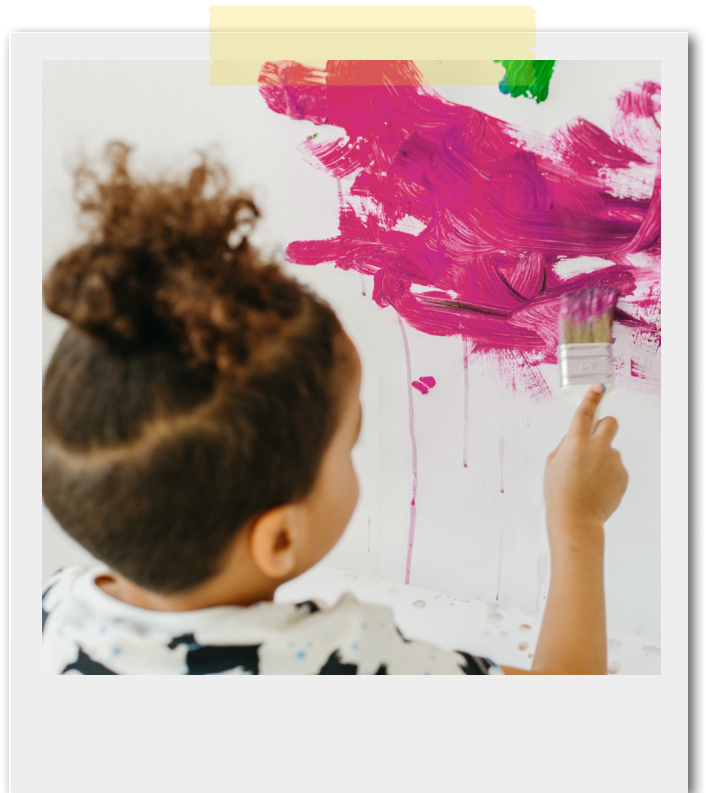
The **mission** of Birth to Five Illinois is to create a statewide regional infrastructure that will amplify input from communities in the development of policies and funding priorities. We support the mobilization of communities to build and sustain equitable access to inclusive, high-quality early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

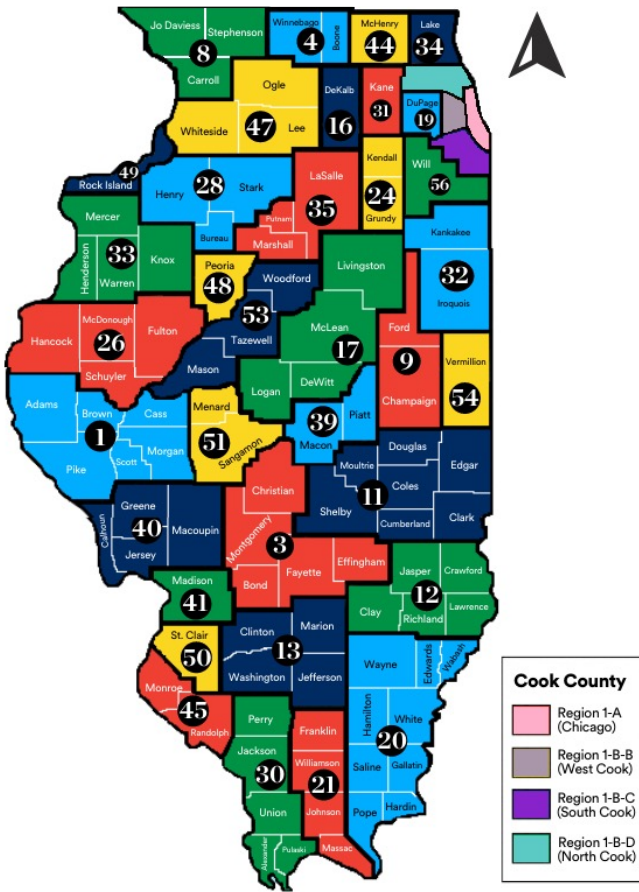


Timeline

- **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.

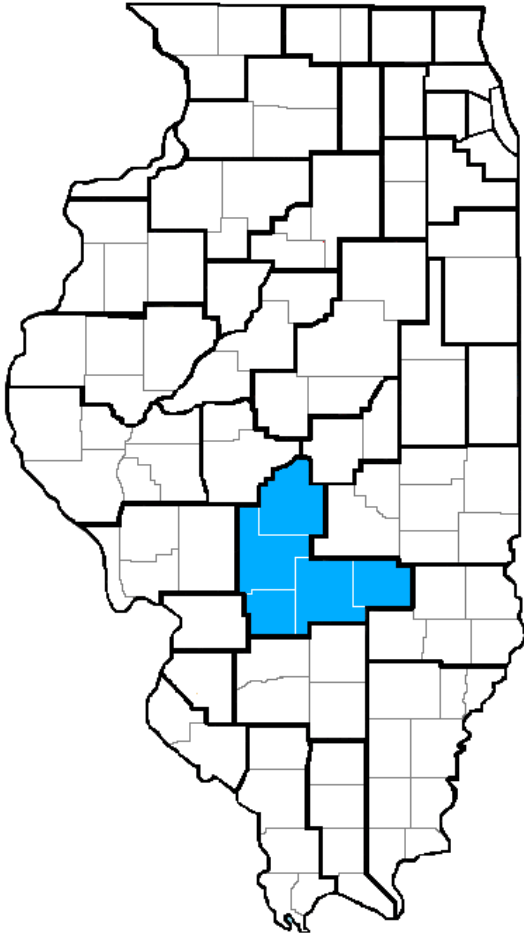
Regional Needs Assessment Methodology

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 3

Regional Community Landscape



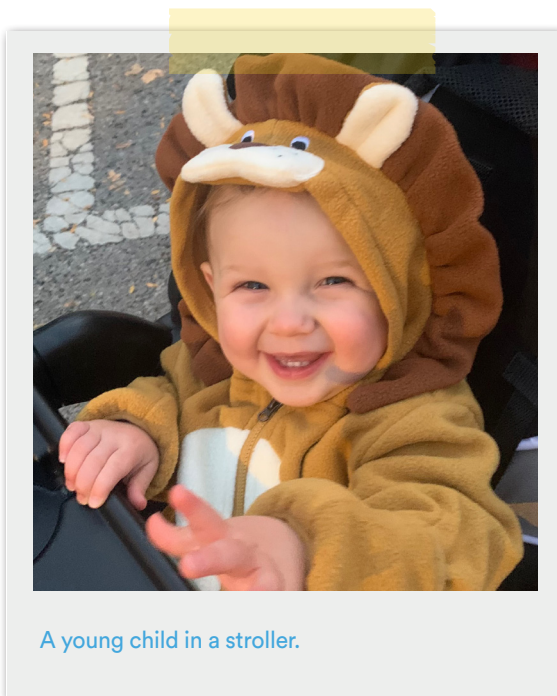
Regional Boundaries

The counties of Bond, Christian, Effingham, Fayette, and Montgomery in rural south-central Illinois make up Region 3. The north side of the Region is bordered by the Sangamon River in Christian County and is located only 29 miles east of Springfield, with Taylorville and Pana being the largest towns in the County. To the south are Montgomery County and the towns of Litchfield and Hillsboro, where there is an abundance of lakes and recreation, as well as a history of several well-known athletes like Matt Hughes and Red Ruffing. Traveling further south is Bond County with its largest town of Greenville that is included in the St Louis Metro East area and home to Greenville University. Traveling east through the Region on Interstate 70 is the oldest State Capitol building to still stand in Vandalia (Fayette County). Region 3's easternmost point is Effingham County with a population of 12,252. Effingham is our Region's only city and is home to the world's tallest cross, standing at 198 feet.

The Region is large, spanning over 3,000 square miles with a population of 135,000 and is made up of 13 towns, 48 villages and one lone city. We are rich in agriculture and historic sites across the Region. We are home to companies such as Con-Agra, Sherwin Williams, and Peerless in Effingham and Carlisle Syntec in Greenville. Our largest employers are healthcare entities and prisons, including State prisons in Hillsboro, Vandalia, and Taylorville and a federal prison in Greenville. We have one university, Greenville University, which offers varying educational degrees. The Region also offers many satellite learning sites for local community colleges. Region 3 has 20 public school districts and 12 private schools. According to data provided by Regional Office of Education #3, as of the 2022 school year the public school district employs 96 administrators and 1,323 teachers, in addition to a full support staff. Based on data from the Census, the median household income is \$45,384, with 29% of those households having children under 18.

Land Acknowledgement

Region 3 acknowledges that the Counties of Christian, Montgomery, Bond, Fayette, and Effingham are the traditional homelands of the Peoria, Myaamia (Miami), Očeti Šakówinj (Sioux), Kaskaskia, Kiikaapoi (Kickapoo), and ḲḲḲḲ ḲḲḲḲ (Osage) Nations. The Region acknowledges that these lands were stolen from these Nations with forced removal and genocide. It is our responsibility to help support their culture and children both now and in the future.



A young child in a stroller.

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

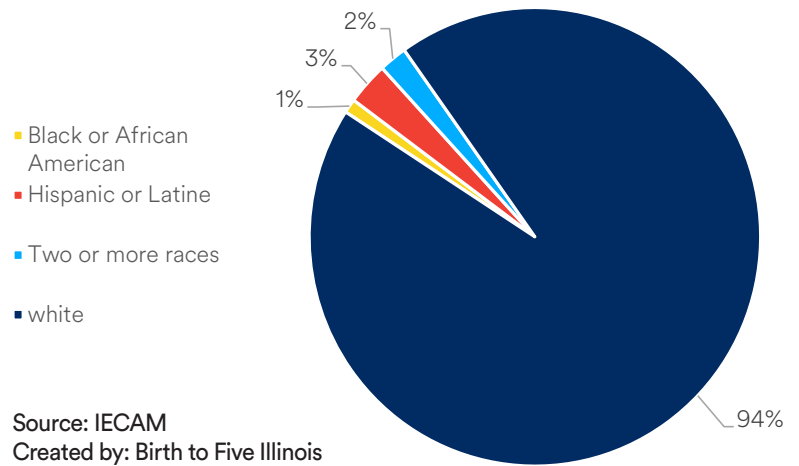
Regional Demographics

Region 3 covers five counties that includes some towns and many rural villages. The Region is home to 134,161 people. Region 3 has 8,457 children aged birth to five (4,275 ages birth to two, and 4,182 ages three to five). Between 2017 and 2020, family sizes and number of families in the Region have remained stable, unlike the downward trend much of Illinois is facing.

While much of the Region is white, the percent of Hispanic or Latine, Black/non-Hispanic, and two or more races/non-Hispanic has been gradually increasing since 2017. The opposite is true of Asian/non-Hispanic, showing sharp decline since 2018.

Since 2017, Region 3 has more than doubled the number of languages, other than English, as the primary household language. The number of limited English-speaking households with Spanish as the primary language has grown by 37 households. The number of limited English-speaking households with a language other than English or Spanish has grown by 140 households. The data does not show exactly what towns they live in or what other languages are spoken. If we are to help those who are new to the Region, we need to know what populations are coming and the language they speak.

Figure 1: Race and Ethnicity of Children Ages Birth to Five



Forty-two percent of children ages birth to five live at or below 200% Federal Poverty Level (FPL). 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. The data shows a 14% decrease in this percentage since 2017.² Family Council members shared financial literacy support has helped them reduce debt and plan for future expenses.

“ I graduated from a community education program based on helping those in poverty. It was important to learn how to think long term and not day-to-day. It wasn’t just about money; it was about living my life. They provided coaches and support, and I was able to pay off debt, learn to budget, and save money. It has changed my life. ”

-Community Member (Effingham County)

Figure 2: Federal Poverty Levels at 100%, 185%, 200%, 225% for a Family of Four

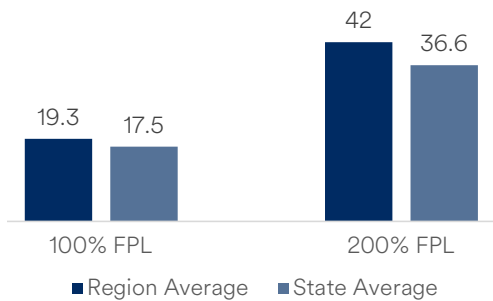
	100% FPL	185% FPL	200% FPL	225% FPL
Family of Four	\$30,000	\$55,500	\$60,000	\$67,500

Source: U.S. Department of Health and Human Services, 2023
Created by: Birth to Five Illinois

² <https://riskandreach.erikson.edu/>

Many of the children at or below the 200% FPL live in rural communities (such as Brownstown, Sorento, and Kincaid) that lack local, state, and federal funding for resources. This includes child care and education, which is lacking funding in many areas of the Region. Furthermore, transportation is not available (or the cost is too great) for families to get to the urban areas that provide these services.

Figure 3: Children Ages Birth to Five Living at or Below 100%, 200% FPL, per 1,000 Children



Source: IECAM
Created by: Birth to Five Illinois

Children and Families in Priority Populations

Priority populations have been identified by the Illinois Early Learning Council (ELC) based on criteria that these groups are distinctive, timely, measurable, underserved, and who face significant systems barriers.³ Action and Family Council members identified the following priority populations in the Region: children living in families living on poverty-level income and children with Department of Children and Family Services (DCFS) involvement. While quantitative data has been included in this Regional Needs Assessment, we also gathered qualitative data from priority populations and included it throughout this report. 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.

According to the Erikson Risk and Reach Report, the state average for children ages birth to five who are experiencing homelessness is 2% and Region 3's average is 4%. Additionally, the state average for housing assistance is 19%, while the Region's average is 16%. One county in the Region, Fayette County, has a 7% homelessness rate for children five and under, with only 2% of the community having access to housing assistance. While homelessness is often only attributed to those who have little or no access to economic resources, it includes living in a shelter, in a vehicle, or outdoors. According to interviews and information provided by community resource agencies, many middle-income households are afraid of becoming unhoused due to the lack of available resources.

“When I thought I had found grants to help our child care program, I realized that we didn't qualify because we didn't have enough minority children, or we weren't located in Cook County.

- Licensed Child Care Center Director

“When my son was a baby, I was a single mom. My son's biological father was abusive, and I could not afford child care and missed the cut off by around \$130 per month. I could only afford to pay someone \$60 a week to watch my baby, but the quality of the environment was subpar. The actual care was excellent, but child care is not just the care... it is also ensuring a healthy environment. My son developed breathing issues when he was younger due to daily exposure to smoke inhalation in the caregiver's home. I made too much for a Link Card, but qualified for WIC, so I had food for my son. I went one summer only eating condensed chicken noodle soup, \$1 Knorr rice, or \$1 mashed potatoes every day. I got free coffee at work for breakfast and took Buddig lunch meat to work for lunch. My meals cost me around \$1.70 a day. It wasn't until my son's father threatened to kill me that I became homeless. I had to move in with my grandmother. I cannot walk through those aisles without tearing up, nor can I eat any of those items.

- Family Council Member

³<https://oecd.illinois.gov/content/dam/soi/en/web/oecd/documents/priority-populations-recommendation-final-approved.pdf>

The Region is also home to many children facing maltreatment and therefore have substitute care. According to the Erikson Risk and Reach Report, an average of 19 per 1,000 children five and under across the state have experienced abuse.⁴ In Region 3, an average of 37 per 1,000 children five and under have experienced abuse, which is almost double the state average. Compounding the trauma children are already experiencing, they often lack consistent residency when placed in substitute care. Substitute care consists of foster homes, kinship placements, group homes, maternity centers, residential treatment programs, and independent living arrangements. Permanency includes adoption, reunification, and guardianship, and is when a child is placed in a permanent home within 12 months of being in substitute care. The state average for permanency for children five and under is 13%, while Region 3 children in the same age range obtaining permanent homes within 12 months is only 8%. Children in this Region have approximately three years before obtaining permanency. Not only do these children experience maltreatment at the hands of their caregivers, but they are being shuffled between non-permanent homes for more than a year.

Understanding both our demographics and stories is integral in knowing what type and the number of resources that are necessary to create an equitable and accessible ECEC system.

“

I was the eighth placement for my foster son in four months, and he was only two years old. Bouncing around foster homes like this created even more trauma than he had already experienced in his biological home, which was a lot.

- Community Member
(Effingham County)

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“

There is a gap in our area between jobs, little housing opportunity, and practically no child care services. This leaves families struggling on one or no income, with little resources, putting additional pressures on people in poverty. This, in turn, leads to mental health issues and addictions which leads to child neglect and maltreatment. All these issues feed off each other.

- Family Council Member (Bond County)

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Those of us living in the lower middle class are struggling. Prices are going up and wages are staying the same so we can't afford basic needs. Some of us are having to work several jobs just to stay up and out of debt.

- Community Member (Fayette County)

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⁴ <https://riskandreach.erikson.edu/>

Local Community Collaborations

The Early Childhood landscape includes individuals, organizations, agencies, providers, and community leaders that bring their unique perspectives and experiences to the table. Local community collaborations help to bridge the divide between families and the care and services they need. They are groups of diverse stakeholders that come together regularly to work towards improving outcomes for children and families in the area they serve. Their focus is often to align services and develop needs assessments to identify inequities in service delivery. Region 3 has one recognized collaboration.

The Community Based Planning Program-Effingham County was established in 2021. They have several partners in the community, including ECEC providers, health providers, social services, Regional Office of Education, local school districts, Child Care Resource and Referral, housing, police, and libraries. Their primary strategy is to increase the quality and enrollment of early learning programs. They have been the driving force behind deciding who, how much, and which grants should be applied for in the Region, focusing on Effingham County, with a collective effort.

Outside of the Effingham County Collaboration, there are no other state recognized Collaborations. There have been a few that have started but were stopped without any outcomes. As one Action Council member stated, “They think this is all about hiring some babysitters to watch kids and teach preschool. Most people do not understand the work, knowledge, and education required to be licensed and provide a quality program. Once they realize what it takes, they are done helping.”

This is in no way a discredit to all the people and programs collaborating with other agencies and resources for the good of children and families. We know you are out there, and we see you.



Regional Managers from Illinois' 12th District meeting with Congressman Mike Bost.

Early Childhood Education & Care (ECEC) Programs

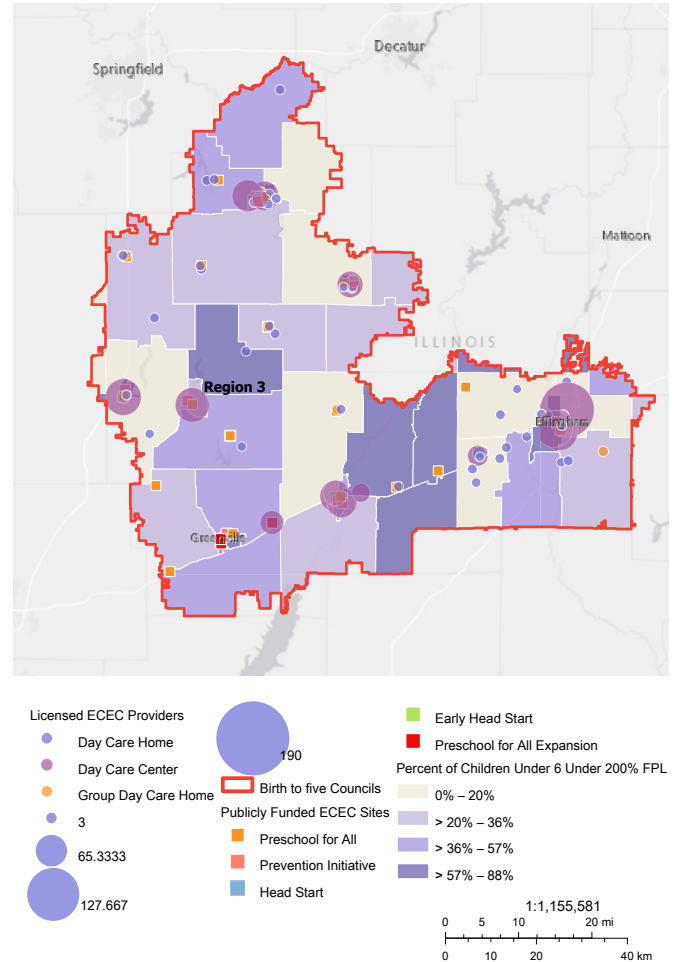
“ One service that I forgot to mention that we are lacking in our area is child care. I resigned from one of my jobs in order to be able to care for foster children. We were in a place financially that I was able to do that, but not everyone is. Child care availability in our area is vital for so many families. ”

- Community Member (Montgomery County)

ECEC programs and services are the backbone of the Early Childhood landscape. Region 3 has a variety of publicly funded education and child care services. It is essential to provide quality education and care at this stage in life because 80% of a child’s brain development occurs by the age of three. Not only is it essential for the child, but it is essential for the community. To have fully engaged employees, parents and caregivers need to know their children are safe and cared for. The University of Pennsylvania’s Social Policy and Practice Center published an article stating that for every dollar that is invested in ECEC, the return on investment is between \$4 and \$9.⁵ Similar studies have also shown that participation in high-quality early care can help children avoid special education, grade repetition, early parenthood, and incarceration. Investing in programs and care today will change the future of our communities.

Region 3 has a variety of publicly funded programs and child care services for children up to the age of five. Head Start and Early Head Start are programs provided by C.E.F.S. Economic Opportunity Corporation for Christian, Montgomery, Fayette, and Effingham Counties. BCMW (Bond, Clinton, Marion, and Washington) Community Services is the provider for Head Start in Bond County, but there is no operating Head Start program in this County. Early Head Start is a home-based program for pregnant people and children up to three years old. There are currently five Early Head Start sites in Taylorville, Litchfield, Vandalia, Effingham, and Pana with a capacity of 111 pregnant people and children. Head Start is center-based care for children ages three to five years old. There are six sites with a capacity of 208 children. The services and resources offered by both programs promote education, health, nutrition, and social and emotional well-being. These services are inclusive of children with special needs, with 10% of the total enrollment comprising of children with disabilities. Head Start offers transportation to-and-from the center and pre- or post-natal appointments for the family’s convenience. They also offer healthy meals and snacks at no cost to the family. To be eligible for these programs, a family must earn at or less than 100% Federal Poverty Level,

Figure 4: Location of Publicly Funded, Licensed Child Care Centers, and Children in Families Living at or Below 200% FPL



Source: IECAM

Created by: Illinois Action for Children CS3

⁵ <https://www.impact.upenn.edu/early-childhood-toolkit/why-invest/what-is-the-return-on-investment/#How%20Big%20Are%20The%20Returns%20to%20Early%20Childhood%20Programs?>

or meet another eligibility such as receiving Temporary Assistance for Needy Families (TANF) funds, supplemental security funds, or are experiencing homelessness per the McKinney-Vento Act.

Head Start programs have been suffering in recent years because funding requires them to pay staff less than many of the other publicly funded programs. According to the director of one Head Start program, it was hard to get student enrollment because the local Preschool for All had most of the children in the community attending their program. Parents and community members have expressed their gratitude for the Head Start centers in our Region claiming that Head Start staff go out of their way to help rural families get to appointments in faraway towns that accept their state insurance, in addition to the many other services and resources they provide.

The Preschool for All program is funded by the Illinois State Board of Education (ISBE) under the Early Childhood Block Grant (ECBG) and is the largest provider of preschool in Region 3. Preschool for All has 19 sites in every county across the Region with a capacity for 1,178 three-, four-, and five-year-olds not yet eligible for Kindergarten. The goal of Preschool for All is to provide educational services to families who wish to participate. The program focuses on families by using weighted enrollment for children who face barriers for academic achievement. Preschool for All provides curriculum-based education and services to children and families, along with parent education, family engagement opportunities, and community collaboration for resources.

Preschool for All Expansion (PFA-E) is also funded by ECBG and is intended to enhance the infrastructure with full-day programs. Region 3 has three reported sites with a capacity for 100 children. A main component of the Expansion grant is comprehensive services to support the whole child. These services fall into four primary categories: mental health/health and dental, family support and resource referral, family education, and family engagement. There must be additional staff to support these requirements with family educators and instructional leaders. Teachers for the PFAE program must also be dual licensed for Early Childhood Special Education. There are 243 children six and under with an Individualized Education Plan (IEP) in the Region that need additional services. These classrooms are a great place for children to get the services and social environment needed to help them succeed.

“The costs went up quickly a few years ago but the amount of funds awarded has not changed and we were at a point to renew but that was postponed. Now I am trying to figure out the cost of rising salaries, rising fuel, and rising grocery prices for our program with the money I have to work with.

- Program Director

“I would not be where I am today without the Head Start program. My boys attended Head Start and I volunteered in the classroom and kitchen. When the Family Advocate watched me with the children, she stated that I would be a great Early Childhood teacher. I had no idea how to apply for college and knew I couldn't afford it. She showed me how to fill out a FAFSA and the application for enrollment. She was with me every step of the way. When I graduated, my first job was the teacher in a Head Start classroom and she was my Family Advocate.

- Community Member (Bond County)

Another ISBE ECBG funded program is the Prevention Initiative (PI) Program with providers in every county across the Region, for expectant parents until their child is three years old. Home visitors provide intensive, research-based, and comprehensive child education and development services. They also provide support in the form of resources and parent education to help families and children build a strong foundation for learning.

According to program administrators, several of the ISBE funded programs across the Region have not been monitored in several years because of the pandemic. This is a concern to some community members and parents. During one Family Council meeting, it was discussed that they had no idea if quality of care was good because no one was checking, and they still were not allowed in the school. There is also concern from the programs themselves because the grant has not yet been renewed and there is no way to request more funds and not more slots. Many programs have stated that they are drastically over-budget for transportation and food.

Illinois Department of Human Services (IDHS) funds 68 slots out of General Revenue Funds in Region 3 with home visiting programs. The Bond County Health Department and Fayette County Health Department House State-Funded Home Visiting (formally Healthy Families Illinois) for pregnant to three years old. They support home visitors who work with parents and caregivers on the needs of themselves and baby while providing resources and developmental information. This is a voluntary program achieving positive health outcomes for both the birthing parent and child.

The three main factors of ECEC are quality, accessibility, and affordability. ExceleRate Illinois is the State’s quality improvement system for programs that serve children from birth to five years old. Head Start, Early Head Start, Preschool for All, and Preschool for All Expansion participate in ExceleRate Illinois and are rated Gold, Silver, or Bronze. Head Start and Early Head Start must comply and be in good standing with licensing requirements and are awarded according to their federal monitoring results. Preschool for All and PFA Expansion are awarded according to their most recent Early Childhood Environmental Rating Scale (ECERS-3) and compliance results. This system keeps the programs under a common set of standards to provide communities with important information about the quality of their programs.

Figure 5: Number of Child Care Sites, Capacity

	Number of Sites	Capacity
License-exempt child care centers	4	169
Licensed family child care home	72	750
Licensed child care center	22	1,838

Source: IECAM
 Created by: Birth to Five Illinois

The largest providers are licensed child care centers, as shown in Figure 5. These centers provide group care outside of a residential setting. Licensed child care centers must meet Illinois Department of Children and Family Services (DCFS) standards for health and safety, including child-to-staff ratios and required space per child. Some of these centers provide their own preschool programs with varied approved curriculums. There are several centers in the Region who are recognized by ExceleRate for their outstanding programs. While these programs are not publicly funded, they do provide excellent child care and education. There are a few license-exempt child care centers in the Region. License exempt child care centers must have specific conditions that must meet or qualify as exempt from licensure under Illinois Rule. Although these programs are exempt from licensure, families can find assurance that they are monitored and regulated by the Illinois Department of Human Services (IDHS) via a health and safety checklist conducted by Health and Safety Inspectors. Licensed family child care homes are a large provider of child care with 750 slots in Region 3. These home providers can care for eight children, including their own, by themselves or up to 12 with an assistant. These child care homes are licensed and regulated by DCFS. There are also license-exempt child care homes that are considered Family, Friend, and Neighbor (FFN) care. These homes may care for three or fewer children, including their own, or children from one family.

⁶ <https://sunshine.dcf.illinois.gov/>

While reviewing the list of current providers in the Region provided by the DCFS Sunshine Site⁶ the Region 3 Action Council was able to state which sites were no longer open or operational. In some instances, there were several in a county. When discussing and trying to clarify why the sites would still be listed, it was stated by a couple of Council members that some people hold onto their license in case they decide to return to child care even if they are not currently taking any children. Many of these sites had closed during the COVID-19 pandemic and had not started accepting children again.

Early Intervention (EI) is a Department of Human Services (DHS) funded program designed to help children between the ages of birth and three with disabilities or delays. Any family with an eligible infant or toddler can receive these services. EI services include, but are not limited to, developmental evaluations and assessments, physical therapy, occupational therapy, developmental therapy, and speech/language therapy. If it is determined that a child needs support, an Individualized Family Service Plan (IFSP) will be written, and goals will be set.

Professional Early Intervention Providers and Therapists work with families to reach their goals.⁷ This program is an asset to our communities, but they are struggling like the rest of these programs for staff. Children are unable to receive the interventions required for them to reach their goals because of the lack of workforce. Several families in the Region reported that their children are receiving physical and occupational therapy virtually, which started during the pandemic and has never returned to in-person. Families also reported that they felt it was a waste of time and that their children were not getting what they needed to succeed. According to IECAM, there are 199 children with an IFSP located over 3,000 square miles. When considering the need for help, it is understandable that these interventionists cannot be everywhere at once, so this was a way to provide something for these children. If local families do not get the help they need locally through the EI program, they are having to drive hours for specialized care or interventions for their children. Something that just is not feasible.

⁷ <https://www.dhs.state.il.us/page.aspx?item=30321>

Slot Gap

One of the greatest barriers that families encounter is access to ECEC programs and services. Program capacity is based on classroom metrics and programs are licensed to care for a set number of children by age. Most ECEC programs are governed by the Illinois Department of Children and Family Services (DCFS), Illinois Department of Human Services (IDHS), and Illinois State Board of Education (ISBE). The predetermined capacity that can enroll versus the number of children eligible for ECEC programs is called slot gap. The measure gives us an overview of the expanded care needed, however, one thing we must consider is that the slot gap measure does not account for families who choose not to enroll their child into an ECEC program. For this reason, slot gap analysis is not a fully accurate measure. In Region 3 the number of slots available is far less than the number of children eligible.

Child care is in high demand in Region 3 with a capacity of 2,757 slots for the Region’s 8,457 children under the age of six. Most of the Region is a child care desert with most of the available slots in larger towns such as Effingham and Taylorville. This implies that there are no licensed or license-exempt care centers in rural settings or that centers operating in those areas have limited capacity leaving them unable to serve many children. Child care deserts, while prevalent in rural areas, are sometimes existent based on parent choice. Many families work in larger towns that they travel to from their rural home. They do not want their child to be at a child care provider that is close to their home, they want them at a provider that is closer to work for emergency purposes and convenience. This also affects our Region’s slot gap when families from small towns outside the Region utilize child care at centers in our Region. As one Action Council member stated, “There are not enough children in small towns or country settings to sustain the cost of a child care center.”

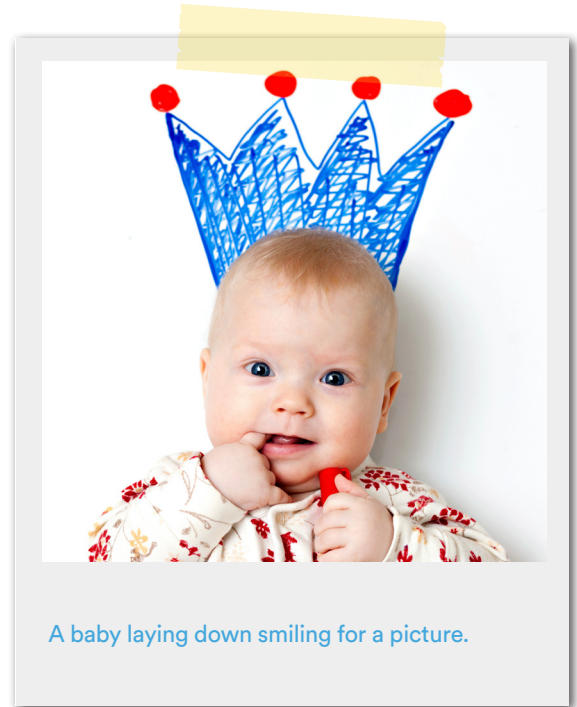
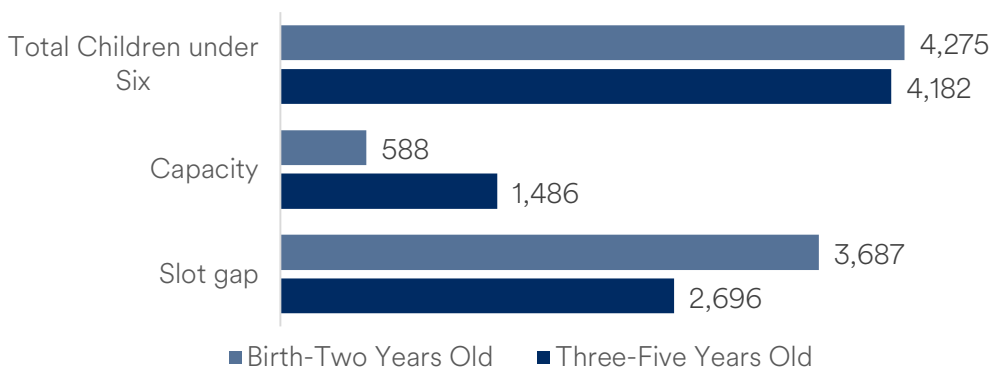


Figure 6: Number of Children Ages Six and Under, Publicly Funded ECEC Program Capacity, Slot Gap



Source: IECAM
Created by: Birth to Five Illinois

Publicly funded programs available for birth to two-year-olds are Early Head Start (federally funded) along with IDHS Home Visiting and Prevention Initiative (state funded). These home visiting programs provide 588 slots for the Region’s 4,275 children or 14% who are in this age range. Families who are living at or below the 100% FPL qualify for Early Head Start, which means 575 children are eligible for the 111 Early Head Start slots. There are 68 slots available for expectant or new parents with IDHS Home Visiting (formally Healthy

Families Illinois). The remaining 341 slots are available for pregnant people and children zero to two who are eligible or whose families choose to participate with the Prevention Initiative (PI) Programs. This data shows that 3,687 children in this age range do not have an ECEC slot available to them through publicly funded programs. It is important to note that these are home visiting programs that do not provide full-day care and still leave a parent without support they need as a working family. In addition, because of the size and rural nature of our Region, providers are finding it difficult to provide for the number of children on their case load or are unable to add more children. One Prevention Initiative Instructional Leader stated that the paperwork was so overwhelming that it was taking away from planning and home visiting time. This was an issue for her team because they felt the families were the ones suffering.

One of the reasons identified for families not enrolling in home visiting programs is the difficulty accommodating the home visiting schedule with parent/caregiver work schedules. According to IECAM data, 73% of children five and under have one or both parents/caregivers working, some more than one job. One parent enrolled in a home visiting program stated that it is stressful that they must be sure their house is clean and the child ready for their visit. While it is unanimous that the programs provide valuable education to the parent and child, it is often a responsibility that families cannot add to their list.

“ The PI home visiting program is great. However, twice monthly visits as a working parent with two very active children is highly stressful. The pressure of feeling like my home needs to be spotless while also having my kids’ schedules disrupted causes a lot of anxiety. Our PI program also brings a lot of toys for kids in the program. My son is 8 months old, and I have yet to receive a toy that is age appropriate. I end up having a stack of toys with multiple parts we can’t use taking up space in my house. There has to be a better way to spend funds than on excessive toys. That’s the last thing I want as a parent, another toy to keep track of.

- Parent (Bond County)

Figure 7: Number of Fatal and Non-Fatal Drug Overdose by County⁹

County	Fatal Overdoses	Non-Fatal Overdoses
Bond	24	Not reported
Christian	3	14
Effingham	6	10
Fayette	5	15
Montgomery	28	10

Source: Illinois Department of Public Health
 Created by: Birth to Five Illinois

According to Action Council and Family Council members, there are also many who are unhoused and/or have substance abuse disorder (SUD) in the Region, which prevents families from signing up because they do not have the ability to invite programs into a home that is not theirs or do not want them in their own home because they are state mandated reporters. According to the Erikson Risk and Reach Report⁸, even when drug abuse does not result in overdose or death, it can negatively impact children.

The report states that these children are more likely to have lower socioeconomic status, along with difficulty in academics, social settings, and family functioning as well as being twice as likely to try a drug in their young adult years. Children of these families are more likely to enter the foster care system or experience child abuse or neglect. Some home visiting programs have tried to remedy this need by providing a visiting room within their program. This allows parents and caregivers to complete visits without having a home of their own.

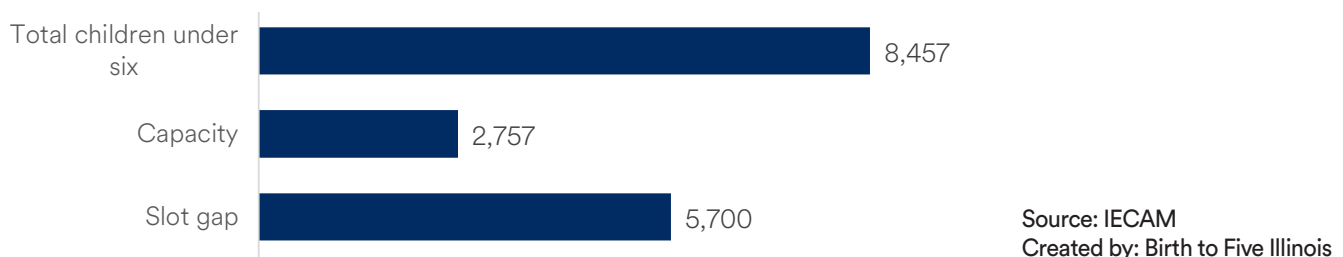
⁸ <https://riskandreach.erikson.edu/illinois-map/>

⁹ <http://idph.illinois.gov/OpioidDataDashboard/>

Publicly funded programs available for three- to five-year-olds provide 1,486 slots for the Region’s 4,182 (35%) children. The slot gap for this age group is 2,696. Head Start qualifications require families to be living at or below the 100% FPL. They provide 208 slots for 561 children who are eligible. Preschool for All and Preschool for All Expansion prioritizes students with the most systemic barriers by using weighted eligibility enrollment. They provide an additional 1,278 publicly funded slots for the remaining 3,974 eligible children in this age range. The Child Care Resource and Referral (CCR&R) agency provides services and support to families, providers, and communities to enhance the accessibility, quality, and availability of affordable ECEC services. CCR&R indicate that publicly funded slots include 208 students in Head Start, 1,178 in Preschool for All (PFA), and 100 in Preschool for All Expansion (PFAE). When thinking about slot gaps for preschool age children, family choice must be considered. Some families may choose to keep their children at home. They may also consider enrolling in a community-based or license-exempt preschool program. Deciding on a program or enrollment also goes beyond parent choice. Many times, it is based on available options when they enroll. Not all programs have the same qualifications so some families cannot access those services. Therefore, the number of slots available does not truly include all children and families.

Region 3 parents have voiced frustration that with half-day 2.5-hour programs and lack of child care slots; they have nowhere to take their child before school or after school even when transportation is provided. It is because of this they are taking their children out of the Region to child care centers. The Action Council noted that if data is being collected at the Regional level, this practice is skewing data and making it unreliable with the actual slot gap. Parents and caregivers are voicing that they need full-day programs to meet their work schedules. Many are asking for wrap-around care, as they are having to change their work schedules or resign from their positions so they can be home for their child before or after school.

Figure 8: Child Care Capacity and Slot Gap for Children Ages Six and Under



Child care capacity, not reported by age, is 2,757 for the Region’s 8,457 children under five years old. This data does not account for how many children have Family, Friends, and Neighbor (FFN) care or are at home with a parent. Council members have all voiced that it would be helpful to have that data to see how much it affects slot gap. When not reported by age, it’s difficult to know how many slots are available for the 4,275 infants, toddlers, and two-year-olds in the Region. In licensed and license exempt child care centers, the ratios of adult to child for these age groups range from 4:1 up to 8:1, according to the Department of Children and Family Services (DCFS). IECAM reported that the number of children in these programs is 1,838 in licensed and 750 in license exempt centers. The other 750 slots reported are from licensed family child care homes. DCFS family child care regulations state that the provider ratio is as follows: no more than three children under 30 months, no more than six children under five, and no more than 12, including the providers own children, under 12, or a school-age group of eight. Even if every reported slot was for infants, toddlers, and two-year-olds, that still leaves 1,518 children without a slot. Finding child care for this age range means being on a waitlist for more than a year for some reported families or taking their child to a provider that is not licensed. Signing up for child care before you know you are pregnant is not an option.

“

One of my families has a child entering Kindergarten. There are no child care options in the area that the school will transport to at the end of the day, and she can't afford to open enroll in the school where she currently receives child care. Now she is stuck between not sending her child to Kindergarten or quitting her job just to transport at the end of the school day.

- Licensed Child Care Center Owner (Fayette County)

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The child care capacity numbers also do not take into consideration the 4,182 preschoolers in the Region. Publicly funded preschool programs account for 2,793 slots if the children can meet all the requirements for eligibility. However, that leaves 1,389 children without publicly funded preschool. Some licensed child care centers do provide preschool programs and the options of private preschool programs or home schooling are available. Adding to the uncertainty of actual slot gap for child care is that some children occupy more than one slot. This is especially true of the half-day classes when the other half of the day the child needs care. Those children who attend preschool programs must also then find summer care at the end of the school year. Therefore, when it comes to child care, families are facing challenges because a child that had care for nine months has nothing and there are no child care slots available.

The Child Care Assistance Program (CCAP) provides income-eligible working families with access to affordable child care that allows them to continue working by cost-share on a sliding scale based on family size and income. For children ages zero to two, the number of families utilizing CCAP is 195 even though 238 families qualify. The number of eligible families with children ages three to five utilizing CCAP is 207 with 222 families qualifying. This can be attributed to families that are not in a program that accepts CCAP, children that do not require child care, or simply families who are unaware that financial assistance is available. Parents shared that some reasons they do not apply for the program, even when eligible, is often the time versus reward of the application. After completing the initial application and finding out the co-pay, some say the amount paid by the CCAP program was so little it was not worth keeping up the paperwork required. Others who do not apply say that they have tried but the website is hard to navigate, or the links do not work, and they do not know where to go from there. Some child care centers have identified this issue and have started providing paper copies of the application and faxing it in for the family. Parents and caregivers have reported that this has made a difference in their ability to apply, but not all providers do this. There are many families that are struggling financially that do not qualify, but still cannot afford the cost of child care. This keeps some family members from working, which affects the economy, the child's Kindergarten readiness, and keeps families in a cycle where they cannot seem to get ahead of their financial debt.

The main reported drivers for slot gap in Region 3:

- Lack of staff.
- Inability to retain staff because of low salaries and mental health burnout.
- Not enough buses for rural area and inability to adhere to bus standards (children under five cannot be on a bus for more than one hour).
- Insufficient transportation budgets.
- Lack of start-up grants.

Early Childhood Education & Care (ECEC) Workforce



A photo of an adult and a small child interacting.

“ I can’t just leave, even though it has crossed my mind many times. My families count on me, and I can’t abandon them when it seems like the rest of the world has given up and left them behind.

- Prevention Initiative Home Visitor (Christian County)

Early Childhood professionals are an important piece of the Early Childhood landscape, but far too often their voices and experiences aren’t considered when making decisions that impact their work. During nine months of Council meetings, interviews, focus groups, and town halls, the workforce was the most talked about subject when it comes to ECEC. The dedicated teachers and staff who have pledged to care for and educate our children were asked what it is that keeps them in this field when they are ready to give up and they unanimously said the children and families are the reason every time.

Data reported by INCCRRA⁹ shows that the workforce in Region 3 is representative of the population in terms of race and ethnicity, with 98% of the workforce identified as white. This is especially true of licensed center teaching staff where 98% are white and the rest are less than 1% any other race or ethnicity. Licensed Center Directors are 98% white and 2% Hispanic or Latine, while licensed family child care providers are 99% white and 1% Black or African American. The same is true of multilingual staff being representative of the Region with less than 1% of the workforce reporting as multilingual. While there is not a large population of multilingual families, it has been identified that Effingham County does have a need for multilingual staff. Effingham County has the largest Spanish-speaking population in the Region. The Action Council members believe that while they did not have a need for a full-time multilingual translator, it would be helpful to have one for the county so that they could be on call to help when a family walks in or makes an appointment. The Action Council predicts that this will be a growing need.

History has shown the ECEC field has been predominately female, and data shows only five men are working in licensed child care centers or homes in this Region. When discussed in ECEC focus groups, community members speculated the reason was low wages.

Additionally, data shows that 50% of Region 3 staff have a high school diploma as their highest level of education. The data also shows that a small number of people have credentials through the Gateways to Opportunities program, with 85% not having obtained higher than a level one Early Childhood Education Credential. Gateways Credentials are a symbol of professional achievement that shows knowledge, skills, and experience in caring and education for children. According to Action Council members, when programs do not provide a pay increase for optional credentials, employees often opt out.

The data shows all the demographics of the ECEC workforce, but it does not explain what challenges they are facing and trying to overcome. There are so many passionate people who are not ready to give up, however, they have been asking for help for so long that they do not believe it is coming anymore. It is a concern in every facet of ECEC programs that the ability to hire and retain staff gets worse every day. During one interview, a Family and Community Engagement Specialist stated that people will go as far as to schedule to interview and then not show up.

⁹ Workforce data comes from licensed providers who were registered in the Gateways to Opportunities Registry as of March 2021

COVID-19 had a significant impact on both the workforce and children in Region 3. Many children and staff were sent home from publicly funded programs and child care centers in March of 2020. Parents scrambled to figure out job situations and child care, while staff tried to find their place in their new roles. During interviews and discussions with the community, staff reported feeling everything from anxiety, worthlessness, and depression to exhaustion, frustration, and burn-out. For many, it was stated, it was a wake-up call to the fact that education, care, and children had changed, and they did not want to put any more of their time into it. Others stated that they could not mentally stay in the field of education and care. They needed a profession that did not consume their lives and realized they could get that break and not suffer a wage reduction or could use their skills in other professions or in school district positions and receive higher compensation and benefits. When discussing salaries of Site Directors and classroom staff with the Action Council, it was noted that on average they make \$33,195 and \$28,333 per year, respectively; and that these amounts seemed high for most staff. There was also discussion on the difference between someone working in a child care center and someone working for a school district, where it was reported the average salary for a PI/PFA Site Director was \$49,629 per year.

“ My child, who is three years old, has had six different child care settings due to turnovers in staff and closures.
- Family Council Member (Effingham County) ”

“ Every year we have more and more children come in with an IEP, and most children with behavior or social emotional needs don't have one. The ratios that we are to follow in the classrooms make it almost impossible to keep up with the growing needs of these children. Class sizes need to be smaller to provide a learning environment where we can better accommodate.
- PFA Teacher (Bond County) ”

There are initiatives at work in the Region to help combat these issues, hoping to bring more to the ECEC field and help with wage compensation. The Early Childhood Access Consortium for Equity (ECACE) Scholarship has proven to be a large reason for new students in ECEC higher education programs. Both Lake Land College and Kaskaskia College have stated that the number of students entering the program this year has almost doubled with the scholarship opportunity. Greenville University has also seen students entering their program with ECACE Scholarships along with their own work to provide an Early Childhood Education Teaching Endorsement over the summer for interested teachers. Furthermore, the CCR&R Early Childhood Education (ECE) Navigators are reported to be an asset to colleges and students in the Region. These Navigators help guide students through the college process with appropriate courses for the desired degree and endorsements. They also help with accommodations and modifications for student needs.

High schools in the Region are partnering with CCR&R agencies for ECE high school courses that prepare students for careers in the ECEC field. They can graduate with a Level One ECE credential from Gateways to Opportunity and enter the workforce or further their ECEC education at a college or university.

The Great START Wage Supplement Program provides supplemental income for the child care workforce and many programs and staff have taken advantage of this opportunity. It has been noted that directors are aware that this wage supplement is ending and there is concern about what will happen next. “You know, it's what will we do? We are already so short-staffed I have rooms closed so when this is gone, I'm going to have to move that cost to the families and we all know they can't afford it. I guess we'll have to look at closing our doors,” stated one licensed center director. Effingham County has created their own wage supplement program that ECEC employees can apply for. While this program was created with public funds, it is on track to be supported by local stakeholders in the community.

It is evident that, in recent years, there has been a realization that ECEC workforce issues are not going away and the State, along with communities, are attempting to remedy some of the issues. However, it's difficult to determine to what extent these initiatives are helping because data is not collected from education and programs, and just comes from Gateways to Opportunity data. When working with the Action Council and Family Council together, members concluded that attempting to eliminate slot gap before producing a plan to address the workforce on a permanent basis is causing confusion and anxiety for program directors. As one school district principal stated, "I don't know whether to apply for the ISBE RFP because I don't know if I'm going to find staff to fill the positions if awarded even though I know that the slots are needed in the community." It has been stated many times in the communities that child care is the workforce behind the workforce. These are the people who are entrusted with our children's safety and well-being, and they are compensated significantly less than the median income.

Parent/Family/Caregiver Voice

Parents, families, and caregivers are at the center of the Early Childhood landscape. When families are engaged in their child's care and education, they can provide input while working with the program in the best interest of the child. Many programs invite parent, family, and caregiver involvement, but don't truly engage with them in meaningful ways. Parents and caregivers can bring the treats for snack time, or they can chaperone a field trip, but they are not invited to co-create solutions to problems that directly impact and affect them. Program directors, principals, and staff tend to determine what is best for families without seeking the parents' ideas or input. Subsequently, engagement is often misinterpreted as families supporting the program and its work. Effective family engagement is a partnership and collaboration in which families, parents and caregivers share in the labor and decision-making process from start to finish. This balance of shared power and shared responsibility positions parents and caregivers to have a voice in the programs and services that best meets the needs of their family and community. In this section, we will highlight the top three categories that parents and caregivers identified that their families need to be addressed.

Staff Shortage

Since the COVID-19 pandemic, child care centers across the nation have been experiencing a shortage in staff returning to classrooms like never before. While the reasons for the shortage of staff are numerous, what is even more compelling is the impact the staff shortage has had on working families. In Region 3, families have had to quit their job, move, have a family member move closer to them to provide care, use a crisis nursery, or drive to different towns to get care.

A father in Fayette County stated that it was impossible to find child care for their three children in one center when they had to close a room because of lack of staff; they had to take their youngest to another program entirely. An Action Council member with programs across the Region shared that they were unable to open one of their preschool center locations because there were not enough staff. They needed 13 staff between their locations, and two teacher positions were open at any given time.



An adult and an infant baby laying down smiling at each other.

“

I know that the staff at our child care center genuinely care for my child. However, they are stretched so thin working long hours with the staff shortage along with going home to their own children, that I'm waiting for the burnout and for the staff that's left to quit.

- Parent (Effingham County)

”

“

The amount of work that needs to be done, the level of stress with the position, and the required classes that programs want you to take outside of work time there is no way I would sign up for that job. I have no idea how they do it.

- Community Member
(Montgomery County)

”

Cost of Child Care

Several parents reported that even if there was room in a center for their child, they had to turn it down because they could not afford the price. While the Child Care Assistance Program (CCAP) has been helpful for many families, especially with the change in income requirements, there are still many who do not meet the required income level to qualify. Selecting child care should be a choice that is best for your child, however, almost every parent that our team spoke with stated that is not the factor for deciding. In fact, it is almost never a decision, but families either took what was available or face the risk of losing their job.

“

My child care costs more than my mortgage, taxes and insurance every month. It's to the point that we are unable to afford groceries or gas. There are nights that I go to bed hungry so that my children are full.

- Community Member (Christian County)

”

“

Even with two working adults in our family, it's \$1,000 a month for one kid. That's outrageous.

- Community Member (Bond County)

”

Accessibility to Care, Especially Specialized Services

Several Family Council members reported that the resources they received so that their children could get assistance for special needs or diagnoses, or for caregivers to get support, were valuable. Caregivers also reported that some of the specialized programs and services did not meet their expectations. While some programs simply did not have the staff required, other programs lacked qualified staff.

“

I pulled my child from his program when they could not meet his needs; not because they didn't try. We ended up selling our house and moving into a smaller one so that I could quit my job and stay home with him. We just couldn't find a place that met his needs.

- Family Council Member (Effingham County)

”

“

My husband and I were discussing the desperate need for counseling at younger ages again yesterday. He works at Graham Correctional Facility, and he noted there are 10-20 counselors out there that the State is funding. Our school, on the other hand, has 600+ students and has one full time social worker and one counselor that goes between schools. How big of an impact would it make if the State started to make counseling a priority for children who are experiencing hard things early on in life... It could make a massive impact if we can start reaching individuals early in life, before their brains are fully developed, helping to form healthier neural pathways

- Parent (Montgomery County)

”

“

We only had one option for child care, but the center doesn't open when I need it to, so I have to drop my child off at his grandparents' and they take him before they go to work. Some days they must pick him up, too, because the center is closing due to school getting out early or because they are closing before I can get off work and get him.

- Community Member (Bond County)

”

Navigating the System

Parenting is hard work! Often, parents and caregivers feel lost and alone trying to figure out what services their children need and how to access those services. There is no handbook or manual available for parents to guide them on how to access the services and programs needed. Ultimately, parents figure out by trial and error how to navigate what can be a very complex ECEC system.

“ I fled an abusive situation in another state. When I enrolled my daughter in the PFA program in our community, the support staff was so helpful in finding an apartment, a job, and how to navigate the state benefits that I qualified for. I was sad when my daughter aged out of the program because I knew I would miss the support that was only a phone call away, even if it was only a congratulations when I got my acceptance letter into the nursing program.

- Parent (Bond County)

“ I was terrified when I had to go to the school for my child’s first IEP meeting. It was great that the school sent someone to meet with me before and gave me this book to record my questions and information on my child. It also had sections for each IEP meeting. We talked about the lingo and jargon that the Special Education team would use, and I got a cheat sheet of acronyms. If this didn’t happen, I don’t know what I would have done. I have never seen a program that did this for parents. Every one of us could use this support.

- Parent (Bond County)

“ My son’s child care center had the CCAP application ready for me with their information filled in. I took it home and filled it out and they faxed it in for me. It was so helpful because I really didn’t know what I was doing.

- Parent (Bond County)

Achieving positive child outcomes cannot be one-dimensional or achieved in isolation. It depends on a strong and supportive relationship between the program and the parent/caregiver. It also requires a “whole child” approach. This means not only addressing the child’s needs but the needs of parent(s) or caregiver(s). Parents and caregivers often depend on their ECEC provider for resources, parenting information, and connections. Engaging families and developing these relationships is a core component of a quality program and addressing these areas would go a long way in achieving these positive outcomes.

Regional Strengths & Needs

The Family Council, Action Council, and community members at large all expressed that Region 3 has many strengths in the current ECEC system. While praising the existing programs, they also acknowledged that there were areas in which ECEC may be more accessible and equitable to families and where it may better support providers.

Strengths

- Small community qualities.
 - Strong connections to each other and willingness to help.
 - Dedication to the community and advocating for its needs.
- Community resources and collaboration.
 - Stakeholders working with community members to provide family outreach.
 - Organizations providing resources.
 - When lacking resources, organizations do what they can with what they have been provided.
- Education and child care programs.
 - Teachers and staff are held in high regard.
 - On-site child care programs are in businesses (e.g., Effingham County).
 - Higher education institutions support the need for ECEC educators through grants and classes, along with community advisory panels to find out what schools and programs need from the graduates.

Needs

- Mental health and trauma-informed care training and professional development.
- Affordable child care.
- Higher standards of quality for programs including support to meet the needs of all children and programs that are more inclusive.
- Close the slot gap with additional programs including full-day and wrap-around care.
- Services to support children with special needs including Early Intervention providers and medical providers to serve rural areas.
- Collaboration among providers and organizations to promote system alignment and improvement with intake process, organization of resources, comprehensive data collection, and funding structure.

Recommendations

The recommendations of Region 3 will take collaboration between entities and stakeholders in community organizations, private businesses, and local and state government. It has been discussed that system alignment and growth would be an important starting point. This would include aligning intake processes with one Regional system, comprehensive data collection methods, and aligning funding structures.

- Provide mental health and trauma-informed training and professional development for the ECEC workforce. Head Start and PFAE programs have a great start with embedded Early Childhood Mental Health Consultants for both students and staff. Hire Early Childhood Mental Health Therapists as part of a county-wide resource for child care centers and family child care homes to contact when children need crisis intervention.
- Increase access to affordable child care. Many families that do not qualify for CCAP still cannot afford child care. Increase the number of programs that utilize CCAP along with user-friendly applications and higher income eligibility to include lower middle-income families with a co-pay.
- Create higher standards of quality for ECEC programs. This will include better compensation, benefits, and reimbursement for education after years of service for the workforce. This would also support teachers and staff, so they have more opportunities for career advancement and ensuring the field has more sustainable positions. Standardized quality control for both the ECEC workforce and grant opportunities would decrease inequities between programs and prevent hiring unqualified employees. All publicly funded grants should be needs-based.
- Fund additional slots that support inclusion and expand on services that offer alternative delivery models that overcome barriers for families (e.g., transportation, family child care homes, home visiting, and wrap around care.)
- Collaboration between programs/services and blending and braiding of funding to provide services and support to children with special needs including Early Intervention and medical providers in rural areas.

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

Appendices

Appendix A: References

Please add any additional citations from the body of the Needs Assessment in this section. Your final Appendix A should be in alphabetical order beginning with the first letter/word of the citation.

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14. Whitehead, J. (2021). Illinois' Early Childhood Workforce 2020 Report. Bloomington, IL: INCCRRA. Site name: https://www.inccrra.org/images/datareports/Illinois_Early_Childhood_Education_Workforce_2020_Report.pdf

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.

Parents, Families, 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?
9. What experiences/ challenges do you think are specific to grandparents raising grandchildren?

Caregivers Experiencing Homelessness

1. How has being unhoused affected your ability to obtain education or child care? If yes, how?
2. What resources were/are lacking that would have been helpful to you and your family?
3. What resources have you used that benefited you and your family?

Foster Parents

1. What challenges are unique to foster families and children in foster care?
2. Have you ever had to turn down taking a placement because you couldn't find child care for them? Why else have you had to turn down taking a placement (lack of services (what services), lack of support, frustration with the system, etc.)
3. Where have your placements come from (within our Region or outside of our Region)?
4. How have multiple placements impacted the children you've fostered? How has this affected their development, education, etc.?
5. How has your experience been with the foster care system? What is working well? What recommendations do you have for improving the experience of families and children in the foster care system?
6. Are there any local or regional programs or funding sources supporting foster families and children in foster care? What has been beneficial? What needs to be added?

Business Owners, Human Resource (H.R.) Professionals, Economic Development/Chamber of Commerce Members

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?

Appendix C: Additional Resources

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

1. CEFS Head Start End of Year Report:

https://www.cefseoc.org/_files/ugd/aa564e_bafc31dde3ab494b8dad389071dae9a5.pdf

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