

Illinois Early Learning Council Meeting

June 24, 2013

11:00 am- 2:00 pm

Erikson Institute

Polk Bros. Lecture Hall

451 North LaSalle St.

Chicago, IL 60654

Conference Line: 888-494-4032

Access Code: 7198518485

I. Pre-Meeting Introductions (10:50)

Introduce yourself to someone on the Council you do not know.

II. Welcome and Announcements (11:00)

- a. Introductions
- b. Minutes
- c. Announcements

III. Committee Recommendations (11:15)

- a. Family and Community Engagement Recommendation:
Hard to Reach Recommendations
- b. Systems Integration and Alignment Recommendation:
System Integration and Alignment Committee's recommendation for changes to Rule 407 and its procedures related to Oral Health for consideration by DCFS.

IV. Committee Reports (11:35)

- a. Community Systems Development Subcommittee
Community profiles and resource toolkit

V. Hard to Reach Pilot Evaluation Overview (11:40)

Break for Lunch (12:00-12:20)

VI. Quality Rating and Improvement System Marketing Preview (12:20)

VII. Chicago Coordinated Technical Assistance Overview and Discussion (12:30)

VIII. Definition of Poverty Discussion (12:40)

IX. Federal Preschool For All Proposal (1:40)

X. Race to the Top-Early Learning Challenge Additional Funding (1:50)

XI. Closing and Adjournments (2:00)

Next Meeting is October 20th

Illinois Early Learning Council

February 25, 2013
11:00 am – 2:00 pm

Roosevelt University
425 S. Wabash Ave.
Room 418
Chicago, IL 60605
Conference Line: 888-494-4032
Access Code: 7198518485

Meeting Minutes

Members participating: Lori Baas, Karen Berman, Jeanna Capito, Tim Carpenter, George Davis, Andrea Densham, Daniel Fitzgerald, Jana Fleming, Gaylord Gieseke, Phyllis Glink, Vinni Hall, Gloria Harris, Daniel Harris, Harriette Herrera, Colleen Jones, Teresa Kelly, Camille Lilly, Suzanne Logan, Janet Maruna, Beth Mascitti-Miller, Mark McHugh, Debbie Meisner-Bertauski, Harriet Meyer, Janice Moenster, Lauri Morrison-Frichtl, Beatrice Nichols, Donna Nylander, Andrea Palmer, Claudia Quigg, Barbara Quinn, Diana Rauner, Elliot Regenstein, Pam Reising Rechner, Vanessa Rich, Gina Ruther, Michelle Saddler, Jodi Scott, Byrnn Seibert, Sara Slaughter, Julie Smith, Luz Maria Solis, Teri Talan, Kathleen Villano, Joan Vitale, Judith Walker-Kendrick, Maria Whelan, Granada Williams, Kay Willmoth Cass Wolfe, Cindy Zumwalt

I. **Welcome and Announcements**

a. **Introductions**

Holly Stadler, Dean of Roosevelt University's College of Education, welcomed participants and highlighted Roosevelt University's education innovations.

Co-Chair Julie Smith encouraged members to share their opinions and give good feedback in this meeting. She also noted that updates are now in written form and will no longer be taking a large part of the agenda.

b. **Approval of October Meeting Minutes**

Minutes for the October 22, 2012 Council meeting were approved.

c. **Announcements**

Elliot Regenstein provided an update on President Obama's mentioning of Early Learning in the State of the Union, noting that only broad outlines exist at this point. Lots more detail is coming and no one has closed the door on this on either side of the aisle. It will be at least a calendar year before and money becomes available to the states.

Julie Smith noted that Illinois officially won round two of the Race to the Top – Early Learning Challenge and that the Governor announced the recipients of the Early Childhood Construction Grants in December.

Julie Smith and Harriet Meyer led a recognition of Nancy Shier’s contributions to the Council and to early learning throughout Illinois. Nancy was presented with a commendation certificate from the Governor. Julie said “One of the first people I met when I started was Nancy Shier. I could tell right away that the whole community was blessed by having her as one of its strongest advocates.” Nancy received a standing ovation.

II. ELC Big Picture Presentation

Theresa Hawley presented on the Early Learning Council’s “big picture,” focusing on its goals, alignment with partner entities and necessary next steps (the presentation slides are available on the ELC page of the OECD website). She noted that the data systems being developed will be as longitudinal as possible. Members expressed the desire that a continued, explicit statement of the need for proper funding levels be part of the Council’s “big picture.”

III. Early Childhood Action Partnerships Presentation

Mike Shaver and Jay Young from Children’s Home + Aid and Kathy Stohr of Illinois Action for Children presented on their experiences and lessons learned regarding community systems building.

Mike Shaver: We wanted to test the idea of “collective impact” and saw progress in bringing stakeholders to the table using this model in the Southside Early Learning Network. We felt that not having a collective view was a challenge we needed to address.

Four keys: 1) Common Agenda 2) Shared Measurement 3) Mutually Reinforcing Activities 4) Continual Communication. The South Side Early Learning Network has had some successes and challenges around #3 – mutually reinforcing activities. It is essential to think about segmentation and work across silos. We found that it was tough to braid existing services because funding streams are different. We’re also wrestling with sustainability and growth issues.

Jay Young: We’ve been modestly successful in terms of the “seamless integration” required by MIECHV. We had 82 representatives from 75 agencies and many parents present. We learned that we can’t do this work without bringing a degree of cohesion to it (gun violence, parental engagement and many other issues are very related). You also need quick, easy victories.

Kathy Stohr: In managing the ECAP program we’ve learned some lessons, but bear in mind that these are all observational and anecdotal. Mini grants have sparked interest in building collaborations across the state. One drawback is that sometimes

the money becomes the reason for the project (rather than the mission being the reason). We're starting to change conversations from "programs" to "systems". The whole process is great for network building. Having a process/framework is very helpful for communities that are just starting out. Parent-to-parent connections are essential. We also need to have parents at the table and have effective ways to get information out to parents. My four biggest takeaways:

1. Local leadership matters
2. Design support systems to give a better picture of goals/path
3. Money is not what stops communities from collaborating
4. Beware the "frozen middle" – the key to any change is in the middle of an organization, no matter how great the ideas at the top.

IV. **State of Early Childhood in Illinois**

Theresa Hawley presented maps and data that she developed with IECAM (available on the ELC page of the OECD website). They outlined the number of children broken down by location, income level, race, family employment pattern and service enrollment.

V. **Committee Recommendations**

- A. Family and Community Engagement Recommendation: *Recommendation to Governor Quinn to support Illinois' expansion of early childhood facilities in high-need communities in his FY14 capital budget.*
The recommendation passed.
- B. Systems Integration and Alignment Recommendation: *Recommendation for changes to Rule 407 and its procedures related to obesity prevention (nutrition, physical activity and screen-time standards) for consideration by DCFS.*
The recommendation passed.
- C. Quality Ratings and Improvement System: *Levels 1-4 and the Cultural and Linguistic, Infant and Toddler, and Preschool Instructional Excellence Awards.*
The recommendation passed.

VI. **Adjourn**

Next Meeting is June 24, 2013

Recommendation to the Early Learning Council regarding “Hard-to-Reach” populations

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, including¹:

- 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,

¹ 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.

care for a child while the parent runs errands, help in thinking through issues with the child or family, etc.)

- 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 populations².

- 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, DCFS, 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.

² These strategies have been suggested by committee members and their professional colleagues working with the population groups listed above.

- Performing outreach and delivering services in the language of the families
- Other strategies based on the specific strengths of each community.

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.

Table A. Planning Grid

	Peer-to-peer outreach	Collab with programs already serving this group	Transportation options	Unusual settings & models	Unusual hours or schedule	Build parent - peer relations	More comprehensive services
Children of Teen Parents							
Children in Homeless Families							
Children in Families in Poverty or Deep Poverty							
Children/Families with DCFS Involvement							
Children with Disabilities							
Children in Family, Friend & Neighbor child care							
Linguistically isolated families							
Children of migrant or seasonal workers							

Table B. Additional population groups under consideration by the committee for inclusion as targeted hard-to-reach groups

On hold categories	Notes
Children in communities experiencing high levels of violence	How to define “communities experiencing high levels of violence”?
Children in geographically isolated families (including rural and urban isolation)	How to define “geographically isolated”?
Parent education level	Discussion?
Children of adults who have aged out of foster care	Relates to child welfare involvement; data may not be accessible
Families where parents have disabilities, including mental health issues, substance abuse, or others	
Children from low-income families being raised by grandparents or another relative because of parent incarceration	Discussion?
Children from low-income families being raised by grandparents or another relative because of deportation	Discussion?

Appendix: “Data Notes” from IECAM

Following are some potential sources of population data for each of the hard-to-reach groups, identified by IECAM.

Children of Teen Parents

1. Teen Parents

- Data source: IPUMS
- Data types: number of female teens who are mothers / number of teens who are parents
- Calculation: percent of female teens who are mothers / percent of teens who are parents
- Region: PUMA
- IECAM: has these data in process for its Needs Assessment 2 project for 2009 – 2011
- These data represent a universe of children

2. Births to teens

- Data source: IDPH
- Data types: births to mothers age 19 and under (also to mothers under age 15, ages 15, 16, and 17; ages 18 and 19); percent of births that are births to mothers age 19 and under
- Region: county
- IECAM has these data from IDPH for 2008 and 2009 (the latest year for which they are available)
- These data represent a universe of children

Children in Homeless Families

1. Homeless students

- Data source: ISBE EC
- Data type: number of students who are homeless in PFA, K, Grades 1-3
- Region: county (but probably could be obtained for other regions in the future)
- IECAM has these data as part of its Needs Assessment 2 project for 2011 and 2012
- These data are program data

2. Homeless persons

Note: HUD prepares an annual report to Congress on homelessness. The latest report for 2009: <https://www.onecpd.info/resources/documents/5thHomelessAssessmentReport.pdf> indicates (in Appendix C-2) the number of homeless persons in IL (14,055) but not the number of children.

3. Homeless students

Possible data sources:

- * National Center on Family Homelessness
<http://www.familyhomelessness.org/>
- * Homelessness Resource Center
<http://homeless.samhsa.gov/>
- * National Center for Homeless Education
<http://center.serve.org/nche/>

4. Federal data

Data from McKinney-Vento are available on Dept. of Ed data pages. These are available by state; not by smaller regions. For example:

Latest school year available: 2010-2011

Number of homeless students enrolled, with or without M-V subgrants, by primary nighttime residence:

Doubled up (e.g., living with another family): 32,159

Children in Poverty or Deep Poverty

1. Children in families living in poverty

- Data source: U.S. Census (& IECAM estimates)
- Data type: Number of children age 0 through 5, and individual age cohorts 0 through 5, living in families below 100% FPL
- Region: state, county, township, municipality, state house and senate legislative districts, Federal congressional districts, elementary and unit school districts
- IECAM: data for 2005 through 2010 (latest census data); 2011 for some large areas
- NOTE: Some regions are not available at all years

2. Children in families living in deep poverty

NOTE: Same as above, except use 50% FPL instead of 100% FPL

NOTE: Census uses 50% FPL for "extreme poverty"

Children/Families with DCFS Involvement

1. Child Abuse and Neglect

- Data source: DCFS
- Data types: (1) Abuse and Neglect Reports; (2) number of indicated investigations; (3) number of children reported as sexually abused; (4) number of children indicated for sexual abuse.
- Region: County
- IECAM: data available for 2009 through 2011 in Needs Assessment 2 project; and available on DCFS web site
- (The committee will also ask DCFS if it can provide data on the # of children birth to three who it has screened, and data on intact families receiving DCFS services through contracted agencies)

2. Foster children

- Data source: DCFS
- Data type: number of children birth until age 21 in foster care
- Region: county
- IECAM: data in Needs Assessment 2 project for 2009 - 2012

Children with disabilities

1. Early Intervention

- Data source: IDHS

- Data type: number of children with an IFSP
- Region: county
- IECAM: has these data from IDHS for 2007 – 2012
- These data are program data

2. Children with an IEP in PFA, K, grades 1-3

- Data source: ISBE
- Data type: number of children
- Region: county (but could probably get other regions in the future)
- IECAM: has these data in process for its Needs Assessment project for 2011-2012
- These data are program data

3. Children with a vision or hearing disability

- Data source: IPUMS
- Data type: Children with a vision disability (blind or serious difficulty seeing even with glasses)
- Data type: children with a hearing disability (deaf or serious difficulty hearing)
- Region: PUMA
- IECAM: has these data as part of its Needs Assessment 1 project for 2009; data for subsequent years not obtained (but it's possible to obtain them)
- These data partly represent a universe of children (i.e., they're based on survey responses rather than program participation, although some program participation may be involved)

Children in Family, Friend & Neighbor (license-exempt) Child Care

- Data Source: IDHS / INCCRRA
- Data type: Children receiving CCAP in license-exempt family child care homes
- Region: County, township, municipality, etc.
- IECAM: these data are included in the IECAM searchable database for 2008 through 2012
- NOTE: The CCAP data assume low-income families.
- NOTE: The category "license-exempt family child care homes" as reported on IECAM includes the following IDHS categories: [a] Day Care Home Exempt From Licensing; [b] Relative (Exempt From Licensing). Care provided in the home of a relative; [c] Non-Relative (Exempt From Licensing). Care provided in the home of the child; [d] Relative (Exempt From Licensing). Care provided in the home of the child)
- NOTE: The data as reported on IECAM do not separate relative care from other types of license-exempt family child care
- NOTE: The source INCCRRA data may be able to separate out relative care.
- NOTE: IDHS's privacy restrictions preclude the reporting of data when 10 or fewer CCAP children are present in an area (e.g., a particular township). This includes a few counties and almost all townships and municipalities. With this restriction, the data may not be very useful without another data agreement with IDHS that allows such reporting.

Linguistically Isolated Families

1. Linguistically isolated households

- Data source: U.S. Census bureau

- Data type: number of households that are linguistically isolated speaking Spanish and “other non-English languages”
- Region: state, county, township, municipality, state house and senate legislative districts, Federal congressional districts, elementary and unit school districts
- IECAM: data for 2005 through 2010 (latest census data); 2011 for some large areas
- NOTE: Some regions are not available at all years
- NOTE: Data are for households rather than children or adults
- NOTE: Data are available for only one individual language, Spanish; all other languages are grouped into “other”

2. Other demographic data on families that experience barriers based on language (to be developed)

3. Children age 5 through 17 living in LIHs

- Data source: U.S. Census bureau
- Data type: as noted
- Region: county, townships, municipalities (others possible)
- IECAM: Included data for 2009 in Needs Assessment 1 project; these data could be obtained for later years
- NOTE: Target group is children age 5 through 17, rather than children under age 5

Children of Migrant or Seasonal Workers

1. Migrant and Seasonal Head Start

- Data source: Head Start collaboration office
- Data type: funded enrollment
- Region: county
- IECAM: data reported in IECAM public db 2006-2011
- NOTE: Data are only available by county; other regions do not really make sense to report.

2. Migrants

NOTE: We need to determine what we mean by migrant. Census means anyone who moves from one area to another, which is probably not what’s meant here. What we mean here is probably “migrant and seasonal farmworkers,” (MSFW), isn’t it?

NOTE: Census has data such as “geographic mobility by selected characteristics” that indicates number of people of Hispanic background who moved during the year. But this is not tied to occupation.

NOTE: There is some census data on workers who moved and were living abroad the previous year. All these data are for adults, not children.

3. ISBE

Some data may be available in ISBE’s Migrant Education Program. We haven’t seen these data, so we don’t know exactly what they consist of.

Systems Integration and Alignment Committee, Health Subcommittee, Oral Health Work Group
Recommendations for standards on Oral Health in DCFS Licensing Standards for Day Care Centers (Rule 407)

The Department of Child and Family Services (DCFS) is currently undertaking a complete revision of Rule 407 (Licensing Standards for Day Care Centers) and its accompanying procedures. In doing so, DCFS has expressed interest in considering new standards related to health. Earlier this year, the Early Learning Council passed recommendations on obesity prevention standards to be included in Rule 407 for the consideration of DCFS. DCFS has incorporated the vast majority of the recommendations on obesity prevention standards in its draft version of Rule 407 and is moving quickly to submit the rules to the Joint Committee on Administrative Rules (JCAR).

The Oral Health Work Group of the Health Subcommittee began work on developing its recommendations on oral health standards to DCFS in April 2013. The Oral Health Work Group used the “Caring for Our Children: National Health and Safety Performance Standards,” and statements from the American Academy of Pediatric Dentistry and the American Academy of Pediatrics as the main resources in the development of these recommendations. Over the course of approximately two months, the recommendations were developed following an iterative process of sharing and revising based on feedback given at Health Subcommittee and Oral Health Work Group meetings and multiple email exchanges between members and other stakeholders. The recommendations were then reviewed and approved by both the full Health Subcommittee and the Systems Integration and Alignment Committee (SIAC) in May 2013, and by the Executive Committee of the Early Learning Council on June 3, 2013.

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

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.ⁱ

Brushing

- A. Starting at birth, clean an infant’s gums using water and a soft infant toothbrush or cloth preferably after meals.ⁱⁱ
- 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.ⁱⁱⁱ
- a. Caregiver/teacher should either brush the child’s teeth or supervise as the child brushes his/her own teeth.^{iv} Tooth brushing should be supervised until the child can reliably rinse and spit out excess toothpaste (usually at 6 years of age).^v
- b. The caregiver/teacher should teach the child the correct method of tooth brushing when the child is capable of doing this activity.^{vi}
- 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.^{vii}

- 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.^{viii}
- 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, children should drink water from the tap in order to reduce the risk of dental caries and tooth decay.^{ix,x}

****The following have already been submitted to DCFS 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.*^{xi}
- B. *Safe drinking water must be readily accessible and served to children during the time they are on the premises.*^{xii}

Juice

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

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

Bottle Use

****The following have already been submitted to DCFS 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.*^{xviii}
- B. *The facility should not permit infants to have bottles in the crib.*^{xix}
- C. *Children should not use a bottle or no-spill cup during the day, unless the bottle or cup contains plain water.*^{xx}

ⁱ 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>.

ⁱⁱ 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

ⁱⁱⁱ 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>.

^{iv} 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>.

^v http://www2.aapd.org/oralhealth/docs/OralHealthFCpagesF2_2_1.pdf

^{vi} 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>.

^{vii} Adapted from: American Academy of Pediatric Dentistry FAQ. Retrieved from http://www.aapd.org/resources/frequently_asked_questions/

^{viii} 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>.

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

^x 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>

^{xi} 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)

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

^{xiii} 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)

^{xiv} 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

^{xv} 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

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

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

^{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.

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^{xx} 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

**Executive Summary for the Pilot Projects
Identifying, Recruiting, and Serving Families
Who Are Hard to Reach**

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For the Governor's Office of Early Childhood Development

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9 pages follow

Executive Summary for the Pilot Projects Identifying, Recruiting, and Serving Families Who Are Hard to Reach.

Six agencies in Illinois received ARRA funds in 2012 to develop effective and innovative strategies to find young children from families considered “hard to reach” and enroll them in quality early care and education programs. (See Appendix A for the characteristics of the six programs). Over the 16 months of funding, these agencies each participated in three evaluation interviews scheduled at the beginning, middle, and end of the funding as well as an optional monthly call to problem solve and share information. The interviews and calls form the basis for evaluating the six programs in nine priority areas identified by the funding agency (see Appendix B). These priority areas were aimed at identifying recruitment strategies that worked and to assess the impact of increasing enrollment in early childhood education (ECE) programs and other services to these traditionally underserved families.

Critical to success was the ability to provide families with some form of services shortly after recruitment and to be able to track child and family participation. Nearly all agencies reported that they had waiting lists and could not provide newly recruited families with immediate access to Head Start, PFA, or another community ECE program. Agencies that provided “interim services” such as “drop in” activities once a week or monthly home visits reported serving the largest number of families. As enrollment opportunities occurred, they offered enrollment to families on their waiting lists or assured families of enrollment in the next academic year.

Pilot funds were used to support staff and volunteers to reach out to families and create materials to advertise the importance of early education. Once new families were identified, it was critical for agencies that did not have space to enroll new children to be innovative in their approaches and activities for these families. To retain these newly identified families, agencies said it was essential to “go to” them to assist with paperwork and maintain contact until they could be enrolled in services. Another important factor, agencies said, was collaborating with other agencies that provide services to families living at or near the poverty level.

1. Identifying and recruiting families involved at least three actions.

Reaching out to communities to increase awareness of early childhood services: All programs used some of their funding to advertise their services or create recruitment fliers, information packets, or resource books. The most innovative approach used to highlight the importance of early care and education was the production of videos. One program created a professional quality video of the preschool (in Spanish with English subtitles) to take to all community activities and add to its Web site. It also produced a video to share with the local business community. Their premier showing at their annual agency dinner raised \$16,000, which was used to sustain child enrollments when families temporarily lost child care assistance funds because of job loss.

Increase family awareness of the benefits of high quality early childhood programs:

Each agency had a designated staff member to coordinate recruitment, access to services, and collaborations. In some cases this required hiring a new staff member; in other cases it involved rearranging current staff responsibilities. Three agencies recruited and trained volunteers, usually parents who had received services and could serve as ambassadors for the program. The parent ambassadors attended community events and went door to door to talk with families about high-quality early care and education services and the importance of helping their children become ready for kindergarten. COFI (Community Organizing and Family Issues) was an important ally and resource for training parents and volunteers at two Chicago-area agencies.

Using a tracking system to support continued contact with families as required by the funder:

All agencies used a data system to track and stay connected with families whose young children were unserved. The most effective tracking systems included the family name, children's names and birthdates, phone numbers, home address, and an alternative contact name and number. Many agencies had one or more staff maintain regular contact, such as weekly calls with families, until they could provide services or enroll their child in an ECE program. One agency had a policy to contact families within 72 hours of identification.

2. Providing supports to families from the point of identification through enrollment.

Bridging recruitment to enrollment: All agencies provided support to families in completing forms and registration for program entry. The programs that *went to the families* to help them complete paperwork reported more successful enrollments. They identified many barriers that could stop parents from coming to their agency or the ECE program to complete paperwork, such as lack of transportation, need for childcare, irregular work hours, and fear of the unknown. Agencies that expected parents to come on site to enroll their child reported losing contact with parents between the point of recruitment and the point of enrollment. Two programs stressed the importance of going to the families to assist with enrollment, health visits, and the paperwork associated with eligibility for services.

Providing interim services to bridge the gap in ECE services: A challenge for five agencies was providing immediate placements for eligible children, particularly those identified after the fall start for Head Start or Preschool for All programs. All programs had waiting lists and enrolled students as openings occurred. For programs with mobile families and frequent turnover, the wait was less than three months. For other programs, the wait could last the entire school year. To bridge the gap between recruitment and enrollment, two agencies used pilot funds to create interim services. They took services to the children and parents by offering preschool activities within the housing developments or at local community centers

every week at a regular time and day for at least an hour. This introduced both parents and children to school readiness activities, such as book reading, coloring, singing, and learning rhymes. In one neighborhood, these regular activities led to mothers creating their own ongoing network of support. In other cases, mothers used the preschool hour to meet other family needs (e.g., errands, chores). Two agencies designated staff to make weekly calls or monthly home visits with waitlisted families.

Sustaining new enrollments: Many agencies provided half-day programs through Head Start or PFA. However, families often needed eight to nine hours of child care while they worked or attended school. Programs that were savvy about funding options, such as the child care assistance program (CCAP), were in a better position to keep children enrolled. Understanding the eligibility requirements for families to receive CCAP funds and proactively assisting families to complete paperwork required to determine eligibility was essential to sustaining enrollment. Misinterpretation of CCAP policy led to the loss of “hard to reach” families and their children. Several agencies reported that they closely monitored child attendance, and if a child missed several days of school, they called the home and worked with the family to keep the child in the program by providing a wake-up morning call or helping the family apply for a bus pass.

3. Collaborating within and across agencies

Collaborations with community businesses and services: All agencies reported that finding and serving traditionally underserved families depended on collaborations in the community and, for large agencies, within their own agency. Collaborations ranged from informal agreements to allow advertising and the recruitment of families in various locations (e.g, medical centers, shopping areas) to more formalized agreements, such as a memorandum of understanding. The less formal collaborations typically included sharing or leaving information throughout the local community at such places as WIC offices, public health offices, libraries, churches, and shopping areas. Several programs reported going directly to places where mothers might be enrolled, such as local beauty schools, technical schools, or community colleges. One agency, whose Head Start program had been underenrolled and lost funding, planned to open a new classroom in the local community college based on the number of eligible parents they had identified and were attending school there.

Collaboration with housing developments and local schools: One agency reported strong working relationships with its community’s housing authority, which supported their recruitment efforts and provided space for interim services. The local housing authority perceived the outcomes as beneficial to residents and for the first time requested a memorandum of understanding from the local education agency to deliver preschool services at one housing site for the 2013 school year. Another agency developed a strong collaboration with several housing developments. It was able to request the names and addresses of families with

young children and engage in targeted recruitment efforts. Two agencies used neighborhood schools to offer a monthly socialization group or weekly preschool activity hour. Two other agencies provided parents with information about different programs in their agency and within the community so families could make a choice about what best fit their needs and was available.

Within agency collaborations: Two large agencies reported better collaborations within their own agency as a result of the pilot funding. For example, one agency improved the connections between its Workforce Development program and its early care and education program so families identified as hard to reach were referred to both programs.

4. Continuing the effort

Several programs planned to continue their efforts for recruiting hard-to-reach families and maintain either a part-time or a full-time staff member for outreach work. Three programs planned to reassign the outreach, recruitment, and enrollment efforts to existing staff. One program did not plan to continue efforts beyond distributing remaining fliers. All sites addressed the need to start recruiting earlier than most had with the grant funds. As noted earlier, five programs began their outreach to hard-to-reach families after the 2012 school year had begun and PFA and Head Start classes were already fully enrolled. Because they had developed recruitment materials (fliers, posters, videos) with pilot funds, all planned to continue to use these materials in the future, reprinting them as needed.

Most noted that “now” (April and May) was the time to begin recruitment efforts for the fall. One urban program plans to open new Head Start classrooms at a community college, which would serve as many as 63 additional children. They identified a number of eligible families whose parents were enrolled in the college and were interested in taking their child with them to school. College administrators have been supportive about providing the required space. The pilot funding helped this program needed move from “underserving” its community (and losing Head Start funds) to more closely meeting the needs of the community. Another program, which used pilot funds to support an interim service (drop-in preschool), planned to continue to offer this arrangement at 12 community sites so parents could see typical preschool activities in their neighborhood. Children who attended the drop-in preschool during the 2012–2013 school year were being enrolled in the PFA program for fall 2013. They attributed their strategy of “going to the families” as responsible for identifying traditionally underserved families. The staff noted that their dream was to purchase a bus and remodel the interior like a preschool to go from neighborhood to neighborhood and deliver services.

Addressing the Nine Priority Areas

Agencies addressed seven of the nine priority areas through the four stages described above. It was difficult to measure whether two priority areas were

addressed. No agency was able to determine the cost effectiveness of the pilot. In some cases, agencies reported the number of families and children who participated in recruitment events as well as the number of families enrolled in services. Two agencies successfully enrolled more than 50 children in early childhood programs by April 30, 2013. Other agencies reported serving 20 children or less. All agencies relied on turnover for placing newly identified children.

Although each agency used a tracking system, staff discussed its usefulness in terms of checking attendance for children at centers or participation of families in home visits and some did not consistently distinguish between those currently served and those recently recruited. Agencies also were unable to report specific reasons for each family that left the ECE program. They attributed turnover to a number of issues, including family mobility, loss of wrap-around child care, inability to complete all required health forms, change in parent work schedules to evening or night shifts, and transportation problems.

Six Lessons Learned and Recommendations

Change the mindset about recruitment. Under this grant, pilot programs had flexibility in defining who was “hard to reach” in their particular service areas. All definitions included families whose incomes were at or below 100% FPL. Some definitions also targeted specific groups that had one or more risk factors, such as single and teen parents, immigrant families who are English language learners, and marginally employed parents. The variation in definitions reflected groups that individual agencies had difficulty previously identifying and recruiting for services. The most successful pilot programs shifted their recruitment efforts and their service provision from program-centric to family-centric, taking the paperwork, resources, and some service delivery to where the families lived and spent their time.

Recommendation: It is important that programs be able to reach out to specific populations in their communities that they believe are underserved and hard to reach rather than being limited to a one-size-fits-all definition for the entire state. Similarly, it is essential that programs move from expecting families to come to the office for enrollment appointments or other required meetings (e.g., screenings, paperwork) to allowing program staff to complete these procedures in the families’ homes or neighborhoods. If funders agree with this paradigm shift, they also need to recognize it will increase personnel costs as staff go to the families to complete the enrollment process.

Create incentive to serve hard-to-reach families. Four of the pilot programs lacked enrollment slots after hard-to-reach families had been recruited. Three of the programs used pilot funds to start interim services to keep families engaged; however, many families in other programs were simply lost while on a waiting list. By the time most programs had successfully recruited hard-to-reach families, they

were already fully enrolled and could enroll recruited families only if another family left their program. Timing may have exacerbated this problem. The six pilot programs received grant funds in February 2012. Most programs spent the first six months planning recruitment strategies and assigning staff to the pilot program. As a result, most started recruiting in late summer or fall. Only one agency was poised and able to recruit children and immediately provide six weeks of PFA services during the summer to those “hard-to-reach” children who were waitlisted or newly identified.

Recommendation: There are no financial incentives for programs to target, recruit, and enroll the hardest-to-reach families in their service area if they can fill enrollment slots with “easier to reach” families. Because agencies risk losing full funding if they are not fully enrolled by the start of school, recruitment decisions may be made that jeopardize the enrollment of traditionally underserved families who may require more time and effort to reach. State agencies should consider developing policies that permit programs additional flexibility in allocating enrollment slots to those populations traditionally underserved in early childhood programs.

Match services to family needs. At least four pilot programs said providing full-day care was critical to sustaining family enrollment in half-day PFA or Head Start classes. Without full-day or wrap-around services, many families either were not interested or unable to send children to high-quality ECE programs for half days, citing such factors as inconvenience, nontraditional employment schedules, and lack of transportation. Staff at one pilot program misinterpreted state CCAP policy and regulations and reported a high turnover during semester breaks because they believed the college-enrolled parents were no longer eligible for CCAP funds. Staff did not have the most up-to-date information related to the specific policy and had not verified the policy with IDHS or their local Child Care Resource and Referral Center. As a result, staff reported that families who lost child care assistance often dropped out of the child care and high-quality ECE program.

Recommendation: Without full-time child care, many families will not enroll in high-quality ECE programs. Therefore, staff must understand funding and community options for wrap-around services. To ensure this, local programs and state agencies should consistently offer professional development opportunities about the policies and regulations that staff are expected to implement. They should also encourage high-quality half-day programs to coordinate with the families’ child care providers to maintain enrollment in both.

Address transportation barriers. Staff from the six programs described various challenges related to transportation of children between home and school. The administrator from a rural, southern Illinois program described a complete lack of public transportation for families within and between communities in the service area. The only viable transportation was by car or by walking (and distances often prevented walking); car problems (including need for gas) resulted in many missed school days. Staff from a large suburban school district noted that because of budget cuts, they were able to transport children only one way. Other programs in urban

areas reported that families took two or more city buses to travel from home to the program and noted significantly lower attendance during bad weather. One program hoped to deliver center-based services where the families live. Parents enrolling in another program who had a choice between center-based services or home visits typically chose home visits, which required only the service providers to travel. The mindset in many high-quality ECE programs of expecting families to come to the program may account for why some families remain underserved or hard to reach.

Recommendation: Programs should create options to provide services where families live or provide transportation options (city bus passes, mileage reimbursement, program, vans or buses) to recruit, enroll, and retain hard-to-reach families.

Use parent volunteers who know the community. Most agencies included parent volunteers to assist in neighborhood recruitment. Because they knew their community, recruitment efforts were focused on where hard-to-reach families lived and worked. Several agencies collaborated with COFI (Community Organizing and Family Issues) for intensive parent training and mentoring to empower both individual parents and program staff as they reached out to traditionally underserved families in their neighborhoods. All pilot programs acknowledged the importance of knowing and being located within the community they served.

Recommendation: Programs should enlist parents whose children have been served in the program to serve as valuable ambassadors who can provide authentic testimony about the importance of high-quality early care and education programs. When possible, they should take advantage of training opportunities for outreach.

Focus on sustainable collaborations. Collaboration was sometimes an overused term limited to an informal agreement to supply information and recruitment fliers in many community agencies or locations. While all pilot programs did this, none could say whether it actually contributed to successfully identifying traditionally underserved families. Agency staff reported that more formal collaborations such as agreements to refer families to other agencies (e.g., for health visits, for enrollment) enabled them to enroll identified families. Agencies that had working agreements with housing programs were able to obtain lists of residents with young children and in several cases were able to provide interim services on site for newly identified families. In large agencies, collaboration within an agency was viewed as critical because families were able to have other needs (e.g., housing, employment, training) addressed in addition to enrolling their children in high-quality PreK or ECE programs. Only one program reported it was unable to develop relationships with other ECE programs in the community.

Recommendation: Programs should be encouraged to develop the intra- and interagency collaborations that can be critical to recruiting, enrolling, and retaining families who have multiple needs. Professional development to support collaboration should be offered.

APPENDIX A
Program characteristics

Program	Community Type	Programs Offered
E.U.	Large suburban	Pre-K
C.C.	Urban	Head Start Pre-K Child care Home visiting
A.M.	Large suburban	Head Start HIPPY (home visiting)
H.E.	Rural	Child care Group family child care
G.H.	Urban	Head Start Pre-K Child care Family child care home Home visiting
N.H.	Urban	Head Start Pre-K Child care Home visiting

APPENDIX B
**Nine priority areas the programs were required
to address by the funding agency**

As a part of the evaluation, the Early Childhood and Parenting (ECAP) Collaborative at the University of Illinois at Urbana-Champaign looked how the different agencies addressed the following priority areas:

- (1) Specific activities and strategies employed to engage hard-to-reach children and families.
- (2) Number of children from the target group enrolled and served, and the consistency of attendance days for children.
- (3) Success of methods used for finding and collecting information on hard-to-reach children and families.
- (4) Average length of families' stay in the program.
- (5) Reasons as identified by families for leaving the program.
- (6) Cost effectiveness of chosen activities.
- (7) Collaborative relationships created among local agencies that improved services for hard-to-reach children.
- (8) Sustainability of the project beyond the funding phase; and
- (9) Lessons learned and modifications required for continued success (for example, staff attitudes and feelings about serving hard-to-reach families).

THE WHITE HOUSE
Office of the Press Secretary

FOR IMMEDIATE RELEASE

June 4, 2013

Increasing Access to High-Quality Early Childhood Education in Illinois

The President believes we need to equip every child with the skills and education they need to be on a clear path to a good job and the middle class. That education has to start in the earliest possible years to prepare our children for later success in school and in life. To ensure these opportunities are available to all, President Obama has put forward a comprehensive early learning proposal to build a strong foundation for success in the first five years of life. These investments – made in partnership with States and fully paid for in the President’s budget – will help close America’s school readiness gap and ensure that America’s children enter kindergarten ready to succeed:

- ***Providing High-Quality Preschool for All.*** In partnership with the States, President Obama’s Preschool for All proposal would provide every four-year-old child with access to high-quality preschool, while also incentivizing States to adopt full-day kindergarten policies. Providing a year of free, public preschool for every child is an important investment in our nation’s future, providing our children the best start in life while helping hard-working families save thousands each year in costs associated with early care and education. This proposal would invest \$75 billion over 10 years without adding a dime to the deficit.

Under the President’s proposal, Illinois is estimated to receive \$102,300,000 in the first year it participates in the Preschool for All program. This funding, combined with an initial estimated state match of \$10,200,000, would serve about 12,497 children from low- and moderate-income families in the first year of the program alone.*

- ***Investing in High-Quality Infant and Toddler Care.*** In order to increase high-quality early learning opportunities in the years before preschool, a new \$1.4 billion competitive Early Head Start-Child Care Partnership grant program would support communities that expand the availability of early learning opportunities with child care providers that meet high Early Head Start quality standards, growing the supply of high-quality child care for children from birth through age 3.

About 24,263 children in Illinois from birth to age three are currently served by the Child Care and Development Block Grant. Through Early Head Start-Child Care Partnerships, more of these children will have access to high quality early care and education.

- ***Expanding Effective Parent and Family Support.*** Quality education begins at home as parents support their child’s learning and development. As part of a comprehensive early learning agenda, the President proposes \$15 billion over 10 years to extend and expand voluntary home visiting programs. These programs allow nurses, social workers, parent educators, and other professionals to connect families to services, supports, and tools that positively impact the health, development, and education of their children.

Under the President’s proposal, Illinois is estimated to receive \$10,700,000 in the first year it participates in the expanded Home Visiting program. Each year, 41,190 low-income mothers in Illinois give birth to a new baby and may benefit from these voluntary services.**

* These figures estimate the funds a State could receive in the first year if it chooses to participate in the Preschool for All program. The estimate is based on the State’s current population of four-year-olds in families at or below the 200 percent federal poverty level. Estimates will vary based on the scope of the State’s preschool expansion and the cost of providing high-quality preschool services.

This estimate assumes that States will expand to 20 percent of their eligible four-year-olds in the first year at a per child cost of \$9,000 a year. The federal share of the total cost is calculated at 90 percent, which is the regular match rate the State would receive in the first year. Please note that this estimate is designed to be illustrative only and does not attempt to represent how the Department of Education would determine actual first year awards.

** This figure estimates the funds a State could receive in the first year of an expanded Home Visiting program. The estimate assumes \$15 billion of total funding over 10 years and assumes the same proportion of total funding is allocated for statutory set-asides, formula and competitive grants as in FY 2012 and States received an equal amount of competitive funding. Please note that this estimate is designed to be illustrative only and does not attempt to represent actual first year awards. The methodology and criteria for funding allocations beyond FY 2014 has not yet been determined.