![Birth to Five Illinois logo]

Early Childhood Regional Needs Assessment

Statewide Report

Contact Information

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Introduction

Introduction

Early Childhood Education and Care (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, center- and home-based child care, and family, friend, and neighbor 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.

Birth to Five Illinois was created to help bridge the gaps that exist between families, caregivers, ECEC providers, and decisionmakers. We rely on quantitative data, collected from state, local, and private agencies and organizations, and qualitative data, collected from families, caregivers, providers, and stakeholders, to develop recommendations that will make ECEC services and supports more equitable for all children and families in the State.

Our Mission

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

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/Goals

- **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 decisionmakers 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.

Birth to Five Illinois was founded in September 2021. Work began with the hiring of our state backbone support team while simultaneously introducing this new system to individuals and organizations across the State via virtual kick-off events. Shortly after, we hired 39 Regional Council Managers in the summer of 2022 who quickly began developing community relationships and recruiting Council members. These community Councils led the analysis of state data (and local community qualitative data) to develop the Early Childhood Regional Needs Assessments that were published in July 2023. This report provides context for the Early Childhood Regional Needs Assessment and a summary of the statewide needs discussed and identified in the reports.

Early Childhood Regional Needs Assessments

Early Childhood Regional Needs Assessments

During regular, bi-monthly meetings, Action Councils, Family Councils, and Regional Teams reviewed quantitative and qualitative data related to ECEC services, programs, and supports, and worked together to create a Regional Needs Assessment to highlight the experiences of families and caregivers throughout the Region, as well as strengths, needs, and recommendations developed by both Action and Family Council members.

Between September 2022 and June 2023, there were 473 Action Council meetings and 376 Family Council meetings.

Methodology

All Regional Team members received training on how to interpret quantitative data provided by Illinois Action for Children (IAFC), the Illinois Early Childhood Asset Map (IECAM), the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), and Birth to Five Illinois staff, as well as how to collect and analyze qualitative data provided by both Illinois Action for Children and the Birth to Five Illinois State Team Data Strategist. During focus group and interview training, Regional staff learned that data at Birth to Five Illinois is collected ethically, equitably, voluntarily, and anonymously.

Ethically

All data must be collected as the participant presents it and may not be excluded because we do not agree with the answer. Data that conflicts with our own experiences and understanding is valuable in that it forces us to consider a new point of view and invites discussion.

| Ethically	Equitably
Voluntarily	Anonymously

Equitably

Data collection must happen in a way that best suits a participant. This means that we must consider language, disability, accessibility, translation, transportation, child care needs, and reading comprehension (among other needs) when we invite someone to participate in an interview/focus group.

Voluntarily

All participants must freely choose to be a part of the research. They must give their consent uncoerced and without the promise of additional incentives (beyond the standard offered to every participant). Participants may also withdraw consent at any time.

Anonymously

The data we collect from interviews/focus groups can have a name attached to it when it is collected; however, if we use it in publications and/or presentations, it must be de-identified. Offering anonymity to participants allows them to provide honest feedback.
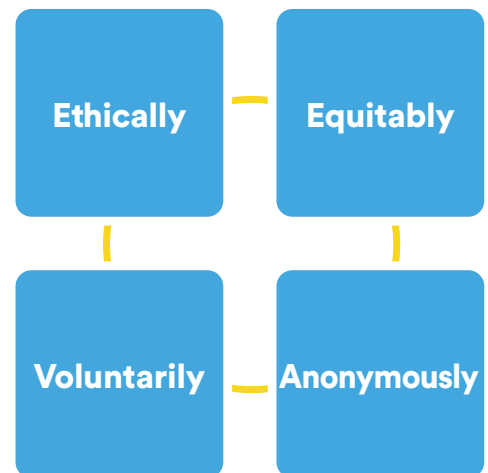
Strategic & Unbiased Recruitment

Focus group and interview respondents were recruited online, through newsletters sent by Regional and State Teams, via social media, and through state and local partner agencies and organizations. Consent forms were made available online and in person, and the rights of participants were discussed throughout the recruitment and focus group or interview. Below is a more in-depth discussion of both the quantitative and qualitative methods used by Birth to Five Illinois Regional Teams.

Quantitative Data

Quantitative data was provided to Birth to Five Illinois by IECAM and INCCRRA, with support from IAFC, that included the development of asset maps, training on IECAM data and the IECAM website, and a training that all Regional staff attended on ECEC data. Some Regions received additional data from their local Child Care Resource & Referral (CCR&R), Head Start, or school district, and some utilized existing reports such as the Erikson Institute Risk and Reach Report and INCCRRA-produced workforce reports.

Regionally based demographic, programmatic, and service provider data from IECAM (2020-2021) and workforce data from INCCRRA (2021) were presented to Action and Family Council members during meetings. 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.

Qualitative Data

Where quantitative data was not available, Regions relied on the collection of qualitative data from community and Council members to help fill in some of the gaps. Qualitative data also served to provide context for the quantitative data available.

Between November 2022 and January 2023, all Regional Council Managers, Family & Community Engagement Specialist (FACE) staff, and most Administrative Support staff attended training on data ethics, consent and coercion, data management and storage, how to recruit participants, and how to conduct focus groups and interviews. Each Region met with the State Team Data Strategist multiple times to discuss recruitment strategies, questions, format, and challenges with setting up and/or conducting focus groups and interviews. A consent form was created, accessible to participants online and on paper; one version was for participants under the age of 18, and another for those over the age of 18. The consent form was made available in English, Spanish, Polish, and other languages based on the needs of the Region and modeled off university IRB-approved language (see Appendix B for consent form).

Across all 39 Regions, 238 focus groups were conducted with 1,445 participants; we also conducted 525 interviews with community stakeholders and held 205 listening sessions with cross-sections of their communities.

Participants included people from the business sector, Chamber of Commerce, CCR&Rs, Head Start, Early Intervention, ECEC, Preschool For All, licensed and license-exempt child care programs, home visitors, Infant/Early Childhood Mental Health Consultants (I/ECMHC), mental and behavioral health professionals, community members, faith leaders, family service providers, food pantry workers, healthcare employees, higher education employees, local Early Childhood Collaboration members, local and county elected officials, local school district administrators and teachers, nonprofit organizations, the Regional Office of Education (ROE), domestic violence and homeless shelter employees, speech pathologists, parents/caregivers, and others. Questions were developed by State and Regional staff members, with input from Council members. Questions were provided to Regional Teams as a basis for their focus groups and interviews (see Appendix B for question examples). Additional questions were added by Regional Teams to glean information about programs, agencies, organizations, and experiences that are unique to their Region.

Regional Teams relied on community partners and Council members to help them set up focus groups and interviews; IAFC, for example, partnered with the four Cook County Regions (1-A, 1-B-B, 1-B-C, and 1-B-D) to help recruit, schedule, and host focus groups that targeted ECEC professionals. However, Regional Teams also made cold calls, visited agencies and organizations related to ECEC and family services, and attended events to recruit participants.

Prior to the start of a focus group or interview, Regional Team members affirmed the rights of participants, confirmed consent, and offered space for questions (see Appendix B for Focus Group Protocol example). *Each participant had to confirm their consent to record the session; if one participant said no, the focus group or interview could not be recorded.*

Regional Teams also took the focus group and interview questions, along with others that were specific to their community, and created paper surveys to take to events to capture the voices of those who were unable to commit to attending a focus group or interview. The questions served as a basis for the online survey, which was sent to those who wished to participate but could not schedule time to meet with a Regional Team member (see Appendix B for survey questions).

Across the State, 364 surveys were collected and analyzed by Regional Teams (with the support of the Data Strategist).

The survey asked people to identify the county where they lived and worked, and whether they were a parent or caregiver to a child aged eight or younger. If they answered that they were a parent or caregiver to a child aged eight or younger, they were invited to answer a set of questions to better understand their experiences with ECEC (see Appendix B for survey questions). Once they completed the questions, they were invited to answer additional questions based on their professional role. They were welcome to decline the invitation, move to the end of the survey, and answer demographic questions before submitting the survey.

If respondents answered that they were not a parent or caregiver to a child age eight or younger, they were asked to identify their professional role/sector and then asked a short set of questions that pertained to their chosen role/sector. The questions in the online survey were based on the focus group and interview questions listed previously.

In total, 212 online surveys were completed; 116 respondents identified as a parent or caregiver to a child aged eight or younger.

Table 1 shows the percentage of those who completed the survey by self-identified role/sector; it does not include those who completed the parent questions and chose to not continue the survey or those who chose "Stay at home caregiver" as a role or sector.

In total, 156 people answered questions specific to their role and sector.

Table 1: Online Survey Respondents by Role/Sector

Child Care or Preschool Provider (Head Start, Early Head Start, licensed child care provided in homes or centers, licensed-exempt centers, or family child care, etc.)	21%
Local School District Teacher	9%
Home Visitor	8%
Local School District Administrator	6%
Social Worker	6%
Early Intervention	4%
Healthcare Provider (Physician, Nurse, Physician's Assistant, Health Department, Health Educator, etc.)	4%
Local/County Elected Official	4%
Community Worker (Librarian, Safety Officer, Mail Carrier, etc.)	3%
Higher Education Employee	3%
Staff from Regional Office of Education	3%
Business Owner, Employer/Human Resource (HR) staff, Chamber of Commerce staff, Economic Development Council member	2%
Faith Leader	2%
Human Resource (HR) staff	2%
Local School District Staff	2%
Mental Healthcare Provider	2%
Child Care Resource & Referral (CCR&R)/Coordinated Entry	1%
Family Service Provider (Domestic violence shelter, shelter for the unhoused or those experiencing homelessness, recent refugee or immigrant Welcome Center, etc.)	1%
Infant/Early Childhood Mental Health Consultant	1%
Local Early Childhood or Education Collaborative	1%
Other	15%

Source: Birth to Five Illinois, 2023
Created by: Birth to Five Illinois

The Action Councils had a total of 629 people who served, and the Family Councils had 449 people.

Below (Tables 2 and 3) is a summary of the demographic makeup of each Council type from all members who served during Year One.

Table 2: Online Survey Respondents by Role/Sector

Council Type	Female	Male	Nonbinary/ Genderqueer/Genderfluid	Not Specified
Action	534	54	2	39
Family	425	17	4	3

Source: Birth to Five Illinois, 2023
Created by: Birth to Five Illinois

Table 3: Self-Identified Race and Ethnicity by Council Type

Council Type	Asian/ Pacific Islander	Black/ African American	Hispanic/ Latine	Middle Eastern	Multi-Racial	Native American	Not Specified	White
Action	11	96	28	0	17	1	41	435
Family	7	68	60	2	14	1	3	294

Source: Birth to Five Illinois, 2023
Created by: Birth to Five Illinois

Qualitative data collected from focus groups, interviews, surveys, and Council meetings were analyzed by Regional Teams with the support of the Data Strategist, Data Coordinator, and the Regional Council Manager's IAFC coach. Answers were sorted into themes (or broad ideas) that were then provided as context for the qualitative data supplied by IAFC, IECAM, INCCRRA, and/or the U.S. Census, and found in reports from Erikson Institute, the Illinois Department of Children and Family Services (DCFS), and others. Quotes and stories that personalized the data were pulled and de-identified to protect the anonymity and privacy of focus group, interview, survey, and Council participants.

The Early Childhood Regional Needs Assessments were presented to Council members to confirm data and findings and then reviewed by members of the State Team and outside consultants for grammar, spelling, relevancy, understanding, and use of humane language. The reports were finalized by Birth to Five Illinois in June 2023, reviewed by state agency partners, and released to the public via the Birth to Five Illinois website on July 31, 2023.

Data Challenges

There were multiple challenges with the ECEC data available to Regional Teams. First, data was initially pulled from the IECAM site in the spring of 2022 and packaged by an external partner to include charts and graphs, but Councils were not launched until fall 2022. While the data was updated on the IECAM website between those dates, it was not updated in the packages for Regional Teams due to a lack of time and staff.

Some Regional staff were familiar with the data or understood how to use the IECAM site, so they pulled updated data to use during Regional Council meetings. While most of the data did not radically change from 2022 to 2023, some of the data regarding the number of child care centers and homes had changed quite a bit. Many Council members left feedback through a survey that they were unhappy with using older data to guide the conversations and plans for scheduling data pulls closer to meeting dates have been made to mitigate this issue in the future.

Available demographic and ECEC service data is also lagged; updates to the IECAM website happen yearly because there is currently no mechanism for statewide agencies to update data continuously or on a more regular basis. The data is also aggregated, not student or child-level, meaning that it is impossible to determine how many children are receiving multiple funding streams to support their care and development.

For example, a three-year-old in Region 39 may attend half-day Head Start in the morning, use Child Care Assistance Program (CCAP) to attend a licensed child care center after Head Start ends, and Early Intervention services but will be counted separately in the data because there is no platform that connects that child to multiple publicly funded programs.

Also important to note is that service data reported on IECAM shows proposed, funded, or licensed child care capacity, but not actual enrollment data for programs. This means that researchers can see how many children might be served in a program, but we do not know the actual number of children who are being served in programs across the State. That data is not accessible unless the program is willing to share the information. Some Regional Teams were able to ascertain actual enrollment numbers or understand how full enrollment was for some programs because directors, teachers, or child care providers served on their Council and were able to provide that information.

The Chicago Early Childhood Integrated Data System (CECIDS) is the first program in Chicago that uses a cloud-based platform to collect state and community-level data related to Early Childhood. The dataset includes the number of children who are eligible to be served by Early Head Start, Head Start, Preschool for All, Prevention Initiative, public preschool through Chicago Public Schools, and CCAP.

There were also some community partners who were willing to share reports or aggregated data with Councils, such as Head Start programs. However, that data had to be searched out by Regional Teams and Council members because there is no centralized depository for local ECEC reports or data.

As all Regional Teams noted in their Needs Assessments, data for priority populations is also largely unavailable or out of date.

The Illinois Early Learning Council (ELC) identified groups across the State as priority populations, defined as a population that faces economic disadvantages and a lack of a support system, who do not receive equitable resources compared to other students in the academic pipeline, and do not have adequate access to Early Childhood programs due to the programs' location, cost, enrollment requirements, or capacity to serve the comprehensive needs of families.[1]

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[1] https://oecd.illinois.gov/content/dam/soi/en/web/oecd/earlylearningcouncil/access/documents/priority-populations-updated-2021.pdf

The list includes but is not limited to:

- Families with refugee or asylee status
- Families who face barriers due to immigration status
- Families with parental involvement in the criminal justice system
- Families of migrant workers
- Families unable to access resources due to limited language, and/or religious or cultural beliefs
- Family or caregiver with less than a high school diploma or degree
- Families that are involved with DCFS
- Families with income at or below 50% or 100% Federal Poverty Level (FPL)

Data on families living on incomes at or below 50% or 100% FPL was available through IECAM and some information about families who are involved with DCFS was available through their monthly reporting by county, but there is limited quantitative data available on other priority populations.

Regional Councils had to largely rely on qualitative data collected from people who identify as a member of a priority population, gathered through Council meetings, focus groups, interviews, and community meetings. Qualitative data was analyzed and included throughout the Regional reports.

Finally, Birth to Five Illinois is comprised of 117 Regional staff, all of whom have different levels of experience working with data. Some Regional staff were familiar with the Early Childhood data they were asked to use during discussions with Regional Council members; however, even more staff came into their positions without familiarity with Early Childhood data. To support staff and level-set a basic understanding of the data, they received training from IECAM on how to use their site and an introduction to Early Childhood data training from IAFC. The Birth to Five Illinois Data Team offered additional training to ensure the data collection and analysis process was conducted as ethically and unbiased as possible. Trainings included:

- Conducting focus groups and interviews
- Data Collection, Interpretation, and Discussion
- Data Ethics
- Report Development Support
- Turning Data into a Story
- Writing Alt-text for Charts, Graphs, and Maps
- Writing Needs and Recommendations

Collected data and short analyses were included in the Regional Needs Assessments.

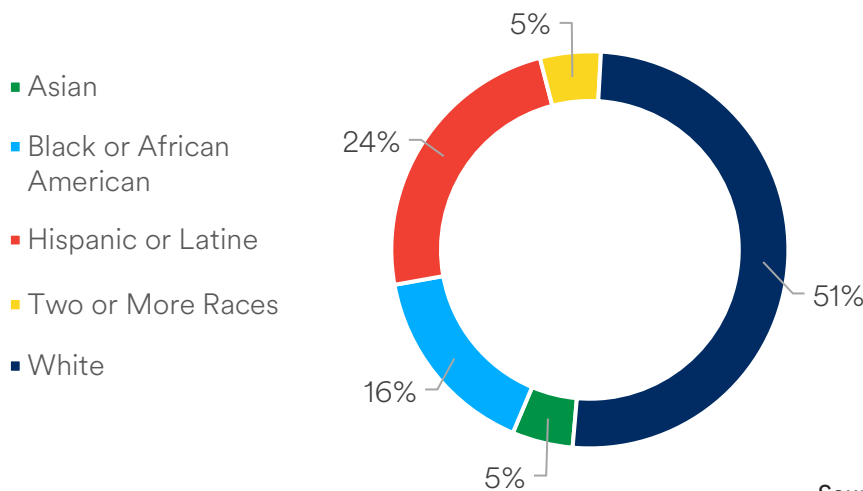**Statewide Early Childhood Regional Needs Assessment Insights**

Statewide Early Childhood Regional Needs Assessment Insights

Included in this section are statewide ECEC statistics, as well as state-level needs and recommendations compiled from all Regional reports. These were developed with input from Action and Family Council members, families, caregivers, ECEC providers, and other community members, and finalized by Regional Councils. They reflect the quantitative and qualitative data that was compiled over an eight-month period and provide insight into how the State can best support communities.

According to updated 2021 Census numbers (which do not accurately represent the entire population), Illinois has a population of 12,821,813; in 2021, there were 886,939 children aged five and under across the State. This is 118,921 less than in 2010.

The Census also reports the race and ethnic identities of children who are aged four and under. While most of those children are identified by respondents as white (Figure 1), there are communities that are more racially and ethnically diverse in and around the Chicago and St. Louis metropolitan areas, Peoria, Springfield, Macon, Champaign, Danville, Carbondale, and Rock Island (to name a few).[2] But, many Regional Councils noted that due to reported issues with the 2020 Census, there were many communities undercounted.

Figure 1: Percentage of Children Ages Five and Under by Race, Ethnicity[3]

- Asian
- Black or African American
- Hispanic or Latine
- Two or More Races
- White

5%
24%
51%
16%
5%

Source: IECAM, 2021
Created by: Birth to Five Illinois

There are also small but growing communities of people whose primary or home language may not be English or may include English, including French-speaking Congolese in Galesburg (Knox County), Monmouth (Warren County), and Aledo (Mercer County). In Beardstown (Cass County), there are immigrants from the Democratic Republic of Congo, Senegal, Togo, Burkina Faso, Benin, Chad, Angola, Myanmar, Micronesia, and South Korea. In 2021, 4% (211,120) of households across the State responded that they are limited

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[2] IECAM has developed a map that shows where children ages 18 and under were living on April 1, 2020: https://iecam.illinois.edu/browse/data/race-ethnicity-children-under-age-18

[3] Based on Census categories. Some racial/ethnic categories not represented in chart due to small number of respondents: American Indian and Alaska Native (520), Native Hawaiian and Other Pacific Islander (103), Other (2,297)

English speaking. Two percent (104,878) identified as primarily Spanish-speaking, and 2% (106,2424) identified as primarily speaking other languages. The diversity of languages other than English spoken presents a challenge for many small communities, who not only struggle to find ECEC staff but also those who can communicate with children and families in a language that is familiar to them.

The Regional Needs Assessments also focused on data related to priority populations their Councils identified as being part of their Region.

One priority population that every Region identified was children in families living at or below 100% of the Federal Poverty Line. The Federal Poverty Level (FPL) is a measure of income 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. In many cases, it is used to determine eligibility for programs and services. Someone living at or below 50% FPL is considered to be living in "deep poverty, while someone living at or below 100% FPL is considered to be living at "the poverty line" (Table 4). Throughout the State, 30% (216,231) of the children ages five and under live at or below 100% FPL; 710,354 live at or below 400% FPL (Table 5).

Table 4: Federal Poverty Levels for a Family of Four[4]

	50% FPL	100% FPL	150%	185%	200% FPL	400%
Family of 4	$13,250	$26,500	$39,750	$49,025	$53,000	$106,000

Source: Department of Health and Human Services, 2021
Created by: Birth to Five Illinois

Table 5: Number of Children Birth to Five Living in Illinois at or Below 400% of the Federal Poverty Level

	0 to 50% FPL	51 to 100% FPL	101 to 185% FPL	186 to 200% FPL	201 to 400% FPL
Number of Children Ages Birth to Five	99,833	116,398	184,377	25,443	284,303

Source: Department of Health and Human Services, 2021
Created by: Birth to Five Illinois

Local Early Childhood Collaborations

Local Early Childhood Community Collaborations bring together groups of people and organizations to support the ECEC needs of a community, often focusing on increasing enrollment in quality, affordable Early Childhood programs so children enter Kindergarten ready to learn.

"The earlier we identify and start intervening, the better the outcomes for the child."

– Community Member (Region 17)

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[4] Federal Poverty Levels from 2021 used in the table to align with latest available data from IECAM (see Table 5).

The Partner Plan Act[5] directory lists 56 Early Childhood Collaborations that serve communities, counties, and regions throughout the State. Most Collaborations are in the northern and northeastern counties of the State, as well as in counties at the southern end. Fifty-two Illinois counties do not have any Collaboration listed in the directory; however, it should be noted that Collaborations are not required to register with Partner Plan Act, so there may be additional groups that could be described as and/or doing the work of a Collaboration but are not included in the directory.

To increase the number of Collaborations throughout the State, especially in areas that do not have an established Early Childhood Collaboration, Birth to Five Illinois distributed $3.2 million in grants to new and emerging collaborations in 27 counties in FY23.[6]

The grants were funded by the Illinois Department of Human Services (IDHS) and the Early Childhood Governance and Finance Project of the New Venture Fund. Funds could be used to solidify community partnerships, hire dedicated staff, and develop coordinated intake processes to ensure families are connected to the programs and services for which they are eligible. All grantees can be found on the Birth to Five Illinois website at: www.birthtofiveil.com/grant-recipients. Below are a few grantee highlights.

In Fiscal Year 2023, Birth to Five Illinois distributed $2,624,930 in Implementation Grants to existing Local Early Childhood Collaborations and $575,070 in Planning Grants to groups seeking to establish new Early Childhood Collaborations.

Glenbard Early Childhood Collaborative

The Glenbard Early Childhood Collaborative[7] is a group of community-based partners who work with families and young children to develop and support an environment where all are safe, happy, healthy, and eager to learn. The Glenbard Community includes Glendale Heights, Glen Ellyn, Lombard, and parts of Addison, Bloomingdale, Carol Stream, and Wheaton, Illinois. The Collaborative received an Implementation Grant of $133,840 to increase the number of developmental screening opportunities to determine eligibility for Early Intervention (EI) services and collect data related to screenings, Early Childhood enrollment, and families referred to serves through the Integrated Referral and Intake System (IRIS).

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[5] https://higherlogicdownload.s3.amazonaws.com/ACTFORCHILDREN/35e7dc4d-525c-45bc-ba2c-48e6466050e3/ UploadedImages/PPA_Directory_Final.pdf

[6] https://www.birthtofiveil.com/grant-recipients

[7] https://www.casedupage.com/glenbard-early-childhood-collaborative/

Southern Illinois Coalition for Children and Families

The Southern Illinois Coalition for Children and Families[8] is a cross-sector collaboration of agencies and individuals dedicated to working together to improve the quality of life for young children and their families across 15 counties in southern Illinois. The Coalition's primary focus is to build/rebuild systems to ensure children/ families have access to the programs and services they need to grow and thrive. The Coalition received an Implementation grant for $111,150 to go toward their work.

All children and families in southern Illinois will have access to the education, programs, services, and supports they need to flourish and succeed in life. The Southern Illinois Coalition for Children and Families is dedicated to providing leadership and support that builds strong communities, strengthens families, and promotes children's success in school and life.

In May 2023, the Coalition announced that 13 ECEC programs signed on as Ages & Stages Questionnaire (ASQ) screening partners, including:

- Anna PreK
- Bright Beginnings, Carrier Mills
- Bright Beginnings, Eldorado
- Bright Beginnings, Southeastern Illinois College (SIC)
- Kids and Company, Benton
- Southern Illinois Kids Academy, Thompsonville
- Six of the Southern Seven Head Start and Early Head Start programs

The community partners participate in one of three ways: as a full partner, using the ASQ system; as a child profile partner, providing child-specific information to reduce duplications in data; or providing the Collaborative with aggregated data.

Clay County 0-5 Advisory Board and Effingham County Early Childhood Collaborative

The Clay and Effingham County Communities have two separate Early Childhood Collaboratives. The Collaboratives received a Planning Grant of $99,000 to create a Coordinated Intake process using the Integrated Intake and Referral System (IRIS) system. The focus has been on those serving families who have children ages birth to five, inside and outside of the standard birth to five services.

Current Collaborators include the Health Department, C.E.F.S. Head Start, three child care centers, Early Intervention, United Way, Chamber of Commerce, Birth to Five Illinois Regional representatives, Family Life Center (parent counseling, STI testing

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[8] https://southernillinoiscoalition.org/
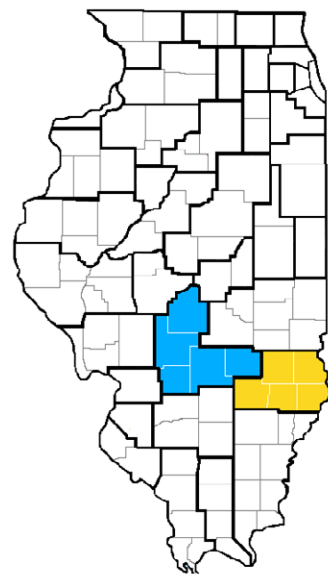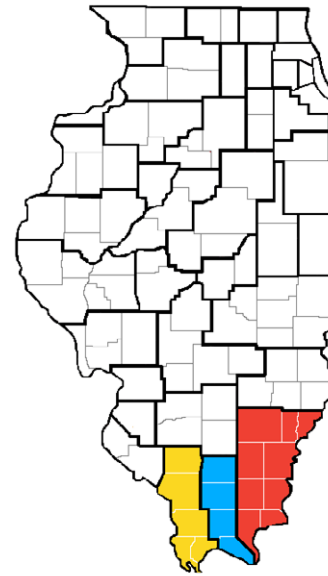
and counseling), Substance Abuse Recovery programs, Illinois High School Diploma provider, Lincoln Prairie Behavioral Health, and the area school districts. To serve the whole family, the Collaboratives have engaged with food pantries, pregnancy centers, and others to produce successful outcomes for children.

ROE26 IRIS Community Collaboration

Birth to Five Illinois grant funds have been used to serve families in four counties: Fulton, Hancock, McDonough, and Schuyler. A new Collaboration (ROE26 IRIS Community Collaboration) has been established among ROE26 ECEC providers and social service programs and received a Planning Grant of $62,000 to support their work.

The Collaboration is working to create a streamlined referral and intake system to help local Early Childhood Education and social service agencies better coordinate the care and support they are providing area children and families and improve communication to better meet the families' needs. This increased coordination is being accomplished through purchasing and implementing IRIS, an integrated referral and intake system, and identifying and onboarding key Early Childhood and social service agencies. The grant money has covered the cost of IRIS, staffing, equipment, mileage, administration, and services provided to the Collaboration.
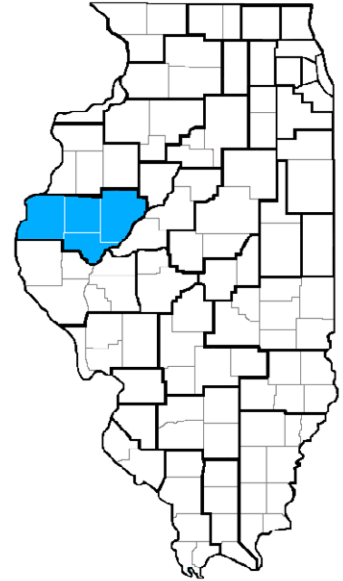
Early Childhood Education & Care (ECEC) Programs

ECEC in Illinois is made up of several programs, including those that are publicly funded, and while programs and services for families and children exist across the state of Illinois, they are not accessed equitably. Additionally, funding for ECEC has been siloed across multiple state agencies and has lacked a cohesive process for distributing funds to providers. To understand the local impact and usage of ECEC programs and services, Regional Teams examined data related to publicly funded programs, licensed child care centers and homes, as well as licensed family child care homes. Publicly available data on all programs, as well as the program descriptions, can be found on IECAM.

One challenge noted by Council members and Regional Teams is that while data on proposed capacity[9] at Preschool for All (PFA) and Preschool for All Expansion (PFA-E) sites are readily available, it is difficult to ascertain actual enrollment in those programs at the local sites. Additionally, funded enrollment[10] shows the maximum number of children who can attend a site; however, this data is updated yearly. These data points are helpful, but there is no statewide tool that shows current enrollment, which impacts the discussion about whether there is adequate, affordable programming for young children in each geographic area. Some Regions found that there was an abundance of proposed and funded spots, but they were being underutilized. However, they only found that information because it was reported by Council members or members of the community during focus groups and interviews.

"Enrolling in PFA-E has given our family the ability to bring in a second income. I was able to return to work part-time, which has been a lifesaver with the growing cost of groceries and gas."

– Parent (Region 50)

Table 6: Preschool for All, Preschool for All Expansion Information

Program Name	Funding Agency	Number of Sites	Proposed Capacity	Ages Served
Preschool for All	ISBE	1,268	76,940	Children Ages Three to Four
Preschool for All Expansion	ISBE	151	6,395	Children Ages Three to Four

Source: IECAM, 2021
Created by: Birth to Five Illinois

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[9] Proposed capacity is defined by IECAM as the number of children, outside Chicago, programs propose to serve at each site. The number of children within Chicago is what Chicago Public Schools (CPS) reports to the Illinois State Board of Education (ISBE). IECAM also notes that "these data are intended to closely approximate capacity to serve children." For more information, please go to: https://iecam.illinois.edu/data-descriptions/preschool-for-all-pfa

[10] This is the number of seats funded by the Office of Head Start.

Table 7: Head Start, Early Head Start, Migrant & Seasonal Head Start Information

Program Name	Funding Agency	Number of Sites	Funded Enrollment	Ages Served
Head Start	IDHS	415	17,960	Children Ages Three to Five
Early Head Start	IDHS	337	11,067	Children Ages Birth to Three
Migrant & Seasonal Head Start	IDHS	2,071	360	Children Ages Three to Five

Source: IECAM, 2021
Created by: Birth to Five Illinois

Table 8: Number of Sites and Capacity of Licensed and License-Exempt Child Care Programs

Program Type	Number of Sites	Total Capacity
Licensed Child Care Center	2,071	188,323
License-Exempt Child Care Center	650	41,752
Licensed Family Child Care Homes	4,385	44,600

Source: IECAM, 2021
Created by: Birth to Five Illinois

In most Regions, families and caregivers expressed their frustration over the lack of programming, as well as the lack of licensed child care options. Even in more affluent areas of Regions, there were families and caregivers who could not afford to utilize ECEC programs due to the cost. Across the State there are programs that shut down during the COVID-19 pandemic and never reopened, creating new gaps in service delivery and fewer options for families.

"My village only has 20 Preschool for All slots. Families fight over slots to enroll their children in the program. The school visits home to ensure you live in the community. It is tough for the children to be accepted."

– Family Focus Group Participant (Region 1-B-C)

"Our town had one child care program that my child attended, but now it's gone. Now I don't have any other child care options left in our area."

– Community Member (Region 56)

Providers also expressed that the funding and grants system in the State can often be confusing and frustrating to navigate. One issue that surfaced during Council meetings, focus groups, and interviews was that the process families use to apply for Child Care Assistance Program (CCAP) is not effective and kept many families waiting too long to hear if they were approved and providers waiting too long for payments. Additionally, many providers will not allow families to start care without approval; some make families and caregivers sign an agreement that they are responsible for the cost of care if approval is not awarded, which leaves some families waiting even longer because they are hesitant to begin care without approval. The State announced in July 2023 that a new, streamlined mobile option was launching to help cut down the amount of time it takes for families to complete the application[11], but feedback on the system has not yet been collected at the Regional level.

[11] https://statescoop.com/illinois-childcare-ccap-code-for-america/

"Our early learning system is broken and disjointed, causing confusion and barriers for families and providers. As a provider, navigating licensing standards and communicating with state agencies has become a barrier to maintaining and growing my program due to long delays, miscommunication, and unaligned practices."

– Community Member (Region 56)

One thing that available data fails to capture is the number of people who provide Family, Friend, and Neighbor (FFN) care, which is defined as someone who provides care for three or fewer children, including their own child(ren), or children from one family. Because FFN providers are not licensed, DCFS does not oversee or regulate them for health and safety standards. They are only required to complete annual training requirements, including health and safety and CPR/ First Aid if they participate in CCAP. In this case, they are monitored annually by their local Child Care Resource & Referral Agency (CCR&R). Some caregivers prefer this option for their family because they feel it provides a more personalized level of care for their child(ren), it is closer to their home or work, it is more affordable than publicly funded or licensed child care options, or even because the provider more closely aligns with their culture or language.

"Child care costs shouldn't be more than your mortgage."

– Family Council Member (Region 17)

Yet in many communities, the need for child care does not align with the availability.

Slot Gap

Slot gap is a term used to describe the difference between the number of children who might need child care and the capacity (or slots) across child care options. Two slot gaps were identified for this report: the overall child care capacity slot gap, which measures the capacity of all licensed child care, licensed family home care, and license-exempt child care centers against the total number of children ages five and under in the Region; and, the publicly funded ECEC program slot gap, which measures the number of slots in publicly funded programs against the number of children living at or below 200% FPL.

Throughout the State, there are 232,921 slots in licensed child care centers and family child care homes, as well as 41,752 slots in license-exempt centers, leaving 654,016 children aged birth to five without a slot in a licensed care center or home if they wanted to enroll their child. While slots are scarce throughout the State, rural families seem to have the most difficult time because the centers and homes just do not exist.

Of the 102 counties in Illinois, below are the number of counties that do not have licensed or license-exempt child care centers or homes.[12]

- Licensed child care centers: 13
- Licensed child care homes: 5
- License-exempt child care centers: 44

[12] There are 102 counties in Illinois. Numbers are from fiscal year 2022.

Throughout the State, there are 110,785 slots in publicly funded programs, including Preschool for All, Preschool for All Expansion, Head Start, and Early Head Start. There are 400,608 children birth to age five living at or below 185% FPL, leaving 289,823 children aged birth to five without a slot in a publicly funded program if they wanted to enroll their child. What the program fails to capture, as Regional Needs Assessments pointed out, is that the slots are not disaggregated by full or part-day slots. Many families need full-day programming because they work full-time; however, many Regions found that publicly funded programs do not align with family's work schedules.

At the Regional level, slot gap analysis for both licensed, license-exempt, and publicly funded programs can be misleading because slots may be attributed to a program in one Region, but children from another Region may be bused to that program. Thus, the true number of slots for a Region may be shared by children and families from many Regions. However, this is difficult to capture outside of qualitative data gathering.

Of the 102 counties in Illinois, below are the number of counties that do not have publicly funded program sites, by program type.[13]

- Head Start: 13
- Early Head Start: 42
- Preschool for All: 2
- Preschool for All Expansion: 65

Statewide, providers and community members attributed the lack of slots not only to insufficient funding to open new programs and/or classrooms but also to the absence of physical space. Some school districts, for example, have no available classrooms to expand their preschool programs and there is no funding available to purchase additional buildings or land to house more children. Some also noted that even if they did expand programming, they would not have enough qualified workers to care for or teach the additional children. Across the State, workforce challenges were frequently cited as a barrier for both providers and families.

During the Community-Based Planning for Expansion (CBP) project in Region 16, a survey was distributed to child care center directors. Over 60% reported they were experiencing staff shortages in 2021.

"I had no idea where to start to look for care when I had my first child. Providers laughed at me when I called and said I was looking for infant care to go back to work… they explained that I should have started looking for care a year ago, as there were very few spots available."

– Family Council Member (Region 50)

Additionally, there are 84 counties across the State without Maternal, Infant, and Early Childhood Home Visiting (MIECHV), an evidence-based program designed to improve the outcomes for families defined by the Illinois Department of Human Services (IDHS) as living in "at-risk communities". In interviews and focus groups with home visitors, many said that while the position was rewarding, it was also a challenge because of the uncertainty

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[13] There are 102 counties in Illinois. Numbers are from fiscal year 2022.

related to pay. Home visitors only get paid when they meet with a family; if they travel to a home and the family is unavailable or gone, they do not receive credit for that visit. Additionally, they are not reimbursed for mileage, meaning that they risk traveling to homes and not receiving any compensation for their time or travel. Some reported that they no longer travel outside a certain range or to specific areas because they do not feel the risk of traveling and being "stood up" by families is worth it.

ECEC Workforce

Data provided by INCCRRA[14] show that, overwhelmingly, licensed child care staff in Illinois are white and female. During interviews and focus groups, families and caregivers expressed concern that staff were not more diverse, citing the need for people on staff who understand their cultural background and share their beliefs.

"When I worked in the Chatham School District, just in my school, I had forty-two languages and cultures."

– Superintendent (Region 51)

"I'm employed by a smaller center-based program and speak Spanish and English. Our program enrolls more than 50% of children who primarily speak Spanish and I'm the only staff who can translate or engage with them and their families. I am not compensated for this skill set, which is not uncommon in this field."

– Community Member (Region 56)

Many families and caregivers also expressed concerns that there often are not qualified staff available to care for children who have disabilities. Parents said they were sometimes asked to leave a program because the staff did not have the capacity to support the needs of their child.

"I have to travel to Wisconsin, St. Louis, and Chicago to see specialists."

– Parent of a Child with a Disability (Region 33)

"Pediatricians used to be the source of referrals for services like speech, but there are no pediatricians available in Piatt County. Pre-K used to be reserved for those children who were displaying learning delays. However, the Pre-K now has so many unfilled slots that they enroll any child."

– Community Member (Region 39)

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[14] Data is based on all individuals who had active Gateways Registry Memberships as of March 2021. This may include individuals who have retired, are on leave from the field, or have changed professions.

Table 9: Number of Licensed Center Staff by Race, Ethnicity[15]

	Asian	Black or African American	Hispanic or Latine	Native American/ Alaskan, Pacific Islander, or Other	Multi-Racial	White
Center Directors	214	1,360	614	96	59	3,531
Teaching Staff	1,676	8,801	8,205	806	912	23,720
FCC Staff	89	2,674	1,324	74	40	2,861

Source: INCCRRA, 2021
Created by: Birth to Five Illinois

Figure 2: Percentage of Licensed Center Staff by Gender[16]

3%

■ Female
■ Male

97%
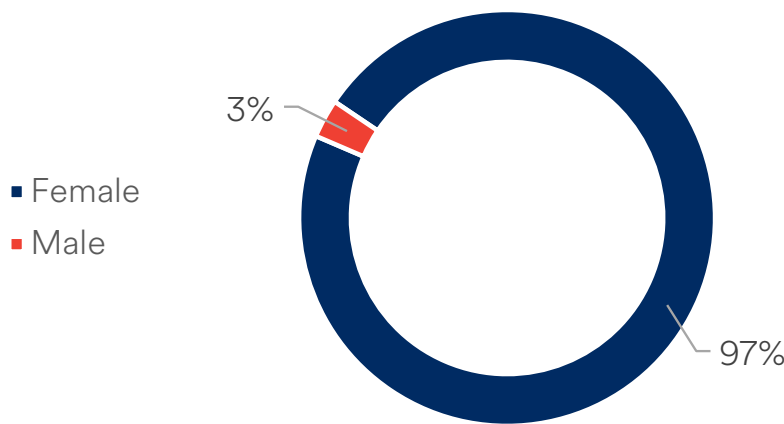
Source: INCCRRA, 2021
Created by: Birth to Five Illinois

There is also a clear need for mental and behavioral health training and support. With shelter-in-place restrictions resulting from COVID-19, many children missed out on developmentally pivotal social experiences and now have a greater need for social-emotional support and mental and behavioral health programming while in a group setting.

"All children have suffered trauma due to the pandemic and teachers are seeing and addressing behaviors because of the trauma."

– Community Member (Region 20)

Additionally, the lack of a qualified ECEC workforce has forced many programs throughout the State to create long waitlists, leaving families uncertain when or even if they will be able to place their child in care. Some waitlists are only a few months long, while others are well over a year long. One provider said she encourages families to get their names on a waitlist as soon as they find out they are pregnant; otherwise, they will likely be unable to find care once they are required or want to return to work.

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[15] Includes data on following self-identified positions: family child care provider, family child care assistant, substitute/ floater, other direct service provider, other indirect service provider.

[16] Some respondents not included in chart due to small number of responses: Chose not to identify (27).

ECEC professionals discussed the need for programs that were easier to access and aligned with their work schedule. They noted that to advance to higher paid positions, additional education was often needed; however, it was a challenge to complete coursework while also working full-time and it kept many from completing a certificate or degree program (Table 10). Some who wish to study Early Childhood Education (ECE) find that their only options are available online or that the total cost to complete the program far exceeds the additional earnings they will receive. Additionally, some reported that there was little to no support among their program leadership to pursue additional education because they were concerned with losing staff once they attained a certificate and/or degree.

"For me, seeing the students decrease into the child development program and really seeing those numbers decline...I worry about the financial implications of Early Childhood in terms of being able to recruit quality individuals."

– ECEC Professional (Region 16)

Table 10: Number of Licensed Center Staff by Highest Educational Level Completed

	High School/ GED	Some College	Community College Certificate	Associate Degree	Bachelor's Degree	Graduate Degree
Center Directors	399	258	141	1,394	2,357	1,196
Teaching Staff	18,556	2,143	2,063	7,747	10,558	2,466
FCC Staff	3,512	246	455	1,121	884	287

Source: INCCRRA, 2021
Created by: Birth to Five Illinois

There are some programs, though, that connect those interested in ECE with educational opportunities. Lake County Tech campus (located in Region 34) offers high school juniors and seniors ECE courses for which they can earn college level credits that transfer to College of Lake County. The College of Lake County also offers a program and credentials that lead toward the necessary steps to becoming a qualified teacher. The ECE program at the College is an associate degree, offering a transfer track that prepares students to move to a four-year degree program upon graduation or a career program that qualifies them for immediate employment upon graduation.

Erikson Institute also offers a Master of Science in Early Childhood Education program that includes a triple endorsement in special education, Early Childhood Education, and multilingual/English as a Second Language (ESL) education. "Educator Impact Grants" offered to Lake County community members cover 100% of the tuition and other related costs for those enrolled in the program to recruit a more diverse roster of teachers, who then have an obligation to work in Lake County for four years.

Low pay was also cited by ECEC employers and professionals as a barrier to staying in the field. According to the Illinois Salary & Staffing Survey[17] of licensed child care facilities:

- The median hourly wage for a full-time administrative director was $19.00 per hour, approximately $39,520 per year.

[17] https://www.dhs.state.il.us/page.aspx?item=143721#a_toc2

- The median hourly wage for a full-time Early Childhood teacher was $14.29 per hour, approximately $29,723 per year.
- The median hourly wage for a full-time Early Childhood assistant teacher was $12.00 per hour, approximately $24,960 per year.
- Licensed family child care providers reported an average annual net income of $15,431 per year.
  - o 25% of family child care providers make less than $2,350 per year.
  - o 50% of family child care providers make less than $14,000 per year.

"Pay for Early Childhood staff and teachers is incredibly low. Truly, not a livable wage. We are asking our Early Childhood providers to live in poverty while taking care of our most valuable assets, our children, our future."

– Community Member (Region 4)

Statewide, additional affordable educational opportunities and higher pay are needed to support the urgent need for Early Childhood professionals.

Statewide Needs & Recomendations

Statewide Needs & Recommendations

After reviewing quantitative and qualitative data, Regional Teams met with their Council members to identify strengths, needs, and recommendations related to the data they found. Strengths were largely Regionally based and did not apply statewide. However, a review of the Regional Needs Assessments revealed common needs and recommendations that were applicable statewide.

Needs

These were the most prominent needs identified across the State; additional needs are listed below by theme:

- More affordable and available slots in ECEC programs.
- More livable and fair wages for ECEC professionals.
- More mental health services for children birth to age five and their families.
- A more efficient way of gathering information/data, pertaining to children and resources.

Access/Affordability/Need for Funding

- Increased access to affordable child care options.
- Improved access to publicly funded half-day and full-day preschool programs, and second and third shift slots, to meet the growing demand for ECEC.
- A family navigation system to ease the enrollment processes and to help families find appropriate programs and services.

CCAP

- Solutions to address the limited CCAP eligibility.
- Per policy, the provider may not charge the State more than its private pay parents. As CCAP rates are raised, providers must also raise the private pay rates to an equal amount, forcing many caregivers to find alternative arrangements that they can afford. We need a CCAP policy that does not cause a disruption of care, both for the child and their family.

DCFS

- Increased transparency for DCFS licensing requirements, policies, and procedures.

Special Education

- Improvements in the evaluation process for special education services.
- A decrease in excessive wait times for disability screenings and diagnoses.
- An increase in service providers (i.e., speech and physical therapists) in classrooms.

Workforce/Professional/Staff/Provider

- ECEC workforce needs include increasing staff compensation, scholarships, and an ethnically diverse workforce in higher level positions.
- Social-emotional support for ECEC professionals.
- Improved workforce recruitment and retention of ECEC staff, particularly the recruitment of multilingual educators to meet the needs of English Language Learners (ELL) and therapeutic staff.

Data

- A more efficient way of gathering information/data, pertaining to children and resources.
- Implement an advanced data collection mechanism that guarantees comprehensive, precise, and pertinent information is acquired, which will provide imperative insights to enhance ECEC programs.

Language

- Enhance access and communication within all ECEC settings with efforts to minimize language barriers.
- Applications need to be readily available and equipped to cater to diverse languages and abilities.

Transportation

- Improved public transportation infrastructure to increase accessibility to promote equity, ensuring that all families, regardless of their socioeconomic status or location, have opportunities to access the resources necessary for the well-being and development of their children.

Awareness

- Increased information sharing with families about programs and services that are currently available and/or under-utilized.
- Clear, concise, and understandable language regarding how children qualify for Early Intervention services.

Mental/Behavioral/Emotional Health

- Increased access to/awareness of available mental health/social emotional resources.
- Wrap-around and/or integrated services that address the social-emotional, behavioral, and therapy needs of children and their caregivers.
- Lower qualifying thresholds to access EI, especially for social-emotional health.

Recommendations

Create, Expand, and Improve

- Create more publicly funded center-based programming for all ages (particularly in rural areas) for children, especially for children ages birth through two.
- A more streamlined referral service among ECEC providers.
- Provide more specialized care providers (i.e., speech and physical therapists) in classrooms.

Grants and Other Funding Support

- Program investments including full-day programs, more locations, and different types of care.
- Fund or reimburse rates for smaller class sizes or ratios at maximum group licensing sizes for providers receiving state or federal funding to keep costs down for infant, toddler, and two-year-old programs.
- Reinstate 2% cuts made in the current cycle to Early Childhood Block Grant (ECBG) funding and across the board increases in the current cycle continuation grant to accommodate the rising cost of goods and services relative to inflation and the increase in personnel costs relative to increases in the Illinois minimum wage requirements.
- More PFA/PFA-E full day educational programs for working parents and caregivers with expanded grant capacity to allow programs to provide before and after school care for working parents.
- Reinstate funding for Child Care Restoration Grants or target new public funds to offer higher wages, benefits packages, and bonuses for continuing education; make these funding streams available on a multiyear/permanent cycle to allow for long-term business model forecasting.
- ISBE should provide progressive funding for multi-year grants. A minimum of 3% increased funding to cover compensation increases, staff benefit cost increases, cost of living adjustments, and increased operational expenses.

CCAP

- Expand CCAP eligibility.
- We encourage IDHS to continue to decouple private pay rates with CCAP rates and streamline the application process.
- The State should increase the amount of CCAP payments for second/third shift care more than payment for first shift care to provide an incentive for providers to increase second/third shift slots.
- The State should provide an online portal that families and providers can use for paperwork.
- The State should improve the DCFS payments approval process to decrease wait time for payments. This improvement will increase the number of programs willing to accept DCFS payment vouchers for children in DCFS care and thereby increase the number of families willing to foster children who are not old enough to be enrolled in public school.

DCFS

- Improve communication and consistency with DCFS licensing agents to support more licensed home-based providers.

Special Education

- Increase access to quality screenings: Implement developmental screening requirements with systemic technical support and oversight for child care providers to ensure developmental delays are remediated at the earliest intervention point.
- Increase the availability of inclusive child care for children with disabilities and require Early Childhood Special Education courses at the associate level.

Workforce/Professional/Staff/Provider

- Provide ECEC staff with equitable pay and benefits that include medical, sick time, vacation time, retirement, and FMLA (Family and Medical Leave Act).
- Create statewide salary guidelines for ECEC staff to ensure equitable living wages and annual increases and establish incentives for early learning professionals.

Data

- Improve public facing data system with current demographic data that includes priority population categories, eligibility, slot gap, enrollment, and provider and program quality data by community level and/or zip code.
- The system should ensure seamless coordination and tracking of aggregated data across various funding sources, including dual-funded slots, license-exempt slots, preschool slots, services to priority populations, screening methods, results, and waitlists.

Language

- Enhance accessibility and inclusivity by offering comprehensive language support to Spanish-speaking families and children, including the provision of qualified translators/interpreters and culturally responsive providers.
- Revise and enhance the application processes for programs like publicly funded housing, CCAP, Individualized Education Plans (IEP), and Social Security, by developing simplified applications that utilize clear, user-friendly language and offer alternative formats to accommodate diverse abilities and languages.

Transportation

- Continue to elevate transportation and explore different ways of access for families. We encourage the State to explore alternative delivery models to get services to families to meet these needs.
- Establish funding to support transportation costs, such as community partnerships, partnerships with school districts, and transportation specific grants to fund ECEC programs that need to update their fleets to meet workforce challenges.

Unique & Notable Recommendations

- Programs need to be developed to entice pediatric dentists to accept Medicaid in the Region. Policy change would be recommended to increase reimbursement rates for services provided and to expedite payments to providers. Another option would be for the State to create a new program with a prepaid dental card separate from existing insurance plans that would pay each provider directly.

- Incentivize ECEC professionals and programs to be more culturally responsive, linguistically accessible, and inclusive of children with disabilities. Provide funding to support staff development and make structural or programmatic changes over the next three years.

- Create low-interest rate loan programs to incentivize center AND home-based providers interested in expanding/establishing licensed centers for care.

Next Steps

Next Steps

Between September 2023 and January 2024, Regional Teams, in conjunction with their Regional Councils, will develop Action Plans based on some of the recommendations that were identified in their Early Childhood Regional Needs Assessments. These will include steps that should be considered by community partners to implement the chosen recommendations, as well as identify who else from the community and state should be involved in the discussions around the recommendation and funding considerations, among other things.

After that, Regional Councils will continue to build on their initial findings and expand their reports to include a focus on Early Childhood Mental Health. Once finished, the Action Plans and new findings on mental health will be published on the Birth to Five Illinois website.

If you would like to support the work of Birth to Five Illinois, please go to: www.birthtofiveil.com/councils to find your Region and connect with your Regional Council Manager.

Appendix

Appendix

Appendix A: Resources

1. Gateways to Opportunity Registry 2021 Dataset, INCCRRA (unpublished data). Site name: https://www.ilgateways.com/

2. Illinois Action For Children Data reports (2022). Research and Data. Site name: https://www.actforchildren.org/about/research-data/data

3. Illinois Commission on Equitable Early Childhood Education and Care Funding (2021). Commission Report of Findings and Recommendations: Spring 2021. Site name: https://oecd.illinois.gov/content/dam/soi/en/web/oecd/documents/early-childhood-funding-commission-full-report.pdf

4. Illinois Early Childhood Asset Map (2023). Report creation page. Site name: https://iecamregionalreports.education.illinois.edu/dash-snapshot-report/landing

5. The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) (2020). The Workforce Behind the Workforce: A 2020 Snapshot Of Illinois' Early Childhood Educators. Site name: https://www.inccrra.org/images/datareports/INCCRRA-2020-EC-Workforce-Report-Snapshot-Final.pdf

6. United States Census Data (2023). Explore Census Data. Site name: https://data.census.gov

7. United States Department of Health and Human Services (2020). Poverty Guidelines. Site name: https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//194391/2020-percentage-poverty-tool.pdf

8. 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: Additional Documents and Figures

Consent for Interview or Focus Group

Thank you for your interest in being part of an interview or focus group. Before you talk with anyone from Birth to Five Illinois about your experiences, we need you to read through this form and sign your name at the bottom. If you do not sign the form, we cannot consider you for an interview or focus group.

You may be invited to talk with someone from Birth to Five Illinois about your experiences with using Early Childhood services or being an early child care or education provider, including programs such as Head Start/Early Head Start, preschool, Early Intervention, Home Visiting, family or employer child care, and others. Your insight will help us understand what is going well and what needs to change for ECEC for children ages 0-5 in Illinois. We will try to schedule interviews and focus groups at a time that works best for you and will make sure to take your needs into consideration when planning for the session.

If you want to share your experience, please read everything, sign your name at the bottom, and put the date on the lines below.

You do not have to be a part of an interview or focus group. You can decide you want to be a part of an interview or focus group and then decide you don't want to do it later. Even if you join an interview or focus group, you can leave at any time. No one will know if you choose not to talk to someone from Birth to Five Illinois, and no services you or your family receive will change because you decide not to participate.

We will do our best to protect your privacy and confidentiality. We will remove your name and as much identifying information as possible and will put all answers together before we present or print them. However, we can't guarantee absolute privacy or confidentiality. If required by law, your information and answers may be disclosed.

If we record the interview or focus group you join, we will delete the recording after a Birth to Five Illinois staff member takes notes about the conversation or after 30 days, whichever is sooner. Recordings and notes will be kept on a password protected computer, in a folder that can only be accessed by Birth to Five Illinois staff.

If you have questions at any time about joining an interview or focus group, your rights as a participant, or to discuss problems, complaints, or concerns, please contact Leslie Price, Data Strategist for Birth to Five Illinois, at responses@birthtofiveil.com.

If you want to be considered for an interview or focus group, please sign your first and last name on the line below and add the date. If you don't want to be considered for an interview or focus group, you do not need to do anything.

_____   _____

First and Last Name   Date

Focus Group and Interview Questions Protocol

For parents/caregivers (biological parents, stepparents, grandparents caring for a grandchild, other family member caring for a relative, someone caring for a friend's child)

A. There are many Early Childhood services available in our Region (you can provide specific examples such as Head Start, Early Intervention, licensed/exempt child care centers, pediatricians, etc.). What Early Childhood services does your family use/has your family used?

B. Do the child care services you're using now meet your family's needs?

C. If not, please describe what would better fit your family's needs.

D. What, if anything, has been particularly helpful in making Early Childhood Education and Care work for your family?

E. What barriers or challenges has your family had with using Early Childhood services in your community?

F. Have any of the children in your care been referred to services?

G. What was that process like?

H. What services don't currently exist in your community that you think would help families, in general?

I. What services would help parents/caregivers, specifically?

J. 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?

For ECEC providers (Head Start, licensed/exempt providers, family care providers, etc.)

A. How long have you been involved in Early Childhood Education and Care?

B. What roles have you held during that time? (Note: if they indicate they've only held one role in the initial question, follow-up questions aren't needed.)

C. What changes have you seen in the community over the past few years? (This could mean shifts in demographics, the number of recent refugee/immigrant families, access to safe, affordable housing, schools consolidating/closing, etc.)

D. How do you think those changes impact Early Childhood Education and Care?

E. How do you think those changes might impact the needs of Early Childhood Education and Care in the future?

F. What challenges do you think families have in accessing Early Childhood Education and Care?

G. I'd like to share some data with you and get your thoughts on it. Based on the most recent data we have, there are (number) of funded and licensed slots (or seats) available in our Region and (number) of children 0-5 in our Region. This means that (number/percentage) of children don't have a spot to attend an early care program, even if their families want them to.

a. What are the possible drivers of the gap in care in the Region?

b. What do you think could be done to narrow or close the gap?

H. 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?

For other service providers (healthcare workers, Early Intervention, Home Visiting, etc.)

A. How long have you been involved in providing services to young children and their families?

a. What roles have you held during that time? (Note: if they indicate they've only held one role in the initial question, follow-up questions aren't needed.)

B. What programs do you know of in the Region that serve children birth through age five?

a. What programs have closed over the past year or two?

C. What changes have you seen in the community over the past few years? (This could mean shifts in demographics, the number of recent refugee/immigrant families, access to safe, affordable housing, schools consolidating/closing, etc.)

a. How do you think those changes impact Early Childhood Education and Care?

b. How do you think those changes might impact Early Childhood Education and Care in the future?

D. What challenges do you think families have in accessing Early Childhood Education and Care?

E. What services don't currently exist in your community/this Region for young children/their families that you would like to see?

F. 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?

For those serving recent refugee/immigrant families

A. How long have you been involved in providing services to recent refugee/immigrant families?

B. What programs do you know of in the Region that serve refugee/immigrant children birth through age five?

a. What programs have closed over the past year or two?

C. What changes have you seen in the community as a whole over the past few years? (This could mean shifts in demographics, the number of recent refugee/immigrant families, access to safe, affordable housing, schools consolidating/closing, etc.)

a. How do you think those changes impact Early Childhood Education and Care?

a. How do you think those changes might impact Early Childhood Education and Care in the future?

D. How has the community reacted to refugee/immigrant families?

E. Part of our work is to write a report that explores Early Childhood Education and Care program and service data and provide community context to explain the data. However, it's been

difficult to find data on refugee and immigrant families from the community level. Is there any data your organization/agency is collecting on refugee/immigrant families' experiences/ access to early education and care that might be helpful to consider in our Regional Scan?

    a. If so, is there a publicly available report or data we can access?

    b. If not publicly available: Who would I speak to about setting up a data share agreement so we can use the data in our scan?

F. What data do you think would be helpful in better understanding how refugee and immigrant families access Early Childhood services and/or the barriers/challenges they have accessing those services?

G. What challenges do you think recent refugee/immigrant families have in accessing Early Childhood Education and Care?

H. Is there anything I've not asked about but you think it would be important for me to know about refugee/immigrant families in our community, Region, or state?

For those serving families that are unhoused/experiencing homelessness

A. How long have you been involved in providing services to families that are unhoused/ experiencing homelessness?

B. What programs do you know of in the Region that serve children that are unhoused/ experiencing homelessness birth through age five?

    a. What programs have closed over the past year or two?

C. What changes have you seen in the community as a whole over the past few years? (This could mean shifts in demographics, the number of recent refugee/immigrant families, access to safe, affordable housing, schools consolidating/closing, etc.)

    a. How do you think those changes impact Early Childhood Education and Care?

    b. How do you think those changes might impact Early Childhood Education and Care in the future?

D. Part of our work is to write a report that explores Early Childhood Education and Care program and service data and provide community context to explain the data. However, it's been difficult to find data on families that are unhoused/experiencing homelessness from the community level. Is there any data your organization/agency is collecting on families that are unhoused/experiencing homelessness and their experiences/access to early education and care that might be helpful to consider in our Regional Scan?

    a. If so, is there a publicly available report or data we can access?

    b. If not publicly available: Who would I speak to about setting up a data share agreement so we can use the data in our scan?

E. What data do you think would be helpful in better understanding how families that are unhoused/experiencing homelessness use Early Childhood services and/or the barriers/ challenges they have accessing those services?

F. What challenges do you think families that are unhoused/experiencing homelessness have in accessing Early Childhood Education and Care?

G. Is there anything I've not asked about but you think it would be important for me to know about families that are unhoused/experiencing homelessness in our community, Region, or state?

Business Owners/Employers/HR Reps

1. Tell me about barriers for staff that affect their attendance?

2. What accommodations have you made for professionals with young children? How have these accommodations impacted the company?

3. What changes in the community would help your business thrive?

4. Are there changes that your company has made due to child care?

5. As businesses come to the community, what support do they need to thrive and build longevity in the community?

6. What aspects of the community are "sold" to businesses that are considering coming here?

7. As businesses are opening in this community, what are the supports do they say they need to be successful?

8. What are the challenges in economic development regarding child care?

9. What trends have you seen in employment over the last 2-3 years (hiring, recruitment, challenges)?

10. Why do you think you are having trouble retaining/hiring people?

11. As a business owner, what incentives or strategies do you use to retain employees?

12. When you lose employees, what reasons are they providing?

13. Is child care readily available and close to employers in your community?

14. 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?

Members of the Faith Community

1. What is the name of the temple, church, mosque, or other faith center you lead or help to lead?

2. What changes in the community have you seen over the past 5 years? (In terms of economic growth, population, businesses opening/closing, etc.)

3. What impact do you think Covid had on families in your community?

4. What community outreach programs do you have that serve families or children? (Food pantry, clothing giveaway, Parents Day Out (PDO), etc.)

5. Does your temple, church, mosque, or other faith center support a part or full-time daycare or preschool?

     a. Yes, part-time program

     b. Yes, full-time program

     c. No

6. (If yes to the previous question) Tell us about your program. How many children or families do you serve, what kind of curriculum is used, is your program full, etc.

7. What challenges do you think families have in accessing Early Childhood Education and Care in your community?

Local/Elected Officials

1. What are the changes you've observed about your community/district over the past few years? How do you think those changes have impacted Early Childhood Education and Care?

2. What are the biggest needs families of young children (0-5) have in the community/district you serve?

3. What impact do you think Covid had on families seeking child care in your community?

Focus Group Protocol

Before the interview:

- ✓ Each participant should have a signed consent form

- ✓ Confirm the interview date, time, and location via email/phone with each participant

- ✓ Line up interpretation/translation services

- ✓ If scheduling via Teams/Zoom, ensure that participant has moderator phone number in case of technical difficulties

- ✓ Explain via phone or email to each participant what Birth to Five Illinois is, what your role is, where your Region is located

At the interview:

1. Interviewer and note-taker should introduce themselves

2. Welcome interviewee to interview, thank them for their time

3. Before you get started:

   a. You all were asked to participate in a focus group together because you all are...

   b. The information each of you provides will help provide a better understanding of…

   c. I want to remind all of you about your rights as a part of this focus group. You are free to leave at any time, for any reason, without explanation. If you need to take a break to stretch, if you need a drink or to go to the bathroom, please do so as needed. If you decide you no longer want to be a part of this focus group, you're welcome to leave at any time without explanation. If you're receiving any kind of services or supports, they will not be changed if you talk with us or if you choose not to talk with us.

   d. We will take a break at (time(s)). But again, if you need to take a break before or after that, please feel free to do so.

   e. (If recording) I would like to record our conversation so that it's easier for us to capture the information you share and for analysis. The recording will be kept on a handheld device/password protected computer that only our Regional Team will be able to access. It will be deleted as soon as we're done taking notes or in 30 days, whichever comes first.

   f. (If recording) If at any time any of you do not feel comfortable being recorded, please let me know and we can turn off the recording. Anything deemed as being "off the record" will not be recorded or used in our analysis.

   g. (If recording) Please say yes or raise your hand if you are okay with our conversation being recorded.

h. Do you have asny questions before we get started?

Here are some questions and responses that may be asked by the interview participant. It is only necessary to address these concerns if asked.

- Can we do the interview without it being recorded?
  - Yes. You all have control over the recording of the focus group. If any of you wish to turn it off at any time, please let me know. If any of you asks to turn it off, I will ask that we continue to take notes (unless there's an objection to that).

- Why was I selected to participate in this interview?
  - You submitted a form indicating that you were interested in participating and your answers indicated that you filled a voice that we hadn't yet heard from.
  - Your name was either provided to me by (another interviewee, Council member, community member, etc.) because they thought your perspective was important to include.

- Who will read these results?
  - The results will be used to complete our Regional Scan, which is a report using data on Early Childhood Education and Care from our Region.

- Will I receive a copy of the results/final report of the Regional Scan?
  - It will be posted to the Birth to Five Illinois website next summer and a link will be included in our Regional update around that time. (You can offer to send them all a copy, as well, if you'd like.)

4. (If recording) I would like to turn on the recording now. Is that okay?

5. After you turn on recording, say your name, date, and then ask each person to say their first name and whether they consent to being recorded.

6. If anyone says no, you must turn off the recording.

7. Remember: Schedule one five-minute break during a 60-minute focus group, or one ten-minute/two five-minute breaks during a 90-minute focus group. People should take the same seats when they come back from the break.

8. Reminder: Moderator/notetaker might want to diagram where people are sitting in the room. It can help facilitate notetaking if you use initials or numbers, then can refer back to the diagram once you're finished.

After the interview

✓ Thank them for their time
✓ Within a week, send a thank you via email/phone call

Online Survey: Parent/Caregiver Questions

1. What ages are the children currently in your care? (fill in the blank)

2. Tell us about your family (check all that apply)
    - I am a single parent
    - I am part of a two-parent household
    - I am an adoptive parent
    - I am a foster parent
    - I am a parent of a child with a disability
    - I am a parent with a disability
    - I am a grandparent, relative, or friend raising young children (not your own)
    - I live in a multi-generational household

3. I am a refugee, immigrant, and/or migrant worker
    - Yes
    - No

4. (If yes to previous question) Who has helped or supported you in your new community?
    - Welcoming Center
    - My neighbor
    - My child's school
    - My child's child care program
    - Community center
    - A group of people from my home country
    - Church
    - Library
    - A non-profit organization (such as World Relief Organization, Refugee One, Illinois Coalition for Immigrant and Refugee Rights, etc.)
    - Other (please specify):

5. What kind of Early Childhood services have you used or do you use for the children in your care? (check all that apply)
    - Preschool/Pre-K
    - Child care home or center
    - Family member watches them
    - Friend watches them
    - They stay at home with me or another caregiver/parent

- Home Visiting
- Early Intervention
- Early Childhood Special Education Services

6. (If they choose preschool/pre-K, child care, family/friend care) Are you pleased with the quality of care your children receive(d) in these programs?
   - Yes
   - No

7. Optional: Use this space to tell us more about your answer to the previous question.

8. (If they choose preschool/pre-K, child care, family/friend care) How far away is/was the care you used, on average?
   - Less than 10 minutes
   - 11-20 minutes
   - 21-30 minutes
   - 31-40 minutes
   - 41-50 minutes
   - 51-60 minutes
   - More than 60 minutes

9. (If they choose preschool/pre-K, child care, family/friend care) What have you done when you couldn't find care for your child(ren)? (fill in the blank) What other resources have you used when child care was not available or affordable?
   - Kept them home with me/my partner
   - A family member cared for them
   - A friend cared for them
   - A neighbor cared for them
   - Other: (please specify)

10. What have been the consequences of not having reliable, affordable child care? (check all that apply)
    - Missed work
    - Missed a job interview
    - Had to quit work
    - Missed school/class
    - Had to quit school
    - Missed church

- Missed my/my partner's doctor appointment
- Missed my child's doctor appointment
- Missed spending time with friends or family members
- Missed support group (Al-Anon, Narc-Anon, peer recovery, grief, parents of children with disabilities, parents with disabilities, etc.)
- Other: (please specify)

11. What would be your ideal situation for your child? (Note: Part-time would be up to 20 hours a week, Full-time would be 21+ hours a week)
    - My child(ren) would stay home with me
    - My child(ren) would stay home with me, but someone would come to our home and teach me how to teach my child(ren)
    - My child(ren) would go to a preschool/pre-K program part-time
    - My child(ren) would go to a preschool/pre-K program full-time
    - My child(ren) would go to a child care center or home part-time
    - My child(ren) would go to a child care center or home full-time
    - My child(ren) would go to a family or friend's home part-time
    - My child(ren) would go to a family or friend's home full-time
    - Other: (fill in the blank)

12. Optional: Use this space to tell us more about your answer to the previous question.

13. What does high-quality child care and education look like to you?

14. What impact did Covid have on child care or education for your family or families in your community?

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