

# DuPage Early Childhood Community Profile



**BRIGHT & EARLY  
DUPAGE**

A DuPage Foundation Initiative

Report commissioned by DuPage Foundation

Prepared by DuPage Federation on Human  
Services Reform, *September 2021*



A DuPage Foundation Initiative

### **About Bright & Early DuPage**

Bright & Early DuPage (B&ED), an initiative of DuPage Foundation, is a unique program designed to leverage area resources to ensure that all DuPage children from birth to age five receive the comprehensive support critical in preparing them for success in kindergarten and beyond.

Community by community, B&ED is engaging and uniting local organizations and individuals to build awareness for and facilitate access to early childhood education and support services for DuPage children and their families. Each year, the B&ED initiative provides grant funding to local community organizations to help establish and build early childhood collaboratives. B&ED also serves as a voice for early learning and child-friendly policies at all levels of government.

### **Vision**

Every DuPage child will be ready to succeed in kindergarten.

### **Mission Statement**

To build sustainable, coordinated, local early childhood systems that actively work to increase access to quality education and support for children and families with limited resources.

To learn more about the initiative, please visit [dupagefoundation.org/brightandearly](http://dupagefoundation.org/brightandearly).



### **About DuPage Foundation**

Established in 1986 to raise the quality of life throughout DuPage County, DuPage Foundation helps area residents and organizations realize their unique charitable goals; provides impactful support to our community's not-for-profits; and fosters key partnerships to address critical issues affecting DuPage County. As a 501(c)(3) public charity, the Foundation receives contributions and bequests from individuals, corporations, organizations and foundations seeking to make a difference for our community and the causes that matter most to them. Since its inception, the Foundation has awarded more than \$60 million in grants to not-for-profit organizations serving the residents of DuPage County and beyond. To learn more, visit [dupagefoundation.org](http://dupagefoundation.org).

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Professionals who partner with parents and other professionals in order to ensure that children can thrive are the backbone of an effective early childhood system, and we are honored that 24 of these professionals from government and community organizations including schools, libraries, human service organizations, health care and public health entities each gave us an hour of time and shared hard-won knowledge and experience. We thank them for being the heart of this study. We hold their names in confidence, and we strived to keep specific opinions and quotes anonymous in this study. We promised to acknowledge the organizations that provided time for them to contribute to this study:

- Addison Early Learning Center
- Addison Library
- Addison School District 4
- Bridge Communities
- C.A.B.S Autism and Behavior Specialists
- Casa Hernandez Home Daycare
- DayOne PACT
- DuPage Children’s Museum
- DuPage County Health Department
- DuPage County Community Services Department
- DuPage Health Coalition
- Easterseals DuPage & Fox Valley
- First Presbyterian Church of Wheaton Preschool
- High Point Church Toddlers Campus Preschool
- Metropolitan Family Services DuPage
- Teen Parent Connection
- Warrenville Public Library
- Wheaton Public Library
- Woodridge North KinderCare
- Woodridge Public Library
- Woodridge School District 68
- YWCA Metropolitan Chicago

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DuPage Foundation has been the premier strategic champion for early childhood system development in DuPage County, catalyzing the county's most capable service providers, school leaders, health care and public health leaders, and community philanthropists to envision and work for a community where every child has the opportunity to thrive, and no one is disadvantaged. We are grateful to Barb Szczepaniak, Vice President for Programs and the Bright & Early Committee for funding this study.

With appreciation,

The Early Childhood Study Team at DuPage Federation on Human Services Reform

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## ABOUT DUPAGE FEDERATION ON HUMAN SERVICES REFORM

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DuPage Federation on Human Services Reform is a collaboration of government and key community organizations that identify ways a local community can address its human services needs using its own resources and resourcefulness. Our mission is to generate cross-sector solutions that leverage expertise to address the human service needs of the DuPage County region.

DuPage Federation was formed in 1995 by a governor's office initiative as one of five 'learning laboratories', whose role was to demonstrate a new approach to collaboration between government and community to support of families with low income to thrive. Since that time, our role has evolved far beyond those origins.

Today, DuPage Federation is a non-profit planning and change management organization that has been intimately involved in the development of the access to health care, access to human services including public benefits, and promoting a welcoming community where language is not a barrier to essential health and human services.

For more information on DuPage Federation on Human Services Reform please visit our website at [dupagefederation.org](http://dupagefederation.org).

For questions, please contact David Roth at [droth@dupagefederation.org](mailto:droth@dupagefederation.org).

According to UNICEF, “[e]arly childhood offers a critical window of opportunity to shape the trajectory of a child’s holistic development and build a foundation for their future. For children to achieve their full potential, as is their human right, they need health care and nutrition, protection from harm and a sense of security, opportunities for early learning, and responsive caregiving with parents and caregivers who love them.” In addition, “[w]hen we give children the best start in life, the benefits are huge, for every child and for the societies we share. Providing early childhood development interventions to all young children and families is one of the most powerful and cost-effective equalizers we have at our disposal.” (UNICEF, n.d.)

### **Purpose of Research**

In August 2016, DuPage Federation on Human Services Reform published *Early Childhood: Baby Steps to a Brighter Future in DuPage County*. We presented recommendations regarding childcare capacity, preschool enrollment capacity, developing a qualified and culturally competent workforce, building economic stability for families, demonstrating impact of collaboration, reducing food insecurity and improving child health, and improving transition from private daycare and preschool programs into public schools.

Since that time, the focus, energy and development of the early childhood system in DuPage County has increased. In DuPage County, striving parents and dedicated professionals partner together to ensure that the early childhood system provides the highest level of support for every child, so that no child is disadvantaged by race, origin, language or other identity.

### **Research Questions**

A key champion for the early childhood system development is DuPage Foundation and its donors, through the Bright & Early Initiative, which has strategically funded collaboration to build early childhood system capacity and impact. DuPage Foundation commissioned this study to improve our understanding of what is needed now to improve the early childhood system. This study seeks to answer three questions:

1. What has changed in the early childhood system since 2016?
2. Do early childhood collaboratives help early childhood systems succeed?
3. Are there ways early childhood systems can be improved?

When we began this study in March 2021, a pandemic had disrupted our families, our early childhood system, and our entire economy, with disproportionate harm to the families that the early childhood system is designed to support because they face disproportionate harm in the areas of health and well-being. Despite the disruption, the pandemic has also helped uncover the value of collaboration in the early childhood system in DuPage County.



## EXECUTIVE SUMMARY OF FINDINGS

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### What has Changed in the Early Childhood System<sup>1</sup> Since 2016?

DuPage County has changed for the better according to data regarding enrollment capacity. Most early childhood system program types increased enrollment capacity, including Early Head Start (EHS), the Prevention Initiative (PI), Home Visiting (HV-including Health Families Illinois and Parents Too Soon), Preschool For All (PFA) and Preschool For All-Expansion (PFA-E). PI and PFA/PFA-E showed the most growth. An exception to the enrollment growth is Head Start (HS), which lengthened the service day for enrollees in 2017, but as a result reduced the number of children enrolled.

The following are key points obtained while conducting research and interviews with regard to changes in the early childhood system since 2016:

- It is alarming that childcare capacity for infants and toddlers decreased by one quarter.
- The number of children living at or under poverty thresholds has decreased slightly, so the number of children meeting income eligibility requirements for income-tested programs has reduced.
- Parents note a significant change regarding access to services. It is easier today to conduct one's own research about services, and tap into personal networks, with social media and more information available.
- Parents note that while COVID-19 has generated problems, including deteriorated childcare availability, dissatisfaction with new virtual and remote therapies and services for children, it has also brought increases in public benefits such as SNAP.
- For key informants, the disruption of COVID-19 was also profound. Early childhood collaboratives shifted toward meeting basic needs of families and welcoming new partners with language access capacities and basic needs resources.
- Key informants identified positive changes. School district attitudes to early childhood system collaboration have improved. In addition, there has been an increase in the number of children receiving screenings for developmental needs in some communities. Many key informants see improvement in community commitment to early childhood. Equity has a new prominence of importance, and is essential as a planning guide, and they feel it ought to be threaded throughout the entire early childhood system framework, rather than an isolated committee or function.
- Key informants noted greater language diversity and increased need for language access services.

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<sup>1</sup> See our definition on page 11

## Do Early Childhood Collaboratives Help Early Childhood Systems Succeed?

Key informants make a direct connection between early childhood system success and the presence of early childhood collaboratives, especially in reaching families in need, and coordinating the early childhood system. Early childhood collaboratives add value in the following ways:

- creating awareness about services, resources, opportunities and the importance of the early childhood system among parents and partners, especially in the promotion of developmental screening and services
- offering training to build capacity for screening, and hosting professional development events and hosting community events that bring families, schools, and providers together
- recruiting access points for parents to engage screening
- providing a reliable and direct link between providers and school district screening resources
- facilitating the link between childcare providers and school districts
- adding value to school districts by coordinating multiple services and resources
- building strong working relationships to facilitate trust and coordination
- collaborative data analysis to improve instruction and communication with families
- developing solutions to barriers to service

Our slot gap analysis finds a correlation between enrollment capacity and the presence of early childhood collaboratives. Communities (as measured by school district boundaries) with early childhood collaboratives provide more enrollment capacity per student than communities without early childhood collaboratives. The difference is highest for ES, HS, and PI.

## Are There Ways Early Childhood Systems Can be Improved?

*The slot gap analysis, parent focus groups, and key informant interviews aligned to identify the following problems that call for improvements:*

- Early childhood system enrollment needs to be expanded in every community in DuPage County. There is insufficient early childhood system enrollment capacity in every community, including the communities with the best capacity. The gap between estimated need for service and available enrollment spaces is large. At the best performing end, the Child Care Assistance Program (CCAP) subsidy serves 20% of estimated eligible children. The largest gap is in Home Visiting services, where fewer than 2% of estimated eligible children are served.
- Early childhood system service availability needs to be consistent and equal in every community. There is inconsistent availability of early childhood system services across the county. Commitment to early childhood is uneven, early childhood system services are not equally available across municipalities, communities or school districts, and some have very little to offer.

*Parent focus groups and key informant interviews align to identify the following problems that call for improvements:*

- The early childhood system workforce needs to be increased and strengthened. Early childhood system services lack qualified staff. Workers are underpaid, staff vacancies result in wait lists for children with identified needs.
- The early childhood system needs to create and implement ways to engage all families, so that no families are disadvantaged by race or origin, language or culture, income status, immigration status, nontraditional work hours, or extreme busyness earning low incomes. There exists an inability to connect with all families who would benefit from services, including those with the greatest need. Awareness of services is insufficient. Technology is a barrier, where it requires parents to do their own research, but time for this is not available. Finding the right program, for which their child is eligible and the schedule works, is difficult. For parents and key informants, what is lacking is a timely, updated, accessible listing or database of early childhood resources. Relatedly, parent engagement is not equally available to parents with lower incomes, longer work hours, evening and weekend shifts, as well as parents who are not documented and fear detection.

*Parent focus groups bring a unique perspective to identify problems that point to these improvements:*

- Acquisition of affordable, accessible, flexible childcare needs to be improved. Though many parents expressed satisfaction with their provider, childcare for working parents was identified as a huge challenge. Getting a job, acquiring a childcare provider, qualifying for CCAP, maintaining eligibility, are a huge challenge to align. Parents who are working believe childcare is too expensive. Parents who earn just above the eligibility level for childcare subsidy report working several jobs to make ends meet. They identified the inequity of not having flexibility to align with available childcare hours when they work nontraditional hours, and the challenge of communicating with staff. They risk losing the childcare subsidy if they cannot find a provider to fit their hours. And they are pressed by employers who are not sensitive to working parent issues;
- Discrimination and bias on the basis of race, language, public benefits status, immigration status must be ended, and the practices of organizations and the behaviors of staff members must be changed for the better. Discrimination is a problem. Parents expressed appreciation for ways that providers in the early childhood system have engaged, empowered and partnered with them. Parents noted an increased capacity in programs for overcoming language barriers, but also noted they are treated differently based on language or immigration status. They shared feelings of disrespect by service providers, where concerns were not taken seriously because of their race and their public benefits status;
- Government commitment and investment in the early childhood workforce should be increased and improved. Although parents express high satisfaction for many services they receive, they perceive limited government investment in the early childhood system as a problem. They see other community priorities – anything economic-related -- as getting more attention and limiting services in early childhood, resulting in early childhood teacher

pay that is inequitable and causes turnover, concerns about quality, and limited availability of service.

*Key informant interviews bring a unique perspective to identify problems that point to these improvements:*

- New strategies are needed to ensure parents are leaders in the early childhood system. Although there are parents engaged as system leaders, they are the exception, and not sufficient to ensure parent leadership in planning and policy;
- New organizing and communication strategies are needed to bring Healthcare providers and businesses are not engaged in the early childhood system;
- New coordination tools and behaviors are needed to ensure that all children have access to service, with no one disadvantaged by geography. Coordination among providers of early childhood system services is not uniform; for instance, some children receive multiple developmental screenings, and others receive none.

The ten areas of improvement that are listed above serve as our ten Recommendations for Improvement on page 62, where we offer and discuss strategies for achieving the recommendations.

## LITERATURE REVIEW AND FRAMEWORK

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### What is the Early Childhood System?

The early childhood system has been defined by the Health Resources and Services Administration of the Maternal and Child Health Bureau of the United States Department of Health and Human Services as “Partnerships between interrelated and interdependent agencies and organizations representing physical and mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten.” (Center for the Study of Social Policy, 2021, p. 13)

Dr. Julia Coffman of the Harvard Family Research Project has indicated that system-level outcomes need to be present before appropriate expectations for child and family outcomes expectations are set. (United States, Administration for Children and Families, & Office of Planning, Research and Evaluation, 2010)

In line with Dr. Coffman’s recommendation, we focus on system outcomes in this study, including the role of early childhood collaboratives within the county helping early childhood systems succeed.

The Build Initiative, which has been a consultant to the State of Illinois in the state’s early childhood system, has expanded on the HRSA definition to create an overarching framework for system-level outcomes for the early childhood system by identifying the results the early childhood system should deliver:

- Early learning and development relationships, environments and experiences
- Early intervention to support children experiencing developmental delays or disabilities
- Family leadership and support
- Physical, developmental and mental health

(Center for the Study of Social Policy, 2021, p. 4)

### How is the Effectiveness of Early Childhood Systems Measured?

The EC-LINC initiative of the Center for the Study of Social Policy has operationalized the HRSA definition and Build Initiative framework into four ways in which a well-functioning early childhood system contributes to improved outcomes for young children and their families:

1. *Reach*: young children and families receive services and supports to meet universal and identified needs, including early prenatal care, maternal depression screening and connection to services, child development screening, connection to services and early identification of special education needs, early care and education, and home visiting.
2. *Coordination*: sectors within the system are coordinated to provide seamless services, support quality improvement and avoid duplication, including these elements:
  - Family Assessment: service providers understand strengths and needs
  - System Navigation: helps connect families to services and supports
  - Working Together: when multiple services providers are involved with the same family

- Using Data: for improved service coordination at the case level and to support planning and quality at the system level
  - Capacity Building: supports professional development and organizational capacity building
3. *Commitment*: communities make early childhood a priority and act to support children’s health, learning and well-being, including these elements:
    - Public understanding of the importance of early childhood and the public’s role in supporting children and families
    - Policy Change: communities identify, advocate for and achieve changes that improve conditions for young children and their families
  4. *Equity*: parents are partners in creating a responsive and equitable early childhood system, including these elements:
    - Parent Engagement: as partners and teachers in the early childhood system
    - Advancing Equity: ensuring that the early childhood system meets the needs of all young children and their families

(Center for the Study of Social Policy, 2021, p. 5)

As we conducted this study, an updated version of the EC-LINC Early Childhood Systems Performance Assessment Toolkit was published (July 2021) and it included a fifth way a well-functioning early childhood system contributes to improved outcomes for young children and families. Although we did not include this element in our design, it aligns very well with our research questions. The fifth way is:

*Foundations*: partners from multiple sectors in the community are building an aligned early childhood system to improve child and family well-being.

For this study of the early childhood system, we aligned with 1) the definition provided by HRSA, 2) the four results conceived by the Build Initiative, and 3) the four functions defined by EC-LINC.

### **What is the Role of Collaboration in Early Childhood System Effectiveness?**

Collaborations in early care and education are common, yet little research has been done on the effectiveness of collaboration, and few systems frameworks have been proposed that organize the essential components of effective collaboration.

Early care and education collaborations are common at the state, local and program levels and these collaborations are increasing in their scope and complexity, leading to challenges for researchers and evaluators. (United States, Administration for Children and Families, & Office of Planning, Research and Evaluation, 2010)

A frequent early childhood collaboration is a partnership between early care and education, such as Early Head Start-Child Care Partnerships. A review of the literature regarding this type of collaboration found that limited rigorous evidence was available about the elements that are critical for the successful implementation of ECE partnerships. (Del Grosso, Akers, Esposito Mraz, & Paulsell, 2014) (Bricker, Felimban, Lin, Stegenga, & Storie, 2020)



## **What is the Role of Early Childhood Collaboratives in DuPage County?**

In DuPage County, an early childhood collaborative is an association defined by geography (municipality or school district(s) boundaries) to help young children achieve optimal learning experience, health and well-being. There are nine identified early childhood collaboratives, and they operate in a congenial relationship with county-wide entities such as the DuPage Early Childhood Collaboration, DuPage Regional Office of Education, Child Care Resource and Referral at YWCA of Metropolitan Chicago, Metropolitan Family Services DuPage, and others. Please see Appendix A for a list of early childhood collaboratives.

The following research questions developed in collaboration with DuPage Foundation guided the design and implementation of this study:

1. Do collaboratives help early childhood systems succeed?
2. Are there ways early childhood systems can be improved?
3. What has changed since 2016 in the early childhood system?

This study used a mixed method design to address these research questions, including publicly available and searchable databases of early childhood programs and demographic data, qualitative interviews and focus. The specifics of this methodology can be found below.

### Publicly Available Data Sources

This study analyzed data available from Illinois Early Childhood Asset Map (IECAM) and the Child Find Project to determine the gap between the number of children eligible for early childhood system services and the availability of program enrollments.<sup>2,3</sup> IECAM datasets were used to assess the number of children in each DuPage County who were eligible for early childhood programs, for example based on child age and family income, the number served by these programs, and to calculate the mathematical difference between the number eligible and served. Specifically, IECAM data was used evaluate capacity of the following programs in DuPage County:

- Preschool for All and Preschool for All-Expansion
- Prevention Initiative
- Head Start and Early Head Start
- Center and home-based childcare facilities

Child Find data was used to evaluate capacity of Early Intervention Services in DuPage County. All data for the above programs was reported at the school district level, except childcare facilities which was reported at the county level and Child Find data which was available at the ZIP code level. Differences were examined at the smallest unit level available (e.g. school district, ZIP code) as well as for the County as a whole.

In some instances, such as for childcare and early intervention services, a true slot gap comparison was not possible because sufficient data was not available on the number of children eligible for and seeking such services. In these instances, the number of DuPage County children served was compared to the number of children in a specific age range to provide broad context around capacity to serve DuPage children. In addition, these datasets were used to examine changes in the number of children eligible, number served and changes over time in the gap between the number eligible and served. These findings were utilized to

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<sup>2</sup> Illinois Early Childhood Asset Map. Early Childhood Service Type, Regional and Demographic Data retrieved July 19, 2021 from: <https://iecam.illinois.edu/data-search/tabular-data/>

<sup>3</sup> FY 2020 Year End Developmental Screening Report retrieved July 19, 2021 from: [https://www.childfind-idea-il.us/Documents/FY2020\\_Year-End\\_Developmental\\_Screening\\_Report.pdf](https://www.childfind-idea-il.us/Documents/FY2020_Year-End_Developmental_Screening_Report.pdf)

examine the successes, limitations and trends in the early childhood system's capacity to reach young children and families to meet universal and identified needs.

### **Key Informant Interviews & Focus Groups**

Interview and focus group participants consisted of key stakeholders in the early childhood field in DuPage County. Twenty-four key informative interviews were conducted. Four types of professionals were interviewed:

- County-wide Coordinators (n = 5): staff members from five entities with county-wide coordination responsibility;
- Health and human services serving multiple communities in DuPage County (n = 5): staff members from five entities that provide services across multiple communities across DuPage County;
- Communities with early childhood collaborative (n = 11): staff members from eleven community-based organizations, government and schools associated with two early childhood collaboratives (including schools and school districts, human services providers, libraries, daycare and pre-school providers); and
- Community without early childhood collaborative (n = 3): staff members from three community-based organizations (school, library, daycare and preschool provider)

Five focus groups were also carried out. The focus groups included parents of children ages 8 years and younger who were consumers of early childhood education and services. A total of 30 parents participated, with those parents affiliated with 3 community-based organizations. The majority of participants were female. They represented both communities with and without early childhood collaboratives. Focus group participants received gift cards of \$50 as a thank you for their time and effort. Focus groups were conducted as follows:

- Two in communities with early childhood collaboratives, conducted in Spanish for Spanish-speaking parents (n = 10)
- One in a community without an early childhood collaborative, conducted in English (n = 4)
- One with parents who participate in a transitional housing program, conducted in English (n = 8)
- One with parents who are employed in the early childhood system, conducted in English (n = 8)

Semi-structured, open-ended, qualitative interview/focus group guides were developed based on the Center for the Study of Social Policy's Model of Effective Early Childhood Systems (<https://cssp.org/our-work/project/early-childhood-learning-and-innovation-network-for-communities/>). This model includes four components of effective implementation including: Reach, Coordination, Commitment and Equity. As appropriate, interviewers also queried about the role of early childhood collaboratives as well as changes in the early childhood system over the past five years, since prior reporting took place. The outline and topics for interviews and focus groups were identical with prompts specifically tailored to participants' roles. Additionally, two parent focus groups were conducted in Spanish to reduce language barriers to participation.

## Analyses

Interviews and focus groups were recorded, transcribed and checked for accuracy. Transcript text was descriptively coded to summarize passages of qualitative data in short phrases and to organize text by the four major areas within the model of Early Childhood System Effectiveness: Reach, Coordination, Commitment and Equity. Within each of these four domains, text was further coded to assess aspects of the early childhood system effectiveness, change over time, and recommendations for improvement to the system. This type of coding led to a categorized inventory of the interview data's content and set the groundwork for thematic analysis. Thematic coding was used to discern patterns of effectiveness, change over time, and recommendations for improvement that were reported upon here.

## FINDINGS (SLOT-GAP ANALYSIS)

### Slot Gap Analyses in Early Childhood System Programming

A slot gap occurs when there are more children eligible for enrollment in early childhood education, childcare, and/or intervention opportunities than there are actual enrollment slots available. It reflects an unmet need. To better understand this slot gap phenomenon in DuPage County, the following section will:

- describe the current and trending level of capacity and need for early childhood services
- examine the slot gap over time both across and within early childhood services
- propose steps to address identified slot gaps

### DuPage County Summary: Early Childhood Services Need and Capacity

We will begin with a presentation of DuPage County level data summarizing the state of early childhood education and intervention programming both in terms of the estimated need for services and capacity to provide them. Further, we will look at trends from 2016-2020, the most recent available data. Examining this data allows us to look at how program and age specific program capacity is growing or shrinking over the past 5 years. Key county level takeaways are provided below with more detailed findings (including descriptions of each early childhood system program type) following.

#### *Most Early Childhood System Programs Have Modestly Increased Capacity Over Time*

See *Tables 1 and 2* below. Looking across program type, almost all early childhood education and intervention programs made capacity gains from 2016 to 2020, with the exception of Head Start.

#### *Early Childhood System Programs Capacity*

Table 1

Infant & Toddler Capacity	2016	2018	2020
Early Head Start	112	151	233
Prevention Initiative	388	930	1,307
Home Visiting (0-2) <sup>4</sup>	174	194	177
<b>Infant &amp; Toddler Capacity Subtotal</b>	<b>674</b>	<b>1,197</b>	<b>1,638</b>

Table 2

Preschool Age Capacity	2016	2018	2020
Head Start	762	582	415
PFA	2,006	1,782	2,303
PFA Expansion	320	545	653
Home Visiting (3-5) <sup>5</sup>	115	119	132
<b>Preschool Age Capacity Subtotal</b>	<b>3,167</b>	<b>3,028</b>	<b>3,503</b>

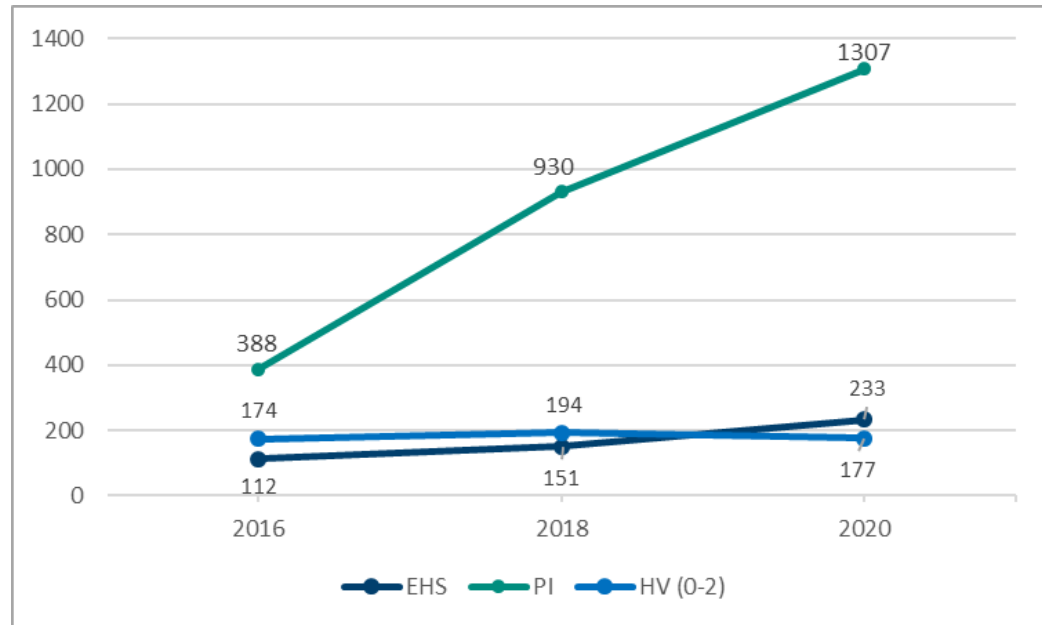
<sup>4</sup> & <sup>5</sup> Includes Health Families Initiative and Parents Too Soon

Charts 1 & 2 further illustrate the 2016-2020 data trends across program capacity.

*Infant and Toddler Enrollment Capacity, 2016-2020*

Chart 1

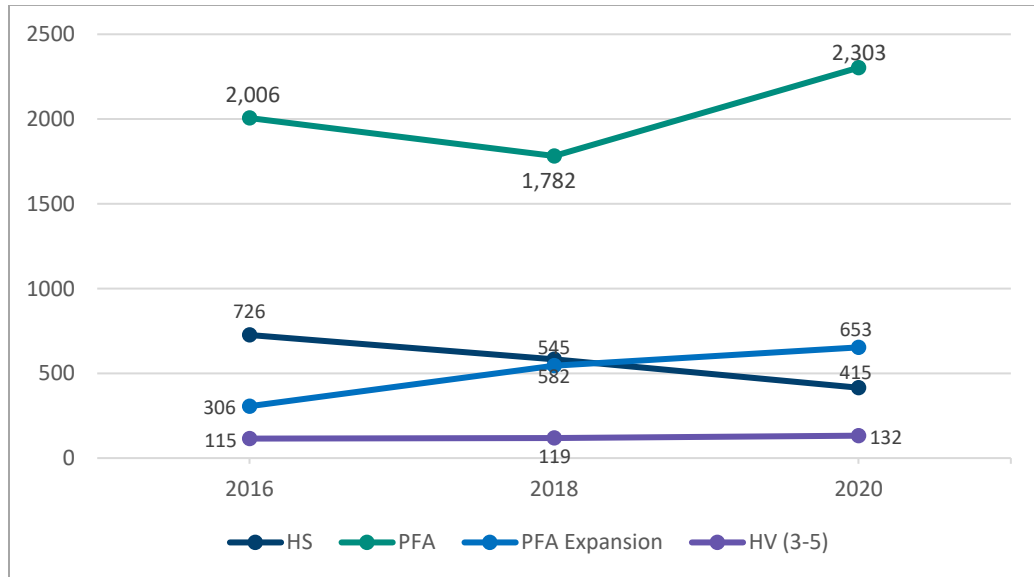
Most infant and toddler early childhood system programs increased capacity over time, notably Prevention Initiative made the greatest capacity gains.



*Preschool Aged Enrollment Capacity, 2016-2020*

Chart 2

With the exception of Head Start, all other early childhood (3-5) system programs grew capacity from 2016 to 2020



**Childcare Capacity has Decreased Over Time for Infants and Toddlers**

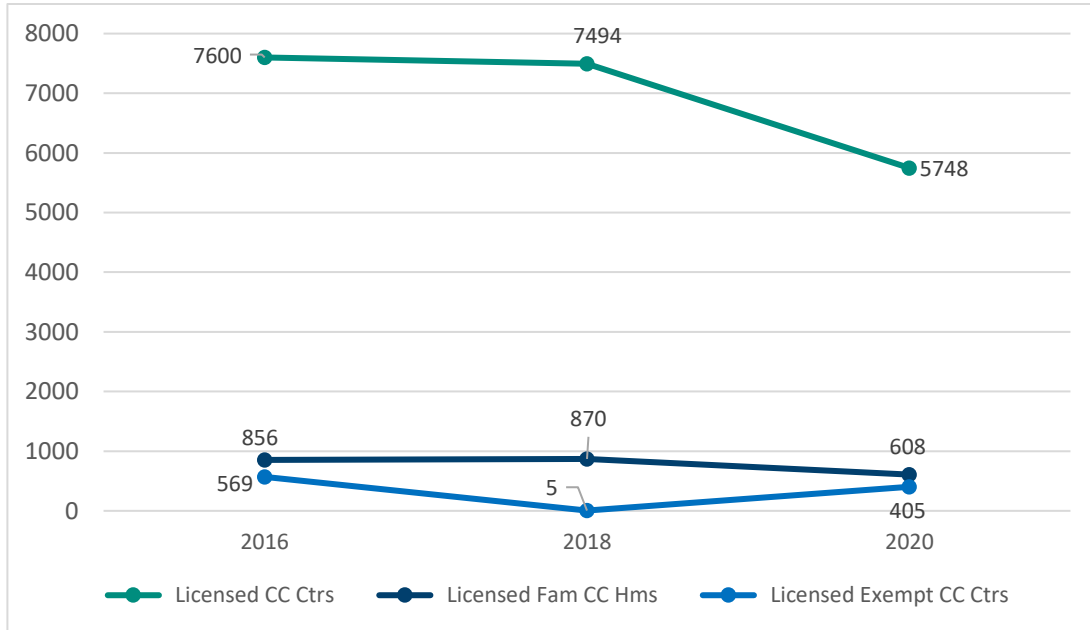
Loss of childcare capacity was seen across all types of documented childcare serving 0–2-year-olds; however, it was most acutely observed among licensed childcare centers. These findings may show the beginnings of COVID-19’s impact on early childcare and education as they include 2020 data. Childcare represents an industry that was strongly impacted by COVID-19 closures and limitations on services at the



beginning of the pandemic. Additional findings regarding childcare are presented in the corresponding reporting section below.

Childcare Capacity by Childcare Type, 2016-2020

Chart 3

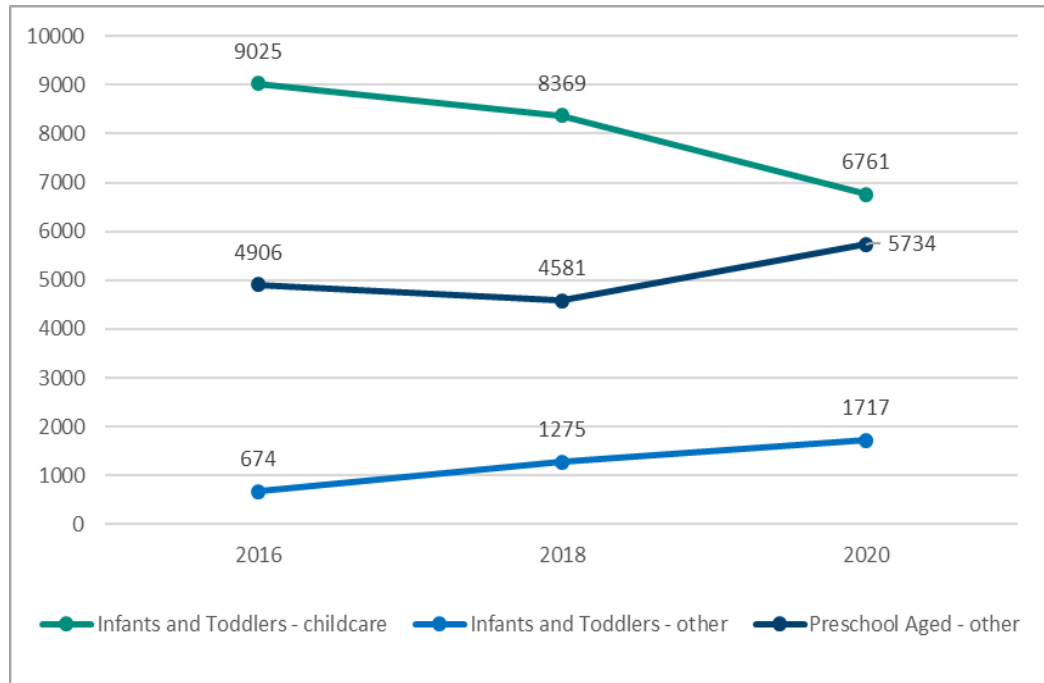


All types of childcare decreased capacity for number of infants and toddlers served from 2016 to 2020; most acutely for licensed childcare centers.

Early Childhood System Enrollments, Childcare And Other (i.e., HS and EHS, PFA and PFA-E, HV, and PI), 2016-2020

Between 2016 and 2020, for infants and toddlers, enrollment capacity in programs other than childcare has increased 250%. Preschool-aged child capacity has increased. Infant and toddler childcare has reduced capacity by approximately 25%.

Chart 4

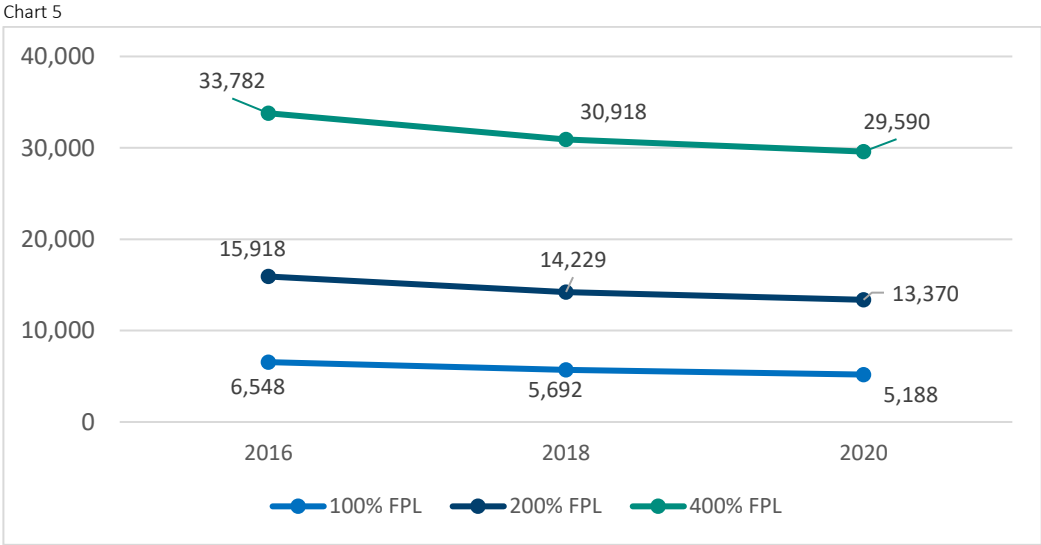


In estimating the slot gap across early childhood programs, it is essential to understand both the capacity to serve children and families as well as the number of children and families who are in need of and eligible for such services. This need is typically based on risk for academic failure and/or healthy, timely development among children. We know from research and experience that multiple interacting factors are related to academic failure, including exposure to a range of adverse childhood events and socioeconomic status. (American Psychological Association, 2017) (Houtepen, et al., 2020)

The early childhood system programs in this analysis have complex eligibility screening criteria that vary by program type and by local community provider. Socioeconomic status frequently correlates with these risk factors. Income level is a risk factor that is common to all the programs in this analysis, though the threshold varies by program type and local community provider.

We are reporting the upper income income-based eligibility criteria established by each early childhood service, expressed as a percent of the federal poverty level (FPL). Chart 5 illustrates the number of children in DuPage County beneath three poverty thresholds used in early childhood system programs.

*Childhood Poverty in DuPage County, 2016-2020*



Poverty for children from birth up until a child’s 6<sup>th</sup> birthday has decreased over time in DuPage County. However, the impact of the pandemic has not yet been fully captured.

**DuPage County Summary: Slot Gap Findings Across Early Childhood System Programs**

The following table presents a summary of the number of children eligible for each type of supported early childhood program. Each program’s income-based eligibility criteria for entrance were used to estimate the gap between program eligible children and children served.

There are two caveats to this slot gap estimation. While Prevention Initiative includes income level as one of its eligibility criteria, it does not establish a particular income level for program entrance but asks that income/poverty status be considered in relation to other criteria that could put children at risk for academic failure (e.g., homelessness, foster care status, language spoken at home and presence of one or more teen parents). Further, data available does not allow us to determine how children in each of these programs met eligibility criteria nor if the numbers of children reported reflect unique individuals (i.e. unduplicated counts).

Early Childhood System Program Summary of DuPage School Districts Capacity, 2020 (Tables 3-5)

Table 3

Programs Serving 0-3-year age range (district level data)	Children who Meet Income-based Eligibility Criteria	Slots Available in DuPage School Districts	Slot Gap (no. unserved)	Slot Gap (% unserved)
Early Head Start (income-based eligibility criteria: 100% FPL)	4,052	233	3,819	94%
Prevention Initiative (income-based eligibility criteria not set at particular FPL level, est. at 200% FPL)	10,134	1,597	8,537	84%
<b>Subtotal</b>	<b>10,134</b>	<b>1,830</b>	<b>8,304</b>	<b>82%</b>

Table 4

Programs Serving 3-5-year age range (district level data)	Children who Meet Income-based Eligibility Criteria	Slots Available in DuPage School Districts	Slot Gap (no. unserved)	Slot Gap (% unserved)
Head Start (income-based eligibility criteria: 100% FPL)	2,843	415	2,428	85%
Preschool for All, PFA-expansion (income-based eligibility criteria: 400% FPL)	22,665	3,916	18,749	83%
<b>Subtotal</b>	<b>22,665</b>	<b>4,331</b>	<b>18,334</b>	<b>81%</b>

Table 5

Programs Serving 0-5-year age range (county level data)	Children who Meet Income-based Eligibility Criteria	Slots Available in DuPage School Districts	Slot Gap (no. unserved)	Slot Gap (% unserved)
Home Visiting Programs (income-based eligibility criteria: 200% FPL)	13,370	309	13,061	98%
Childcare Assistance Program (CCAP) (income-based eligibility criteria: 200% FPL)	13,370	2,706 <sup>6</sup>	10,664	80%

<sup>6</sup> Actual number of children enrolled, rather than a cap on enrollment. The CCAP program is an entitlement program, and enrollment will grow if additional eligible families seek participation.

For context, there are 65,454 number of children birth-to-age-five years in the entire county at every income level, and there are 20,533 number of childcare spaces available to families with children in that range.

In reference to childcare in the table above, we provided information on the number and percent of 0–5-year-old children cared for in licensed and license-exempt childcare centers and homes as a broad indicator of the proportion of children in this age range being served. That being said, public, comprehensive data is not available on the number of families with children in this age range who are seeking childcare. As a result, it is difficult to assess the true demand for childcare and how well this demand is being met. Qualitative findings from parents and stakeholders indicate that there is a greater demand for childcare services than available capacity. For example, interview and focus group participants spoke to waitlists for childcare at multiple facilities and a need to rely on family for childcare when center and home-based care was not available.

**Comparison of School Districts with or without Early Childhood Collaboratives**

In order to shed light on the impact of early childhood collaboratives in DuPage County and plan ongoing early childhood programming, we compared communities defined by school district boundaries that have early childhood collaboratives to those without. Specifically, we compared these districts on the extent to which they are serving young children in early childhood education and intervention. To carry out these analyses, we summed the total number of children both served and eligible for each program type and in each district to yield two group totals for school districts with early childhood collaboratives and school districts without them. Calculations were carried out from these numbers.

*Early Childhood System Program Capacity: Comparison of School Districts With and Without Early Childhood Collaboratives, 2020*

Table 6

	Districts with Early Childhood Collaboratives			Districts without Early Childhood Collaboratives		
	No. Eligible	No. Served	% Eligible served	No. Eligible	No. Served	% Eligible Served
Early Head Start (100% FPL)	1,597	233	15%	2,455	0	0%
Prevention Initiative (200% FPL)	2,722	1,476	54%	6,169	394	6%
<b>Subtotal</b>	<b>4,319</b>	<b>1,709</b>		<b>8,624</b>	<b>394</b>	

Table 7

	Districts with Early Childhood Collaboratives			Districts without Early Childhood Collaboratives		
	No. Eligible	No. Served	% Eligible served	No. Eligible	No. Served	% Eligible Served
PFA/PFA expansion (200% FPL)	4,053	1,792	44%	6,327	2,124	34%
PFA/PFA expansion (400% FPL)	8,543	1,792	26%	14,122	2,124	16%
Head Start (100% FPL)	1,140	343	30%	1,703	72	4%
<b>Subtotal</b>	<b>8,543</b>	<b>2,096</b>		<b>14,122</b>	<b>2,196</b>	

Results show that districts with early childhood collaboratives served a greater proportion of eligible children than districts without, particularly for Prevention Initiative and Head Start (see *Charts 6 & 7*). These findings suggest the positive impact of early childhood collaboratives, yet much is still to be learned about how these differential outcomes were achieved; we encourage program planners to explore this question further. For example, are districts with and without collaboratives different in key ways that matter, such as resource availability, stakeholder involvement, or community demographics? With regard to learnings, are there ways that districts with collaboratives leverage their resources more effectively in the service of young children? What promising practices from these districts can be replicated and amplified across other districts? Similarly, what pitfalls can be avoided or lessons learned about how to adapt early childhood services to other districts and populations?

*Early Childhood System Program Capacity: A Comparison of School Districts - Percent Served vs. Not Served Childhood Collaboratives, 2020*

Chart 6

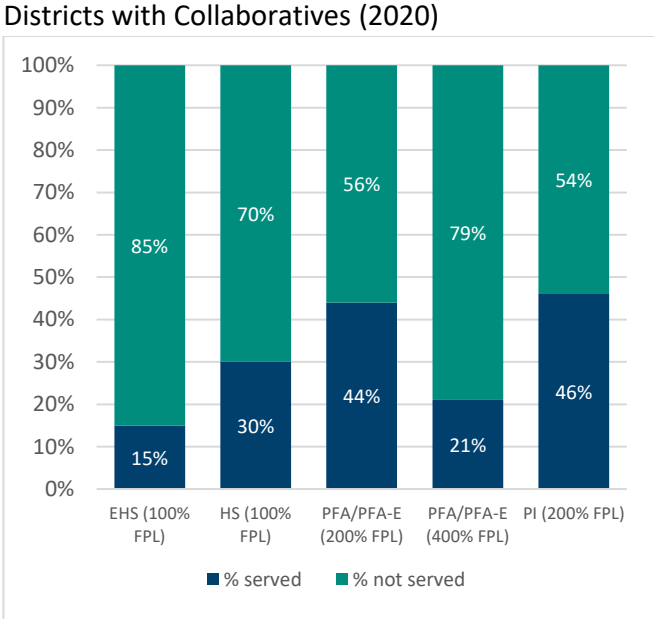
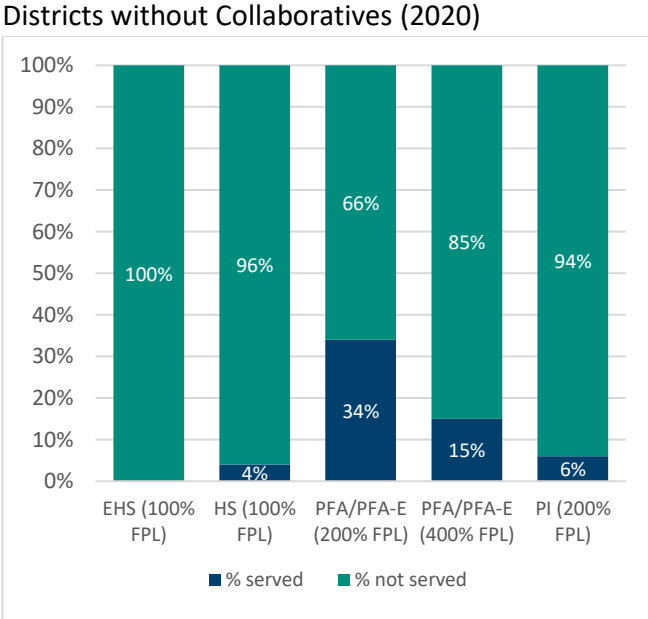


Chart 7



We must also acknowledge that despite the stronger capacity demonstrated among districts with early childhood collaboratives, there are still many eligible children who are not receiving services across all districts. In our best-case estimation, just over 55% of eligible children are not being served (PFA, 200% FPL, districts with collaboratives), and at our worst-case estimation, 100% are not being served (Early Head Start, 100% FPL, districts without collaboratives).

Findings comparing districts with early childhood collaboratives and those without are cause for optimism about the benefit of these collaboratives. They support the position that early childhood collaboratives strengthen early childhood education and intervention provided to the DuPage community.

That being said, we must interpret findings with caution. Given the significant difference in sample sizes between school districts with collaboratives and those without (n = 12 and n = 26 respectively), we cannot assume equal variance across samples. This variation can impact the strength of our findings and capacity

to confidently draw conclusions from them. There is also much we don't know from these analyses about moderating factors that could impact findings, such as district spending and family income, racial/ethnic background of families, stay at home and working parenting rates that could influence outcomes. We recommend ongoing research, monitoring and support of data quality enhancements to better understand the questions of interest to early childhood stakeholders.

## School Readiness

This first set of findings focuses on programs aimed at enhancing school readiness and preventing academic failure among young children. Specifically, we will be looking at the Preschool for All/Preschool for All Expansion and Head Start/Early Head Start Programs.

### *Preschool for All and Preschool for All Expansion*

**Preschool for All (PFA)** provides 12.5 hours per week of high-quality education for 3–5-year-old children in families earning 400% of the federal poverty level (FPL) or less, and who are considered to be at risk for academic failure.

**Preschool for All Expansion (PE)** builds upon PFA by offering 4-year-old at risk children high quality, full-day preschool.

### *How Well do Preschool For All and Preschool For All Expansion Meet Current Demand?*

An examination of the most recent available data (2019-20) provides a snapshot of how well DuPage County is meeting the needs of PFA and PE eligible children.<sup>7</sup> While a total of 3,916 slots were available for PFA and PE enrollment across 38 school districts in DuPage County, 22,665 children were eligible for these services at the 400% FPL threshold, meaning that 18,749 (83%) eligible children were not served through these programs. This is notable given that 400% FPL represents the income eligibility criteria for PFA/PE. At the less stringent 200% FPL threshold, the number of eligible children drops to 10,380, reflecting 6,464 (62%) eligible children not served. Further analyses show the extent to which individual DuPage school districts were covering PFA/PE eligible students' needs.

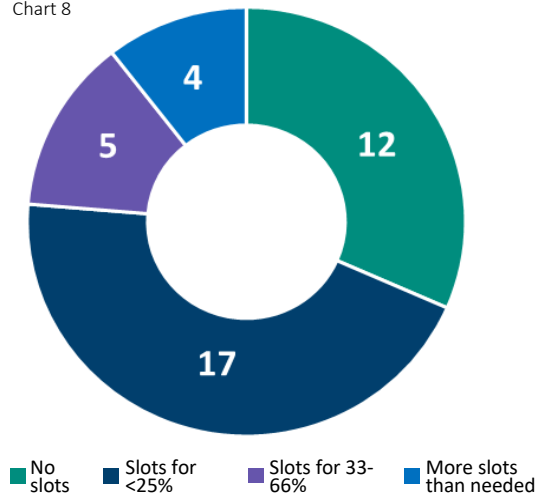
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<sup>7</sup> Wherever available for slot gap reporting, 2020 data has been used to report on slots available to show the most recent state of early childhood education and services. Estimations of need based on Census federal poverty level data reflect 2019 estimates, the most recent demographic Census data available at the time of reporting.



## Number of DuPage School Districts Serving Needs of PFA and PE Eligible Children

Chart 8



- 12 out of 38 districts did not offer Preschool for All or Preschool for All-expansion for eligible children
- 17 out of 38 districts met less than 25% of their eligible children's need for PFA/PE expansion
- 5 districts met the needs of 1/3 to 2/3 of their PFA and PE eligible children
- 4 out of 38 districts offered more PFA/PE slots than their eligible children needed

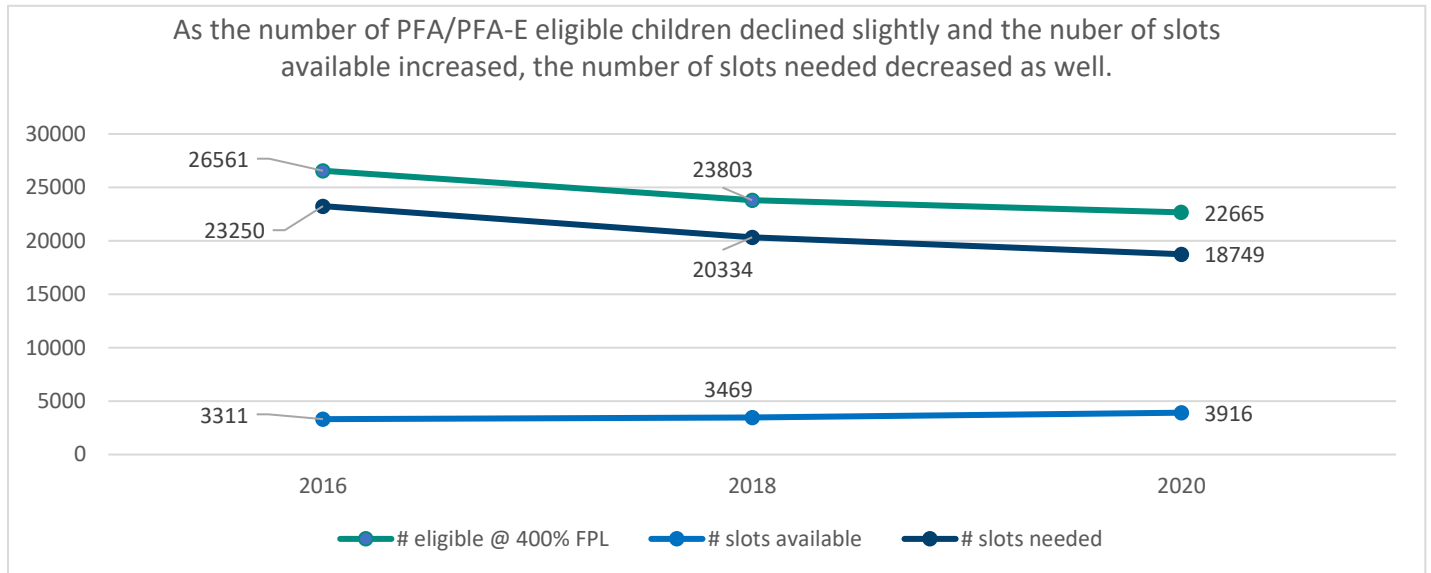
### How Has Capacity to Meet Demand for Preschool for All and Preschool for All Expansion Changed Over Time?

While current data shows a large gap remains in serving PFA and PE eligible children, we are also interested in the progress school districts are making over time in addressing the gap. To do this we compared the changes in the percent of PFA/PE eligible children served across three time points: 2016, 2018 and 2020 at the 400% FPL rate.

We chose 2016 for historical comparison point because it was the first year that available data included the Preschool For All expansion program; allowing year-to-year comparisons for analogous programming. We focused on two factors that drive the slot gap school districts potentially experience: 1) the number of children who meet eligibility for programming and 2) the number of program slots made available. Changes to either of these metrics can influence districts' slot gaps and capacity to meet families' early childhood education needs. *Chart 9* indicates that the number of children eligible for PFA/PE decreased modestly from 2016 to 2020 while the number of slots available increased modestly. Together, these factors resulted in an overall reduction in slots needed in DuPage County by 4,501, or approximately a 19%.

PFA/PFA-E Eligible Children and Number of Slots Available

Chart 9

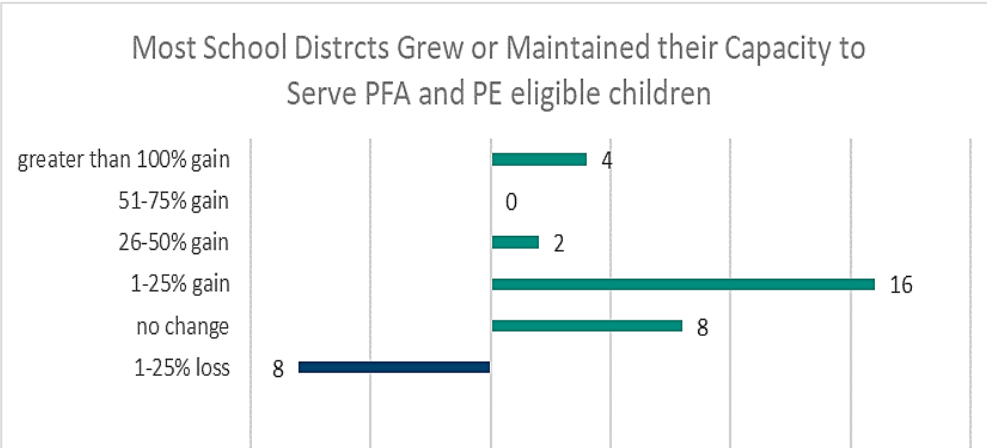


In addition to overall slots available, we assessed individual school districts at these two time points. We wanted to know how many districts were growing, maintaining or reducing capacity over time. Toward this endeavor, we compared change in percent of children served versus actual number of children served because numbers of slots available and eligible children in each district varies across reporting years. Therefore, assessing a change in the percent of PFA/PFA-E eligible children served was deemed a more appropriate standard of comparison.

Charts 10-12 show that the majority of school districts grew or maintained existing levels of children served (21 and 10 districts respectively), whereas seven districts reported reductions in the percentage of PFA/PFA-E eligible children served. Seven of the 21 districts that made gains in the percentage of children served were among those that participate in early childhood collaboratives. Four school districts reported a greater than 100% gain in slots available, reflecting a greater number of slots available than eligible children in their district. This was accounted for by two districts that had no slots available in 2016 and developed robust PFA/PE programming by 2020, one that significantly shrunk their slot gap during this time period and one that continued to provide more slots than eligible children.

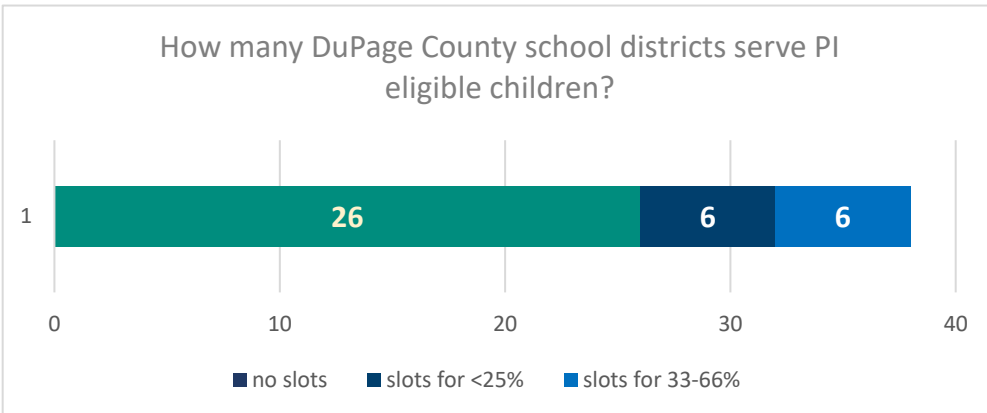
School Districts Capacity to Serve PFA and PE Eligible Children

Chart 10



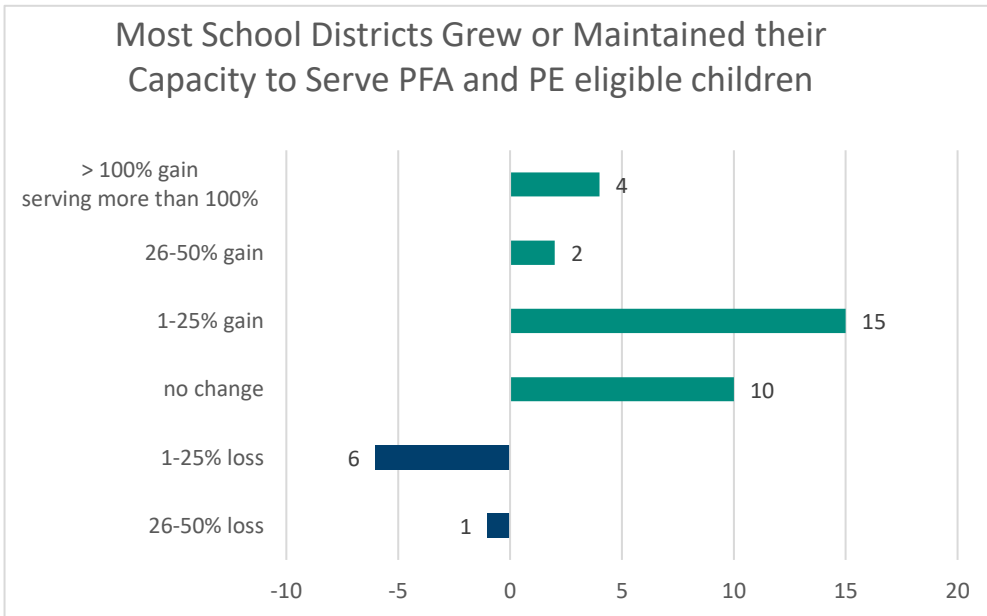
School Districts Capacity to Serve PI Eligible Children

Chart 11



School Districts Capacity to Serve PFA and PE Eligible Children

Chart 12



### Head Start and Early Head Start

**Head Start** is a state and federal collaboration that promotes school readiness among children ages birth through five by enhancing cognitive, social and emotional development.

**Early Head Start** specifically serves children under 3 years of age via comprehensive child development and family support services. They are designed to promote healthy, bonded relationships among children and caregivers. Children are eligible for Head Start and Early Head Start based on low-income status as defined by federal guidelines. Additional criteria beyond income status can also qualify children for the Head Start program (e.g., children in foster care, homeless children, and children receiving public assistance). These programs are administered through the Illinois Department of Human Services Division of Family and Community Services. (Illinois Department of Human Services, n.d.)

### How Well do Head Start and Early Head Start Programs Meet Current Demand?

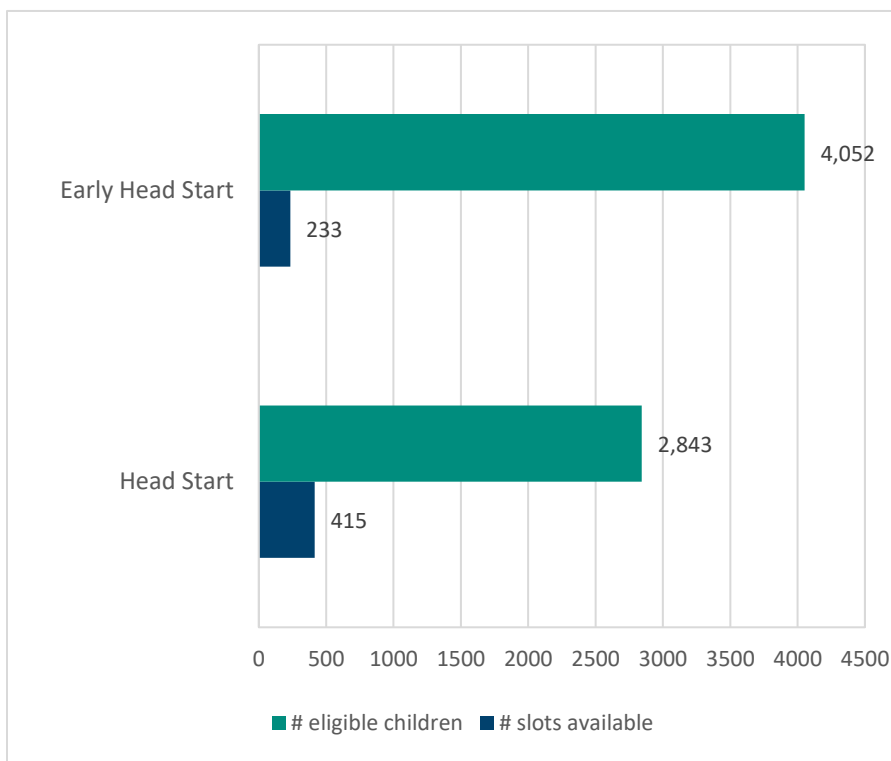
An examination of the most recent data available (2019-20) provides a snapshot of how well DuPage County is meeting the needs of Head Start (HS) and Early Head Start (EHS) eligible children. *Charts 13-15* further illustrate this information.

While a total of 415 Head Start and 233 Early Head Start slots were available across 38 DuPage County school districts, a far greater number of children were eligible for such programs: 2,843 for Head Start and 4,052 for Early Head Start programs at the 100% FPL threshold. This means that 2,428 (85%) eligible Head Start and 3,819 (94%) eligible Early Head Start children were not served through these programs.

Further analyses show how this capacity has changed over the past five years as well as the extent to which individual DuPage school districts were covering HS/EHS eligible students' needs.

*School Districts Capacity to Serve EHS and HS Eligible Children*

Chart 13



### How Has Capacity to Meet Demand for Head Start and Early Head Start Changed Over Time?

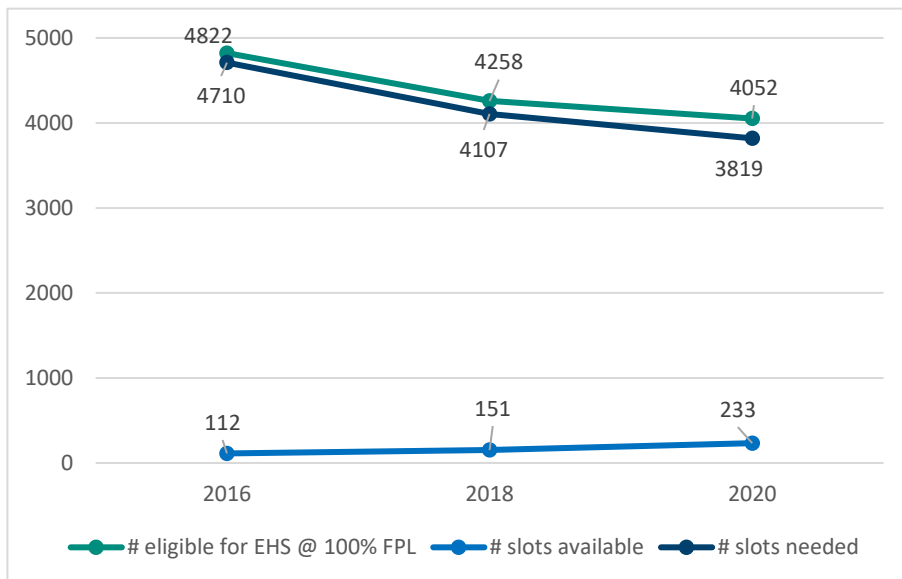
While current data shows a sizeable gap remains in serving Head Start and Early Head Start eligible children, analyses comparing children served by the HS/EHS programs in 2016 with those served in 2020 informs the extent to which DuPage County is making progress in closing this gap.

We examined two factors that drive the slot gap that school districts potentially experience: the number of children who are eligible for programming and the number of program slots made available. Changes to either of these metrics can influence districts' slot gap and capacity to meet families' early childhood education needs. We can see in *Chart 15* that both number of children eligible for Head Start at 100% FPL and the number of slots available has decreased over time, resulting in no net difference in the proportion of children served from 2016 to 2020. Fourteen percent of eligible Head Start children were served by the program in 2016 while 10% were served in 2020, meaning that a slot gap grew slightly from 86% to 90% of eligible children.<sup>8</sup>

During this same time period the number of slots available for Head Start decreased substantially and the number of slots available for Early Head Start increased (*Chart 14*). The number of Early Head Start students eligible at the 100% FPL has decreased over time, however the number of slots available has increased resulting in a smaller slot gap from 2016 to 2020. That being said, there is substantial room for improvement given that 2% of Early Head Start children were served in 2016 and 6% were served in 2020 by the program.

*Children Eligible for Early Head Start, 2016-2020*

Chart 14



#### Early Head Start

The number of eligible 0-2-year old children eligible for Early Head Start decreased from 2016 to 2020 while slots available increased. This reduced the slot gap by 4%.

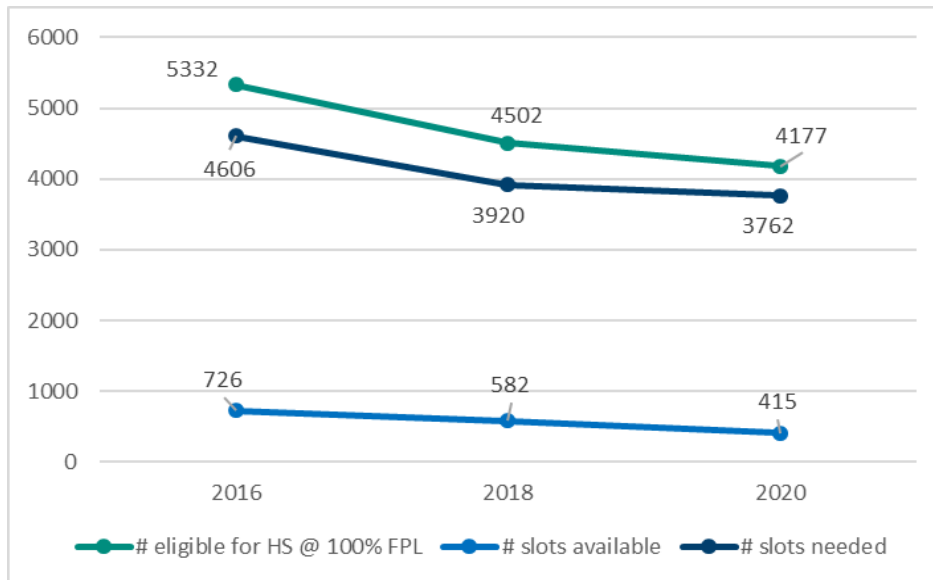
2% of Early Head Start children were served in 2016.

6% of Early Head Start children were served in 2020

<sup>8</sup> The number of children eligible for Head Start and Early Head Start programming are based on 2019 estimates given the unavailability of 2020 Census data at the time of reporting.

### Children Eligible for Head Start, 2016-2020

Chart 15



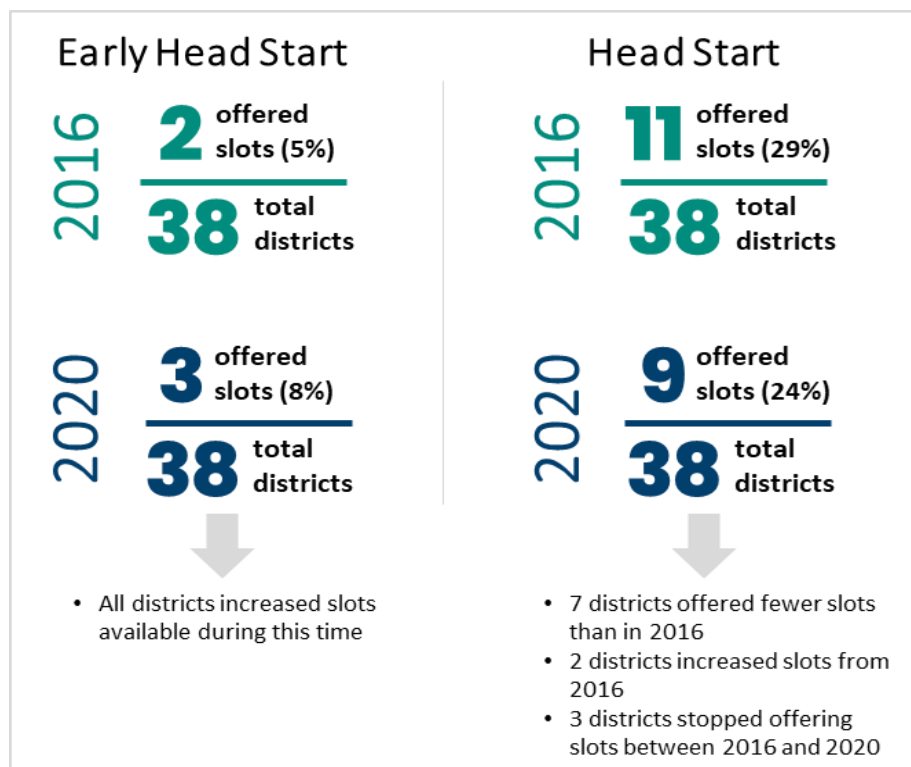
### Head Start

While the number of 3–5-year-old children eligible for Head Start program decreased from 2016 to 2020 so did the number of slots available.

14% of Head Start children were served in 2016

10% of Head Start children were served in 2020

In addition to overall slots available, we also assessed individual school districts’ programming at these two time points. We were interested in knowing how many districts were growing, maintaining or reducing capacity over time.



## Early Intervention Services

This next section reviews early intervention services aimed at supporting the youngest age range of children, 0-3 years-old, who may be at risk of developmental delays and/or in need of greater family support to promote child development.

### Prevention Initiative

**Prevention Initiative (PI)** extends supports to even younger children, ages 0-3, by providing continuous, research-based, intensive and comprehensive child development and family support services for expectant parents and families. The aim is to empower families to build a strong foundation for learning that will prepare children for later school success.

For Prevention Initiative, a total of 1,597 slots were available in 2020 across DuPage County's 38 school districts, for 10,134 children eligible at the 200% FPL<sup>9</sup>. This leaves 8,537 or 84% of eligible children unserved by Prevention Initiative programming.

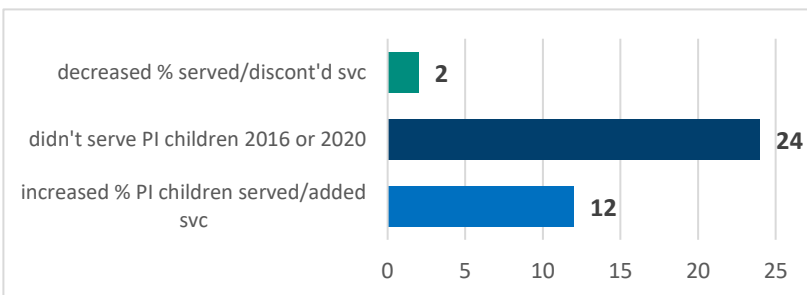
While these numbers indicate a high level of unmet need, data suggests some progress is being made in building Prevention Initiative programs. Reporting from 2016 indicates that only 544 slots were made available across DuPage County school districts for 11,517 children eligible at the 200% FPL, leaving 95% of eligible children unserved. That being said, the number of slots and percentage served has almost tripled while the number of eligible children has decreased by 12% (n = 1,383) over this five-year period. Examining this capacity expansion further, the strong majority of DuPage school districts (n = 24) did not have PI slots available in 2016 or 2020.

It appears that DuPage County's Prevention Initiative slot gap was reduced from 2016 to 2020 by 12 districts who either grew the percentage of children served or initiated PI programming over this time (n = 9 & 3 respectively), as compared to 2 districts that reduced the percentage served (n = 1) or discontinued PI services (n = 1) during this same period; these increases in PI slots outweighed the number of districts that reduced slots available.

**10** out of **12**  
districts that grew percentage of children served by Prevention Initiatives were districts with Early Childhood Collaboratives

### DuPage County School Districts PI Slot History

Chart 16



5% of school districts decreased or discontinued PI slots between 2016 & 2020

63% of school districts did not provide PI slots in either 2016 or 2020

32% of school districts increased or added PI slots between 2016 & 2020

<sup>9</sup> 200% FPL was selected as this was the income eligibility threshold used in 2017 reporting and provides an appropriate standard of comparison for change in program capacity over time.

### Early Intervention: How Well do Services Meet Current Demand?

Early Intervention (EI) services provided by the Illinois Department of Human Services, Division of Family and Community Services (IDHS/DFCS) are designed to support children from birth up to age 3 who are experiencing disabilities or delays to learn, grow and meet developmental milestones. Early childhood is identified as a critical period given the rapidity of growth and development in multiple domains during these years. EI services may address physical, cognitive, communication, social/emotional and/or adaptive needs. Possible service types include, but are not limited to: developmental evaluations and assessments, physical therapy, occupational therapy, speech/language therapy, developmental therapy, service coordination, psychological services, and social work services.

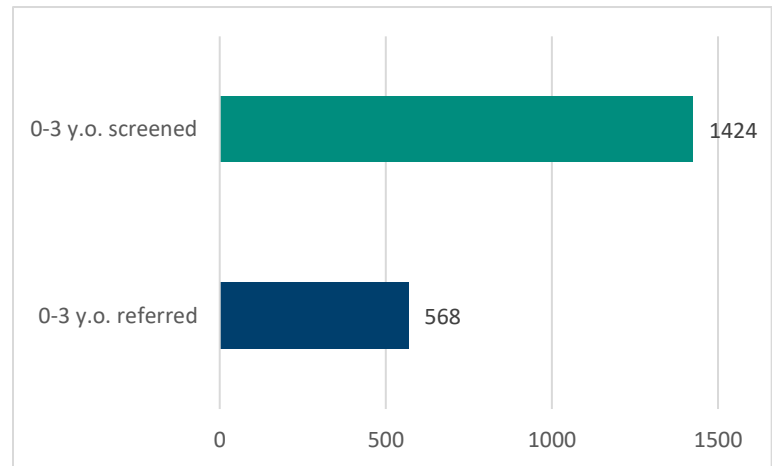
The course of entering and participating in Early Intervention services typically consists of the following steps:

- *evaluation and assessment* of a child’s growth and development
- *eligibility determination* for EI services (children with a developmental delay of 30% or greater in one or more developmental domain are eligible for EI services)
- development of an *Individualized Family Service Plan (IFSP)* for those who accept services
- *referral* to services
- initiation of services.

Children who do not initially qualify may be re-evaluated as will children who engage in EI services to assess progress and ongoing eligibility over time. Starting at age 3, the Illinois State Board of Education (ISBE) becomes responsible for special education services and planning and a transition to this office will be initiated with families.

In financial year 2020, the most recent IECAM data available, 1,433 children ages 0-2 in DuPage County participated in IDHS EI services. Child Find 2020 data reported by ZIP code of locations performing screenings closely mirrors this reporting, noting that 1,424 children between birth and 35 mo. (i.e., up to age 3) were screened for EI services and 568 (40%) of these children were referred to EI services, indicating the number of children screened who met eligibility criteria.<sup>10</sup>

Chart 17



<sup>10</sup> Child Find is a system designed as part of the Individuals with Disabilities Education Act to identify as soon as possible children from birth to age 21 who may be in need of early intervention and special education services. This includes free public awareness services and education about the importance of early intervention and special education services. <https://www.childfind-idea-il.us/About.aspx>



It is difficult to know with certainty how well early intervention services are meeting the needs of children with developmental delays, differences or disabilities without knowing more about:

- how many families feel that they are eligible for services but did not meet eligibility criteria during the assessment process
- how many families are qualified for and in need of services but not receiving them
- barriers and facilitators families experience in accessing these services



### Additional Child and Family Services

The remaining two program types, home visiting and childcare, support children across the 0-5-year-old age range. Home visiting programs are designed to promote healthy child development, strengthen parenting skills and connect families to supportive resources. Childcare provides an essential service promoting child safety, wellness and development while giving many parents the opportunity to work.

#### Home Visiting Programs

Home visiting programs are designed to promote the health and community of support for families and reduce risk of child abuse/neglect, especially among high risk, new/expectant parents and teen parents.

Two such programs offered in Illinois address these goals:

- **Healthy Families Illinois (HFI)** follows the evidence-based Healthy Families America program model and is operated by the Illinois Department of Human Services (IDHS). HFI is a voluntary program that offers a range of child development, health and social service resources as well as family goal and service planning.
- **Parents Too Soon (PTS)** is operated by Ounce of Prevention and offers home visitation, support and education with the goals of improving parenting skills, parent child relationships and healthy child development and to reduce the likelihood of child maltreatment. It is offered to new and expectant teen parents who meet the 200% FPL threshold.

#### How Well do Home Visiting Programs Meet Current Demand?

The most recent data available on IECAM shows in 2019 Home Visiting Programs served the following number of 0–5-year-old children<sup>11</sup>:

Table 8

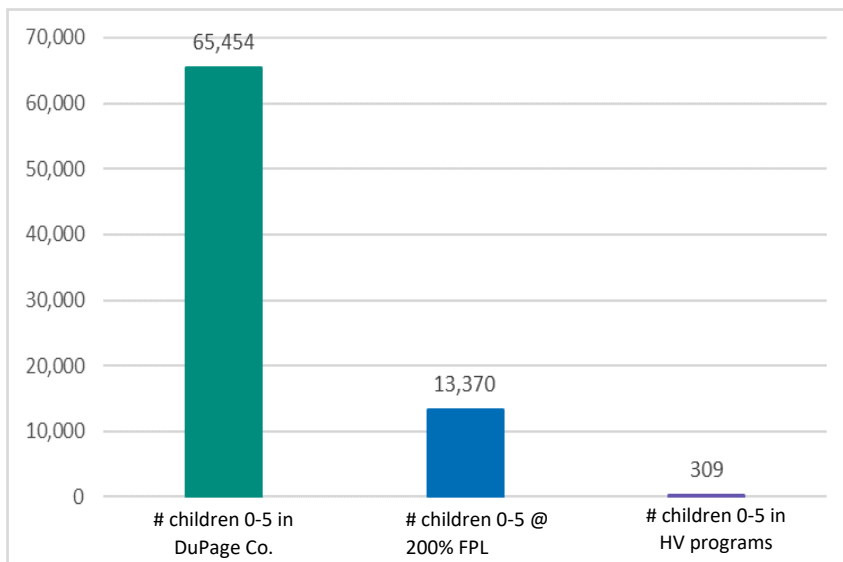
Program Age Range						
HFI 0-2 y.o.	HFI 3-5 y.o.	Total HFI 0-5 y.o.	PTS 0-2 y.o.	PTS 3-5 y.o.	Total PTS 0-5 y.o.	Total Home Visiting 0-5 y.o.
98	123	221	79	9	88	309

<sup>11</sup> 2020 data unavailable from IECAM at time of report

### Children Served by HFI and PTS Home Visiting Programs in DuPage County

It is difficult to definitively know to what extent home visiting programs reach all families who want or need these services without information on metrics such as referrals, requests, applications or waitlists for these programs. However, we can attempt to estimate program reach when we compare the number of 0–5-year-old children served by HFI and PTS home visiting programs with the number of 0–5-year-old children in DuPage County and for the PTS program how many children in this age range meet the 200% FPL eligibility criteria. The chart on the right reflects these numbers for 2019, the most recent year available.

Chart 18



HFI and PTS home visiting programs served 0.5% of DuPage 0–5-year-old children and 2.3% of these same children who meet the 200% FPL threshold.

The Child Find Project, a component of the Illinois Disabilities Education Act (IDEA), monitors 0–5-year-old children screened and referred for early intervention services including home visiting. This provides a further point of reference for the extent to which home visiting programs reach families needing and wanting these services. However, this data likely provides an incomplete picture of overall home visiting services, given the voluntary nature of this reporting and its emphasis on serving children with disabilities. It may or may not include high risk families or teen parents served by the HFI and PTS programs. That being said, FY 2019 Child Find data indicates that of 3,670 0–5-year-olds were screened and 101 (2.8%) of these children were referred to home visiting services, suggesting that a very small proportion of children are linked to this type of service.<sup>12</sup>

#### How Has Capacity to Meet Demand for Home Visiting Programs Changed Over Time?

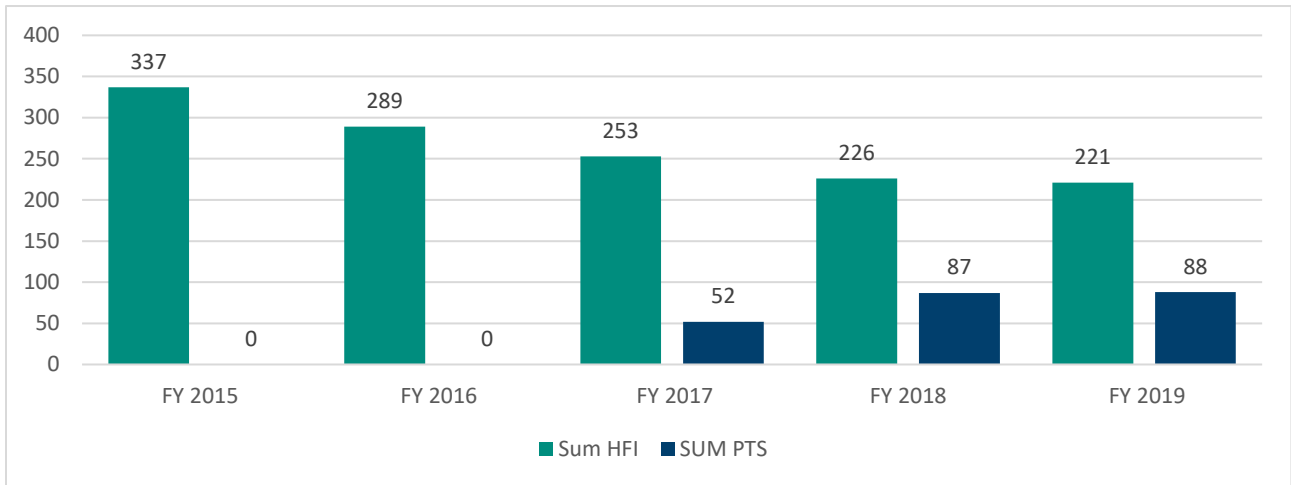
We also examine trends in number of children served over time by home visiting programs. Data suggests that the total number of 0–5-year-olds served by the HFI program has shrunk from 2015-2019<sup>13</sup>, while the PTS program, for which data is available starting in 2017, has reached a growing number of children over time.

<sup>12</sup> Child Find is a system designed as part of the Individuals with Disabilities Education Act to identify as soon as possible children from birth to age 21 who may be in need of early intervention and special education services. This includes free public awareness services and education about the importance of early intervention and special education services. <https://www.childfind-idea-il.us/About.aspx>

<sup>13</sup> 2020 data unavailable from IECAM at time of report

## Number of Children Served Over Time by Home Visiting Programs

Chart 19



## Childcare

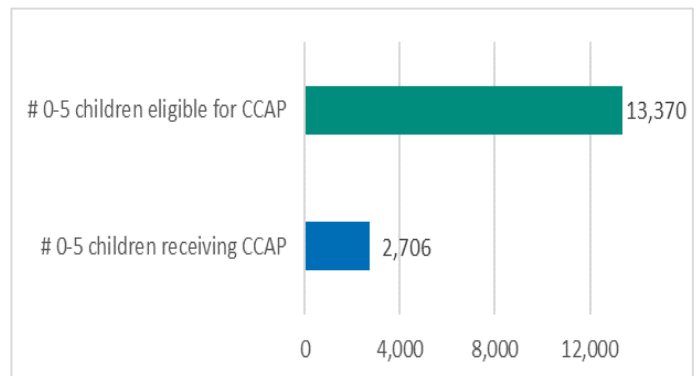
### How Well does Childcare Meet Current Demand?

Identifying and connecting with high quality, affordable childcare is essential to many parents and guardians who are working and/or continuing their education. For many families, childcare can be prohibitively expensive. Illinois' Childcare Assistance Program (CCAP) helps address this concern by supporting families who meet income, residence, employment, work/education and other eligibility criteria. Income criteria for new CCAP enrollees is 200% FPL or less and 250% FPL or less for continued program eligibility at re-determination. Families may use CCAP support in a range of daycare settings including those based in centers, homes of children being cared for, or in providers' homes, as well as with providers who are licensed or exempt from licensing.

For the purposes of this report and understanding the extent to which childcare facilities meet families' needs, we included all types of childcare centers reported in the IECAM database: licensed and license exempt childcare centers, and licensed family childcare homes serving children ages 0-5. Notably, some types of care that CCAP subsidies pay for, such as care by a relative in the child or relative's home, are not represented by the IECAM data system and therefore will under-represent families using these types of care. We are unsure in what ways these families differ on key demographic characteristics, such as income, race/ethnicity, or family composition, from those families who utilize care in licensed centers and homes or license exempt centers; however, anecdotal data from interviews suggests that families of color rely more heavily on these types of care than white families in DuPage county.

During 2020, the most recent year for which data is available, 13,370 children ages 0-5 living in DuPage

Chart 20



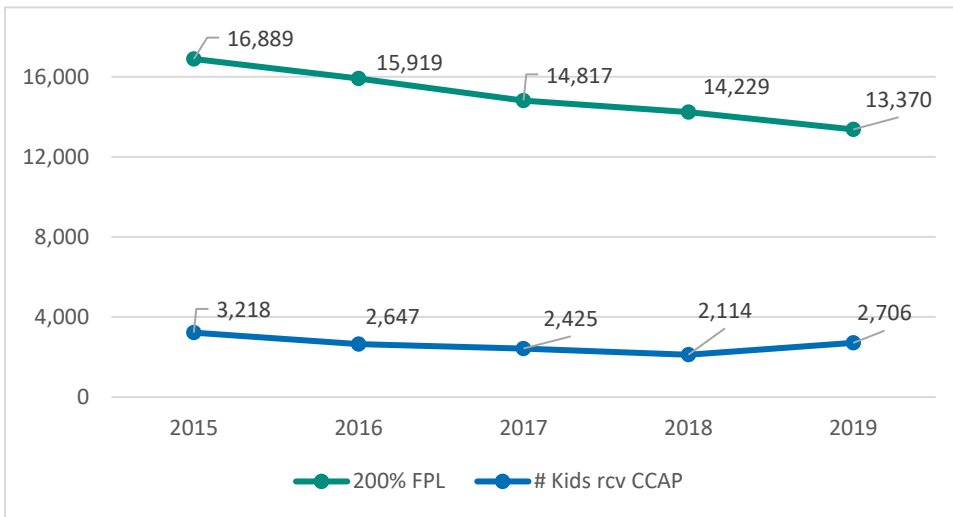
county met the 200% FPL threshold. Of these children, 2,706 (20%) received assistance through the CCAP program, leaving a sizeable portion of children and families without access to these subsidies.

*How Has Capacity to Meet Demand for Childcare Changed Over Time?*

It should be noted that the number of children ages 0-5 who meet the 200% FPL criteria has declined over the past 5 years. The portion of these children receiving CCAP subsidies also has been declining during this same time period, with the exception of 2019 and 2020, where it bumped up again and held steady.

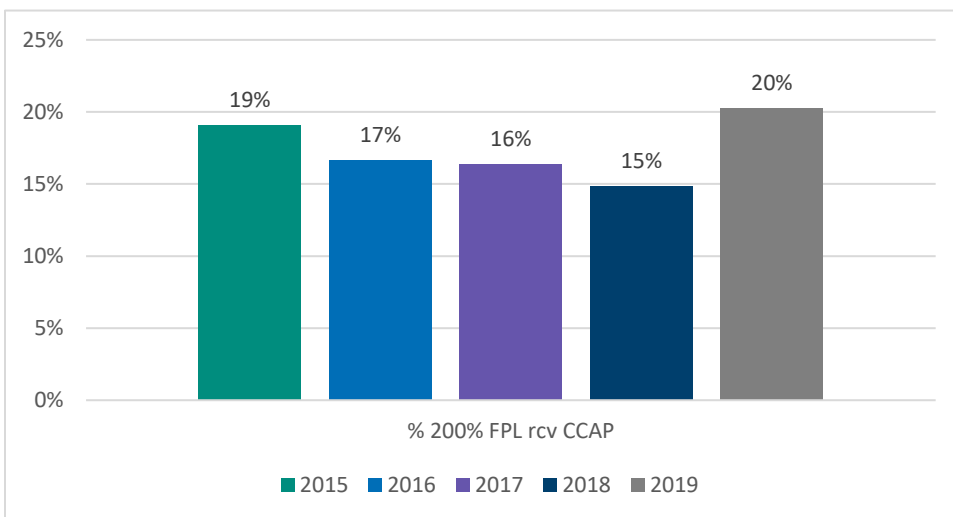
*Children Who Meet 200% FPL and Children Who Receive CCAP Subsidies*

Chart 21



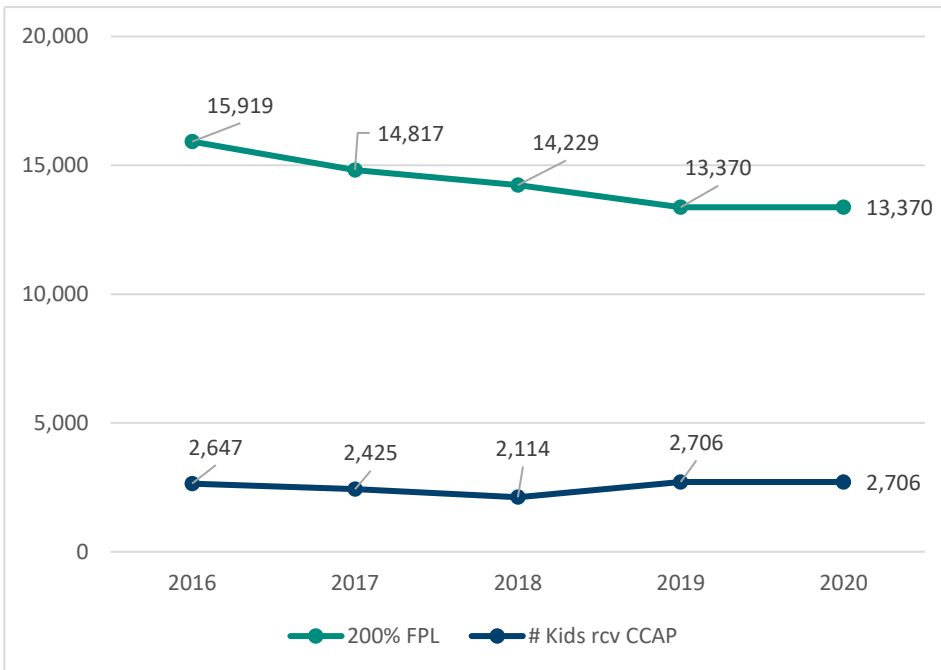
The number of children ages 0-5 years old at 200% FPL decreased slightly over the past five years while the number of children receiving CCAP dipped then rose.

Chart 22



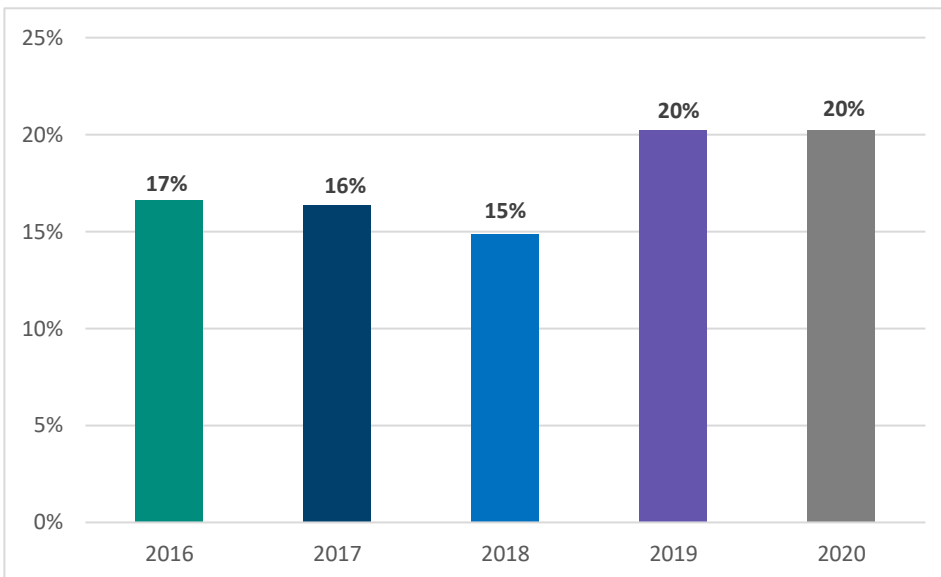
The number of children ages 0-5 years old at 200% FPL decreased slightly over the past five years while the number of children receiving CCAP dipped then rose.

Chart 23



The number of children ages 0-5 years old at 200% FPL decreased slightly over the past five years while the number of children receiving CCAP dipped then rose<sup>14</sup>.

Chart 24



The percent of children at 200% FPL receiving CCAP dipped and then rose slightly over the past 5 years.

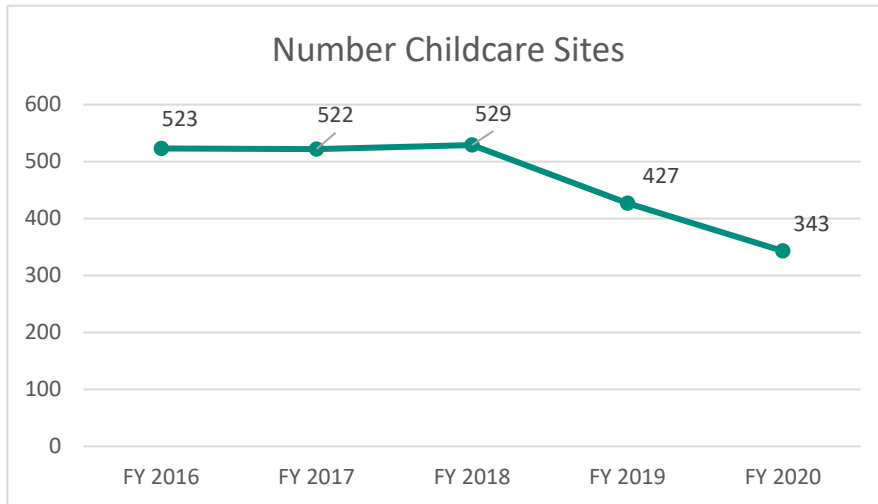
Looking at the broader childcare landscape in DuPage County, in 2020 there were 65,454 zero to five-year-old children; 20,533 childcare slots were available for them. While not all 0-5-year-old children require childcare, this means that licensed/license exempt childcare centers and licensed homes have the capacity to serve approximately 31% of children in this age range. This care is spread across 343 locations; all of which, except 28, were licensed. It is notable that both the number of childcare locations and percentage

<sup>14</sup> 2020 numbers unavailable at time of this report and therefore reflect previous year numbers

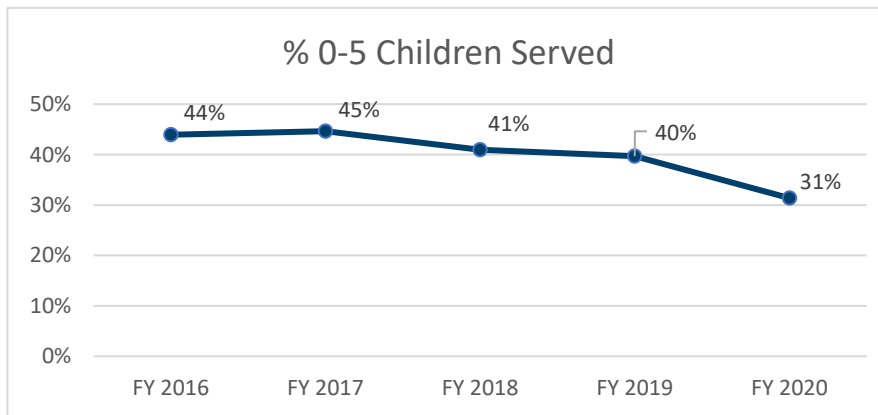
of zero to five-year-old children dropped more sharply in 2020, as COVID-19 restrictions impacted the ability of childcare centers to serve young children. The trajectory of this trend should be monitored over time to assess how well DuPage County is meeting families' childcare needs and how it changes over time following the emergence of COVID-19. Please see Appendix C for more detailed information on the number of sites and sessions by childcare type for years 2016-2020.

*Childcare Landscape in DuPage County*

Charts 25 & 26



The number of childcare sites available, inclusive of licensed childcare homes and licensed and license exempt childcare centers dropped significantly from 2016 to 2020.



The percentage of 0–5-year-old children served by these childcare centers also dropped from 2016 to 2020.

In addition to understanding the number of childcare slots available in DuPage County, it is also valuable to know about the quality of this care. The Illinois ExceleRate program<sup>15</sup> is a statewide quality recognition and improvement program that defines levels of care for early childhood programming through the Circle of Quality designations. Childcare programs could achieve the following quality designations based on licensing requirements met and additional standards achieved<sup>16</sup>:

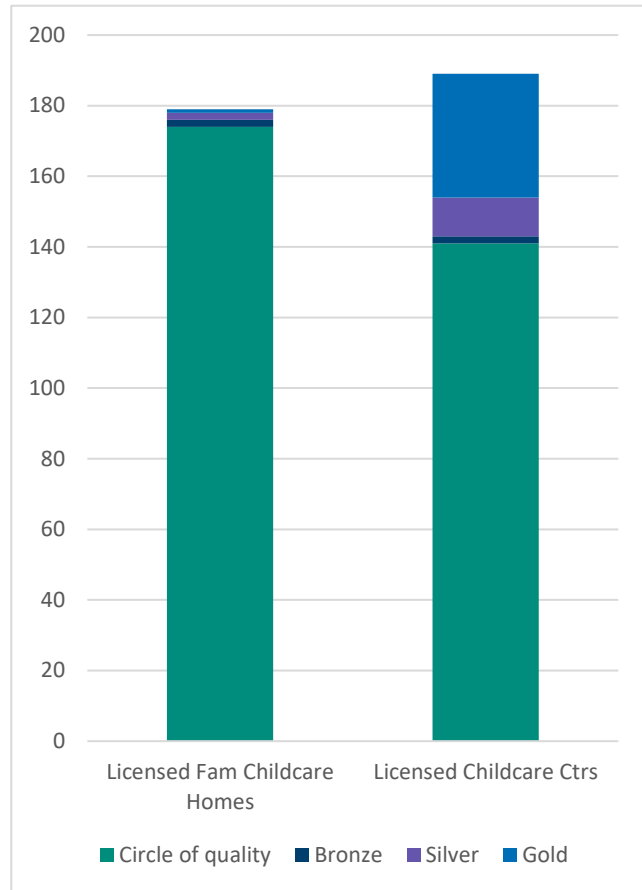
<sup>15</sup> <https://www.excelerateillinois.com/about/what-is-excelerate-illinois>

<sup>16</sup> 2020 data not available from IECAM at time of report

## 2019 Circle of Designations

Chart 27

- **Licensed Circle of Quality:** programs that have *met state licensing requirements* and ensure a *foundational level of quality*
- **Bronze Circle of Quality:** recognizes the *quality of program staff* in that they have completed ExceleRate trainings, met qualifications and engaged in continuous quality improvement
- **Silver Circle of Quality:** recognizes *programs that have met or gone beyond quality standards* in the learning environment and teaching quality, administrative standards, and training and education, as well as being engaged in continuous quality improvement
- **Gold Circle of Quality:** recognizes *programs that have met or gone beyond the highest quality standards* in learning environment and teaching quality, administrative standards, and training and education, and are also engaged in continuous quality improvement



Looking beyond the standard licensing requirements, few centers and even fewer homes have achieved additional standards of excellence in the ExceleRate program: 48 of 189 licensed childcare centers have achieved bronze, silver or gold designations and five of 179 licensed childcare homes have done so.

## FINDINGS (PARENT FOCUS GROUPS)

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Parent voice is an important element of this report. With the support of partner organizations across DuPage County, DuPage Federation recruited a total of 30 participants to attend five (5) focus group sessions. We sought DuPage County parents with young children (up to 8 years old) to participate in a Zoom focus group about their experiences with local early childhood services and resources. Sessions lasted 90 minutes and participants received a \$50 gift card for their time.

Participants were asked about their experiences with local early childhood services and supports, the coordination of services, community commitment to early childhood, and the ability of all families to have access to the resources and services they need.

### How Effective is the Early Childhood System at Reaching Families?

Some parents confirmed their access to early childhood resources and their utilization of them; a few specifically reported comfort with the childcare services they are currently receiving. To identify these services, many parents shared that they conducted their own research and utilized personal networks, including family members and friends. They described these sources as trustworthy and credible. Further, many noted that it is now easier to conduct one's own research and tap into personal networks to identify resources with social media and a greater amount of information available in general.

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*"From the preschool, I found out from my sister-in-law as she enrolled her boy at the preschool first, and then she told me... and that's how I started to trust them."*

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Barriers to accessing services included technology and insufficient awareness among parents. A parent noted that she was not aware of the Zero to Three program with her older child, but was notified by the same school about its availability with her younger child and has since enrolled her younger child in the program. Language access also emerged as a barrier to accessing services, including the application process for benefits.

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*"I feel like sometimes these programs aren't marketed to the people that really need them. And so are people who could make the most of them. I mean, I know while I was in school, I struggled a lot, because obviously, I had a lot on my plate. I didn't have time to do the extra research to look for these things."*

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Further, parents discussed waitlists and a perceived insufficient amount of early childhood programming more generally.

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*"Just finding, like an actual preschool in my area was kind of hard, because it was either meet certain requirements that I didn't meet. So then I would have to continue my search, find another place. And even when I did find the place where he is now, it was kind of difficult to make it work with hours."*

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While childcare capacity was limited pre-COVID, the pandemic exacerbated this issue by temporarily or permanently closing sites, reducing capacity, and the fact that there is higher demand for some services. Parents questioned how effective and engaging remote and virtual therapeutic sessions or other early childhood services were for their young children.

### **How Effective is the Early Childhood System at Coordinating Services?**

Parents also spoke to how they connected to early childhood and medical services. This coordination happened through personal networks and research, employers, public benefit offices, and more.

Parents shared examples of cross-sector coordination, including connections among childcare and healthcare, legal aid, early intervention, and more. A strong theme in the effectiveness of coordination was when early childhood services collaborated seamlessly with other stakeholders to provide continuous, quality services and supports to families. Staff members at local organizations such as YWCA, DayOne PACT, and Bridge Communities assisted clients to navigate resources and serve as a liaison to a range of other services. Parents endorsed early childhood service providers as a trusted source where they could come to people with their needs and concerns and get them met, such as service referrals or to resolve benefits redetermination issues.

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*“Once I connected to them [People’s Resource Center], it all started snowballing where I started finding out by referral to different programs that I had no idea about.”*

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*“I do think that the relationships that Bridge has with the different providers in the community does make a tremendous difference. Their relationships really help us to navigate waters where we don’t have to fight.”*

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*“I think overall they did a really phenomenal job trying to coordinate everything and as he aged out, once you turn three, they also did a really good job of connecting us with the school district. So we go to District 58 Downers Grove to get those special services that he needed through their preschool so I felt it was just a really seamless transition.”*

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Some parents noted that misalignment of employment and benefit assistance, for example, the coordination between an employer and CCAP. Parents noted the challenge of needing employment to qualify for assistance and needing assistance to get and maintain employment. Also raised were communication challenges across entities and grace periods to maintain eligibility and access to supports.

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*“When you’re trying to get childcare and you’re trying to get childcare support seeker. And as a new mom, you have to have a job to get CCAP, but you have to have childcare to have a job. And so they get really, it’s just the worst one. And it’s always so such a pain, right?”*

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## How Effective is the Early Childhood System at Building Commitment to Early Childhood?

Some parents felt their local communities invested in and offered affordable services for children through their park district, schools, and libraries. They noted that information is distributed regarding available programs, but they could do more outreach to parents. Many parents noted that they have seen signage promoting healthcare and sharing information regarding Head Start, Early Head Start, WIC, Access DuPage, library programs, and domestic violence services. Also, they shared that they receive notices via email or text from the school district on available services. Some information is posted on Facebook.

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*“They try, I feel like I get like when I find out about special programs, either through the library that are targeted towards kids, for toddlers or preschoolers, or even programs that are available through the park district, they try I mean, they send out information for them, it’s really up to you to kind of, to kind of read about it. I feel like it’d be nice if there were a little bit more outreach to know a little bit more what the programs that my taxes are paying for that, you know, my child can take advantage of.”*

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Parents shared that pandemic-related increases to public benefits were especially helpful to meeting families’ needs. Specifically, they noted the increase in food benefit amounts and the availability of assistance for children’s school lunches.

Parents that had experiences in other countries or other states in the United States shared that they were very grateful for the local services provided for children and resources available when pregnant. They expressed gratitude for access to medical assistance and Medicaid, and services such as food, access to healthcare, and more, when pregnant.

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*“In terms of what, well, health too, I could say, because I have the experience of in Mexico and here, I was born in Mexico and my oldest daughter is born in Mexico, then one of the things that I admire too much about this country and I am also totally grateful is how, from the moment you are pregnant they take care of the ‘weight’, let’s say one of the services, they give you food if you don’t have it, they give you the coupons, the medical card, you have your appointments, you can go anything, your ultrasounds...”*

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Conversely, some parents noted their perception of limited government investment in early childhood. On the national level, they noted that the United States is behind other countries on family leave issues. One parent noted the social stigma around paternity leave. On a local level, parents discussed how their local communities had limited capacity for services and how early childhood does not get the same attention as community development or anything economic-related. One parent noted how they had to navigate resources for her child with disabilities on her own, including appropriate school resources.

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*“Speaking from a perspective of where we put our tax dollars in our community. So, we’re pretty low on the totem pole, based on where all of the different monies are, are sent. I’m not expert at our community finances, but um, we know in this particular group that we’ve got here on the call today, we all know how, how important brain development is from birth to three. And how many problems could be resolved if we had supportive services for parents*

*and kids from birth to three. But then as we choose to solve those problems later, and put money in that area, instead of putting it in advance.”*

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Parents discussed the lack of resources being dedicated to early childhood through tax revenue, private businesses, and tuition rates. For parents, this lack of investment was particularly felt in the issue of early childhood teacher pay inequities. Some parents noted the significant difference between the pay of high school teachers versus elementary school teachers, in addition to early childhood education or childcare teachers. It was discussed how this issue impacts capacity due to limited teacher and classroom availability. It also leads to staff turnover and level of care and quality concerns. It was also noted that over the last five years, there has been an increase in early childhood education professionals, where previously programs were more parent volunteer based.

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*“If you want high quality, you need to invest in that with your dollars and you know, I don’t know that that necessarily always needs to come from parents paying tuition because that’s a big investment because a lot of people, they’re holding a job to pay their childcare you know. I think there could probably be some systemic adjustments there on how those childcare facilities are funded.”*

---

A parent shared the increased effort over time by early childhood education stakeholders to advocate the increase in early childhood education advocacy efforts over time to state and federal government, including greater involvement of parents. This has included greater outreach to parents to become involved in advocating the importance of early childhood care and education at both state and federal government levels.

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*“They’re lobbying where they can, they’re putting their groups together to go, whether it’s to Illinois or to the you know, straight to the federal government to talk to them about what the problems are, what the needs are, I think they’re doing a good, much better job of calling attention to it.”*

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### **How Effective is the Early Childhood System at Increasing Equity?**

Some parents provided examples of parent engagement and empowerment. A few expressed feelings that they were partners with childcare providers. Others appreciated opportunities for education and guidance, such as platforms (Ready, Rosie), programs (Zero to Three), and through teachers and therapists. Some parents shared how important it was to work alongside a communicative and caring staff and the value of feeling respected. A parent shared that she was provided an interpreter so that she could communicate and learn therapeutic activities for her child.

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*“...until it was my turn to be able to do those activities with him and that they explained the fact to me: ok, look this serves for this, the fine motor skills, the puzzles, leaving the bottle. Many things I learned, I am very grateful to Angelica and Cristina, who were his therapists. I also had the service that, let’s say, Cristina, she spoke only English and Raquel was the*

*translator and, well, that experience is the one that most allowed me to be able to help my son in his learning, that he could speak.”*

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Further, several parents noted the change of language access resources over time. Some shared that they have seen more resources, such as assessments, and information in other languages, mostly Spanish. Some discussed the increased availability of interpreters being offered by service providers and the public aid office.

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*“For my sister, because she has a special child and sometimes I had to accompany her so much in the information, because before there was not so much Spanish as it is now, the information... sometimes they would give you the brochures or things like that and everything was in English, they didn’t give you the option of Spanish. And I remember with my sister in many places, sometimes we would go and, they would tell us to bring our own interpreter because there are no interpreter here, there were no interpreters in person or by phone, and I remember my sister did have to deal a lot with trying to find interpreters, look for someone, take someone. They gave you information, go to such a place. Where you now go, there is always an interpreter either by phone or a person who is there.”*

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Other parents described situations in which they felt their families were treated differently based on language or immigration status.

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*“And I think that people are very insensitive, especially with language services, not providing them to the parent that doesn’t speak English, as well as one parent. I think there’s not a lot of language services either. My husband speaks Arabic, that’s his first language. And it’s a real headache trying to get services just for him to be able to express like himself and his desires for our children.”*

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Related, some parents expressed feeling disrespected by service providers, such as medical doctors and early intervention staff members. They noted that medical professionals did not take their concerns seriously and they did not feel heard. Parents noted feeling that doctors treat African Americans on Medicaid differently.

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*“When I had my first daughter, I was a computer engineer had great insurance on my job. They treated me like royalty, and I was pregnant going to the doctor. When I had my second baby, I was on Medicaid. And it was just, it was the difference I was being treated was drastic, you know, and it, yeah, you gotta have tough skin, because it’ll get to you. But, definitely, I believe its race, its race. That’s all it is.”*

---

Some parents who had the experience of having at one time, private insurance, and at another time, Medicaid, shared examples of different treatment and the stigma felt with Medicaid. Some noted the limited network, coverage limitations for child therapy sessions, and difficulty getting “really good doctors”.

Several parents noted the big disconnect with available medical care for foster families including restricted doctor options, dirty facilities, and bad provider communication.

Parents felt income inequities. Some parents noted that children of parents who give gifts to daycare teachers were treated better. Another parent felt the delay in information and enrollment in her child's childcare center was caused by the fact that she was using CCAP (Child Care Assistance Program) versus paying cash.

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*“Even when attending the same daycare, as people probably from various backgrounds, financially, and that if you have more money, your children are treated differently.”*

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Parents agreed that childcare is too expensive. If parents qualify for assistance, they noted that the income thresholds can be stressful. Some parents shared that their job paid enough not to qualify for assistance, but then needed to work several jobs to make ends meet.

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*“So the idea of not being able to use CCAP, you know, I feel like with no matter how much money I make, is kind of devastating, because I feel like without it, I won't make it. You know, but at least something, you know, it makes things a lot better.”*

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*“The programs are amazing, but if you make a few dollars too much for them... it's this weird place where I feel like, it discourages people from like pursuing higher goals.”*

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Parents discussed opportunities to design more flexible assistance programs, removing hard income thresholds, developing a graduated system that will give you pro-rated assistance if one's income is higher than the limits, and to realistically reconsider expenses and how they impact a family's ability to qualify for assistance or pay for services.

Some parents discussed the need for universal, free childcare which would make it accessible to everyone and help level the playing field.

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*“If I got a wish, right, it would be free, we would be like some of the many other developed countries on the planet. And it would be free to be able to get your child the services that they deserve. And we would as a society, other things would go away, other problems would go away if that were able to happen, because moms would be able to do, I want it affordable, Jennifer, but I want it free, equally free. Not that you have to go through a bunch of hoops to qualify, but putting our tax dollars where it's needed, so that our children can start off in a space where they're equally thriving.”*

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Parents raised inequities felt by working families. Many working parents do not have the flexibility that is required for the timeframe of when childcare services are available, especially hourly employees or shift

workers that do not work traditional work hours. In general, these families face more challenges engaging with childcare or school staff members. Also, non-traditional work hours can result in loss of assistance like CCAP due to childcare facilities not being available when needed.

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*“And I think those impacts may be parents that don’t have financial money, but also don’t have time. Those are two things, and time is something I for sure lack to do all those special things. Sometimes I think my daycare is really trying to engage with the parents in those activities, but I think people are left out at the same time.”*

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Several parents noted challenges specific to COVID, including the inability to take time off work for a child being quarantined and the experience of a mother leaving her job during the stay-at-home order while her husband remained employed.

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*“When the daycare closed last year, I actually left the job. Because I had to stay home with both my kids so that my husband could go to work.”*

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Parents further noted their experiences with employers who were not sensitive to working parent issues, such as leaving work to pick up sick children from childcare or school.

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*“Employers are not sensitive to like issues that arise. Like I remember when my son was going through like his ear infections, like, you know, that comes with fever, and I have to come pick them up like maybe once a week or once every other week, and you get penalized for that. The job that I had at that time, I remember my probation period, they extended it another 90 days because I had to leave a couple of hours early. I think it was within the 90 days, it was like five times I had to leave early to go get my son. And so they extended it another 90 days, my probationary period.”*

---

Lastly, parents discussed inequities related to technology, transportation, and access to food. The lack of internet makes it very difficult for families to receive information, research availability of services, and successfully adapt to remote learning, when necessary. Transportation issues can increase when families have only one car for two working parents or when childcare or preschool options are half-day. Some parents noted that usage of food pantries can be more challenging due to hours, timing, and planning that is involved versus a grocery store where one has flexibility, including the ability to purchase specific food that their families want or need.

## **Solutions**

- Better utilization of pediatricians as universal access point for early childhood services information sharing and awareness
- Increase local resource knowledge of early childhood teachers
- Development of innovate programming
- Focus equitable and target early childhood funding to at-risk populations that need extra resources

- Adhere to minimum quality standards
- Address barriers experienced by single parents
- Address teacher pay inequities
- Affordable and flexible childcare
- Culturally responsive childcare options
- Flexible food resources
- Support parental leave
- Universal programming

## FINDINGS (KEY INFORMANT INTERVIEWS)

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Professionals involved in the early childhood system have important insight into trends, the role of collaboration, and what is needed to improve the system. DuPage Federation interviewed 24 professionals involved in the early childhood system, including fourteen professionals with local community perspective: school administrators, early childhood collaborative staff, library staff, and family childcare providers. We interviewed five professionals from human services agencies that serve multiple communities and four professionals from county-wide coordinating entities for child care resource and referral, access to early intervention services, home visiting services, and information and referral services. Our local community interviewees included eleven from communities with an early childhood collaborative, and three from communities without an early childhood collaborative. Interviews lasted 40 minutes to an hour.

Participants were asked how effectively the early childhood system was able to reach families, coordinate services, build community commitment to early childhood, and achieve equity. Interviewees were also asked about changes in the past five years, and remedies or solutions to ineffectiveness.

### **How Effective is the Early Childhood System At Reaching Families?**

“Reach” is defined as young children and their families receiving services and supports to meet universal and identified needs, including early prenatal care, maternal depression screening and connection to services, child development screening, connection to services and early identification of special education needs, early care and education, and home visiting.

### *What Has Changed in the Past Five Years Regarding the Reach in the Early Childhood System?*

Interviewees noted population changes: more young families have moved to this area (South DuPage County) from the city, to start families; there is greater language diversity and more language access needs.

Many interviewees referred to improvements in reach over time.

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*“With the start of the collaborations, and even thinking specifically about our DuPage Home Visiting Network that’s been around for ten years, I think there’s been generally speaking a lot of work in DuPage to improve access to services for families, and to reach families that need support services.”*

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Interviewees noted that some school district attitudes shifted toward collaboration and early childhood collaboratives.

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*“When we first approached school districts with this collaborative idea, they’re like, you guys are daycare, ladies, we will get them kindergarten, no, go away, it’ll be fine. This last year and a half, a school district and collaborative are working (together) with us to pull together evening trainings for childcare providers.”*

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In specific communities, leaders note that more children are being screened and more referred for services.



Interviewees noted that attention, planning and resources for early childhood system improvement have increased with a new governor.

Many interviewees referenced the disruption of COVID-19 and its profound impact to disrupt current activities, demand immediate adjustments by the early childhood system to serve families' basic needs, the surprise changes it brought to family engagement, and the uncertainty about the future.

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*“So during COVID, many of our partners started to work virtually...it was bumpy at first. And once they got in a groove, all the partners say that [parent] participation has gone up tremendously, because of the convenience... common sense tells us that it’s so much easier for parents to jump on a zoom call instead of traveling around. [Now] do we “bag” virtual once we’re all doing in-person? Do we do some kind of combination? Just because people are on zoom, does that mean we are engaging them in a meaningful way?”*

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### *What is Effective in Reaching Families?*

Interviewees identified coordination with the school district as indication of successful reach. Daycare providers are important referral agents to schools regarding screening young children for special services, according to daycare and school interviewees. When daycare providers are networked, school district outreach is improved. School websites are important entry points for families, and were noted by all types of our interviewees.

Interviewees indicated that enrichment programs at sites targeting young children and their parents (e.g., library and DuPage Children’s Museum) were beneficial to reach.

Once a family has developed a connection to a school district, reach to younger siblings is effective. The most prevalent theme from interviewees was that the presence of a collaborative improves effectiveness of reach, whether the interviewee was local, multi-community serving, or county-wide coordinating. Interviewees stated that collaboratives expand reach in these ways, so that access to the benefits of the early childhood system increases:

- Collaboratives increase connections with parents by creating awareness in the community through events
- Collaboratives provide a direct link to district preschools for screening
- Collaboratives train partners in the early childhood system in administering the Ages and Stages developmental screening instrument, so the community capacity to promote and administer the instrument increases
- Collaboratives identify more access points to conduct screening for developmental delays and disabilities, such as for instance, at libraries, and through home visiting programs

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*“Having the collaboration and having these existing relationships, I really think made a difference in terms of us as a group being able to quickly change what we’re doing and provide services to families better than if it was a bunch of disparate organizations trying to figure out how to work together.”*

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- Collaboratives increase awareness among stakeholders in the early childhood system about the resources available to families

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*“There was a vacuum and silos before the collaborative – providers did not know each other, weren’t talking and weren’t aware of so many resources.”*

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- Collaboratives strengthen the link between home childcare providers and the school district and early childhood services:

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*“The best thing that has come out of this collaborative with childcare is helping us (home childcare provider) educate the parents in what kindergarten is and how important it is, what kindergarten readiness offers to the child advantages, and I think that we have really, really benefited from that - so have the children.”*

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- Collaboratives engage school districts, social workers, family childcare providers with the message about the value of the early childhood system
- Collaboratives gather stakeholders to develop solutions to barriers, such as inadequate screening for developmental delays and disability
- Collaboratives collect data and bring more dollars into programs
- With pre-existing relationships and trust built up, collaboratives convene members to create new strategies for effective outreach

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*“...with voicing my concerns about screening and the lack of screening opportunities, the collaborative has worked to identify different ways. A lot of what we're doing is about is in Wheaton is collaborating with the library, as well as some of their home visiting programs to provide these opportunities; Addison has expanded their early childhood preschool screenings to include young children, zero to three within those screenings.”*

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### *What is Not Effective in Reaching Families?*

Interviewees identified inconsistent availability of early childhood services as a problem.

The screening of young children for developmental delays and disabilities is uneven across the county, so that some children do not get screened.

Interviewees noted that it is difficult to engage pediatricians in the system of screening and referring. High turnover among coordinators and therapists in early intervention services reduces reach, as turnover reduces the timely availability of services.

Interviewees noted that some parents lack knowledge about child development and what can be done to detect delays, to treat them, and why that is important.

There is not a central point of entry for screening young children, so that we do not know for sure where screening has not occurred.

The capacity to serve needs is inadequate:

- There are communities that do not have program services for children under three
- There are communities that do not offer pre-school for children whose circumstances correlate with lack of kindergarten readiness
- Waiting lists for services indicate that a need has been identified, but the capacity to serve is not there
- Income ineligibility for families is a barrier to reaching those families, even though needs have been identified
- Inclusive daycare, capable of serving children with disabilities, is very limited
- Interviewees in community program sites identified lack of access to qualified interpreters as a barrier to identifying what families need and connecting them

Interviewees in community programs felt that having to reach out to school districts for access to early childhood services was an unfair burden on families with the greatest risk.

Interviewees in community programs indicated that the lack of an available, accessible, up-to-date guide to resource for families with young children was a source of frustration.

State-funded Early Intervention system includes an eligibility threshold where a child must assess at a 30% or greater delay in development. Families whose young children have developmental delays that measure less than 30% are at risk of not getting needed support and services that could help children resolve the delay.

Many interviewees noted that there are families with young children who are not connected to the early childhood system:

- Parents not yet connected to the school district, who don't yet have children enrolled, but could use early childhood services
- Parents whose life circumstances leave them unaware of local resources:

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*"[Parents] may go to the church in a whole different community, or working parents are working during the day and just kind of doing catch up at night. I do think that sometimes families who are the neediest are the ones who have less awareness of what's available to them."*

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- Parents with lower incomes, without transportation, without time to have their children participate
- Parents who are Hispanic

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*"But it does, and I really hate to say this, it does reach the English-speaking community a lot better than it does the Hispanic community. You still have a lot of people with fear of seeking help, there's still a lot of miscommunication and misinformation, whether they are allowed to seek public assistance, even if its health care."*

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- Immigrant families who fear that receiving childcare assistance will harm potential citizenship or United States residency

One interview response, from the county-wide coordinating perspective, stood out: “Communities without early childhood collaboratives lack outreach to those most in need.”

The responses of interviewees predominantly addressed the question of access to child development screening, connection to services and early identification of special needs, early care and education. Early prenatal care and maternal depression screening and connection to services were noticeable in the few numbers of responses – but those responses, then, stood out.

Some interviewees noted that although the early childhood system is doing well reaching children it struggles reach families. Pathways for mothers to screen for maternal depression are not seen, and attention to healthcare from the family perspective (in addition to each child’s health and developmental milestones) is missing. Payment systems for healthcare do not encourage family-focused assessment and care. Universal access to health services is missing.

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*“I would say the needs of the children are the ones more easily met. The needs of the family are the ones I would say we personally struggle with more often in knowing where to refer underprivileged, needy families...so when you mentioned, depression in new mothers, that would be of particular importance.”*

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### *What are Solutions to Ineffective Reach?*

Interviewees shared many worthwhile ideas about what can be done to address the barriers identified above (inconsistent availability of early childhood system services across the county; limited enrollment capacity in early childhood systems; insufficient volume of qualified early childhood workforce; and system inability to connect with all families including those with the greatest needs).

Ideas include:

- Create a consistent and universal means of outreach for early childhood services across the county
- Increase enrollment capacity in early childhood systems
- Improve recruitment and retention of qualified early childhood workforce
- Educate families about the value of early childhood development and services
- Increase wages to early childhood therapists and service coordinators
- Allow parent choice in selection of early intervention service mode, rather than require in-home service and exclude center-based services
- Address the community provider need for a timely and accurate resource listing of early childhood services
- Increase the teaching and treatment staff in school districts to meet the demand for early childhood education and eliminate wait lists
- Establish early childhood collaboratives in communities that do not have them

- Embrace the idea of a formal coordinated intake and referral system, along the lines of the piloting in DuPage County of IRIS
- Establish county-wide standards for early childhood system access for all children, that is, not for risk-based services only

## How Effective is the Early Childhood System at Coordinating Services?

### Terms

“Coordination” is defined as sectors within the system are coordinated to provide seamless services, support quality improvement, and avoid duplication, including these elements:

- Family Assessment: service providers understand strengths and needs
- System Navigation: helps connect families to services and supports
- Working Together: when multiple services providers are involved with the same family
- Using Data: for improved service coordination at the case level and to support planning and quality at the system level
- Capacity Building: supports professional development and organizational capacity building

### What Has Changed About Coordination in the Last Five Years?

Interviewees from community agencies noted that the use of smartphones and internet by parents to search for and coordinate services has increased in the past five years.

Many interviewees observed that coordination of services, especially the role of collaboratives, shifted when the pandemic arrived, toward meeting basic needs. The shift brought new partners into the early childhood system – those who meet basic needs and those who serve immigrant neighbors. Now, they observe, rebuilding will be needed, and they are interested in identifying the strategies and tools that will help.

### What’s Effective-Coordination

The single biggest theme regarding effective coordination was that early childhood collaboratives add value to coordination:

- Collaboratives convene partners to share information and resources, to build strong working relationships that facilitate good coordination

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*“Bringing together different partners, to be in a room, sharing information improves reach, because it's an opportunity for programs to be together and share about programs and services.”*

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- Collaboratives share new information in a timely way

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*“One of the biggest things that we get from participating are those resources, things that are new to the scene that we haven't heard of or that our families haven't heard of, so we get a lot of resource sharing from those collaboratives, which has been wonderful.”*

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- Collaboratives host professional development events relevant to stakeholders – equity was the timely focus this year
- Collaboratives host community events bringing together families and school districts, providers and resources, so that coordination is improved
- Collaboratives create collaborative data examination to strengthen instruction, and communication strategy with families
- Collaboratives amplify the important message that early childhood developmental screening is important and available
- Collaboratives add value to their school district partner by organizing and coordinating multiple services and resources

Interviewees noted other ways that coordination is going well. Interviewees indicated that parents are empowered by technology for coordination. Parents are using social media to coordinate care, child care center recommendations, openings, ways to navigate assistance.

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*“...[p]arents are putting all that out there on social media, like what childcare facility is doing really well for their children, or which one [to] refer or recommend. And so I think social media is playing a huge part in that coordination piece. Right? Share that across the board, like where could I go to apply for childcare assistance, a lot of parents are putting all that out there on social media.”*

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Interviewees also identified other evidence of effective coordination:

- Cross program referrals from programs that have high participation levels, benefits and familiarity, such as mothers enrolled in Women, Infants, Children (WIC), being referred to smaller less well-known programs, like early childhood home visiting program
- There is a strong partnership between home visiting programs and early intervention services
- Although there was some differing opinion on this, we received reports that private preschools are connected well with public schools for developmental screening, professional development support

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*“We have a very strong public-school system, early intervention, preschool, and they are where we push early intervention, and we are in good communication with them, and I think that is true for most Christian preschools in Wheaton.”*

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- Libraries and museums are offering enhancements to early childhood programming through field trips, learning labs and grant-funded programs, in partnership with schools, community providers, and early childhood collaboratives

- County-wide networks operate with genuine collaboration in the interest of clients and non-competitiveness for clients

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*“They (i.e. DuPage home visiting network) work so hard to make sure that the families are in the right programs. And there's no competing for seats, you know what I mean? Like, I have to keep this family because we need to keep our numbers and things like that they're so open and honest and willing to work together, which I think is very indicative of how we work in DuPage County as a whole.”*

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- Service entities become referral entities to appropriate services when applicants are not eligible

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*“We have worked hard to kind of co-refer our family, so if a family comes to you, and they don't qualify for Early Intervention services (which require) a 30% delay in development to qualify. So sometimes maybe working with a family where there are developmental needs, you know, their child has a 20% delay, that's a (real) delay, that's something that we can provide resources for. And so we work to then refer those families for home visiting.”*

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Interviewees were aware of and taking advantage of professional support and development activities:

- Online communities such as Illinois STAR NET provide greater access to training. Professional development is robust within Head Start and Early Head Start, as part of program operating requirements. Illinois STAR NET provides place for early childhood coordinators to collaborate for support

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*“And then Illinois STAR NET does also offer early childhood coordinator meetings. Wonderful. I do love that collaboration. I mean, I would love to do that on a more regular basis. It's nice to hear from other people who are in the same position, have the same issues.”*

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- School Association for Special Education in DuPage is a good professional development resource. The school district is a professional development source for private preschool
- A new network of daycare providers provides mutual support, including helping each other meet navigate regulatory oversight
- Childcare provider interviewees noted that the support parents receive from Child Care Resource & Referral at YWCA of Metropolitan Chicago is effective coordination. In addition, cohort groups organized by YWCA Metropolitan Chicago, the CCRR agency, add value to child care providers:

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*“... I have had the opportunity to join a couple of cohort groups with them. And before I used to say, I'm so busy, I can't do it. But I tell you, I had a lot of great takeaways from them, and meeting different childcare providers in different areas was really nice.”*

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### *What's Not Effective in Coordination*

Interviewees with childcare programming and coordination responsibility, and early intervention coordination and therapies emphasized that it is difficult to find and keep qualified staff. Just as this diminishes the system's ability to reach and serve families, it diminishes the system's ability to assess, navigate, collaborate and build capacity.

Interviewees noted elements about coordination that are not working well:

- There is service fragmentation – there is no centralized coordination of services

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*“There isn't a centralized way of coordinating services or to see which families are aware and who, what services are working with them. And how do we work together. It's pretty fragmented based on like grant funders, program model requirements, and all of that kind of stuff just feels like it's all sort of chunked up based on requirements rather than on a more coordinated approach to serving families in this community with shared information.”*

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- There is lack of coordination specifically of developmental screening, as there is variation in the way school districts partner with the community to plan and implement screening, so that some children are screened many times, others not at all
- Information about services needs to be available in a resource listing or database that is timely and accessible
- It has been difficult to engage pediatricians in collaboration with the early childhood system

There is a concern among interviewees with responsibility across many communities about attending many meetings with many of the meeting feeling repetitive. They report that it is difficult to find time and staff for all the (collaboration) meetings. The pandemic put meetings into virtual platforms, and many reported that this made attendance easier and more likely.

From a county-wide coordination perspective, it was noted that we lack an organized way to measure the performance and effectiveness of the early childhood system, and coordination suffers as a result

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*“Coordination requires comparable data across communities and that's absent. The system lacks clear picture of unmet need.”*

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From a healthcare perspective, it was noted that there remains separation between the Early Childhood System and healthcare

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*“I'm (public health and health care access leader) not routinely sitting at a table with my early childhood partners in the same way that I am some of my other community partners. And that can't be a good thing, because the needs are acute, and there's no time more critical in terms of setting up children for success than this one.”*

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### *Solutions to Coordination Gaps and Barriers and Recommendations*

In response to the coordination problems noted above (early childhood programs lacking qualified staff, lack of uniform coordination among providers of early childhood services across the county, lack of timely and accessible listing or database of early childhood system resources relevant to community providers, and lack of pediatrician and healthcare system involvement), interviewees raised worthwhile solutions:

- Provide equitable pay for the professional workforce providing childcare. Bring more infrastructure funding, for professional workforce, materials and facilities space

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*“We say ‘we want to build this pipeline [for child development]’ and [we say] ‘it’s so important in birth to five years for brain development’ and yet we have these severely underpaid childcare providers. Mainly women of color, trying to hold together a system and teach children and keep them safe. And we’re saying ‘you’re so valuable,’ but we are not putting our money where our mouth is.”*

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- Implement an Early Childhood and College of DuPage consortium, as prescribed in new legislation passed in the Illinois General Assembly

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*“...part of this new approach will be so that they’re not taking just random classes, they’re building to something and where they see themselves and hopefully specialize, you know it’s infant toddler care that so drastically needed, I’m hoping that we have some really clear pathways to get students and people excited about going into the profession.”*

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- At the local level, create formal local coordination in a community that does not have one

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*“There is a good base of school district, park district, library - could be made better with formal coordination.”*

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*“I have often thought that if local childcares could come together, something maybe like a childcare preschool fair in the spring so families can see what is available - each program talks about their strengths, because not every program is appropriate for every child.”*

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- Bring new partners into Early Childhood Systems, such as Women, Infants, Children. (Programs with overlapping interests, and high reach)
- Improve integration, coordination, efficiency, consent approvals of services entry, referral, and follow-up by implementing a cross-sector formal coordinated intake for families can get all needs met through one service. Build commitment to this coordination
- IRIS is a high potential tool for coordination, Integrated Referral and Intake System that is in the process of being “piloted” in DuPage County

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*“I know that there are other communities that have formal coordinated intake, that do have a more shared system. And it's a referral system. So that and it's not just home visiting. So it's like food, pantries, BHS, employment resources, all that stuff is in one place. And you can refer families so it kind of helps when you when you have that shared system across sectors and organizations, it probably helps. I don't know what it would take to do that. I think, probably time and money. Yeah, and a commitment.”*

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*“We've never been cleared for a universal consent. So I'm interested to see if other counties who are employing IRIS have been able to allow early intervention to be part of that consent because our paperwork comes from the state, you know that it's statewide, it's uniform. And so sometimes I think that holds us back in early intervention as to what the county's providing. And now we have our own rule and our own regulations that we have to follow for family.”*

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- Make early childhood education universally available
- Hire parents as liaisons to other parents, to improve trust and communication
- To improve the ability of county wide and region wide organizations to participate in early childhood collaboratives, and to get the timeliest information to local community providers, systematize the way that local early childhood collaboratives share information across communities, to reduce repetitiveness, improve value of collaboration meetings for those who attend multiple meetings. Create a better understanding of who does what, who provides what - for those who are interested but cannot attend all the meetings
- Integrate mental health support into the early childhood system. Consider placing Children’s Mental Health specialists into the CCRR system array

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*“I would love to see children's mental health specialists built right into our system of childcare. Schools have counselors and social workers, Head Start, early Head Start and home visiting have access to children's mental health specialists, yet we (in childcare resource and referral) don't have anything built into our system.”*

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## **How Effective is the Early Childhood System at Building Commitment to Early Childhood**

Commitment is defined as: Communities make early childhood a priority and act to support children’s health, learning and well-being

- Public understanding of the importance of early childhood and the public’s role in supporting children and families
- Policy Change: communities identify, advocate for and achieve changes that improve conditions for young children and their families

### *What Has Changed Regarding Commitment In The Past Five Years*

Many interviewees viewed an overall increase in commitment since 2016:

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*“There has been a very increased and renewed focus on the importance of early childhood in the last five years, I think it was always there. But I think we're with all the data that we have now. You know, we're really realizing that children need some early learning experiences”*

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### *What's Working Well – Commitment*

Interviews produced a number of themes regarding strengths in commitment. Here are those themes. The early childhood system has higher interest.

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*“There has been a lot of interest in early childhood in DuPage, there's been a lot of work in DuPage around early childhood with collaborations and a lot of excitement.”*

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Legislative advocacy demonstrates commitment.

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*“Partner Plan Act at Illinois Action for Children are a great organizing force for collaboration work in Illinois. If you are connected through them, which as a collaboration leader that happens pretty quickly, they send advocacy opportunities.”*

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The pandemic inspired new partnership activity for mutual support.

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*“In pandemic a group of early childhood directors just started meeting, informal, to figure out how to deliver instruction to three years and older.”*

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There are nine identified Early Childhood Collaboratives in DuPage County.

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*“The presence of an early childhood collaborative is system change.”*

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### *What's Not Working - Ineffective Commitment*

Interviewees recognize a number of conditions that demonstrate ineffective commitment, and we present them here.

Early childhood teachers are underpaid. There is a shortage of early childhood workers that is evidence of inadequate commitment, and risks eroding professional standards.

There is uneven attention to early childhood system development across the school districts in DuPage County. There are districts that lack of a full-time dedicated person to early childhood education.

All the interviewees from communities that do not have an identified early childhood collaborative expressed a desire for greater community-wide commitment to communication, support, and collaboration.

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*“In terms of (my community) I would like to see a little more commitment building, it would be nice to see some of the organizations come together with the village with the school district, in the library, some of the other organizations that are located or provide services within [my community].”*

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*“There's all these individual collaborations, and everybody wants to be everywhere, but like, nobody really has the capacity to send staff to all these meetings all the time...I think it's hard for organizations and individuals to be everywhere, and do everything. And I think everything takes time. So I think that's one of the challenges.”*

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Businesses and healthcare professionals have shown limited commitment to early childhood system collaboration.

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*“It's challenging to engage people who are not involved in early childhood, you know, like, I mean, pediatricians, they are involved in early childhood, because their clients are young, but they're not in the early childhood system. And then, you know, our businesses, the collaboratives have worked tirelessly to, you know, give businesses in the community to participate in the collaborative, and maybe they come to one or two meetings, but they always seem to fall off.”*

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*“I think there's a lot of work to do with people who aren't involved with the system. We've got our agencies, the school districts, early childhood teachers, we are working on some physicians and the health aspect, but local businesses don't see their role.”*

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Early childhood system leaders, managers and service staff working across multiple communities have limited time to attend to growing local collaboration opportunities.

### *Solutions And Recommendations - Ineffective Commitment*

In response to the commitment problems noted above (early childhood workers underpaid and positions vacant, uneven commitment across school districts and communities, business and healthcare not engaged in early childhood collaboration, human time limitations for leaders to attend early childhood meetings), interviewees raised up worthwhile ideas around the issue of sector engagement:

- Create or disseminate common messaging about the value to the community of the early childhood system. Demonstrate the value of involvement and define the roles for non-typical Early Childhood Stakeholders, like businesses. Note: The Illinois Prenatal to Three (PN3) is rolling out an initiative to engage businesses, campaign titled “Raising Illinois”

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*"I think they come to a meeting and they might think I'm not sure what I could do. So I think perhaps finding a specific role and a specific responsibility that we're looking for, from our small businesses and things like that, we could go and say we need you because we're looking for this."*

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*"...just some simple common messaging that isn't jargon speak, about why it's important for everyone, not just moms and babies, not just for needy families, it's just good business for population, good business for economics, good business for everything!"*

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### **How Effective is the Early Childhood System at Increasing Equity**

Equity is defined as: Parents are partners in creating a responsive and equitable early childhood environment.

- Parent Engagement: as partners and teachers in the early childhood system
- Advancing Equity: ensuring that the early childhood system meets the needs of all young children and their families

### *What Has Changed Regarding Equity and the Early Childhood System*

Interviewees noted that the diversity of language service needs has grown.

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*"For us in my home visiting program, before it was like yours, you speak English or Spanish. And that's it. And now there's like 10 different languages, and we use the language line to accommodate and so I just think it's required us to be adaptable."*

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Equity has entered into planning for early childhood systems:

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*"I was on the DuPage Early Childhood Collaboration. In May, we incorporated an equity piece into the strategic plan."*

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There is a new recognition inspired in early childhood collaboratives to thread equity into the entire framework of early childhood collaboratives, and not just a committee.

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*"I think we're making movement, there's a long way to go. But in collaborative conversations it used to be, a committee for equity, like a committee for family engagement, a committee for kindergarten readiness, so now we are moving to look at everything with that (equity) lens, who are we including, who are we excluding, who is getting screened, who is not getting screened, who are we not reaching?"*

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### *What's Working - Equity*

Parent engagement is an essential foundation for equity. Interviewees had many examples of successful engagement.

Parents respond to surveys about the quality of our program and teachers.

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*"...we do a Gallup survey for all of our parents. There're different questions that ask about the curriculum, the teachers so that they can put their input and then there is an area where they can also write their input in."*

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Web-based tools increase parent engagement.

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*"I had to kind of change my thought process of, okay, how can I get these parents to partner with us? And it was just as simple as doing a Signup Genie where they can just go in (to the web on their phones) and say I want this time. And I actually had such a big participation this year, it was great."*

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Early Childhood Collaboratives are actively seeking parental input. For some this includes parent engagement committee with parent membership and participation of bilingual Spanish-English parents.

The new Diversity Equity and Inclusion Committee for CUSD 200 is parent led.

The Head Start program includes monthly parent meetings as part of the infrastructure.

In one early childhood collaborative, home daycare providers have engaged as partners for parent engagement.

Interviewees also noted specific evidence of action to ensure that all young children are served well, regardless of race, origin, language capacity or disability.

Equity is getting attention, according to many interviewees.

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*"Equity is something that the programs that I work closely with is something on everybody's radar. It's something everybody's thinking about and talking about."*

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Early childhood system and early childhood collaborative use data disaggregated by race for planning.

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*"I think that that (data disaggregated by race and ethnicity) is important to have, and it's important to look at it, and it's important to use, to inform decisions, particularly if there are things that you would like to see represented in the data that you."*

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A partnership of early childhood collaboratives organized a symposium to advance diversity, equity and inclusion.

In specific communities, barriers to language access are reducing, according to our interviewees. School districts are addressing language barriers and adding bilingual speakers. In some school districts, dual language programs now available preschool through 8th grade.

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*“I think our districts have worked incredibly hard when they are noticing a trend of an increased language or an increased ethnicity in their district, hiring staff, if they, you know, don't have a bilingual staff, making sure that they have their own interpreter. It's so nice when we are sending a family for an evaluation at school. And they're not looking for an interpreter because they have staff available for the family.”*

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Interviewees also report that libraries and service programs have added bilingual Spanish-English staff.

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*“We do have bilingual staff that are able to serve our families. However, primarily, our population has indicated that they do prefer services in English. But perhaps there's other family members or their partner that speaks you know, Spanish, and so that's a good so that's a good fit. So that's typically what, you know, if we are using our bilingual staff, it's typically because there are, you know, extended family members that would benefit from that.”*

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School district progress with inclusion of children with developmental delays and disabilities into blended classrooms, and fewer self-contained (exclusively students in special education) classrooms.

### *What's Not Effective - Equity*

Parent engagement, despite the strengths noted above, is not achieved at a level that interviewees see as the aspiration.

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*“We, the early childhood collaborative, have not yet achieved parent involvement in decision making and policy making, though the aspiration and intention are there. Our partners that are working with parents are working on the spirit of parents being partners and owners. The piece that I'd love to see us get to is where parents are part of the decision-making process and part of the policy making process.”*

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The intention and effort to equitably include parents is good, but our system ensures that inequity exists of time availability, resources, choice. Interviewees identified these categories or descriptors for the families that are not getting equal attention:

- Parents who work longer hours, different shifts, with lower incomes have difficulty with engagement

- Parents from lower income brackets have difficulty attending parent night or day programs, parent teacher conferences in the day, evening
- Parents who are undocumented have fears, and don't know what they can do for help

The variation in availability of services for early childhood brings inequity.

Types and availability of early childhood education varies by school district.

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*“Services vary from community to community. You know, we transition our children into early childhood at the age of three if they're still in need. So we are working with all the school districts across DuPage County, and they all provide services.”*

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Variability in the availability of early childhood services resources by geography leads to variability in quality of response to children's needs.

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*“It's been a real struggle for some of the children that we feel that needs extra support, and how they can get you know screened. Because a lot of people are still dealing with being short staffed, you know, they have such a long wait list for children to be screened for child development.”*

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Staffing shortages reduce equity of service provision.

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*“It's been a real struggle for some of the children that we feel that needs extra support, and how they can get you know screened. Because a lot of people are still dealing with being short staffed, you know, they have such a long wait list for children to be screened for child development.”*

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### *Solutions and Recommendations - Ineffective Equity*

In response to the equity problems noted above (parents are not engaged as system leaders, system engagement is not equally available to parents with lower incomes, long work hours, evening and weekend shifts, and parents who are not documented and fear detection, service availability is not equally available across the county, staff vacancies and shortages in early childhood result in wait lists for children with identified needs), interviewees raised up worthwhile solutions.

They raised solutions regarding parent engagement and equal treatment.

- We need immigrant families to feel welcome, there is fear

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*“We need families to feel welcome. We just don't have enough bilingual staff, we are constantly looking at strategies of how we're going to be able to speak to the families in their native language. Staff the collaborative with someone who is the Latina parent of a young child.”*

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- Hire and train parent liaisons who reflect the identities in the community, including non-English speaking parents. Parents as peers, hiring parents to be liaisons and bridges between community and school district
- Achieve greater inclusion also of cultures, minority cultures with fewer members, but need to be represented
- We need parents involved in steering committee and work groups
- Promote and use the excellent parent engagement online course created by Partner Plan Act of Illinois Action for Children
- Expand family or parental leave, and the right of parents to have time to attend to children's education needs, without employer able to say, "no"
- As we plan use the lens: what serves the family best, versus what serves the system
- Universal reach as equity builder - in home visiting area
- Address disparate attention to early childhood screening for developmental delays and disabilities by establishing minimum quality standards and engaging resources that are present in every community, like schools, libraries and health care
- Paying professionals in the field a living wage

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*"...we put them [early childhood education students] through this really rigorous program [at College of DuPage] and then we send them out into a field that doesn't pay them a living wage."*

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### Recommendations to Improve the Early Childhood System in DuPage County

The ten Recommendations here are drawn from the ten areas of improvement summarized in the Executive Summary of Findings on pages 6, 7 and 8. Here we offer and discuss strategies for achieving the recommendations. (Many other suggested solutions are included in the detailed Findings (Parent Focus Groups) on pages 44-45 and after each section of the detailed Findings (Key Informant Interviews) on pages 50-51, 55-56, 58-59, and 62-63.)

#### *1. Expand early childhood system enrollment capacity in every community in DuPage County*

**Close the gap between the number of children eligible for early childhood services and education and slots available for these services.** The slot gap analysis conducted as part of this reporting coupled with qualitative findings demonstrate that DuPage County is not reaching a significant portion of eligible children who could benefit from early childhood education and services. Despite modest gains closing the gap, this finding held true across multiple programs, including Preschool for All, Preschool for All Expansion, Prevention Initiative, Head Start and Early Head Start programs. It appears that this gap is driven in large part by the lesser number of slots available than children eligible. However, qualitative findings indicate that challenges reaching families who are isolated by factors such as language, time constraints, technology limitations, transportation and physical distance from services also contribute to a family's ability to access supports.

Addressing this gap is a complex and multi-faceted concern that will require the commitment and collaboration of multiple stakeholders. That being said, the following three strategies are offered:

**Increase early education slots.** A modest approach would be to increase the number of slots for early childhood education programs, prioritizing lower income or at-risk families.

**Provide universal early childhood services.** A bolder approach would be to identify a portfolio of early childhood services and education that stakeholders consider essential to healthy early development, for example prenatal care, 0-3 developmental screening, early intervention, preschool, and to make these a universal program, accessible to all regardless of income, risk or other factors.

We are indebted to "New America" for framing this recommendation: "Three inextricably linked challenges within our existing early education and care system emerged over the course of our research: the high cost of care for families, the impoverishment of caregivers, and the rocky transition to kindergarten for children. Integrating the care of three- and four-year-olds into the K-12 public school system is one way to address these issues." (Lieberman, n.d.)

**Consider graduated eligibility standards.** Multiple stakeholders, including both early childhood professionals as providers and administrators and parents as consumers, expressed frustration with fixed eligibility "cut offs" that did not address the needs of children would gain long-term benefit from supports and services but closely missed eligibility criteria. Examples ranged from the early intervention threshold of a 30% delay

in development as well as income criteria for childcare assistance. Given the lost opportunity for valuable supports, we advocate for the adoption of graduated eligibility standards that would offer tiers of support based on families' needs versus an arbitrary, fixed cut off.

## *2. Equalize early childhood system service availability to be consistent in every community*

**Establish early childhood collaboratives in communities that do not have them.** Every community in DuPage County has early childhood system leaders working diligently to ensure that every child has an opportunity to be healthy, safe and have optimal well-being. However, not every community has an early childhood collaborative to provide energy, support and vision for the work. This report demonstrates the value added by early childhood collaboratives, and to be more pointed, shows that communities that do not have early childhood collaboratives will lack full power to achieve equity.

### **Ensure that staffing and infrastructure have the capacity to meet the needs of all eligible families.**

Stakeholders who participated in interviews and focus groups spoke to potential limitations in staffing and infrastructure capacity to meet the needs of all families eligible for early childhood services. Multiple factors were noted as contributing to this limitation ranging from early childhood education/childcare staff compensation and turnover, insufficient number of staff members to provide screenings, to building capacity to serve children and families. Addressing this ramp up in capacity would require investment in staff training, compensation and building infrastructure.

**Enhance understanding of the true demand for early childhood services and education.** There are service areas where we simply don't have the surveillance and monitoring structure in place to fully understand the scope and scale of the need for services and how well DuPage County is meeting that need. Findings indicated this for Home Visiting, Childcare and Early Intervention programs. Specifically, stakeholders need more clarity on issues such as the number of families wanting early intervention or childcare services, reasons why children screened for EI services do or do not get referred for ongoing services, the number of children who are retained in and benefit from these services.

**Organize a team to develop system-level outcomes for the early childhood system in DuPage County.** This is the basis for ensuring fair access to early childhood experiences across the county, and strategic planning and use of resources. Establishing system-level outcomes will enable community-level outcomes to be identified in support and collaboration across communities and will facilitate meaningful child and family outcomes. Parents of young children, recruited to represent the diversity of DuPage County, should be recruited and provided a stipend to be full participants with professional system leaders from early childhood system, healthcare, education, higher education, philanthropy and business. DuPage County has a suitable infrastructure resource for this planning in the organizing work of DuPage Early Childhood Collaboration (DECC) to engage members in developing a Logic Model and Theory of Change.

## *3. Increase and strengthen the early childhood system workforce*

**Address the Early Childhood Workforce crisis immediately.** Use COVID-19 relief funds available through the American Rescue Plan Act (ARPA) to pilot initiatives to raise compensation and design sustainable plans to maintain compensation levels into the future.

Encourage every DuPage institution of higher education to join the newly established Early Childhood Access Consortium for Equity (PA 102-147), designed to increase educational and degree attainment within the early childhood workforce.

- 4. Create and implement new ways to engage all families, so that no families are disadvantaged by race or origin, language or culture, income status, immigration status, nontraditional work hours, or extreme busyness earning low incomes*

Build awareness among parents for early childhood services and education, particularly parents who the system has identified as missing (because they work long hours, evening and weekend shifts, earn lower wages, do not speak English well, fear repercussions from the U.S government, etc.), but not yet reached.

Findings indicate that many families rely on and trust personal networks and internet research for connection to services. However, not all families have access to comparable resources to identify early childhood services. Therefore, we support strengthening partnerships with cross-sector provider organizations and equipping these high touch and trust access points with resource and service information.

Pediatricians are a natural partnership and play a significant role in a child's development. Health care providers are uniquely positioned to monitor physical health, but also screening for more broad-based needs, such as social-emotional development, early intervention, or other early education services. By equipping pediatricians with resources and information, they can identify appropriate community resources and initiate effective and coordinated referrals.

Other access points, particularly those frequented by high risk or isolated families, should also be considered including libraries, park districts, food pantries, public benefit offices, immigrant/refugee serving organizations, domestic violence programs, schools, shelters and housing programs, churches, mosques, temples, and beyond.

**Reduce barriers to equitable early childhood services.** Stakeholders, especially parents, reported on a range of systemic factors that were also personally experienced as inequitable. Factors that hampered equitable early childhood services included language, income, technology, transportation, and time-related barriers, as well as lack of cultural competence among some service providers. At the system level, quantitative and qualitative findings note variation in service provision across areas within DuPage County, such as by school district and municipality that could potentially lead to inequitable service delivery.

**Develop centralized internet resources for parents seeking early childhood services and education, paying particular attention to families that are hard to reach.** Parents shared that they largely connected to early childhood services through personal networks and internet research. To identify and reach parents in which those methods may not be as effective, we examined the websites of local school districts and early childhood service provider organizations. Websites and their available information varied widely across the county. Depending on user sophistication, access points and contact information can be difficult to find.

We recommend the development of a universal layout and content on the websites of each school district allowing for direct and consistent connection to Early Intervention and Early Childhood information. It would be beneficial to include local early collaborative information and broader services such as DuPage County Health Department and more. Further, we recognize that websites should be available in additional languages for families that do not speak English.

If possible, it would be helpful if there was a centralized, 'one-stop shop' website that provides detailed information on programs, including capacity, acceptance criteria, waitlist information, and tuition parameters. This site could also include a compilation of screening resources.

**Continue to assess the ongoing impact of COVID-19 on access to early childhood services and education.**

Study participants, particularly parents, noted the impact COVID has had on their ability to access early childhood services and education. This included temporary service, daycare and school shutdowns early in the pandemic, lingering reduced capacity due to social distancing requirements, staffing shortages, and funding limitations, as well as transition to a virtual format for many service and educational settings. While our understanding of the full impact of how COVID-related service reductions will impact children's development is unknown, this should be monitored over time. Attending to these concerns will the early childhood system to appropriately respond to the needs of affected children in DuPage County.

**5. Improve access to affordable, accessible, and flexible childcare**

Illinois has announced a significant expansion of financial assistance through the CCAP program for both families and providers. State government projects that eighty percent of families will pay less for childcare under this latest round of changes. Family payments or copayments will be lowered. Families with growing income will have a higher cap, now 250% FPL, before losing eligibility. And to strengthen providers, reimbursement rates are rising.

Recommendations #2 and #3 above present strategies that also support this recommendation.

**6. Reduce and eliminate discrimination and bias based on race, language, public benefits status, and immigration status**

*Change the practices of organizations and the behaviors of staff members that disrespect parents and diminish attention to the importance of their concerns. Addressing barriers to equity takes a multifaceted approach and with this in mind we offer the following four strategies:*

**Locate services in areas of highest need and/or where barriers are most acutely felt.** Stakeholders noted time and geographical distance as real barriers to accessing services. Identifying highest need communities and ensuring that services are located within these communities can reduce such barriers.

**Enhance language access at all levels of service from screening questionnaires to educational and intervention services provided.** Accurate understanding is invaluable to families and providers when it comes to meeting a child's needs. Reducing language barriers is key to accurate understanding.

**Provide diversity, equity and inclusion training for stakeholders within the early childhood system.** Several stakeholders noted diversity, equity and inclusion (DEI) training and committees as part of their early childhood work. This is an important step in advancing equity. Ensure that these training offerings and practices align with best practices in DEI.

**Pool resources as needed to promote equity.** It can be difficult and costly to provide comprehensive equity focused services, for example language access services for small numbers of people. However, sharing resources across providers and communities can make this feasible. Leveraging the resources and relationships of early childhood collaboratives can facilitate this effort.

**Enhance data collection and monitoring systems to better understand the relationship between demographic characteristics and early childhood service utilization.** While the mission of equitable service provision is that children and families' needs are met comparably regardless of background or circumstance, our capacity to assess how well we are achieving this mission is limited. Several key, publicly available datasets that are relied upon for monitoring early childhood services, such as IECAM and Child Find, are limited either in the demographic data they provide and/or the ability to link this data to demographic characteristics of eligible and served children and families. To fully understand how equitably we are providing early childhood services and enhance our efforts, this information must be disaggregated appropriately and made available.

### ***7. Increase government commitment and investment in the early childhood workforce***

Please see detail for Recommendation #3 above.

### ***8. Embrace new strategies that empower parents as leaders in the early childhood system***

**Build upon promising practices for parental inclusion in the early childhood system.** Stakeholders identified several promising practices to include parents and strengthen relationships with them as part of the early childhood system. Suggestions included participation of parents on early childhood committees, bilingual and culturally responsive services for children and parents, use of disaggregated race and ethnicity data in program planning, and movement toward parents as co-decision and policy makers within early childhood education settings and collaboratives. Our recommendation is to continue to foster opportunities not only for more parental inclusion, but also, more meaningful and equitable inclusion and decision-making.

### ***9. Bring healthcare providers and businesses into an active partnership involvement the early childhood system***

Create a county-wide campaign to educate and engage healthcare and business. A good place to draw resources that help frame the appeal to healthcare and business is [www.raisingillinois.org](http://www.raisingillinois.org), and its work group for comprehensive perinatal supports and work group for family friendly work policies.

### ***10. Embrace new coordination tools to ensure that all children have access to service, with no one disadvantaged by geography***

**Build up partner commitment to the new pilot initiative in DuPage County for an Integrated Referral and Intake System (IRIS).** IRIS was developed as a public health tool to address social determinants of health. It has the potential to serve DuPage County across sectors. Engage the existing Information Services already

working in the county for integration: Community Resource Information System (CRIS) and Homeless Management Information System (HMIS). Engage partners from healthcare bringing expertise regarding electronic health records, to find ways to align.

[Link Examination of Early Childhood Outcomes to the Early Childhood Data Systems](#). Existing surveillance and monitoring databases such as IECAM and Child Find provide a plethora of information such as number of children eligible for or served by a given program. What we cannot glean from these tracking databases are how children benefited from these services and programs. Linking activities to outcomes such as childhood milestone achievement and cognitive outcomes will be important to understanding the impact of such programming as well as ways to enhance programming.

## APPENDIX A (LOCAL EARLY CHILDHOOD COLLABORATIVES)

Table 9

Early Childhood Collaboratives	Service Area	Collab Leadership	Email	Phone
<b>Addison Early Childhood Collaborative - AECC</b>	<ul style="list-style-type: none"> <li>Addison SD 4</li> </ul>	Mary Haley	<a href="mailto:haleym@metrofamily.org">haleym@metrofamily.org</a>	(630) 392-9353
<b>Bensenville Early Learning Services – BELS</b>	<ul style="list-style-type: none"> <li>Bensenville SD 2</li> <li>Elmhurst SD 205</li> </ul>	Christy Poli Michele Marvucic	<a href="mailto:cpoli@bsd2.org">cpoli@bsd2.org</a> <a href="mailto:mmarvucic@elmhurst205.org">mmarvucic@elmhurst205.org</a>	(630) 546-3836 (630) 617-2385 ext 4809
<b>CCSD93 Birth to 5 Community Coalition</b>	<ul style="list-style-type: none"> <li>CCSD 93</li> </ul>	Rosary Horne Michelle Scharinger	<a href="mailto:horner@ccsd93.org">horner@ccsd93.org</a> <a href="mailto:scharim@ccsd93.com">scharim@ccsd93.com</a>	O: (630) 307-3851 C: (630) 863-9446 (630) 307- 3848
<b>Glenbard Early Childhood Collaborative - GECC</b>	<ul style="list-style-type: none"> <li>Glen Ellyn SD 41</li> <li>CCSD 89</li> <li>Glendale Heights SD 15</li> <li>Glendale Heights SD 16</li> <li>Lombard 44</li> </ul>	Jeanine Woltman	<a href="mailto:jwoltman@casedupage.com">jwoltman@casedupage.com</a>	(630) 776-7221
<b>WeGo Together for Kids</b>	<ul style="list-style-type: none"> <li>West Chicago SD 33</li> </ul>	Kathy Niedorowski	<a href="mailto:niedorowskik@wego33.org">niedorowskik@wego33.org</a>	O: (331) 223-9070 C: (630) 532-8642
<b>Wheaton/Warrenville Early Childhood Collaborative</b>	<ul style="list-style-type: none"> <li>CCSD 200</li> </ul>	Annie Behrns	<a href="mailto:behrnsa@metrofamily.org">behrnsa@metrofamily.org</a>	(630) 272-2226
<b>Willowbrook Corner</b>	<ul style="list-style-type: none"> <li>Willowbrook SD 180</li> </ul>	Interim- Marianne Pokorny	<a href="mailto:Marianne.pokorny@ywcachicago.org">Marianne.pokorny@ywcachicago.org</a>	(630) 580-8320
<b>Naperville Early Childhood Collaborative*</b>	<ul style="list-style-type: none"> <li>Naperville SD 203</li> </ul>	N/A		
<b>Villa Park, Lombard, &amp; Oakbrook Terrace**</b>	<ul style="list-style-type: none"> <li>NA</li> </ul>	Sarah O'Donnell Sarah Simpson	<a href="mailto:sodonnell@tritownymca.org">sodonnell@tritownymca.org</a> <a href="mailto:stpaulvpdirector@outlook.com">stpaulvpdirector@outlook.com</a>	(630) 629-9622

\*Collaborative on hold during leadership transition

\*\*This is an emerging collaboration. There is also no service area listed in DECC materials.



Early Childhood Collaboratives	Notes from DECC
<b>Addison Early Childhood Collaborative - AECC</b>	<ul style="list-style-type: none"> <li>• Promote developmental screening for all children, birth to five.</li> <li>• Increase professional and community knowledge of child development for children birth to age five.</li> <li>• Increase coordination of services and professionals to ensure families with children from birth to age five</li> <li>• Have access to early childhood resources and education.</li> <li>• Increase professional and community capacity for effective collaboration.</li> <li>• Support quality improvement in early childhood education and care in Addison</li> </ul>
<b>Bensenville Early Learning Services – BELS</b>	Mission: Bensenville Early Learners Supporters, the Bensenville Early Childhood Collaborative partners together to ensure awareness and access to quality early childhood services for all Bensenville families; especially those at risk.
<b>CCSD93 Birth to 5 Community Coalition</b>	Mission: Building a foundation of success for all children through community and family partnerships. Strategic goals are: 1. Optimize Service Delivery to Families, 2. Engage the Local Community, 3. Engage in the Greater Early Childhood Community.
<b>Glenbard Early Childhood Collaborative - GECC</b>	<p>Mission: Glenbard Early Childhood Collaborative* is a group of community-based partners who work with families and young children to develop and support an environment where all are safe, happy, healthy, and eager to learn. *The Glenbard Community includes Glendale Heights, Glen Ellyn, Lombard, and parts of Addison, Bloomingdale, Carol Stream and Wheaton .</p> <p>Vision: Working together as a community to create a society that empowers young children and their families. Current Priorities: 1. Developmental Screenings/Common Messaging, 2. COVID Response, 3. Equity, 4. Coordinated Intake through IRIS, 5. Developing a sustainable governance structure.</p>
<b>WeGo Together for Kids - WGTK</b>	Mission: To support and enhance the health, safety, learning and social-emotional well-being of children and families through a collaborative, coordinated, and comprehensive approach for the West Chicago community. WeGo Together for Kids has six result areas: early childhood, youth and family health, academic achievement, stable families, community engagement, and emergency preparedness.
<b>Wheaton/Warrenville Early Childhood Collaborative</b>	Mission: Effectively coordinate services focused on providing opportunities for learning success and improved Kindergarten readiness for all Community Unit School District 200 children birth to age five, especially those most vulnerable.

	<p>The Wheaton Warrenville Early Childhood Collaboration (WWECC) is a group of community agencies, early childhood providers and supporters of early childhood in DuPage County Working together to improve kindergarten/school readiness for children in District 200 with a focus on increasing access to services for those in under-resourced areas of the community.</p> <p>Our Goals: Improve communication among early childhood service providers; Increase parent education about child development needs; Increase professional development for early childhood service providers ; Increase children’s kindergarten/school readiness.</p>
<b>Willowbrook Corner</b>	<p>Mission: Promote a healthy and safe community, where children thrive, and families feel supported by utilizing family voice, school, nonprofit expertise and relationships to improve educational outcomes and equitable access to goods and services. Focus point will begin with the earliest learners from prenatal to five years of age.</p>
<b>Naperville Early Childhood Collaborative</b>	<p>Collaboration on hold during leadership transition.</p>
<b>Villa Park, Lombard, &amp; Oakbrook Terrace</b>	<p>Emerging collaboration.</p>

THIS INFORMATION OBTAINED THROUGH DUPAGE EARLY CHILDHOOD COLLABORATION.

## APPENDIX B (HEAD START & EARLY HEAD START)

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*Head Start & Early Head Start Eligibility, Availability & Capacity: 2016-2020*

Table 10

	2016	2020
<b>HS Children Eligible</b>	5,332	4,177
<b>HS Slots Available</b>	726	415
<b>HS % Served</b>	14%	10%
<b>EHS Children Eligible</b>	4822	4052
<b>EHS Slots Available</b>	112	233
<b>EHS % Served</b>	2%	6%

## APPENDIX C (CHILD CARE CENTERS & HOMES)

### Child Care Centers & Homes: Capacity by Type, 2020

Table 11

Childcare Type	No. Sites	Total Licensed Capacity Sessions 6 wks - 1 yr	Total Licensed Capacity Sessions 2	Total Licensed Capacity Sessions 3-4 and 5-K	Total Licensed Capacity
Licensed Child Care Centers	161	3,621	2,127	7,856	16,132
Licensed Family Child Care Homes	154	415	193	428	1,609
License Exempt Child Care Centers	28	365	40	1,915	2,792

## APPENDIX D (CHILDHOOD POVERTY TRENDS OVER TIME)

### *Number of Children at 100% Federal Poverty Level (FPL)*

Table 12

Need	2016	2018	2020
<b>No. Children at 100% FPL</b>			
Ages 0,1,2	3,155	2,806	2,549
Ages 3 & 4	2,307	1,972	1,791
5 Years	1,086	914	848
<b>subtotal</b>	<b>6,548</b>	<b>5,692</b>	<b>5,188</b>

### *Number of Children at 200% Federal Poverty Level (FPL)*

Table 13

Need	2016	2018	2020
<b>No. Children at 200% FPL</b>			
Ages 0,1,2	7,671	7,024	6,584
Ages 3 & 4	5,608	4,922	4,603
5 Years	2,639	2,283	2,183
<b>Subtotal</b>	<b>15,918</b>	<b>14,229</b>	<b>13,370</b>

### *Number of Children at 400% Federal Poverty Level (FPL)*

Table 14

Need	2016	2018	2020
<b>No. Children at 400% FPL</b>			
Ages 0,1,2	16,279	15,295	14,612
Ages 3 & 4	11,902	10,697	10,182
5 Years	5,601	4,926	4,796
<b>Subtotal</b>	<b>33,782</b>	<b>30,918</b>	<b>29,590</b>

## APPENDIX E (QUICK REFERENCE – TABLES & CHARTS)

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