

Overview and Notes

This draft report outline contains the draft recommendations from the Commission's deliberations from December 2019 through the present. These draft recommendations have not been finalized or received final approval and consensus from the Commission.

The draft outline also does not yet have any finalized framing, racial equity analysis, narrative, organizational structure, or formatting. Rather, this draft is intended to help guide Commission deliberations toward consensus on the recommendations themselves. It is likely that the report will have multiple sections, including an executive summary or other digest.

This report will be submitted to the Governor in March 2021 and will remain in draft form and subject to revision and finalization until that time.

1. Background & Opportunity for Commission on Equitable Early Childhood Education and Care Funding

- a. The Opportunity
 - i. Articulate vision for racial, income, and geographic equity and access to high quality services that includes fairly paid workforce
 - ii. Articulate how this vision connects to other aspects of a child and family's well-being
 - iii. Articulate what works well today that will remain part of the future vision, such as commitment to birth-3 programs and the mixed delivery system
 - iv. Connect the impact of this vision to the undoing of systemic racism and injustice
 - v. Connect the impact of this vision to the economic welfare of the state as a whole
- b. The Challenge
 - i. Describe the three agency, disaggregated system of funding, accountability, policy, communications
 - ii. The current system is not working – there is no unified set of policy initiatives, planning, quality standards and accountability, or funding, which has created:
 1. Inequities in access to high-quality services
 2. Inadequate funding
 3. Underpaid workforce
 - iii. Preview profiles of 3-5 Illinois families: their workforce situation, their early childhood education and care needs, their provider, their community – which tangibly articulates what these challenges look like
 - iv. Reminder of how these challenges play out for the state's long-term welfare including the economy

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- v. Describe root causes of the system's insufficiency
- vi. Absent an articulated funding goal, absent a long-term, unified planning and policy infrastructure, absent inextricably linked funding and accountability system - policymakers cannot address the inequities and insufficiencies
- vii. Statement on events that transpired during this Commission's work: COVID-19, economic downturn, police brutality. These events exposed what we already know – racial injustice is baked into our society. We are reckoning with this as a state – we must also reckon with it within the early childhood education and care system. Thus far, the Commission has:
 - 1. Conducted analysis of the ECEC system by geography and by race (to the extent possible with existing data), which helped form the foundation of and purpose for the Commission. Cite initial research shared with Commission members prior to and at the first several Commission meetings.
 - 2. Adopted the ELC's definition of racial equity.
 - 3. Created the Racial Equity Working Group, philanthropically supported consultation with Chicago United for Equity, and execution of a Racial Equity Impact Assessment inspired analysis of the recommendations and development of recommendations for implementation and accountability to promote racial equity.
- c. The Charge & Guiding Principles
 - i. The purpose of the Commission
 - ii. The Commission shall study and make recommendations to establish funding goals and funding mechanisms to provide equitable access to high-quality early childhood education and care services for all children birth to age five and advise the Governor in planning and implementing these recommendations.
 - iii. Guiding Principles
- d. Scope
 - i. The Commission is focusing specifically on the Early Childhood Education & Care system
 - 1. Childcare centers and homes
 - 2. Childcare subsidies that make care more affordable
 - 3. Home visiting
 - 4. Preschool
 - 5. Early Intervention services for students with special needs
 - 6. Early Childhood Special Education
 - 7. Supports for Family, Friend, and Neighbor care
 - 8. Head Start and Early Head Start centers and services

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- ii. Pan back to individual family profiles for examples of their situation. Describe other aspects of early childhood that are part of their early childhood experience that are excluded from the Commission's scope and considered in these recommendations

2. Summary of Recommendations

- a. What is equitable access to high-quality early childhood education and care?
 - i. High-quality ECEC is available and accessible in all communities, especially in communities that have traditionally been underserved and under-resourced, including communities of color and rural communities. Services are designed to support children's growth and development and to accommodate parents' need for children to be cared for while parents are at work, and as a byproduct, employers and communities experience greater productivity and are thriving because parents have reliable child care.
 - ii. Equitable access means high-quality ECEC is *affordable, accessible, available, accommodating, and accepting* of all who need it. Creating equitable access requires engaging and involving the beneficiaries most impacted by the ECEC system in its redesign.
 - iii. High-quality ECEC meets children and families where they are and provides them with services they need to grow and develop.
- b. What would it look like for children and families to have equitable access to high-quality early childhood education and care?
 - i. Highlight the profiled families – specifically what changes for their current situation and for the family and child's long-term trajectory
 - ii. Highlight the change in the well-being of our state – racial injustices, economy
- c. To create this, we need to have a system that ensures the funds and resources go where they are needed (plumbing analogy). The system must have an effective, efficient, aligned, reliable, and accessible funding allocation and distribution system.
- d. A system that distributes public resources in this way requires:
 - i. One set of tiered quality standards and an accountability system linked to a centralized funding system
 - ii. Unified policy leadership
 - iii. Systemwide data and capacity for analysis, including disaggregated by race/ethnicity
 - iv. Unified, community-level process and infrastructure for listening and engagement, planning, and assisting parents in navigating the system
 - v. Unified professional and workforce development
 - vi. Unified quality improvement supports, including mental health consultation
 - vii. One authority for providers, implementing a coherent monitoring system

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- viii. One voice of collaboration across other areas of early childhood development
- e. These are the system requirements that create the equitable access to high-quality early childhood education and care that we envision
- f. What needs to happen to put these requirements into operation and make them sustainable?
 - i. **Utilize this Commission's articulated, long-term funding goal in policymaking**
 - 1. Conveys the level of investment that is adequate, how current funding compares, and how Illinois should prioritize investments to achieve the funding goal
 - 2. This allows policy makers and state leadership to understand where we are relative to where we need to go
 - ii. **Centralize and coordinate Illinois' ECEC funding system**
 - 1. Pulls together state appropriations and federal funding spread across three state agencies
 - 2. This allows policy makers and state leadership to send money to where it is most needed, and it provides for greater predictability and stability for providers, inherently creating better services for children
 - iii. **Centralize Illinois' ECEC systems into one state agency**
 - 1. Creates one state agency dedicated to ECEC with designated community and regional structures
 - 2. This allows for the articulated requirements to be put into operation
- g. In fulfillment of the Commission's charge, these recommendations all together create an ECEC system where there is adequate public funding that flows equitably, transparently, and with stability to providers and communities to support equitable access to high-quality ECEC services for all children birth through age five.

3. Recommendation: Utilize this Commission's articulated, long-term funding goal in policymaking

- a. Despite the state's current fiscal challenges, this Commission quantified the cost to adequately fund equitable access to high-quality early childhood education and care services because it:
 - i. Provides an understanding of where we are compared to where we need to be
 - ii. Provides an understanding of why close to $\frac{3}{4}$ of Illinois' children are not prepared for Kindergarten, why there is insufficient access to high-quality services, and why there is a dramatically underpaid workforce
 - iii. Provides a view of externality / incremental cost currently borne by families, workplaces, school systems, healthcare systems that is derived from this underfunding

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- iv. Guides policy and investment decisions in line with a long-term vision of equity and quality
 - v. Prepares the state for the day when funding comes available federally and within our state
- b. This funding adequacy calculation and funding goal for Illinois is not a budget ask for an upcoming legislative cycle, nor is it an unfunded mandate for provider salary and staffing requirements or program models.
- c. Rather than proposing a required level of funding in the state budget, the funding adequacy calculation is designed to be a road map to help better inform budget making decisions in future fiscal years for early childhood education and care.
- d. We are at 14% today of what we would calculate to be adequate to serve all families who would seek access to services
- e. Break down \$13.6B estimate into component parts
- f. Demonstrate what that means at the family & provider level using the profiled families with focus on ensuring racial and geographic equity (i.e., eliminating racial, ethnic, and geographic disparities in the items below)
 - i. Increased children served
 - ii. Higher quality services provided
 - iii. Increased affordability
 - iv. Increased workforce compensation
- g. The Commission recommends
 - i. the cost model be updated at a minimum of every four years, in alignment with the Commission's Guiding Principles,
 - ii. an annual update should be conducted for inflationary factors and any material changes.
 - iii. an advisory body, with diverse membership representative of the full early childhood field, should be created to support with this periodic reevaluation of the adequacy estimate.
- h. The Commission recommends that the State conduct more in-depth cost modeling in the next year for Early Intervention, Early Childhood Special Education, and Family Friend and Neighbor care services.
- i. The Commission recommends a study to assess current local funding capability and to identify options and incentives for longer term local contributions to adequate funding.
- j. Further, the State should prioritize estimations of the cost of local and regional capacity building and infrastructure, state infrastructure necessary to support the other recommendations included in this report, and the cost of growing the early childhood system to meet the recommendations.

4. Recommendation: Centralize and coordinate Illinois' ECEC funding system.

- a. The Commission is recommending that the early childhood education and care funding sources be administered and leveraged together in a centralized process and distributed from the state in new ways.
 - i. This would be different from the current ECEC funding mechanism, which is spread across three different state agencies and the Governor's Office of Early Childhood Development, which leads to different policies and processes that providers must follow and different funding systems that do not operate on a unified strategy. *[Include "spaghetti" chart showing current system governance and organization of funding distribution.]*
 - ii. A centralized system will allow policy makers and state leadership to send money to where it is most needed, and it will provide for greater predictability and stability for providers, inherently creating better services for children.
- b. Funding sources to be centralized & coordinated (\$X billion of the \$1.9 billion)
 - i. Early Childhood Block Grant (State General Revenue)
 - ii. Child Care Assistance Program (State General Revenue, federal Child Care Development Fund, federal Temporary Aid to Needy Families transfer portion)
 - iii. Parents Too Soon (State General Revenue)
 - iv. Healthy Families Illinois (State General Revenue)
 - v. Maternal, Infant, and Early Childhood Home Visiting (federal)
- c. Funding distribution to be conducted in new ways
 - i. Direct distribution to service providers to cover the following services or some combination therein:
 - 1. education and care,
 - 2. home visiting
 - 3. program incubation
 - 4. program start-up
 - ii. Direct distribution to service providers or to local or regional support entities to cover the following services or some combination therein:
 - 1. program incubation
 - 2. workforce and professional development
 - 3. training and technical assistance
 - 4. community systems development
 - 5. data collection and analysis
 - 6. family and community engagement
- d. Funding allocation to be conducted in new ways
 - i. To create more stability and consistency for providers receiving funds from the State, so that they can better offer services to families, and

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- ii. To create more transparency in service of equity in the state's ECEC funding system, something the current fragmented ECEC funding system simply cannot do
- e. Thus, the Commission is recommending that the State transition to a system of weighted formula-based grants and multi-year contracts to administer centralized early childhood education and care funds.
 - i. Education & Care and Home Visiting
 - 1. Based on per-child or per-classroom formulas that are weighted to more equitably support children and communities with a need for greater investment.
 - 2. Funds could be distributed in advance based on projected enrollments with periodic true ups based on actual enrollments, alleviating significant cash flow burden on providers
 - 3. Funds could be distributed through longer-term, multi-year contracts that can be reauthorized based on uniform accountability standards rather than recompeteted every few years.
 - 4. Funding amounts for support services could be lump sum amounts based on services to be provided
 - ii. Program Incubation & Start-Up
 - 1. Grants to support expansion of high-quality services could be made available to providers through targeted, equity-informed Requests for Proposal or other applications.
 - 2. Grants should be targeted to communities in the state that have not seen sufficient investment and resources and so do not have sufficient high-quality services.
- f. Providers will attain better fiscal health, stability, and ability to plan their services - ultimately providing a more stable environment for children and families:
 - i. Stable, predictable sources of funding mean providers are more likely to stay in business, invest in quality, and be assured of timely payments
 - ii. More providers may work with the state and thus provide services to eligible families
 - iii. An equitable distribution of funding that does not privilege those providers with the resources necessary to maneuver a complex funding process can ensure more opportunities for children and families to access services
 - iv. Less time spent on administrative burden and more time focusing on the core mission - serving young children
- g. Further, the State will attain greater capacity to equitably distribute funding and to understand how all public ECEC funds are invested to support children and families in the state.

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- h. This transition must take place slowly and deliberately, over many years as the system becomes more adequately funded, and with significant input from providers and other stakeholders along the way. The transition should begin with those providers that serve primarily low-income families and receive most of their revenue from public sources.
- i. Bring this back to the profiled families and providers - how does this funding distribution change impact their experience, specifically.
- j. To foster equity in the early childhood education and care system, the State must support equitable access to high-quality Early Intervention and Early Childhood Special Education services. More study is urgently needed to determine which funding mechanisms can best support this equitable access.
 - i. These programs are intertwined with other systems (such as K-12, Medicaid, and local funding streams) and subject to significant federal law and oversight
 - ii. Recommendations require involvement of a greater number of members of the field to evaluate more dramatic changes to the system.
 - iii. For inclusion, funding mechanism and funding goals should be written such that all children who are eligible for services should be able to receive them in a way that meets their needs and the needs of their families
 - iv. The State must further define how to best provide Early Childhood Special Education services for children ages 3-5 wherever they are in the mixed delivery system, at the location of family choices and informed by their Individualized Education Plan team.
 - v. The State must define the funding mechanism parameters that transparently and effectively support providers in offering a continuum of services to meet child and family need in a high-quality setting for children with disabilities and typically developing children.
 - vi. While this further study is underway, state appropriations for Early Childhood Special Education should remain in the K-12 Evidence-Based Funding Formula with the ultimate goal of integration into a single, unified ECEC system as soon as is feasible.
 - 1. Meanwhile, the Commission recommends that the ECSE component of the K-12 Evidence-Based Funding formula be corrected to fully reflect adequate cost
 - vii. The State must evaluate options for an Early Intervention system of payments that can incentivize smooth, equitable family service delivery and effective collaboration, effectively recruit and retain qualified service providers, and promote smooth transitions between programs.
 - viii. These recommendations indicate progress made on cataloguing and synthesizing both challenges within the current funding mechanisms for these

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two services and the potential downstream effects of any large-scale changes to those funding mechanisms.

5. Recommendation: Centralize Illinois' ECEC systems into one state agency.

- a. The Commission weighed different options for unifying the ECEC system: fostering greater coordination across the various state agencies involved in ECEC; consolidating ECEC within the Illinois Department of Human Services or the Illinois State Board of Education; or creation of a new state ECEC agency. Research and discussions with other states as well as analysis of Illinois' own unique historical, political, and fiscal context surfaced both positive and negative potential outcomes associated with each of these options. The Commission's deliberations resulted in the recommendation to create one new state agency dedicated to ECEC with designed community and regional structures. These deliberations also unearthed a bevy of additional questions and unknowns that must be vetted and analyzed before the state moves forward with this recommendation.
- b. This allows for the articulated requirements of the envisioned ECEC system to be put into operation
 - i. One set of quality standards and accountability system linked to a centralized funding system
 - ii. Unified policy leadership
 - iii. Systemwide data
 - iv. Unified, community-level process and infrastructure for listening and engagement
 - v. Unified professional and workforce development
 - vi. Unified quality improvement
 - vii. One authority for providers
 - viii. One voice of collaboration across other areas of early childhood development
- c. Any future new state agency must possess the capacity to drive our system toward equitable outcomes
 - i. Must intentionally focus on racial and ethnic disparities, income disparities, language, culture, geography, and age.
 - ii. Requires rooting out racism and dismantling existing systems of oppression that produce inequitable outcomes
 - iii. Requires transforming policies and practices through application of a racial equity framework to reconcile past harms, establish guardrails against reproducing inequity, and lead to the development and execution of all other capacities that help children thrive
- d. The centralization would bring together many programs that are currently embedded within 3 state agencies:

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- i. ISBE's Early Childhood Block Grant – Preschool for All, Preschool for All Expansion, Prevention Initiative
 - ii. IDHS's Child Care Assistance Program
 - iii. Home Visiting, housed at IDHS and GOECD – MIECHV, Healthy Families, Parents Too Soon
 - iv. IDHS's Head Start Collaboration Office, and the State's relationship with Head Start
 - v. IDHS's Early Intervention
 - vi. DCFS's day care Licensing
 - vii. The Commission recommends further study to evaluate whether ISBE's Early Childhood Special Education should also be centralized in this new agency.
 - viii. A note: The Commission does not expect that existing employment levels within existing state agencies would be impacted by the creation of a new state agency.
- e. A community and regional infrastructure will be necessary to meet the Commission's vision for the system and ensure input from families and providers to form the basis of decision making
 - i. Include an overview of why this infrastructure is necessary and what is lacking today.
 - ii. Community-driven planning via stakeholder engagement at the local level, using community data, can fuel distribution of funds for provider incubation, training and technical assistance, further family engagement, etc.
 - iii. Capacity to collect and analyze data at the local/regional level
 - iv. Family engagement, outreach, and support for families' navigating the system at the local level
 - v. All of this must be done with a racial equity lens to best support families, educators, providers, and communities of color in building the capacity and infrastructure needed to provide equitable access to high-quality ECEC services
- f. This agency will carry out the following capacities at the state and/or regional or local levels: (include details previously discussed by the Commission)
 - i. Policy Leadership
 - ii. Funding & Oversight
 - iii. Infrastructure
 - iv. Communications
- g. A centralized ECEC state agency will fulfill the following objectives to ensure equitable access and support equitable outcomes for children and families:
 - i. Plan cohesively for sustainable ECEC
 - ii. Improve access to high quality and ensure equitable outcomes

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- iii. Improve system transparency, accountability, and efficiency
 - 1. In accordance with our Racial Equity review, the agency must:
 - a. Include an accountability office that prioritizes quantitative and qualitative data, including the creation and maintenance of performance scorecard that disaggregates metrics by race
 - b. Support the data capacity of providers and communities
 - i. Quality data collection, including race data
 - ii. Community level capacity to analyze data on service gaps
 - iii. Culture of data-based decision making to support racial equity in services
 - c. Be accountable to communities through implementation by reporting on metrics
 - iv. Respond to family need and earn public trust
- h. If a new state ECEC agency is created, governance will matter deeply to its sustainability
 - i. The Commission recommends a Board governance structure, a public-private partnership to support collaboration and coordination across the comprehensive early development field, and advisory bodies to support consultation with and involvement of families and providers (including an advisory body focused on funding adequacy)
 - ii. Advisory bodies could be unified under the Early Learning Council umbrella with targeted charges

6. Final reflection on the profiled families

- a. What new provider options would be available?
- b. How could their provider's services differ?
- c. What will the child be exposed to before kindergarten vs. their current situation?
- d. How will coordination with other family supports work?

7. Planning & Implementation

- a. The main work of the Commission was to bring voices together to recognize the fundamental challenges and to recommend fundamental changes. This process unearthed many issues that cannot be covered within the Commission's timeframe, and indeed must help to shape implementation of the Commission's recommendations beginning upon conclusion of the Commission's work.

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- b. A nimble implementation team, informed by and representative of orbiting advisory bodies from all areas of the early childhood field, should lead the implementation of the Commission's recommendations.
 - i. To effectuate the planning, implementation, and immediate initiatives for 2021, the State must:
 - 1. Articulate the leadership and decision-making structure required
 - 2. Articulate the team resources required
 - 3. Articulate the cross-agency resources required
- c. Implementing a new ECEC agency with a centralized funding system requires significant, intentional, and well-resourced effort.
 - i. Technical Working Group findings
- d. This implementation team must prioritize equity
 - i. Prioritize stakeholder voice
 - 1. Advisory councils should play the following role through implementation
 - 2. Intensive, iterative stakeholder engagement and involvement as an ongoing feedback loop must be a focus of implementation.
 - 3. The State should conduct a full Racial Equity Impact Assessment during implementation.
 - ii. Ensure Equity in Funding Goals
 - 1. Identify which services will be prioritized and for whom so that inequities are not exacerbated; then set benchmarks to monitor implementation over time
 - 2. Determine human capital recruitment & capacity building strategies (e.g., workforce, community systems)
 - 3. Prioritize funds to build capacity in areas that are underserved
 - iii. Ensure Equity in Funding System
 - 1. Identify which services will be prioritized and for whom before funding adequacy is reached
 - 2. Involve providers and parents in the RFP development process to ensure it is accessible
 - 3. Create racial equity-based criteria for funding eligibility or priority
 - 4. Identify and address how expanded funding distribution could burden or exclude current providers
 - 5. Build in accountability for multi-year contracts
 - 6. Mandate service types based on need (e.g., bilingual service availability)

7. Address outstanding issues and questions for populations that require specific supports and priority, such as English Learners and children with special needs
- iv. Ensure Equity in the New Governance Structure
 1. Build the capacity of local boards or advisory bodies
 2. Identify and provide services based on community need
 3. Collaborate with state, regional, and local agencies to address service alignment
 4. Involve community directly in decision-making to create the new agency in a way that can prioritize racially equitable policy decision-making
- e. Call out the tension: The Commission's long-term vision will take time and change is needed NOW. Therefore, here are immediate priorities for the state to implement in 2021 that are aligned to the Commission's recommendations:
 - i. Funding Policy
 1. Move away from funding reimbursement for as many funding sources as possible in favor of funding based on projected enrollment, with periodic true ups thereafter
 2. Implement policies to support ECBG/CCAP and HS/CCAP programs, while incorporating some greater accountability and targeting of this program
 3. Map adequacy and associated plans for rate increases, prioritizing where to invest incremental funding
 - a. Mapping can inform near-term expansion of early childhood education and care and home visiting services
 - b. Child care rate increase plan for centers
 - c. Set groundwork for funding formula
 4. Pilot centralized funding formula
 - a. ExceleRate pilot—supporting quality improvement with up-front funding to support needed staffing pattern and compensation levels
 - b. Early Childhood Block Grant and Child Care Assistance Program pilot—combining funding sources into single, stable grant
 - c. FCC network pilot (or expansion)—supporting quality in home-based settings
 - ii. Data Systems
 1. Establish metrics & reporting system
 2. Illinois Longitudinal Data System 2.0
 3. Attendance & enrollment system

- 4. Educator data system integration
- iii. Workforce Initiatives
 - 1. Centralize professional development and coaching supports
 - 2. Improve career pathways
 - a. Credit-bearing CDAs
 - b. Level 5 to PEL pathway
 - c. Cohort supports
 - d. Course modularization
 - e. Educator debt relief
 - f. Credential fee structure/relief
- iv. Centralize advisory councils
- v. Create Implementation Steering Committee with provider and parent representation and a Racial Equity Subcommittee
- f. All the above work is work that a centralized agency would do, and that must be done by an identified champion in the State in anticipation and in development of a centralized ECEC structure— alongside these initiatives, the state must plan the new funding system and agency structure in 2021.
 - i. Identify multi-year priorities and strategies
 - ii. Outline aspects of the multi-year strategies that will require legislation
 - iii. Plan phase-in of all aspects of envisioned system (centralization of funding, policy, accountability, infrastructure, communications)
 - iv. Plan organizational chart of new centralized structure
 - v. Define community and regional roles in the ECEC infrastructure
 - vi. Initiate search for future ECEC state leader
 - vii. Create Implementation Steering Committee with provider and parent representation
- g. Relate everything back to profiled families

8. Appendices

- a. Commission members and affiliations
- b. Commission's term
- c. Commission's process
- d. Commission's use of research, reports, experts

RACIAL EQUITY WORKING GROUP

Recommendations Analysis

ILLINOIS COMMISSION ON EQUITABLE EARLY CHILDHOOD EDUCATION AND CARE FUNDING



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EXECUTIVE SUMMARY

Chicago United for Equity (CUE) engaged in a three-pronged Racial Equity Impact Assessment (REIA) inspired analysis of the Commission on Equitable Early Childhood Education and Care Funding's recommendations between October and December 2020. This shortened timeline limited the depth of analysis; however, findings and recommendations should serve as a guide for a more robust future process across the state. The analysis involved focus groups with CUE Fellows, parents, and providers as well as four meetings of a Racial Equity Working Group (composed of Commission members and members of the Illinois BUILD Team) to review the Commission's recommendations and provide feedback on how to best improve racial equity in the recommendations' implementation. The various groups focused closely on analyzing who would be impacted by the recommendations and in what way, how the recommendations or their implementation could be made more racially equitable, and what accountability, stakeholder involvement, and evaluation measures should be put in place to support racial equity moving forward.

High-level observations and themes from the groups' review include the following:

Prioritize racial equity in the implementation of the Commission's recommendations.

1. The State needs to make an explicit, stated commitment to using a racial equity lens moving forward.
2. The State should plan, execute, and evaluate implementation of the recommendations, with a racial equity lens.
3. The State must recruit and involve a diverse, representative group of stakeholders most impacted by the recommendations to guide implementation.

Conduct meaningful engagement.

1. The State should create a more inclusive engagement process.
2. The State should co-create the service options offered to local communities with service recipients and impacted stakeholders, particularly those groups that are underrepresented.

Create community accountability.

1. The State must implement recommendations in collaboration with an inclusive set of stakeholders. This includes creating an implementation steering committee with broad and diverse parent and provider representation and creating an equity council within the new agency with large parent and provider representation.
2. Create an accountability office within the new early childhood education and care state agency that prioritizes qualitative data in addition to quantitative data reporting on the equity outcomes of the early childhood education and care system.
3. Create a performance scorecard that disaggregates metrics by race and is accountable to communities through implementation.
4. Support the data capacity of providers and communities.
5. Provide adequate funding and agency staff capacity to do the items above.

Ultimately, executing these recommendations will require investment in state capacity and resources and external support from the state's early childhood stakeholder community. Embedding a racial

equity lens into the work of early childhood systems integration and transformation is not a given; rather, it takes intentionality, thoughtful deliberation with those most impacted at the table, dedication to equity in process, and the resources to secure external expertise to execute.

About CUE

In 2016, Niketa Brar and Elisabeth Greer met on the Local School Council of National Teachers Academy (NTA) in Chicago, Illinois and began working together to advance their shared interest in promoting educational equity in their neighborhood. The next year, Chicago Public Schools announced interest in closing their successful elementary school and displacing NTA's majority Black, majority low-income students. The two women began working with friends and neighbors to strategize on how to address this inequitable policy proposal with a systemic response.

That desire for systemic reform led to CUE's work to champion the use of a community-led policymaking process called the Racial Equity Impact Assessment (REIA). Since launching the REIA process to measure the burdens and benefits of closing National Teachers Academy and setting a national civil rights precedent in halting the closure, CUE has trained 200 people in the use of the tool, launched four more REIA processes, and has seen REIAs embedded in the blueprints of organizers and new government leaders across Chicago.

This work is anchored in CUE's central purpose of connecting and amplifying the power of individuals to build just, equitable, and inclusive communities. Together, CUE is working to:

- Build a network of ethical and effective racial justice advocates across Chicago's and Illinois' civic infrastructure and beyond,
- Demonstrate tools and models for equitable policies and practices, and
- Develop public accountability models for racial equity.



Our Approach

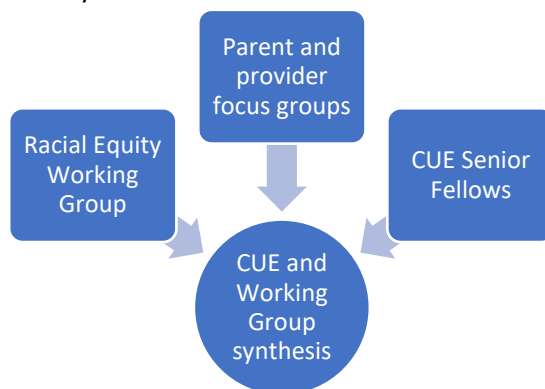
CUE approaches racial equity work with an understanding that racial equity is defined as both a *process* and an *outcome*. As a process, it involves building better outcomes for everyone through centering and shifting decision-making power to those who are experiencing current and historical racial disparities. As an outcome, racial equity is a future where race can no longer predict life outcomes. Racial equity requires explicit *acknowledgement of our racial history* in addressing policy problems, *shifting power* to groups historically excluded from decision-making, and designing future policy to achieve outcomes that are *no longer predicted by race*.

One of the tools that CUE uses is a Racial Equity Impact Assessment (REIA)¹. An REIA is a tool that helps develop a stronger equity lens in our decision-making and solution-finding and has been used by local governments across the country². It can help see unintended consequences of a proposal, who benefits most and who will bear the most burden³, and ways to get at the same intent without reiterating harm on the same groups that have historically been burdened. We do this because policies are not color-blind and not made in a vacuum. An REIA forces us to examine history, context, and lived experiences to inform our work. The REIA tool is used across the country⁴ to aid communities and government organizations in developing equitable decisions in public policy.

Our Task

CUE began working with the Commission on Equitable Early Childhood Education and Care Funding in early October 2020. CUE was engaged to review the Commission's recommendations through a racial equity lens to identify high-level concerns and opportunities to incorporate a racial equity approach into implementation of the Commission's recommendations, including the potential for an REIA. In addition, CUE was asked to identify guidelines to promote accountability within the implementation process reflecting recommendations from key stakeholders, with a focus on deepening civic trust with the most impacted communities to propel engagement and co-ownership in future implementation efforts.

In order to present high level findings for a Commission meeting on November 10, 2020, CUE engaged in a three-pronged REIA-inspired analysis of the Commission's recommendations. Analysis, discussion, and



¹ CUE's approach to a racial equity impact assessment can be found here:

<https://www.chicagounitedforequity.org/reia>

² See Government Alliance for Racial Equity (GARE) https://www.racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

³ See Appendix A for analysis results.

⁴ For examples see https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

findings from the three groups below were summarized after November 10 in order to inform this document.

- CUE Fellows: In addition to the two Senior Fellows leading this project, four other CUE Fellows with connections to education participated in two sessions each between October 21-23 to conduct an REIA-inspired analysis.
- Parent & Provider Focus Groups: With assistance from the Early Childhood Funding Coalition, participants who had already participated in a previous focus group on the recommendations were asked to participate in a “focus group 2.0” to conduct an REIA-inspired analysis. There were two participants in the parent focus group on October 26 and four participants in the provider group on November 2.
- Commission Racial Equity Working Group: A group of 21 commission members and members from the Illinois BUILD team engaged in an REIA-inspired analysis over the course of four sessions. These sessions took place on October 26, October 29, November 20, and November 30. Note that the third and fourth sessions took place after the presentation of high-level findings on November 10 and were folded into this document.

The racial equity analysis faced a number of constraints. Not only was racial equity not explicitly prioritized in the draft of the Commission’s recommendations, but the short timeline did not allow CUE to do as deep and as broad of an engagement process as typically would be done in order to evaluate a proposal. With just a month turnaround to present high level findings, only two parents and four providers were able to attend the focus groups.

Both parents identified under the umbrella of Hispanic/Latina and while both had deep lived experiences and knowledge to contribute, they could not serve as sufficiently representative of parent experiences in the state. Ideally, there would have been an opportunity to engage parents from the Early Learning Council’s priority populations⁵ as these are groups that have historically not been served or served well by the current early childhood system and whose perspectives are therefore critical to engage; they will be directly impacted by the Commission’s recommendations and so the Commission should have invested more time and resources to engage them.

The providers who participated in the focus group identified as Black/African-American or White/Caucasian and represented the Chicago and Cook County area, central, and western Illinois. This again is not representative of provider experiences throughout the state. The Commission should have invested greater time and resources to ensure that all types of providers⁶ from all parts of the state were engaged in reviewing the recommendations through a racial equity lens.

Due to these constraints, this process cannot serve as a sufficient, standalone, and inclusive racial equity engagement analysis; however, it can serve as a guide for a more robust future process across the state.

⁵ Access Committee - All Families Served Subcommittee of the Early Learning Council. Recommendation on Priority Populations February 2019.

⁶ Providers is used broadly to encompass all types and levels of staff and administrators in all settings (home, center, school-based).

Authentic community engagement, especially targeted engagement to those who have been historically underserved, needs to be broad and deep; this has not happened. The State must invest in the resources and capacity necessary to conduct inclusive, authentic engagement, and this level of engagement must happen throughout further development of the recommendations beyond their submission to the Governor, preparation for and implementation of those recommendations, and evaluation of the process. For these reasons, our analysis is incomplete; as a necessary but insufficient step, our analysis emphasizes the need for further community engagement around these recommendations in order to work towards racial equity.

High Level Observations

After a cursory review of the Commission's documents and draft recommendations, the CUE team made several observations with racial equity implications on the Commission's work that were applicable to all draft recommendations. To start, one of the Commission's Guiding Principles is to 'Ensure Equity, to endorse a system that ensures equitable outcomes for children, with intentional focus on race, ethnicity, culture, language, income, children's individual needs, and geography.' Yet the recommendations CUE fellows were asked to review did not use the term 'racial equity' at all or mention the potential disparate impact of the recommendations on different communities across the state. While it appears that the Commission had planned more in-depth stakeholder engagement that was challenging to implement due to the pandemic and limited data, and Commission discussions did include references to racial equity throughout the year, explicit analysis of the recommendations from a racial equity lens did not begin until October 2020.

CUE believes that racial equity must be baked into the decision-making process from the beginning (racial equity as a process). Making recommendations and then evaluating their racial equity merit afterwards, rather than building racial equity into the recommendation development process from the beginning, will not achieve the intended outcomes, will not get the resources needed to do the work, will not change institutions or structures in the long-term, and may actually exacerbate inequities.

To use the analogy of baking a cupcake, racial equity cannot be the sprinkles, it must be the flour. It is a crucial ingredient that once mixed into the batter or baked is impossible to separate from the rest of the cupcake. A racial equity lens must be used from the very beginning of development of a proposal all the way through to implementation and evaluation in order for it to actually impact processes and outcomes. Beyond the work of the Commission and the implementation of its recommendations, this kind of approach is something the State should consider adopting in all future policymaking if it hopes to improve the lives of its citizens, particularly those who have been historically underserved.

In addition, the State must acknowledge that high-quality early childhood services, no matter how equitably distributed, cannot by themselves address the problems of systemic and structural racial inequities. Building a racially equitable early childhood education and care system is necessary but insufficient; it is just one in a series of critical steps the State must take to reckon with racial and ethnic inequity in Illinois and build a racially just future for the state. These recommendations must be a part of a larger set of strategies across systems to address inequities in the state. Furthermore, creating racial equity in early childhood education and care must involve close collaboration with and action from other systems outside of early childhood. Moving forward, there are three things the State must commit to in order to advance racial equity in the Commission's recommendations.

Prioritize racial equity in the implementation of the Commission's recommendations.

1. The State needs to make an explicit, stated commitment to using a racial equity lens moving forward.

The State must not use low-income as a proxy for racial equity. Socioeconomic status has been conflated with race, but the two are not the same. Using a racial equity lens means explicitly acknowledging racial history in addressing policy problems, shifting power to groups historically excluded from decision-making, and designing future policy to achieve outcomes that are no longer predicted by race. Racial equity requires calling out current and historical disparities. The State must publicly acknowledge and name the racial, ethnic, and economic marginalization that has and continues to take place. It must commit to using a racial equity lens in decision-making in early childhood education and care, including policy and investment decisions, systems centralization or transformation, and other findings identified during engagement and implementation.

2. The State should plan, execute, and evaluate implementation of the recommendations, with a racial equity lens.

Using a racial equity lens must start from the beginning of the policymaking process and cannot be tacked on at the end. If the State does not have the knowledge, expertise, or experience in-house, then the State needs to allocate resources to bring in those who do that have the knowledge, expertise, and/or experience. Committing resources indicates that the State does hold true to its word.

3. The State must recruit and involve a diverse, representative group of stakeholders most impacted by the recommendations to guide implementation.

CUE views the list of priority populations from the Early Learning Council as a good starting point for identifying groups that have largely been underserved by the current early childhood education and care system, as children and their families will be directly impacted by the recommendations. However, the list does not include language about race/ethnicity and to apply a racial equity lens will require engaging different racial/ethnic groups.

For this reason, the State should explicitly describe the groups it will prioritize in engagement related to the Commission's work, including planning for implementation, and should consider updating the priority populations list to reflect engaging different racial and ethnic groups. The State should also consider less identifiable groups, such as children with different experiences of trauma, children with parents who are incarcerated, groups that do not currently have access to early learning programs, and/or children and families who are being served outside of current licensed and school environments; these are key stakeholders to engage moving forward. Statewide representation of directly impacted groups is important. This should include all geographical regions of the state (northern, central, southern), different types of settings (urban, suburban, rural, mixed), a range of income levels, different race/ethnicity groupings, and more.

Conduct meaningful engagement.

There are a number of aspects to consider when designing stakeholder participation in complex governance processes⁷, but overall, racial equity is about centering and shifting power to those who have been historically excluded from decision-making. In order to do so, the State needs to move from being more exclusive to more inclusive, from giving community members the least amount of power to the greatest amount of power, and from ignoring or informing community to deferring to it. All of this is more resource-intensive in terms of time, energy, and funding, but it is the only way to begin to work towards racial equity in processes and outcomes.

1. The State should create a more inclusive engagement process.

Public actors such as the State tend to rely on expert administrators, elected representatives, and professional stakeholders when soliciting feedback. This elevates a certain type of power and knowledge over lived experiences of those directly impacted by the system. However, it is precisely those with lived experiences whose knowledge is most important to engage.

2. The State should co-create the service options offered to local communities with service recipients and impacted stakeholders, particularly those groups that are underrepresented.

The State tends to give families who could benefit directly from services little power over shaping those services – how they are arranged, oriented, distributed, evaluated, and who is prioritized for receipt of such services. Currently, families may personally benefit from engaging with early childhood services and will sometimes communicate with or advise/consult the State on early childhood issues. However, giving families more authority would allow whatever is designed to be more effective (there is no guarantee of the ‘if you build it, they will come’ development approach) and therefore have the best chance of reaching racial equity in both process and outcome.

While the State often denies access to decision-making processes, sometimes it does provide the community with relevant information and/or gather input from the community (that may or may not be taken into account). The Commission has used activities such as public comment during meetings, focus groups, community forums, and surveys, and has relied on previous research into Illinois’ early childhood system that used similar engagement activities. This places the Commission’s community engagement in the middle of the spectrum below, but moving forward the State must do more, such as determining which decisions the State needs advising and consultation from community, and for which decisions shared control over decision-making could be successful and in the interests of communities.

⁷ See Fung, A. (2006). Varieties of participation in complex governance. *Public Administration Review*, 66(SUPPL. 1), 66–75.

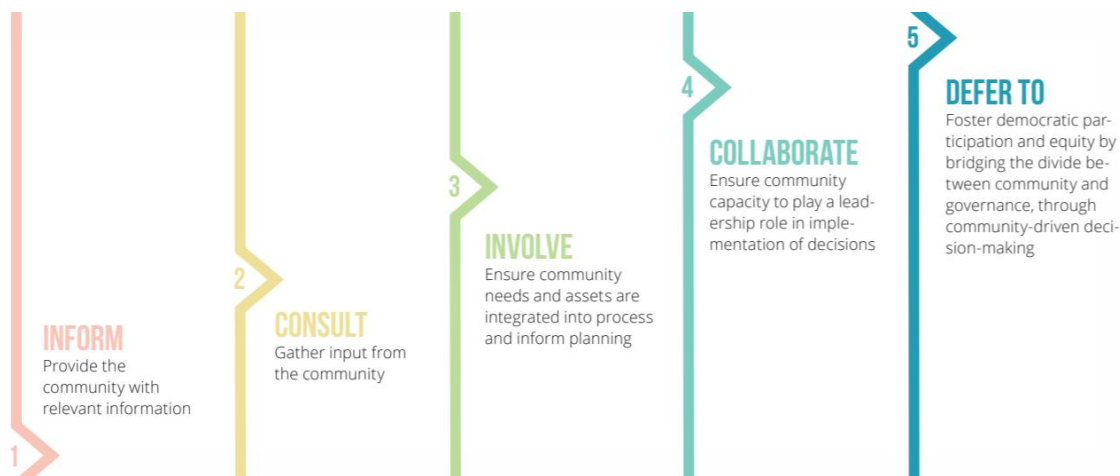


Figure 1 - The Spectrum of Community Engagement to Ownership⁸

Create community accountability.

There is no more important time to create accountability for equity than in an environment of scarcity, and until Illinois achieves adequate funding for early childhood education and care services and is no longer in a precarious fiscal environment, Illinois will operate in an environment of scarcity and will need to prioritize where its resources are allocated.

Prioritizing racial equity in the Commission's process and conducting meaningful engagement well-equips the State to be accountable to community and families. There are multiple pieces the State can put in place in order to ensure it is accountable to the children and families in Illinois.

1. The State must implement recommendations in collaboration with an inclusive set of stakeholders. This includes creating an implementation steering committee with broad and diverse parent and provider representation and creating an equity council within the new agency with large parent and provider representation.

There are many approaches to engaging community in policymaking and implementation⁹¹⁰. In order to have high parent and provider engagement, there must be multiple different access points for both parents and providers with a sliding scale of intensity of involvement. Creating opportunities for a broader base to engage means the base will more likely be representative of the state and therefore be able to help identify and address inequities in the system. This can include involving the Early Learning Council's Family Advisory Committee, who should have access to review and assess data metrics and monitor progress.

⁸ Movement Strategy Center. (2020, October 26) The Spectrum of Community Engagement to Ownership. <https://movementstrategy.org/b/wp-content/uploads/2019/09/Spectrum-2-1-1.pdf>

⁹ See Vitalyst Health Foundation. (2019). Pre-Community Engagement: Setting the Stage for Authentic Community Engagement. Retrieved from <http://vitalysthealth.org/wp-content/uploads/VitalystSpark-PreCommunityEngagement.pdf>

¹⁰ See Attygalle, L. (2019). Creating the culture for community engagement: How fear may be holding us back from authentic engagement. Tamarack Institute. Retrieved from <https://www.tamarackcommunity.ca/library/paper-creating-culture-community-engagement>

Engaging parents can be difficult, particularly priority populations and/or those who are not connected to the state's early childhood education and care system. One approach is to leverage the connections that parents already have to different entities. That includes finding parents connected to early childhood collaborations, applicants to the Early Learning Council's Parent Advisory Council, parent representatives at Head Start programs or other early childhood education and care programs, local school councils, parent ambassadors trained by parent and community organizers such as COFI, parents who have children in early childhood education and care programs, and others. Providers, case managers, family support workers, home visitors, and more have already built trusting relationships with parents and should be leveraged. Even with this base, the State should conduct stakeholder mapping to identify stakeholders in need of inclusion. The State should avoid defaulting to stakeholders who are typically involved and engaged and should actively seek out and develop additional voices from across the State.

Too often, lived experiences are not valued as much as position and education, and lay stakeholders are not valued as much as professional ones. Within committees and councils, other members must see parents and providers as the experts of their experiences and create a welcoming space for them. This does not happen right now with usage of acronyms, jargon, and different procedures such as "Robert's rules" that many parents, providers, and even early learning professionals may not know about. Explanations, orientations, and small changes to existing procedures to make them more accessible can go a long way to creating a welcoming and inclusive environment while still meeting requirements such as those in the Open Meetings Act.

There should be a required minimum percentage of parents and providers on some decision-making bodies (a parent focus group participant suggested 51% minimum parent representation; some states require 20% or more parent participation). All members of an implementation steering committee and equity council should have decision-making power and/or the recommendations made by them are binding and have to be implemented by the State.

Finally, the State should create and employ decision-making guidelines that center those most impacted in early childhood education and care (namely, children and families). The guidelines should be informed by parents and providers who then help with deciding funding priorities (who gets what first), defining access and quality, and identifying accountability metrics. One option would be the Early Learning Council's adopted Racial Equity Impact Assessment questions.

2. Create an accountability office within the new early childhood education and care state agency that prioritizes qualitative data in addition to quantitative data reporting on the equity outcomes of the early childhood education and care system.

Qualitative data should include narratives from local service recipients gathered through a public engagement process. Feedback loops need to be built in so those implementing the recommendations have constant information about how that implementation is playing out on the ground for those who are both receiving and providing services. Local and regional data on access, quality, affordability, family and provider experience with the system, and more, needs to be collected to roll up to a state level; that data must then also be available and accessible at the local level so that communities can use it to inform work that is being done in the community. All data must be disaggregated by race.

The State must promote a culture of data-based decision-making to support racial equity in services, including a commitment to using data as a flashlight and not a hammer on communities and providers. Data collection is often seen as punitive, for example with regards to child care licensing. Instead data should be used to ask questions, probe for root causes of problems, and examine opportunities to do things differently and more effectively.

3. Create a performance scorecard that disaggregates metrics by race and is accountable to communities through implementation.

Measuring performance and creating informational resources for the public is a starting place for accountability. The State has a responsibility to provide transparency at the community level so that stakeholders can hold the State accountable. Performance tracking requires the measurement of short-term outputs all the way to long-term outcomes in a scorecard that is updated regularly. At a minimum the short-term outputs could be updated annually, and the State should publish an annual report on early childhood education and care in the state and racial equity in that system. Some of the possible metrics that came from focus group participants include:

- Readiness indicators by race¹¹
- Proportion of family income dedicated to child care by race
- Number of high-quality seats in communities compared with racial make-up of communities
- Number of providers in communities by race
- Enrollment in early childhood education and care programs in communities by race and priority population
- Early childhood professional compensation by race
- Turnover rates for early childhood staff by race
- Diversity of representation in collaborations and stakeholder activities across all provider types and families

4. Support the data capacity of providers and communities.

There needs to be quality data collection, including disaggregation of all metrics by race. To get quality data, community level capacity must be built both in terms of knowledge and expertise, but also in resources such as IT firewalls, shared databases, computers, and internet access. This should be a critical part of the capacity building grants described in the Commission's recommendations.

As mentioned before, there will need to be support around building a culture of data-based decision-making to support racial equity in services and a commitment from all to using data as a flashlight and not a hammer. There has been broken trust between providers and the State when it comes to data in the past and even now, which will require work on the part of the State to repair. Repairing relationships requires state agency leadership to set a culture valuing transparency, consistency, and a willingness to actively listen to families and providers and leverage feedback from them to change policy and decision-making to better support them.

¹¹ Currently there is no universal Pre-K assessment. Alignment with the Kindergarten Individual Development Survey (KIDS) assessment is needed.

5. Provide adequate funding and agency staff capacity to do the items above.

Funding needs to be earmarked to support parent and provider participation in decision-making and accountability entities within the new early childhood state agency, including compensating parents and providers for their time and for removing barriers to their participation. This could include providing child care, food, transportation, internet access/devices, interpretation/translation, American Sign Language and/or live captioning, holding meetings at different times (to then capture second and third shift parents), and more.

Funding should also be earmarked to support partners and community stakeholders in engaging parents and providers. Partners and community stakeholders have the relationships at the local level to be able to reach out to those who most need to be heard from, but there is currently no statewide structure in place to support this. For some partners and community stakeholders, this may be a fundamental shift in how they do things which will require support and resources. Allocations could include parent education and parent support liaisons.

Finally, the State must provide adequate state staff capacity to successfully support and facilitate parent and provider participation in such groups. Engaging with community partners and stakeholders and providing the parent and provider supports listed above requires coordination and communication, which is time-intensive.

Findings in Recommendation Analysis

These findings were developed through a series of discussions with CUE fellows, parents, providers, and the Racial Equity Working Group, inspired by Steps 3 and 4 of CUE's REIA tool.¹² In examining the impact of the recommendations, participants largely agreed on what the recommendations could have a direct impact on and what it could have an indirect or neutral impact on; impact could be positive or negative depending on implementation. Participants explored these impacts because a systemic change of this size can have wide ranging impacts outside of the provided services. For example, family competition for slots with high-quality providers (public and private funded) could be a driver of segregation and changing migration in the region, as seen with families moving to particular communities to guarantee their children receive a high-quality education for K-12. There are many possible impacts of these recommendations that go beyond early childhood that should be considered so that potential negative or disparate impacts may be mitigated in planning and implementation.

Recommendation on funding goals: The cost to provide equitable access to high-quality early childhood education and care is \$11.7 billion in public funds.

Items the Commission should address

- **The adequacy cost estimate should include funding for parental education and support.** Parent participants brought up the issue of how parents are wary of the system; it is overwhelming and complicated, and some may have fears – providers too – about impacts on them such as their immigration status. Particular populations will need specialized support.

¹² See Appendix A.

- **The adequacy cost estimate should include funding for parental inclusion and authentic community engagement.** This was described already in the Creating Community Accountability high level observations. Parental and community inclusion and engagement would allow parents to shape the services provided. There should also be consideration given to the cost of having dedicated staff to build relationships with parents, community members, and community leaders, as well as investment in development of parent councils and stipends for families to participate in trainings and meetings.
- **The adequacy cost estimate should include funding for culturally responsive services and professional development for providers and educators.** Providers need training and resources to be able to meet the needs of diverse families, especially those who have not historically had access to the early childhood education and care system.
- **The adequacy cost estimate should include funding for capacity building at the local level.** The infrastructure percentage in the funding recommendations is vague about the spending to create the new agencies' systems and start-up costs. Included in start-up costs should be funding for local capacity-building and infrastructure, especially in areas with very few seats or child care deserts that may face additional barriers for early childhood education and care services. Capacity-building and infrastructure may include connection to the early childhood system, training and technical assistance to engage with the early childhood system, capacity and skill-building for existing early childhood providers to be able to compete and thrive in a new early childhood system, and the resources necessary for local entities to participate in shaping policy and funding distribution in support of racial equity. Separately, local infrastructure funds for facilities construction and renovation should also be included in the cost model.

Items that must be addressed in implementation

- **Prioritize services based on identified needs, priority populations, and rectifying existing racial inequities.** Identify which services will be prioritized and for whom so that inequities are not exacerbated. Avoid situations where those with more access and privilege take new slots over others with more diverse needs. Work directly with communities, including educators and providers of color, to determine the specific service needs at the regional and local level. To do all of this, develop a set of decision-making criteria or guidelines in partnership with parents and providers across the State to ensure that racial equity is a priority in the decision-making process for prioritizing new investments.
- **Model the cost to get to a state of adequate funding, including determining human capital recruitment and capacity building strategies and their costs.** The new early childhood state agency must prioritize developing the needed early childhood workforce and capacity for services. There will be a need for a significantly larger workforce to support an expansion of early childhood services, including many early childhood professionals with special certifications such as bilingual or trauma-informed practice, but higher education as a sector is already strained. The State should create a plan to rapidly certify and train quality staff that eases the burden on communities and providers to comply with quality standards. Community systems

including early childhood collaborations and other similar entities who are being asked to play a role that they have never had to do before and on a scale they have never had to before will require resources and support.

- **Set benchmarks to monitor implementation progress over time.** Racial equity requires racially disaggregated data to guide implementation and evaluation of policy to ensure the production of equitable outcomes. Identify benchmarks that would indicate that the state is increasing racial equity in its service outcomes, such as those described in the section of this report on high-level observations.

Recommendation on funding mechanisms: *Public early childhood education and care funding allocation and disbursement should be centralized at the state level.*

Items the Commission should address

- **Provide greater specificity to accurately assess community and administrative infrastructure needs.** Some areas of the state may need facilities construction or renovation, technical help, or other services to build community infrastructure for early childhood education and care services. The funding mechanism recommendation should describe more specifically how funding for these costs will be allocated and disbursed. If this is not possible at this time, a plan for scoping those costs should be developed during implementation.
- **Design funding distribution for the flexibility of changing family needs.** The State should evaluate the disparate impacts of its copay recommendations on different populations and/or explore the Head Start model where eligibility is applicable for multiple years even if a family's income changes so the child can stay in the program. Flexibility allows providers to help parents pay for immediate needs that emerge such as for food, housing, and health services. As seen during the COVID-19 pandemic, families' needs can change dramatically from one month to the next and providers need the ability to flex some funding to help meet those needs.
- **Revise the Early Learning Council's priority populations list to explicitly promote racial equity.** The list of priority populations from the Early Learning Council is a good starting point for identifying groups that have largely been underserved by the current early childhood education and care system. However, the list does not include language about race/ethnicity and is not inclusive of other groups who have been underserved by the early childhood system. The State needs to adapt the list of priority populations and use the list to inform funding to serve those facing the greatest need.

Items that must be addressed in implementation

- **Create racial equity-based criteria for funding eligibility and priority.** As funding needed to reach adequacy will not all become available immediately, who gets what services first could be inequitable if done without intention. The State must identify funding criteria that will increase equity in service outcomes. This is as important as developing criteria for where to invest increases in funding to move toward the funding adequacy estimate; here, it is important to

explicitly identify priority regions of the state, or types of providers, or communities that will be targeted for funding distribution.

The State should prioritize services, geographies, populations, and age cohorts that have the greatest disparities in access and quality when identifying areas for new investments. The State should also build IT and data systems that allow for data analysis by race to support decision-making that promotes racial equity. Ultimately, the State must simultaneously invest in expanding access to high-quality early childhood services and building infrastructure and capacity to ensure success in those expanded services.

- **Ensure accessibility by involving providers in Request for Proposal (RFP) development.** Prior to writing the Request for Proposal for funding distribution, the State should engage providers to better understand the challenges they face in responding to State RFPs and identify how to make the RFP process accessible, accommodating, and equitable. If done without intention, this RFP could exacerbate inequities. For instance, the current funding mechanism can disproportionately benefit large or politically connected providers. Implementing the funding mechanism recommendations must accommodate all provider types. Ideas raised by participants included removing barriers to entry like needing a grant writer, simplifying the RFP, instituting blind review of the application process, certifying providers, and providing funding for technical assistance for providers (particularly those who do not speak English, are not computer trained, are undocumented, etc. so there is a diverse make-up of who receives grants). Illinois could look to other states for ideas; for example, some states have provided staff to help communities write proposals and to support providers in an ongoing way beyond being awarded funding.
- **Examine strategies to certify providers.** A certification process for providers could simplify the funding allocation process. A mix between a strengths-based evaluation of providers and needs defined by the community can help ensure a future RFP is focused on equity. Certain data elements on the RFP could be used to identify need for funding without inequitably focusing on a provider's ability to write a grant proposal, such as zip codes.
- **Further specify the role that community-level entities, such as community collaborations, will play in accessing and distributing funds and services.** Communities with local infrastructure, such as community collaborations, are better positioned to access and effectively use resources. As the State provides resources to support local infrastructure and capacity building, the State should also work in partnership with communities to identify the functions that local entities should play in supporting equitable access to high-quality early childhood services. Functions could include planning, provider support, family and community engagement, coordinated intake for services, and facilitation of local decision-making related to early childhood policy.
- **Examine how the recommendations will affect union issues in the workforce.** With such an influx of funding and allocation process changes, proactive discussions with all impacted collective bargaining units can allow for more inclusive design and may avoid future conflicts.

- **Identify provider impacts statewide.** Identifying and addressing how expanded funding distribution could burden or exclude current providers may look different across the state.
- **Create a framework for evaluating contract performance.** To ensure services are effective, contract performance needs to be evaluated. If contracts are offered for multiple years, accountability mechanisms need to be built in to ensure quality persists over the contract period. In addition, recipients of funding should be provided with technical assistance and other supports to help them to successfully meet the performance requirements of their contract.
- **Mandate service types based on need.** Guidelines should be defined for services based on local needs (e.g., bilingual service availability). If a portion of a local population needs a specific service, providers must accommodate those needs in their proposal responses. The State should work directly with communities to identify which services must be provided to families in that community and should then structure the RFP for that community to require those services.
- **Prioritize continued support for Illinois' mixed delivery early childhood education and care system to preserve parent choice.** Illinois has a history of prioritizing and valuing parent choice in early childhood. The funding mechanism should be targeted to ensure that communities are able to offer high-quality services in families' own communities, including in providers' homes, in community-based centers, and in schools. The funding mechanism should not be so restrictive that it doesn't allow for a breadth of different program models and curriculum types. Further, the funding mechanism should value and prioritize support for providers that are representative of the families and communities they serve, including racial/ethnic representation. The funding mechanism should provide training, technical assistance, capacity building, professional development, and other supports to strengthen these providers. Finally, the funding mechanism should be designed with a recognition that capacity building and program incubation and start-up takes many years to be successful, and therefore requires a sustained funding commitment.
- **Create an outreach and support plan for underserved communities during the transition, and adequately resource its execution.** Underserved and capacity constrained communities will likely experience a burden during a structural change. To proactively address this risk, dedicated state agency staff need to be trained to support communities during the transition to a new state agency to navigate enrollment processes under a new mechanism of funding.

Recommendation on management and oversight in implementation: *Early childhood education and care services should be centralized in a new state agency.*

Items the Commission should address

- **Accommodate co-creation of state agency.** A new agency must be stood up with collaborative input from communities and in a way that will continue that collaboration in agency operations. This Commission recommendation should state that a diverse set of parents and providers from around the state should be involved in standing up the new state agency through participation on an implementation steering committee and an equity council for the agency. The agency's start-up investments should include statewide community and stakeholder engagement so that the agency can better understand the strengths and needs of the current early childhood

education and care system at the community level and structure the agency to best support families and providers.

- **Create a new accountability office.** This Commission recommendation should include establishment of an accountability office as part of the new agency along with oversight from regional and local stakeholders. See more information about this recommendation in the section of this report on high-level observations. This office should work directly with Illinois State Board of Education for a smooth transition into the K-12 system.

Items that must be addressed in implementation

- **Build the capacity of local boards or advisory bodies.** If the State is shifting some decision-making power to local communities, there will need to be some sort of local governance structure established. During implementation it will be important to identify the boards and advisory bodies that must be created as well as the development costs that must be included in the funding allocation to support them. The new agency must also identify and delineate which governance capacities will be fulfilled by the State and which will be fulfilled by community entities; the latter must then be provided with funding to do that work.
- **Build the capacity of state agency staff.** In the new state agency, staff will be arriving from multiple different agency cultures with varying interpretations and perspectives on how to best promote racial equity in early childhood. To create a unified, cohesive culture focused on the items included in this report, it will be imperative to train and support state agency staff so that they, in turn, can best support children and communities of color. The new agency must explicitly identify the roles, responsibilities, and accountability for leadership and coordination, and must identify talent and leadership with the disposition, skills, mindset, and track record to focus on racial equity and achieve racial equity outcomes.
- **Collaborate with state, regional, and local agencies to address service alignment.** While having one agency to deal with applications and guidance will help providers, there is a risk that the specific needs addressed by the current ecosystem of state agencies may be left behind. A new centralized state agency needs to create a change management plan for how it will ensure all populations have their needs evaluated and addressed and that there are not significant service disruptions for families. The State must determine how existing services can effectively transition to a new agency while maintaining and improving quality. A new state agency must align standards, communication, and workforce development and recruitment; however, it must do so in a way that prioritizes support for providers to move toward newly aligned standards and improve their quality. This is especially critical in areas with fewer providers and areas without enough providers who represent the racial/ethnic makeup of the community. As an example, the State should create incentives for school districts to collaborate with community partners to build and sustain partnerships across school- and community-based early childhood services and across the transition to kindergarten.
- **The Governor must demonstrate a commitment to racial equity as the basis for creating a new state early childhood agency.** This new agency should rely on the Governor's Chief Diversity

Officer (once hired) to inform the development of the new agency and its connections to other partner agencies. If the new agency creates its own equity office, that role and team must be intentionally defined and must come with a mandate to act.

- **Implementation efforts must include a focus on evaluating equity throughout the implementation process.** This includes tracking and documenting impact and beneficiaries throughout the adoption and implementation of Commission recommendations; evaluation of how funds were spent, how they align to outputs and outcomes, and where gaps remain; and community-level evaluations of continuous quality improvement and family experience over time. The state should ensure that all outcomes measures are disaggregated by race, especially as policy changes are implemented, to determine disparate effects. This work should be done in partnership with the state's incoming Chief Diversity Officer, with the Early Learning Council's Family Advisory Committee, and with representatives from communities across the state.

APPENDICES

APPENDIX A: Chicago United for Equity's Racial Equity Impact Assessment Tool

For this project, a series of facilitated discussions with CUE fellows, parents, providers, and the Racial Equity Working Group were held. Questions were adapted from Steps 3 and 4 of [CUE's REIA tool](#).



WHAT IS AN REIA?

A Racial Equity Impact Assessment (REIA) is a set of questions to investigate the benefits and burdens of a policy or practice.

STEP 1: DETERMINE OUTCOMES AND STAKEHOLDERS.

- Q1. What is the policy and what problem is it trying to solve?
- Q2. What other issues can this proposal impact?
- Q3. Who are the key groups impacted by this issue?
- Q4. How will these groups be involved in decision-making?

STEP 2: LOOK AT NUMBERS AND NARRATIVES.

- Q5. What data will we collect and look at? Why?
- Q6. Where do we see disparities in the numbers?
- Q7. What can we learn from histories and narratives to better understand these numbers?
- Q8. What questions still remain? What information do we wish we had?

STEP 3: MEASURE BENEFITS AND BURDENS.

- Q9. What are the benefits and who is most likely to receive them?
- Q10. What are the burdens and who is most likely to bear them?
- Q11. What are different options to make this policy racially equitable?

STEP 4: EVALUATE AND BE ACCOUNTABLE.

- Q12. How will we evaluate the impacts of your solution?
- Q13. How will our stakeholders engage in ensuring equitable outcomes?
- Q14. How will we report back on these outcomes?
- Q15. How will our evaluation impact improvements to the policy?

Adapted from the Government Alliance on Race and Equity (GARE)'s "Racial Equity Toolkit: An Opportunity to Operationalize Equity." Find resources at our website www.chicagounitedforequity.org

APPENDIX B: Priority Populations¹³

While these priority populations come from the Early Learning Council, Black, Indigenous, and other children and families of color must also be prioritized due to a history of being underserved by institutions and systems. As children and families have multiple identities, they may fall into multiple priority populations at different points in time. Other stakeholders not included in the original list from the Early Learning Council are in italics and came from participants in the facilitated discussions.

- Direct Impact
 - Children of teen parents
 - Children experiencing homelessness
 - Children in families in poverty or deep poverty
 - Children/families with Department of Children and Family Services involvement
 - Children with disabilities
 - Children of migrant or seasonal workers
 - Children in families with low caregiver education attainment
 - Children in families that face barriers based on culture, language, and religion
 - Children of a parent or legal guardian with a disability
 - Children/families with refugee or asylum status
 - Children in families who face barriers due to immigration status
 - *Children outside of licensed environments (schools, centers, homes)*
 - *Children from marginalized racial groups*
 - *Providers who serve priority populations¹⁴*
- Secondary impact
 - *Providers (schools, community-based centers, and homes and including non-profit and for-profit providers)*
 - *Early childhood professionals (lead teachers, assistant teachers, aides, paraprofessionals, child care workers, home visitors, early interventionists, others)*
 - *People in underserved community areas*
 - *Majority non-white communities*
 - *Before and aftercare providers*
- Community impact
 - *School districts*
 - *Community based organizations (networks)*
 - *Museums, libraries, Federally Qualified Health Centers (FQHCs), other community institutions*

¹³ Access Committee - All Families Served Subcommittee of the Early Learning Council. Recommendation on Priority Populations February 2019.

¹⁴ The Racial Equity Working Group elected to include these specific providers as directly impacted after significant discussion. The group determined that these providers should be prioritized but should be prioritized secondary to the children listed above them.

APPENDIX C: Impact of Recommendations

The recommendations have the possibility to affect many sectors and groups outside of early childhood alone. In examining the impact of the recommendations, participants largely agreed on what the recommendations could have a direct impact on (dark blue) and what it could have an indirect or neutral impact on (light blue) in the table below; impact could be positive or negative depending on implementation. This was explored due to the fact that while work is often done in silos, impacts can be wide ranging.

There were a few possible impacts that were raised in particular focus groups. Parents brought up that with the recommendation for the cost model, the investment would open up options for parents for culturally responsive services wherever they want. For example, those who need a bilingual speech language pathologist or want bilingual programs for their children will be able to access them in their own communities. Providers brought up potential positive and negative impacts of recommendations including fear that school-based programs would push out community-based programs, hope for closing the divide between home-based and center-based as well as bringing in more home-based, hope for aligned standards and more consistent communication, and hope for the ability to recruit a highly qualified workforce that is adequately and fairly compensated.

Children & Youth	Community Engagement	Contracting Equity	Criminal Justice	Education
Food Access & Affordability	Government Practices	Health	Housing	Human Services
Jobs	Planning & Economic Development	Transportation	Utilities	Workforce Equity

APPENDIX D: Benefits and Burdens

In CUE's Racial Equity Impact Assessment tool, the third step focuses on measurement of benefits and burdens. Specifically, participants are asked, "what are the benefits of this proposal and who is most likely to receive them?" and "what are the burdens of this proposal and who is most likely to bear them?" This process is not designed to call out winners and losers in a proposal that might not be zero sum, but rather to focus on whether a proposal may harm certain groups in a way that perpetuates racial disparities and inequity. Another way of asking these questions may be to consider potential positive and negative impacts of a proposal.

Recommendation on funding goals: The cost to provide equitable access to high-quality early childhood education and care is \$11.7 billion in public funds.

The focus groups considered benefits and burdens associated with the recommendation:

Who benefits from the recommendation?	Who is burdened by the recommendation?
<ul style="list-style-type: none"> Everyone Children & families (particularly priority populations) Families with low incomes Families with undocumented status Providers 	<ul style="list-style-type: none"> State services in need of funding (e.g., K-12) Taxpayers (burdens vary between income levels as Illinois has a flat tax rate) Education institutions (who educate providers) Other taxing entities Philanthropic community Taxpayers without children who may not see the value of these services

The Racial Equity Working Group considered potential positive and negative impacts associated with the recommendation, and the conditions that must be met in order for those impacts to come to fruition:

Who will be impacted and how?	What will these impacts depend on?
Benefit: <ul style="list-style-type: none"> Children, families, and providers: <ul style="list-style-type: none"> Priority populations Children in zip codes without services Children not connected to ECEC services Undocumented families Those experiencing racial or economic disparities The early childhood workforce Communities needing coordinated services 	<ul style="list-style-type: none"> It depends on implementation, resource allocation It depends on a community's capacity to effectively address identified needs, which requires funding. The State must model the cost necessary to move toward the adequacy model. Access and quality must be determined with beneficiary input. A communications campaign for increased public funds is needed. Parent choice must be valued. We will have equity when all children are served regardless of zip code. We need benchmarks for prioritizing who receives new funding. Identify access gaps and barriers.
Burden: <ul style="list-style-type: none"> Taxpayers Diverse learners Dual language learners Black and brown children Providers (cost of quality care, need to meet standards before becoming eligible for funding, potential increased credential requirements, structural imbalance in current fees) The early childhood workforce Family child care providers 	<ul style="list-style-type: none"> Diverse learners, dual language learners, and Black and brown children will be burdened if those groups are not defined and prioritized. It depends on how additional cost burden will be shared across taxpayers. The burden could fall heavier on middle- and low-income taxpayers if taxes are raised to meet this funding goal and there is no graduated income tax. Regulations and regulating bodies must align. Barriers to eligibility must be removed. Allocations must align with provider operating costs. Calculate the cost necessary to grow the workforce and support family child care with hubs and back office supports.

Recommendation on funding mechanisms: Public early childhood education and care funding allocation and disbursement should be centralized at the state level.

The focus groups considered benefits and burdens associated with the recommendation:

Who benefits from the recommendation?	Who is burdened by the recommendation?
<ul style="list-style-type: none"> Providers 	<ul style="list-style-type: none"> Providers navigating changes to funding distribution

<ul style="list-style-type: none"> Families and recipients – if access to services improves Impacted state agencies with opportunity to streamline funding 	<ul style="list-style-type: none"> Providers without the resources (e.g., grant writer, technology), training, or know-how to access a new state application Burden could be placed on stakeholders depending on the flexibility and responsiveness of funding – who gets funding first Special education service funding Wealthy communities with low demand
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The Racial Equity Working Group considered potential positive and negative impacts associated with the recommendation, and the conditions that must be met in order for those impacts to come to fruition:

Who will be impacted and how?	What will these impacts depend on?
Benefit: <ul style="list-style-type: none"> Providers will benefit from administrative cost savings, streamlined financial processes, inclusion of provider voice, and stable and consistent income Families 	<ul style="list-style-type: none"> Implement a blind review of the application process. Ensure funding follows the child. Some funds should remain unrestricted to respond to unique community needs. Benefits and accountability depend on state investments in state infrastructure (e.g., state IT systems).
Burden: <ul style="list-style-type: none"> The early childhood workforce Providers will be burdened by increased accountability Local providers could go out of business, especially if they don't have grant writers or aren't plugged in to state communications State agency staff 	<ul style="list-style-type: none"> Resources must be provided to the workforce (especially educators of color and educators in poverty) for professional development. Current barriers in the professional and workforce development system disadvantage staff of color. Funding allocations must be sufficient for providers to hire the workforce they need to deliver quality services. Prioritize funding for facilities and infrastructure at the community level. Increase system efficiency while considering different needs and capacities of providers and communities.

Recommendation on management and oversight in implementation: Early childhood education and care services should be centralized in a new state agency.

The focus groups considered benefits and burdens associated with the recommendation:

Who benefits from the recommendation?	Who is burdened by the recommendation?
<ul style="list-style-type: none"> Parents – depending on implementation Children whose needs are not adequately resourced or prioritized throughout the system Children and families with multiple service needs – simplify case management Providers 	<ul style="list-style-type: none"> Parents – depending on implementation Children whose needs are not adequately resourced or prioritized State agencies who face a more complex future process New state agency capacity Providers who may face new or different standards

	<ul style="list-style-type: none"> Providers evaluated by the state could be impacted by cultural responsiveness of requirements Jobs potentially lost in restructuring
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The Racial Equity Working Group considered potential positive and negative impacts associated with the recommendation, and the conditions that must be met in order for those impacts to come to fruition:

Who will be impacted and how?	What will these impacts depend on?
<i>Benefit:</i> <ul style="list-style-type: none"> Providers, families, and communities, because there will be one place for them to go for support 	<ul style="list-style-type: none"> We need to know how accountability will be evaluated, and it must include beneficiary voice. We need to measure the success of centralization based on how it impacts priority populations.
<i>Burden:</i> <ul style="list-style-type: none"> State agencies and their staff will have to manage the transition and continue collaborating with other state agencies Providers: due to the transition, because agency infrastructure won't resolve the silos in the system, and because blended funding from more than one source gives providers more flexibility. School-based providers may be less interested in aligning early childhood and K-12 if school-based early childhood is not housed in ISBE 	<ul style="list-style-type: none"> Culture change in the transition, at the state and local level, will determine who is burdened. Leaders must be funded and have the capacity and authority to coordinate across programs to help families access services. A new state agency needs sufficient staff to make the transition and change culture. We need regional and local entities, serving different purposes, to connect to a centralized state agency to maintain community systems structures. This must be funded to build and maintain capacity and should be a priority investment. Support and incentivize school districts in prioritizing early childhood. Create an accountability mechanism for early childhood.

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Regarding Racial Equity Working Group Report:

- It was so thorough and really captured both the specifics, the spirit, and the urgency/need to address these issues.
- I think provider was being used broadly-anyone serving in ECE when we discussed it.
- The how is really going to be important across all these recommendations in the report and putting the resources into our planning to support this and prioritize this important racial equity work
- We need to ask ourselves why or how we lost focus on our recommendations not being centered around a race equity lens

Feedback on Draft Outline

Strengths: *These focus on the comprehensiveness of the draft outline and appreciating the family/provider storylines.*

- Totally comprehensive.
- The report is comprehensive
- Quite comprehensive--showcases the journey of the Commission and how we arrived at the recommendations
- I think it was strong and the message of centralization was comprehensive.
- Strong- accurately reflects the work of the committees, Great detail.
- The background and case made for the importance of the need for transformational change.
- As others have said, thorough and comprehensive
- Overall, nicely done and thorough, naming both full funding number and methodology to calculate (and recalculate that) is strong, as is laying out needed changes to distribution strategies, as is call for centralization into a new agency and attendant changes needed to build capacity at local and regional level. Again - nicely comprehensive!
- I appreciated the way the family/child experience was used as an anchor to the whole report. They were noted up front, and then woven through as a thread so that we could understand how families and children were impacted within the new system. Keeps the family and child at the center.
- As for the report, I agree that it's comprehensive and reflective of our work -- an excellent consolidation of the work to date and a strong launch of the next phase.
- I like the inclusion of family stories that illustrate the needs and how the report tries to address the needs
- I like the inclusion of the family profiles and the references back to the families across the report. It helps to illustrate the policy impacts on children and families.
- The report was extremely thorough. It was good to see how all of the working groups' information tied together finally. Glad racial equity was included. The report is transparent.
- I liked the addition of family and provider perspectives along the way!
- Coherent set of recommendations that focus on children and families
- The family stories make it very powerful.

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- Provider stories will be a key component.
- I agree the report is comprehensive and a nice reflection of the work of the various workgroups

Areas to improve: *These focus on a need for implementation specifics and accountability, as well as a desire to demonstrate connection between stakeholder input and recommendations (note that this will be a focus of the January Working Group meetings)*

- I know we have discussed how the early learning work that this commission oversees is only part of the system of supports families with very young children need to succeed. I would like to see some framing in the final report that discusses the comprehensive needs and services and, in the governance/agency structure, some commitment to creating intentionality around cross system work; such as the work GOECD currently does and the Interagency team
- To the point others made, like the inclusion of family/child experience, would like to see the provider and workforce/educator experience and how that will change "on the ground" as the system strengthens.
- An outline of implementation steps and processes with time lines.
- I would appreciate clarity on what is considered an implementation detail, vs what is within scope of our work. This report had significantly more detail than I was expecting. I do think a section on unanswered questions from the commission that most inform implementation would be a useful appendix
- If I was reading for the first time, I would like to know a little more about the process to come these recommendations, the opportunity for public feedback and consideration of that feedback. Not a big section, just a good overview that is reflective and informative regarding the process.
- Show the intersections between family/child and providers--showcases points of opportunities and challenges that are shared.
- We will have to give some thought to how we make a handoff from the work of the Commission to whatever comes next. There is already some amount of that in the outline, but we will have to build that out as the actual content becomes available.
- The implementation and next steps need to be more detailed - hoping the work plan will help with that. It will be important to put in ways to hold ourselves accountable to moving this work forward - like timelines, workplans, etc.
- I think the report needs to include actual accountability. Who will be responsible? How implementation will be tracked?
- Accountability is a thread throughout on the findings of the Racial Equity Working Group
- If there are any final recommendations for which consensus is not reached, how will those concerns/dissenting perspectives be memorialized in the final report?
- Seconded on point about implementation timeline and accountability.
- In the outline phase of this process, I would also appreciate seeing a document that correlates the feedback we have received with the sections of the outline. I would like us to document where we have received feedback and used it to make revisions, and where we are intentionally not incorporating feedback and documenting why our original

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thinking holds. I would hope this is something we can do when we meet again in our working groups.

- The charge does ask about implementation recommendations, and while there are some thoughtful elements in the report on this front, I'd love to see the Commission propose some timelines and maybe even responsible parties to have a way to both guide next phase of work (per the charge), and to create some way of assessing progress. I'm also struggling a bit with how the recommendation on a new agency ended, but may be a drafting issue, not a substantive one.
- I think a crosswalk of the recommendations with the feedback we are gathering would help provide transparency and understanding as to why we either tweak or leave recommendations as they are. We want to show our due diligence in addressing all of the perspectives that have been shared over the course of the year.
- Would love a recommendation to create a higher profile committee appointed by the Governor to keep this work front and center as we move to implementation
- What is the accountability to finish the ECSE and EI work in the future?
- I like the idea of a cross walk document that summarizes the feedback of the stake holders as an appendix to the final report.

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National Panel of Experts: Crosswalk to Recommendations

National Panel of Experts	Current Commission Recommendations
<i>Equitable Access to High Quality Services</i>	
<i>"Illinois should consider a broader definition of access, to include accessibility, accommodation, and awareness among families."</i>	One centralized ECEC agency should agree upon a broader definition of access to use in fulfilling its management & oversight capacities and objectives.
<i>"Illinois has an access and a quality issue, and Illinois needs to focus on those and define those issues in more detail."</i>	<p>Illinois has defined quality and has studied access to high-quality ECEC services (this background research was not provided to panelists). The Commission's charge focuses on improving equitable access to high-quality early childhood education and care services. The Commission's draft recommendations focus on a unified approach to ECEC that would prioritize improving equitable access to high-quality ECEC and facilitate the state's ability to track access to quality (something the State has struggled to do in the current system).</p> <p><i>Do the Commission's draft recommendations create the conditions for providing equitable access to high-quality early childhood education and services, in fulfillment of the Commission's charge?</i></p>
<i>Family Choice, Navigation, and Engagement</i>	
<i>"A solution should respect that families have a choice in services and should ensure that providers can operate with stability."</i>	<p>The Commission's Guiding Principles include the following:</p> <ul style="list-style-type: none"> • Design for stability and sustainability • Prioritize family perspectives, needs, and choices
<i>"Illinois needs to think about infrastructure across programs. There is not much information in the Commission's recommendations regarding family navigation of the system."</i>	<p>The Commission's draft recommendation of a centralized funding system is designed to increase stability for providers across the mixed delivery system. The Commission's draft funding adequacy goal includes all ECEC setting types and a need for greater local capacity and infrastructure to support family navigation and community planning. The Commission's draft recommendation to create a new state agency includes recommending development of community-level structures that would support family navigation of the system.</p> <p><i>Do the Commission's draft recommendations promote provider stability, honor family choice, and support family navigation of the system?</i></p>
<i>"Focus groups with families can create an ongoing feedback loop. Families should be included in design, implementation, monitoring, and regulations development."</i>	The Commission's work has been supported by multiple parent focus groups. The Early Learning Council is also in the process of launching a Family Advisory Council that can serve as a source of input for implementation of the Commission's recommendations.
<i>"The work cannot be done without significant and sustained parental</i>	The Commission's stated objectives for a new ECEC state agency include the following:

Early Childhood Funding Commission

National Panel of Experts: Crosswalk to Recommendations

National Panel of Experts	Current Commission Recommendations
<i>input into the process. Too often, it is assumed what parents want, and the Commission does not mention how parent engagement and parent choice will be built into the early childhood system.”</i>	<ul style="list-style-type: none"> Respond to family need and earn public trust: unify family engagement and community systems strategies, engage diverse stakeholders in an inclusive decision making process, implement accountability focused on family perspectives, data, equitable access to high-quality ECEC, and equitable outcomes for young children and families.
<i>“Look at what parents want. Parents, especially parents of young children, change their views on what they want for their children. We can find ourselves in danger of building something that won’t serve parents unless we ask them.”</i>	<ul style="list-style-type: none"> Plan cohesively for sustainable ECEC: design program models and funding streams that respond to family and community needs and address system gaps and inequities.
<i>“Community engagement should be more thoughtfully considered, as families should be able to see themselves in this plan, and all parts of the state should be addressed.”</i>	<p>The Commission’s stated capacities to be fulfilled by a new ECEC state agency include the following:</p> <ul style="list-style-type: none"> Communications: Create equitable and inclusive opportunities for collaborative decision-making with families and providers.
<i>“We might want to pay to support families’ and providers’ ability to share their voice and attend meetings. We have to pay for things we say are important.”</i>	<p><i>Do the Commission’s draft recommendations sufficiently respond to these panelist comments?</i></p>
Connections to Other Parts of Comprehensive Early Development	
<i>“We must think about broader connections to other parts of the state’s system.”</i>	<p>The Commission’s charge focuses specifically on providing equitable access to high-quality early childhood education and care services.</p>
<i>“It’s important to develop an internal structure of coordination across comprehensive early development and an external structure that brings in partners.”</i>	<p>The Commission’s stated capacities to be fulfilled by a new ECEC state agency include the following:</p> <ul style="list-style-type: none"> Policy Leadership: Coordinate with other child- and family-serving state agencies and ECEC system advisory bodies to ensure comprehensive and responsive supports for families.
<i>“There should be more attention paid to the transition between programs.”</i>	
<i>“Think about how to best transition children between systems. Build infrastructure between community-based organizations and schools.”</i>	<p>The Commission’s draft recommendations include that a new ECEC state agency be informed by an advisory group whose role includes collaboration and coordination across the comprehensive early development field, and that a new state agency support development of community-level infrastructure.</p>
Management & Oversight and Funding Mechanisms	

Early Childhood Funding Commission

National Panel of Experts: Crosswalk to Recommendations

National Panel of Experts	Current Commission Recommendations
<p><i>“There must be consideration for accountability and oversight. There is more work to be done to determine how programs are monitored and held accountable, and this should not be an afterthought. In Illinois there is accountability for health and safety standards, but there should be accountability for quality as well. This should be considered alongside licensing and governance.”</i></p> <p><i>“It is important to monitor investments and implementation to include those who have been previously excluded.”</i></p>	<p>The Commission’s recommendation to centralize ECEC services in a new ECEC state agency include centralization of day care licensing and ECEC quality rating and improvement system (ExceleRate) functions as well as centralized data systems. The Commission also recommends a periodic equity review overseen by the new ECEC state agency.</p> <p>The Commission’s stated capacities to be fulfilled by a new ECEC state agency include the following:</p> <ul style="list-style-type: none"> • Policy leadership: set quality and early learning standards and guidelines based on the science of early childhood development and informed by anti-racist approaches and the families and providers directly impacted by the standards and guidelines. • Funding and oversight: make funding allocation decisions that ensure equitable allocation of resources and equitable access to quality services; administer equitable funding distribution mechanisms; conduct monitoring and compliance oversight designed to support equitable outcomes for all children. <p>The Commission’s stated objectives for a new ECEC state agency include the following:</p> <ul style="list-style-type: none"> • Plan cohesively for sustainable ECEC: unify the definition of quality. • Improve access to high quality and ensure equitable outcomes: prioritize resource distribution to reconcile past underinvestment and support equitable access and outcomes. • Improve system transparency, accountability, and efficiency: unify monitoring, data collection, and reporting and monitor equitable access to resources. <p><i>Do the Commission’s draft recommendations sufficiently address considerations regarding monitoring, oversight, and accountability across the ECEC system?</i></p>
<p><i>“Infrastructure should be more clearly defined, and there should be thought given to how infrastructure is resourced.”</i></p>	<p>The Commission’s stated capacities to be fulfilled by a new ECEC state agency include the following:</p> <ul style="list-style-type: none"> • Infrastructure: Develop leadership capacity to implement improvements to the ECEC system; Collect, analyze, and evaluate systemwide disaggregated data; Manage system level continuous quality improvement; Administer professional development and workforce development.

Early Childhood Funding Commission

National Panel of Experts: Crosswalk to Recommendations

National Panel of Experts	Current Commission Recommendations
	The Commission’s technical working is currently estimating the one time and recurring cost of a new agency, which can be included in the Commission’s final report.
<i>“We might need to think about grantmaking in a cohesive way at the state level, and to align reporting and requirements.”</i>	The Commission’s recommendation to centralize funding systems and management & oversight into one agency, aligned with unified data systems, community engagement, standards, and policies, is aimed specifically at ensuring the State is able to take this cohesive and coherent approach.
<i>“The Commission should consider aligning regulations across the different programs and investing in places that have seen disinvestment.”</i>	The Commission’s stated capacities to be fulfilled by a new ECEC state agency include the following: <ul style="list-style-type: none">• Policy Leadership: Develop and implement system policies, rules, and regulations (including budget) based on diverse family, community, and provider perspectives and needs in response to gaps.
<i>“There is more alignment needed across IDEA Part B Section 619 and Part C.”</i>	The Commission’s draft recommendation is that further study be done on this issue. <i>With further study needed to determine how best to connect Early Childhood Special Education (IDEA Part B Sec. 619) and a new ECEC state agency housing Early Intervention (IDEA Part C), how can the Commission’s recommendations best address this comment?</i>
<i>“Think about how community-based partnerships are built to support community coherence and leadership.”</i>	The Commission agrees and recommends that there be a regional and community level component to the recommended new state agency’s structure, with funding policy and allocation informed by community and regional level resources. <i>Do the Commission’s draft recommendations sufficiently respond to these panelist comments?</i>
<i>“Develop a sense of the role of localism, partnership, and comprehensive services that will work for families and that is funded and sustainable for the network of providers and adults.”</i>	
<i>“It is notable that Head Start isn’t mentioned.”</i>	The Commission’s recommendation to centralize ECEC services in a new ECEC state agency includes the Head Start State Collaboration Office and a specific focus on intentionally accounting for and complementing Head Start and Early Head Start resources that exist in each community.
<i>“Look at how Head Start fits into your recommendations, specifically the Head Start State Collaboration Office.”</i>	
Implementation	
<i>“Once a state makes the decision to change, it is important to move forward and maintain focus on the purpose of the transformation.”</i>	The Commission’s charge includes a call to advise the Governor in planning and implementing the recommendations to establish funding goals and funding mechanisms.
<i>“Moving toward centralization requires a big intentional effort. A</i>	The Commission’s Guiding Principles include the following:

Early Childhood Funding Commission

National Panel of Experts: Crosswalk to Recommendations

National Panel of Experts	Current Commission Recommendations
<p><i>transition could take a long time, and it could require a lot of people and deliberation.”</i></p> <p><i>“It’s important to build culture in an early childhood department, and this takes time.”</i></p>	<ul style="list-style-type: none"> Recognize implementation realities: We will plan for meaningful change over a multi-year time horizon. We will respond to disruptions in the system to meet the reality of changing needs. <p>The Commission has learned from other states’ experiences in creating a new ECEC state agency that it is important to prioritize building a unified culture in said agency.</p> <p><i>What, if any, further implementation guidance should the Commission’s recommendations include?</i></p>
<p><i>“Affordability should be more clearly defined, as the 7% affordability standard was designed specifically for families paying a co-pay for a subsidy rather than a standard for all families.”</i></p>	<p>The Commission’s funding adequacy recommendation includes in its cost of adequacy an assumption that no family receiving ECEC services should pay more than 7% of family income to receive such services. Commission staff are seeking further clarification on this statement, and the Commission may want to consider national benchmarks at 10% of income for higher income families.</p>
Final Report Considerations	
<p><i>“Focus should remain on the child when the recommendations are drafted.”</i></p>	<p>The Commission’s report will be designed to draw clear lines from the children and families at the center of the ECEC system to the root causes that prevent equitable access to high-quality early childhood education and care services to the recommendations proposed to provide equitable access to such high-quality services and how they will impact children and families in Illinois.</p>
<p><i>“Add a strengths-based narrative for families, that the work is being done because of an obligation and a responsibility to families.”</i></p>	<p>The Commission agrees. This work is meant to articulate what is needed to ensure that every child is afforded the opportunity to flourish.</p>

Early Childhood Funding Commission

July-August 2020 Public Web Survey Findings

Overview

To inform the deliberations of the Governor's Commission on Equitable Early Childhood Education and Care Funding, a public survey was posted to the Commission's webpage during July and August.

The survey was available in English and Spanish and was publicized through listservs across the Governor's Office of Early Childhood Development, Early Learning Council committees and subcommittees, early childhood advocacy organizations, and provider and community word of mouth. The survey was targeted toward early childhood providers, educators, community organizations, and families. Demographic information was not required to complete the survey; those who did provide demographic information tended to be early childhood service providers from across the state.

Survey responses were analyzed by staff from the Governor's Office of Early Childhood Development and Advance Illinois to synthesize main themes and subthemes and report them to Commission members. There were 253 English responses and 8 Spanish responses.

Survey Questions

1. How can the State ensure better access to high-quality ECE and child care services in your community?
2. What are the things that make it difficult for you to find child care and early education programs in your community?
3. What should the Commission consider when thinking about how to improve access to child care and early education programs for all children birth to age five?
4. What else do you want the Commission to know or think about?

Findings

Across survey questions and responses, several key themes consistently rose to the surface:

Early childhood education and care services are not affordable for all who need them

Respondents stated that accessing ECEC services is often cost prohibitive. Co-pays for low-income families qualifying for a subsidy can still be unaffordable for some; for others, their income may be too high to qualify but not high enough to cover the full cost of services. Free services funded through the Early Childhood Block Grant do not meet demand.

"For the price I pay to have my two kids in daycare it would pay for a second mortgage. It has put my husband in I into further debt because we've had to take out loans to cover the cost."

"In the community where I live, there are many high-quality preschools and child care options, the problem is that not everyone can afford them. Usually these programs end up being mostly for white kids, upper class. What we need is equal access to high-quality programs, the education and care that our children receive shouldn't be determined by how much money families make and what we can afford, it should be affordable for all regardless of their income."

Early childhood education and care services are not available for all who need them

Respondents mentioned a lack of high-quality early childhood options in their community, citing long wait lists or limited space in existing programs. This response was more common among respondents who self-identified as living in a rural area.

“There is a serious shortage of child care in our community. I have a waiting list of 189, 108 of them being infants.”

“There needs to be more quality programs accessible with before and after care for working parents. Middle class does not get to access these due to scheduling, transportation, and short hours of programs.”

Compensation for early childhood professionals is inadequate and does not match professional requirements and expectations in the field.

Respondents noted the contradiction inherent in high expectations associated with high quality services and poverty-level wages paid to early childhood teacher assistants, teachers, support staff, and others. Respondents noted significant challenges in recruiting and retaining an early childhood workforce necessary to meet demand for services.

“[A challenge is] Finding teachers that are willing to work for less than they would make at Walmart or McDonald's. So many child care providers rely upon either a partner's income or a second job to make a living. Having a bachelor's degree in early childhood should afford one a job with a living wage.”

“The childcare teacher shortage is real, and it is a huge problem for many centers. We cannot afford to pay for the level of qualification that is required, and we are unable to keep staff with low wages and low benefits. The qualifications need to be made more realistic or we need additional ways to increase the amount we can pay. If this is not changed soon, it is not a matter of if but when many centers close their doors and displace even more children and families.”

Other common themes include:

- Additional early childhood funding can help to resolve the above challenges
- Early childhood education and care service schedules are not aligned to family work or school hours, making it more difficult for families to work while all children are on the same schedule
- Information about early childhood education and care options is not communicated or available in a way that is clear, consistent, or centralized

“Coordinate services at the State level so that it makes it easier to streamline funding and services at the local level. Build a collaborative network with all programs serving birth to five.”

“The design planned by the State of Illinois for Infants through Kindergarten will only improve when all parties caring for and educating our children will be treated equitably. The goal of equality and parity will be met when funding is the same or a fair grading or rating similar to the Circles of Quality are awarded to all and funds assigned appropriately. Basically, whatever the school receives for 10 months of care should be the same for licensed and highly qualified centers.”



Dear Members of the Early Childhood Funding Commission:

Thank you for the opportunity to provide recommendations and input on funding goals, mechanism, inclusion, management and oversight for the equitable access to high-quality early childhood education and care services in Illinois. Child Care Advocates United (CCAU) represents community based organizations throughout the State of Illinois that are for profit and nonprofit. Our mission is to embrace the pursuit of excellence through civic engagement and social reform. CCAU advocates for equity, parity and inclusion not only for early care and education providers but for Illinois families.

We would like to provide the following recommendations for your consideration.

FUNDING MECHANISM:

We believe that a voucher system is the best option for providers, parents and the early childhood education and care market as a whole.

- *Vouchers place the choice in the hands of the parent.* Vouchers give parents greater flexibility to select child care arrangements that are conveniently located and accommodate their work schedules. It also gives parents the opportunity to select programs based on cultural or linguistic fit as well as the curriculum that aligns with their own personal views on child development. Furthermore, dissatisfied parents can easily move to another provider with a voucher whereas parents using contracts must search for another provider who is contracted to provide subsidized care and has space;
- *The voucher system stimulates a supply response in underserved markets.* When providers are reimbursed adequately and equitably, more slots become available in response to the demand in programs that reflect the needs and wants of the parents;
- *Vouchers allow the State more flexibility to respond to changes in demand and target the children served.* As neighborhoods and communities change and populations shift, vouchers are portable and move with the families;
- *Vouchers allow providers to serve a variety of families.* Vouchers allow providers to diversify their programs socioeconomically as well as racially and ethnically unlike contracts which typically pool low-income families in one program;
- *Voucher systems have less barriers for providers to enter the market.* New providers can immediately begin participating in a voucher program rather than wait to compete for a contract. In some instances, it may be years before a new RFP is issued. Furthermore, many private providers, which are of good quality, simply don't have the capacity or resources to write effective grant proposals let alone the technological and administrative capacity to administer the grant once it is awarded;

- *Vouchers give providers more autonomy and protection against unfunded mandates;* Over the years, providers have seen many instances where local, state or federal funding agencies forced a new responsibility, action or procedure on contracted sites with no money provided for fulfilling the requirements;
- *The voucher system can easily be implemented incrementally.* In a system that is far from fully funded, vouchers can be applied immediately. As funding increases, the number of voucher participants can expand to include other target populations;
- *Research does not support contracts as opposed to vouchers in stabilizing the ECE marketplace.* An argument for competitive bids and contracts is that this funding mechanism will enhance programs' financial stability and families' child care stability. However, [a study in New York City](#) found no link between contracts and the stability of subsidy receipt among providers. This mirrors the experience of many CCAU members that receive subsidies through both vouchers and contracts.
- *Regardless of funding mechanisms, quality early care and education is expensive.* The other argument for competitive bids and contracts is quality and accountability requirements can be written into the RFP. However, quality will not improve if providers are not properly compensated regardless of the funding mechanism.

FUNDING ADEQUACY:

For years, ECEC advocates and providers, like CCAU, have been sounding the alarm that the system is grossly underfunded. The work of this Commission has brought to light just how underfunded it really is. **In order to provide high quality early care and education services to all children, there needs to be an immediate and substantial increase in funding to providers.**

- *High-quality child care is expensive and hard to find.* High quality programs, especially those serving infants and toddlers, are often unattainable for high risk populations primarily because subsidy reimbursement rates and grants are below the true cost of care;
- *Providers across the state are experiencing a staffing shortage crisis.* We cannot recruit, adequately compensate and retain talented staff at current funding levels;
- *A large and growing portion of working Illinois families don't qualify for any of the early care and education programs.* Minimum wage increases have not kept up with the true cost of living. Yet a family must qualify for child care using the radically outdated income thresholds. Income guidelines must be adjusted to ensure that disadvantaged children in high-cost areas are eligible for essential early care and education services.

While we understand that it might be some time before we get to the adequacy estimate of \$13.6B, there are steps that can be taken immediately to help high risk populations access quality care and education as well as provide stability to providers.

Primary Recommendations:

- Increase income eligibility to 400% of poverty level for CCAP and PFA;
- Continue to increase reimbursement rates to providers;
- Reduce co-pays to \$1 for low income families under 185% of poverty and create a sliding scale co-payment plan for families under 400%;

Secondary Recommendations:

- Pay providers based on enrollment not on attendance;
- Cover the cost of full day care regardless of parent's work or school schedule;
- Align a family's approval with school or program year;
- Work with providers to minimize risk of losing funding when families' eligibility is terminated and during interim changes in authorization status;
- Presume eligibility for families whose initial application suggests they qualify, allowing payments to begin immediately and continue while documentation is gathered and verified. Payments can be terminated if the family is ultimately found to be ineligible;
- More incentives and support for providers to reach and maintain quality;
- Incentives to provide infant and toddler care;
- Effective marketing and engagement strategy that educates parents about the importance of quality early care and education

MANAGEMENT & OVERSIGHT:

CCAU supports the Commission's recommendation to create a new centralized agency to set the vision, goals and priorities of ECEC in Illinois and to develop and implement system policies, rules, and regulation. Furthermore, CCAU asks that you consider the following:

- *Provide community based organizations and families with clear information and engage them in the decision-making process.* Providers across the state share the belief that decisions are being made about us without us. Create equitable and inclusive opportunities for collaborative decision-making with families and providers.
- *Work towards improving relationships between providers and agencies.* Instead of a partnership between providers and agencies that supports children and families, the relationship oftentimes is adversarial and mistrusting. How providers are treated and the responsiveness of the funding and monitoring agencies are the result of not only state and local policies and implementation practices, but also the agencies' leadership.
- *There are many issues that need to be addressed prior to making decisions and implementing systems.* How the different funding streams are simplified, allocated and distributed; how does Head Start fit into the new system; what is the infrastructure to manage the funding and tracking data; define 'access'; define 'affordability';

Please note: Blending and braiding funding is difficult. A simple solution of aligning program requirements and family eligibility guidelines with the most stringent funding source (namely Head Start) without adequately funding the system is not the answer.

- *Create opportunities for providers to pool resources.* The pool should have specialists and consultants that include instructional and education coordinators, accreditation consultants, nurse consultants, infant/toddler specialists, family care specialists, social workers, special education therapists, consultants and aids, substitute teacher pool among others. Furthermore, supporting and/or creating an association so providers can access health insurance and retirement plans for their employees;

- *Align Excelsite accreditation standards as well as child care licensing standards for all ECEC providers.* Standards should be the same in implementation as well as monitoring whether the program is center based, home based or a district or private school as long as the program receives government funding for these services;
- *Develop a new electronic processing and tracking system.* Families should be able to apply for early ECEC services and submit paperwork electronically in one centralized location; this may include linking other services like SNAP, TANF, Medicaid. Similarly, providers should be able to submit one voucher and budget for all funding sources electronically. Providers should also be able to follow a family's case, vouchers and payments and resolve issues electronically;
- *Providers should be paid in advance for services.* The retrospective nature of payments from funding agencies contrasts with the policies providers have for private-paying parents. Additionally, oftentimes payments are late and/or inaccurate.

INCLUSION:

Parents of young children with disabilities experience severe child care challenges and consequences from not finding ECEC services. What's more, despite being protected by three civil rights laws, these children rarely get the quality services, interventions and opportunities when their growing brains and bodies could most benefit. Although many community providers want to serve children with special needs, they simply don't have the funding or resources to do so. **To help overcome these challenges, there needs to be an alignment and consolidation of Early Childhood Special Education (IDEA Part B Section 619) and Early Intervention (IDEA Part C) within the newly created agency and it needs to be fully funded.** The intention is to:

- *Promote continuity of supports and services for children and families.* Eliminating disruptions in services when the child transitions from EI to ECSE and allow children and family to stay in one early childhood setting for the full day for extended period of time;
- *Provide services to children in the least restrictive environment.* The LRE requirements under Part B of the IDEA state a strong preference for educating children with disabilities in regular classes alongside their peers without disabilities. The term "regular class" includes a classroom in a community based organization with typically developing peers;
- *Support providers in the referral process.* Child care providers and preschool teachers play a key role in recognizing that a child may need special help. Providers need support and resources to help connect families with the systems to help address children's developmental and disability-related needs;
- *Provide adequate funding and resources to satisfactorily accommodate children with special needs.* This includes therapists to visit sites, student aids in the classroom, special education coordinators, etc.. The financial investment needs to be made during these formative early years with intensive and individualized attention when growing brains and bodies could most benefit.

CCAU appreciates the entire Early Funding Commission's continued commitment to Early Childhood Education and Care and these important issues. Recommendations and policies should prioritize providing high quality yet affordable ECEC to the greatest number of children,

racial, ethnic and socio-economic diversity and equity, flexibility for providers and families in meeting some standards and requirements, as well continuity of care. If you have any questions or would like to discuss any of the issues and recommendation outlined in this letter, please do not hesitate to contact, CCAU Steering Committee member, Beata Skorusa at beata.skorusa@gmail.com or (773) 879-2708. It would be our pleasure to schedule a time to discuss further.

Kind Regards,

CCAU Steering Committee

Public comments from Livingston County State's Attorney Randy Yedinak

Pontiac, Illinois

For the Early Childhood Funding Commission

September 15, 2020

- Good afternoon Commission members. I'm Randy Yedinak, State's Attorney of Livingston County.
- I'm also a member of Fight Crime: Invest in Kids Illinois, as are 350 other police chiefs, sheriffs, and prosecutors all across the state. Together, we law enforcement leaders advocate for research-based investments in children and families that will reduce crime and violence — efforts such as home-visiting programs for expectant and new parents, child care for working families, and quality preschool. These efforts make our communities safer by helping better prepare kids for school and life.
- As a prosecutor, I don't want to see our residents get involved in, or become victims of, crime and violence.
- It is gratifying to see my own personal experience backed up by data. Research tells us that kids participating in high-quality preschool, for instance, have better school performance and are less likely to drop-out or end up in the criminal justice system.
- We also know that these programs are most effective for those who need them most: kids who have started out in life with disadvantages, such as poverty, trauma, and exposure to other adverse childhood experiences.
- Even though we get the biggest bang for the buck by investing in our youngest children, we spend *multiple times more* on children ages 6 to 18 than we do on younger kids.
- We pay for this underinvestment through expensive, remedial school programs and in the costs of our jails, prisons, and the criminal justice system itself.
- The work you are doing here has our full support. We look forward to the Commission's recommendations on more appropriate funding levels, funding sources, and a new vision for governance that will improve upon our current system of systems.
- We appreciate that this work will not be easy and could take a number of years. But we look forward to partnering with you and other state leaders to enact and implement this vision, over time. Doing so will lead to safer communities and a more secure and prosperous Illinois.

TO: Early Childhood Funding Commission
FROM: Maricela Garcia, CEO Gads Hill Center
DATE: July 14, 2020
RE: Perspective and Recommendations to Build an Adequately Funded ECE Field

Since 1898, Gads Hill Center (GHC) has created opportunities for low-income families to build strong lives through education, access to resources and community engagement. We serve more than 3,000 children and their families annually. GHC follows the social work ecological systems Theory and Model, which focuses on supporting and strengthening the family system to support the healthy cognitive, physical, and social emotional development of children. To this end, we provide wrap around services for the entire families including mental health, adult education classes, and parent engagement and leadership development. During the COVID-19 pandemic, GHC was the source of support that the families we serve counted on for their emergency needs such as food, baby formula, rent and mortgage assistance after many lose their jobs, health insurance, and income.

Funding Structure and Sources

Like most child development organization, the funding structure in place to support the programs at GHC is based on various funding sources. This approach is what makes it possible to pay the cost of providing long hours (10 hours/day) and year around programs, as well as offering case management and wrap around services.

The current funding sources are:

For children 0-3

- Early Head Start
- Prevention Initiative
- CCAP

Children 3-5

- Head Start
- PFA
- CCAP

Challenges and Recommendations

- The funding cycles are different for HS/EHS and the state Early Education Block Grants. HS/EHS cycle runs December 1 to November 30, whereas PFA and PI runs from September 1- June 30. In addition, these grants they require different applications, budgets, and reporting timelines.
- PFA only pays for 10 months, but we provide 12 months programming to support working families. It is fear that the PFA grant start cover the entire year to recognize the work of the providers.
- Before COVID-19, CCAP only allowed 30 days for parents to find a job before their children were no longer eligibility for childcare. This changed to 90 days after COVID, which should become permanent to give families flexibility and recognize that it takes longer to find a job.
- Immigrant families tend to be self employed or work in construction and other industries where that pay cash. Their employers often refuse to provide verification of employment and wages; therefore, their children do not qualify. We must find ways to make this more flexible because these children are some of the most vulnerable in our communities.

1. Eliminate the birthday cut off for PFA so that children can move to the program after September 1. It does not help to hold the child back in such critical developmental stage.
2. Providers are expected to comply with 83% attendance; otherwise, we are penalized with reduction in funding. However, CPS is only expected to show enrollment. The same policy should also apply to CBOs.
3. There is a significant difference between PI funding for center based vs. home visiting by \$6,000. GHC's programs are NAEYC Accelerate Gold accredited. As such we adhere to the highest quality standards, which are costly to implement. We provide the same holistic services to all families to uphold quality across the organization. The discrepancy in Home Visiting funding makes it very hard financially to run the programs at high quality. This is the program that produces the most deficit for GHC. We raise funds from special events and private sources to close the deficit. recognition of the cost of providing quality programs in the funding structure and leveling the funding for HV and center based is an important step.
4. Flexibility for agencies to be Site Administrators to cut that additional cost incurred with having a third organization in the middle administering this part of the grant. These funds should be allocated directly to the provider, if they are ready and have the capacity to play this role.

To conclude:

- It is urgent that the State funding to support ECE becomes more flexible to serve more economically disadvantaged children by eliminating the obstacles I mention above. It needs to demonstrate a higher commitment to providing the funding and policies that allow providers to offer high quality programs to vulnerable children. Higher income eligibility for families is a key component. Social justice includes beginning to recognize the inequalities in the ECE field. The field is populated with committed individuals and organizations, but it is non-sustainable to maintain the inadequate level of funding and expect high quality programs that ensure children are truly building the skills that they need to enter school ready to learn.

Rey Gonzalez, Jodi Scott, Robin Steans, Elliot Regenstein,
Adequacy, Management & Oversight & Mechanisms Working Group Leads
Illinois' Commission on Equity in Early Childhood Education and Care Funding
Office of The Governor, J.B. Pritzker

September 26, 2020

Memo: Racial Equity in Child Care: Supporting Families Who Use Family, Friend and Neighbor Care

Dear Working Group Leads,

In this memo the Sylvia Cotton Center for Research and Policy Innovation at Illinois Action for Children outlines the reasons why Family, Friend and Neighbor (FFN) care is essential to racial and economic justice in Illinois and urges the consideration of the following recommendations to FFN funding adequacy, funding mechanisms, and management and oversight. Adequately funding this care will require substantial new investment but is essential to meet the needs of workers of color who are the backbone of our current economy, and to ensure their children receive a higher standard of care.

WHY FFN CARE MATTERS, ESPECIALLY DURING COVID-19

Parents choose to use FFN care for many reasons. Many parents work nontraditional hours as do essential workers. The COVID-19 pandemic has highlighted that children of essential workers need care while their parents deliver our food, care for us in hospitals, load our packages, and take care of our other basic needs. Many essential workers are people of color and minimum wage workers. Care for their children often occurs during evenings, overnight, and weekends when many licensed child care settings do not operate. This care is not easily comparable to traditional early learning services as it may include part of an academic day and part of out-of-school time. Many FFN providers offer care beyond the traditional 9 a.m. - 5 p.m. schedule, often making it the best solution for parents with long commutes, who depend on transit, or who work nights or weekends.

During a time of COVID-19 pandemic, many families are turning away from large child care settings with strangers to FFN providers because it feels safer. Parents choose FFN care because they prefer their children be with someone they know and trust. FFN care allows parents to enter and remain in the workforce, generating significant economic returns for families and communities in the process.

A strength of FFN child care is that it tends to be used in great numbers by African-American families. FFN care is responsive, culturally relevant, and often provided by caregivers who look, speak, and live similarly to the children in their care. FFN care is home-based, offering an intimate environment that many families prefer for infants and toddlers. FFN providers make care available right in working families' neighborhoods.

The pandemic and a renewed focus on the pervasiveness of systemic racism have both lent new urgency to addressing racial inequities. Within the Child Care Assistance Program (CCAP), FFN care is most often used by families of color, especially African-American families. **The Governor's Commission on Equitable Funding for Early Childhood Education and Care must resolve the care challenges for families choosing FFN care in order to address some of the most glaring inequities in the existing child care system.** A child care system that fails to support this care will fail to advance racial equity at a much larger scale.

Illinois has long supported parents' right to use FFN care in CCAP and in its child care regulations because of their contributions to their communities. These contributions should be recognized financially. For example, providing care for children with disabilities or during nonstandard and variable hours, flexibility with payments (even accepting in-kind payments such as house cleaning and cooking), and transporting the child to school, doctors' appointments, therapy, etc.

The Illinois Child Care Assistance Program (CCAP) reimburses FFN care, also known as license-exempt home-based child care, at a low rate of \$18.38 per child for a full day of care for up to three unrelated CCAP-eligible children. (More children are allowed if the children are all related). This reimbursement currently pays the provider \$2.30 per hour per child for an eight-hour day, substantially below Illinois' minimum wage of \$10. A typical license-exempt home provider in CCAP cares for two children.

It is sometimes argued that, in CCAP, FFN providers do not deserve to be paid the same as licensed child care homes or centers because they do not undergo the same training and monitoring as licensed programs. Since the current payment mechanism was put into place decades ago, FFN providers have become increasingly regulated in CCAP: they now must enroll with the Gateways Registry professional development system, provide a social security card and/or immigration status, undergo a CANTS check, a criminal background check, annual health and safety training and in-person monitoring. These steps are important for the safety of children but have not resulted in additional income for providers.

We are not proposing that FFN providers be paid *as much as* licensed providers. **We do propose that they be paid in a way that recognizes their strengths and does not treat them as fundamentally lesser versions of licensed providers or even babysitters,** who currently make significantly more money despite limited education and skills.

We are not idealizing FFN providers. Their services can range from poor to excellent just as licensed providers' services can. Given the low rate of reimbursement, however, even the best FFN caregivers have difficulty providing optimal care without resources to buy basic equipment, toys, and learning materials. If we are committed to racial equity we need to support their work and not drive them down or out of the child care system with substandard reimbursement or unnecessary regulation.

FUNDING ADEQUACY: Cost Factor Options for a FFN Reimbursement Formula

We propose that Illinois create a FFN reimbursement formula in CCAP built on the proposed formula for licensed family child care (FCC). The licensed FCC formula begins with baseline salaries adjusted for different levels of education. Since care takes place in the provider's home, the formula builds some household business expenses (such as rent and business insurance) into the reimbursement. The formula adds on various child care expenses, such as children's meals, materials, cleaning and maintenance, required trainings of providers and, if applicable, union dues.

Figure 1 shows how the licensed FCC formula adds household and child care business expenses on top of a base salary and benefits. Similarly, FFN reimbursements begin from a baseline salary, including add-ons for an AA or BA degree, particularly in fields such as child development or early education. In the example of Figure 1, the FFN provider has no degree and earns the minimum wage by caring for just two children. Since this is not a formal business, there is no addition for household business expenses such as rent and insurance. Add child care expenses such as meals, materials, professional development and maintenance. Also, add special services, such

as providing care for special needs, working evenings or weekends, and providing transportation (again zero in this example).

Figure 1.

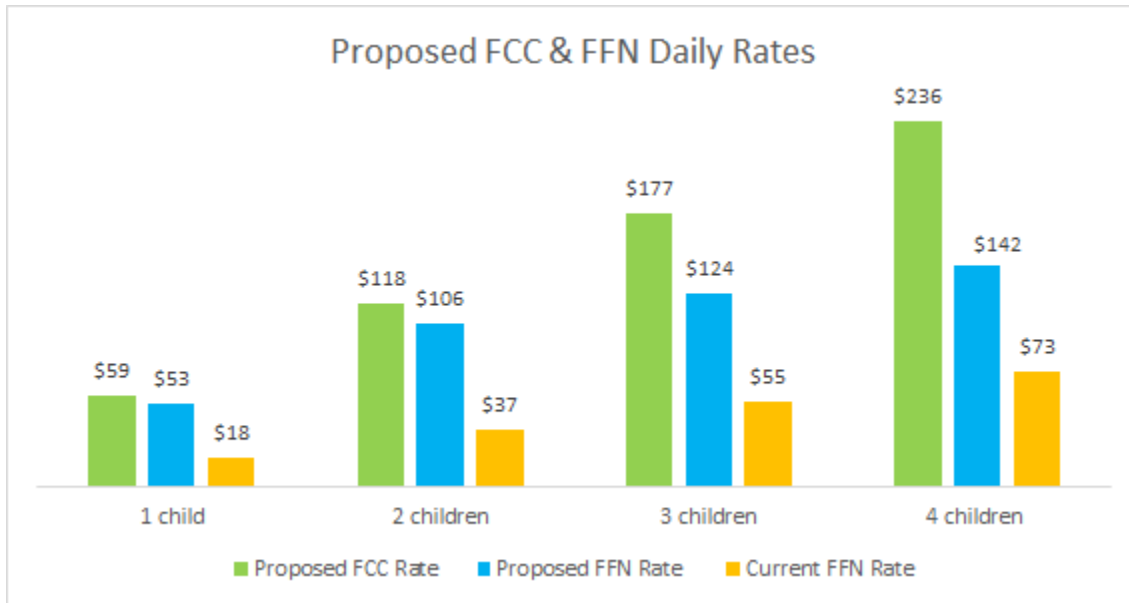
Example of Licensed FCC Cost Estimate, 7 children, annual ¹		Example of Family Friend & Neighbor Child Care Cost Estimate, 2 children, annual ²	
rent	\$12,000	rent	
utilities	\$4,300	utilities	
maintenance / cleaning	\$2,111	maintenance / cleaning	\$2,111
internet	\$1,446	internet	\$1,446
food (7 children)	\$6,300	food (2 children)	\$1,800
materials & administration (7 children)	\$2,800	materials & administration (2 children)	\$800
professional development	\$600	professional development	\$240
insurance	\$2,363	insurance	
union dues	\$900	union dues	
provider salary, AA degree	\$40,952	provider salary (IL min. wage)	\$20,000
assistant salary, 1/2 time	\$14,286	assistant salary, 1/2 time	\$0
FICA	\$4,226	FICA	
Worker's Compensation	\$635	Worker's Compensation	
Retirement	\$2,154	Retirement	
health insurance	\$8,112	health insurance	
Total cost	\$103,184	Total cost	\$26,397
Per-child cost (7 children)	\$14,741	Per-child cost (2 children)	\$13,199
¹ Caring for 8 children is legal. The FCC costs are based on one cost estimate submitted to the Illinois Early Childhood Funding Commission. We believe it is the final proposal.		² Providers for 2 children earn Illinois' minimum wage and small additions to income with more children. Additional income can be added for having credentials or college degrees, providing nonstandard hour care, and other assets.	

Factors that could potentially reduce the cost of FFN care are reduced expenses for FFN providers who provide care in the child's home rather than their own home. Internet, maintenance, and food costs may not be applicable in these situations. These are considerations for the implementation planning. We urge that changes made for implementation respect providers' contributions as reflected in Illinois' minimum wage.

Figure 2 compares the proposed licensed FCC and FFN reimbursements daily for one to four children. Also included for comparison is the current FFN reimbursement level of \$18.38 per full day. We treat FFN care as having high fixed costs and spread these over the first two children. After the second child, the increases are very modest—the same as the current FFN rate.

This chart is misleading in one key respect. It makes it appear that licensed FCC and FFN providers would receive approximately the same daily reimbursement under the proposals: \$118 and \$106 for two children. In reality the typical FFN provider in CCAP cares for two children, while the typical licensed FCC provider in CCAP cares for seven CCAP children and would (with a part-time assistant) receive \$413 daily.

Figure 2.



We also estimated the total annual costs to the state of the proposed FFN reimbursement in CCAP and compared them to the proposed licensed FCC cost and the current FFN cost. The results in Figure 3 are based on the number of FCC and FFN providers who received CCAP payments and the number children in CCAP that each provider served in October 2019.¹

Figure 3.

State Costs: Comparison of Proposed FFN Reimbursement with Current FFN & Proposed Licensed FCC Reimbursements				
	Number of Providers (October 2019)	Number of Children (October 2019)	Total Cost, annual	Cost per Child
FCC (proposed)	4,161	34,910	\$ 514,573,400	\$ 14,740
FFN (proposed)	13,409	31,441	\$ 341,835,629	\$ 10,872
FFN (current)	13,409	31,441	\$ 144,471,395	\$ 4,595

The proposed FFN reimbursements more than doubles the current cost of reimbursing FFN providers but remains substantially below the cost of reimbursing licensed FCC providers in CCAP.

FUNDING REIMBURSEMENT MECHANISM

¹ It is possible that we overestimated the number of full-time children, which would lead to an overestimate of the total costs. Current FFN reimbursements do not include any quality add-ons the FFN providers receive. Also it is likely that total costs will rise once higher reimbursements attract more family, friends and neighbors to provide care.

Illinois' options for reimbursing providers in CCAP include contracting them in advance to provide care in an enduring contract that specifies number of children served, their ages, hours of care, and perhaps quality of care. This contract provides stability for both providers and the state budget. While it makes sense to use more contracts for stable licensed child care, this is probably not yet the best payment mechanism for FFN providers. The latter currently tend to be somewhat more temporary, as is the employment of the parents who use them.

We believe that the current voucher system, in which providers basically invoice the state for child care services rendered, remains the better option for FFN providers. We also believe that a stable, long-term FFN provider should be able to petition the state for a contract.

Some people think that the vouchered CCAP reimbursement should be based on an hourly wage instead of the simpler current categories of part-time (under five hours) daily rate and full-time (five hours or more) daily rate. We see pros and cons of each alternative. For example, if the state were to reimburse an hourly rate, it would save money compared to paying a daily rate (and reimburse under CCAP more realistically) if a provider worked only 6 hours per day, but it would pay more if a provider worked 10 hours per day. On the other hand, the part-time and full-time rates give parents and their provider more flexibility, for example, if their days vary from 6 to 10 hours, depending on factors outside of their control, such as the employer's needs. We make no judgement about an hourly rate as opposed to part-time and full-time daily rates. If the state opts for an hourly rate, we believe that 8 of those hours should equal a reasonable full daily rate.

MANAGEMENT & OVERSIGHT

Illinois' early care and education governance structure should include a department dedicated to FFN care that continually improves the state, regional and local systems that support this care.

We support giving regional bodies (or the child care resource and referral agencies which currently do some of this work) more responsibility to develop support programs for FFN providers in their regions. Ideally this would include more local advice from parents, providers and employers and use community strengths in local networks and organizations such as workforce development programs.

We also believe that supports should be available to FFN providers regardless of whether they participate in CCAP because we care about the well-being and healthy outcomes of all Illinois children.

Anticipated Outcomes for Supporting FFN Caregivers

- FFN caregivers will have more knowledge and skills to provide quality care, including increased knowledge of child development and health and safety.
- More FFN caregivers will enhance their quality and pursue licensure, helping to reverse or stabilize the current downward trend in licensure.
- FFN caregivers will have greater social capital and access to resources.
- Some communities of color will see increases in individual opportunities and racial justice.

Health and Safety Supports:

- Use a partnering, rather than policing, approach to help FFN providers meet health and safety training and monitoring requirements.
- Provide funds to assist new FFN providers purchase health and safety equipment (e.g. smoke detectors, fire extinguishers, safety plugs). Funds should always be readily available and on a rolling basis.
- Continue to refine health and safety training content and delivery to be most effective for FFN providers.
- Keep CPR/First Aid a free training for providers with CCAP.
- Simplify method for tracking FFN training requirements. Invest in improving the Gateways Registry to be more user friendly for home providers and Center directors, and allow Child Care Resource and Referral agencies access to provider's Professional Development Records (PDRs) to better assist providers.
- Offer an appeal process for FFN providers who are canceled from CCAP because they do not meet monitoring requirements. Current policy requires public posting of monitoring issues; therefore, FFN providers should have a public recourse to address any concerns.
- For FFN providers receiving training/technical assistance through home visiting by a health and safety coach or consultant, count the visiting hours toward the FFN annual training hour requirement because home visits further providers' learning.

Caregiving Supports: Offer an array of supports to help FFN providers with their caregiving needs and interests. Offer supports in an FFN-friendly way by qualified staff with the same level of expertise of those that serve licensed home and center providers.

Supports Include:

- | | |
|--|--|
| • Infant and Toddler specialists | • Professional development scholarships |
| • Mental Health Consultants | • Support to become licensed (training, TA, and funds) |
| • Coordination with Early Intervention and Early Childhood Special Education | • FFN-appropriate training opportunities |
| • Special needs training, coaching and equipment | • Information about community resources |
| • Quality grants to enhance care setting | • Adequate compensation through CCAP for caregiving plus incentives to those who expand their skillset |
| • Home child care networks or peer groups | |

Professional Development: Offer multiple FFN engagement paths based on the interest and needs of the FFN provider. Pay FFN providers additional funds such as stipends as they complete steps along each path. Stipend rates could be differentiated to encourage participation in steps considered to have greater impact on children's care.

1. **Building social capital (learning about resources for children and families):** This path is for short-term providers and those less interested in building their child development knowledge but who want to help the family. This path is the most individualized and, at times, may resemble case management. It involves discovering what a provider's or family's challenges are and what providers are willing or interested in learning/pursuing to help themselves, the family, or their settings.

2. **Child development for the non-professional:** This path is for providers more curious about child development topics such as brain development, social-emotional learning, literacy, numeracy, teaching through play, child behaviors, nutrition, and toxic stress. Includes opportunities for providers to complete credentials, though the ultimate goal is to increase provider caregiving knowledge and skills.
3. **Career pathway / licensing:** For FFN providers who want to explore becoming a licensed child care provider. Includes training that leads to ECE credentials and meeting licensing training requirements.

All providers would also have opportunities for training that meets their individual interests and child care challenges. CCAP-required FFN trainings would be harmonized with DCFS licensing requirements to support providers on the licensing pathway.

NATIONAL CONTEXT & OTHER STATES

More than 3 million children—over a quarter of the 12 million children birth to age 5 in the United States—are served in paid, home-based child care settings, including FFN care. There are several national experts on FFN care that could share more research to the Funding Commission, some of whom live and work in Illinois. Beyond our team of experts at the Sylvia Cotton Center, particularly David Alexander and Marcia Stoll, a number of national experts could answer questions about FFN care or about developments in other states: Julia Henly (University of Chicago), Juliet Bromer (Erikson Institute), Karen Schulman (National Women’s Law Center) and Hannah Matthews (Center for Law and Social Policy). If interested, we can provide a list of what other states are doing on FFN care.

Illinois' Commission on Equity in Early Childhood Education and Care Funding
Office of The Governor, J.B. Pritzker

October 12, 2020

Dear Funding Commissioners & Staff,

The Illinois Early Childhood Funding Coalition is grateful for the Commission's efforts to envision a stronger future for early childhood education and care in Illinois, reflecting Gov. Pritzker's charge to help make ours the best state in the nation for raising a young child. With that in mind, we submit the following recommendations for stakeholders' engagement in the creation of, transition to, and implementation of a new state agency for child care and early education services.

For the following reasons, we urge the Funding Commission Co-Chairs to outline a clear process for stakeholder engagement after the Commission work ends and as the State moves from recommendations to implementation in the report to the Governor:

- The Governor's Commission cannot put every implementation consideration or guardrail into the final report
- Current recommendations are high-level, leaving a lot of room for (mis)interpretation
- Stakeholders will be more comfortable endorsing broad recommendations with additional clarity around ongoing stakeholder engagement in decision-making
- Implementation considerations may be the most controversial
- Implementation decisions will most impact children
- Implementation decisions will most impact providers
- Implementation decisions will most impact parents
- Implementation is where racial equity will be achieved or lost

We urge the Funding Commission to ensure that a public-private body advise the implementation and transition process, and that such a body should:

- Include a racial, ethnically, economically, linguistically, and regionally diverse group of parents on every implementation and/or transition committee
- Include a racially, ethnically, economically, linguistically, and regionally diverse group of providers, home, center, and unlicensed, on every implementation and/or transition committee. Additionally ensure that providers represent Latino and Black-serving providers.
- Ensure there is ample ongoing opportunity for stakeholders to provide public comments and feedback on major decisions related to implementation that will impact stakeholders, at least 60 days before finalizing decisions
- Commit to holding one or more hearings/meetings (in English and Spanish) for feedback on the near-final recommendations for implementation

In addition we recommend these best practices for stakeholder engagement:

- Bring different stakeholder groups to the same table to inform the design of policy solutions or resolutions and to help identify potential unintended consequences.
 - For example, decisions should be discussed by stakeholders that comprise the system such as parents, home/center/FFN providers, young people, advocates, educators, legislators, agency staff (e.g., ISBE's head of Finance to consider implications to EBF, ISBE head of multilingual services, DHS head of child care), English Learner directors, school district superintendents and possibly others.
- Bring data to the table to illuminate the system, allow for planning and the equitable allocation of resources, and inform decision making tradeoffs, even if data are imperfect

- Regularly evaluate and address barriers to racial equity in the current system that should be resolved in the new system as well as evaluating and addressing structural inequities in the new system, including detailed analysis for public review of
 - How structures established will ensure adherence to federal civil rights obligations for racial/ethnic groups and English learners.
 - How structures established will ensure compliance to article 14C of the school code with respect to EL instructional programming.
 - How priority populations fare under new oversight and management structure and in the funding mechanism employed to fund programs.
- Eliminate racial equity barriers in structures established for planning and decision-making

Finally, this memo is not an endorsement of the existing recommendations. It is a recommendations that stakeholder engagement processes be spelled out in the final commission report.

Sincerely,

The Illinois Early Childhood Funding Coalition

Incomplete Membership List (additional providers and parents not yet listed)

A Karrasel Child Center	Fight Crime Invest in Kids	Nurse Family Partnership
Advance Illinois	Florek-Hessel	One Hope United
Advance Preschool	Foresight Law and Policy	Unit 5 School District
Arc of Illinois	Goddard School	Prevent Child Abuse Illinois
Asian Human Services	Greater East St. Louis	Reading in Motion
Baby Talk	Learning Partnership	Ready Nation
Base Child Care	Hana Center	Rise n'Shine Child Care
Bright Start Home Daycare	Handprints & Kompany	Services
Carol Robertson Center	Harmony Emge School	Rockford Day Nursery
CCC Learning Center	District 175	SAL Family and Community
CCR&R John A Logan College	Hathaway Miranda LLC	Services
CCS Fundraising	IFF	Save The Children Action
Chicago Dia de los Niños	IL AEYC	Network
Chicago Urban Day School	ILAEYC - Chicago	SEIU
Chicago Urban League	Illinois Action for Children	Southern Poverty Law Center
Child Abuse Council	Illinois Developmental	Start Early
Children's Home and Aid	Therapy Association	Steans Family Foundation
Childs Place Day Care	INCCRRA	Step by Step Child Care
Circles of Learning	Katie's Kids Learning Center	Center, Inc.
Community Consolidated	Kids Above All	Summit Early Learning
District 62	Lake County Health	Superintendent East Moline
Jane L. Westerhold Early	Department and Community	Teach Plus Illinois
Learning Center	Center	The Little Scholars Club, Co.
Compass for Kids	Lake County, Early	Tot's House Day Care Home
Council for Strong America	Intervention	UCC Corporation
Cuddle Care Inc.	Latino Policy Forum	Under Carries Care
Day Care Macias	Leaders Academy Chicago	United Congregations of
Early Childhood Community	Learning Bridge Early	Metro East
Coalition of Lake County	Education Center	University of Chicago Booth
Early Intervention CFC2 Lake	Learning Disabilities	School of Business
County Health Department	Association of Illinois	We Are the World
El Hogar del Niño	Marillac St. Vincent Family	Words on Wheels
El Valor	Services	YWCA
Erikson Institute	McCormick Center	YWCA Chicago
Eyes on the Future	McCormick Foundation	
Faith Coalition for the	NAEYC	
Common Good	North Chicago Dist #187	



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November 14, 2020

On behalf of the 103,000 members of the Illinois Federation of Teachers (IFT), I am writing regarding a recommendation being considered by the Governor's Commission on Equitable Early Childhood Education and Care Funding to create a new state agency whose mission is to coordinate early childhood programming and funding in Illinois. IFT has a long history of supporting high-quality early childhood care and education. The early childhood years are critical to a child's health, cognitive, and social-emotional development.

At Commission meetings, IFT representatives have expressed support for greater coordination of early childhood services into one agency and have spoken in favor of this coordination occurring within the Illinois State Board of Education (ISBE), along with the dire need to increase support to all existing state agencies so that they can reach a staffing and capacity level to fulfill and promote their individual missions. IFT supports the concept that greater coordination of early childhood services will elevate and center the importance of early childhood care and education. We strongly advocate for adequate and sustainable funding across the P20 systems.

However, our representatives have voiced opposition to the creation of a new agency at this time, raising questions that the IFT believes must be answered before the Commission can put forth this recommendation. These questions include:

1. Given the state's scarcity of resources, how would the creation of a new agency devoted to early childhood impact the funding of existing agencies such as ISBE, the Illinois Department of Human Services (IDHS), and the Illinois Department of Children and Family Services (DCFS)? Will existing agencies lose funding to support the creation of a new agency? If so, what are the projected impacts on existing agencies?
2. How will early childhood responsibilities currently addressed by existing agencies be transitioned to a new agency?
3. Current state agencies often disperse early childhood responsibilities across multiple divisions of the existing agency work (as one of many examples, ISBE's Educator Effectiveness team is tasked with licensure preK-12). Given that, what will happen to staff at existing agencies who are responsible for early childhood? What is the plan to mitigate the impact on staff who may be transferred to a new agency?



4. How will early childhood special education and the implementation of IDEA be coordinated given that federal law places responsibility on the ISBE?
5. Who will be responsible for early childhood licensure approval and renewal, which is currently the responsibility of ISBE? This will be particularly impactful on K-2 teachers whose license endorsements are early childhood. The kindergarten endorsement is only on an early childhood endorsement, while grades 1-2 could be early childhood or elementary. This could create confusion in the field if early childhood licensure became the responsibility of an early childhood agency. For teachers who have both an early childhood and an elementary endorsement, would they be responsible for license renewal with two different agencies? Would that result in additional licensure fees, thereby creating an undue burden for some teachers?
6. What is being considered for the governance structure of a new agency for early childhood? How would this new agency interact with other agencies, and specifically, ISBE?
7. What would the impact of a new early childhood agency be on school districts? Specifically, for those school districts that house preK programs, would they be accountable to two different agencies?

I thank the Commission for providing the opportunity to provide written input to expand upon our comments in Commission meetings. As the Commission considers its deliberations, I strongly urge that the answers to these questions be fully investigated and considered prior to finalizing recommendations to the Governor.

Sincerely,

Daniel J. Montgomery

President and Chief Operating Officer

Illinois Federation of Teachers

To: The Governor's Early Childhood Funding Commission

From: Latino Policy Forum

Date: October 13, 2020

Memo: Public comment on prioritizing English Learners in the early care and education system

The Latino Policy Forum (the Forum) would like to thank the members of the Governor's Early Childhood Funding Commission for taking the time to review and weigh the different considerations brought forward during this process. My name is Rebecca Vonderlack-Navarro, I am the Director of Education Policy and Research for Forum. The Forum is a statewide non-profit advocacy organization. The Forum seeks to inform, influence, and lead public policy debates in the areas of early childhood and bilingual education, given these are vital services to promote positive outcomes for Illinois Children.

- **Close to one-third** of our state preschool population are designated ELs (28%)
- In Illinois, 76% of ELs are Spanish-speaking

The Forum appreciates the thoughtful consideration of the Commission and its subcommittees on how we can provide more coherence to early childhood funding and programming. We deeply understand the need for reimagining how early childhood services and programs are governed in our state and for the potential of a new governance structure. The new structure has a laudable potential to both elevate the importance of early childhood and provide transparency on data. While we see the benefits, we also see the many complicated nuances to implementing a new governance structure. We draw particular concern on the ability to provide adequate oversight to the needs and legal requirements to adequately serve linguistically and culturally diverse young children.

The Forum understands and is generally supportive of some of the proposed benefits of consolidating various components of the early childhood system. We appreciate the work of various subcommittees to outline some high-level concepts of how this new governance structure might function. However, in this case, the Forum cannot neither support nor oppose a new early childhood governance structure until some critical questions are answered. We feel that it is important to have a framework of what will be required for consolidation. The framework should include important details such as how many programs and staff will be included, the implications for the different unions, what statutes will need to change, etc.

More specifically, we feel we are lacking important information, particularly as it relates to English Learners who make up close to one-third of preschool enrollment, that is 22,769 students (ISBE Illinois Public School Enrollment 2017-18 data). The English Learner population (28%) must be a central part of the overall design of the new governance structure. There are both federal and state requirements for educating English Learners that are part of Civil Rights Law and Article 14C of the school code. Adherence to these requirements is not a granular detail to be considered afterwards. We respectfully request:

- Acknowledgement in the Funding Commission's final report of the need to answer these questions.

- **Specific priority to ELs in future deliberations on the implementation of the Commission's recommendations.**

The Forum is willing to be a thought partner in this process. The Forum strongly believes the questions posed in this document could inform decision-making, planning, and stakeholder input processes as the commission's moves to finalize its recommendations for the governor. This document is organized as follows:

- *Questions specific to serving English Learners*
- *General questions regarding the feasibility of such a large governance change.*

I. Considerations specific to English Learners in Preschool

Context:

Last year English Learners comprised close to one-third of students served in Preschool programming. Ensuring linguistically and culturally responsive educational programming will need to be a critical consideration for any changes to early childhood governance.

It is important to note that preschool programs are included in Article 14C of the Illinois School Code and therefore bilingual education is mandated for young ELs. As preschool intends to augment kindergarten readiness, it is critical that early learning be aligned with elementary instruction. Article 14C of the Illinois School Code stipulates that schools with 20 or more students enrolled who speak the same language other than English must receive instruction in their native language for the majority of their day. Funding for bilingual programs is administered by the Multilingual Department at the Illinois State Board of Education. There is a staff person in Early Childhood that works closely with the Multilingual Department to improve understanding of preschool and the need for bilingual funding at the preschool level. Below are considerations for English Learners students in preschool:

Federal and State Requirements for Serving English Learners

- If a new governance structure is created, how will the state adhere to Article 14C of school code?
- If a new governance structure is created, how will Civil Rights and Federal Requirements for English Learners be guaranteed in the programs offered?

State and Federal Funding Sources Specific to English Learners

- How will a new governance structure account for the EL cost factors within the Evidence-Based Funding formula (*this is not included in Slide #29 of the Management and Oversight subcommittee 10/1/20*)? ELs within PFA get some of the EL allotment (this is not a categorical line item, but is an embedded factor within the formula.)
- Currently ELs in PFA in school settings also are eligible for Title I, II, III and IV money (e.g. can support professional development, parent liaisons, etc.) (*These funding streams are not included in Slide #29 of the Management and Oversight subcommittee 10/1/20*). How would we ensure ELs at the early childhood level still get this money and who would

provide oversight? How will we ensure that local level decision making remains unaffected?

Evaluation of Program Quality for Serving English Learners

- If QRIS is used to evaluate programming, how will language and cultural diversity be considered?
 - In the past, staff could pursue the Linguistic and Cultural competency award. Centers that desired to provide linguistically and culturally responsive practices could use professional learning opportunities to study the standards and descriptors in the former Linguistic and Cultural Diversity credential. How would language and cultural competencies be considered moving forward?

Alignment of English Learner education from ECE to K-12

- The work to align the birth to preschool work with kindergarten needs to continue to provide smooth transitions into the K-12 system. Given Kindergarten will stay at ISBE, how will a process for kindergarten transitions be considered?
- Who would oversee educator licensure and would early childhood educators still be required to pursue a Professional Educator License from ISBE?
 - If a new governance structure is created, how can we ensure a linguistically and culturally responsive workforce? Research contends that the single most important factor for optimal EL achievement is a highly qualified bilingual teacher. Language and cultural competencies are a part of the bilingual endorsement issued by ISBE.
 - How will we track workforce needs if licensure is no longer part of ISBE?

Critical Stakeholder engagement

Considerations for engaging multiple stakeholders in the process are critical for ensuring the success of any potential changes to early childhood. The Forum contends that it is critical to engage with the following:

- ISBE's head of Multilingual Services
- ISBE's head of Finance to consider implications to EBF if elements of the formula that pertain to ELs in PFA are moved to a different agency for oversight
- EL Directors that oversee adherence to Article 14C
- School districts serving large numbers of ELs within preschool – Chicago and Elgin are essential to consider
- Will school administrators and school board members still have oversight over PFA? How might this change?
- Would bilingual parents still be served through mandated Bilingual Parent Councils?

II. Some General Questions

- How many states have this type of structure? What have been the advantages of this structure?
- How will the responsibilities be shared between ISBE, DHS, and DCFS and this new structure?

- How will communication be set up?
- How will this new governance system ensure a smooth transition into the K-12 system if it is separate?
- How will the new governance structure reduce redundancies in requirements, such as building inspections, surveys, paperwork, reports, fiscal management, etc.
- We would like more detail on the recommendation for a funding intermediary within the new structure. How will this be the same or different than the intermediary funding structure at Chicago's Department of Family and Support Services?

Public Comments from Brig. Gen. Stephen Curda

Retired, U.S. Army

For the Early Childhood Funding Commission

October 13, 2020

- Good afternoon, Commission members. Thank you for your efforts at strengthening supports for Illinois youngest residents by working toward smart recommendations for improvements in early childhood education, care, and other related services.
- I'm Stephen Curda, a retired U.S. Army General, the Executive Director of Illinois Joining Forces, and a professor at National Louis University.
- I'm also a member of the national, nonpartisan, non-profit organization called Mission: Readiness, with over 750 retired admirals and generals nationwide.
- Mission: Readiness members are concerned that too many young people wouldn't have the chance to join the military even if they wanted to. In Illinois, 70% of young people aged 17-24 *cannot* qualify for service because of some combination of these disqualifying factors: they are overweight, too poorly educated, or have a criminal record.
- Fortunately, the research shows that investing in children's earliest development can help solve this problem.
- High-quality early childhood supports are crucial for helping kids enter kindergarten ready to learn and setting them on a path to success — toward whatever civilian career, college, or military experience they may ultimately choose.
- When kids have access to early life supports, they are more likely to develop the strong minds and characters that are crucial for success in life. They are also more likely to start healthy, developmentally appropriate nutrition and physical activity habits early on.
- We strongly support the work of the Commission to address systemic, long-standing challenges, and look forward to your proposals for improving upon kids' earliest life experiences. Doing so will help prepare them for bright futures, no matter what life path they may choose.
- Thank you for this critical work, and for your time today.



Public comments from Lisa Savegnago, President

Nameplate & Panel Technology, Carol Stream

For the Early Childhood Funding Commission

Aug. 18, 2020

Good afternoon, Commission members: Thank you for the opportunity to express business-community support for your efforts at bolstering young children's care and learning, throughout Illinois.

I'm Lisa Savegnago, and I'm the President of Nameplate & Panel Technology. We're a 34-year-old Carol Stream business that specializes in screen-printed and digitally printed graphic overlays, labels and nameplates.

I'm also a member of the nonprofit, ReadyNation network of more than 2,700 business leaders across the country.

ReadyNation members believe in strengthening our workforce, economy, and productivity through research-proven investments in children. Our chief priorities include preschool, child care, and birth-to-3 services.

Kindergarten-readiness data indicate the importance of these programs — not to mention the significance of your own efforts to reinforce them.

For instance, only one in four Illinois kindergarteners is entering school fully ready in all three of the learning areas studied: math, literacy, and social-emotional development.

These are precisely the basic skills that young people will need for entering the workforce someday. Their future employers and managers will be looking for these abilities 20 years from now, every bit as much as their kindergarten teachers seek them today.

Simply put, our economy can't run without good early childhood programs. And while the COVID pandemic has made that clearer than ever now, we know the main challenges to these programs are not new.

They are longstanding problems, and they include funding that is inadequate, inequitable and too often unstable.

So, your work — pointing the way to long-needed improvements in early childhood programs — is incredibly important. Not just to the kids and families you'll be helping, but to our business climate and economy.

Thank you, and we look forward to helping to put your forthcoming recommendations to good use.



How Lack of Pay Parity Impacts Illinois' Early Childhood Educators

From a teacher in a classroom, to the director of a center, to a home visitor, early childhood education and care services are provided by many professionals. As Illinois re-examines its early childhood education (ECE) funding, we need to ensure that we think about all of those who provide the care and education for our youngest learners.

Early childhood educators come to this field because of their love for children and to ensure that all children receive an equal chance at succeeding in life from their first moments. However, entering this field often comes as a risk to supporting their own families. Qualified educators, even those with advanced degrees, are sometimes paid minimum wage. That means many early childhood educators are living in or near the poverty line (household of two earners making \$8.13 an hour). The lack of support for the ECE profession creates instability not only for the educators and their families, but also for their students and their students' families.

Teach Plus Illinois Early Childhood Education Policy Fellows, who teach and work in a variety of early childhood settings across the state, took a look at their own and their colleagues' paths in the ECE field. Below are some of their stories that demonstrate how the lack of pay parity in ECE plays out.

Ann Harmon, Caring Hands Daycare and Preschool, LaSalle, \$9.50 an hour

My name is Ann Harmon. I teach Pre-Kindergarten. I work full-time - 55 hours at \$9.50 an hour - at the Caring Hands Daycare and Preschool in LaSalle, Illinois.

I love teaching. At one point I wanted to be a reporter but after watching a child stand alone in a courtroom as I was working on a story, I knew I wanted to be a teacher. That little boy was without support and afraid; from that moment on, I wanted to make a difference in a child's life and to fight for those everyone wanted to throw away. ... I want my students to see that they can do remarkable things even at four years old. I know I've succeeded when I see a child whom "experts" say will never do what other children do, start talking and riding a bike after suffering a stroke because I encouraged him to try and guided him when he struggled. I love working with students whom most teachers dread having. ...

We can't afford dental or medical insurance... We take no vacations and have no fun adventures

My family lives paycheck to paycheck. And the little extra money I have, I spend on my classroom. We can't afford dental or medical insurance and must rely on the state for that. Our budget only covers our needs; we do not go over it. We take no vacations and have no fun adventures - we live to survive.

My call to action is for you to realize that early childhood teachers like me play an important role in the education of our future leaders. I want early childhood educators to be recognized as professionals, and for the public to know that we have the same training as public school teachers, sometimes more. We have value and we are worthy of more than what we have. It should not be right for a teacher with a decade of experience to be making \$9.50 an hour.

Monica, work anonymous, Chicago, \$12.50 an hour

I wanted to become an educator because it is my mission to make a positive impact in a child's life regardless of their status. Being an educator not only benefits the child, but it also benefits their family. The reason I am still an educator, despite the financial strain, is because it is what I love to do. I love to be around children and their families especially within my community. ... I feel it is my obligation to help these children in their growth and development as well as witness their milestones. ...

The current financial situation often makes me feel like I am not worth it. I wish legislators would take us into consideration when making policy because an educator once taught you something.

The current financial situation often makes me feel like I am not worth it.

Sara Baldwin, Caring Hands Daycare and Preschool, LaSalle, \$9.25 an hour

I started at the center when my youngest child was a little over a year old. ... The best parts of my day are the small things, like when a child finally learns a color or a shape or when they use their silverware at lunch instead of their hands. It inspires me that these kids can learn and that I am capable of helping them do that! ...

My hope for the future is that people can see the value of what goes on in our daycare. We are more than butt wipers and babysitters. I care about the children under my care and have grown to treat them like my own. ... Since these kids are the future of our world, I feel like we should invest more in their lives and the lives of those who care for and teach them every single day.

Dannise Yates, Bolingbrook, \$9.65 an hour

My day starts at 6 a.m. and hopefully ends by 7:30 p.m.

As a child, I always knew that I would be a teacher. I became even more inspired when I had to take my own children to daycare centers while I either went to school or worked. I wanted to provide reliable care for my son and other children. I wanted something better for the children and I knew I could provide it. ...

My day starts at 6 a.m. and hopefully ends by 7:30 p.m. Many of the families receive state funds and do not pay their co-pay. It is really challenging to enforce the parents to pay. I have not let a child go because the parents did not pay their co-pay as I know that the families are in need of reliable care.

Teneisha, work anonymous, Chicago, \$18.75 an hour

I enjoy doing what I do, but now I realize, at the age of 36, it is at the expense of my family. I do not know how much longer I can continue and if I even want to at this point. We are the foundation of every [professional], the foundation of how they learned to read and how they learned to write, yet we are very much underpaid and viewed as a joke instead of the legitimate professionals we are. ...

I became an educator because I have a voice that advocates on behalf of families. I am still an educator because the work is not done. Actually, the work has just begun.

I enjoy doing what I do, but now I realize, at the age of 36, it is at the expense of my family.

The Importance of Community Collaborations: Recommendations for the Illinois Commission on Equitable Early Childhood Education and Care Funding

Among the recommendations that the Illinois Commission on Equitable Early Childhood Education and Care Funding (the Commission) is considering are consolidating management and oversight of early childhood programs into one agency and transitioning to a funding formula to inform multi-year contracts to providers. While these proposed changes will likely have positive impacts, they will not fully address disparities and the inequitable distribution of resources endemic in our current system. The Commission's recommendations must also include investments in the community-level structures needed to account for local priorities and build local capacity in areas that lack resources, so that all children are able to access high-quality early childhood programming and achieve equitable outcomes, no matter their race, ethnicity, culture, ability, language, income, and geography.

At present, resources are inequitably distributed across the state with some communities having an abundance of early childhood resources while other areas are early childhood deserts. Even worse, areas with scarce early childhood services often do not apply for more resources, because they lack the capacity and infrastructure to draw down the funds. Examples of these types of barriers include a lack of facilities, workforce shortages, and lack of existing programs on which to build for increased quality and access. A dearth of community-level infrastructure also makes it difficult to bring stakeholders together across the early childhood system to do the capacity building and planning required to build a coherent, robust system of early childhood services. Furthermore, areas without a strong local collaborative that do have early childhood programming still face barriers in supporting families to access the services they need.

The Commission's proposed recommendations will not, on their own, effectively tackle these challenges if they are focused on the state-level alone. For example, a community that currently does not have the capacity to plan for and identify the best use of resources across a range of early childhood services in preparation for an RFP will still face those challenges in allocating funding sent to the local level through a funding formula. In fact, using a formula to allocate funding to high-needs areas that lack a community level infrastructure may result in these funds being unspent or allocated to the easiest service to support, rather than what is needed most.

Regardless of the funding mechanism, communities with early childhood collaborations are better positioned to access and effectively utilize resources. Early childhood collaborations develop a shared vision for their community and define a set of goals and shared data measurements to address a community concern. Community collaborations are uniquely positioned to better know and understand their local context, respond to and guide how resources should be directed to meet that need, and are best positioned to understand and create the on-the-ground infrastructure to ensure efficient use of the resources available to their community.

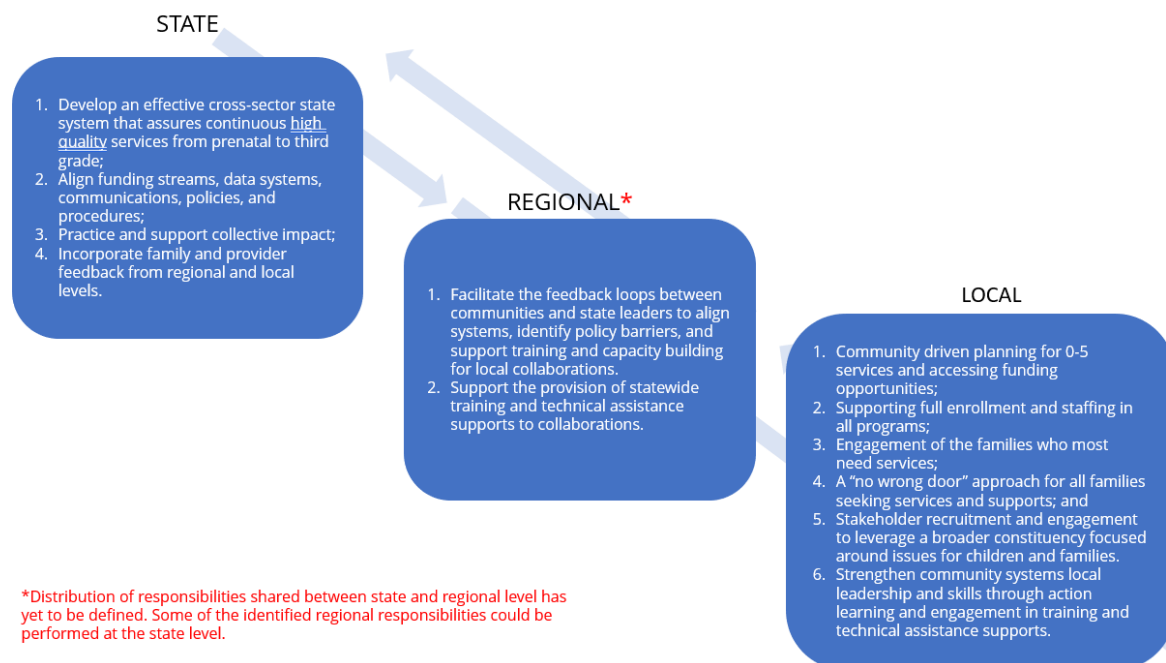
However, community collaborations, much like early childhood education and care programming, exist in pockets across the state, in varying structures, some funded and others not, and with varying levels of formalized activities. Our experience over decades of this work has not only taught us the importance of these collaborations to the success of our system, but also that our lack of providing ongoing, stable, and adequate funding for community collaborations has hampered progress for children and families. Once community collaborations are funded statewide and seen as having a critical role in our early childhood system, they could hold the responsibility for a set of key functions, which would have associated targets and outcomes defined at the state level:

1. Community driven planning for 0-5 services and accessing funding opportunities;
2. Supporting full enrollment and staffing in all programs;
3. Engagement of the families who most need services;
4. A “no wrong door” approach for all families seeking services and supports; and
5. Stakeholder recruitment and engagement to leverage a broader constituency focused around issues for children and families. It should be noted this function could enhance the ability to garner local resources to support both services and infrastructure.

In addition to providing local community collaborations adequate funding to execute the identified functions above, the state should provide comprehensive supports to ensure communities make strong, data driven and equitable decisions. These supports would include capacity building, ongoing training and technical assistance, data sharing and the facilitation of feedback loops so that community collaborations can achieve equitable outcomes for children and families in their area. These functions may live at the state level, or at some level between the state and communities. They may be functions provided within government or through public-private partnerships, particularly around areas of specialized knowledge, skills, or expertise. What is essential is that these kinds of capacity building supports are recognized as an integral and ongoing part of the funded early childhood system and meaningfully connected to early childhood community collaborations.

It should be noted that in our current system, some existing structures are charged with performing all or some of these key functions in certain geographies across the state. Implications for these current infrastructure components will need to be considered, but the work should begin with the functions and necessary support structure for effective community systems.

Visualizing a potential structure that incorporates community systems



This document has been developed by the Ounce of Prevention, in consultation with the Early Learning Leadership Circle funded by the Grand Victoria Foundation and Illinois Action for Children.

Recommendations to Strengthen and Expand the Illinois Evidence-based Home Visiting System
For Consideration by the Illinois Commission on Equitable Early Childhood Education and Care Funding
Developed by the Ounce of Prevention Fund
June 2020¹

Executive Summary

Governor J.B. Pritzker committed in January 2020 to expand evidence-based home visiting services by 12,500 slots over the next five years. With the formation of the Illinois Commission on Equitable Early Childhood Education and Care Funding (Funding Commission) and the administration's commitment to home visiting expansion, Illinois has opened a window of opportunity in which to design and implement improved statewide home visiting governance and funding structures to support the planful expansion and administration of home visiting services.

To that end, **the state should establish a lead home visiting division** with the authority to provide oversight and make decisions regarding the full home visiting system.

Simply creating a new home visiting division alone, unfortunately, will not guarantee improved experiences for children and providers. Past attempts to restructure state government have proven difficult, and the outcomes of those efforts produced mixed results. And changes to the current governance structures and funding mechanisms can also create unforeseen problems or new bifurcations from adjacent programs and services.

For consolidation to lead to improved experiences for children and providers, the state must develop a thoughtful implementation plan that minimizes disruption for families and providers during any major transitions. And importantly, **both the new home visiting division, specifically, and its more centralized early care and education governance structure, broadly, must be staffed sufficiently and granted the authority necessary to execute the transition plan.**

As is the case today, **the state will need to partner with private intermediaries in order support critical infrastructure elements of the home visiting system**, like professional development, technical assistance, and program monitoring.

Illinois is recognized nationally as a leader in home visiting because it has built a system that supports a variety of evidence-based models and innovative practices with substantial state resources. Funding for home visiting has increased, in large part, due to the system's formal connections to the state's education system. To sustain and grow funding for home visiting under reformed governance and financing structures, **the state must continue dedicating a significant portion of early care and education funding to support programs for infants and toddlers and their families, starting prenatally.**

¹ The contents of the memorandum reflect current positions held by the Ounce of Prevention Fund. As discussions around the state's governance and financing structures evolve, updated or additional materials may be developed.

Recommendations for a Strengthened Home Visiting System

Leadership of the major home visiting funders has supported the growth of a strong network of statewide providers over the course of many years. State agencies, the Governor's Office of Early Childhood Development (GOECD), and the Home Visiting Task Force (HVTF) have all worked to coordinate certain government functions and activities, with some success. The HVTF, a standing committee of the Early Learning Council, plays a crucial role in these efforts, providing guidance, strategic vision, and significant staff support to the GOECD. In particular, the Executive Committee of the HVTF for years has been the coordinating body at which all major funders collaborate, share information, and make decisions about the entire system.

Even with this collaboration across the major funding streams, the home visiting system lacks the governance structure necessary to take decisive action to provide adequate and equitable services. All too often, improvements to the administration of the statewide system have come about not because of the implementation of a coherent plan, but because of organic partnership between agencies and private partners working together within a fragmented system.

To strengthen its home visiting system, the state should establish a lead home visiting division (likely under a centralized governance structure for all early care and education services) with the authority to provide oversight and make decisions regarding the full home visiting system. *This new structure, in collaboration with public and private partners, will be responsible for ensuring the home visiting system features the following elements and/or functions.² To that end, the state should support and utilize existing capacity that has already been built - sometimes outside of state government - to support these elements and execute these functions.*

Programmatic Decision-Making (Funding Allocation, Program Design, Program Development)

- Adopt a comprehensive cost model for intensive home visiting services, plus additional program enhancements, built on the model-agnostic cost model produced by the Ounce with GOECD.^{3,4}
- Conduct regular, statewide needs assessments to identify gaps in the service network, effectiveness in reaching priority populations, and determining a standard calculation of need.
- Create a funding formula through the blending of state and federal sources to allocate the majority of home visiting funding to established providers, some of which may be larger intermediaries.^{5,6}

² The recommendations are intended to align with major objectives for HV under the Early Learning Council's vision for its home visiting system, the state's strategic plan under the Preschool Development Grant Birth to Five (PDG B-5), and the Prenatal to Three Initiative policy agenda.

³ The per-child cost of intensive home visiting services for a program size of 5 FTE home visitors, including infrastructure supports, is \$7,550 for a program downstate and \$9,488 for a program in Cook or collar counties.

⁴ Cross-model analysis of MIECHV funded home visiting budgets by HRSA show that labor costs account for 73% of all resources; direct service delivery makes up roughly half of all labor costs, with supervising, coordination, and administration roles comprising less of the overall labor costs. There is agreement that the majority of HV costs should be related to personnel.

⁵ By pulling funding from alternate sources into one centralized system, the state will be positioned to align particular streams to outcomes and models and to draw down appropriate alternate federal funding streams to maximize state dollars and expand HV services.

⁶ Engage EHS/HS funders of home visiting to ensure their service sites and data are recorded in IECAM and that funding expansions are coordinated with the state system.

- Operate a statewide RFP process to bring new providers into the home visiting system.⁷
- Operate a smaller statewide RFP process (or additional grants mechanism) to fund demonstration projects, evaluations, or other innovations in service delivery to scale promising practices, particularly those serving Priority Populations.⁸
- Coordinate program development and technical assistance support needed to build provider capacity within the home visiting field, particularly for new or innovative programs.
- Coordinate statewide program enhancements, such as the embedding of doulas into home visiting programs, and oversee the adoption and expansion of innovative home visiting strategies to serve priority populations, such as families experiencing homelessness, child welfare system involvement, and the incarceration of a parent.
- Expand universal supports for all new births to connect families with local community services and resources based on individual needs and family wishes.
- Identify, use common contract language and deliverables for programs to reduce reporting burdens.
- Adopt a core set of standards and outcomes indicators for all home visiting programs to ensure effective program monitoring, improved data collection, and program quality improvement.

National home visiting enrollment and retention data have long suggested that innovations to traditional service delivery models are needed to be more responsive to family needs and desires. Over-reliance on fidelity to evidence-based models, as well as a lack of alignment across funders as to what counts as an evidence-based model, has created barriers to both implementing and scaling innovations and emerging practices that may be better suited to engage and serve families. Illinois must be open to prioritizing new and different measures of the quality and effectiveness of programs, such as parental efficacy and length of retention, and must fund practices beyond the scope of the HomVEE approved evidence-base. This is not just an Illinois position, but the state can be a leader and has a history of modifying programs and models to engage and serve priority populations. Supporting emerging and innovative types of service delivery does not mean that we are relaxing quality, but that our system is being more responsive.

Illinois is also experimenting with an evidence-based model for universal newborn supports, Family Connects Illinois (FC IL). Two initial pilot projects, funded by ISBE and MIECHV, have now been in operation for more than three years, providing nurse home visits to all families with newborns and ensuring there is an entry point to essential support services for all families in a community. With a combination of public and private investment, the Chicago Department of Public Health, launched a multi-site expansion of Family Connects in partnership with five Chicago hospitals in the Fall of 2019. (This project was suspended temporarily in March 2020 due to the COVID pandemic.)

To advance these cutting-edge approaches, Illinois home visiting requires a cohesive statewide vision and corresponding leadership.

⁷ This would reduce the frequency with which providers respond to RFPs issued by multiple funders. It would allow for targeted investments based on a statewide needs assessment and likely uptake of services by eligible families.

⁸ Access Committee - All Families Served Subcommittee Recommendation on Priority Populations, February 2019

Quality Infrastructure (Professional Development, Program Monitoring, Data and Research)

- Support existing public-private partnerships and intermediaries to extend state capacity, distribute resources efficiently, provide continuity across political transitions, and leverage additional private dollars to strengthen the state home visiting system.
- Support the continued development and maintenance of the statewide professional development system, one that would provide training and technical assistance, require reflective supervision and Infant/Early Childhood Mental Health Consultation, and adopt a core set of competencies for all home visiting staff.⁹
- Create a consolidated statewide data system¹⁰ that would allow for more efficient and more robust data input at the program and output at the division and agency level.
- Support research capacity so agency leaders can make data-informed and evidence-based decisions about the design and implementation of programming that is responsive to the changing needs of children, families, and their communities.
- Develop and adopt a cross-model quality framework aligned to the broader early care and education system, which can be used as a tool for monitoring.
- Adopt a uniform reporting format and coordinated reporting schedule for all home visiting programs, including strategies to facilitate shared data collection and reporting capacity.
- Oversee the development and implementation of a system of Coordinated Intake (CI) for home visiting - even if funds are blended and braided at the state level - to ensure families are connected to the programs most appropriate for them.¹¹

The centralization of home visiting management and oversight responsibilities has the potential to enable state leaders to develop and harmonize policies, rules, regulations, and procedures at the government or agency level. But for consolidation to lead to improved experiences for children and providers, the state must develop a thoughtful implementation plan that minimizes disruption for families and providers during any major transitions.

A new home visiting division must be equipped with the requisite capacity to execute the transition plan and administer its programs with fidelity. This plan should feature prominently the use of and coordination with private partners, partners that already add an invaluable amount of capacity to the state, connect to the field and local community, and support the development and expansion of innovative practices. This focus on quality must continue as the system grows and evolves under a new home visiting division.

⁹ Additional work should include aligning home visitor preparation and professional development with other core infant/toddler practitioners, mostly notably Early Intervention providers.

¹⁰ This could be one statewide data system, or a set of shared metrics used across model/funder.

¹¹ This CI system for HV should not be created at the expense of any single-point-of-entry system developed for all early care and education services, which would serve a different purpose of ensuring families receive all of the services they need and transition between programs successfully.

Additional Considerations for the Successful Implementation of a Strengthened Home Visiting System

Creating a new home visiting division alone, unfortunately, will not guarantee improved experiences for children and providers. *Below are examples where past attempts to coordinate and/or consolidate certain state functions for the home visiting system have proved difficult. Included are additional recommendations for how to avoid similar problems.*

A key to success will be the continued collaboration between the state and its private partners, namely the Home Visiting Task Force, a body that has played an indispensable role in the development of the state's home visiting system. This public-private partnership is the central mechanism through which feedback from the field is delivered to state policymakers.

Funding Streams, Program Models

Consolidating funding does not automatically eliminate differences in program requirements. For example, federal funding streams, like Early Head Start or MIECHV, will likely always come with their own reporting requirements that the state cannot change and the state may not think it best to accede to those requirements. The state will need to implement with fidelity all of these different requirements, some of which are beyond the state's authority. And if future expansion of home visiting funding includes drawing down Medicaid dollars, the home visiting division would need administrative systems robust enough to ensure programs can bill properly. Centralized administration of programs does not fully solve for these problems.

In addition to multiple funding streams, there are also several home visiting models in use today with different requirements and standards. Each of the major models used in Illinois, for instance, requires different levels of educational attainment for home visitors. *To maximize available funding streams while supporting quality and model choice, the state should:*

- Invest in robust administrative systems to ensure implementation fidelity, accurate reporting, and timely reimbursement across multiple, complex funding streams.
- Develop a career pathway with cross-model competencies or credentials for providers to address compensation issues and to standardize program quality and critical workforce supports like Infant/Early Childhood Mental Health Consultation (I/ECMHC) and reflective supervision.

State Appropriations

Early childhood education investments have increased in Illinois in part because the expansion of the ECBG has been linked (informally) to growth in funding for the K-12 education budget. Similarly, the education funding for programs supporting infants and toddlers has increased significantly because it is set in state law at a percentage of the overall preschool investment. This means home visiting appropriations in the ISBE budget have grown dramatically, while IDHS-funded home visiting has stagnated for nearly two decades. It is unknown whether centralized administration would impact positively or negatively the long-term trajectory of home visiting appropriations, but where programs "live" in the state budget does matter. *To mitigate these risks, the state should:*

- Dedicate a significant portion of all early care and education funding to support programs for infants and toddlers and their families, starting prenatally. This mechanism, to be codified into state law, would direct to prenatal-3 services a proportionate share of early care and education funds, no less than the share of funding those programs receive currently or are provided through current law.

This legal safeguard will help the state grow and focus resources to address issues of access to both home visiting and high-quality infant/toddler care.

Professional Development

The home visiting professional development (PD) system has benefited from some collaboration across the major funders. The Ounce Institute serves as a central provider of professional development, training home visitors employed by programs funded by ISBE and IDHS. This arrangement has only worked, though, because each funder has chosen the Ounce as its PD provider. *To ensure coherence for the system's workforce structure, the new state home visiting division should:*

- Support the continued development and maintenance of the statewide professional development system.

Data Collection and Reporting

Any consolidation of the home visiting system will still require the development of a shared database or the creation of a “backdoor” exchange of data able to produce aligned reporting. Consolidation can accelerate the development of an improved statewide data system by situating a single leadership structure capable of determining aligned data priorities. But without increased investment in aligned data systems with appropriate staffing levels, we could still have bifurcated data sets. Additionally, if home visiting programs are operated by an agency other than ISBE, we must plan to align the new structure with the state's K-12 data system in order to capture longitudinal data on the progress of our children, beginning in their earliest years. *To capture the maximum benefit from consolidation, the state should:*

- Invest in aligned data systems with appropriate staffing levels to maintain coherent and consistent data and support data-informed decision making.

Program Monitoring

The state tried to create more coherence in the monitoring of home visiting programs by having a single entity act as the monitor across funding streams. But because of the current mechanisms of state contracting, those plans were abandoned and now the state lacks the necessary monitoring uniformity across programs. *To ensure coherent statewide monitoring, the new state home visiting division should:*

- Ensure contracting language permits identifying and securing statewide monitors for home visiting.

Systems Integration

For years, GOECD for has convened the various home visiting funders to participate in efforts to align the home visiting system. For example, the administration has asked its state agency partners to produce real-time enrollment data and attempts have been made to identify a core set of shared program outcomes. The work has been slow and incremental. Moving all home visiting funding streams into the same division within a state agency has the potential to make things better. *To support partnership and collaboration, the new state division should:*

- Create integrated structures and processes within the centralized home visiting division, specifically, and between the home visiting division and other divisions of the new early care and education structure, broadly.

Appendix 1: Overview of the Illinois Home Visiting System

Illinois has long valued evidence-based home visiting (HV) programs as an effective and efficient strategy for supporting the life trajectory of expectant and new families who are at risk for poor health, educational, economic, and social outcomes. At its core, home visiting is a relationship between new parents and trained professionals, who promote strong parent-child attachment, coach parents on learning activities that foster their child's health and development and prepare them for school. Home visitors also screen and monitor the health, mental health and well-being of parents and their children and connect families to needed medical and other services. Doulas—community-based paraprofessionals who offer regular support to pregnant and birthing parents before, during, and after labor and delivery—are embedded within many state-funded home visiting programs.

Over the past three decades, Illinois developed a cross-sector, statewide home visiting system that provides these essential services to over 19,000 families per year, making it a nationally-recognized example of a state system supporting a variety of evidence-based models and innovative practices. Yet despite much effort and demonstrated success in building a more coordinated system over many years, what we have today in Illinois is still inadequately funded and inefficiently organized. The need to engage more families in different ways has never been more evident.

Evidence-based home visiting is one of the core early childhood programs offered in Illinois. These services can be a family's initial entry into the state's robust, though fragmented, early care and education system. The continuum of home visiting programs in Illinois serves families beginning prenatally through a mixed-delivery system supported by several major funding streams.¹² Notably, Illinois has offered state-funded home visiting services since the 1980s, and was the first to commit significant education dollars to support the intervention. Since the mid-1990s, the federal Early Head Start program has also funded home visiting in Illinois communities. These funds are not administered by the state, but are an important part of the array of early learning supports at the community level.

State funds flow to programs through competitive grants to community providers. These funding streams support a network of over 300 programs across the state, serving approximately 19,000 families per year. A hallmark of our Illinois system is that we allow communities to choose a model based on its needs. Under this "big tent" approach, Illinois has identified five models that can be supported with state funds, each have their own unique model and research base.¹³ Targeted investments in promising practices have also supported demonstration projects serving families experiencing homelessness, pregnant and parenting youth involved with the child welfare system, and pregnant and new mothers experiencing incarceration.

Despite the state's position as a national leader in home visiting, services are still not available to enough of those who could benefit from them¹⁴ and low workforce wages contribute to constant staff turnover.

¹² Early Childhood Block Grant Prevention Initiative (PI) program at the Illinois State Board of Education (State), Parents Too Soon and Healthy Families at the Illinois Department of Human Services (State), Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (Federal), Early Head Start (Federal), and a small amount of private and local funding in communities throughout the state (Local).

¹³ Parents as Teachers, Healthy Families, Early Head Start, and Nurse Family Partnership. ISBE also funds BabyTalk, recognized as an evidence-supported model.

¹⁴ Parents Too Soon and Healthy Families (IDHS) have not received an increased appropriation in at least 15 years.

Appendix 2: Evidence to Support Home Visiting Consolidation

Funding Considerations

Illinois has struggled to coordinate the allocation of state resources across funding streams, both to ensure new slots are created in communities where home visiting is needed and also to reduce the burden experienced by programs that blend and braid multiple funding streams. With respect to the former, overlapping funding opportunities have meant that some communities have little-to-no home visiting capacity, while other areas have as many slots (or even more, in a few cases) than the number of eligible families likely to engage in the program. To the latter, beyond the administrative burden associated with frequent competitive grant processes from multiple funders of home visiting, programs may face conflicting monitoring, data tracking, and service-delivery requirements.

The state's funding processes could be streamlined to reduce the burden on established providers and ensure greater statewide coherence on the allocation of funding year over year. Below are additional outcomes that would strengthen the state's home visiting system:

Illinois can lead by example by directing substantial investments in home visiting to compensation increases and added workforce supports necessary to recruit and retain a highly-qualified, culturally responsive workforce. National research shows that the direct service-labor costs make up the largest portion of home visiting program expenses, yet cost modeling estimates by the Ounce show that the per-slot funding allocated to home visiting programs is insufficient to meet compensation levels that align with the experience and education levels of direct service.¹⁵ In addition, variations in program funding create perverse incentives for home visitors who want to stay in the field to pursue the same role in another agency in order to gain a salary increase. The resultant high-staff turnover rates can have a negative impact on child and family experiences and outcomes (given the relationship-based nature of the work) and can mean that funded home visiting slots go unfilled when programs cannot fill vacant home visitor positions. An intentional, statewide workforce strategy focusing on adequately compensating providers must accompany expansion of services.

Data Collection, Data Reporting, and Program Monitoring

Illinois also has a history of successes and challenges in data collection and program monitoring. During the state's nearly three-year budget impasse, the major funders reported on enrollment and staff vacancy challenges regularly to the HVTF to inform advocacy efforts and monitor the health of the system. However, the current data picture is more fragmented; each funder requires programs to collect/report different metrics, using data systems which may not be compatible with one another.¹⁶ As a result, we have not been able to produce a count of the number of families served in home visiting, the number of staff vacancies, or even the funded capacity of programs across the entire system in a real-time or even timely manner. Not only do state agencies need accurate data, but home visiting programs do too in order to inform their needs assessments, program planning, and service delivery.

In another example, GOECD is leveraging federal MIECHV funding of a comprehensive needs assessment for home visiting to engage the entire system and create a shared data set that can drive decisions by various funders on placement of new programs. This project will only work, however, if all current

¹⁵ [Urban Institute – Home Visiting Career Trajectories](#), January 2020

¹⁶ There are several different data systems in use today.

funders are required to refer to this data as their base for decisions, something GOECD is unable to require of these funders.

While some data collection points are specific to each model, there are some outcomes and indicators that are not, like enrollment. Therefore, a consolidated statewide data system¹⁷ would enable home visitors to enter data more quickly and agencies to run regular reports. State planning depends on being able to pull accurate data on current services, but the home visiting system is, at present, lacking any meaningful centralized data infrastructure.

Program monitoring is another area negatively impacted by the fragmented home visiting system in place today. Until recently, ISBE and MIECHV used the same agency to monitor its programs, which reduced the burden on jointly-funded programs and staff who work with program monitors. But the ISBE contract was awarded to a different monitoring entity entirely, which means some programs now have multiple monitors. This suggests that a more formal, lasting alignment between all the funders would be beneficial to program administrators, staff, and the system overall.

System Planning and Quality Improvement

Even where there has been collaboration between major funders, Illinois lacks the governance structure necessary to set a statewide vision and update policies and priorities for the home visiting system.

Each of the major models used in Illinois, for instance, requires different levels of educational attainment for home visitors. By defining a career pathway with cross-model competencies or credentials for providers, the state would be better positioned to address compensation issues and to standardize program quality and critical workforce supports like Infant/Early Childhood Mental Health Consultation (I/ECMHC) and reflective supervision.

¹⁷ This could be one statewide data system, or a set of shared metrics used across model/funder.

Fr: Voices for Illinois Children and the YWCA Metropolitan Chicago

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To: Bethany Patten, Governor's Commission on Equitable Early Childhood Education and Care Funding

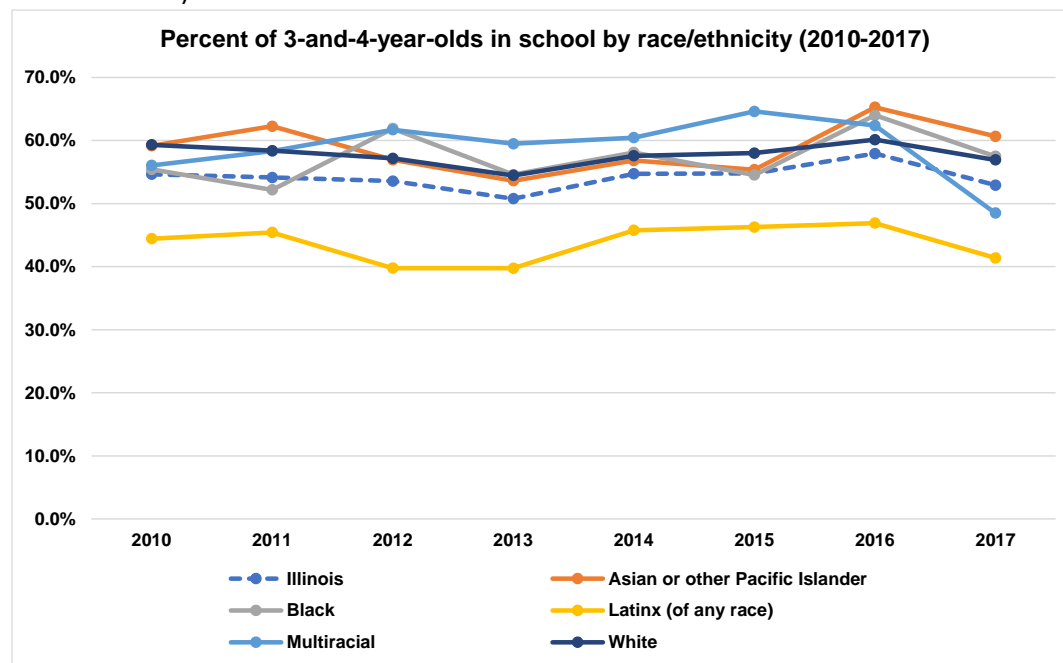
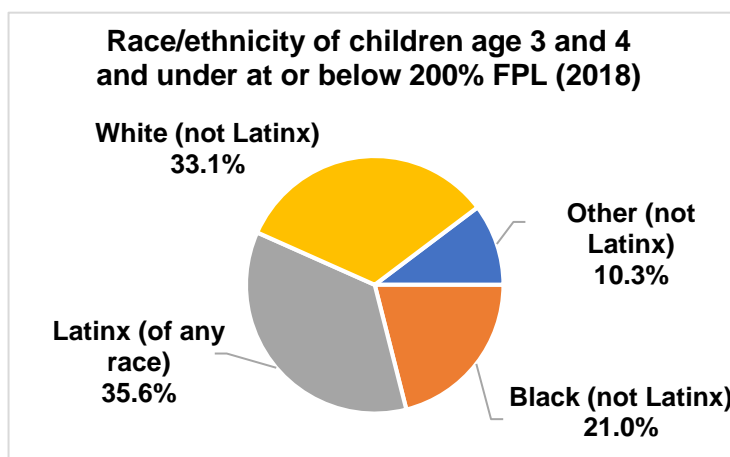
Date: 7/10/20

Voices for Illinois Children – Powered by the YWCA Metropolitan Chicago appreciates the opportunity to provide input to the Governor's Commission on Equitable Early Childhood Education and Care Funding. Our comments center on three main ideas:

- The framework adopted by the Commission needs to be child centric.
- It is important to maintain a mixed-delivery system, which addresses children's mental health needs and strengthens support services for home-based and center-based providers.
- It is important to take specific steps to address the inequities across our state regarding access to Early Childhood Education and Care (ECEC) and reduce those inequities illustrated in the Kindergarten Individual Development Survey (KIDS).

Facts on Access and Achievement

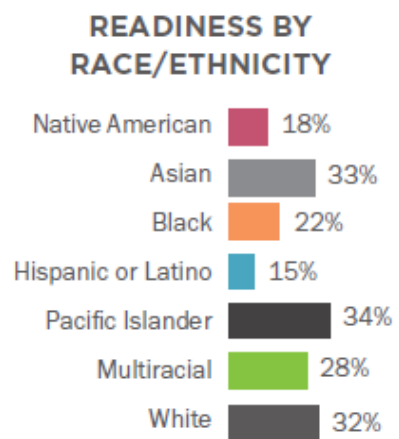
When examined by race and ethnicity, there is a mismatch between the proportion of three and four year olds at 200% of the Federal Poverty Level and three and four year olds in school. The proportion of Latinx children in school is much lower than their relative proportion of the state's population. (School includes nursery school, preschool school or kindergarten during the previous three months.)



Data Sources: U.S.
Census Bureau

The 2018-2019 Illinois Kindergarten Individual Development Survey (KIDS) Report shows only 15% of Latinx children and 22% of Black children demonstrated in all three assessed areas (social and emotional development; language and literacy, and math) versus 32% of white children.

According for the Center for American Progress, 58% of Illinois residents in 2018 lived in a child care desert (a ratio of more than three young children for every licensed child care slot constitutes a child care desert). “Child care supply was especially low among certain populations, with 65 percent of Hispanic/Latino families and 69 percent of rural families living in areas without enough licensed child care providers.” (Source: <https://childcaredeserts.org/2018/index.html?state=IL>)



Statement on Race and Ethnicity

During its last meeting, the Commission discussed a Race Equity Working Group to review preliminary recommendations. We believe it is not just applying a race equity to preliminary recommendations based on the perspectives of the need to combine funding streams and house operations within one agency but also establishing a race equity framework to work within based on the data. As such, we believe the following questions should be front and center:

- Is there equal access to pre-school and child care for children of all races and ethnicity?
- Why to the disparities in child readiness based on KIDS exist?
- Why do child care deserts exist?
- Is there equal access to the market (as a provider) for persons of all races and ethnicity?

Along these lines, it is necessary to strengthen the working definition of racial equity. Both the Funding Commission and the Early Learning Council need to amend the existing language by reiterating within the definition versus priorities that an **early learning system is one that ends racial and ethnic disparities and achievement gaps through the delivery of a range of services that maximizes every child’s potential.**

Furthermore, the Commission needs to examine (and establish a process for continual examination) the following sets of data disaggregated by race and ethnicity and compare them to the state’s population of children eligible for ECEC services broken down by race and ethnicity as well as KIDS annual data. These sets include¹:

- utilization of ECEC services by program including subsets on those children accessing ECEC services during regular working hours (9-5) versus off-hours and weekends,
- the composition of the ECEC workforce, and
- the composition of any policymaking or administrative body involved in the allocation of ECEC funds.

The Commission also needs to embed within any Request for Proposal issued by any agency allocating ECEC funds (whether for new applicants or existing providers) additional questions to review how

¹ Some of the recommendations below were also made in 2015 by an Equity Subcommittee to Oregon’s Early Learning Council.

effectively a provider is serving minority communities including whether the provider's workforce is reflective of the community and children served by that provider.

Service Delivery

Reducing racial and ethnic inequities may also depend on expanding the range of ECEC services available to a household. We believe a guiding principle in this regard should be providing to a home visit to any family requesting it. A home visit can help any coordinating agency better determine the necessary family supports to help a child reach his or her potential.

One of the recommendations in a report released last year by the Governor's Office of Early Childhood Development titled "Ensuring Equitable Access to Funding for All Birth-To-Five Classroom-Based Early Childhood Programs" was strengthening and supporting a robust community-level planning processes. The best mechanism for coordinating these needs on a regional basis would be the existing Child Care Resource and Referral system.

An enhanced CCR&R system could:

- Establish a racially and ethnically diverse advisory panel of parents, home-based providers, center-based providers, and community organizations that would regularly review the allocation of funds within the CCR&R service delivery area
- Enhance data collection of the racial and ethnic makeup of families and children seeking to access services through a CCR&R
- Utilize the data collected for a regular needs assessment report to the state (whether each year or every two years) on ECEC services within the CCR&R footprint
- Provide community specific data and information to the Governor's office, Early Learning Council and other stakeholders
- Actively promote state funded ECEC services within the community to encourage new applicants working in underserved areas
- Have a professional development and technical assistance unit that would assist current providers and help a pool of potential new RFP/grant applicants with the necessary data collection and paperwork
- Work with INCCRRA (Illinois Network of Child Care Resource and Referral Agencies) on creating and enhancing existing purchasing pools for educational resources, equipment needed for life safety measures, and personal protective equipment to address any on-going coronavirus or similar issues
- In coordination with the state, develop and provide a range of support services and training opportunities for home-based care providers

Regarding the last point, it is important that a portion of the state's ECEC funds be set aside to develop educational materials for the parents of children in state funded early childhood education and care settings (both home and center based). In recent years, Voices for Illinois Children ran an early math program. One of our conclusions was that engaging parents/guardians/siblings to work with their children to reinforce lessons learned in an ECEC setting were important components in that child's development of math skills. The state can assist in this process (and for other areas of skill development) by an enhanced home visiting effort (noted above and stated in recognition of the Governor's desire to increase the number of home visits funded in the future by the state) as well as greater interaction of parents and CCR&R staff in reviewing the allocation of funds. This should also include the development of a range of virtual learning opportunities (whether developed by a coordinating state agency or a local CCR&R) that is also culturally and linguistically appropriate for children served by the CCR&R system.

The steps outlined above would occur along with steps the Commission has already discussed regarding:

- an examination and potential increase in reimbursement rates
- reduction in family co-pays for any ECEC services
- additional partnership measures with Illinois' higher-education community to increase the ECEC workforce

Voices for Illinois Children and the YWCA Metropolitan Chicago look forward to working with Commission members and staff during the remaining months of the Commissions work. As noted before, we also look forward to the opportunity to discuss some of these issues in a future focus group with one or more of the Commission's working groups as well as a community forum/virtual town hall meeting.

In advance, thank you for your consideration of our thoughts on the state's ECEC system.

Office of The Governor, J.B. Pritzker
Equitable Early Childhood Education and Care Funding Commission

December 05, 2020

Dear Deputy Governor Ruiz and Funding Commissioners,

On behalf of the Illinois Early Childhood Funding Coalition, we thank you for leading the effort to make ours the best state in the nation for raising young children. We applaud the work of the *Equitable Early Childhood Education and Care Funding Commission (Commission)* to make recommendations to ensure equitable access to high-quality services for all Illinois children.

The near final recommendations reflect the Governor's edict to "be bold," and yet the results of that bold action come during an extremely difficult financial crisis, global health pandemic, and a moment of racial reckoning within all aspects of our lives and institutions of government. **We believe that boldness of vision can co-exist with challenging times.**

In this spirit, below we propose a set of steps in the transition to implementation planning that will start us on the road to systemic transformation of the early childhood education and care infrastructure. **With the reality of challenging circumstances in mind, we implore the Governor to stay the bold course and begin with concrete actions that move us closer to the ideal future.**

Recommended Next Steps

In light of the timeline delay and to maintain momentum and trust, the Governor should launch a second phase of this work through an Implementation Planning Task Force (Task Force). **Implementation planning is where success will be won or lost, racial equity achieved or set aside.** The Task Force should include a diverse set of stakeholders that represent the system, including: a subset of the Commissioners, for continuity; state government leaders; non-profit and community leaders; legislators; experts in the field; and new voices of parents, providers, and educators. The work should begin and continue with a racial equity agenda and framework and should include broad stakeholder engagement.

Clearly establishing this next phase of work will grant us the time to get the preliminary implementation steps right and ensure racial equity is deeply embedded in the path forward.

Specific steps that can be taken over the next 12 months to begin the desired transformation include:

- Publicly acknowledge and show support for the Commission's work and recommendations some public forum (e.g., budget address, press conference);
- Issue an Executive Order to establish an Early Childhood Education and Care Implementation Planning Task Force, comprised of public and private partners, charged with crafting a detailed implementation plan that begins with racial equity and addresses the technical and policy issues required to bring recommendations to life;
- Fund staff to support the work of the taskforce, including external consultants for project management, staffing, and consultants for racial equity project management, potentially with unspent federal Preschool Development Grant (B-5) funds;

- Engage additional legislative leaders on the Commission's efforts, including the Black Caucus;
- Designate a high-level person in the Governor's Office to be accountable and responsible for driving the implementation planning process;
- Finalize Commission recommendations no later than March 2021;
- Charge state agencies with prioritizing implementing the Commission recommendations.

We submit this letter in the spirit of partnership. No one could have foreseen COVID-19, or the havoc it has wreaked on families, social services systems, and our state budget — not to mention the dedication of time it has demanded from the Governor and his Administration.

We will close with sincere appreciation for your leadership and for the hard work of the Commission to imagine a future that more supports our youngest citizens. Now is the time to stay the course. We are ready to work with you in any way we can.

Respectfully,

The Early Childhood Funding Coalition

CY2021 Timeline

Below is a timeline for how the Commission might make recommendations and the State might begin planning for implementation.

December 2020	Commission Deliberations: As a part of Commission deliberations, the Commission discusses and recommends an implementation process, consistent with the Commission's charge to "....advise the Governor in planning and implementing these recommendations."
January 2021	Briefing Governor State of the State: Governor shares/mentions the Commission recommendations and report in State of the State, with a frame of multi-year implementation plan that will ramp up over time with the State's economic recovery Taskforce Support: Governor's Office secures funding and a plan for staffing an Implementation Planning Task Force
February 2021	Governor's Budget Address: Governor mentions modest funding for an Implementation Task Force over the next 10 months. (Potentially Preschool Development Grant Funding, if available) Taskforce Funding: Work with ILGA and Black Caucus to agree on modest budget for implementation phase.
March 2021	Recommendations: The Commission submits its recommendations, which include a charge for implementation planning phase of this work (April 2021 – January 2022), to the Governor. Executive Order: An Executive Order is issued, to establish the ECEC Implementation Planning Task Force, possibly in partnership with legislative leaders Consultant and Staffing: Governor's Office identifies (or maintains) internal staff responsible for transition and implementation planning. Governor's Office brings on a change management consultant to stand up the Implementation Planning Task Force, engage stakeholders, ensure racial equity analyses are an integral part of planning, and work with internal government entities to plan for implementation of the recommendations. Launch Implementation Taskforce: Launch the Taskforce to advise on issues related to implementation in the short- and long-term and lay the groundwork for new governance, align standards and accountability structures, vetting feasibility of recommendations, etc.
January 2022	Recommendations: Implementation Planning Task Force makes recommendations to the Governor



Date: December 8, 2020

To: Governor's Early Childhood Funding Commission

From: Crisis Nursery Coalition of Illinois

Re: Including Crisis Nursery Coalition of Illinois as an Early Childhood Stakeholder

Thousands of Illinois' youngest and most vulnerable children are at risk of abuse and neglect, and many fragile families may lose their employment or their chance of self-sufficiency due to short term family crises. Crisis nurseries help families cope with difficult times. Children are kept safe in a temporary, warm, and nurturing environment while parents receive support and education.

Crisis nurseries were formed from the Crisis Nursery Congressional Act of 1986 to provide holistic prevention and intervention services to families with young children, who were in crisis, and at high risk of abuse and neglect. All Illinois crisis nurseries use the ARCH survey to measure three performance goals: decrease parental stress, reduce risk of maltreatment, and improve parenting skills.

The Crisis Nursery Coalition of Illinois is a collaboration of seven crisis nurseries serving children and families using an emerging model of care through best practices. In 1996, all crisis nurseries operating in Illinois came together to combine their collective impact on preventing child abuse and neglect in the state of Illinois.

The Coalition includes seven nurseries throughout the state: Crittenton Centers Crisis Nursery (Peoria), Crisis Nursery (Urbana), Crisis Nursery- Program of Children's Home + Aid (Bloomington), Mother House Crisis Nursery - Program of Children's Home + Aid (Rockford), Mini O'Beirne Crisis Nursery (Springfield), Maryville Crisis Nursery (Chicago), and Crisis Nursery of Effingham County (Effingham).

Crisis nurseries provide **free** support 24/7/365 to help families of children under six who are experiencing a crisis. Each nursery offers a 24/7 help-line and provides an **immediate crisis response** to families.

Crisis nurseries in Illinois provide short-term care and family follow up programming for some of Illinois' most fragile families. Crisis child care enables parents to attend medical and dental appointments, see a mental/behavioral health provider, attend interviews and job training, flee a domestic violence situation, find a place to live, seek legal assistance and more.

Crisis nurseries have been instrumental over the years by filling the childcare gaps for essential workers who work non-traditional hours and need to maintain financial security. The pandemic has highlighted this very critical issue and we continue to respond to the needs of this important workforce to keep Illinois families healthy and safe.

Crisis nursery services include 24/7/365 crisis care, children's groups, home visiting, parenting classes, parent support groups, crisis counseling, referral and linkage to after care services, such as long-term child care arrangements. The strategy is to build a community-based support system for fragile families that:

- Increases family stability, helping families during an immediate crisis and eliminating risks of harm for children during the crisis.
- Enhances permanency by preventing high-risk children and families from entering the foster care system.
- Improves employment stability/job retention for families when childcare emergencies arise that threaten a parent's ability to report to work dependably.
- Strengthens and supports families who are coping with mental illness, substance abuse, physical impairment, and other significant risks that jeopardize their children.
- Improves recovery for substance abusing parents by providing stable care for the drug-exposed children so that the parent's treatment may commence or continue.
- Provides support to families experiencing domestic violence and provides a safe place for children to prevent them experiencing additional trauma.
- Provides care for children experiencing homelessness and provides families the resources and referrals needed to achieve housing stability.

Illinois crisis nurseries are trained in the nationally-adopted Standards of Quality for Family Strengthening & Support which are used across the country by public departments, foundations, networks, community-based organizations, and families as a tool for planning, providing, and assessing quality practice.

Based on the Principles of Family Support Practice and the Strengthening Families Framework and its research-based evidence-informed 5 Protective Factors, the Standards have created a common language across different kinds of Family Strengthening and Family Support programs such as Family Resource Centers, home visiting programs, and child development programs.

Through an innovative public and private partnership and an intervention/prevention approach, Illinois has taken crucial steps toward giving fragile families a fresh start. Crisis nurseries are vital to the safety and well-being of young children and families. As you consider the entire landscape of Early Childhood services and support for families in Illinois, know that we are eager to continue to be part of the safety, education and well-being of young children and strengthening families.

Working together to build a better Illinois – **24/7/365!**

CRISIS NURSERY COLLECTIVE IMPACT



The Crisis Nursery Coalition of Illinois is a collaboration of Crisis Nurseries serving children and families using an emerging model of care through research and best practices while demonstrating a collective impact since 1996.

Crisis Nurseries across Illinois are receiving a phone call approximately every 26 minutes.

2,497

2,497 unduplicated children and
1,760 unduplicated families were
served by Crisis Nurseries across
the state of Illinois

KIDS



HOURS

141,137



141,137 hours of crisis care
were provided to children
birth through six years of
age in need of free
emergency child care

FY 2019 PROGRAM STATISTICS

Crisis Nursery programs are located in Chicago, Rockford, Urbana, Peoria, Bloomington, Springfield and Effingham

Children were admitted to Crisis Nursery 19,484 times in FY 19.

Referrals for Community Resources	20,091
Caregiver Support/Parent Educational Groups	481
Home Visits	1,543

BASIC NEEDS ITEMS GIVEN OUT

\$308K



in childcare supplies ranging
from diapers to clothing were
given out to children and
families in need

ASKING FOR HELP IS A SIGN OF STRENGTH

Sign up and join us! Visit www.cncoi.com

Crisis Nurseries: Respite for Children at Risk of Abuse or Neglect

Introduction

Crisis nurseries provide temporary respite for families experiencing challenging life circumstances that place their children at risk for abuse and/or neglect. Created to provide immediate stress relief for parents and caregivers in times of crisis, the care provided by most nurseries can be accessed any time of the day or night and is offered free-of charge.

Although the word “nursery” is typically used when referencing facilities for infants or very young children, crisis nurseries may serve children whose ages range from birth to eighteen years. Often, programs serve a particular age group (e.g., birth to three years or preschoolers, etc.). Some programs offer emergency care exclusively for children experiencing a disability and their siblings, although most do not have a disability-related eligibility requirement. A dependent child experiencing risk for maltreatment due to family crisis is often the only eligibility criteria. Other terms used for this type of emergency service are “crisis respite” or “emergency respite.”

Crisis nurseries were first developed in the early 1970’s as a support service to families needing a place of safety for their children during times of crisis. Nurseries are a practical alternative for families lacking appropriate, willing, or proximally

close friends and relatives who can provide child care in an emergency. In some instances, crisis nurseries are the only alternative for families who otherwise would have experienced a foster care placement, an unnecessarily intrusive option when a brief period of respite could alleviate the parental stressors that could lead to abuse or neglect.

Crisis Nursery Program Models

There is no single crisis nursery model. Program models differ according to the needs of the families within the community. For example, some programs may elect to serve families in situational emergencies such as families involved in divorce or a long hospital stay; whereas, other programs focus on serving children and families where potential abuse or neglect has been identified by the parents themselves or another agency. Local or state regulations related to center or home-based child care will influence the model of crisis care.

Crisis nursery programs may provide both in-home or center-based care. Many nurseries use existing day care centers, private homes that have been licensed (similar to foster care homes), or emergency shelter facilities. Other programs are located in facilities which are specifically designated as a crisis nursery.

In some instances, crisis nurseries are the only alternative for families who otherwise would have experienced a foster care placement, an unnecessarily intrusive option when a brief period of respite could alleviate the parental stressors that could lead to abuse or neglect.

A feature shared by most crisis nurseries is the accessibility of care anytime of the day or night, three-hundred and sixty-five days a year. Beyond that, nurseries are diverse in the services they deliver. Depending on community needs, regulatory limitations, and availability of resources, crisis nursery programs provide or connect families with support services such as:

- parent education
- developmental assessments for children
- parent support groups
- assistance with food, clothing, and transportation
- family and individual counseling
- service coordination (case management)
- access to medical and dental services
- employment training
- help lines
- substance abuse prevention and treatment
- ongoing planned respite

A feature shared by most crisis nurseries is the accessibility of care anytime of the day or night, three-hundred and sixty-five days a year.

Regulations related to the provision of crisis care vary from state to state. Most states have no formal rules specifically for crisis care; services are often licensed under existing child care, foster care, or residential care rules. The following descriptions are examples of crisis nursery program models.

Center-Based Crisis Nursery Facility

Center-based crises nursery care may occur in a licensed child care facility specifically designated as a crisis nursery. This model usually provides services 24 hours a day, 365 days a year. State requirements for food preparation, staff-child ratio, health and safety, and other licensing requirements must be followed. This model may offer a variety of related programs such as substance abuse prevention programs and programs for special circumstances such as teenage mother assistance programs. This type of crisis nursery may be located within a larger organization such as a child welfare agency.

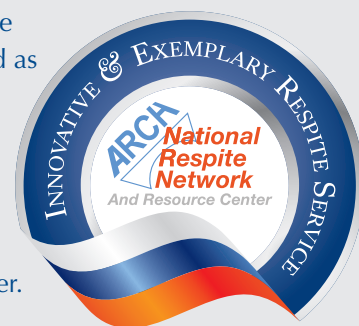
Providence House

Providence House in Cleveland, Ohio, is an example of a center-based crisis nursery that provides emergency respite and comprehensive wrap-around services to vulnerable children and families.

Providence House maintains 30 beds to serve 350 children and 150 families with center-based crisis care. Services for children include: emergency shelter, direct care services, and medical care and monitoring. Services for parents include: case management/aftercare; parent support and education; family trauma services; family medical skills training.

Providence House also offers an after-care program of in-person case management for 6-12 months following a crisis, and a trauma informed group led by a social worker and peers as part of a discharge plan. provhouse.org

In 2019, Providence House was selected as an Innovative and Exemplary respite service by the ARCH National Respite Network and Resource Center.



Center-Based Day Care Facility

Some family support programs contract with existing day care centers to offer immediate care for children in emergency situations. This cost-effective model uses day care centers which already meet state licensing requirements and have trained staff who provide developmentally appropriate activities for the children. Day care staff may receive additional training on topics such as working with children at risk of abuse and neglect. Additional family support services may be provided as needed. This model may not be able to offer child care services 24 hours a day because of licensing requirements and the hours of operation of the day care facility.

Community-Center Model – Multiple Sites

This type of crisis nursery model, frequently used in rural areas, provides temporary child care by utilizing a variety of existing community facilities (community centers, churches, etc.) in one or more geographical locations. These facilities are provided through informal or formal agreements. This model may not be able to offer temporary child care services 24 hours a day because of limited use of the community facility. Often, family support services such as parent support groups or parenting classes are offered for part of the time during which the child is receiving care. Trained volunteer families within the community can be the providers in this model. This model very effectively fosters interagency collaboration and coordination.

Family Care Home Model

In this model, family care homes with foster care licensing provide care for children. Crisis nursery child care is usually provided up to seventy-two hours for each stay. As a decentralized model, it is effective for rural settings. All providers are screened, licensed and trained. They receive a stipend to help offset expenses for food and necessary supplies. Some providers serve programs as volunteers, while others are paid. Besides family care home providers, the agency uses staff in the

community to help with transportation, intake, and other duties integral to the operation of the program.

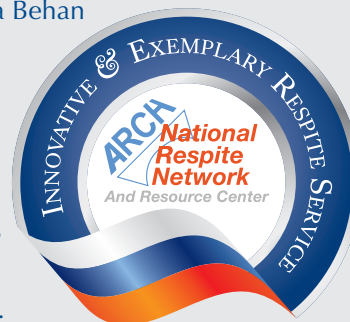
In-Home Crisis Care Models

In-home crisis nursery programs provide some or all crisis nursery services within the family's home. Caring for the child within his or her home helps provide child care relief with minimal disruption of routine activities. Other in-home models provide temporary child care outside the home and parent support services within the home. These home-based services may include support counseling, activities to enhance parenting skills, or provide

Vanessa Behan

Vanessa Behan Crisis Nursery in Spokane, Washington, supports parents and primary caregivers to reduce the potential for abuse or neglect. Staff providing care capitalize on opportunities to promote healthy brain development, build resiliency and provide children with an experience of safety, love and wonder. Services are voluntary, free of charge and available 24 hours a day, 7 days a week, 365 days a year so that whenever a parent is faced with challenging circumstances or a lack of a safe care alternative, they have a place to turn. Annually, Vanessa Behan serves an average 550 children from birth through age six. The center is funded entirely through private donations and foundation or corporate grants. vanessabehan.org

In 2019, Vanessa Behan was selected as an Innovative and Exemplary respite service by the ARCH National Respite Network and Resource Center.



additional information according to individual family needs and assistance in accessing identified resources.

Accessing Crisis Care

For the vast majority of crisis nurseries, family participation is voluntary and parents maintain legal custody of their children while the children receive service. A small minority of nurseries reserve beds for children in the state's custody when foster or shelter care resources are not available. This is the exception, not the rule.

Once nurseries are established in a community, a large portion of families using the service are self-referred and find the nursery through word of mouth. Other referrals to crisis nurseries come through Child Protective Services as an alternative or differential response to foster care. Successful crisis nurseries develop strong relationships with community partners and receive referrals and other supports from community social service agencies, medical and legal systems, and the faith community.

Crisis Nursery Funding

Funding for crisis nurseries varies across states and programs. Very often, nurseries' primary sources of revenue are foundation grants and donations from individuals and the business community. Tobacco tax funding has been used to support nurseries in a handful of states. Although some nurseries have reported keeping their doors open without accepting public funding, a handful of state and federal sources have been used to support crisis nurseries.

Recognizing the potential of crisis nurseries to prevent put-of-home placements and reduce potential for child maltreatment, some states have committed state general funds to support nurseries. Other potential federal funding sources for crisis nurseries include the Social Services Block Grant Program (Title XX of TANF), and Promoting Safe and Stable Families (Title IV-B of the Social Security Act).

State Supported Networks of Crisis Nurseries

Utah: In partnership with the community, the Division of Child and Family Services, Utah Department of Human Services, supports child abuse and neglect prevention services for families and the community. In addition to parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, and support to Grandparents raising grandchildren, 14 crisis nurseries in local Family Support Centers are supported across the state. Crisis nurseries provide up to 72-hours of free care to children under the age of 12 as well as planned respite. dcfs.utah.gov/services/prevention

Illinois: A similar network of six crisis nurseries are funded by Donated Funds Initiative (DFI) through Family and Community Services, Illinois Department of Human Services. www.dhs.state.il.us/page.aspx?item=55909

Another federal funding source is the Community-Based Child-Abuse Prevention Program (CBCAP). CBCAP is Title II of the Child Abuse Prevention and Treatment Act (CAPTA) and its funding can be used to support respite, including crisis nursery services. To learn if your state's CBCAP program is funding planned or crisis respite in your state, contact your state's CBCAP lead agency. friendsnrc.org/contacts-and-assignments/state-contacts

Effectiveness of Crisis Nurseries

Crisis nurseries offer emergency respite for children at risk of abuse or neglect. As with other types of respite services, crisis nurseries are designed to reduce caregiver stress, prevent out-of-home placements, reduce the risk for abuse and neglect, preserve the family unit, and support family

stability. Although only a handful of studies on crisis nursery outcomes have been published, they suggest that crisis care reduces caregiver stress, lowers the risk of abuse and neglect, and enhances parenting skills (Cole & Record, 2010).

Cole and Hernandez (2011) found that children who had experienced crisis care prior to a foster care placement were more than twice as likely to be returned to their biological parents than a comparison group whose families did not receive crisis nursery services. A study of families receiving crisis care services at Ohio's Providence House found that families who received crisis care services are less likely to later experience out-of-home placements (Crampton & Yoon, 2016). In a study conducted by ARCH (2006), it was found that although families who received crisis care were more likely than families in a comparison group to be reported to child protective services, families who received crisis nursery services were less likely to have the reports substantiated.

Crisis nurseries offer places of safety for children during times of family crisis. The services are free of charge, voluntary, and often prevent unnecessary foster care placements. Most programs offer additional family supports such as medical and dental health screenings and treatment, parent education and support, and substance use prevention. More research is needed to better understand the role crisis nurseries play in the lives of children and families.

Summary

Crisis nurseries are a type of respite for children at risk of abuse and/or neglect. Crisis nursery services can occur in out-of-home or in-home settings for various lengths of time depending on the needs of the family and available resources. As with other types of respite services, crisis nurseries may help prevent out-of-home placements and possible abuse and neglect situations, preserve the family unit, and support family stability.

Resources

ARCH List of Crisis Nurseries is a list that is provided by ARCH for informational purposes only and is not all-inclusive. The fact that a program is or is not listed here does not represent an endorsement or lack of endorsement for any purpose. See archrespite.org/images/Crisis_Nurseries_Contact_List.pdf

Child Welfare Information Gateway is a service of the Children's Bureau, Administration for Children and Families U.S. Department of Health and Human Services. See *Respite Services for Families at Risk of Child Abuse and Neglect or Family Disruption* at childwelfare.gov/topics/preventing/prevention-programs/respite/services

FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP) is a service of the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. friendsnrc.org/activities-that-support-prevention/respite

References

ARCH National Respite Network and Resource Center. (2006). *Crisis respite: Evaluating outcomes for children and families receiving crisis nursery services: Final report*. archrespite.org/images/docs/CN_Final_Revised.pdf

Beezley, Patricia and Mary McQuiston (1977). *Crisis Nurseries: Practical Considerations*. National Center for the Prevention and Treatment of Child Abuse and Neglect. Denver, CO: Department of Pediatrics, University of Colorado Medical Center, 1205 Oneida Street, Denver, CO.

Cole, S. A., & Hernandez, P. (2011). Crisis nursery effects on child placement after foster care. *Children and Youth Services Review*, 33, 1445–1453.

Cole, S. A., & Hernandez, P. (2008). Crisis nursery outcomes for caregivers served at multiple sites in Illinois. *Children and Youth Services Review*, 30, 452–465.

Crampton, D. & Yoon, S. (2016). Crisis nursery services and foster care prevention: An exploratory study. *Children and Youth Services Review*, Volume 61, February 2016, Pages 311–316.

Cole, S. A., Hernandez, P., & Swinford, L. (2007). *Evaluating crisis nursery services at multiple sites in Illinois: A report to the Illinois Department of Children and Family Services*. Urbana, IL: Children and Family Research Center, University of Illinois.

Cole, S. A., & Record, S. (2010). *Summary of Data: Illinois Crisis Nurseries: 2001–2009*. Urbana-Champaign: School of Social Work, University of Illinois at Urbana-Champaign.

Cole, S. A., Wehrmann, K. C., Dewar, G., & Swinford, L. (2005). Crisis nurseries: A vital component in the system of care for families and children. *Children and Youth Services Review*, 27, 995–1000.

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What do we know about **crisis nurseries?**

The need

With the passage of the Family First Prevention Services Act of 2018, states and tribes now have a tool to advance a 21st century child welfare system that:

- **Redefines safety**, so that children are free from abuse and neglect and don't have to be harmed for the system to intervene. The current system is a reactive rather than a proactive one. It defines children's safety as prevention of repeat maltreatment, but brain science and research suggest that intervening after a serious trauma has occurred is much less effective than avoiding the initial trauma altogether.
- **Reflects population-based prevention strategies**, so that interventions address indicators and social determinants of health in children, families and communities that are most at risk of harm, rather than the devastating impact of trauma on children after it occurs.
- **Reorients responsibility for child well-being**, so that the child protection agency is only one agency within a broader child well-being system that includes public health, mental health, early childhood, substance abuse, education and others.



What do we know about crisis nurseries?

- **Raises the level of technical excellence**, so that decision-making is enhanced through the use of integrated datasets and predictive analytic tools, and by strengthened services and supports that are tailored to meet the real needs of children, families, and communities.

Crisis nurseries are part of such an approach. All parents feel overwhelmed at one time or another. Ideally, a family member or friend is willing and able to provide necessary support during these stressful periods. However, many vulnerable and high-risk families don't have an available support network. Emergency support services such as crisis nurseries can assist parents experiencing challenges and prevent harm to children, as well as the need for children's entry into foster care.

The model

Sometimes called "crisis respite," "respite services," or "relief nurseries," crisis nurseries provide emergency shelter for children when parents are overwhelmed with complex situations and are unable to care for their children. Crisis nurseries are considered effective approaches to child abuse and neglect prevention, serving families with children who are at high risk of involvement with the child welfare system (including some with current or previous involvement with this system).¹ Most programs accept children at any time, day or night, to protect them from a potential or existing crisis in the family. They provide short-term care (lengths of stay typically vary from 24 hours to 90 days). Beyond the immediate goal of emergency care for children, acknowledged goals of most crisis nurseries include strengthening and preserving families, reducing the chance of child welfare placement, and promoting child well-being.

The history

The crisis nursery model began in the 1960s as a grassroots effort to prevent child abuse and neglect by supporting parents under stress. Based on an understanding of the vulnerability of infants and young children and the pressures their needs can place on parents, especially those already dealing with challenges related to poverty and other circumstances, the nurseries focused on children newborn to 5 years old.² Financed by private donors, they often were located in communities with low-income families to provide easy access to respite for parents and stable, caring environments for children. Crisis nursery workers also understood the need for crisis intervention services beyond respite for parents and temporary care for children, and most offered a range of emergency and follow-up services.²

Legislation in the mid-1980s and early 1990s³ provided funding for temporary care to help preserve and support families and strengthen the parental bond. Between 1988 and 1994, 47 states obtained funding to establish a total of 175 crisis nurseries. As a growing body of research on early brain development emphasized the critical role that early attachment relationships play in children's development, and pointed to the need for support services that promote engaged and nurturing parenting, many crisis nurseries began including enhanced family functioning and parenting education as part of the service array to improve positive outcomes for children and boost family preservation.⁴

The defining characteristics

The guiding philosophy of crisis nurseries⁵ emphasizes the importance of services that meet families'

I don't know where I would be without a place like this. ... Words can't describe how much hope they've given me.

— MOTHER WHO USED CRISIS NURSERY SERVICES,
MARYVILLE CRISIS NURSERY, CHICAGO, ILLINOIS

What do we know about crisis nurseries?

underlying needs to achieve long-term well-being of children. Toward this goal, many crisis nurseries:

- Provide shelter for children without judgment, welcoming children with compassion toward their caregiver(s)
- Are voluntary, confidential, and free
- Provide care 24 hours a day, 365 days a year
- Are staffed by professional social workers or specialists who understand the developmental needs of young children and how to provide safe and nurturing environments
- Provide shoes, clothing, diapers, and other tangible items, including comfort items such as toys and blankets
- Employ administrators and staff that are trained in childhood development and know how to ameliorate the effects of traumatic experiences

Crisis nurseries provide an array of services for children and for their parents. Services vary among nurseries, but they usually involve some or all of the following:

Services for the children

- Nutritious meals and snacks
- Scheduled age-appropriate learning activities
- Early learning programming
- Supervised playtime, mealtimes, and bedtime
- Transportation to school and regular appointments in the child's community
- Therapy
- Art and literacy activities
- Medical care

Services for the parents

- Initial crisis assessment and intervention services
- Referral to community services in the parent's community, or co-located at the nursery, including parenting classes, mental health counseling or substance abuse treatment

At the [Maryville Crisis Nursery](#), staff understand that parents who bring their children to their front door are experiencing a multitude of circumstances that led them to seek respite and care for their children, including:

- Sudden illness or accident
- Desperation or helplessness
- Emotional distress or frustration
- Domestic violence
- Homelessness
- Drug or alcohol treatment
- A medical or mental health situation
- Employment or housing situation
- Risk of abuse and neglect (i.e., stressed single parent with no support)

- Assistance with resolving the immediate crisis
- Referrals and transportation to another agency, if capacity prevents intake
- Case management and action planning
- Home visiting
- After-crisis interventions and follow-up care
- Community outreach and awareness

The impact

By eliminating stress and other known risk factors of child abuse and neglect, crisis nurseries appear to promote safety for children and strengthen family functioning.⁶ By providing comprehensive services to families with young children, they strengthen parenting skills, improve family stability and family functioning, and support parents' ability to successfully parent their children. Available evaluation results indicate that crisis nurseries help reduce child maltreatment and entry into

What do we know about crisis nurseries?

foster care, as well as support the timely reunification of children in out-of-home care with their parents.

Feedback from parents reflects caregiver satisfaction with services provided to their children and to their family, as well as caregiver perception that crisis nurseries effectively decreased stress, lowered the risk of child maltreatment, and enhanced parenting skills.⁷ For example, in a study of five crisis nurseries in Illinois, **67 percent of parents surveyed suggested that**

without crisis respite, their children may have been at risk of maltreatment or endangerment. Nearly half of parents acknowledged risk of voluntary or involuntary placement of their children in foster care if crisis respite had not been available.⁶

The table below summarizes what is known about the impact and effectiveness of crisis nurseries in reducing the incidence of child maltreatment, out-of-home placement, and time to permanency:

A SELECTION OF CRISIS NURSERIES AND THEIR IMPACT ON FOSTER CARE PLACEMENT

CRISIS NURSERY	RELEVANT RESEARCH FINDINGS
The Sacramento Children's Home Crisis Nursery	Children in the test group were less likely to have experienced abuse or neglect than the children in the comparison group, and were far less likely to ever have a substantiated report of maltreatment than the families without crisis nursery services. ⁶
Oregon Association of Relief Nurseries	<p>Relief nurseries strengthen family functioning and reduce the number of risk factors associated with abuse and neglect in the families served. They also reduce foster care placements and help children exit the foster care system twice as quickly as those not receiving services.⁹ Relief nurseries:⁵</p> <ul style="list-style-type: none">• Increase parent employment, frequency of reading to children, and child immunization rates• Improve quality of parent-child interactions, family functioning and stability• Reduce number of family risk factors and the use of emergency room services• Decrease the number of families living in poverty and the number of families likely to use the emergency room
The Providence House	<p>Crisis nursery services delivered with case management and parenting education may be an effective intervention to reduce foster care placement, given that:¹⁰</p> <ul style="list-style-type: none">• Children whose parents participated in the recommended case management had 65 percent lower odds of subsequent foster care placement compared with children whose parents declined the recommended service• Similar results were found for children whose parents participated in the recommended parenting education
Illinois' Six Crisis Nurseries	Crisis nurseries demonstrate that they can be instrumental in reducing parental stress, enhancing parenting skills, and reducing the risk of abuse. ¹¹ Families who access crisis nurseries before coming to the attention of the child welfare system are twice as likely to be reunited compared to families that do not access such services, ¹² and families who access case management and parenting education provided through a crisis nursery are less likely to have a subsequent entry into foster care. ¹¹

What do we know about crisis nurseries?

CRISIS NURSERY	RELEVANT RESEARCH FINDINGS
Yolo Crisis Nursery	Of the families that received crisis nursery services ¹³ : <ul style="list-style-type: none">• 97% of families completed referral to wrap-around services• 97% of parents did not become clients of Child Protective Services• 97% of parents reported stress reduction after using nursery services

To learn more, see related resources at casey.org/crisis-nurseries

- 1 NPC Research. (2009). *Evaluation of Oregon's Relief Nursery Program, July 1, 2007 – June 30, 2008: Executive Summary*. Retrieved from https://npcresearch.com/wp-content/uploads/Oregon_Relief_Nursery_Executive_Summary_02091.pdf
- 2 DeLapp, J., Denniston, J., Kelly, J., & Vivian, P. (1998). *Respite, crisis care, and family resource services: Partners in family support* (ARCH Factsheet Number 51). Chapel Hill, NC: National Center for Respite and Crisis Care Service.
Cole, S.A & Hernandez, P.M. (2011). Crisis nursery effects on child placement after foster care. *Children and Youth Services Review*, 33(8), 1445-1453. Retrieved from http://cap.law.harvard.edu/wp-content/uploads/2015/07/12_crisis-nursery-effects-on-child-placement.pdf
- 3 The Temporary Child Care for Children with Disabilities and Crisis Nursery Act of 1986, reauthorized in 1992 as the Child Abuse, Domestic Violence, Adoption and Family Services Act, and Temporary Child Care for Children with Disabilities and Crisis Nurseries Act Amendments
- 4 Green, B. (2012). *Evaluation of the Oregon Relief Nurseries July 1, 2010 – June 30, 2012*. Retrieved from https://docs.wixstatic.com/ugd/e1269c_65edac990f464fbeb049769c2c06ac0.pdf
- 5 Arch National Respite Network. (2007). *Crisis respite: Evaluating outcomes for children and families receiving crisis nursery services*. Retrieved from https://archrespite.org/images/docs/CN_Final_Revised.pdf
- 6 More research is needed to evaluate the long-term impact of crisis nurseries.
- 7 Cole, S.A. (2012). *Summary of research on crisis nurseries in the United States*. Retrieved from http://cap.law.harvard.edu/wp-content/uploads/2015/07/11_summary-research-on-crisis-nurseries-in-the-united-states.pdf
- 8 Children's Institute. (2010). *Oregon's starting five: Five early childhood programs making a difference for Oregon's at-risk children*. Retrieved from https://docs.wixstatic.com/ugd/e1269c_96def82bba174901be57531a33612653.pdf
- 9 Green, B. (2011). *Child welfare outcomes report: Oregon Relief Nurseries 2008-2010*. Retrieved from https://www.voao.org/pdf_files/oarn-2008-2010-outcomes-full-report
- 10 Crampton, D. & Yoon, S. (2016). Crisis nursery services and foster care prevention: An exploratory study. *Children and Youth Services Review*, 61, 311-316. <http://dx.doi.org/10.1016/j.childyouth.2016.01.001>
- 11 Cole, S. A., & Hernandez, P. M. (2008). Crisis nursery outcomes for caregivers served at multiple sites in Illinois. *Children and Youth Services Review*, 30(4), 452-465.
- 12 Cole, S. A., & Hernandez, P. M. (2011). Crisis nursery effects on child placement after foster care. *Children and Youth Services Review*, 33(8), 1445-1453.
- 13 Yolo Crisis Nursery 2017-18 Impact Report. Retrieved from: <https://yolocrisisnursery.org/>

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Submitted via email
December 17, 2020

Bethany Patten, Illinois Governor's Office of Early Childhood Development
Re: Comments on Illinois Commission on Equitable Early Childhood Education & Care Funding Final Report Outline Draft

Dear Bethany,

On behalf of Start Early (formerly the Ounce of Prevention Fund), I have appreciated the opportunity to serve on the Illinois Commission on Equitable Early Childhood Education & Care Funding [the Commission] and this opportunity to offer feedback on the draft outline for the final report. Our comments aim to answer two of the questions posed to Commissioners during the December meeting:

- What content specific changes or additions do you recommend, and why?
- What do you envision a final, written report to include that you do not see in the outline?

We have also noted a few specific sections we believe to be very strong. Please let us know if you have thoughts, questions, or concerns.

Sincerely,

Kristin Bernhard
SVP, Advocacy & Policy

1. Background & Opportunity for Commission on Equitable Early Childhood Education and Care Funding

1.a.iii	0-3 commitment	We strongly support the statements in this section, particularly the spotlight on the state's longstanding commitment to infant/toddler programs and the mixed-delivery system. If this commitment to funding programs for infants and toddlers can be strengthened, please do. A reference to the PN3 agenda would be good to include.

3. Recommendation: Utilize this Commission's articulated, long-term funding goal in policymaking

3.c	Future funding (B-3)	As our state's <u>PN3 agenda</u> makes clear, the first three years of life are the most rapid and critical period of development in the entire human lifespan and provide the greatest opportunity to set
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		<p>the foundation for healthy development and learning. The experiences that children have during their earliest years shape their brains in a profound and significant way that sets them up for lifelong success or lifelong challenges. In order to ensure that all children reach their full potential, families must be supported in their communities by programs and policies that prioritize this critical and special window of opportunity.</p> <p>Fortunately, Illinois' families have a bold champion in Governor Pritzker. Now is the time to build on the great progress Illinois has made in providing a comprehensive approach to supporting children under three and be truly audacious in setting a vision and course of action to realize Governor Pritzker's goal of making Illinois the best state in the nation for families to raise young children.</p> <p>We believe early childhood education investments have increased in Illinois in part because the expansion of the ECBG has been linked (informally) to growth in funding for the K-12 education budget. Similarly, the education funding for programs supporting infants and toddlers has increased significantly because it is set in state law at a percentage of the overall preschool investment. This means, as you know, home visiting appropriations in the ISBE budget have grown dramatically while IDHS-funded home visiting has stagnated for nearly two decades. We cannot predict whether centralized administration would impact positively or negatively the long-term trajectory of infant/toddler appropriations, but we would argue that the State must dedicate a significant portion of all early care and education funding to support programs for infants and toddlers and their families, starting prenatally. To do it, the state should establish some sort of formal mechanism, to be codified into state law, that would direct to prenatal-3 services a proportionate share of early care and education funds, undertake a review of the appropriate percentage of funds that should be directed to 0-3, based on data about disparities in access to quality infant toddlers services across the system, and minimally be no less than the share of funding those programs receive currently or are provided through current law. This legal safeguard will help the state grow and focus resources to address issues of access to both home visiting and high-quality infant/toddler care. Even if we cannot decide on how best to invest in B-3 programs moving forward, it was a big topic of conversation at the workgroup level and the outline should include something to indicate that it will continue to be a priority of the state.</p>
3.c	Future funding	Built into state statute for the K-12 funding formula distribution system is the "Minimum Funding Level," which is intended to

	(statutory guarantees)	establish a target for State funding that will keep pace with inflation and continue to advance equity through the Evidence-Based Funding formula. If that minimum funding level is not appropriated by the Illinois General Assembly, state law lays out a plan for how new dollars invested into the system should be spent. A similar mechanism should be considered for the early care and education system.
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4. Recommendation: Centralize and coordinate Illinois' ECEC funding system.

4.c.ii	Direct distribution to service providers or to local or regional support entities	<p>We agree with the draft report that our new system (page 3) will require “unified professional and workforce development, unified quality improvement supports, including mental health consultation, and one authority for providers, implementing a coherent monitoring system.” We also agree that to do all of this well, the State should include in its cost estimate (page 5) the state infrastructure necessary to support the report recommendations and to support the cost of growing the system to meet the recommendations. We would like to see more explicit references to the significant role private intermediaries play in our current system and the role they will play in the future system. The draft suggests that money will flow to service providers or (still somewhat ill-defined) local or regional support entities to cover things like professional development, training and technical assistance, and community systems development.</p> <p>It is our belief that many of these functions, particularly in home visiting, are functions best conducted at the state level by the State and its private partners. (These sentiments are echoed some by the report on page 9, in fairness.) But if there are ways to be clearer about what the Commission expects of locals/regional entities and what it expects the state to do, that would strengthen the outline.</p>
4.c.ii.4	Community Systems Development	The Commission’s work will not succeed unless we decide how to fund adequately and support the development and maintenance of high-quality early childhood community collaboration. There is scant attention paid to community collaborations in the outline. Effective community systems development is a linchpin for equity in our system and should be highlighted more strongly.

		<p>The report should include the framework for local collaboration to be funded statewide to execute critical functions including: 1) informing how state funding should be distributed equitably; 2) supporting provider capacity to provide high quality services; 3) supporting full enrollment in funded programs; 4) organizing collaborating functions across the early childhood and other child serving systems. The funding for fully functioning local entities should be included in the cost modeling and into the overall adequacy of funding number.</p>
4.j	EI, ECSE	<p>We appreciate the recognition (page 8) that to centralize and coordinate the system effectively, the state must support access to EI and ECSE across all early childhood settings and that the outline includes several places where further study is needed to do just that. It is our belief that improving services for children under five with disabilities or developmental delays is foundational to the Commission’s goal of creating a system whereby all children have equitable access to high-quality early learning and care. Put another way, the work of the Inclusion committee was to make sure the Commission considers the impact every recommendation will have on these kids. It is not a separate exercise; establishing a precise cost model for the state will only be accomplished if it includes an accurate cost model for EI and ECSE in all settings.</p> <p>Completing this work should be among the Commission’s highest priorities, and if not complete upon finalization of this report, it should include very specific plans and timelines for completion. At a minimum, the recommendations of the Inclusion Subcommittee and the cost-modeling that has been completed should be more fully explained in the report. For example, the cost modeling for community based programs completed by the Governor’s office had included costs for community based programs to better support children with disabilities and collaborate with school districts and EI providers to deliver services within their settings. We also learned that ECSE may not be able to be moved from the SEA, and that could be included and any implications of that should be addressed prior to completion of the report by the governance workgroup. When we say that the ECSE funding formula currently housed in the K-12 EBF should be reviewed, we should more clearly state why and what factors should be considered for LEAs in establishing and new formula: LEAs need funding to support children with IEPs and Section 504 plans in their schools and also to support children with disabilities and delays in community based organizations. We should include the models for that service delivery that were discussed in the workgroup and in the cost-modeling done previously so that work does not have to be recreated.</p>

5. Recommendation: Centralize Illinois' ECEC systems into one state agency.

5.c.iii	Equity	<p>We're heartened to see so much emphasis being paid to equity in the Commission's recommendations. The outline suggests intentional focus on racial and ethnic disparities, income disparities, language, culture, geography, and age. We agree. But equal attention must be paid to children with disabilities or developmental delays. This goes part and parcel with our urging to make sure EI and ECSE remain central in all Funding Commission conversations, reports, and timelines. Further, the report must also address a plan and timeline to determine how services for English Learners will be delivered. Similar to the work that needs to be done on EI and ECSE, this work is foundational to building an equitable system.</p>
5.d.iii	Home visiting leadership in consolidated agency	<p>Leadership of the major home visiting funders has supported the growth of a strong network of statewide providers over the course of many years. State agencies, the Governor's Office of Early Childhood Development (GOECD), and the Home Visiting Task Force (HVTF) have all worked to coordinate certain government functions and activities, with some success. The HVTF, a standing committee of the Early Learning Council, plays a crucial role in these efforts, providing guidance, strategic vision, and significant staff support to the GOECD. In particular, the Executive Committee of the HVTF for years has been the coordinating body at which all major funders collaborate, share information, and make decisions about the entire system.</p> <p>Even with this collaboration across the major funding streams, the home visiting system lacks the governance structure necessary to take decisive action to provide adequate and equitable services. All too often, improvements to the administration of the statewide system have come about not because of the implementation of a coherent plan, but because of organic partnership between agencies and private partners working together within a fragmented system.</p> <p>To strengthen its home visiting system, the state should establish a lead home visiting division (likely under a centralized governance structure for all early care and education services) with the authority to provide oversight and make decisions regarding the full home visiting system. This new structure, in collaboration with public and private partners, will be responsible for ensuring the home visiting system features the following elements and/or functions.²To that end, the state should support and utilize existing capacity that has already been built - sometimes outside of state government - to support these elements and execute these functions.</p>

7. Planning and Implementation

7.b	Implementation team	<p>We support the creation of this nimble implementation team that will be informed by and representative of “orbiting advisory bodies from all areas of the early childhood field.” Ensuring that implementation continues to be informed by public-private tables and stakeholders –particularly parents, families, and providers - should be a priority of the Commission’s recommendations.</p> <p>We recommend citing the Early Learning Council specifically and describing the particular relationship. How will the two bodies interact? What formal or informal agreements and structures need to be established to ensure mutual benefit?</p>
7.e	Immediate priorities	We so appreciate the inclusion in the report of the administration’s immediate 2021 priorities, broadly, and commend the staff for focusing on the listed workforce initiatives.
7.e.i.3	Rate increases	Any plans for rate increases should include Early Intervention reimbursement rates as well. The report only mentions child care.