

Early Learning Council

Annual Report

STATE OF ILLINOIS

FY2013

Early Learning Council

Annual Report

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Background

In 2003, the Illinois General Assembly enacted legislation creating the Illinois Early Learning Council to guide the development of a statewide early childhood system to ensure that young children at risk for school failure and their families experience the high-quality programming and services necessary for healthy development. The Council is seen as a national model for its long history, strong participation across stakeholder groups, and creation of a Governor's Office of Early Childhood Development (OECD) that provides leadership and coordination to the Council.

The Council does not receive any state funding, however it does provide advice on the implementation of the federal Race to the Top-Early Learning Challenge grant and the Maternal, Infant and Early Childhood Home Visiting program. The report below provides information on the work of the Council and the accomplishments that have been realized in State Fiscal Year 2013.

Vision

At the highest level, a well-coordinated, accessible, easy to navigate early childhood system will include the components listed in the vision and the guiding principles. The Council approved the creation of an Ad Hoc Committee to further set benchmarks and outcome measures for the system components outlined in the Council's vision.



System Components:

- Ongoing preventive health care – including all appropriate well-child care, screenings and immunizations, and periodic developmental screening to determine whether children may be exhibiting developmental delays that warrant intervention services
- High quality early education programs and services serving children birth to eight with continuous improvement under the Quality Rating and Improvement System (QRIS) where applicable, and with alignment of standards, instruction, assessment, and supports as students/families transition from infant toddler programs into prekindergarten programs and from prekindergarten programs into kindergarten and beyond
- A well-educated and compensated workforce
- Diverse funding mechanisms and delivery systems; integration and maximization of funding streams set at appropriate, sustainable levels
- Increased participation, at an earlier point (i.e. before prekindergarten entry) by children and families with high needs, including those who are hard to reach, English language learners (ELL's), homeless, and disabled
- Enhanced Parent engagement, including multiple information channels that help parents identify high-quality service providers
- Community systems coordination and development

- Public awareness of the benefits of high quality early childhood programs and services and the ongoing work of the Early Learning Council, particularly amongst policy makers.

Mission

The Illinois Early Learning Council coordinates existing programs and services for children from birth to five years of age in order to better meet the early learning needs of children and their families. The goal of the Council is to fulfill the vision of a statewide, high-quality, accessible, and comprehensive early learning system to benefit all young children whose parents choose it.

The Illinois Early Learning Council Act P.A. 93-380, 20 ILCS 3933/5

Operating Mission

The role of the Council has evolved in the time since the Council was created in statute nearly a decade ago. As a result of the strategic planning process, the Council developed an operating mission to guide the work of the Council.

The early childhood framework is based on the vision of every child entering kindergarten safe, healthy, ready to succeed and eager to learn. We celebrate diversity and partnering with community stakeholders who value a bright future for all young children in Illinois. We are committed to universal access for all children birth to age eight to high quality programs and services, prioritizing children with high needs and families that are hard to reach. When Illinois' vision is realized, we will see all young children's needs being met, including access to early childhood education, physical and mental health care, and family supports.

Guiding Principles

To establish a framework by which the work of the Early Learning Council can be assessed, the Council approved a set of guiding principles to direct the work of the committees and reflect the priorities and commitments of the Council as a whole.

We are committed to:

- Serving the hardest to reach children and families first and providing them access to the highest quality services.
- Ensuring that resources are sufficiently allocated to provide high quality services for every age from birth to five.
- Ensuring all children entering school healthy and ready to learn.
- Approaching the needs of family and children in a holistic way.
- Ensuring that family engagement and partnership is integrated and embedded in all early childhood programs and services.
- Striving for an early childhood system that is transparent and easily navigated and accessed by the families it is intended to serve.
- Ensuring that all young children have well educated and well compensated teachers.

- Ensuring that the learning and care continuum from birth to third grade is aligned, allows for smooth and effective transitions, and reflects best practices.

Membership

The Council is composed of gubernatorial and legislative appointees who serve three year terms on a voluntary, unpaid basis. The Council has seventy-three members who represent a broad range of constituencies, including schools, child care centers and homes, Head Start, higher education, state, local, and federal government agencies, the General Assembly, business, law enforcement, advocacy organizations, foundations, and parents. The Council includes representation from both public and private organizations, and its membership reflects regional, racial, and cultural diversity to ensure representation of the needs of all Illinois children. The Council as a whole meets a minimum of three times a year. Members are encouraged to participate on at least one committee of the Council. Both members who are formally appointed to the Council and early childhood stakeholders who serve on individual committees act as a collective advisory body, working collaboratively to develop advisory recommendations in keeping with the Council's vision, mission, and goals. The Council is co-chaired by Harriet Meyer, long time President of the Ounce of Prevention Fund, and Julie Smith, Deputy Chief of Staff for Governor Pat Quinn. The Council Co-chairs designate Council Committee Co-chairs. A full list of Illinois Early Learning Council members is included in Appendix A.

Council Accomplishments

FY2013 was a very successful year for the Illinois Early Learning Council. A key piece to that success was the hiring of an Executive Director for the Office of Early Childhood Development (OECDE). The Executive Director has provided the necessary leadership and linkages to the Council and the state and federal government. She has also led the efforts to truly move forward with the development of a full early childhood system in Illinois that includes all children birth to third grade.

In FY2012 the Council went through a strategic planning process that resulted in the restructuring of the Council and the creation of new committees and subcommittees. The new structure, while still a work in progress, has allowed for the members of the Council and the early childhood field to be more involved in the projects and the policy areas that meet their expertise. The Council is also now more than ever working in alignment with both state government and the other advisory councils related to young children in the state. The OECDE and Executive Committee have taken intentional steps to ensure alignment and reduce the amount of duplication.

The biggest accomplishment for early childhood in Illinois this year was that the state received the Race to the Top-Early Learning Challenge (RTT-ELC) round 2 funding. In December 2012, Illinois was awarded \$34.8 million over four years in the second phase of the highly competitive federal Race to the Top – Early Learning Challenge. In the spring the OECDE found out that Illinois is eligible for additional supplemental funds; the full amount is yet to be determined. The grant funds will help Illinois to complete much needed system building projects that will connect the children most at risk of school failure with the high-quality early learning programs they need.

Over the next four years, the government agencies (IDHS, ISBE and IDCFS) charged with administering the state's early childhood programming and the providers of those programs will be working intensively to increase the efficiency, effectiveness and quality of early childhood education in Illinois by:

- Taking a patchwork of early learning programs (i.e. state funded and private preschool, Head Start, child care) and integrating them into a unified system jointly administered by IDHS, ISBE and IDCFS.
- Implementing program improvement strategies, supports and ratings to increase and identify high quality early childhood programming.
- Engaging parents and providing them with the tools to help them make informed decisions on the quality of the program in which their children are enrolled.

Included in Appendix B is a one page description of the grant as well as the grant abstract that was provided as a part of the application.

The Council played a large role in developing the Early Childhood Construction Grants (ECCG) which will provide over 1,200 additional early childhood slots in the neediest parts of the state. The \$45 million in grants to help build and renovate early childhood centers will make a real change in the state's ability to provide early childhood services to families that desperately need it. The ECCG program is discussed more under the Family and Community Engagement Committee. A list of the grantees and a brief



description of their projects are listed in Appendix C.

The OECD conducted a survey of Council members and stakeholders in 2011 as a part of the strategic planning process and received feedback that there needs to be more continuing education on early childhood policies and programs in the state. People are aware of what is going on in their individual piece of the system, but do not

necessarily have a good awareness of the whole system.

In the fall of 2012 the OECD started an early childhood webinar series that is open to all interested individuals. The topics are based on the recommendations of the Council and interested stakeholders. To date participation has been robust, with over 40 individuals from across the state participating on each of the webinars. They are conducted twice a month, recorded, and posted on the OECD website for individuals that are not able to participate. The OECD will be issuing a survey this summer to receive additional feedback on the effectiveness of the webinars. Below is a list of the completed and scheduled webinars.

- Illinois Shared Learning Environment (ISLE)
- Gateways to Opportunity Registry
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Updates in Child Care Licensing
- Kindergarten Individual Development Survey (KIDS)

- Exploring Local Partnerships and Federal Funding
- Special Education/Early Intervention
- Infant Mental Health
- The Common Core
- Home Visiting Models

The passage of the Patient Protection and Affordable Care Act (ACA) markedly expanded home visiting programs through the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) funded by the U.S. Department of Health and Human Services. MIECHV supports establishing a comprehensive, statewide home visiting system, including a complete home visiting needs assessment that the state would ultimately use to increase access to these programs for children living in underserved communities.

In addition to securing the formula funding allocated to all states, Illinois was successful in its application for a second MIECHV funding opportunity that authorized \$90M in competitive grants for states to develop, expand, and evaluate their home visiting programs.¹ Illinois' competitive grant provides funding annually for four years (\$2.9M in year one, \$3.2M in year two, \$3.3M in year three, and \$2.7M in year four) to:

- 1) Expand the doula-enhanced home visiting model in four high-needs communities;
- 2) Examine the effectiveness of evidence-based home visiting programs that include the specialized services of a doula, using a randomized controlled trial in four communities with five established home visiting programs; and
- 3) Develop, implement and evaluate a Fussy Baby Network (FBN) enhancement for Healthy Families programs in Illinois.

The Home Visiting Task Force partners with the Governor's Office, IDHS, ISBE, IDCFS, and HFS as well as other home visiting funders to establish a comprehensive, high-quality statewide home visiting system. As part of these efforts, based on a needs assessment, six high-needs communities were selected for MIECHV funding to help them develop their home visiting infrastructure, including improving coordination of services across various systems at the local level.

ISBE, DHS, and IDCFS held the first Joint Budget Hearing focused solely on early childhood in December. Over 30 early childhood stakeholders testified at an open public hearing to make the case for early childhood resources in the state budget.

Lastly, the Council has signed on to letters of support for the President's federal early childhood budget proposal. The President's plan would make immense strides forward for early childhood and provide the funding the state needs to make Preschool for All, Head Start, and child care available to all of children in the state that need it most.

Council Recommendations

The Early Learning Council approved the following recommendations:

¹ These resources are in addition to the grants that are awarded to states on a formula basis.

The first two recommendations created subcommittees to the Family and Community Engagement Committee.

The Family and Community Engagement Committee - Approved October 2012

The Committee would like to form a Parent Engagement Subcommittee². In the initial restructuring, the Council charged the Committee with increasing access for children with the greatest need to high quality early learning programs. In order to reach this charge, the Committee acknowledges that parents play a critical role in their child's education and well-being—acting as the child's first educator and building their child's foundation for future growth. In addition, we believe that high quality programs can facilitate this relation between the home, program, and community to support children in their social, emotional, and cognitive development. It is our goal to better understand this relationship in order to build parent engagement to support children in their development.

We envision that the Subcommittee will provide guidance to the Committee and the Council on how we identify and define parent engagement across programs. To complete this work, the Committee and Subcommittee will identify new members with skills and expertise in this area, conduct an initial needs assessment to identify the current state of parent engagement including barriers as well as facilitators, identify goal(s) to be added to the Committee's work plan to reduce barriers as well as build on facilitators, and work towards improving parent engagement across the state. It is the Committee's goal that by defining and addressing parent engagement, we can improve it and by doing so improve the quality of relationship between the home, early learning programs, and community to support the social, emotional, and cognitive development of children, with a particular interest with children with the greatest needs.

The Family and Community Engagement Committee- Approved October 2012

The Committee recognizes transportation as a barrier to children across the state to receiving services in high quality early learning programs. Although these barriers may look different for children residing in



rural vs. urban communities (e.g., distance to nearest program or accessible streets to programs), they both present a challenge for children receiving the services they need. Without proper transportation, while early learning programs may be available within a child's community, accessing these programs may be a financial hardship or not an option for children attending on a regular basis. Because the Committee is focused on increasing the number of children with the greatest needs served in high quality programs, we recognize that we

cannot fully address this goal without recognizing and addressing that children need proper transportation to these programs in order to benefit from them.

² The Subcommittee has been renamed Principles and Practices.

We envision this new work falling within the scope of the Capital/Infrastructure Subcommittee (formerly Space Capacity) because of the overlap with increasing availability to programs for families with the greatest need. The Subcommittee agrees that transportation is a major barrier to these families. To expand this work, the Committee and Subcommittee will identify new members with skills and expertise in this area, conduct an initial needs assessment to identify the current state of transportation across the state including barriers as well as facilitators, identify goal(s) to be added to the Committee's work plan to reduce barriers as well as build on facilitators, and work towards improving transportation options across the state. It is the Committee's goal that by addressing transportation issues, more children with the greatest needs will have access to attending high quality early learning programs on a regular basis.

The Family and Community Engagement Committee - Approved February 2013

Whereas, Illinois was the first state in the nation to invest \$45 million in an early childhood construction program; and

Whereas, the Illinois Capital Development Board (CDB), in coordination with the Illinois State Board of Education (ISBE) and the Governor's Office of Early Childhood Development, administered the early childhood construction program through a competitive grant process; and

Whereas, the CDB received 227 applications requesting nearly \$540 million in capital projects in high-need communities in 54 counties throughout the state; and

Whereas, the CDB recently awarded 15 grants worth \$45 million to providers throughout the state for the construction, renovation, or expansion of facilities in high-need communities; and

Whereas, there remains a significant demand for resources to subsidize early childhood capital projects in high-need communities as evidenced by the hundreds of worthy applications that were not funded by the state; therefore

The Illinois Early Learning Council (ELC) recommends that Governor Pat Quinn propose at least an additional \$45 million in his FY14 capital budget to continue supporting the state's expansion of early childhood facilities in high-need communities.

Systems Integration and Alignment Committee - Approved February 2013

System Integration and Alignment Committee's recommendation for changes to Rule 407 and its procedures related to obesity prevention (nutrition, physical activity and screen-time standards) for consideration by IDCFS (The full recommendation is located in Appendix D).

Quality Rating and Improvement System - Approved February 2013

Levels 1-4 of the proposed Quality Rating and Improvement System as discussed in the Race to the Top-Early Learning Challenge.

Systems Integration and Alignment Committee - Approved June 2013

System Integration and Alignment Committee's recommendation for changes to Rule 407 and its procedures related to Oral Health for consideration by IDCFS. (The full recommendation is located in Appendix E)

Family and Community Engagement- Approved June 2013

Hard to Reach Committee Recommendations (The full recommendation is located in Appendix F)

Committee Accomplishments

Data, Research, and Evaluation

Co-Chairs: Elliot Regenstein, Ounce of Prevention Fund and Teri Talan, McCormick Center for Early Childhood Leadership

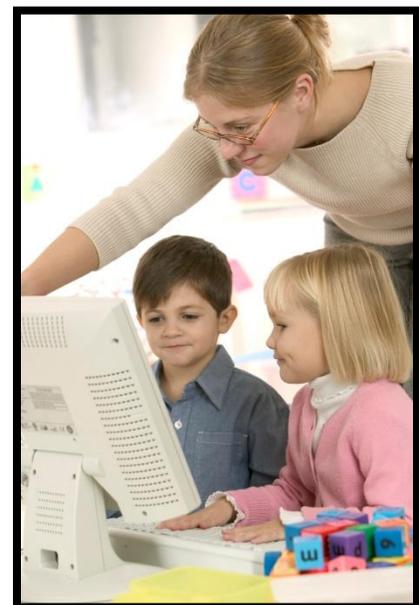
Agency Liaison: Dan Harris, Illinois Department of Human Services

The goal of the Data, Research, and Evaluation Committee is to guide the development and implementation of a unified data system, research initiatives, and quality program and system evaluations in order to provide better information to support and further improve early childhood programs throughout the state. To achieve this goal, the Committee works to fulfill the following four objectives:

1. To develop the design for an early childhood data system that provides better information to providers, parents, policymakers, advocates and the public about the operation of Illinois' early childhood system;
2. To support the specific data, research, and evaluation needs of the Early Learning Council by collaborating with other committees to assist with current projects and more generally, by acting as a resource for existing and current research in the field;
3. To provide recommendations that would define and address the larger scope of research and evaluation needs for publicly funded early childhood programs and services throughout the state of Illinois; and
4. To remain informed about the progress of existing or planned early childhood data, research, or evaluation efforts in Illinois and provide input to other bodies or agencies as needed.

One of the main goals of the Data, Research, and Evaluation Committee is to support the development of a unified early childhood data system that will provide a more comprehensive picture of Illinois' birth-to-five programs. In order to design such a system, a consultant, John Snow Inc. (JSI), was hired through an RFP process in 2012 using State Advisory Council Grant (SAC) funds.

Broadly, the scope of work for this contract included: 1) a stakeholder engagement and information gathering process; 2) analyses and recommendations on data standards, the extension and use of the Recipient Identification Number (RIN), and early



childhood-related data planned system initiatives (i.e., Framework and ILDS); 3) development of a system design and technical architecture that considers, coordinates, and links efforts of Framework, ILDS, and Head Start data; 4) the provision of recommendations for interagency policy, governance, security, and staffing related to the unified data system; and 5) the development of an RFI for a data system design that will inform the creation of an RFP for services to build the system.

JSI began in June 2012 and completed their work in April 2013. Throughout the process, the Data, Research, and Evaluation Committee has been an important partner in guiding the technical consultant and providing critical feedback on each of the project's deliverables. At the beginning of the planning process, JSI met with a small group of members from the Data, Research, and Evaluation Committee, state agency representatives, and other stakeholders to review the major activities, key deliverables, and overall approach to developing a plan for the system. Going forward, JSI provided brief project updates, an overview of key deliverables, and solicited feedback from members during the Data, Research, and Evaluation Committee meetings. Along with other valuable information resulting from this planning process, JSI was ultimately able to provide recommendations for a system design and technical architecture for the unified data system. For the final phase, JSI worked with the co-chairs of the Data, Research, and Evaluation Committee, Office of Early Childhood Development in the Governor's Office (OECD), and other agency leadership to develop an RFI for services to build the actual system based on their recommendations, particularly those related to the system design and technical architecture. All of the contract deliverables for JSI can be found at <http://www2.illinois.gov/gov/OECD/Pages/DataResearchandEvaluation.aspx>. The RFI was released in late April 2013 and was due May 30, 2013.

Going forward, the Data, Research, and Evaluation Committee will continue to support the development of the unified early childhood data system and other data projects related to Early Learning Council and the Race to the Top-Early Learning Challenge grant. With the expanded scope of work to include research and evaluation, the Data, Research, and Evaluation Committee will also work to collaborate with each committee within the Council to help consider how its work can be supported not only by data, but also research and evaluation. In addition, the Data, Research, and Evaluation Committee will create a set of recommendations for potential research and evaluation efforts that should be considered on a statewide level in order to inform key policy decisions and increase the impact of early childhood programs and services.

Family and Community Engagement

Co-Chairs: George Davis, City of Rockford Human Services Department and Maria Whelan, Illinois Action for Children

The Family and Community Engagement Committee was charged with increasing participation of families and children with the highest need at an earlier point in high-quality early learning and care programs through parent engagement strategies, targeting hard to reach populations, and increasing early childhood facilities in underserved communities. To meet these goals, the Council identified the

work of four standing committees/work groups to merge into the new Family and Community Engagement Committee:

- (1) Hard to Reach Family and Children Work Group of the Oversight and Coordination Committee*
- (2) Space Capacity Committee*
- (3) Special Populations Committee*
- (4) Public Awareness Committee*

In spring and summer 2012 the Committee co-chairs established the work plan for the committee drawing from the work plans of the previous committees as well as identifying areas for additional work. The co-chairs met frequently with the leadership of the previous committees to discuss the transition of the work, leadership, and membership of the committees. Through these discussions, the co-chairs identified a work plan for three subcommittees based on previous work: (1) Hard to Reach Subcommittee, (2) Space Capacity Subcommittee, and (3) Public Awareness Subcommittee. The co-chairs also identified two missing elements of the charge that the Committee needed to address, transportation and parent engagement. Because of the need for children to have an accessible place to learn, transportation was added to the Space Capacity work plan (the subcommittee was renamed the Capital/Infrastructure subcommittee to reflect this new work). The co-chairs identified that a Parent and Engagement Subcommittee (renamed to Principles and Practices) would need to be established to address strategies for parent engagement.

The initial work plan for the Family and Community Engagement Committee included seven goals to lead the subcommittees' work:

- 1) Increase the space capacity in communities to serve children in high quality classrooms, infant-toddler care, and education settings, especially in areas of greatest need (Capital Infrastructure Subcommittee)*
- 2) Reduce transportation barriers in communities to serve children in high quality classrooms, infant-toddler care, and education settings, especially in areas of greatest need (Capital Infrastructure Subcommittee)*
- 3) Serve more of the highest need families in early childhood programs (Hard to Reach Subcommittee)*
- 4) Provide oversight and direction for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program public awareness campaign (Public Awareness Subcommittee)*
- 5) Coordinate public awareness around the 14 Day Memo developed by the former Special Populations committee (Public Awareness Subcommittee)*
- 6) Coordinate Public Awareness activities as appropriate for future funding initiatives awarded to Illinois birth-five programs (i.e., KIDS, Race to the Top Early Learning Challenge, QRIS implementation) (Public Awareness Subcommittee)*
- 7) Increase parent engagement in early learning programs, especially in communities that serve children with the greatest need*

Because the work takes place in the subcommittees, major activities, recommendations, and accomplishments are described by subcommittee below. In fall 2012 the Council and Committee moved the Public Awareness Subcommittee to an ad hoc group because of its misfit with the committee goals. Therefore, the committee work plan no longer includes goals 4-6 above. The work of the new Ad Hoc Committee is highlighted later in the report.

Capital/Infrastructure Subcommittee

The Capital/Infrastructure Subcommittee's work plan addresses goals in two major areas: (1) expanding the space capacity in communities to serve children in high-quality early learning and care settings, especially in areas of greatest need, and (2) reducing transportation barriers in communities to serve children in high-quality early learning and care settings, especially in areas of greatest need. The Capital/Infrastructure Subcommittee work plan was built upon the goals of the previous Space Capacity Committee regarding the Early Childhood Construction Grants (ECCG) and additional work was proposed for learning more about transportation barriers in Illinois.

Expansion of Facilities Work

The Space Capacity Committee completed most of the ECCG work prior to 2012. In October 2011, CDB and OECD received 227 applications for EECG program requesting nearly \$540 million for capital projects to construct, renovate, or expand facilities in high-need communities. In December 2012, 14 programs and the City of Chicago were notified that they would receive \$45 million to fund projects ranging from \$100,000 to \$5 million each. These projects are expected to allow an additional 1,200 children per year attend high-quality programming in 14 communities across the state.

Within the ECCG funds, Chicago Public Schools will receive \$9 million to support their upcoming grant competition, expected to be released in spring 2013. As noted in the recommendation section of the report, the Capital/Infrastructure Subcommittee has offered to provide assistance to the City of Chicago and CPS with developing their capital application and with technical assistance upon its release. The Capital/Infrastructure Committee proposed in its work plan to analyze application data pending release of the data from CDB and OECD. In January 2012, OECD presented the Council based on a request of the Space Capacity Committee with preliminary data on the distribution of the bids by funds requested, Illinois Early Childhood Asset Map (IECAM) ranking, and county. In addition, the Subcommittee organized data on the winning applicants, including the distribution of bids by funds requested and location upon announcement of the grantees. The Subcommittee has requested additional information from OECD for an analysis to learn more about the projects proposed and locations still in need of capital for facility development by IECAM ranking. It is expected that findings from this analysis will inform the State about characteristics of ECCG recipients as well as demonstrate where there is additional need for funding.

Transportation Work

In October 2012, the Committee charged the Capital/Infrastructure Subcommittee with a new goal of reducing transportation barriers in communities to serve children in high quality early learning programs, especially in areas of greatest need.



The Subcommittee will complete a needs assessment of the strengths and weaknesses across the state for providing transportation services in order to develop goals, objectives, and action steps for future work around transportation services. The needs assessment includes two steps: (1) surveying providers for a general sense of transportation provisions, strengths, and needs across the state, and (2) a follow up needs assessment based on the results of the survey. In February 2013, the subcommittee developed and administered an online survey to collect information from Head Start providers. The subcommittee received a survey from all but 9 regional Head Start providers. The survey asked questions

about transportation services, costs, and needs. The survey results will be used to develop a needs assessment protocol. The subcommittee is currently developing a similar online survey for Preschool for All and child care providers and intends to activate the survey in spring 2013.

Hard to Reach Subcommittee

In July 2012, the Hard to Reach Children and Families Work Group of the Oversight and Coordination Committee was placed as a subcommittee of the Family and Community Engagement Committee during the strategic planning process. The Hard to Reach Subcommittee is currently developing recommendations for how to serve more of the hardest to reach children in high-quality early learning programs of target populations (e.g., children of teen parents, children in homeless families, children involved in IDCFS, etc.). The recommendation for each target population addressed these key questions by step:

- 1) *Step 1: Who are hard to reach families and why are they hard to reach?*
- 2) *Step 2: What works to engage hard to reach families and what can we do differently?*
- 3) *Step 3: What policy and funding changes would make programs accessible to the identify families?*

The final recommendations will be presented to the Council by summer 2013 to be shared with the RTT-ELC Targeted High Need Communities who may select to adopt the recommendations.

The Subcommittee is in its final steps of developing the final recommendations. In the first step the Subcommittee worked to identify hard to reach families and why are they hard to reach. Embedded in these conversations were questions about if these hard to reach populations were measurable at the community and program levels. The Subcommittee co-chairs also worked with members from the Illinois Early Childhood Asset Map (IECAM) at the University of Illinois to identify data sources to monitor the impact of the implementation of the recommendations within a given community.

In the second step, the Subcommittee identified successful strategies for serving hard-to-reach families—what works to engage hard to reach families and what can be done differently. In this step, members split into small work groups with members most familiar with working with these populations. In addition, members presented to the Subcommittee successful strategies from their work including Illinois Action for Children’s Community Connection Program, and Beacon Therapeutic and Heartland

Alliance’s Families Assertive Community Treatment (FACT) Program. Throughout the second step, members were challenged to present solutions from the field as well as consider alternative approaches to target barriers for a given population. Each work group was asked to submit a recommendation form that reflected on the needs and solutions for a target population that will be used in the final recommendations document.

In the final step, the Subcommittee co-chairs and staffer are compiling the final recommendations and identifying themes reflected in each. In addition, they are working with members from IECAM to identify baseline data for each of these target populations on the community and program level that the Hard to Reach Pilot Programs can use to measure the success of their strategies.

Principles and Practices Subcommittee

The Principles and Practices Subcommittee was established by a recommendation at the October 22, 2012 Council meeting. The subcommittee was renamed Principles and Practices Subcommittee at the first meeting from the Parent Engagement Subcommittee to avoid confusion with the Committee name.

In December 2012, the Office of Early Childhood Development requested that the Principles and Practices Subcommittee assist with developing the QRIS Level 5 description for Family and Community Engagement to be rolled out in late 2013 to early 2014. Prior to the subcommittee work, a work group worked with the OECD to develop the Level 1 to Level 4 criteria for Family and Community Engagement. The Family and Community Engagement description will address two key areas of parent engagement: (1) strategies to engage families and communities, and (2) transitions to kindergarten.



The Subcommittee has been meeting monthly to develop the guiding principles, practices, and outcomes of exemplary early learning and care programs to include in this description as well as how to measure it. The Subcommittee has reviewed existing rubrics and literature including the National Center on Parent, Family, and Community Engagement’s Markers of Progress and the Strengthening Families’ Assessment Tool. In addition, the subcommittee has invited two presenters to their

April 22, 2013 meeting to share on the Educare Framework and the Family-Provider Relationship Quality Project. The subcommittee will use information from these presentations and readings to identify the key principles, practices, and family and child outcomes of exemplary programs to develop the final description.

Home Visiting Task Force

Co-Chairs: Gaylord Gieseke, Voices for Illinois Children and Diana Rauner, Ounce of Prevention Fund
Agency Liaison: Teresa Kelly, Governor’s Office of Early Childhood Development

The Task Force is a diverse, collaborative group of about 150 members drawn from federal, state, and local governments, academia, representatives from national home visiting models, service providers, advocates, parents, and others. Long-term goals of the Task Force are to expand access to evidence-based home visiting programs for all at-risk children; improve the quality of home visiting services; and increase coordination between home visiting programs at the state and local level, as well as between home visiting and all other publicly-funded services for mothers, infants and toddlers. The HVTF serves as the advisory body for Strong Foundations, Illinois' federal Evidence-Based Home Visiting project, as well as the federal Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) funded by the U.S. Department of Health and Human Services. Since its creation in 2009, the Home Visiting Task Force has made great strides towards building a comprehensive, statewide system of high-quality home visiting programs through the accomplishments detailed below.

Data Collection:

The Task Force is also working to improve data collection on home visiting programs in order to drive program evaluation and continuous quality improvement. The Task Force has advanced these efforts by helping to develop a uniform data collection system for home visiting programs and providing input on a cross-model case management system across funding streams. The Task Force is also serving as the advisory body for the development of a Continuous Quality Improvement (CQI) system in the MIECHV communities, and will serve as the vehicle for implementing a statewide CQI framework that seeks to improve the provision of services with an emphasis on future results. The Executive Committee of the Task Force will be identifying indicators of quality on a priority basis.

Toolkits:

The Community Systems Development Workgroup, a joint workgroup of the Task Force and the former Infant Toddler Committee, finalized and disseminated two new toolkits – the *Community Systems Development Resource Toolkit* and the *Resource Toolkit for Home Visiting Programs Serving Infants, Toddlers and their Families: Implementing a Research-Based Program Model* – that provide specific guidance on supporting local collaboration efforts, and on selecting and implementing a home visiting model. These toolkits have been used in statewide training and technical assistance to help communities choose and implement the evidence-based home visiting model that best fits their unique needs.

Training:

Based on recommendations from the Special Needs Training Workgroup on the content of home visitor trainings, the Task Force has also continued to oversee the training of Illinois' home visitors on substance abuse, mental health, domestic violence, and developmental delays in order to more seamlessly link home visiting programs with these services.

Program Standards and Quality

Co-Chairs: Jeanna Capito, Positive Parenting DuPage and Jan Maruna, INCCRRA
Agency Liaison: Linda Saterfield, Department of Human Services

The current ELC Program Standards and Quality (PSQ) Committee, building on the previous foundational work of the ELC Workforce Development Work Group, is charged with focusing on best practices and implementation of programmatic changes that support quality in all sectors and all components of work. A comprehensive review of the key areas of work assigned to the new Program Standards and Quality Committee resulted in identification of existing state Councils/Committees with significant, aligning work underway. PSQ designated key areas of work will occur in conjunction with these state advisory bodies and identified entities, including (but not limited to):

- Illinois Department of Human Services Child Care Advisory Council
- Illinois Department of Children and Family Services Licensing Advisory Committee
- Professional Development Advisory Council (PDAC)
- Illinois Interagency Council on Early Intervention
- Illinois State Board of Education
- Illinois Department of Human Services
- Illinois Department of Children and Family Services
- Chicago Public Schools
- Head Start

The PSQ Committee, in conjunction with these statewide councils and committees, is working to increase professional development and stabilize the early childhood workforce, a key goal for the Illinois Early Learning Council.

Faculty Institutes and Forums were held to work with faculty from institutes of higher education to accommodate changes to the January 1, 2009 statutory change to 105 ILCS 5/142 2 (d) which included Pre-K students in the definition of children with limited English-speaking ability. All Higher Education Faculty Forums were marketed throughout the state to early childhood, child development and language departments at institutions and were provided at no cost to attendees

The second Gateways to Opportunity Faculty Forum was held April 4 and 5, 2013. The agenda for April 4 included Reyna Hernandez from the Illinois State Board of Education addressing state policy updates with implications for coursework and program development. Ms. Hernandez's presentation specifically focused on opportunities to better equip teachers to serve diverse populations, including young English Language Learners. Following her presentation, faculty met in four regional groups for facilitated discussion and planning in conjunction with other two and four year institutions in their (geographic) region. Institution representatives focused their planning and discussion on embedding necessary changes in coursework to fully prepare teachers to teach diverse populations. Each regional group is being provided with an opportunity for continued work and discourse guided by a facilitator at various dates in April at locations within their regions.

The April 5 Gateways Faculty Forum agenda included representatives from the Illinois Community College Board and the Illinois State Board of Education both providing state policy updates. Topics included changes in the Illinois Professional Teaching Standards, embedding diversity benchmarks into early childhood programs, the Early Learning Guidelines (Birth-3 and 3-5), and utilization of the Kindergarten Individual Development Survey. Participants were able to select from a number of

breakout sessions including: Response to Intervention (RTI), the Illinois Common Core and Integration into Coursework, Articulation Between Two-and Four Year Higher Education Institutions, availability of Web Resources to support Cultural, Linguistic and Ability Diverse (CLAD) integration into coursework, and Gateways to Opportunity Credentials Entitled Process for Higher Education Institutions. Over 110 higher education faculty/staff were in attendance, representing 47 two and four year institutions with child development and early childhood programs.

The Illinois State Board of Education (ISBE) also proposed to include offering transitional bilingual instruction to preschoolers and requiring Type 04 certified staff teaching in those classrooms to hold a Bilingual/ESL Approval, which will go into effect July 2014. In addition, ISBE is also changing its Professional Educator Licensure classifications, which will require higher education institutions to rework their programs. These significant changes in Illinois made the provision of both Faculty Forums and Institutes for Higher Ed a critical avenue for discussion and an opportunity to plan for foreseeable change, as well as provided a chance to surface additional areas of need for faculty.

PSQ partnered with two-year and four-year higher education institutions that participated in the Gateways Scholarship program to track their coursework and activities. In 2013, 75 of potentially 77 higher education institutions in Illinois with early childhood education/child development programs and degrees have signed Memorandums of Agreement with the Gateways Scholarship Program. In FY13 the SAC grant supported 171 Gateways to Opportunity Scholarships.

The PSQ Committee, through PDAC, is currently developing additional credentials for early childhood professionals. The goal is to increase the knowledge, skills and capacity of the ECE workforce in order to increase the provision of high quality services for children and families. Credentials currently in development include:

- ECE Credential Level 6 (currently in pilot – graduate related degrees)
- Infant Toddler Credential Level 6 (currently in pilot – graduate related degrees)
- Family Child Care Credential (in development – from training through college degrees)
- Family Specialist Credential (in development – from training through college degrees)

Credentials already in existence are reviewed on a regular basis to ensure current knowledge and skills, current standards, recommended practices, and Cultural, Linguistic, and Ability Diverse competencies are up to date and consistent.

Higher Education Institutions that have early childhood programs are encouraged to align their coursework with the core knowledge and competencies of the Gateways Credentials. This assures consistency in the quality of coursework, as well as integration of state and national standards, assuring a high degree of excellence in ECE practitioner preparation.

In addition to developing new credentials and review of current credentials, the PSQ Committee through PDAC also developed a Core Knowledge Booklet which describes essential knowledge, skills, and dispositions



practitioners must display in order to effectively serve children, youth, and families. Core knowledge is the foundation for Gateways to Opportunity Credentials, and a key component of the Illinois Professional Development System. A description of the Gateways Content Areas including how they were developed by cross-walking state and national standards and how the content areas relate to the credentials is included in this booklet. This key resource demonstrates how core knowledge can best be utilized by various individuals, including practitioners, program administrators, professional development providers, higher education faculty, state and local agencies, advocates, and families.

PDAC also conducted targeted outreach and marketing strategies to underserved credential populations, sharing feedback with PSQ during 2012-2013. One form of outreach included creation and distribution of a Spanish advertising flier providing information about the ECE Credential Level 1 Training. This was distributed throughout Kane County, which has a high Hispanic population. The outcome was a fully enrolled class of 25 Hispanic participants for the ECE Credential Level 1 Spanish Training due to this outreach strategy. Twelve of these 25 individuals completed all sessions of this training and achieved their ECE Credential Level 1. Strategies to assist practitioners in moving up the Career Lattice, including connecting practitioners with Spanish speaking Professional Development Advisors in order to encourage degree/program completion, were also utilized. These strategies proved effective in reaching the Spanish population in Illinois.

Of significant importance in Illinois has been the development of a workforce registry system: Gateways to Opportunity Registry. Developed by PDAC, in conjunction with PSQ, through statewide cross-sector input, the Gateways Registry tracks characteristics and ongoing professional development of the workforce. The Gateways Registry also recognizes individual practitioner attainments, and provides a system for quality assurance of trainings and trainers in Illinois.

Along with the many facets developed as part of the Gateways Registry, a Professional Development Record (PDR) was created to serve as a comprehensive record of an individual Registry Member's education, credentials, coursework, and training. In March 2011, the Illinois Department of Children and Family Services (IDCFS) recognized the Professional Development Record as acceptable documentation for in-service training requirements for licensed practitioners working in licensed programs and centers. In addition, IDCFS issued a rule change that required all individuals working in licensed centers and homes maintain current Registry Membership effective September 1, 2012. To increase accessibility for practitioners applying to the Gateways Registry, the Membership Application was placed online August 2012.

The Gateways Registry has grown significantly since its "soft launch" in July of 2009:

- June 2010 – 6,761 Registry Members
- June 2011 – 10,000 Registry Members
- June 2012 – 17,900 Registry Members
- December 2012 – 32,000 Registry Members
- March 2013 – 39,135 Registry Members

The IDHS Child Care Advisory Committee, a PSQ advisory body, reviewed its Great START (Strategies to Attract and Retain Teachers) wage supplement scale. Proposed revisions to the scale are designed to increase alignment with current federal priorities focusing on workforce attainment of degrees and credentials. The proposed revisions are currently in progress through the Illinois Department of Human Services and state legislative process.

In addition to the needed education of the workforce, PDAC, in conjunction with PSQ priorities, researched education and salary thresholds from other fields in comparison with education and salary thresholds in the ECE field (across sectors). This research was conducted to ascertain whether there is wage disparity for this workforce. Two recommendations were developed by PDAC and shared with the ELC. Both recommendations are in the review process by the PSQ.

The first recommendation created a framework for Illinois to define a well-qualified and competitively compensated workforce for the field of early care and education. This definition will include professional development access, compensation, and aligned professional education requirements that apply across child care, Head Start, and state funded Preschool for All sectors.

The second recommendation established competitive compensation for the early care and education workforce as a priority for public and private stakeholders in Illinois.

Upon receipt of the Illinois Race-to-the-Top Early Learning Challenge Grant, Phase 2, an Ad Hoc Quality Rating and Improvement System work group was formed in 2012 and continued to meet through 2013 in order to inform system development. The ELC Program Standards and Quality Committee partnered with the OECD to convene and coordinate the Ad Hoc.

Systems Integration and Alignment

Co-Chairs: Karen Berman, Ounce of Prevention Fund and Vanessa Rich, City of Chicago
Agency Liaison: Reyna Hernandez, Illinois State Board of Education

The Systems Integration and Alignment Committee (SIAC) is charged with recommending appropriate changes to early childhood systems to improve coordination and integration across early childhood programs in order to address the comprehensive nature of children's healthy development and readiness for school. In moving this work forward, SIAC will link to external tables and other ELC Committees and Workgroups to ensure work is informed and coordinated. SIAC organized new Subcommittees that would include members with expertise to specific Subcommittees under which the work of SIAC would take place. Since its formation in June 2012, the Systems Integration and Alignment Committee (SIAC) has initiated and convened four Subcommittees to move forward the work objectives and action steps under the SIAC work plan. These four Subcommittees include the Braiding, Blending and Sustainable Funding Subcommittee, the Community Systems Development Subcommittee, the Health Subcommittee, and the Special Education Subcommittee.

Braiding, Blending and Sustainable Funding Subcommittee

The Braiding, Blending and Sustainable Funding (BBSF) Subcommittee convened its first meeting on September 19, 2012. The initial action steps for BBSF include preparing recommendations on the quality elements necessary to develop a cost of quality model for Illinois. Additionally, the BBSF

Subcommittee is planning round tables for late summer to investigate barriers, consequences and successes of braiding and blending funding for early childhood programs. Steps to be completed prior to the round tables include: 1) conducting research of examples of current use of Title I dollars to support early childhood services and partnerships within Illinois and nationally 2) interviewing ISBE staff responsible for reviewing PFA and PI budgets to identify administrative and operational barriers to braiding, blending and sustainable funding . Findings from this research are expected to lead to the development of 1) recommendations to the Early Learning Council (ELC) about how IL public agencies can improve implementation & program guidance based on identified program challenges in braiding and blending funding and 2) recommendations to early childhood systems for identifying & securing sustainable funding..

The timeframe for completing these work plan deliverables is December 2013.

Community Systems Development Subcommittee

With the reorganization of the ELC and the new placement of the CSD Subcommittee, the group has focused on refining its charge and goals to match the current state of community systems building and to target efforts of the CSD Subcommittee towards the vision of a state wide system. Goals outlined by the Subcommittee to carry out this charge include 1) to serve as an advisory body to initiatives developing and driving community systems work including guiding, informing and recommending areas of best practice; 2) to advance access to resources that guide community systems work; 3) to create and recommend mechanisms that fund broad-based state to local partnership efforts to build and sustain community level systems; and 4) to strengthen the peer network of collaborations to expand opportunities for learning and advance common successful collaboration strategies.

The CSD Subcommittee continues to serve as an advisory body across local and state-wide initiatives (e.g., the Maternal and Infant Early Childhood Home Visiting Program, All our Kids Networks, etc.) interested in supporting local community systems development work. Also, the Subcommittee works with the SAC grant funded project lead entity (Illinois Action for Children) to implement the activities outlined in the SAC grant. A few of those activities involve developing the consultation training model, recruiting and training of consultants, engaging communities, exploring all levels of technical assistance (in person and web-based) and planning an annual summit.

As part of this work, the CSD Subcommittee continues to discuss and refine shared language on the overall goal and purpose of community partnerships (i.e. collaborations). Furthermore, critical discussions are underway regarding an accountability structure for local collaborations: how local communities can demonstrate and evaluate their work and be held accountable across a series of core functions. These discussions ensure that the CSD Subcommittee develops shared, broad and consistent language across systems to guide the work at the local and state levels. Additionally, these discussions have informed the CSD Subcommittee on other products that are useful for this group to create and build upon, such as new resources for the Community Systems Development Resource Toolkit or components of technical assistance that are necessary to support this work. The CSD Subcommittee has finalized the second version of the Resource Toolkit which aims to address the emerging needs of collaborations with additional tools.

With support from a strong community collaboration infrastructure across the State, families with the highest needs will be connected to the quality early learning and development supports within their community needed to aggressively close the achievement gap that emerges prior to kindergarten entry. It is the CSD Subcommittee's goal to continue to serve as the repository of information and to provide support and guidance to both the Mayor's work and the roll out of the RTT-ELC grant.

Health Subcommittee

The Health Subcommittee first convened a broad stakeholders meeting in July 2012 to introduce health and early childhood stakeholders to the new health work of the Early Learning Council. The Health Subcommittee developed and finalized its work objectives and charge over several months following the initial meeting. The Subcommittee charge is to develop strategies for 1) integrating health across early childhood systems and for 2) addressing gaps in health-related services that can be addressed by early childhood systems in order to support children's healthy development and school readiness.



The first task of the Health Subcommittee was to submit recommendations to the ELC Ad Hoc Committee on primary and secondary child health quality indicators for inclusion in the IL Early Childhood Dashboard. The Health Subcommittee consulted with staff at Health and Family Services to develop indicators that were good proxies for child health and wellness. The primary and secondary indicators were submitted to the ELC Ad Hoc Committee in August 2012.

In December 2012, the Health Subcommittee convened the Obesity Prevention Work Group to respond to interest from the Department of Child and Family Services (IDCFS) to consider adding new standards in child care licensing (i.e. Rule 407) related to obesity prevention. Over the course of approximately two months, recommendations were developed following an iterative process of sharing and revising among Early Learning Council participants and other health stakeholders. The recommendations were reviewed and approved by both the full Health Subcommittee and the Systems Integration and Alignment Committee.

IDCFS staff has accepted the Health Subcommittee's obesity prevention recommendations for Rule 407 and its accompanying procedures. Although the recommendations have not been formally integrated into administrative code, the work of the Health Subcommittee has received national attention from groups such as the Food Research and Action Center (FRAC) and the American Academy of Pediatrics (AAP) for recommending obesity prevention standards that reflect best practice.

The Health Subcommittee is supportive of the work IDCFS has done thus far and plans to partner with IDCFS and other state agencies to support the full implementation of the new obesity prevention standards once they are put into administrative code.

The Subcommittee has also developed oral health recommendations for consideration by IDCFS to include in Rule 407 and its accompanying procedures. The recommendations were approved by the ELC in June 2013. The Health Subcommittee has focused on developing strategies for supporting and promoting children's health across early childhood systems. To assist in this process, the Health Subcommittee is developing a cross walk of how health is addressed within various components of the early childhood system. The cross walk identifies the role and set reasonable expectations of early childhood care and education professionals in addressing health needs of children, as well the possible gaps in service delivery, resources and training. The Health Subcommittee is working towards developing recommendations for addressing gaps and improving coordination to better support children's health across the early childhood system

The Subcommittee is also developing a Glossary of Early Childhood and Health Terms to help members understand jargon that may be unfamiliar or is easily confused in their respective fields. The glossary will also aid participants in conversation around how to increase collaboration and coordination between the two systems. Overall, the Health Subcommittee is committed to simultaneously engaging health and early childhood partners in an effort to help the two systems better understand each other and to think systemically about ways to improve child health and well-being.

Special Education Subcommittee

The Special Education 0-5 Subcommittee is charged with improving the alignment of special education services 0-5 and improving the integration of special education policies and services across all early childhood systems. The Subcommittee is currently informing the work of Race to the Top-Early Learning Challenge by 1) developing recommendations for the QRIS Level 5 Award of Excellence and 2) reviewing and making recommendations for special education professional development trainings needed for quality improvement. Potential actions steps also include preparing templates for early childhood providers to use for memorandums of agreements with their Child Family Connections and lead education agencies, and examining implementation models that early childhood providers could use to meet the requirements of QRIS related to ensuring that they have policies and practices in place for all children to receive at least an annual developmental screening.

Executive Committee Ad Hoc Committee

The Ad Hoc Committee is comprised of a group of members of the Executive Committee representing a variety of perspectives including higher education, research and data, advocacy, service provision, and state government who were committed to thinking in more detail about the most meaningful ways to measure the impact of the Council's work on Illinois' early childhood system. The Committee is focused on producing a dashboard of primary indicators that measure the performance of Illinois' early learning system, with additional secondary indicators to provide a richer picture of how the work is proceeding.

The committee ended FY12 with a set of indicators that the Committee identified as being representative of the system components.

Systems Components:

1) High Needs Index

2) Access to High Quality Early Care & Education Programs for 0 – 3

3) Access to High Quality Early Care & Education Programs for 3 – 5

4) Health

5) Family & Community Engagement

6) School Readiness

It continued to meet in the summer of 2012 to review secondary indicators that could help provide a more comprehensive picture of the early childhood system. The committee worked with the standing committees of the Council to further refine the measures and metrics for each of the indicators and suggest secondary indicators.

As a result of the RTT-ELC the state will now receive technical assistance from the nationally renowned Child Trends over the course of the summer of 2013 to make operational the dashboard that contains the system components and the finalize the secondary indicators. Child Trends will also explore the data elements needed to accurately depict the system components and will provide a gap analysis on what types of data the state currently does not collect.

Executive Committee Ad Hoc Communications Committee

Chair: Harriet Meyer, Early Learning Council Co-Chair

The Co-Chairs of the Early Learning Council created the Ad Hoc Communications Committee to address the communications needs of the Council and the broader early childhood system. The committee includes individuals from the private and public sector.

The committee provided recommendations on outreach for the RTT-ELC grant and was successful in driving the message of the need for early childhood education. The committee is now working with the marketing and advertising firm, hired to brand and market the Quality Rating and Improvement System (QRIS), to create a name, logo, and brand for the QRIS.

The committee was also successful in creating a 14 Day brochure developed by the former Special Populations committee for parents of children with special needs. This brochure was shared with the advocacy community and posted on the OECD website for further distribution.

Appendix A

Council Members

Pamela Althoff

State Senator

Illinois General Assembly

Lori Ann Baas

Executive Director

Christopher House

Karen Berman

Senior Manager, Illinois Policy

Ounce of Prevention Fund

Barbara Bowman

Chief Early Childhood Education Officer

Chicago Public Schools

Richard Calica

Director

Department of Children and Family Services

Jeanna Capito

Executive Director

Positive Parenting DuPage

Tim Carpenter

Director

Fight Crime: Invest in Kids Illinois

George Davis

Executive Director

City of Rockford Human Services Department

Andrea Densham

Executive Director

Childcare Network of Evanston

Daniel Fitzgerald

Deputy Director, Division of Service Intervention

Illinois Department of Children and Family Services

Jana Fleming

Director, Herr Research Center

Erikson Institute

Gaylord Gieseke

President

Voices for Illinois Children

Phyllis Glink

Executive Director

Irving Harris Foundation

Vinni Hall

Board Member

Illinois State Board of Education

Julie Hamos

Director

Illinois Healthcare and Family Services

Dan Harris

Assistant Director, Division of Family and
Community Services

Illinois Department of Human Services

Gloria Harris

Parent

Community Organizing and Family Issues

Ava Harston

Education Issues Director

Illinois Federation of Teachers

LaMar Hasbrouck

Director

Illinois Department of Public Health

Theresa Hawley

Executive Director

Governor's Office of Early Childhood Development

Reyna Hernandez

Assistant Superintendent, Center for Language
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Illinois State Board of Education

Harriette Herrera
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Colleen Jones
Executive Vice President and COO
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Teresa Kelly
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Christopher Koch
Superintendent
Illinois State Board of Education

Camille Lilly
State Representative
Illinois General Assembly

Suzanne Logan
President
PSO Illinois Child Care Association

Sarah Madson
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Woodland Heights Early Learners Center

Teresa Martin
Past President
Illinois Principals Association

Janet Maruna
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Beth Mascitti-Miller
Early Childhood Officer
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Mark McHugh
Executive Director, Northern Region
One Hope United

Debbie Meisner-Bertauski
Board Member
Illinois Board of Higher Education

Harriet Meyer (Co-chair)
Co-Chair
Early Learning Council

Janice Moenster
Professional Development Advisor
Children's Home + Aid

Lauri Morrison Frichtl
Executive Director
Illinois Head Start Association

Joe Neri
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Carolyn Newberry Schwartz
*the Oak Park Collaboration
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Beatrice Nichols
Co-Chair
Early Intervention Council

Donna Nylander
Principal
Valley View Early Childhood Center

Geoffrey Obrzut
President
Illinois Community College Board

Andrea Palmer
Public Service Administrator
Department of Human Services

Chuck Parr
Board President
IL Head Start Association

Sylvia Puente
Executive Director
Latino Policy Forum

Claudia Quigg
Executive Director
Baby TALK

Barbara Quinn
President
Illinois Congress of Parents and Teachers

Diana Rauner
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Elliot Regenstein
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Cindy Zumwalt
Early Childhood Division Administrator
Illinois State Board of Education

Cass Wolfe
Executive Director
Infant Welfare Society of Evanston

Appendix B

The Early Learning Challenge

Illinois receives \$34.8 million to build on Early Childhood Education System

For more than 25 years, Illinois has provided at-risk children from birth to five year with a nationally recognized school readiness program. Preschool for All provides enhanced educational experiences for three- and four-year olds with Type 04 (early childhood) certified teachers for children in school-based and community based settings. In the community, Preschool for All is often combined with child care and/or Head Start programs to provide full-year, full-day care. Prevention Initiative provides programming to parents and children prenatally through the age of two.

The Child Care Assistance Program (CCAP) provides low-income, working families with access to quality, affordable child care. CCAP serves over 155,000 Illinois children per month, which allows nearly 80,000 families to maintain their employment or participate in enriching education and training programs while moving toward economic stability. It also provides vulnerable children with the early care and learning experiences they need to allow them to succeed in school and life. Working families must have incomes at or below 185% of the federal poverty level (\$2,823/month for a family of three) to qualify for child care assistance.

In December 2012 Illinois was awarded \$34.8 million over four years in Phase 2 of the highly competitive Race to the Top - Early Learning Challenge. The grant funds are designed specifically to allow Illinois to improve quality and build a robust *system* of care and education for children. Over the next four years, Illinois will increase the efficiency and effectiveness of early childhood education in Illinois by:

- Taking a patchwork of early learning programs and integrating them into a unified system jointly administered by IDHS, ISBE and IDCFS. This work is coordinated through the

Governor’s Office of Early Childhood Development and paid for by the Early Learning Challenge Fund.

- Increasing early childhood program *quality*—Illinois will implement a newly designed Quality Rating and Improvement System (QRIS) that will measure provider quality using research-based quality criteria. Providers will then receive the supports necessary to move up in quality to better prepare our most at-risk children for success in school and life.

Illinois’ plan builds on our existing foundation and investments in early childhood education. The Early Learning Race to the Top funds **will not supplant state investments** in the early childhood system, nor will they go directly to local entities or schools. The Early Learning Challenge is not about *expanding access* to early learning programs but rather about *improving quality and increasing efficiency* in the programs we already fund.

Research shows that children who gain a solid educational foundation in the first five years of life are significantly more likely to be successful in school, college, career and life. Guaranteeing children a solid educational foundation before they begin kindergarten is the first crucial investment we as a state can make in a future workforce that will drive economic growth in Illinois. Quality early childhood education is a cost-effective strategy for reducing deficits and promoting growth. Improving the quality of early learning in Illinois will produce quality results that will pay dividends to all for generations to come.

Executive Summary of the Phase 2 Application

As articulated in our Phase 1 application, Illinois is focused on implementing early childhood systems reform that will lead to an increase in the number of children—especially Children with High Needs—who enter kindergarten ready to engage in a challenging curriculum. To this end, we have established these goals (note: these goal targets have been adjusted to reflect both the reduced funding available through this grant and the more rigorous criteria which have been developed for QRIS Levels 4 and 5 since our Phase 1 application was submitted):

- By December 2016, increase to at least 65% the percentage of Children with High Needs who have at least one year of participation in a high-quality (QRIS Level 4 or 5) Early Learning and Development Program prior to kindergarten entry.
- By December 2016, increase to at least 40% the percentage of Children with High Needs who have two years or more years of participation in a high quality Early Learning and Development Program prior to kindergarten entry.
- By December 2016, increase to at least 10% the percentage of Children with High Needs

who receive five years of high quality early learning services before kindergarten, including home visiting services or QRIS Level 4 or 5 early care and education in the infant and toddler years.

To achieve these goals and in recognition of the current system's needs, the State's early childhood reform agenda is organized around three strategic priorities: (1) deepening the integration of state supports to create a unified framework for all Early Learning and Development (ELD) systems; (2) connecting the most at-risk children with the services and supports they need; and (3) increasing the quality of both learning environments and instruction in early learning and development programs (from "adequate to good" and from "good to great"). These strategic priorities cut across various sections of this Plan, and collectively build toward the State's vision for an integrated system including quality universal and targeted supports for all children from birth to kindergarten entry and beyond.

Strategic Reform Priority #1: Deepening the integration of state supports to create a unified framework for all early learning and development programs

As detailed in Criterion (A) (3) below, Illinois will implement a governance structure that will support greater integration across the multiple funding streams and agencies involved in early childhood in our state. The Leadership Team (comprising agency leaders and the Illinois Early Learning Council Co-Chairs) and the Inter-Agency Team (comprising leaders of agency divisions focused on early childhood) will meet regularly to develop an integrated approach to supporting high quality ELD Programs and to review progress in meeting the performance measures outlined in this grant. Staff in the Office of Early Childhood Development (OECD) in the Office of the Governor will lead Interagency Project Teams focused on the QRIS implementation, workforce development, community collaboration, and data and outcomes measurement to ensure maximum coordination and integration of efforts across agencies. Key aspects of integration to be implemented include:

- The new QRIS that will include all ELD Programs serving children in groups, including child care centers and homes, Preschool for All, center-based Prevention Initiative, center-based Head Start/Early Head Start, and preschool special education (Criteria (B)(1)-(B)(2)).
- A new statewide website that will provide parents information about all programs in the QRIS, and a public awareness campaign that will inform parents how to use the new quality ratings as they select early education and care programs for their children

(Criterion (B)(3)).

- A validation study of the QRIS that includes child outcomes will be completed to help inform the continual improvement of this system (Criterion (B)(5)).
- A comprehensive statewide plan for supporting professional development for EC Educators that incorporates all state-funded supports and, to the extent possible, supports provided through Head Start/Early Head Start and local-level entities such as school districts. (Criterion (D)(2)).
- Use of a common statewide instrument for assessing children across the kindergarten year, the Kindergarten Individual Development Survey (“KIDS”) (Criterion (E)(1)).
- Data systems that track the services that children and families receive, children’s learning and development outcomes, program quality features, and EC Educators credentials (Criterion (E)(2)).
- Use of the Illinois Early Learning and Development Standards throughout all ELD Programs in the State (note: funding for implementing the standards is integrated into the statewide training plan and into the supports for programs seeking to move up in the QRIS; therefore we are not separately including activities under Criterion (C)(1)).

Strategic Reform Priority #2: Connecting the most-at-risk children with the supports and services they need

In our Phase 1 application, we proposed to implement a comprehensive community collaboration model in 15 Concentrated High Need Communities and to provide significant annual funding to these communities to support local collaborative work. With the reduced funding available, this approach is not feasible. Nevertheless, the State recognizes the need to support emerging local collaborations that are focused on ensuring that children with the highest needs are connected with high quality early learning and development services.

Our current Early Childhood Action Partnership initiative (funded with State Advisory Council Grant funds and launched in June, 2012) has demonstrated that there is strong interest in technical assistance and other resources among both long-standing and newly formed local collaborations focused on early childhood throughout the state. Through this initiative, the State has identified a conceptual framework for community systems building developed by the National Center for Children

in Poverty, and has invested in the development of a website, training materials, and technical assistance models for local collaborations that have great promise but need additional resources to be maintained past April, 2012. In addition, we now have six “Hard-to-Reach” pilot projects operating across the state, and they have been generating information about effective strategies for engaging the most at risk children and their families in high quality services at the local level.

To effectively build on these recent successes, we will implement a scaled-down version of the Consortium for Community Systems Development (CCSD) to provide training, technical assistance, and supportive materials to local collaborations, building upon the success of the Early Childhood Action Partnership initiative. Part of the work of the CCSD will be to assist local communities in developing philanthropic and other local resources to support collaborative efforts, a strategy which has proven effective and sustainable in several communities across the state. (Note: Activities related to support for community collaborations previously appeared in multiple criteria, but in this revised Plan they are placed in Criterion (B)(4).)

Strategic Reform Priority # 3: Increasing Program Quality: From Adequate to Good and from Good to Great

In our Phase 1 application, we proposed many different strategies for increasing program quality. Although we will be scaling back most activities as described in the narrative to follow, we will be implementing many of these strategies statewide, including:

- Adding an additional 16 FTE Quality Specialists across the 16 regional Child Care Resource & Referral Agencies (distributed among the agencies according to provider density), and providing intensive training and support to both new and existing Quality Specialists in how to effectively support programs’ quality improvement efforts (Criterion (B)(4)).
- Developing and providing trainings (including web-based trainings) related to the requirements of the QRIS and/or the required competencies for credentials in the Gateways to Opportunity credentialing system (Criteria (B)(4) and (D)(2)).
- Supporting the development of new coursework and training models and strengthening IHE faculty knowledge and skills in the critical areas of early math, use of assessment and standards to drive instruction, and supporting English Language Learners in early childhood (Criterion (D)(2)).

- Ensuring that early learning is included in major statewide efforts to strengthen the quality of instruction in the K-12 system, including the Center for School Improvement and the Illinois Shared Learning Environment (Criteria (B)(4) and (E)(2)).

In addition, we will select six to eight Communities of Concentrated High Need from across the state where additional resources will be concentrated to raise the quality of services Children with High Needs receive. Each of these communities will comprise approximately 4-5,000 Children with High Needs and will be chosen based on several criteria, including: 1) level of concentrated need; 2) presence of a mix of higher and lower quality providers that have demonstrated interest in continual improvement; 3) presence of an established or emerging community collaboration among early childhood providers (including local school districts); and 4) support of local community leadership for a community-wide effort to improve the quality of and access to early learning services for young children and their families. We expect that some of the selected communities will be current participants in our MIECHV-funded Strong Foundations Partnership.

These selected communities will engage in a local planning process (with support from OECD and the CCSD) to determine the targeted strategies that will have the greatest impact on increasing the number and percentage of Children with High Needs in their community that are enrolled in high quality ELD Programs. A flexible pool of resources will support the implementation of these local plans. The strategies communities may choose among will include the many strategies that were proposed for wider implementation in our Phase 1 application (note: the strategies selected may support both Strategic Reform Priorities 2 and 3):

- Supporting cohort-based training and support of providers as they work toward higher quality levels in the QRIS
- Intensive coaching to support programs in meeting the requirements of the Level 5 component Awards of Excellence
- Providing small grants to providers to implement program improvements, such as the purchase of curriculum materials or minor renovations to allow for smaller group sizes for children in child care settings
- Scholarships for educators to obtain coursework for needed credentials, especially the ESL/Bilingual Approval or Endorsement that will be required for PFA teachers working with

English Language Learning children after 2014 and the Gateways to Opportunity Level 5 Infant Toddler Credential that will be required for Prevention Initiative center based programs by 2015

- Enhanced recruitment of the highest need children to ensure that they participate in available programs
- Enhanced family engagement strategies, including implementing the Strengthening Families approach
- Technical assistance in developing models that link children in informal family child care settings with more formal preschool experiences (e.g., the Community Connections model described in our Phase 1 application)
- Piloting policy changes within the Child Care Assistance Program to support children's continuous enrollment in high quality programs

The communities will be identified by January 1, 2013 and will be engaged in planning through December 31, 2013. Implementation of identified strategies will begin in 2014.

Our state's revised Plan will allow us to: strengthen the coordination and integration of existing funding streams devoted to early learning and development; develop the necessary state-level infrastructure for an efficiently administered and sustainable QRIS; develop the data system structure that will allow for tracking of progress towards goals and objectives developed by the Illinois Early Learning Council; increase the availability and quality of workforce development/professional development resources; pilot a variety of strategies for improving program quality and ensuring the most at-risk children participate in high quality programs; and implement a statewide Kindergarten assessment that will both inform instruction and provide valuable information about the status of young children's learning and development. All of the strategies presented in our plan are in service of the goal of supporting the early learning and development of young Children with High Needs and improving their readiness to engage in a challenging curriculum when they enter kindergarten.

Appendix C

Early Childhood Construction Grants

Brown Bear Daycare and Learning Center - \$3.2M

Harvard

An expansion of the current facility of approximately 18,750 square feet to provide additional infant rooms and infant and toddler play areas.

Chicago Urban Day School - \$183,690

Chicago-Englewood

Renovation of the interior and exterior of the current facility including a new roof and windows. The renovations will allow for the reopening of classrooms.

Christopher House - \$5.0M

Chicago-Belmont Cragin

Demolition of the current structure and construction of a new 28,500 square foot building, consisting of classroom and office spaces.

Dolton Park - \$3.5M

Dolton

Demolition of the current facility and construction on the current site of a new 15,300 square foot facility consisting of classroom space, play areas, nursery and computer lab.

Harlem Community Center Hand-n-Hand Child Care Center - \$4.0M

Loves Park

Construction of a new 20,540 square foot facility that will include infant, toddler and preschool classrooms.

Keeneyville School District 20 - \$1.6M

Hanover Park

6,000 square foot separate preschool facility on the Greenbrook Elementary Site.

Korean American Community Services - \$847,625

Chicago-Irving Park

The scope of work provides for a renovation to expand the current facility, consisting of classroom space and child activity center. The grant will allow for an increase in 2-5 year old slots and services are provided in Korean, Spanish, and English.

Lighthouse Early Learning - \$1.3M

Cahokia

Construction of a new 8,000 square foot facility to provide full day full year services to children birth to five.

One Hope United - \$3.1M

Joliet

Purchasing an existing building and renovation to convert the building into an early childhood facility.

Roseland Community Good News Daycare Center - \$461,820

Chicago-Roseland

Demolition and construction of a new building. The program focuses on serving high school and low income working moms.

Through A Child's Eyes - \$5.0M

Cicero

Purchasing an existing building and renovation to convert the building into an early childhood facility.

Tiny Tots Villa - \$100,000

Chicago-Chatam

Renovation and repair of the current 2,115 square foot facility where 97% of the children served come from single female households.

Tom Thumb Community Childcare Center - \$5.0+M

Carpentersville

Construction of a new 27,000 square foot facility, which will be the only infant and toddler center in Carpentersville.

YWCA Kankakee - \$2.4M

Kankakee

Demolition of a portion of the existing facility and construction of classroom, kitchen and staff workroom space.

Appendix D

Recommendations for IDCFS Licensing Standards for Day Care Centers – Rule 407-Obesity Prevention

Standards on Nutrition, Physical Activity and Passive use of Non-Interactive Technology and Media

SECTION I – Background and Process

The Department of Child and Family Services (IDCFS) is currently undertaking a complete revision of Rule 407 (Licensing Standards for Day Care Centers) and its accompanying procedures. In doing so, IDCFS has expressed interest in considering new standards related to obesity prevention. Members from the Systems Integration and Alignment Committee's Health Subcommittee, and staff from the Governor's office, the City of Chicago and the Department of Child and Family Services convened a meeting in November of 2012 to determine a process for the Systems Integration and Alignment Committee to present recommendations for changes to Rule 407 and its procedures related to obesity prevention (nutrition, physical activity and passive use of non-interactive and media

standards) for consideration by IDCFS.³ The purpose of developing these recommendations for IDCFS was to expand the nutrition, physical activity and screen time standards in City of Chicago child day care centers statewide. In 2009, the City of Chicago Department of Public Health, acting through the Commissioner, and the Chicago Board of Health adopted a joint resolution to recommend nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago. These standards are consistent with best practice standards for early childhood settings and to date have been successfully implemented in Chicago. In expanding upon the standards, the Systems Integration and Alignment Committee is promoting the alignment of child care standards state-wide and the collaboration of local and state systems working together to combat childhood obesity.

The Health Subcommittee convened the Obesity Prevention Ad Hoc Work Group in December 2012 and January 2013 to begin work on developing its recommendations to IDCFS. The Ad Hoc Work Group used the Nutrition, Physical Activity and Screen Time Standards for Child Care Centers in the City of Chicago and the Caring for Our Children: National Health and Safety Performance Standards as the main resources in the development of these recommendations.⁴ Over the course of approximately two months, the recommendations were developed following an iterative process of sharing and revising based on feedback given at two in-depth meetings and multiple email exchanges between Early Learning Council participants and other stakeholders.⁵ The recommendations were then reviewed and approved by both the full Health Subcommittee and the Systems Integration and Alignment Committee.⁶

On behalf of the Systems Integration and Alignment Committee, co-chairs Karen Berman and Vanessa Rich present these recommendations for review and approval by the Executive Committee and the full Early Learning Council to submit to IDCFS for their consideration in their revision of Rule 407 and its procedures.

SECTION II – The Issue of Childhood Obesity

Approximately 20 percent of U.S. children are already overweight or obese before they enter school, and rates are even higher (about 33 percent) among low-income children and among African American and Latino children.ⁱ According to the Pediatric Nutrition Surveillance Survey, approximately 15 percent of low-income children under 5 in Illinois are obese.ⁱⁱ The consequences of overweight and obesity in early childhood are severe. Being overweight and obese in childhood is associated with diabetes, liver disease, asthma and sleep disorders from obstructed breathing. Evidence also indicates that excessive weight gain in the first years of life can alter developing neural, metabolic, and behavioral systems in ways that increase the risk for obesity and chronic disease later in life.ⁱⁱⁱ Overweight and obese children are also more likely to experience academic problems related to chronic absenteeism, anxiety, and depression. Researchers predict that this generation of children is likely to have a shorter life expectancy than the generation before it because of the negative consequences of obesity.^{iv}

³ See Appendix A for list of meeting participants

⁴ Other resources used to help develop the recommended standards include US Department of Labor, USDA's Child and Adult Care Food Program Guidelines, NAEYC and the Fred Rogers Center, Academy of Breastfeeding Medicine, CDC, NAP SACC, Institute of Medicine and the Let's Move! White House Initiative

⁵ See Appendix B for list of Subcommittee members, Committee members and other individuals who were consulted in the formation of recommendations

⁶ See Appendix C and D for lists of Health Subcommittee and System Integration and Alignment Committee members

Opportunities for mediating risk factors associated with early childhood obesity can be found within the early childhood systems; especially since young children are spending an increasing amount of time outside of their homes in early childhood programs such as child care.^v Early care and education professionals play a significant role in the lives of young children. These professionals can have an early influence on the healthy lifestyle behaviors and habits of young children through role modeling, education, and communication with parents and caregivers about the development of young children.^{vi} Early care and education professionals can have a direct impact on children's behaviors through institutional policies and practices implemented that govern food served and activities undertaken while children are in out-of-home care. In adhering to more robust obesity prevention standards, early care and education professionals are likely to make a substantial impact on reducing early childhood obesity and in influencing later health outcomes of the children they serve.

SECTION III – Recommendations

In order strengthen obesity prevention in early childhood, IDCFS should expand Rule 407 to reflect the current Nutrition, Physical Activity and Technology Use Standards for Child Care Centers in the City of Chicago^{vii} and consider adopting additional best practice standards for preventing childhood obesity, including the Caring for Our Children: National and Safety Performance Standards.^{viii}

The following standards apply to all children in licensed day care centers:

NUTRITION

- A. Safe drinking water must be readily accessible and served to children during the time they are on the premises.^{ix}
- B. Beverages with added sweeteners (such as flavored milk and other flavored drinks), whether artificial or natural, shall not be provided to children.^x
- C. Avoid concentrated sweets, such as candy.^{xi}
- D. No foods shall be given to children as a reward for good behavior
- E. No juice is permitted for children before twelve months of age.^{xii}
- F. Children older than 12 months of age shall receive no more than 4 ounces of 100% juice per day.^{xiii}
- G. Unless milk with a higher fat content is medically recommended for a child, as documented by the child's medical provider, the content of fat in milk served to children ages 24 months and older shall not be more than 1 percent.^{xiv}
- H. Meals shall be prepared so as to moderate fat and sodium content.^{xv}
 - 1. Choose monounsaturated and polyunsaturated fats (olive oil, safflower oil) and soft margarines; avoid trans fats, saturated fats and fried foods.^{xvi}
 - 2. Limit salty foods, such as pretzels or chips.^{xvii}
- I. Meal planning, including snacks, should be consistent with the healthy meal patterns & nutrition standards of CACFP or other best-practice and evidence based requirements put forth by federal food program(s) governing childcare.
- J. Human milk or infant formula shall be provided for infants at least up to one year of age.^{xviii}
 - 1. Infants should always be held for bottle feeding and bottles should never be propped: Caregivers/teachers should hold infants in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.^{xix}

2. The facility should not permit infants to have bottles in the crib.^{xx}
 3. The facility should not permit an infant to carry a bottle while standing, walking, or running around.^{xxi}
- K. The child care facility should encourage, provide arrangements for, and support breastfeeding^{xxii} :
1. Facilities should provide a private place for breastfeeding mothers who want to come to breastfeed their child or to pump their breast milk on site.^{xxiii} “Private place” is a place, other than a bathroom, that is shielded from view, and free from any intrusion from center staff, children, and the public.^{xxiv} The location provided must be functional as a space for expressing breast milk.^{xxv} If the space is not dedicated to the nursing mothers’ use, it must be available when needed.^{xxvi}
 2. Ensure that all staff are trained in the proper handling and feeding of each milk product, including human milk or infant formula^{xxvii} :
 - i. Human milk should be stored in accordance with the milk storage guidelines from the Academy of Breastfeeding Medicine.^{xxviii}
 - ii. Human milk should be prepared and handled in accordance with the guidelines provided by the Centers for Disease Control and Prevention and the American Academy for Pediatrics.^{xxix}
 3. Providers should notify parents of the options for breastfeeding described above.

PHYSICAL ACTIVITY

- L. Infants should have supervised tummy time every day when they are awake: Caregivers/teachers should interact with an awake infant on their tummy for short periods of time (three to five minutes), increasing the amount of time as the infant shows he/she enjoys the activity.^{xxx}
- M. As already in Rule 407, Infants and toddlers “shall be free to creep, crawl, toddle and walk as they are physically able. Walkers are not permitted unless prescribed by a physician” (Section 407.210/h/2, p. 53).
- N. As already in Rule 407, “for awake infants who cannot move about the room, the staff shall hold, rock and/or carry the child at least every 30 minutes and change the place and position of the child and the selection of toys available” (Section 407.210/h/6, p. 53).
- O. Children ages 12 months or older shall participate in 60 minutes of age-appropriate moderate to vigorous physical activity per day.^{xxxi} For children ages 3 years (36 months) and older, at least 30 of the 60 minutes shall be structured and guided moderate to vigorous physical activity; the remainder of the physical activity may be concurrent with other active play, learning and movement activities.^{xxxii}
1. Structured and guided physical activity shall be facilitated by teachers and/or child care providers and shall promote basic movement, creative movement, motor skills development, and general coordination.^{xxxiii}
 2. Children attending a program less than six hours shall be scheduled to participate in a proportionate amount of such activities.^{xxxiv}
- P. Children of all ages should participate daily in at least two occasions of age-appropriate outdoor time, with active movement or play for children who are mobile, weather permitting and in a safe environment^{xxxv};
1. In inclement weather, active play shall be encouraged and supported in safe indoor play areas.^{xxxvi}

2. During outdoor play, children shall be dressed appropriately for weather and temperature.^{xxxvii}
 3. Children attending a program less than six hours shall be scheduled to participate in at least one occasion of age-appropriate outdoor time.
- Q. Children shall not be allowed to remain sedentary or to sit passively for more than 30 minutes continuously, except during scheduled rest or naptime.^{xxxviii}
- R. Active play should never be withheld from children who misbehave; however, children with out-of-control behavior may need five minutes or less to calm or settle down before resuming cooperative play or activities.^{xxxix}

PASSIVE USE OF NON-INTERACTIVE TECHNOLOGY AND MEDIA

- S. Prohibit the passive use of television, videos, DVDs, and other non-interactive technologies and media in early childhood programs for children younger than 2 years old.^{xi}
- T. For children two and older, who are in the program for six or more hours in a day, passive screen use shall be limited to no more than 60 minutes per day of age-appropriate and educational media.^{xii}
1. Each passive use “session” shall be limited to maximum of 30 minutes.^{xlii}
 2. Children attending a program for less than six hours in a day shall be limited to a proportionate amount of passive use.^{xliii}
- U. During meal or snack time, TV, video, or DVD viewing should not be allowed.^{xliv}
- V. Any screen media, interactive and non-interactive, used shall be free of food advertising and food brand placement.^{xlv}

Appendix E

Recommendations for IDCFS Licensing Standards for Day Care Centers – Rule 407- Oral Health

Referral and Parent Education

- A. Caregivers/teachers should encourage parents to establish a dental home for their child within 6 months after the first tooth erupts or by 1 year of age, whichever is earlier.^{xlvi}

Brushing

- A. Starting at birth, clean an infant’s gums using water and a soft infant toothbrush or cloth preferably after meals.^{xlvii}
- B. All children with teeth should brush or have their teeth brushed at least once during the hours the child is in child care if care is provided for five or more hours per day, preferably after a meal or a snack.^{xlviii}
- a. Caregiver/teacher should either brush the child’s teeth or supervise as the child brushes his/her own teeth.^{xlix} Tooth brushing should be supervised until the child can reliably rinse and spit out excess toothpaste (usually at 6 years of age).ⁱ
 - b. The caregiver/teacher should teach the child the correct method of tooth brushing when the child is capable of doing this activity.ⁱⁱ

- C. The following standard, as already stated in Rule 407, Section 407.240 on “Evening, Night, Weekend, and Holiday Care,” should be extended to all licensed child care centers, regardless of center business hours and days of operation: Each child shall have an individual toothbrush furnished either by the center or the child's parents.
- D. As already stated in Rule 407, Section 407.310 on “Health Requirements for Children,” if toothpaste is used, care shall be taken to avoid cross-contamination when dispensing.
 - a. Each child shall be given a separate tube of toothpaste labeled with his or her name; or
 - b. If a single tube is used, the toothpaste shall be dispensed by placing a small amount on the rim of each child's rinsing cup or on a piece of waxed paper.
- E. Caregiver/teacher should use a "smear" of toothpaste to brush the teeth of a child less than 2 years of age. For the 2-5 year old, the caregiver/teacher should dispense a "pea-size" amount of toothpaste.^{lii}
- F. Caregivers/teachers should not allow the sharing of a toothbrush with a child due to the risk of promoting early colonization of the infant oral cavity with *Streptococcus mutans*, bacteria that causes early childhood caries.^{liii}
- G. As already stated in Rule 407, Section 407.240 on “Evening, Night, Weekend, and Holiday Care,” self-care routines shall include brushing teeth at bedtime or upon rising.

Water

- A. Since all public water systems in Illinois are optimally fluoridated, it is preferable that children drink water from the tap in order to reduce the risk of dental caries and tooth decay.^{liv,lv}

****The following have already been submitted to IDCFS with the Obesity Prevention recommendations:**

- A. *The cavity-causing effect of frequent exposure to food or juice should be reduced by offering children rinsing water after snacks and meals when tooth brushing is not possible.*^{lvi}
- B. *Safe drinking water must be readily accessible and served to children during the time they are on the premises.*^{lvii}

Juice

****The following have already been submitted to IDCFS with the Obesity Prevention recommendations:**

- A. *Fruit juice should be given only as part of a meal or snack.*^{lviii}
- B. *Beverages with added sweeteners (such as flavored milk and other flavored drinks), whether artificial or natural, shall not be provided to children.*^{lix}
- C. *Avoid concentrated sweets, such as candy.*^{lx}
- D. *No juice is permitted for children before twelve months of age.*^{lxi}
- E. *Children older than 12 months of age shall receive no more than 4 ounces of 100% juice per day.*^{lxii}

Bottle Use

****The following have already been submitted to IDCFS with the Obesity Prevention recommendations:**

- A. *Infants should always be held for bottle feeding and bottles should never be propped: Caregivers/teachers should hold infants in the caregiver/teacher’s arms or sitting up on the caregiver/teacher’s lap.*^{lxiii}
- B. *The facility should not permit infants to have bottles in the crib.*^{lxiv}
- C. *Children should not use a bottle or no-spill cup during the day, unless the bottle or cup contains plain water.*^{lxv}

Appendix F

Hard to Reach Subcommittee Recommendations

Summary

The Family and Community Engagement Committee recommends the following for adoption by the Early Learning Council:

- Adopt the initial list of eight “hard-to-reach” populations below
- Encourage communities and individual early care and education programs to increase their service to these populations
- Recommend to the Governor’s Office of Early Childhood Development that the seven Early Childhood Innovation Zones (pilot communities) identified in the Early Learning Challenge Grant engage in planning to increase service to those populations
- Ask the other Committees of the Early Learning Council to consider these populations as they conduct their work

Introduction

Working through its Hard to Reach Families Subcommittee, the Family and Community Engagement Committee has developed an initial recommendation for increased service to children and families who are underrepresented in, or underserved by, existing early learning programs because standard program models do not meet their needs. These families may be described as hard to find, hard-to-reach, or hard to serve. For simplicity, we are calling them “hard-to-reach.” From the families’ point of view, it is early learning programs themselves that are hard-to-reach. The recommendation does not address families that are well served by existing program models but are underrepresented because there are not enough programs in the communities where they live.

As a first step to improving our early learning systems to serve these groups better, the committee recommends that the Early Learning Challenge Grant pilot communities (or Innovation Zones) consider these hard-to-reach groups in their planning, and implement program modifications designed to serve them. The Committee calls on public funders to modify funding levels and other policies as part of experiments that might be sustainable on a broader level if successful.

One of the criteria for including each group on this list was that demographic data is available (1) in order to target populations based on need, and (2) to measure whether the new strategies and approaches have the intended impact and increase service to those groups. Thus, the Committee recommends a data and evaluation component as well.

Who are the hard-to-reach populations and why are they hard to reach?

The hard-to-reach populations listed here meet all of the following criteria. Each population tends to be:

- At risk
- Under-served (i.e. too many such families are not enrolled)
- Hard to find/reach/serve
- Measurable at the community level (see IECAM “data notes” in appendix), and
- Measurable at the program level (i.e. simple, unambiguous categories)

The following populations meet these criteria:

1. Children of teen parents
2. Children in homeless families
3. Children in families in poverty or deep poverty
4. Children/families with Department of Children and Family Services involvement
5. Children with disabilities, including
 - Those transitioning from Early Intervention (birth to three) to preschool or Early Childhood Special Education (three to five)
 - Children with disabilities not currently served
6. Children in family, friend & neighbor (license-exempt) child care
7. Linguistically isolated families and other families that experience significant barriers based on language
8. Children of migrant or seasonal workers

(Note: The committee is continuing to consider other population groups listed in Table B (below), and intends to make recommendations regarding those groups in the coming year.)

Families in the groups listed above tend to encounter obstacles to enrollment and participation in early learning programs, including⁷:

- Lack of information about the benefits or availability of early learning programs in the community. Communication about programs has not effectively reached these groups.
- Transportation barriers such as no car, unsafe streets for walking, parent/caregiver disabilities, parent/caregiver is at home with babies, etc.
- Unusual work schedule making regular daytime attendance difficult
- Inadequate family or peer supports to help with parenting and solve family problems that hinder preschool attendance. (Parents depend on their social networks to help with a sick child, care for a child while the parent runs errands, help in thinking through issues with the child or family, etc.)

⁷ This list was developed by committee members and their professional colleagues who work with the populations listed. The committee might update the list when the evaluation of the recently-concluded hard-to-reach pilot projects is issued.

- Insufficient food and clothing
- Unstable housing arrangements
- Linguistic or cultural isolation
- Mistrust of institutions or government because of previous experience or legal issues
- Enrollment requirements that they cannot meet, such as immunization records, birth certificates, enrollment cut-off date months before the program starts, etc.

What works to engage hard to reach families and what can we do differently?

The Hard to Reach Subcommittee identified multiple crosscutting themes for successful approaches and strategies for engaging with hard to reach families. It recommends that each community consider whether the following program elements or modifications will help them serve their hard-to-reach populations⁸.

- Outreach strategies, including
 - Peer-to-peer outreach and communication on the importance of preschool and available programs
 - Door to door canvassing
 - Dedicating staff specifically to outreach
- Collaboration with programs that already serve the target population, such as homeless shelters, teen parent programs, immigrant-serving organizations, IDCFS, etc.
- Transporting children to and from the program, either by bus, “walking preschool bus,” or other arrangements. Children might be transported from their homes or from their home-based child care location (as in Illinois Action for Children’s Community Connections Preschool programs).
- Delivering early childhood education and/or parent engagement activities in non-traditional settings (such as homeless shelters) and through innovative models
- Scheduling early childhood education and parent engagement during non-traditional hours
- Helping parents build relationships with other residents, parents, faith-based organizations and community organizations to help stabilize and support family life. Expanded parent-child activities, on both a program and a community-wide basis can build parent enthusiasm throughout the community.
- Providing a more comprehensive mix of services, such as those offered by Head Start, in order to address obstacles and meet family needs. Service might be offered in partnership with other agencies such as food pantries, low-income housing organizations, health care & home visiting agencies, etc.
- Performing outreach and delivering services in the language of the families
- Other strategies based on the specific strengths of each community.

⁸ These strategies have been suggested by committee members and their professional colleagues working with the population groups listed above.

Need to define goals and measure success

Increased service to hard-to-reach populations can be planned and implemented by an individual early education program or at the community level. The Family and Community Engagement Committee recommends that in either case, the target population must be clearly defined and success must be measured.

Recommendations to serve hard-to-reach populations have been made previously by the Early Learning Council and incorporated into Preschool for All Requests for Proposals. That approach has proved to be insufficient. The Committee recognizes that additional resources and policy changes will be needed. In order to justify these changes and target additional resources to the identified populations only, clearly defined goals and success measures are needed.

To this end, IECAM has identified some sources of community-level data on each of the identified populations (see “data notes” below). This data can help identify which hard-to-reach populations are present in a particular community. Once goals are set for serving more families from a particular group, a plan to track participation at the program level is needed. With that in place, an evaluation can be planned before service change starts.

Community Collaborations and Early Childhood Innovation Zones

The Committee encourages every program and every community to serve more hard-to-reach families. Communities with existing early childhood collaborations, including Early Childhood Action Partnerships (established through the recent State Advisory Council federal grant), AOK networks and the like, are in a good position to begin this planning.

The seven Early Childhood Innovation Zones (pilot communities) identified through the Early Learning Challenge Grant (ELCG) are in the best position to engage in planning, attract ELCG resources for experiments with program modifications, and ultimately recommend policy changes.

Every community engaged in this work should incorporate the following:

- Include all relevant stakeholders in the planning group
- Develop and deliver clear messages about the importance of early education and the services available
- Develop “community systems” of collaboration among agencies and stakeholders to ensure that services follow the child

Policy development

Table A shows the cross-cutting recommendations for making programs more accessible to hard-to-reach families. The Committee recommends that Early Learning Challenge Grant resources support testing of these approaches in the Early Childhood Innovation Zones. Lessons learned can form the basis for policy recommendations in future years.

In addition, the Committee recommends that the other Committees of the Early Learning Council recognize the importance of serving these identified hard-to-reach groups as they conduct their work. In addition, the Committee recommends cross-committee collaboration on the identified issues, especially with the Blending, Braiding, and Sustainable Funding Subcommittee and the Data, Research and Evaluation Committee.

Future committee work

Future committee work will include:

- Consideration of the additional population groups listed in Table B (below).
- Review of the evaluation of the hard-to-reach pilot projects recently completed
- Work with IECAM to refine the list of potential data sources and make the data as accessible as possible to communities
- Finally, the committee recognizes that some families experience not only the obstacles described above, but also risks that could be addressed through a broader menu of services. In the upcoming year, it intends to consider how public policy might address the needs of such families with multiple risk factors.

Appendix G

Council and Committee Meetings

2012

July

- 17 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 3:00-4:30
- 19 Home Visiting Task Force, Ounce of Prevention, 33 W. Monroe, Chicago IL, 3:00-5:00
- 26 Early Learning Council Executive Committee, Educare of West DuPage, 851 Pearl Road, West Chicago IL, 10:00-3:00

August

- 20 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:00-4:00
- 23 Program Standards and Quality Communications and Coordinating Subcommittee, Teleconference, 11:30-1:00
- 31 Data, Research, and Evaluation Committee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 10:00-12:30

September

- 4 Health Connections Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 1:00-2:30
- 6 Sustainability Subcommittee, Children's Home + Aid, 125 S. Wacker, Chicago

- 11 Program Standards and Quality Ad Hoc QRIS Committee, DePaul University, 150 W Warrenville Road, Naperville IL, 10:00-2:00
- 17 Program Standards and Quality Ad Hoc Infant and Toddler Review Group, Teleconference, 1:00-3:00
- 27 Family and Community Engagement Committee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-12:00

October

- 1 Early Learning Council Executive Committee, JRTC, 100 W. Randolph St., 14th Floor, Chicago IL, Alzina Building, 100 N. First Street, 3rd Floor, Springfield IL, 1:00-4:00
- 10 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 3:00-4:30
- 11 Program Standards and Quality Ad Hoc QRIS Level 5-Infant/Toddler, Erikson Institute, 451 N LaSalle St, Chicago IL, 1:00-3:00
- 15 Health Connections Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 1:00-2:30
Data, Research, and Evaluation Committee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 9:00-10:00
Program Standards and Quality Ad Hoc QRIS Committee, Teleconference, 10:30-11:30
Program Standards and Quality Ad Hoc QRIS Level 5- Culturally and Linguistically Appropriate Practices, Ounce of Prevention, 33 W. Monroe, Chicago IL, 1:00-3:00
- 15 Program Standards and Quality Ad Hoc QRIS Level 5-Special Needs/Inclusion, Teleconference, 1:00-3:00
- 18 Program Standards and Quality Ad Hoc QRIS Level 5- Culturally and Linguistically Appropriate Practices, Ounce of Prevention, 33 W. Monroe, Chicago IL, 1:00-3:00
- 22 Early Learning Council, Roosevelt University, 425 S. Wabash Ave., Chicago IL, 11-2
- 26 Program Standards and Quality Ad Hoc QRIS Level 5- Culturally and Linguistically Appropriate Practices, Teleconference, 1:00-3:00
- 31 Program Standards and Quality Ad Hoc QRIS Committee, DePaul University, 150 W Warrenville Road, Naperville IL, 10:00-3:00

November

- 6 Program Standards and Quality Ad Hoc QRIS Level 5- Family Engagement, Teleconference, 3:00-5:00
- 8 Program Standards and Quality Ad Hoc QRIS Level 5- Program Administration, Teleconference 9:00-11:00

- 9 Sustainability Subcommittee, Children’s Home + Aid, 125 S. Wacker, Chicago IL, 3:00-4:00
- 14 Hard to Reach Subcommittee, American Institutes for Research, 20 N Wacker Dr., 10:00-12:00
- 19 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30
- 20 Program Standards and Quality Ad Hoc QRIS Level 5- Family Engagement, Teleconference, 1:30-3:30

December

- 4 Program Standards and Quality Ad Hoc QRIS Level 5- Special Needs/Inclusion, Teleconference, 11:00-12:00
- 6 Hard to Reach Subcommittee, Thompson Center, 100 W. Randolph, Chicago, IL 60601, 9:30-11:30
- 7 Program Standards and Quality Ad Hoc QRIS Level 5- Program Administration, Teleconference 9:00-10:00
- 11 Health Connections Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 10:30-11:30
- 12 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30
Program Standards and Quality Ad Hoc QRIS Committee, DePaul University, 150 W Warrenville Road, Naperville IL, 9:30-3:30
- 19 Sustainability Subcommittee, Children’s Home + Aid, 125 S. Wacker, Chicago IL, 10:00-11:30

2013

January

- 3 Program Standards and Quality Committee, Teleconference, 10:30-12:00
- 9 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30
- 14 Program Standards and Quality Communications and Coordinating Subcommittee, Teleconference, 11:30-1:00
- 16 Early Learning Council Executive Committee, Human Services, 401 South Clinton, 7th Floor, Chicago IL, Harris Building, Springfield IL, 11:00-1:00
- 17 Home Visiting Task Force Executive Committee, Ounce of Prevention, 33 W. Monroe, Chicago IL 2:00-3:30
- 24 Family and Community Engagement Committee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 11:00-12:00

Capital/Infrastructure Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-11:00

Hard to Reach Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-11:00

Principles and Practices Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-11:00

25 Systems Integration and Alignment Committee, State of Illinois, 100 W. Randolph, Chicago IL, 1:30-3:30

28 Data, Research, and Evaluation Committee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 10:00-12:00

29 Home Visiting Task Force, Ounce of Prevention, 33 W. Monroe, Chicago IL, 10:00-12:00

February

7 Health Connections Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 10:00-11:30

11 Early Learning Council Executive Committee, JRTC, 100 W. Randolph St., 14th Floor, Chicago IL, Alzina Building, 100 N. First Street, 3rd Floor, Springfield IL, 1:00-3:00

13 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30

15 Principles and Practices Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-1:00

19 Hard to Reach Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-12:00

25 Early Learning Council, Roosevelt University, 425 S. Wabash Ave., Chicago IL, 11-2

March

5 Data, Research, and Evaluation Committee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 10:00-12:00

11 Health Connections Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 3:30-5:00

13 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30

18 Program Standards and Quality Committee, Teleconference, 11:30-1:00

28 Family and Community Engagement Committee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 11:00-12:00

Capital/Infrastructure Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-11:00

Hard to Reach Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-11:00

Principles and Practices Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 9:00-10:00

April

8 Early Learning Council Executive Committee, JRTC, 100 W. Randolph St., 14th Floor, Chicago IL, Alzina Building, 100 N. First Street, 3rd Floor, Springfield IL, 1:00-3:00

9 Home Visiting Task Force Executive Committee, Ounce of Prevention, 33 W. Monroe, Chicago IL 2:30-4:00

10 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30

22 Principles and Practices Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-1:00

23 Home Visiting Task Force, Ounce of Prevention, 33 W. Monroe, Chicago IL, 1:00-3:00

25 Early Learning Council Executive Committee, Bilandic Building, 160 N. LaSalle Street, 10th Floor, Chicago IL, Lt. Governor's Stratton Video Conference room, Springfield IL, 9:00-11:00

May

8 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30

10 Health Connections Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:00-4:00

13 Program Standards and Quality Committee, Teleconference, 11:30-1:00

14 Data, Research, and Evaluation Committee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 10:00-12:00

15 Hard to Reach Subcommittee, Thompson Center, 100 W. Randolph, Chicago, IL 60601, 2:00-3:30

23 Family and Community Engagement Committee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 11:00-12:00

Capital/Infrastructure Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-11:00

Hard to Reach Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 10:00-11:00

Principles and Practices Subcommittee, Illinois Action for Children, 1340 S. Damen Ave, Chicago, IL 60608, 9:00-10:00

Sustainability Subcommittee, Children's Home + Aid, 125 S. Wacker, Chicago IL, 10:00-11:30

30 Systems Integration and Alignment Committee, Ounce of Prevention Fund, 33 W. Monroe, Chicago IL, 9:00-11:00

June

3 Early Learning Council Executive Committee, JRTC, 100 W. Randolph St., 14th Floor, Chicago IL, Alzina Building, 100 N. First Street, 3rd Floor, Springfield IL, 1:00-3:00

12 Health Subcommittee, Ounce of Prevention, 33 W. Monroe, Chicago IL, 2:30-4:30

Appendix F

Accomplishments

Summer 2012

- OECD Director Hired
- ELC presented with the results of the statewide early childhood needs assessment
- New ELC Committee Structure became effective
- Unified Early Childhood Data System Kickoff with all interested stakeholders

Fall 2012

- Council Approved Race to the Top-Early Learning Challenge Application
- Submitted Race to the Top-Early Learning Challenge Application
- Family and Community Engagement recommendations were approved by the Council
- Restarted the IDCFS Licensing Advisory Committee
- Started ELC Informational Webinar Series
- Created Ad Hoc Communications Committee
- Council Committee Staffers received funding through a foundation for two years

Winter 2012-2013

- IL MIECHV presented at National Zero to Three Conference
- ECAP meeting on capacity building for local systems development
- Governor announced Early Childhood Construction Grant Recipients
- Awarded over \$34 million in Race to the Top-Early Learning Challenge funding
- Council meetings started under the new, more interactive format
- Council approved “Big Picture” for early childhood in Illinois
- Council approved structure of the QRIS
- Council approved obesity prevention IDCFS rule recommendations
- Targeted High Need Committees selected and announced
- Hired a marketing firm to do the branding for the QRIS

Spring 2013

- 14 Day Memo Released to Parents
- OECD notified that Illinois will receive a Supplemental Race to the Top-Early Learning Challenge Grant

ⁱ Institute of Medicine (IOM). (2011). *Early Childhood Obesity Prevention Policies*. Washington, DC: The National Academies Press.

ⁱⁱ Dalenius K, Borland E, Smith B, Polhamus B, Grummer-Strawn L. (2012). *Pediatric Nutrition Surveillance 2010 Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

ⁱⁱⁱ Institute of Medicine (IOM). (2011). *Early Childhood Obesity Prevention Policies*. Washington, DC: The National Academies Press.

^{iv} Olshansky SJ, Passaro DJ, Hershow RC, Layden J, Carnes BA, Brody J, Hayflick L, Butler RN, Allison DB, Ludwig, DS. (2005) *A potential decline in life expectancy in the United States in the 21st century*. *New England Journal of Medicine*. Vol. 352:1138-1145.

^v Kaphingst K and Story M. (2009) *Child care as an untapped setting for obesity prevention: state child care licensing regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States*. *Preventing Chronic Disease*, Vol. 6(1):A11.

^{vi} Kathleen Sellers, Theresa J. Russo, Ida Baker and Barbara A. Dennison. (2005). *The role of childcare providers in the prevention of childhood overweight*. *Journal of Early Childhood Research*. Vol 3(3). 227–242.

^{vii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{viii} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{ix} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^x Standard is aligned with the following standards, except that we added the examples of “flavored milk and other flavored drinks” to this standards: Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xi} Standard is aligned with the following standards, except that we removed sodas, sweetened drinks, fruit nectars, and flavored milk since they are addressed in other parts of our recommendations: American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xiii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xiv} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xv} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xvi} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xvii} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xviii} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xix} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xx} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xxi} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xxii} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xxiii} Standard aligns with the following standards, except that we also added breast pumping in addition to breast feeding: American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.

http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xxiv} US Department of Labor, Wage and Hour Division. Fact Sheet #73: Break Time for Nursing Mothers under the Fair Labor Standards Act: <http://www.dol.gov/whd/regs/compliance/whdfs73.htm#.UPmZ6x1EHTo>

^{xxv} US Department of Labor, Wage and Hour Division. Fact Sheet #73: Break Time for Nursing Mothers under the Fair Labor Standards Act: <http://www.dol.gov/whd/regs/compliance/whdfs73.htm#.UPmZ6x1EHTo>

^{xxvi} US Department of Labor, Wage and Hour Division. Fact Sheet #73: Break Time for Nursing Mothers under the Fair Labor Standards Act: <http://www.dol.gov/whd/regs/compliance/whdfs73.htm#.UPmZ6x1EHTo>

^{xxvii} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xxviii} Academy of Breastfeeding Medicine. 2010. Clinical protocol #8: Human milk storage information for home use for healthy full term infants. Rev. ed. Princeton Junction, NJ: ABM.

^{xxix} See guidelines at: http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm and

Appendix E

^{xxx} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xxxi} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xxxii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xxxiii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xxxiv} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xxxv} Standard is aligned with the following standards except that we included all children in this standard, not just 0-6, and added the description of “with active movement or play for children who are mobile, weather permitting and in a safe environment”: American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in

Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.

http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xxxvi} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xxxvii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{xxxviii} NAP SACC Program Best Practices Recommendations, Center for Health Promotion and Disease Prevention, The University of North Carolina, Chapel Hill, NC, May 2007

^{xxxix} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xl} National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children’s Media at Saint Vincent College. (2012). Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8..

http://www.naeyc.org/files/naeyc/file/positions/PS_technology_WEB2.pdf

^{xli} Standard is aligned with the nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago but it references passive use of non-interactive technologies and media instead of general screen use

^{xlii} Standard is aligned with the nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago but it references passive use of non-interactive technologies and media instead of general screen use

^{xliii} Standard is aligned with the nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago but it references passive use of non-interactive technologies and media instead of general screen use

^{xliiv} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xliiv} Standard is aligned with the following standards, except that it highlights both “interactive and non-interactive media” and specifies “food advertising and food brand placement” instead of “advertising and brand placement” more generally: American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition.

http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{xliiv} American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

^{xliiv} American Academy of Pediatric Dentistry Policy on Oral Health in Child Care Centers. Retrieved from http://www.aapd.org/media/Policies_Guidelines/P_OHCCareCenters.pdf

^{xliiv} Adapted from: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

^{xliiv} American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early*

care and education programs. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

ⁱ http://www2.aap.org/oralhealth/docs/OralHealthFCpagesF2_2_1.pdf

ⁱⁱ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

ⁱⁱⁱ Adapted from: American Academy of Pediatric Dentistry FAQ. Retrieved from http://www.aapd.org/resources/frequently_asked_questions/

ⁱⁱⁱⁱ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

^{lv} Community water fluoridation for prevention of tooth decay: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>

^{lv} According to the 2013 Delta Dental Children's Oral Health Survey, nearly 60 percent of caregivers say they are more likely to give children bottled water than tap water, potentially depriving kids of fluoride that is critical to good oral health: <http://www.deltadental.com/Public/NewsMedia/NewsReleaseDontBottleWater201304.jsp>

^{lvi} American Academy of Pediatrics. 2001. *The Use and Misuse of Fruit Juice in Pediatrics*. PEDIATRICS Vol. 107 No. 5 pp. 1210 - 1213 (doi: 10.1542/peds.107.5.1210)

^{lvii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{lviii} American Academy of Pediatrics. 2001. *The Use and Misuse of Fruit Juice in Pediatrics*. PEDIATRICS Vol. 107 No. 5 pp. 1210 - 1213 (doi: 10.1542/peds.107.5.1210)

^{lix} Standard is aligned with the following standards, except that we added the examples of “flavored milk and other flavored drinks” to this standards: Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{lx} Standard is aligned with the following standards, except that we removed sodas, sweetened drinks, fruit nectars, and flavored milk since they are addressed in other parts of our recommendations: American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{lxi} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{lxii} Nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

^{lxiii} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{lxiv} American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

^{lxv} American Academy of Pediatrics Oral health Initiative program. *PACT: A Pediatric Oral Health Training Program*. Chapter 5: Preventative Care. Section 2: Feeding and Nutrition Practices. Retrieved from: http://www2.aap.org/ORALHEALTH/pact/ch5_sect2.cfm