

# ALL CHILDREN ALL FAMILIES

A proactive and aggressive policy agenda for child care  
and early education in Illinois.



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## Dear Illinoisians, Sylvia Cotton launched a decades-long fight for racial and gender justice...

### Today, our journey continues.

More than fifty years ago, IAFC's founder Sylvia Cotton recognized that child care was an economic necessity for achieving gender and racial equity. Working with colleagues from the National Council of Jewish Women (NCJW), the National Association for the Advancement of Colored People (NAACP), the Young Women's Christian Association (YWCA) and others, she created the Day Care Crisis Council of Metropolitan Chicago (DCCC), known today as Illinois Action for Children.

### Fair participation in the workforce depends on child care.

What Sylvia knew then still rings true today—we cannot achieve racial or intersectional equity for moms or working families without child care. However, many Illinois families still cannot access excellent child care and early education programs—particularly among Black and Latinx families and families with lower incomes.

### Child care is neither convenient nor affordable.

We now know, with scientific certainty, that the earliest years of life are the most important for educational achievement, social productivity, economic stability, emotional wellbeing, and lifelong health. With that in mind, our goal is to create a just system for child care and early education that ensures racially and economically equitable outcomes for all children.

### Child care in the first three years creates a foundation for racial equity in all future learning.

The distinction between “child care” and “early education” means little from the perspective of a child’s developing brain. Children are learning regardless of setting. But not all children are in excellent programs that offer the comprehensive services they need to thrive.



Investing in child care and early education supports family financial stability, helps develop healthy, thriving children, and contributes to a robust economy.

However, Illinois has not prioritized funding its care and early education system in ways that recognizes the value of these providers and programs. Care and early learning programs—especially for children birth to three—are still thought of, staffed, and funded as if these years are less important than elementary, high school, or college years. Yet, we know the opposite to be true.

### We must staff and support our system with excellent educators and caregivers who respect and love children.

Early educators and care givers must understand the unique needs and learning potential of children at each stage of development and provide loving, secure relationships.

Whether it is a teacher with a professional educator license or a grandma providing infant care, all should have a system of support that enables them to provide the best care.

### Our current system does not do enough to support low-income families or stabilize middle-class families and their children.

This has to change.

Many families, out of preference or necessity, look outside of the formal care and early learning system and use care by a known and trusted adult. This is what we refer to as family, friend, and neighbor (FFN) care. FFN care meets parents’ needs in ways that licensed care does not. It is more affordable and more flexible. From early accounts it seems parents are more comfortable seeking FFN care as a response to the COVID-19 pandemic.

Unfortunately, Illinois does not yet have strong systems in place to support FFN caregivers to provide excellent care beyond help establishing a safe environment for children.

### We must do better.

We believe supporting parent choice broadly, and family, friend, and neighbor care specifically, is worth the state’s investment.

## Our direction is clear.

For all of these reasons, for the first time ever, the Sylvia Cotton Center for Research and Policy Innovation powered by Illinois Action for Children is releasing a proactive and aggressive policy agenda for ensuring racial, gender, and economic equity for child care and early education programs in Illinois.

In the pages that follow, we outline the policy action we think will yield the greatest improvements to the care and early learning service systems in Illinois.

At the end of the report we share system data to allow us to track our progress as we update these metrics regularly. Be warned: this agenda is ambitious; improving care in Illinois will be messy, particularly in the time of COVID-19; and we cannot do it alone.

We hope you join us in making Illinois number one in care and early education.

In Solidarity,



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## Our Approach to Equity and Justice

We pledge to center the following principles and corresponding core values in our work to achieve a child care and early education system that lays the foundation for racial and economic equity for all, by supporting Black, Latinx, low-income and rural children Illinois children, families, and communities.

- Prioritize equitable outcomes for Black, Latinx, low-income, and rural children and families.
- To support children, we must support their families.
- Racial, economic, and gender justice must be prioritized to advance the entire system.
- The system must work for families and providers.
- Parent choice should be supported and respected, and priority should not be given to one setting or provider type over another.

### To prepare this agenda, we talked to hundreds of providers, advocates, and families across Illinois.

We are committed to evaluating the historical biases and structures that are subtly or overtly racist that bring forward disparate outcomes based on race. We are also committed to evaluating the system for bias based on income and geography. We will monitor service trends to identify who is being systemically underserved.

### We believe in being honest about our self-interest and tensions with partners and ourselves.

Illinois Action for Children, like many advocacy organizations in Illinois that provide direct service, might need to change the services we provide as a result of our advocacy. We acknowledge this tension and pledge to put what is in the best interest of children and families first.

## Our Approach to Achieving Program Excellence

We believe excellent child care and early learning can change lives and be achieved in all zip codes and across all care types.

Excellence across settings is driven by the same foundational elements:

- **Excellent caregivers and teachers** who establish secure and loving relationships with children and promote developmentally appropriate learning;
- **Families** who are valued and engaged as partners in their children's learning;
- **Safe and inclusive environments** that value families' language and culture and support all children's development toward their full potential; and
- **Effective leaders** to establish practices and processes that support continued improvement.

State, federal, and local governance and funding structures must appropriately support these elements across provider types.

### We believe that through rigorous research, policy, and advocacy, we can elevate and improve the sub-systems that support the foundational elements of excellence and we can align the governance and funding systems to support those elements.

The result?

We will achieve program and system excellence that in turn, will lead to more secure attachments between children and caregivers, improved social-emotional and academic competencies for children, and better life outcomes. The policy goals, measures, and objectives that follow support our theory of change for achieving excellent child care and early learning opportunities, through a systems approach.



## Long-term Measures of Success

- Eliminate race and income based gaps in comprehensive supports and kindergarten readiness
- Illinois children are developmentally on track by 18 months
- All children are Kindergarten ready (State Goal)
- Improve readiness by 50% in 5 years (Illinois Prenatal to Three Agenda)

## We have four policy objectives to achieve our goals. They are:

- 1 Strengthen governance and funding** to lay the foundation of systemic equity
- 2 Support early childhood teachers and caregivers** to support children
- 3 Achieve program excellence** for Black, Latinx, low-income, and rural children
- 4 Expand family access and choice** to excellent services

Each of these objectives can be met by pulling the policy levers we outline in this report.

## OBJECTIVE ONE: Strengthen governance and funding to make care and early education equitable for all.

The bottom line is this—we cannot serve all children without a state system of governance and support that’s highly functioning to achieve excellent results. We don’t have that now. We have a siloed system across many state agencies with different sets of standards and goals for each funding stream.

Unaligned program requirements, such as a child’s eligibility, a teacher’s qualifications, and child- teacher ratios, leave providers serving funding streams rather than children’s needs.

### 1.1. Establish a common governance structure for all programs serving children birth to age five.

The current state governance and fiscal supports are not enough to see systemic improvement in meeting quality standards across all provider types. And right now, Illinois policymakers would have trouble answering the question: How well are Black children doing in child care and early learning programs? Or how well are rural children accessing care? Illinois needs different governance and funding mechanisms that proactively support and fund licensed programs to meet these standards and practices. Illinois must evaluate the efficacy of how the state funds programs.

The complexity and equity gaps of Illinois’ funding system are directly linked to the complexity of its governance systems. Funding comes from multiple state and federal sources, and each source requires providers to meet its unique eligibility rules, program standards, and reporting requirements as stipulated by an oversight body housed in a different state agency.

We propose that Illinois align the major strands of its early childhood programs at the state level: eligibility requirements; program operating and quality standards; program reporting requirements; and funding. Finally, a new governance structure should coordinate how resources are allocated so that funds target communities with large service gaps rather than allocating resources based on competitive grant processes.

## 1.2. Establish a universal application for services.

The state should establish a universal application so parents need only to complete paperwork and determine eligibility once, for all early childhood programs. Further, to design an early childhood system around the needs of families and providers, rather than funding streams, families and providers should be included in the decision-making process every step of the way, including quality improvement and regular evaluation, once programs are aligned.

## 1.3. Create more equitable ways to deliver dollars to providers.

Sizable portions of public funds for child care are distributed through inequitable competitive grant processes. In order to acquire these funds, programs must have capacities that many do not have—capacities to verify that they meet rules and standards, to report, to follow and communicate with several state agencies, and to apply successfully for competitive grants—which typically means hiring an experienced and dedicated grant writer.

Depending on providers' willingness and ability to navigate these governance hurdles, some families have greater access to excellent, comprehensive services than others. Some of these challenges could be resolved with the creation of a new state agency but we believe funding formulas, state contracts, and more equitable grant processes should be considered. Financial hardship due to COVID-19 has only increased these financial barriers for some communities.

**Regions throughout Illinois lack funding to provide an excellent full-day suite of supports for children and their families.**

## 1.4. Identify the cost of fully funding the system in communities across the state

Even in service-rich areas, children can be missed by the existing infrastructure. The problem is not only low funding, but also gaps in the distribution of services. Expanding current program models is not enough. Many families cannot access existing early childhood programs due to barriers such as lack of transportation, inconvenient program hours, inability to accommodate children's special care needs, lack of wrap-around care, and language barriers. Better governance and funding offer the potential to resolve many of these issues. These costs must be identified and funded.

To be equitable, child care and early learning must fund services that meet all the diverse needs of children and families such as:

- Inclusive early childhood settings for Black and Latinx children and English Language Learners
- Inclusive early childhood settings for students with special needs
- Social-emotional and mental health supports
- Transportation
- Family and community engagement specialists
- Language supports
- Care that is culturally and linguistically competent
- Care during out of school time and both full- and part-day options for working and non-working parents.

Support must make it easy for providers to achieve excellence. Currently the system makes it difficult for providers to provide comprehensive care and difficult for parents to access care.

### Opportunity Alert

Illinois must evaluate the state's current funding streams and how they reach providers and families, and determine the ability to address all of the costs identified in the model through funding streams. Much of this will come in the next several years as the state begins to implement the recommendations that stem from the efforts of the Governor's Illinois Commission on Equitable Early Childhood Education Funding, convened in December 2019.



## 1.5. Appropriate enough funding to fully fund the system in the next 15 years.

The system is woefully underfunded. Illinois must determine a strategy for increasing funding to programs that also increases transparency and excellence in those programs. We think that Illinois must adopt a graduated income tax for the state and dedicate revenue to child care and early education.

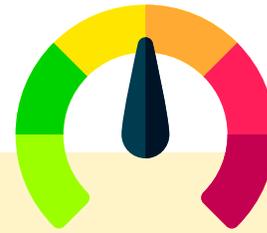
### Improvement is possible, but slow without investment.

Despite weak governance and low funding, since 2006, Illinois has achieved some gains in making care and early education services available to children birth to 5. The state's Prevention Initiative program has grown to serve nearly 21,000 birth to 3-year-olds, while Preschool for All serves more than 81,000 3- and 4- year-olds. Child care centers with the highest ExceleRate™ Circle of Quality (gold-rated) serve an additional 6,900 low-income birth to 3-year-olds and 9,000 low-income 3-to 5-year-olds.

This is progress, yet there are 759,000 children under 5 in Illinois and many still lack opportunity and too many programs lack investment.

## 1.6 Expand to universal access of child care services.

Fully funding the system would expand the number of families it serves to bring the state closer to the goal of universal access. Specifically, as a first step, the state should fund the majority, if not all, of the costs of child care and early education for families up to at least 400 percent of the Federal Poverty Level, or \$103,000 a year for a family of four and \$85,320 for a family of three. In the current system, these families, on average, pay 23 percent and 28 percent of their incomes on child care for an infant and a preschooler.



**Objective 1 Measures**—Greater investment in the early childhood system means more children can be served and can be served at a higher level of care. Measures of improvement are:

- Creation of a new state agency with aligned data systems and program requirements.
- Greater numbers of providers participate in state funding opportunities.
- Greater number of providers offer comprehensive services.
- Increased number of children enrolled in public early childhood programs.
- Establishment of a universal application so parents need only complete paperwork and determine eligibility once for all early childhood programs.
- Governance structures include families and providers in the decision-making process at every step, including quality improvement and regular evaluation once programs are aligned.
- Targeted funding to communities with large service gaps while moving away from allocating resources based on competitive grant processes. Increased funding per child/ per classroom in programs.



## OBJECTIVE TWO: Structure the system to support early childhood teachers.

In order to provide children and families the care and early education services they need, Illinois must have a robust and thriving early childhood workforce across all settings and roles. Despite boasting an early childhood teacher workforce that is more highly educated than the national average and more racially diverse than K-12 grade levels, Illinois' early childhood field has faced persistent, systemic barriers to building and sustaining a qualified workforce.

Those barriers include poor wages, lack of benefits, undervalued professional status, and low return on investment for pursuing post-secondary degrees or credentials in early childhood. This has only been exaggerated by the COVID-19 crisis.

### Currently, woefully inadequate compensation leads to high rates of teacher turnover and vacancies in early childhood settings throughout Illinois.

Early childhood employers report significant challenges finding qualified candidates to fill vacancies, jeopardizing their ability to comply with the staffing qualifications and levels required to maintain their license or quality rating. In addition, the number of licensed home providers is steadily declining. There are regions of the state, mostly rural but some urban, where families do not have access to any licensed care at all.

An early childhood system must compensate educators to reflect education, experience, and societal value in order to attract, incentivize, and retain a qualified, diverse workforce. The state system should invest in the early childhood teacher workforce pipeline at all stages, beginning at initial interest in the field, and provide support over a lifetime in the profession. The system must especially reach professionals of color and those working in more rural areas.

Despite the critical and complex nature of the work, roughly half of early childhood teachers qualify for public assistance like Medicaid and child care assistance.

In 2019, teachers in licensed child care centers earned an average hourly wage of \$13.84, and assistant teachers earned \$10. However, pay varies by factors like the age of children and geography.

Preschool age teachers earn more than infant/toddler teachers. Chicago teachers earn significantly more per hour than early childhood teachers in southern regions of the state.

As for licensed home child care providers, a survey found that 75% reported net earnings below \$22,000 for 2017, and that on average, home providers earned \$7.48 an hour, well below minimum wage.

### 2.1 Make compensation and benefits competitive and promote parity in all age-ranges and settings based on experience, education, and demand.

Early childhood educators serve children in their most critical developmental years and lay the foundation for their future learning and success. But compensation does not reflect this value or the specialized skills needed to be an effective educator.

Family, friend, and neighbor providers are often low-income themselves and frequently wish they had more funds to cover children's care needs such as food. Their low wages do not reflect the high demand for child care that is flexible enough to support parents who work across all industries. As a result of the COVID-19 crisis, more families are turning to smaller, more intimate care settings.

Early childhood should be commensurate with the K-12 system, where teachers receive higher salaries and can access comprehensive benefits, including health insurance, retirement plans, and parental leave.

As it stands, an early childhood teacher is paid \$30,000 less annually than a kindergarten teacher. And that early childhood teacher is much less likely to have access to comprehensive benefits— only 51 percent of early childhood employers report offering health insurance, and less than one-quarter offer retirement, dental insurance, and life insurance.

Public funding to early childhood programs must be sufficient to drive meaningful increases in compensation. We will prioritize transparency in salary data as a means to secure additional resources and move the field forward.

## 2.2. Improve access to—and completion of—early childhood higher education coursework and degree programs by meeting the diverse needs of the workforce pipeline.

While more than two-thirds of the lead teachers in licensed child care have an Associate’s degree or higher, for many, the road to their degree was long with disruptive stops and starts along the way and many challenges to navigate. Additionally, many early childhood teachers and assistant teachers have earned some college credits but do not hold a degree.

To ensure Illinois has a robust pipeline of qualified early childhood educators, we need more accessible higher education pathways that result in more teachers with Associate’s degrees and Bachelor’s degrees coupled with professional educator licenses.



To improve accessibility and completion, Illinois needs higher education pathways that can better support the needs of adult learners, full-time early childhood educators who cannot sacrifice work for school, and first-generation college students.

This could mean offering evening and weekend classes, building up robust transfer supports at 4-year institutions, and providing financial assistance for application, transcript, and assessment fees. It could also mean identifying and expanding models for earning credit for prior learning or experience based on an assessment of competencies, which could greatly benefit the existing workforce.

We know many of our current and would-be early childhood teachers come from communities without access to 4-year universities. Illinois must identify new and creative pathways to a 4-year degree. One such potential pathway is allowing community colleges across Illinois to fill gaps by granting baccalaureate degrees that result in professional educator license (PEL) in early childhood.

### Opportunity Alert



In response to the child care educator shortage, Illinois should allow community colleges to grant bachelor’s degrees in early childhood in order to build the workforce. Community colleges are more experienced at serving non-traditional students who are full-time workers, more accessible, and a more affordable option for early childhood educators. This strategy could also accelerate college completion for early childhood educators of color who are well represented in the workforce but underrepresented in lead teacher positions, which require a Bachelor’s degree.

## 2.3. Strengthen ongoing supports and professional development opportunities for early childhood educators.

A robust, diverse workforce requires ongoing support—at the program and systems levels. The work of early childhood educators is challenging. Without supports for educators to continue building their skills to effectively meet children and families’ needs, there can be high rates of burnout among educators—leading to high turnover and lack of appropriate services for children, especially diverse learners.

## Providers are already struggling to find and retain staff with the required credentials.

All early childhood educators must complete annual training hours, and program leadership plays a key role in supporting staff to develop intentional and thoughtful professional development plans. Ideally, educators pursue recognized, stackable credentials that are aligned to teacher licensure through the statewide professional development system, Gateways to Opportunity.

In 2019, 45 percent of licensed center teachers held a Gateways to Opportunity Early Care and Education (ECE) credential, along with 37 percent of licensed family child care providers. Meanwhile, only 9 percent and 4 percent, respectively, had also completed a Gateways to Opportunity Infant Toddler credential. Yet infant and toddler care is a priority for programs and families.

### 2.4. Across all settings, we want to ensure early childhood professionals have support to improve practices in areas critical to the needs of children.

This support includes opportunities to increase understanding of social-emotional learning, appropriate child behavior and development, and family engagement. We think providers should focus their professional development goals on these areas of need, and the state should prioritize them in building out its professional development system.

These topics should be embedded in all early childhood preparation and training, including higher education programs, Gateways to Opportunity trainings offered by the Illinois Network of Child Care Resource & Referral agencies, and other training entities. A top priority for our professional development system must be to build further opportunities to use coaching and consulting approaches rather than the traditional “sit and get” one-time training models, because continued support is key to making sustained change.



**Objective 2 Measures**—Investing in a care and early learning system that adequately and equitably supports all educators will lead to the following improvements:

- Increase in wages across all provider and program types.
- Increase in access to health insurance, retirement benefits, and other benefits.
- Increase in payment rates for FFN providers; and including increased FFN payment rates in the total cost of care recognized by the Illinois Commission on Equity in Early Childhood Education and Care.
- Increase in the number of teachers with higher Gateways to Opportunity credentials, by credential level/type.
- Increase number of African-American and Latino educators in each Gateways to Opportunity credential type/level, degree completion, and staff type.
- Increase in early childhood degree completions, both AA and BA.
- Increase in participation in targeted professional development.
- Increase in the number of bilingual educators and educators with bilingual education training
- Increase in educators with the Infant Toddler credential.

## **OBJECTIVE THREE: Create a better system of support for achieving program excellence across all provider types.**

Excellent programs support children and families in setting them up for the best outcomes in school and life—primarily through positive, loving interactions and bonds between teachers and children. But to excel teachers and caregivers in turn rely on a rich network of supports, with children at the center, surrounded by a supportive ecology of families, caregivers and teachers, program administrators and specialists, active communities, and competent state agencies.

### 3.1. Align Illinois' definition of program excellence and provide upfront funds to achieve it.

Each of Illinois' funding streams for early childhood programs holds varying program standards for everything from teacher-child ratios to educator credential requirements. Federal Head Start and the state Preschool for All programs have strong standards for many foundational elements of program excellence, yet DCFS, the state licensing agency, monitors child care programs almost exclusively on health and safety standards—and it is disconnected from the quality rating system (ExceleRate).

Licensed programs that receive Illinois Child Care Assistance Program (CCAP) funds have additional health and safety training and monitoring requirements through the Illinois Department of Human Services (IDHS). And FFN care is monitored only through IDHS but has little access to the quality supports offered to licensed programs.

#### Better alignment of standards across state programs would allow programs to work towards improvement on a single set of standards.

Better alignment of standards would make it easier for programs to achieve excellence. More programs would attain the state's highest quality rating and be better prepared to offer state Preschool for All or Head Start. In turn, children would receive more uniform experiences across the state.

ExceleRate Illinois, the state's quality rating and improvement system, attempts to bring all child care and early education programs, including Preschool for All and center-based Head Start programs, under one quality-rating umbrella. However, it has not fully reconciled inconsistencies and perceptions of inconsistencies among program requirements.

Also, ExceleRate has stalled in recruiting child care programs despite incentives in the form of subsidy rate add-ons given to programs that do so. One reason is that the cost of meeting many of the ExceleRate benchmarks outweighs the financial incentive of the rate add-on earned per every child who participates in CCAP

In addition, upfront costs are placed upon the provider, not the state. This makes investing in improving and maintaining quality even more difficult for providers and leads to systemic inequity in which only the providers who can finance quality improvements are able to access the additional state funds.



#### Opportunity Alert

Illinois should align state and federal program requirements appropriate to provider type, and provide adequate, upfront funding to achieve program excellence across program types, which includes funding for technical assistance and continuous learning for staff. On the heels of the Governor's funding commission recommendations, expected early in 2021, Illinois should establish mechanisms for accountability to ensure providers who are adequately funded meet standards for program excellence. At a minimum that means greater transparency of revenues and expenditures for licensed providers.

### 3.2. Support programs to support educators, children, and families.

Program directors and owners are the first line of support to ensure educators have all the tools they need, but directors themselves need outside expertise and resources to ensure all their children's needs are met.

Adequate resources and available consultants such as early childhood mental health consultants and infant toddler, family and community engagement, and quality specialists are needed to fully support the large number of child care and early education programs in Illinois.

These supports are particularly relevant as programs need expanded capacity to serve children with diverse needs, children experiencing trauma, and infants and toddlers, which will make up a growing proportion of the children served by programs in the coming years.

Centers and homes alike will need support with not only converting rooms to serve younger children but also training classroom staff and leadership.

Illinois must create system-wide supports to build programs' capacity to accommodate and provide excellent care for children with special care needs.

Such a system could include expanded training opportunities and coaching for providers, as well as resource coordinators that can link providers to the supports they need regardless of their funding stream.

Unfortunately, due to current gaps in our system, directors and owners are asked and allowed to pull double and triple duty by also being the sub in classrooms, the cook, the accountant, and more. Small programs typically do not have staff such as a bookkeeper, nurse practitioner, or special education coordinator. Yet these services are vital to maintaining excellent programs with excellent staff.

The state must explore ways to provide these supports, either through direct funding to providers or through shared services through the state or local agencies.

Our system must be designed to allow directors to be directors; managing all aspects of a program while supporting their staff to provide children with the best start in life.

### 3.3. Increase supports for Family Friend and Neighbor (FFN) care.

Family, friend, and neighbor (FFN) providers are essential to the child care system, as they care for children when more traditional, licensed, center-based programs are not open, not affordable, and do not accommodate the family's particular need. Given their relationship with the families, FFN providers are often more motivated by helping the family or by their love for the child rather than reaching professional goals in child care. Traditional training opportunities, therefore, do not often resonate with FFN caregivers.

Over the past two years, the state has implemented new health and safety training requirements for FFN providers if they are paid by the state's child care assistance program (CCAP). These requirements have led to a large decline in the participation of FFN providers in CCAP, as well as the families they serve. A one-size-fits-all training is not effective with the FFN population.

The state should compensate FFN providers adequately for their caregiving, which could incentivize best practice and increase the supply of scarce flexible care, such as overnight care. Lastly, because most children in FFN care do not participate in the child care assistance program at this time, Illinois should make training supports available to all FFN providers, regardless of their participation in CCAP.

### 3.4. Update and create more physical space for children.

Child care and early education classrooms are places where young children's essential relationships begin to develop and attitudes toward school and learning are formed.

Excellent facilities have been shown to improve play interaction, lessen conflicts, and advance school readiness for children. And we believe this will also create better working conditions. To ensure our least served children receive the best possible care, we must develop and maintain their physical environments.

Yet developing safe and stimulating spaces has proven to be cost-prohibitive for school- and community-based providers of early learning services. Illinois must prioritize new early childhood capital funding for communities with the highest numbers of underserved young children.



**Objective 3 Measures**—Investing in a system that supports program excellence in care and early learning settings will result in the following improvements:

- Increase in the number of consultation staff available to support early childhood programs, including staff such as Infant/Early Childhood Mental Health Consultants, Infant-Toddler Specialists, and bilingual specialists.
- Increase in Early Childhood Capital Grant funding requests and total dollars requested in areas of high need and low access.
- Increase in number of programs obtaining an ExceleRate Illinois Circle of Quality.
- Revamp ExceleRate to be aligned with state licensing, Preschool for All and Head Start requirements
- Improve evaluation of dual language learner supports.
- Increase in number of FFN providers participating in quality supports offered to them. Currently this includes Health and Safety Basics and the ECE Level I Credential (Tiers 1, 2, and 3);
- Increase in the CCAP payment rate for FFN providers.

## Safe Spaces: Eliminating lead in care and early learning environments.

All children should be able to play and learn in safe environments free from lead hazards. Indeed, exposure to lead can adversely impact children's brain development and ability to learn, and the chemical is linked to a range of physical health problems over time. While regulations have reduced the utilization of lead today, it can still be found in paint, water, soil, ceramics and toys. In 2017, Illinois passed legislation (Public Act 99-0922) to address lead in drinking water in the Illinois Department of Children and Family Services (DCFS) licensed child care centers and family child care homes, if they were built on or before January 1, 2000, and serve children under the age of six.

Child care providers must test all drinking water sources, and those who find lead present at the action level (defined by DCFS as at or above 2.01 parts per billion) must create a plan for mitigation. Mitigation plans include short- and long-term actions, ranging from the use of water filters to complete replacement of lead service lines. These costly and technical testing and mitigation requirements, that strive to address a critical public health issue, come with no resources for child care providers.

Child care providers should have access to adequate resources and support to eliminate lead hazards. Illinois must invest in safe, lead-free environments for children with dedicated, continuous funding streams available for lead testing and abatement in child care and early learning settings. It is critical to understand the impact of Illinois' policy—both in terms of quantitative data on child care providers' lead testing results, as well as qualitative data on the experiences of child care providers and families. Illinois Action for Children will engage with state agencies, providers, and families in efforts to make this data available.

This information could help identify opportunities to target resources and advance additional policies preventing lead exposure. Abatement efforts should be comprehensive, moving beyond just lead in water, as hazards in paint, soil, and toys continue to leave children vulnerable for lead poisoning. With more available data, including improved reporting from state, federal, and local public health departments on lead risks and exposure, Illinois can better invest in eliminating the threat of lead poisoning for all children.

## OBJECTIVE FOUR: Expand family access and choice.

Illinois parents want safe and affordable care and early learning that is near their home, work, or school. They also need programs with hours appropriate to their work, school, or training; with warm, caring adult-child relationships; and care that enhances the intellectual, emotional, and physical development of their children.

Many families need transportation and wrap-around child care that aligns with other early learning programs and school. Finally, parents should be able to afford time away from work to bond with their newborns and adjust to parenthood.

**We must design a care and early learning system—and parental leave policy—that improves parent access to the care they want and need.**

### 4.1. Make child care affordable for families.

Illinois' Child Care Assistance Program (CCAP) supports families' ability to work and allows them to access child care programs that they otherwise would not be able to afford. Many parents use CCAP to afford out-of-school time care alongside early education programs, such as Head Start and Preschool for All, so that their children receive full-day care. Without CCAP, child care costs would be prohibitive, especially for families with more than one young child.

Infant care in a center, for example, costs an average of \$13,762 per year.



With CCAP, families pay no more than 7 percent of their family income for child care. Families just above the CCAP income limit (twice the federal poverty level, or \$42,873 for a family of 3) would have to pay 32 percent of their income for the same infant care. Federal government guidelines define affordable care as no more than 7 percent of family income—\$3,101 for the family earning \$42,873. But it is not until a family earns more than nine times the poverty level (almost \$200,000) that the average full price of infant care falls to 7 percent of family income.

This leaves many lower-middle class families with young children vulnerable to economic instability.

While Illinois is raising minimum wage and more families make strides towards financial stability, parents should not have to worry about becoming ineligible for child care assistance. Parents should not have to choose between economic advancement and educational opportunity for their children.

Illinois can help more families afford care in the short term by 1) eliminating co-payments or reducing them for CCAP families and 2) increasing the income limit for CCAP eligibility to 400 percent of the federal poverty level. In the long term, we will advocate for the state to fund care and early learning for all middle-income families so they, too, pay no more than 7 percent of their income for child care.

## 4.2. Increase the supply of child care and early education, particularly of care that is hardest to find.

All too frequently, parents in Illinois have difficulty finding child care and early education in their communities because programs are in low supply. Illinois has achieved some gains in child care supply, although the gains have not occurred everywhere in the state.

From FY08 to FY18 the overall capacity of our licensed child care centers increased 12 percent to 253,026 slots. Among these gains, slots for infants and toddlers increased sharply, but still remain hard to find in most communities.

Unfortunately, over the same period, Illinois lost one-third of its licensed child care home providers, and this loss cancelled out almost all of the supply gains in centers. Meanwhile, the supply of Illinois preschool seats has risen and fallen over the same years. Today, many communities, including communities with high poverty, have no preschool seats or very few, and even recent funding increases have not always gone to communities with highest needs.

Slots in public programs for children under age 3 such as Prevention Initiative and Early Head Start are even scarcer.

For some types of care there have not been substantial gains in supply, including before- and after- school care for school-age children, care for children with special needs, and care from teachers who are culturally competent and can speak to parents of English learners in their native language. Except for expansion of evening care in child care homes, supply increases have been minimal for licensed care during nonstandard hours—when 40 percent of Illinois' parents are working.



Illinois can increase the supply of child care and early education with a multi-pronged approach.

## Opportunity Alert



**First:** Provide financial support for community-based providers and school districts to create or expand child care and early education programs. Simultaneously increase the use of state contracts for child care programs to serve CCAP-eligible children that stabilize providers' finances so that they can invest in expanding their programs. This could be even more important during COVID-19 pandemic.

**Second:** Provide technical assistance, mentoring, and coaching to providers to expand services for children with special needs; infants and toddlers; children who need before- and after- school care; English Language Learners; children in poor and underserved regions, including rural communities and in racially or ethnically isolated communities; and care during nonstandard operating hours.

### 4.3. Make public early childhood programs easier for families to access.

Even when communities have early childhood services available for their eligible families, difficult policies and cumbersome application processes keep many eligible parents and their providers from using them.

For example, programs such as Preschool for All (PFA) and CCAP have different eligibility requirements, even though a child might need both for full-day care. Sometimes, a child cannot access one program (e.g. PFA or Head Start) because they are not eligible for the other (for example, CCAP for wrap-around care).

Sometimes, a child cannot access one program (e.g. PFA or Head Start) because they are not eligible for the other (for example, CCAP for wrap-around care). Another common example is an employed parent who cannot take off from work to transport her child to and from a part-day. Illinois can increase the supply of child care and early education with a multi-pronged approach.

Separate and complex applications for each program can also be burdensome to complete, particularly for parents who are English learners. These families may need early childhood programs most. Applications are particularly difficult to complete in a narrow time frame when, for example, paper documentation is required of a parent who works for cash or has started a new job and documents are not yet available. In other instances, eligibility requirements are unnecessarily rigid. For example, during an initial job search, parents are ineligible for CCAP, making it hard to interview and search for employment.

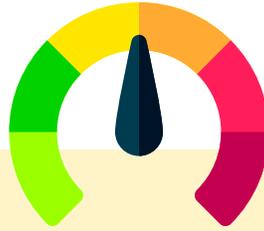
Another major obstacle to access is lack of transportation between home, child care and school, particularly for parents or children who have special needs or in families and communities with low incomes and few resources. Employed parents often cannot enroll their children in part-day Preschool for All or Head Start programs because these programs do not offer wrap-around care and do not provide transportation to other child care.

Families using Family Friend and Neighbor (FFN) care for nonstandard work hours should still have access to formal early learning opportunities, such as Early Head Start, Head Start, Prevention Initiative or Preschool for All. This means making access easier for families who are also eligible for CCAP by eliminating copays and creating a simple, unified application, decoupling subsidy for care from hours of work.

### 4.4. Offer paid family leave so parental care is an option for more families in the first months of their children's lives.

Better paid family leave policies would improve infant and maternal health and well-being. There are significant health benefits from parent-child bonding such as prolonged breastfeeding and social-emotional bonding that can occur only if parents can afford to spend time with their child after birth or adoption.

Parents without paid leave must choose between critical bonding time and economic security; and we know that most often paid family leave is not available to those in jobs with lower wages. In addition, paid family leave gives parents time to search for excellent care and early learning programs, ensuring that the needs of their family are met.



**Objective 4 Measures**—Progress toward expanding family access and choice may be evaluated by the following improvements:

- Increase in number of slots or seats offered by programs: in particular nonstandard-hour slots; infant and toddler slots; rural slots; slots in underserved communities and communities with higher proportions of English Learners or immigrants.
  - In each category above, separate subtotals of slots in quality-designated programs that accept CCAP.
- Expansion of eligibility for state child care assistance and early education services.
- Increase in participation in state-funded programs, particularly for communities and populations of interest.

## Young Children in Illinois

↑ ↓ We use the arrow color to quickly signal whether progress on an indicator is improving or declining. A green arrow indicates a positive trend, a red arrow indicates a negative trend. In most cases, the arrows are based on the percentages.

|  |                                   | Birth through 2-Year-Olds |         |         |     | 3- and 4-Year-Olds |         |        |         |       |   |
|--|-----------------------------------|---------------------------|---------|---------|-----|--------------------|---------|--------|---------|-------|---|
|  |                                   | 2018                      | 2015    |         |     | 2018               | 2015    |        |         |       |   |
| Illinois Children by Race/ Ethnicity         | Total Children                    | 429,192                   | 410,901 |         |     | 290,267            | 302,058 |        |         |       |   |
|  | African American                  | 61,137                    | 53,222  |         |     | 32,224             | 40,538  |        |         |       |   |
|  | Latino                            | 102,039                   | 101,356 |         |     | 76,273             | 78,523  |        |         |       |   |
|  | Asian                             | 18,888                    | 22,583  |         |     | 18,207             | 15,404  |        |         |       |   |
|  | White, Not Hispanic or Latino     | 225,266                   | 215,674 |         |     | 147,690            | 152,667 |        |         |       |   |
|  | Other                             | 21,862                    | 18,066  |         |     | 15,873             | 14,926  |        |         |       |   |
| Children by Income Level and Race/ Ethnicity | In Poverty                        | 79,120                    | 18%     | 94,841  | 23% | ↓                  | 52,407  | 18%    | 65,111  | 22%   | ↓ |
|  | African American                  | 24,314                    | 40%     | 25,866  | 49% | ↓                  | 13,954  | 43%    | 19,169  | 47%   | ↓ |
|  | Latino                            | 23,739                    | 23%     | 33,325  | 33% | ↓                  | 17,340  | 23%    | 22,778  | 29%   | ↓ |
|  | Asian                             | 1,198                     | 6%      | 3,462   | 15% | ↓                  | 2,356   | 12.9%  | 2,057   | 13.4% | ↓ |
|  | White, Not Hispanic or Latino     | 26,150                    | 12%     | 28,276  | 13% | ↓                  | 17,340  | 11.7%  | 17,682  | 11.6% | ↑ |
|  | Other                             | 3,719                     | 17%     | 3,912   | 22% | ↓                  | 3,005   | 19%    | 3,425   | 23%   | ↓ |
|  | At or Below 200% of Poverty Level | 172,142                   | 40%     | 172,747 | 42% |                    | 112,328 | 39%    | 127,880 | 42%   |   |
|  | African American                  | 43,601                    | 71%     | 37,347  | 70% |                    | 21,359  | 66%    | 29,303  | 72%   |   |
|  | Latino                            | 57,813                    | 57%     | 60,666  | 60% |                    | 41,422  | 54%    | 45,734  | 58%   |   |
|  | Asian                             | 4,081                     | 22%     | 7,075   | 31% |                    | 4,488   | 25%    | 4,231   | 27%   |   |
|  | White, Not Hispanic or Latino     | 59,032                    | 26%     | 61,825  | 29% |                    | 37,683  | 26%    | 42,053  | 28%   |   |
|  | Other                             | 7,615                     | 35%     | 6,834   | 38% |                    | 7,376   | 46%    | 6,559   | 44%   |   |
|  | 201-300% of poverty level         | 66,910                    | 16%     | 64,039  | 16% |                    | 48,370  | 17%    | 48,861  | 16%   |   |
|  | 301-400% of poverty level         | 50,384                    | 12%     | 50,467  | 12% |                    | 32,139  | 11%    | 37,499  | 12%   |   |
|  | 401-500% of poverty level         | 41,135                    | 10%     | 34,155  | 8%  |                    | 32,115  | 11%    | 28,212  | 9%    |   |
| Over 500% of poverty level                   | 98,621                            | 23%                       | 88,493  | 22%     |     | 65,315             | 23%     | 59,606 | 20%     |       |   |

# Indicators of Progress toward Our Goals<sup>i</sup>

|                             | Birth through 2-Year-Olds   |                                     |        |                       |    | 3- and 4-Year-Olds |                                  |        |                       |     |   |
|-----------------------------|---|-------------------------------------|--------|-----------------------|----|--------------------|----------------------------------|--------|-----------------------|-----|---|
|                             | Prevention Initiative   |                                     |        |                       |    | &                  | Preschool for All <sup>iii</sup> |        |                       |     |   |
|                             | 2019  | % of elig 0-2 yr olds <sup>ii</sup> | 2015   | % of elig 0-2 yr olds |    | 2019               | % of elig 3-4 yr olds            | 2015   | % of elig 3-4 yr olds |     |   |
|                             | Children Enrolled   | 18,026                              | 10%    | 14,852                | 9% | ↑                  | 81,161                           | 72%    | 75,154                | 59% | ↑ |
| African American            | 5,325   | 12%                                 | 5,359  | 14%                   | ↓  | 19,043             | 89%                              | 17,074 | 58%                   | ↑   |   |
| Latino                      | 4,820   | 8%                                  | 5,327  | 9%                    | ↓  | 23,836             | 58%                              | 23,385 | 51%                   | ↑   |   |
| Asian                       | 567   | 14%                                 | 403    | 6%                    | ↑  | 3,098              | 69%                              | 2,524  | 60%                   | ↑   |   |
| White                       | 4,614   | 8%                                  | 3,038  | 5%                    | ↑  | 30,397             | 81%                              | 28,851 | 69%                   | ↑   |   |
| Other                       | 2,700   | 35%                                 | 725    | 11%                   | ↑  | 4,787              | 65%                              | 3,320  | 51%                   | ↑   |   |
| Low-income (below 200% FPL) | 17,041  |                                     | NA     |                       |    | 64,962             |                                  | NA     |                       |     |   |
| Non-Low-income (or unknown) | 985   |                                     | NA     |                       |    | 16,199             |                                  | NA     |                       |     |   |
|                             | Early Head Start  |                                     |        |                       |    | &                  | Head Start                       |        |                       |     |   |
|                             | 2019  | % of elig 0-2 yr olds               | 2015   | % of elig 0-2 yr olds |    | 2019               | % of elig 3-4 yr olds            | 2015   | % of elig 3-4 yr olds |     |   |
|                             | Children Enrolled   | 8,101                               | 10%    | 4,634                 | 5% | ↑                  | 27,240                           | 52%    | 34,848                | 54% | ↓ |
|                             |   |                                     |        |                       |    |                    |                                  |        |                       |     |   |
|                             | ExceleRate Quality-Rated Child Care                                 |                                     |        |                       |    |                    |                                  |        |                       |     |   |
|                             | 2019  | % of elig 0-2 yr olds               | 2016   | % of elig 0-2 yr olds |    | 2019               | % of elig 3-5 yr olds            | 2016   | % of elig 3-5 yr olds |     |   |
|                             | Children (CCAP only) enrolled in a program with a Circle of Quality | 13,134                              | 8%     | 11,817                | 7% | ↑                  | 15,188                           | 9%     | 15,431                | 8%  | ↑ |
|                             | Bronze Circle of Quality  | 1,466                               | 1%     | 1,276                 | 1% | ↑                  | 1,471                            | 1%     | 1,386                 | 1%  | ↑ |
| Silver Circle of Quality    | 4,757   | 3%                                  | 4,666  | 3%                    | ↑  | 4,627              | 3%                               | 5,389  | 3%                    | ↓   |   |
| Gold Circle of Quality      | 6,911   | 4%                                  | 5,875  | 3%                    | ↑  | 9,090              | 5%                               | 8,656  | 5%                    | ↑   |   |
| In center program           | 12,202  | 7%                                  | 11,544 | 7%                    | ↑  | 14,387             | 8%                               | 15,192 | 8%                    | ↑   |   |
| In home program             | 932   | 1%                                  | 373    | 0.2%                  | ↑  | 801                | 0.5%                             | 239    | 0.1%                  | ↑   |   |
| African American            | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |
| Latino                      | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |
| Asian                       | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |
| White                       | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |
| Other                       | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |
| Below Poverty               | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |
| 100-200% of poverty level   | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |
| Rural                       | NA  |                                     | NA     |                       |    | NA                 |                                  | NA     |                       |     |   |

Child Enrollment Measures

| Child Enrollment Measures                                      | Birth through 2-Year-Olds     |                       |        |                       | 3- and 4-Year-Olds |                       |      |                       |      |   |
|--|-------------------------------|-----------------------|--------|-----------------------|--------------------|-----------------------|------|-----------------------|------|---|
|  | Home Visiting (IDHS & MEICHV) |                       |        |                       |                    |                       |      |                       |      |   |
|  | 2018                          | % of elig 0-2 yr olds | 2015   | % of elig 0-2 yr olds | 2018               | % of elig 3-4 yr olds | 2015 | % of elig 3-4 yr olds |      |   |
| Children Enrolled  | 2,858                         | 1.7%                  | 4,274  | 2.5%                  | ↓                  | 397                   | 0.4% | 730                   | 0.6% | ↓ |
| Early Intervention   |                               |                       |        |                       |                    |                       |      |                       |      |   |
|  | 2019                          | % of all 0-2 yr olds  | 2015   | % of all 0-2 yr olds  |                    |                       |      |                       |      |   |
| Number of referrals to Early Intervention                      | 39,996                        |                       | 34,476 |                       |                    |                       |      |                       |      |   |
| Children Enrolled (active Individualized Family Service Plans) | 22,812                        | 5%                    | 21,183 | 5%                    | ↑                  |                       |      |                       |      |   |
| Estimate by race:  |                               |                       |        |                       |                    |                       |      |                       |      |   |
| African American   | 3,094                         | 5%                    | 2,873  | 5%                    | ↓                  |                       |      |                       |      |   |
| Latino   | 6,182                         | 6%                    | 5,830  | 6%                    | ↑                  |                       |      |                       |      |   |
| Asian  | 818                           | 4%                    | 650    | 3%                    | ↑                  |                       |      |                       |      |   |
| White  | 12,120                        | 5%                    | 11,276 | 5%                    | ↑                  |                       |      |                       |      |   |
| Other  | 599                           | 3%                    | 569    | 3%                    | ↓                  |                       |      |                       |      |   |

| Program Quality Measures   | Are we seeing increases in the percentage of child care programs with an ExceleRate Illinois quality rating? |      |      |      |     |   |
|--|--|------|------|------|-----|---|
|  |  | 2019 | %    | 2017 | %   |   |
|  | Licensed centers with a quality rating of Bronze, Silver or Gold   | 935  | 32%  | 979  | 31% | ↑ |
| Bronze   | 106  | 4%   | 129  | 4%   | ↓   |   |
| Silver   | 374  | 13%  | 375  | 12%  | ↑   |   |
| Gold   | 455  | 15%  | 475  | 15%  | ↓   |   |
| Licensed homes with a quality rating of Bronze, Silver or Gold               | 353  | 5%   | 393  | 5%   | ↓   |   |
| Bronze   | 171  | 2%   | 160  | 2%   | ↑   |   |
| Silver   | 161  | 2%   | 199  | 3%   | ↓   |   |
| Gold   | 21   | 0.3% | 34   | 0.4% | ↓   |   |
| Is the number of child care programs with national accreditation increasing? |  |      |      |      |     |   |
|  | 2019   | %    | 2015 | %    |     |   |
| Licensed programs with a national accreditation                              | 686  | 6%   | 639  | 5%   | ↑   |   |
| Centers  | 495  | 16%  | 435  | 14%  | ↑   |   |
| Homes  | 191  | 3%   | 204  | 2%   | ↑   |   |

| Are there more teachers with some early childhood credential?<br>In which credential levels are we seeing the greatest increases in attainment? <sup>iv</sup> |        |     |        |     |   |
|---|--------|-----|--------|-----|---|
|   | 2019   | %   | 2015   | %   |   |
| Early childhood center teachers with:   |        |     |        |     |   |
| Bachelor's degree or higher in ECE/Child Development  | 2,504  | 12% | 2,354  | 15% | ↓ |
| Bachelor's degree or higher in another field  | 7,230  | 35% | 5,519  | 35% | ↑ |
| Associates degree in ECE/Child Development  | 3,149  | 15% | 2,089  | 13% | ↑ |
| Associates degree or higher in another field  | 1,102  | 5%  | 1,621  | 10% | ↓ |
| Credentials   |        |     |        |     |   |
| ECE Level 1   | 5,251  | 22% | 2      | 0%  | ↑ |
| ECE Level 2-6   | 5,434  | 23% | 745    | 4%  | ↑ |
| Infant Toddler credential   | 2,196  | 9%  | 337    | 2%  | ↑ |
| Licensed Home Providers with:   |        |     |        |     |   |
| ECE Level 1   | 2,214  | 31% | 1      | 0%  | ↑ |
| ECE Level 2-6   | 451    | 6%  | 60     | 1%  | ↑ |
| Infant Toddler Level 2-6  | 280    | 4%  | 43     | 1%  | ↑ |
| Family Child Care Level 2-6   | 318    | 5%  | NA     |     |   |
| Are we growing, maintaining, or decreasing the racial and ethnic diversity<br>of the early childhood workforce? <sup>v</sup>                                  |        |     |        |     |   |
|   | 2019   | %   | 2015   | %   |   |
| Race/Ethnicity of Lead Teachers in Child Care Centers   |        |     |        |     |   |
| African American  | 4,521  | 20% | 3,159  | 18% | ↑ |
| Latino  | 3,063  | 13% | 1,759  | 10% | ↑ |
| Asian   | 904    | 4%  | 634    | 4%  | ↑ |
| White   | 13,714 | 60% | 11,425 | 65% |   |
| Other   | 794    | 3%  | 520    | 3%  | ↑ |
| Race/Ethnicity of Licensed Home Providers   |        |     |        |     |   |
| African American  | 2,571  | 37% | 1,625  | 37% | ↑ |
| Latino  | 1,232  | 18% | 692    | 16% | ↑ |
| Asian   | 80     | 1%  | 44     | 1%  | ↑ |
| White   | 2,937  | 42% | 1,938  | 44% |   |
| Other   | 129    | 2%  | 79     | 2%  | ↑ |
| Percentage of child population that is of color   |        |     |        |     |   |
|   |        | 48% |        | 48% |   |
| Percentage of teachers that are of color  |        |     |        |     |   |
|   |        | 40% |        | 35% | ↑ |
| Percentage of home providers that are of color  |        |     |        |     |   |
|   |        | 58% |        | 56% | ↑ |
| Percentage of early childhood educators with bilingual endorsement  |        |     |        |     |   |
|   |        | NA  |        | NA  |   |

| Is teacher and caregiver compensation improving?   |          |     |          |       |
|--|----------|-----|----------|-------|
|  | 2018     | %   | 2015     | %     |
| Median hourly wage of child care worker - all settings<br>(Source: IDES)                               | \$10.76  |     | \$10.50  | ↑     |
| Salary <b>gap</b> between child care worker and Kindergarten teacher (annual)                          | \$31,890 |     | \$26,880 | ↑     |
| Median hourly wage of preschool teacher - all settings<br>(Source: IDES)                               | \$13.99  |     | \$13.79  | ↑     |
| Salary <b>gap</b> between preschool worker and Kindergarten teacher (annual)                           | \$25,180 |     | \$20,040 | ↑     |
|  | 2019     | %   | 2015     | %     |
| Average child care center lead teacher salary<br>(Source: Gateways to Opportunity)                     | \$13.84  |     | \$12.33  | ↑     |
| Infant-Toddler teacher   | \$13.33  |     | \$11.75  | ↑     |
| Preschool teacher  | \$14.67  |     | \$13.10  | ↑     |
| Do more early childhood educators have comprehensive benefits?   |          |     |          |       |
|  | 2017     | %   | 2015     | %     |
| Percent of centers that offer health insurance   |          | 51% |          | 46% ↑ |
| Percent of centers that offer paid personal/vacation days  |          | 91% |          | 87% ↑ |
| Percent of centers that offer paid sick days   |          | 79% |          | 75% ↑ |
| Percent of centers that offer retirement benefits  |          | 45% |          | 43% ↑ |
| Are we improving teacher retention?  |          |     |          |       |
| 2-year center teacher retention rate   |          | 66% |          | 53% ↑ |
| Is compensation for family, friend, and neighbor providers keeping up with minimum wage?               |          |     |          |       |
|  | 2020     | %   | 2015     | %     |
| Amount CCAP pays to FFN providers per child <b>per day</b>   | \$17.76  |     | \$16.22  | ↑     |
| Daily Rate Gap between FFN pay rate and IL minimum wage:<br>where 3 children are in care for 8 hrs/day | \$20.72  |     | \$17.34  | ↑     |
| Daily Rate Gap between FFN pay rate and IL minimum wage:<br>where 1 child is in care for 8 hrs/day     | \$56.24  |     | \$49.78  | ↑     |
| Are more educators taking professional development courses in focused areas of need? <sup>vi</sup>     |          |     |          |       |
| Number of providers participating in professional development related to:                              |          |     |          |       |
| Social emotional care  | NA       |     | NA       |       |
| Math   | NA       |     | NA       |       |
| Literacy   | NA       |     | NA       |       |
| Parent engagement  | NA       |     | NA       |       |
| Mental Health Services Received  | NA       |     | NA       |       |

| System Funding Indicators | How has funding changed for child care and early education programs? <sup>vii</sup> |               |                 |
|---------------------------|---|---------------|-----------------|
|                           |   | 2019          | 2015            |
|                           | Preschool for All   | \$389,922,316 | \$237,533,198   |
|                           | per child served  | \$4,804       | \$3,161         |
|                           | Prevention Initiative   | \$101,131,143 | \$49,611,773    |
|                           | per child served  | \$5,610       | \$3,340         |
|                           | Child Care Assistance   | \$898,512,634 | \$1,167,513,109 |
|                           | per child served  | \$6,120       | \$5,639         |
|                           | Head Start  | NA            | \$259,658,363   |
|                           | per child served  | NA            | \$7,451         |
| Early Head Start          | NA  | \$75,122,000  |                 |
| per child served          | NA  | \$16,211      |                 |
| Early Intervention        | \$276,961,900   | \$246,012,000 |                 |
| per child served          | NA  | NA            |                 |
| IDHS Home Visiting        | \$19,397,100  | \$19,034,200  |                 |
| per child served          | NA  | NA            |                 |
| MIECHV Home Visiting      | NA  | NA            |                 |
| per child served          | NA  | NA            |                 |

| Affordability Indicators  | Is Illinois expanding eligibility for the Child Care Assistance Program?                   |         |         |   |
|---|--|---------|---------|---|
|   |  | 2019    | 2015    |   |
|   | Children eligible for CCAP (ages 0-12; estimate)   | 412,211 | 408,187 |   |
|   | Is participation in CCAP increasing?   |         |         |   |
|   | Number of children served by CCAP<br>(March, ages 0-12)                                    | 111,745 | 179,882 | ↓ |
|   | Percentage of eligible children served   | 27%     | 44%     | ↓ |
|   | 2018   |         |         |   |
|   | 2015   |         |         |   |
|   | FFN providers paid by CCAP (annual)<br>FFN participation improves CCAP access for families | 24,360  | 43,459  | ↓ |
|   | Is child care becoming more affordable for families?                                       |         |         |   |
|   | 2019   | 2015    |         |   |
| Maximum percent of family income that CCAP families pay toward their care (copayment) | 9.3%   | 9.3%    |         |   |

## Data Sources include:

Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)  
 Illinois State Board of Education  
 Illinois Early Childhood Asset Map (IECAM)  
 National Head Start Association  
 Illinois Department of Human Services (EI monthly statistical report, IDEA Child Count report, Annual Child Care Report, Salary and Staffing Survey of Licensed Child Care Facilities)  
 Department of Children and Family Services (Executive Statistical Summary, lead report)  
 American Community Survey microdata  
 Illinois Department of Employment Security (IDES)  
 Centers for Disease Control and Prevention (CDC)

| Access Indicators                      | Is Illinois expanding the amount of licensed child care available to families?                  |         |       |         |     |   |
|--|---|---------|-------|---------|-----|---|
|  |   | 2019    |       | 2015    |     |   |
|  | Number of licensed child care programs  | 9,918   |       | 11,680  |     | ↓ |
|  | Centers   | 2,899   |       | 3,104   |     | ↓ |
|  | Homes   | 7,019   |       | 8,576   |     | ↓ |
|  | Licensed child care capacity  | 295,752 |       | 307,323 |     | ↓ |
|  | Center capacity   | 239,994 |       | 240,894 |     | ↓ |
|  | Home capacity   | 55,758  |       | 66,429  |     | ↓ |
|  | Is the availability of licensed child care during non-standard hours improving? <sup>viii</sup> |         |       |         |     |   |
|  | Providers offering care after 7:00 pm   | 3,327   | 33%   | 3,588   | 27% | ↓ |
| Licensed Centers                       | 228   | 8%      | 115   | 4%      | ↑   |   |
| Licensed Homes                         | 3,099   | 44%     | 3,473 | 34%     | ↓   |   |
| Providers offering care before 6:30 am | 5,901   | 59%     | 7,749 | 57%     | ↓   |   |
| Licensed Centers                       | 943   | 32%     | 838   | 27%     | ↑   |   |
| Licensed Homes                         | 4,958   | 70%     | 6,911 | 67%     | ↓   |   |

| Lead Measures  | Are we seeing progress in testing for and reducing children's exposure to lead? |       |         |       |   |  |
|--|---|-------|---------|-------|---|--|
|  |   | 2019  |         | 2015  |   |  |
|  | Licensed child care programs that have tested for lead in water                 | 3,466 | 38%     | NA    |   |  |
|  | Of those that tested, programs detecting water lead levels over .2 ppb          | 1,119 | 32%     | NA    |   |  |
|  |   | 2017  |         | 2015  |   |  |
| Number of children 0-5 tested for lead (Center for Disease Control)          | 110,461   | 11.6% | 153,119 | 16.2% | ↓ |  |
| Children with confirmed blood lead levels >= .5 (Center for Disease Control) | 3,313   | 3.0%  | 5,171   | 3.4%  | ↓ |  |

[i] We use the arrow color to quickly signal whether progress on an indicator is improving or declining. In most cases, the arrows are based on the percentages.

[ii] Eligibility is estimated as children at or below 200% of the poverty level, except Head Start and Early Head Start which use 100% of the poverty level. Illinois does not have an unduplicated count of children served across early care and education programs.

[iii] Preschool for All includes Preschool for All Expansion

[iv] Teacher degree data only captures teachers listed in the Gateways Registry, which in 2015 was still growing its participants. ECE Level 1 is an entry level credential and is not required for ECE Level 2. Increases to the ECE Level 1 are likely a result of efforts by the Governor's Children's Cabinet in 2016 to develop the ECE pipeline and new

CCAP training requirements in 2017. Increases in ECE Level 2-6 and the Infant Toddler credential are likely a result of ExceleRate Illinois requirements.

[vi] Race data only capture teachers and home providers listed in the Gateways Registry, which in 2015 was still growing its participants.

[vii] These numbers are not adjusted for inflation. Where there is not a per-pupil number we did not have access to a reliable method for calculating the spending per-pupil. We will work to get this data in future years.

[viii] While overall percentages increased we are showing down arrows because the total number of providers decreased drastically which likely means fewer kids were served.

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