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Infant & Toddler Child Care Roadmap

An exploration of ways Illinois can better meet
the needs of families through the lens of the
State's child care community







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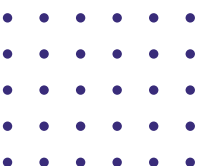


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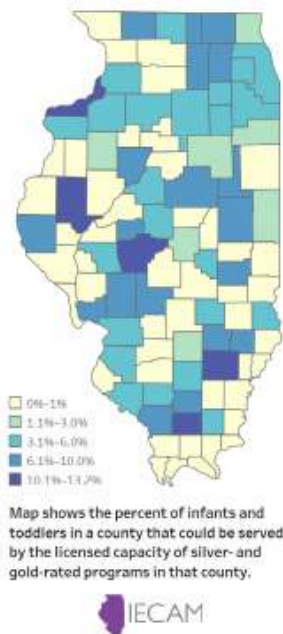


EXECUTIVE SUMMARY

Communities across the country are experiencing a dearth of child care options for families with infants and toddlers. Frequently described as a crisis, the availability of high-quality child care for infants and toddlers has only worsened since the COVID-19 pandemic began in spring 2020.

In Illinois, the crisis is acute, as current capacity of licensed child care provides access to only 17.4% of infants and toddlers across the State, with many communities experiencing access rates of less than 10%. Access rates fall even further when it comes to high-quality care, with capacity for only 5% of infants and toddlers to access ExceleRate Gold or Silver Circle of Quality rated programsⁱ.

These staggering numbers are the result of many barriers to providing high-quality child care, mostly relating to high costs and workforce challenges—quality care for children under age 3 is labor intensive and expensive to provideⁱⁱ. Neither reimbursement rates through the Child Care Assistance Program (CCAP) nor the amount of money parents pay for care is enough to cover the true cost of care that is inclusive of adequate wages for staffⁱⁱⁱ. In fact, on average, teachers in infant-toddler classrooms in



Illinois are compensated less than those working in preschool age classrooms^{iv}. Poor compensation coupled with difficult and demanding working conditions create high turnover and workforce shortages.

Lack of safe, quality child care options for families with infants and toddlers leaves too many families with difficult choices to make—pay for care they can't afford, forgo working altogether, or rely on inconsistent, patchwork care arrangements.

The need for expanded access to quality care for infants and toddlers in Illinois is clear—what is less clear is how to overcome the many challenges to meet this urgent need. The *Infant and Toddler Child Care Roadmap* project, led by [Start Early](#), explores various ways Illinois can better meet the needs of families with infants and toddlers through the lens of the State's child care community. The purpose of the project is to examine the current supply, demand and impact of infant-toddler child care on family



well-being and the economy, and to surface community-informed recommendations for meeting the demand of high-quality care that supports positive economic growth and child development in Illinois. The project is part of [Raising Illinois'](#)



[Prenatal-to-Three Policy Agenda](#) and is funded through the Preschool Development Birth through Five Grant, in partnership with the Illinois Governor's Office of Early Childhood Development.

The *Infant and Toddler Child Care Roadmap* includes a review of recent and relevant literature on infant and toddler child care, a scan of relevant policies and practices in Illinois and other states, and a summary of findings from our engagement with Illinois's child care field through focus groups and surveys. To better contextualize and interpret the data collected through these activities and to identify subsequent policy recommendations, a series of community conversations were convened around the State to share findings from the literature, state policy scan and surveys and focus groups and to reflect with communities on their implications.

Input received from community conversations was integrated into this report, which details the project's findings and recommendations for increasing access to infant and toddler child care in Illinois. Recommendations include:

- Strengthening the perception of the early childhood field
- Strengthening the workforce
- Increasing engagement with local communities
- Improving the Child Care Assistance Program (CCAP)
- Increasing supports for children with disabilities, and early childhood staff and families struggling with mental health and social emotional challenges
- Increasing business and operational supports to child care programs
- Improve availability of data on infants and toddlers





LITERATURE REVIEW

In the interest of relevance, parameters of the literature were limited to documents focused specifically on infant and toddler child care and the surrounding landscape and were published within the last four years (2017-2021).

Review included peer reviewed journal articles, as well as reports and policy recommendations sourced through Google Scholar and EBSCOhost. In addition to data on the current infant and toddler population of Illinois, four major themes arose from our review: workforce issues, stability of care, subsidy usage and benefits and quality of care.



ILLINOIS INFANTS & TODDLERS

Illinois is home to 450,730 children age 2 and under. Statewide, 51.65% of Illinois infants and toddlers are White, Non-Hispanic; 23.57% are Latinx or Hispanic; 15.15% are Black, Non-Hispanic; 4.53% are Asian, Non-Hispanic; and 5.10% are identified as Other, Non-Hispanic (Erikson Institute, 2021). Nearly 19% of all Illinois infants and toddlers are living below 100% of the Federal Poverty Level and approximately 22% receive CCAP benefits.

Access to licensed child care centers and licensed family child care homes for infants and toddlers in Illinois is very limited, with capacity to serve only 17.4% of children under age 3 in licensed child care programs statewide. Access is even more limited to highly rated child care programs, with capacity in ExceleRate Silver or Gold Circle of Quality rated programs for just 5.2% of infants and toddlers statewide. In fact, 46 of Illinois's 102 counties don't have a single Gold- or Silver-rated slot for infants and toddlers; those

counties are overwhelmingly rural. Preschool-age children fare better than infants and toddlers when accessing licensed child care and highly rated programs, with enough licensed child care capacity in Illinois to serve nearly 21% of all children ages 3-5 and enough Gold- or Silver-rated slots to serve 6% of all children ages 3-5. It is important to note that there are a considerable number of license-exempt child care programs serving preschool-age children that are not accounted for in this data, including those operating in parochial or elementary schools.

Data specific to the infant-toddler child care workforce in Illinois is very limited, as well. According to *Illinois' Early Child Education Workforce 2020 Report* (Whitehead, 2021), Illinois teachers who work with infants and toddlers earn \$1.40 per hour less on average than teachers who work with preschool-age children. Infant-toddler teachers also tend to have lower education attainment, with 62% of infant-toddler teachers completing a college degree compared with 77% of preschool teachers. Most infant-toddler teachers do not hold the Infant Toddler Credential (ITC); in fact, as of 2020, only about 13% of infant-toddler teachers hold the ITC. This is, however, a marked increase from 2015 when less than 3% of infant-toddler teachers held the credential.

As noted in the recently published *Prenatal-to-Three Supplement to the Illinois Risk and Reach Report*, obtaining reliable data on Illinois infants and toddlers is very challenging, particularly as it relates to race and ethnicity (Erikson Institute, 2021). Currently there is no data on the race/ethnicity of children who receive CCAP benefits, nor is there data on the race/ethnicity of children enrolled in child care programs. Unfortunately, these limitations in available data make it difficult to identify disparities in access to child care for infants and toddlers based on race/ethnicity.





Similarly, although the *Illinois' Early Childhood Education Workforce 2020 Report* included some data on race/ethnicity of the overall workforce, it did not include information about the race/ethnicity of infant-toddler teachers specifically.



WORKFORCE ISSUES

Workforce issues were a prominently covered subject. Infant-toddler educators earn significantly less than preschool teachers or teachers in the K-12 system, to the extent that nearly 50% of early child educators rely on public assistance (Sharrock & Parkerson, 2019). This lack of pay parity presents retention challenges, especially in the case of educators with advanced degrees who will typically move on to higher paying positions within a school district (Reid et al, 2021). As a result, most of the early childhood workforce does not have advanced postsecondary degrees (Reid et al, 2021).

One study found that Family Child Care (FCC) providers experience lower turnover but struggle more with tasks like budgeting, accounting and other technical aspects of keeping their business afloat (Reid et al, 2021). In center-based care settings, staffing shortages resulting from high turnover can cause centers to limit their number of infant and toddler slots or to close completely—one analysis of nine states found that 95% of the counties within those states were what they deemed “child care deserts” with less than one licensed infant-toddler slot for every three children under age 3 (Reid et al, 2021).



STABILITY OF CARE & SUBSIDY USAGE

Research continues to demonstrate that instability in child care arrangements has a strong impact on child development. When children move frequently to different caregivers among multiple settings, the resulting instability can prevent the formation of strong attachments to caregivers, contributing to greater stress and health problems (Carrillo et al, 2017).

While stable, high-quality child care is the best setting for infants and toddlers, there is no state in the nation where the cost of center-based infant-toddler child care meets the federal definition of affordable: less than 7% of annual household income (Sharrock & Parkerson, 2019).

Yet, when families are able to utilize a child care subsidy, children are more likely to participate in formal, high-quality care at a single facility (Pilarz, 2018), and parents are more likely to access full-time employment (Davis et al, 2018). Without a subsidy, however, families resort to multiple congruent care arrangements, and even those receiving subsidies can have their stability of care interrupted by eligibility limits and recertification processes (Krafft et al, 2017).

Decentralized state policies can also narrow eligibility for child care assistance through the federal Child Care and Development Fund program (CCDF). One study found that while 14.2 million children meet federal eligibility standards, the number drops to 8.6 million when state-level eligibility policies are applied (Hill et al, 2019).

Similarly, many states prioritize Temporary Assistance to Needy Families (TANF) recipients for CCDF subsidies; however, that policy can often exclude eligible populations, such as Hispanic/Latinx families, who make up the fastest growing population of low-income families



but who access social supports like TANF at disproportionately low rates (Hill et al, 2019). For parents working unconventional schedules (e.g., third shift, on-call work) whose needs typically do not align with child care provider operating hours, child care is often pieced together by parents switching off staying home or relying heavily on an anchor family member like a grandparent to provide care—this constant instability often creates stress in the home (Carrillo et al, 2017).



QUALITY OF CARE

Learning is cumulative, and infants and toddlers are at a critical developmental stage marked by rapid brain development (Urban Institute, 2018). Children with access to high-quality care experience improved health outcomes, higher future earnings and reduced crime rates (Workman & Jessen-Howard, 2018).

In addition, early childhood educators are second only to parents in their impact on cognitive development during a child's earliest years (Workman & Jessen-Howard, 2018), again highlighting the importance of quality care in laying the foundation on which all future learning will be built.

Despite the importance of quality care during the earliest years, a report from the Bank Street College of Education found that only 10% of early childhood providers across the U.S. are considered high quality (Sharrock & Parkerson, 2019).

Due to the unaffordability of high-quality care, lower-income children are more likely to experience “patchwork” care arrangements than formal, high-quality care in a single setting.



In fact, gaps in cognitive ability by income are evident as early as 9 months of age and widen significantly by age 2 (Workman & Jessen-Howard, 2018).

Accessing quality care for infants and toddlers with disabilities is also difficult. A study published in the *Early Childhood Education Journal* found that a lack of training for child care providers and high teacher-student ratios were listed as top barriers to inclusion of infants and toddlers with disabilities or developmental delays in high-quality care programs (Weglarz-Ward et al, 2019).

A later study published in the same journal found that Early Intervention (EI) providers and early childhood educators struggle to collaborate meaningfully on service delivery; top barriers listed were lack of staffing/high staff turnover and funding (Weglarz-Ward et al, 2020).

A salient quote from that study, which encompasses the interconnected nature of the challenges facing the infant-toddler care landscape, comes from a center-based provider: “Everybody is doing half their jobs because they’re getting half paid” (Weglarz-Ward, 2020).

OVERVIEW: STATE STRATEGIES

To both understand the current landscape in Illinois and to identify promising policy strategies and approaches to infant-toddler child care from other states, with support from the BUILD Initiative, a state policy scan was conducted. While much information about state policies can be readily found on state websites, several experts were interviewed on state infant-toddler child care policy and systems building. In conversations with various informants, it was apparent that many states are interested in tackling the issue of infant-toddler care, but many struggle with how to address the challenges or have moved to address other priorities. Despite Illinois' challenges, it continues to stand out as a leader in this area, with a long history of investing in early childhood services for infants and toddlers, including investments in quality of care, credentialing the workforce, offering supports to programs and dedicating funding for prenatal-to-age 3 programs. Highlights from our state policy scan are included below.

ILLINOIS

Illinois stands out among other states for its investments in early childhood programs for children under age 3. In addition to offering evidence-based home visiting, Early Intervention services under Part C of the Individuals with Disabilities Education Act and subsidized child care, Illinois also funds both center-based and home-based services for infants and toddlers through its State Education Agency.

The program, Prevention Initiative (PI), was first created under Public Act 85-1046 in 1988 and later coupled with preschool programming in 1998 under the Early Childhood Block Grant (ECBG) housed within the Illinois State Board of Education (ISBE) with Public Act 88-555^v. In 1998, with the creation of the ECBG, a dedicated percentage of preschool funds were set aside for birth-to-age 3 programs. Over the years, legislative changes gradually increased that percentage. Beginning in 2016, state law required that at least 25% for any new and additional funding issued to the ECBG be directed to infant and toddler programs, with the goal that no less than 20% of ECBG funds be allocated for birth-to-age 3 programs^{vi}.

Like its preschool-age program counterpart, PI is awarded through a competitive application process and is open to both schools and community-based organizations serving expecting parents and children birth to age 3 who are furthest from opportunity. Awarded programs can select research-informed models and can be offered in a center-based setting or as a home visiting program—PI awardees regularly pair programming with child care services. The benefits of pairing PI with child care include a seamless day of programming, curriculum-based instruction, smaller ratios, home visits, family goal setting and quarterly activities for families.



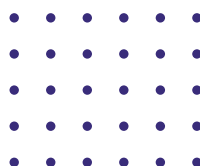


Illinois also has a history of a relatively strong subsidized child care program, notably investing more than required in quality and infant-toddler focused initiatives and with significant investments of state funds, in addition to federal CCDF funds. Most recently, Illinois furthered its commitments to infants and toddlers in the CCDF Plan for Illinois Fiscal Years 2022-2024^{vii}, including:

- **Grants or Contracts.** The Illinois Department of Human Services (IDHS), or lead agency, will use contracts to increase the supply of care and quality. Specifically, it allows for Child Care Resource and Referral (CCR&R) to prioritize Quality Improvement Grants to infant- and toddler-serving programs.
- **Differential Rates.** The Quality Rating and Improvement System (QRIS), ExeRate Illinois, offers a differential rate for attaining Silver and Gold Circle of Quality ratings, both of which include standards beyond licensing for serving infants and toddlers, such as staff credentials. For example, in the Silver Circle of Quality, there is a 10% quality rate add-on and for the Gold Circle of Quality, there is a 15% add-on.
- **Staff Credentials, Training & Supports.** The Gateways Early Childhood Education Credential system offers an entry point allowing staff to continue towards various specialized credentials, including the Infant Toddler Credential. Infant and Toddler Specialists and Infant/Early Childhood Mental Health Consultation are available through the CCR&R networks as additional supports to programs. The Program for Infant/Toddler Care is a training series offered with regularity. To achieve Silver Circle of Quality, 30% of teaching staff in infant-toddler classrooms must have a Gateways Infant Toddler Credential Level 2 and in Gold, 40% of teaching staff in infant-toddler classrooms must have a Gateways Infant Toddler Credential Level 3 (or equivalent).



- **Networks.** IDHS committed to exploring the use of Family Child Care networks for licensed family child care homes as a method to increase the supply and quality of infant and toddler care.
- **Progress.** IDHS pledged to review the number of programs above the licensed category in QRIS that serve infants and toddlers monthly. On a quarterly basis, IDHS is to review participation in The Program for Infant/Toddler Care training and review successful completion of the Infant Toddler Credential.





As the lead agency that implements CCDF, IDHS oversees reimbursement rates for subsidized child care, which have increased in recent years. Payment is offered at half-day rates (less than five hours of care) and full-day rates (between 5-12 hours of care). Rates vary by county groupings (of which there are three: 1A, 1B, 2), licensed and licensed-exempt day care centers and licensed day care in homes. The following rates for children under age 2 were effective July 1, 2021 and are subject to change.

	Group 1A	Group 1B	Group 2 ^{viii}
	Children under age 2		
Licensed day care center	\$58 full-day \$29 half-day	\$56 full-day \$28 half-day	\$50 full-day \$25 half-day
License-exempt day care center	*	*	*
Licensed day care home or licensed group day care home	\$42.84 full-day \$21.42 half-day	\$38.31 full-day \$19.16 half-day	\$35.67 full-day \$17.83 half-day
	All children		
License-exempt day care homes	\$19.69 full-day		
Relative and non-relative care in the child's home	\$9.84 half-day		

*License-exempt day care centers do not have reimbursements rates for children under age 3.

In Illinois, the Department of Children and Family Services (DCFS) oversees the licensing of child care and as such, sets minimum requirements for staff qualifications, ratios, group size, etc.

The standard for ratio sizes (adult:child) are as follows for licensed child care centers:

	DCFS	Gold Circle of Quality
6 weeks to 12 months	1:4, 12 maximum group size	1:4, 8 maximum group size
12 to 23 months	1:5, 15 maximum group size	1:4, 12 maximum group size

For licensed day care care in homes, a sole caregiver can have up to 12 children in a mixed age grouping. In a mixed age group, up to eight children can be under age 12. Of those children, up to five children can be under age 5 and of those children, three children can be under the age of 24 months.





Educational requirements vary based on the setting. For licensed centers^{ix}, early childhood directors and teachers are required to hold at a minimum a high school diploma or General Equivalency Diploma (GED) and course work in early childhood development. Early Childhood Assistants require a high school diploma or GED, similar to that of licensed family child care homes.^x

As referenced earlier, Illinois also has a cross-system Quality Rating and Improvement System called ExceleRate Illinois, which is inclusive of Head Start and ECBG programs, in addition to child care, and builds upon child care licensing standards as the base level of quality.

Participating programs are able to earn Bronze, Silver or Gold Circles of Quality, with National Association for the Education of Young Children (NAEYC) standards reflected in the Gold Circle of Quality. NAEYC standards are used for the PI program.

Most recently, Illinois has been a national leader in directing significant amounts of federal COVID-19 funding toward stabilizing the child care sector and the child care workforce. These funds have been instrumental in keeping child care providers in business; however, there were not specific strategies targeted to infant and toddler child care.

POLICIES & STRATEGIES FROM OTHER STATES

In our scan of approaches used by other states to improve and expand infant-toddler child care, several themes emerged, including leveraging Early Head Start, engaging in specific planning processes and utilizing pilots and dedicated funding. A summary of these approaches is included below.

Early Head Start

Head Start has long been used as a method to improve quality of care and access to historically under-resourced communities because of the comprehensive programming, services and supports offered to both families and providers. Early Head Start-Child Care Partnerships (EHS-CCP) brings together the best of Early Head Start and child care through funding for birth-to-age 3 programs participating in a state's subsidized child care program. EHS-CCP offers various options to better meet local needs by allowing for full-year center-based programming, family child care or a combination of center and family child care.^{xi} Early Head Start is another option for states looking to shift services to infants and toddlers—through partnership with Early Head Start grantees by either applying directly for more slots or through the conversion of existing Head Start slots to Early Head Start slots.



Planning Processes

Colorado Senate Bill 19-063 was enacted in 2019 and required the State's Department of Human Services to create a plan to address the decline of infant-toddler care programs. The Infant and Family Child Care Action Plan^{xii} was created in consultation with many partners, including the Early Childhood Leadership Commission. The plan includes recommendations for:

- Operational supports, including financial, business and professional supports, for prospective and existing family child care providers and centers serving infants
- Professional development by increasing access to training and other professional opportunities to raise the quality of care
- Child care licensing resources to expand support and training, as well as accelerating the process for background checks
- Regulation should be clear and coordinated and resolve differences among state and local agencies to remove administrative and financial burdens
- Policy review to understand how early education policies impact the availability of licensed infant care and family child care homes to maintain a mixed delivery system

The recommendations are robust and feature additional areas of early childhood system improvements, such as increasing awareness of existing resources and incentivizing infant care and family child care providers. The recommendations are further categorized by estimated cost—high, moderate or low.

Maine also developed plans to address quality, availability and cost of child care. Prior to the COVID-19 pandemic, the Maine Office of Child and Family Services, in conjunction with the Children's Cabinet, released a strategic plan (Plan for Young Children^{xiii}) to ensure kindergarten readiness, as directed by the State's legislature. This plan includes short, intermediate and long-term strategies that could improve infant and toddler care.

Short-term recommendations (2020-2021) were implemented during Fiscal Year 2021 (despite the pandemic), including weekly stipends of \$100 for infant caregivers participating in the state's child care subsidy program and increased quality rates for programs in the QRIS serving infants and toddlers. The Child Care Plan for Maine: May 2021^{xiv} further outlines how the early childhood workforce has been pivotal and recommends covering the costs of licensing fees for both family child care providers and facilities, offering quality awards for moving levels in the QRIS, reimbursement for accreditation and partnerships with the Maine Association for the Education of Young Children. Further, Maine has multiple strategies to use the federal American Rescue Plan Act (ARPA) dollars towards improving child care through access, quality and workforce development.



Pilot Programs

The **Michigan** TriShare Model^{xv} addresses the affordability of child care through the lens of employers; access to child care helps employers maintain talent and support employment. The program was launched in 2021 by the Michigan Women's Commission at the State of Michigan's Department of Labor and Economic Opportunity. A request for proposals required participation from urban, suburban and rural regions.





A regional hub facilitates the allocation of child care slots, recruitment of local employer participation and other administrative burdens of the program. A participating employer, an employee and the State of Michigan share the cost of care. A qualified employee should not be eligible for the state child care subsidy program and must have income within 250% of Federal Poverty Level. Although not intentionally targeted towards infants and toddlers, there is a general understanding that this innovative model to create affordable child care opportunities can help address the decline of infant and toddler care in the state.

Additionally, the **Oregon** Baby Promise Pilot was created in response to the lack of infant and toddler child care in the State. Administered by the Early Learning Division in the Oregon Department of Education, the pilot utilizes Child Care and Development Block Grant (CCDBG) funds to support eligible families in obtaining infant-toddler care. It allowed participating providers to receive higher reimbursement rates per child and eligible families to receive free child care. Providers were selected from three geographic regions in the state.

Oregon also participated in a shared services model to support more sustainable practices for child care providers and ease administrative burdens. Baby Promise Pilot participants were encouraged to explore shared services as a part of their participation. Reports from those pairing the two initiatives have been encouraging^{xvi}.

Dedicated Funding

Several states have recently passed funding initiatives with specific references to infant-toddler care:

- In summer 2021, **Louisiana** passed Act 435^{xvii} allowing for a 25% appropriation of sports betting revenues, or up to \$20 million, to the Louisiana Early Childhood Education Fund (the Fund) administered by the Louisiana State Board of Elementary and Secondary Education. Money from the Fund can be used to support early childhood care and education slots through CCAP to learning centers that are licensed to receive the state subsidy and have one classroom with children age 15 months and younger. The Fund requires a local match from nonstate sources.

- **Washington** Fair Start for Kids Act^{xviii} was passed in spring 2021 and addresses how the COVID-19 pandemic impacted the infrastructure of early learning, specifically child care. The Act aims to increase child care subsidy compensation rates for the early learning and care workforce and expand access to CCAP and early learning programs, providing rates for higher quality care for infants through a rate increase.
- Federal ARPA dollars have been used to provide child care stabilization grants. Two states use a formula to distribute these funds:
 - In **Connecticut**^{xix}, an infant-toddler bonus is awarded to eligible center-based programs that serve infants and automatically provided to eligible family child care homes. Bonuses are also offered for programs with accreditation, programs that operated during peak pandemic dates and those with an equity adjustment.
 - In **Pennsylvania**^{xx}, an infant-toddler add-on is available to eligible providers. The formula does allow for other add-ons, such as designation within the QRIS and for providers that experience reduced enrollment of children participating in the State's subsidy program.
- The **New York** State Assembly proposed legislation in 2021^{xxi} to create the NYC Under 3 Act and impose a payroll tax for certain employers operating within New York City for the purposes of raising revenue to address affordability, accessibility and quality for children under age 3. The tax rate on employers would vary depending on the company's earnings. This initiative has not yet passed the state legislature.



- **Washington, D.C.** enacted the Birth-to-Three for All DC Amendment Act^{xxii} in 2018. The Act requires a large array of comprehensive services for young children and families including a health demonstration project for well-visits, a comprehensive referral service, creation of a home visiting programs, expansion of behavioral health services for families with young children, and a partnership for an early childhood degree program. Unfortunately, the accompanying trailer bill to support funding of the Act did not pass.



PROVIDER & COMMUNITY ENGAGEMENT

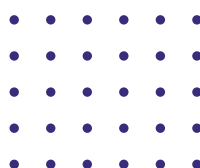
For the *Infant and Toddler Child Care Roadmap* project, we engaged directly with child care professionals throughout Illinois to better understand their experiences serving infants and toddlers and their perspectives on what would be required to increase capacity and serve more infants and toddlers. To that end, we conducted five regional focus groups with child care professionals (both family and center-based care), as well as with CCR&R staff. Data collected from the focus groups was analyzed and used to inform a statewide survey that was disseminated broadly to child care professionals and CCR&R staff.

Finally, we partnered with five community organizations or initiatives throughout Illinois to convene community conversations where we presented survey data and other findings from the project to groups of local child care professionals, CCR&R staff and parents. Community conversation participants helped us

interpret and contextualize the data collected through the survey, literature review and policy scan, identify implications and surface ideas for recommendations to increase infant-toddler child care capacity in Illinois.

Box 1: Focus Group & Survey Recruitment

- Illinois child care provider Facebook group
- Start Early Illinois Policy Team newsletter
- CCR&Rs
- Early/Head Start organizations
- Early Choices



PROVIDER & COMMUNITY ENGAGEMENT - FOCUS GROUPS

To inform the survey development, we conducted five+ focus groups with early child care educators (both family and center-based) in Southern Illinois, Central Illinois, Northern Illinois/Chicago suburbs and Chicago; as well as a separate group for CCR&R agency staff. Across these five focus groups, we spoke with 21 participants.

We programmed an online focus group recruitment screener (see Appendix B) in English and Spanish++. Start Early policy team members distributed the screener link to stakeholders listed in Box 1. The screener asked potential participants for the type of center/agency/family care and their Illinois region. They could also select days for which they would be available to attend the session.

Eligible participants were then matched to the various time slots for the various sessions and confirmed via email. A link to the focus group consent form was also provided in advance of the session.

The hour-long focus group sessions were conducted over Zoom in October 2021 and facilitated by the Start Early policy team. The focus group discussion guide is included in Appendix C. The main goal of the discussions was to hear what would allow early child care educators to add or expand infant-toddler capacity in their programs.

After the sessions, each participant received a \$50 Amazon e-card. The focus group discussions were transcribed by Voss Transcriptions and analyzed by consultant Holly Lewandowski with Evaluation for Change.

+ One focus group was dropped from analysis and redone because we suspected that participants may not have been eligible, and because they did not share much about the topic. After that experience, we added the specific name of the child care program to the screener to better screen potential participants.

++ Spanish translation for this study was subcontracted to Acolad Translations.





Focus group themes included:

Child care for infants and toddlers was seen as more available in Chicago; while southern Illinois and Central Illinois respondents, as well as CCR&R staff, reported low availability and extensive waitlists. Suburban Chicago respondents acknowledged lots of infant-toddler child care options for private pay and fewer options for subsidized care.

“Our area has a lot – well, I won’t say a lot but more options for full-fee families, people that are not at poverty or below... So, for low-income infant toddlers, there’s not a lot of choices.”

– Suburban Chicago
focus group participant

Availability of infant and toddler care has decreased due to the COVID-19 pandemic and facilities closing.

“You know, to add to that, too, there are facilities closing ... it seems like weekly everywhere across the state. So, we’re losing those slots also, not just from lack of staff, but from facilities that are closing. And child care providers have decided – family child care providers decide they don’t want to do it anymore either.”

– CCR&R focus
group participant

Parents of infants and toddlers are “patchworking” care (i.e., using different arrangements on different days) because of demand, COVID-19 concerns and the cost of care.

“We see many parents patchworking care for their children. Our openings right now are very slim in the [age] 2 and under – and if we only have two days available and they really need five, they’ll come to us for two days, they may use a grandparent for a day or two, they might use another center for the other two days.”

– Suburban Chicago
focus group participant

Challenges to providing infant and toddler care include: hiring qualified staff who want to work with infants and toddlers, retaining staff, paying adequate wages to staff and having enough staff to keep classrooms open.

“Staffing is such a huge issue right now, and we would be able to offer, you know, more [infant and toddler care] if we had the staff available.”

– Southern Illinois
focus group participant

There is a lack of recognition that child care for infants and toddlers is an important service.

“You know, if you look at statistics, one of the lowest paying jobs in the state is a child care teacher or assistant ... we’re asking them to do the greatest thing, which is take care of the children, so I think that’s probably the biggest piece.”

– CCR&R focus
group participant



Needed system changes include shortened process for applications for subsidies, shortened process for certification and recertification, funding/resources to increase staff hiring and retention and paying staff a livable wage.

"You know we're part of the ExceleRate pilot, so we do get some money to help boost our salaries, but, for like a basic DCFS qualified teacher, it's the *same amount as what McDonald's is offering for a starting wage. So even though it seems like a little bit more for our industry, it's really not even keeping pace with other industries that might even be like less stressful work.*"

*– Southern Illinois
focus group participant*

Needed policy changes include re-examination of age groupings by classroom, making it easier for working staff to get credentialed, changing the 1:4 ratio, more emphasis on infants and toddlers in the field and addressing infant-toddler staff burnout and mental health.

"We sometimes find that we have people that are really good in the classroom and have such a heart for children, and they don't have the right qualifications, so it's really hard for them - whatever their life stage and circumstance might be - to go back and get those qualifications."

*– Chicago focus
group participant*

Additional funding and resources are needed to bring classrooms up-to-code for infants and toddlers, increase space and hire qualified staff.

"I have 4,000 square feet of a basement that I can't license because it would cost me \$130,000 to sprinkle it for fire code."

*– Central Illinois
focus group participant*

A good infant and toddler educator needs passion for working with very young children, patience, knowledge of social and emotional development and a willingness to learn.

"I think someone who has good energy and is excited and has patience and a good work ethic, you know, wants to work and really cares about what they do, a caring and loving individual. I mean we always joke that we didn't get into the field for the money. It's about what we do... So, finding those type of individuals that, you know, want to do that, to make a difference."

*– Central Illinois
focus group participant*





PROVIDER & COMMUNITY ENGAGEMENT - SURVEY DATA

Like the focus group screener, the survey (see Appendix B) was programmed for online administration using Qualtrics, a web survey package, and offered in English and Spanish. Using the same list as found in Box 1, we distributed the survey link broadly throughout Illinois to child care programs and CCR&R agency staff. The study protocol was reviewed by IRB Solutions and approved as exempt (IRB ID: 2021/10/17).

The survey was live from November 12 to 29, 2021 and received 622 responses. All cases found to be outside of Illinois were flagged and removed, as well as cases that were determined to be too quickly submitted (i.e., under four

minutes). At the end of the survey, respondents were given the option of entering their email address if they wished to be included in the \$50 Amazon e-card drawing.

The following section summarizes the statewide survey data and highlights differences by region, while a full set of statewide bar graphs is presented in Appendix A.

RESPONDENT SNAPSHOT

The following data presents a respondent snapshot, including region, program, role, capacity, hours of operation, funding stream and populations served.

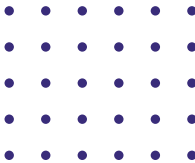
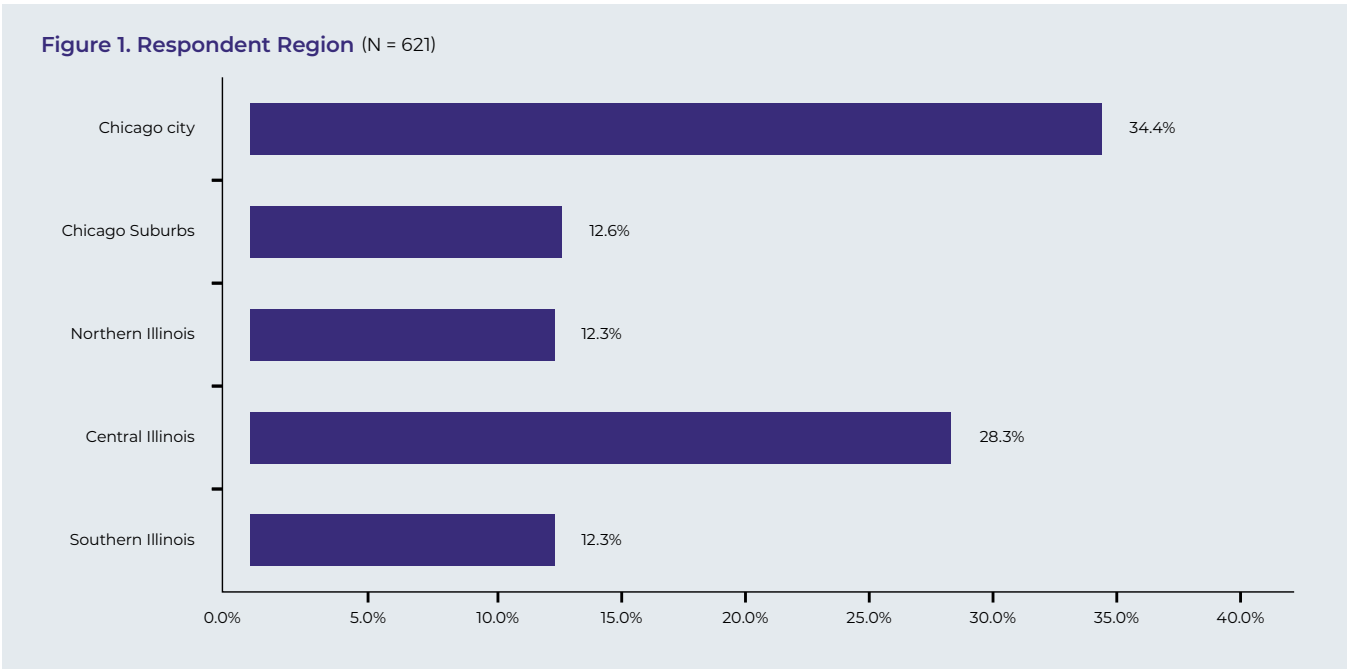




Region

As seen in Figure 1, slightly over one-third (34.4%) of our survey respondents worked in programs/centers in Chicago and 28.3% in Central Illinois. The remaining regions show between 12-13% for Chicago suburbs, Northern Illinois and Southern Illinois.

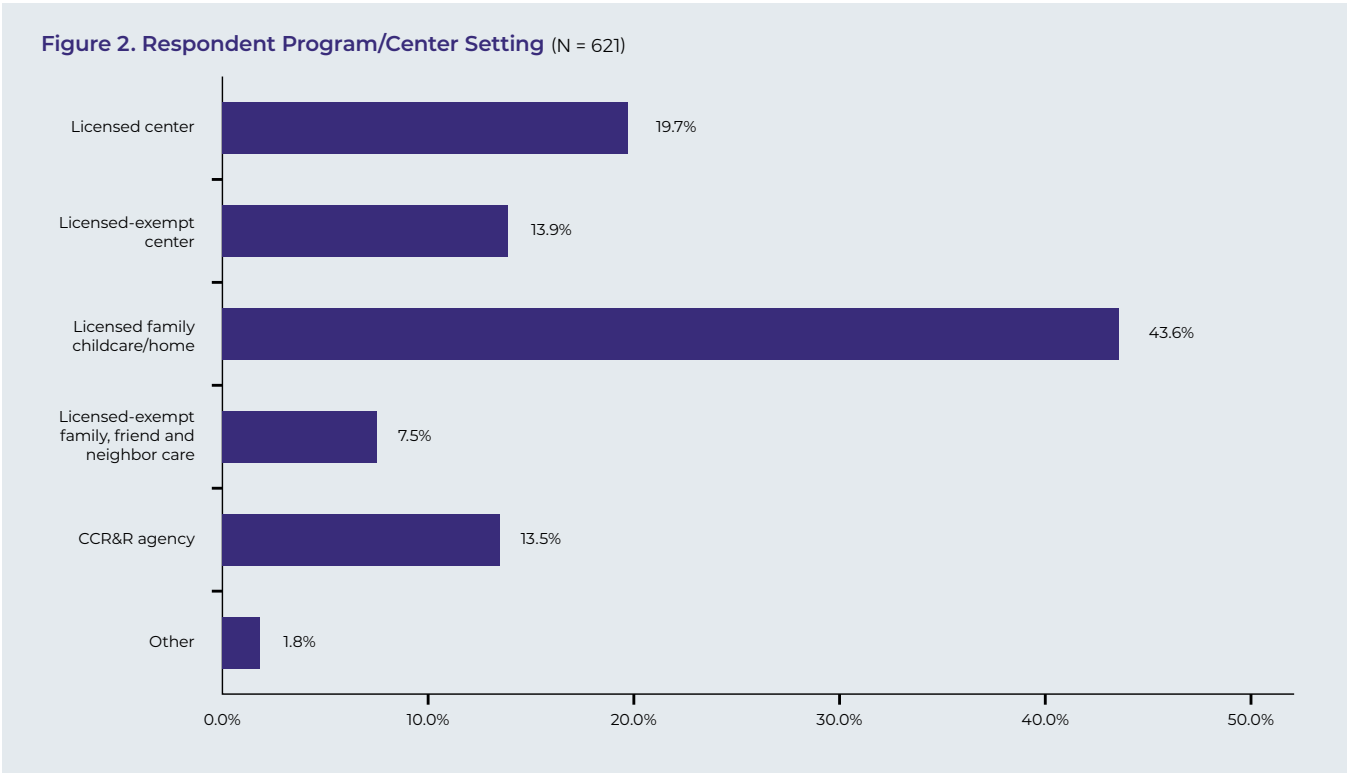
Program



Statewide, over 40% of survey respondents worked in licensed family child care home settings (see Figure 2). Approximately 20% worked in a licensed center and smaller percentages in licensed-exempt centers (13.9%), CCR&R agencies (13.5%) and licensed-exempt family, friend and neighbor care (7.5%).

Program/center settings did vary by Illinois region: the high number of licensed family child care/home responses overall was driven by Chicago city, where 69% of respondents selected that category. Central, Northern and Chicago suburban regions all had licensed family child care/home as the most frequently selected response but at a slimmer margin than Chicago city. For Southern Illinois, the most frequently selected category was licensed center (45.5%), followed by CCR&R agency (24.7%).

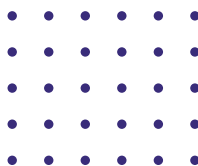
Role



For child care educators, the most frequently selected role was early childhood teacher (46.0%), with even percentages of owner/operator and director (both 41.2%), followed by early childhood assistant (25.9%). For CCR&R agency staff respondents, nearly half were directors, with infant-toddler specialist at 34.1% and the remaining 17.6% choosing the ‘other’ category (such as program supervisors, CCAP specialists, recruitment/retention specialists, quality specialist and professional development coordinator).

Capacity & Hours of Operation

We asked respondents for their licensed capacity and their current enrollment, as well as the hours that their program/center is open for serving families. For licensed capacity, the mean (average) for infants was 9.3 and 10.9 for toddlers; with the mean for current enrollment for infants as 7.4 and 8.2 for toddlers. In terms of hours of service, the largest percentage of programs opened for child care at 6 a.m. with most closing at 6 p.m., although it is important to note some had evening/night hours.



Funding Stream

When asked about funding stream, close to half of respondents (45.3%) reported CCAP funding, followed by approximately 30% Preschool for All (PFA), private pay/parent fees (27.1%), Head Start (26.7%), PI (24.8%), Early Head Start (24.4%) and EHS-CCP (6.4%).* CCAP funding was the most frequently selected funding stream by all five Illinois regions, but the second most frequent response varied by region: private pay/parent fees for Central and Southern Illinois, PI and Early Head Start for Northern Illinois and PFA and Early Head Start for Suburban Chicago.

* Like many survey items, this question was programmed as 'select all that apply' so that respondents could choose more than one response. In these types of items percentages add up to more than 100%.

Populations Served

We asked respondents about populations that their programs currently or commonly serve. Children in families in poverty or deep poverty was the most frequently selected category (37.3%), followed by children/families with Department of Children and Family Services involvement (33.7%), children with disabilities (31.3%) and children in families with low caregiver

educational attainment (31%). Looking at regional differences, children experiencing homelessness was the most frequently selected category for Southern Illinois (44.6%). Chicago city and suburban regions respondents reported children in families facing barriers based on culture, language or religion as one of their highest categories, and Northern Illinois had children of migrant or seasonal workers as one of their highest categories.

CHILD CARE AVAILABILITY & NEED

We asked about availability and need for child care of all ages, and specifically for infants and toddlers. Half (50.6%) of respondents believe child care for children of all ages is either somewhat, slightly or not at all available in their area. However, this increases to 60% when asked about child care for infants and toddlers; in other words, survey respondents report lower availability for infant and toddler care. The same pattern is evident in terms of need—80% of respondents think there is a great deal, a lot or a moderate amount of need for child care for children of all ages in their area. However, for child care for infants and toddlers, 85.7% of respondents say there is a great deal, a lot or a moderate amount of need in their area.





The five regions showed the same general patterns as the statewide data in terms of availability and need. Chicago city respondents reported slightly higher availability of child care both for children of all ages and infants and toddlers, although they reported the same levels of need as the overall statewide data. Southern Illinois had the highest perception of need for infant and toddler child care of any region, with 93.3% of respondents reporting a great deal, a lot or a moderate amount of need.

These questions do show a tension between availability and need in how educators and CCR&R agency staff rate need as high but also report fairly high availability. It could be that they are considering care to be somewhat available—even though it may not be affordable for all parents or meet parental needs in other ways—or even be available immediately (i.e., the waitlist issue).

Child care professionals who participated in the community conversations offered some insights into what might account for the discrepancies in perception of need and availability, including that some respondents may be considering illegally operated child care in their perceptions of availability and/or that many child care operators are licensed for more capacity than there are teachers available to staff classrooms. In other words, there may technically be more licensed capacity to serve infants and toddlers than is currently readily available if only staff could be secured to open classrooms.

Thinking specifically of the ongoing COVID-19 pandemic in relationship to need, over half (55%) of respondents reported that the need for infant and toddler care in their area is more now than before the pandemic began. The only regional difference to highlight is that Chicago suburban respondents reported the need to be less now than before the pandemic (45.5%) by a slim margin (44.2% now).

We asked respondents how much parents in their area “patchwork” infant and toddler care; that is use a mix of different care arrangements



on different days. Most respondents reported seeing a lot (32.5%) or a moderate amount (39%) of patchworking of care among parents in their area.

BARRIERS FOR FAMILIES

We asked respondents about barriers that stop parents from placing their infants and toddlers into child care. Concerns about the COVID-19 pandemic was the most frequently selected category by a slim margin (32.7%), followed by waitlists/few available options (32.3%), no providers for a child with a disability or chronic health condition (32%) and concerns about quality of care (31.5%). These responses highlight the impact of the pandemic, the prevalence of waitlists and how parents of children with disabilities and delays have a heightened challenge in finding the right child care setting for their infants and toddlers.

In terms of regional differences for this question, Chicago city and suburbs listed concerns about quality of care as the biggest barrier. Central and Southern Illinois respondents rated waitlists/few available options as their biggest barrier.





Southern Illinois also had families not being approved for CCAP and cost in their most frequently selected responses. Northern Illinois respondents noted few available providers for a child with a disability or chronic health condition as their highest category by a wide margin.

Survey respondents gave their thoughts on which groups of families within their community have a particular challenge of availability of child care for infants and toddlers. Mentioned most often were families in poverty, families needing child care outside of standard hours, non-English speaking families, teenage parents, families just over the threshold for CCAP, single parents and children with disabilities.

“It’s a challenge for children with disabilities because parents want their children to be learning and growing as *no child should be left behind*. Depending on the needs for the children, centers and daycares need the proper set-up, equipment, certain activities, etc. so that the children would greatly benefit and have a *chance to become productive no matter and/or regardless of their disability*.”

We asked several questions about infant and toddler waitlists. Statewide, approximately two-thirds (65.2%) of respondents reported that their program currently has infants and toddlers on a waitlist. Looking at regions of the state, this varied widely: highest in Chicago city (95.3%) and lowest in Northern Illinois (31.4%). Respondents with families currently on a waitlist were then asked what reasons contribute to this, with 41.2% citing not enough space/slots, followed by 40.3% who don’t take certain ages, and 29.3% who do not have enough staff. Approximately equal numbers of respondents say they do have a place to refer families to when they are placed on a waitlist (46.3%) and do not have a place to refer to (47.9%), with 5.8% saying sometimes/it depends.

IMPACT OF LACK OF AVAILABILITY ON FAMILIES & THE COMMUNITY

Survey respondents gave their thoughts on how the lack of availability of child care for infants and toddlers in their area impacts family and child well-being. The main theme we heard was increased stress and strain on parents and families because of work demands.

“[It is] difficult for parents to achieve goals such as completing school, attending college classes, obtaining steady employment, etc. if unable to find consistent child care. [It is] difficult for families to obtain many basic needs such as housing, food, clothing, diapers, paying utility bills, etc. if parent is unable to find steady employment or finish school and find more lucrative employment opportunities.”

Another theme was how cost of child care forces parents to make alternate arrangements, which are not always beneficial for children. Patchworking care (i.e., using different child care arrangements on different days) was mentioned often. One survey respondent explained:

“Our infant-toddler center provides high-quality but charges significantly higher than other centers. Therefore, we have many openings. *Many of the children in our care only can afford to attend part-time. They use family or work from home the other days of the week. This produces a lack of continuity of care for the child. The children tend to struggle during drop off and pick up times and during transitions. Parents struggle with guilt seeing this happen each day. At times, this causes frictions among parents. One parent believing they should try to sacrifice more to afford more days of care and the other believing this is all they can afford to do.*”





Care needed during non-standard hours was mentioned, as well:

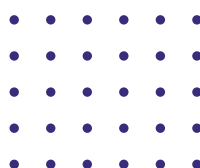
“Evening care and overnight care is very difficult to find in our region, so when a child is left with different people or with a provider that is not qualified to care for young children during these times, it has to have a *negative effect on the overall well-being and health of the parents* who worry and stress out about their access to care to go to work and the child who is left with different people or someone who really isn’t equipped to care for them.”

Survey respondents also gave their thoughts on how the lack of availability of child care for infants and toddlers in their area impacts local businesses and the economy. Respondents added to an earlier theme that parents not being able to work due to child care burdens mean not as much spending in the local community.

“If families cannot get child care, they cannot go to work, thus their income suffers. When their income suffers, they are not able to spend money in their community. These families have to find help within the community, such as food pantries. This puts more strain on the community to have to help more and more families.”

The current staffing shortage was also mentioned.

“Families’ child care needs are interwoven with our current employment crisis. Local businesses struggle to find staff, and some parents are reluctant to return to work without trusted child care. I also have to acknowledge that *many parents are still very hesitant about the pandemic* – hesitant to put themselves back into frontline positions, and hesitant to put their children in child care where they could be exposed to COVID.”





BARRIERS FOR EARLY CHILDHOOD EDUCATORS

Educators and child care program leaders were asked their biggest challenges in providing care for infants and toddlers. Most frequently selected was paying staff adequate wages (40.5%), helping staff get schooling/credentials (36.9%) and providing benefits for staff (33.5%); all highlighting the crisis around early childhood workforce.

Responses were similar for CCR&R staff, who noted the largest challenges were paying staff adequate wages (67.5%), providing benefits for staff (59%), helping staff get schooling/credentials (49.4%) and facility space (47%).

Responses across Illinois regions on biggest challenges were largely similar.

Suburban Chicago respondents cited challenges in helping staff receive schooling/credentials, followed by providing coaching to staff. Central and Southern Illinois respondents most reported retaining staff to be the biggest challenge, and Northern Illinois CCR&R staff cited other facility restrictions as one of the biggest challenges.

Survey respondents also gave their thoughts on what would allow them to overcome these challenges. Main themes were around financial support to increase staff pay, facility space and facility equipment.

Staff retention because of pay and benefits was a major concern:

“Retaining staff is the number one concern right now. High turnover is having a huge impact on programs. The pay is very low, no or little benefits and stressful because of lack of knowledge in early childhood and dealing with children. Staff need to be qualified and paid a good wage to retain them. Why would you work in child care when you can make more money just about anywhere else??”

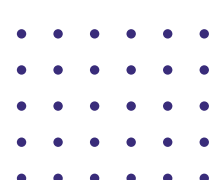
System changes in facilities and credentialing were also mentioned, such as lowering the requirements for teachers, allowing centers to opt-in to purchase health insurance as a large group instead of individually (to lower premiums), and finding a creative solution to address facility restrictions without compromising safety.

One respondent described the wish for organizations that would assist programs with various challenges:

“[We wish for] a list of companies/ organizations to assist centers/ daycares with the proper set up for children with disabilities, adequate equipment & supplies, curriculums, physical therapy doable by staff to promote well-being and aid in assisting children to become independent and/or productive in some form, possible grants to accommodate centers, daycares to be able to set-up their homes for children and families with disabilities and for all children growth and development such as a book area, block area, self-aid/dressing area, carpet time area for reading, singing, etc., kitchen area, etc.”

Other respondents spoke to the need for a sweeping shift in how early childhood education is perceived:

“Overcoming these challenges will require significant changes across multiple systems – ECE public funding, higher ed, licensing, etc. If I could wave a wand and make a wish, it would be for early childhood education to be respected and valued by our community. We’re such a vital part of the economy and yet, our society undervalues how difficult the work is. During the pandemic, I saw more public support for our grocery store clerks than our child care workforce. Both are vital! Once ECE is respected, I think that the rest falls into place.”





WORKFORCE DEVELOPMENT FOR INFANT-TODDLER EDUCATORS

Respondents were asked to think specifically about workforce development for infant-toddler educators and potential strategies for supporting it. Most frequently selected was incorporating more infant-toddler specific material into higher education and professional development programs (59.1%), increased wages for staff (50.5%) and benefits for staff (47%). For CCR&R agency staff, responses were similar with the highest percentage again paying staff adequate wages (67.5%), providing benefits for staff (59%), helping staff get schooling/credentials (49.4%) and facility space (47%).

Three-quarters of early childhood educators and 68.3% of CCR&R agency staff believe that changes to licensing standards would not make it any easier for educators to serve more infants and toddlers in their communities. Those who did think changes would help mentioned changing capacity and age limits/ratios, loosening facility restrictions (i.e., allowing infants and toddlers in garden level areas) and different pathways to teacher certification.

OTHER STRATEGIES TO EXPAND INFANT & TODDLER CARE

Educators were asked what strategies, beyond workforce development and direct funding, the State should focus on and invest in to make it easier for them to serve more infants and toddlers.

Most frequently selected was increasing reimbursement rates for CCAP (41.8%), an easier/shorter CCAP application process (34.7%), increased use of grants and contracts in CCAP (34.5%), investments in facilities/physical space needs (33.7%) and expanded eligibility of CCAP (32.6%). For CCR&R agency staff, responses were similar with the highest percentage selecting an easier/shorter CCAP application process (63.4%), investments in facilities/physical space needs (57.3%), increasing reimbursement rates for CCAP (48.8%), increased use of grants and



contracts in CCAP (46.3%) and expanded eligibility of CCAP (44.3%).

Regional data for this question was very similar to the statewide data, with the following exceptions: Suburban Chicago educators and Northern Illinois CCR&R staff both most selected changing classroom groupings by development rather than age. In addition, Southern Illinois educators most frequently selected grants/funding for general operations in child care strategy.

Survey respondents also gave their thoughts on what other changes or added resources, even if minor, would make it easier to serve more infants and toddlers. Ideas not already offered in the previous survey questions included parent education about child care options, as well as parent education about the importance of early childhood education, supporting parents to be involved in the classroom as teacher aides, and support for educators and parents to purchase needed supplies for infants and toddlers:

“Provide assistance for parents to purchase diapers. There is the WIC program, but a lot of times, I buy diapers to have here at day care because parents are between paychecks and can’t provide them.”





FACILITY & RESOURCES

When asked what would need to change to add or expand infant-toddler care in terms of facility space and resources, educators most often selected more room/space at the facility (59.9%) followed by more supplies/equipment (35%) and improving facilities to be up-to-code and infant-toddler friendly (32.5%). Priorities for CCR&R agency staff were the same, with 70.4% selecting more room/space at the facility, followed by more supplies/equipment (59.3%) and improving facilities to be up-to-code and infant-toddler friendly (43.2%).

Responses by region showed the same pattern as the statewide data, except for Chicago city CCR&R staff and Southern Illinois CCR&R agency staff, both of which rated supplies/equipment as the highest priority.

IMPACT OF INFANT-TODDLER CARE ON FINANCIAL MODEL

When asked how increasing services to infants and toddlers would impact their financial model or costs, educators and program leaders most often selected that it is costly to staff more teachers per classroom (52.7%), followed closely by high cost to bring classrooms up-to-code for infants and toddlers (50.7%) and infant-toddler classrooms being more costly to run (25.5%). Approximately 18% reported there would be no to little impact on their financial model.

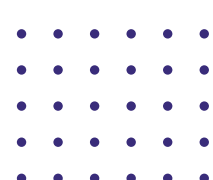
Priorities for CCR&R agency staff were the same, with most respondents selecting cost to staff more teachers per classroom (76.3%), followed by high cost to bring classrooms up-to-code for infants and toddlers (70%) and infant-toddler classrooms being more costly to run (38.8%). Approximately 26% reported there would be no to little impact on the financial model of child care programs in their area. Educators and program leaders in Southern Illinois and Chicago Suburbs most frequently selected the cost of bringing classrooms up-to-code for infants and toddlers as the greatest impact on financial model, as did CCR&R agency staff in Chicago and Northern Illinois.

NEEDED SKILLS & KNOWLEDGE FOR INFANT-TODDLER EDUCATORS

Finally, respondents offered their thoughts on what it takes to be a good educator for infants and toddlers. Main themes were:

- Understanding of infant-toddler development (cognitive, social-emotional, language acquisition, etc.) and how to use it in the classroom
- Experience
- Professional education
- Patience
- Flexibility
- Love of infants and toddlers and passion for the work
- Desire to partner with families
- Being a lifelong learner
- Positive and strength-based
- Knowledge of specific aspects of infant and toddler care such as SIDS, Shaken Baby Syndrome, infant CPR, etc.
- Responsive
- Ability to balance the individual needs of each infant and toddler
- Respectful
- Creative
- Ability to multi-task

“Preschool teachers should have love, thought, practice and innovation. They are intelligent teachers who are good at thinking, which is also the requirement of the new era for preschool teachers. Like children from the bottom of your heart, take care of every child carefully and keep enough patience.”





PROVIDER & COMMUNITY ENGAGEMENT - COMMUNITY CONVERSATIONS



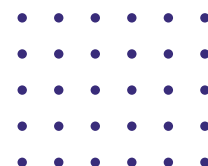
To contextualize and interpret the data gathered through the literature review, state policy scan, focus groups and surveys, we partnered with community groups in Illinois to co-host a series of community conversations where we could share the data and reflect together with communities on implications. Two community conversations were convened in Southern Illinois, two in Central Illinois and one in Chicago. Attendees at the various community conversations included CCR&R staff, center-based and family child care providers, infant and early childhood mental health consultants, nonprofit, philanthropy and government leaders and a few parents of young children.

We relied on our community partners to identify and invite those members of their community who they determined were best to provide insights on the data we collected through the project and propose recommendations for change.

Overall, feedback from participants in the community conversations was consistent with the data collected through this project. Most participants indicated that they were not

surprised by most of the data and affirmed that providing and accessing quality infant and toddler child care in their communities was a significant challenge. Participants spoke at length about workforce challenges and a lack of respect for the field of early care and learning, and frequently expressed frustration about competing with national chain stores and restaurants for employees, as most chains can pay more. **Despite the challenges, many participants shared that they still believe the work of child care professionals is important and rewarding, and that passion for children and families is an important prerequisite for being a good teacher.**

We asked participants in the community conversations to share their ideas for recommendations to expand access to quality infant and toddler child care in their communities. Many of the ideas surfaced in the community conversations were consistent with existing or planned state-level initiatives. This input significantly shaped the recommendations outlined in the next section.





RECOMMENDATIONS

Illinois's early care and learning system is at a critical inflection point with the prospect of massive federal investments in early childhood on the horizon and work already underway to restructure the State's early childhood system.

If passed, the Build Back Better framework currently on hold in Congress would bring transformative investments to make early childhood programs and services more affordable, increase compensation for the early childhood workforce, and improve the quality of early childhood programs and services.

While there is reason to be hopeful about the future of child care in Illinois, there is also a need to be very intentional about how the early care and learning system serves infants and toddlers. Large-scale system improvements will provide a solid foundation for improving access to quality child care for children under age 3, but the background research and engagement with the field completed through the *Infant and Toddler Child Care Roadmap* project reveals that there are distinct, multi-faceted and complex challenges specific to providing infant-toddler child care that must also be addressed comprehensively and deliberately.

Far and away, challenges related to recruiting and **retaining a qualified workforce** were the most cited barrier to expanding availability of child care for infants and toddlers by the Illinois child care professionals we engaged through this project. Child care professionals also frequently shared that **public and field perception of infant-toddler teachers** was another challenge, as there is a prevailing belief that it takes little skill and training to work with infants and toddlers—many parents and the public regard infant-toddler teachers as “just babysitters.”

Another prominent theme centered around the **increased needs of children and adults amid the COVID-19 pandemic**. Multiple child care professionals shared that children and staff are both struggling more today with challenging behaviors, stress, mental health issues and social-emotional and developmental concerns, and that more support is urgently needed.





In fact, in the community conversations, multiple child care professionals shared that children “just look different” now than before the pandemic. Other themes that emerged in the community conversations included needed changes to CCAP, supports for business and operational challenges and more community-level engagement and planning.

The following recommendations are reflective of the need for an intentional focus on infants and toddlers and are centered on the professionals who deliver child care services, as our State’s ability to expand infant-toddler child care capacity largely hinges on their ability to do so.

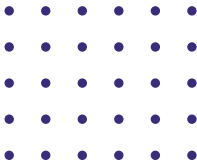
Given time and resource limitations, the *Infant and Toddler Child Care Roadmap* project was not able to engage deeply with families of infants and toddlers, although it is recommended that additional work be done to better understand the needs and desires of families with infants and toddlers at the community level.

We cannot underscore enough the importance of incorporating a locally-driven approach to system-building and engagement, given how the needs and dynamics of communities and families vary greatly across Illinois. Of course, local system-building efforts must also be meaningfully connected to both regional and statewide system-building efforts.

As we acknowledge the tremendous opportunity ahead for early childhood in Illinois, we also know that transformative investments are not guaranteed, and the path ahead could still be slow and long. Our recommendations offer both a place to start and, hopefully, a bridge to what is next. They are grounded in our existing system but can be adapted and built on as our landscape changes. Illinois is in a strong position to make significant improvements to infant and toddler child care, as the foundation for many of the recommendations is already being built.

Recommendation 1: Strengthen the perception and reputation of infant-toddler teachers and other professionals working with children under age 3.

- 1. Launch a **public awareness and marketing effort** to build the reputation of early childhood professionals working with the youngest children. Many of the child care professionals who participated in the focus groups and community conversations lamented that parents, legislators, policy makers and the general public have a poor understanding of the early childhood field and the critical importance of the earliest years of life. If we hope to attract people who want to work with infants and toddlers and continue building public investments in programs that serve them, we must do better at educating the public about the strategies used by teachers and other staff in infant-toddler classrooms. We must also drive awareness of the benefits to infants and toddlers of having a qualified professional support them in their growth and development.
- 2. Change **language in statute, administrative rule and on public websites** to reflect the true value of the early childhood profession. Specifically, child care professionals shared that many who work in the field don’t want to be referred to as “daycare” workers or “providers,” but as early childhood educators and teachers. They expressed that language matters and can often set the tone for how early childhood professionals are perceived. The Early Learning Council should convene a working group to determine exactly what language changes should be made and develop relevant recommendations.





Recommendation 2: Strengthen the workforce.

1. Because workforce challenges are wide-spread and longstanding, previous work has been done in Illinois to identify recommendations for addressing these challenges. **The recommendations put forth by the Infant Toddler Teacher Quality Initiative Task Force in 2017^{xxiii}** largely remain relevant and should be resurfaced and considered in tandem with the recommendations below.
2. As we consider standard wage scales and efforts to increase compensation for all staff working in early childhood, pursue a **differential wage increase** for staff working with infants and toddlers to acknowledge both the physical and intellectual demands of the work and attract more candidates to fill these positions. As called for in [Raising Illinois' Prenatal-to-Three Policy Agenda](#), there are ways to drive increases in compensation for infant-toddler staff in the short-term: increase investment in the GreatSTART wage supplement program, prioritize infant-toddler staff for the program and increase the wage supplement for those working in infant-toddler programs, even as the state considers more sweeping early childhood compensation increase strategies.
3. Improve **working conditions** for staff working with infants and toddlers, including reducing long hours, ensuring adequate break time to account for the physicality of the role, reducing group sizes and ratios and providing inclusion supports for children with disabilities and delays.
4. Increase **infant-toddler specific content in higher education programs**, ensuring programs better prepare students for working with children under age 3. There is an opportunity to build on existing work of the Early Childhood Access to Equity Consortium. The Consortium is designed to better understand necessary coursework for supporting infant and toddler competencies and to streamline the academic pathways for those working with infants and toddlers, including their ability to earn proper credentials.
5. Increase **infant-toddler-specific content in professional development offerings** and provide more **infant-toddler-specific technical assistance and coaching** to child care professionals. Because of the challenges in staffing classrooms, many child care directors are increasingly serving as teachers in the classroom and are often unable to provide more intensive coaching and support to staff. Child care professionals who participated in the focus groups and community conversations often noted the importance of this kind of support particularly for new staff working in infant-toddler classrooms.
6. Elevate the **Infant/Toddler credential** and consider it like a Professional Educator License. The Infant/Toddler credential should be seen as highly valued and a capstone credential reflecting additional coursework and training beyond a degree. There should be clear pathways to earning the credential within degree programs and clear evidence in any wage scale that a holder of the credential is entitled to higher compensation.





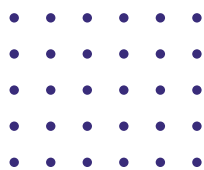
Recommendation 3: Increase engagement with local communities.

1. Illinois should leverage the future regional early childhood council structure to support **community-level and community-driven planning processes** to expand infant and toddler child care options. Although many communities around the State are grappling with the same challenges, the landscape and dynamics in each community are very different, and solutions must be community-driven. Communities also need dedicated funding to support capacity building and to implement strategies identified in the planning. Families should also be more deeply engaged at the local level to ensure their needs and desires are considered in decision-making.
2. System leaders and advocates should dedicate more time and focus to **engage with early childhood professionals directly** to better understand their challenges and concerns, surface their ideas for solutions and establish bi-directional, ongoing communication. Child care professionals who attended the community conversations and focus groups frequently shared that they appreciated the opportunity to connect with each other and to share their experiences and ideas for positive change.

Recommendation 4: Improve the Child Care Assistance Program.

1. Continue increasing **access to CCAP** for families. This should include simplifying the CCAP application for families and increasing income eligibility for the program. Because the cost of care for children under age 3 is much higher than for preschool age children, there is a disproportionate impact on families with infants and toddlers whose income exceeds the eligibility limit for CCAP but is not enough to afford to pay for care out of pocket.
2. Improve **timeliness of processing CCAP applications and payments** by investing more in CCR&R agencies. Many child care professionals shared that delays in processing CCAP applications and payments can discourage child care providers from participating in the program, further limiting access to CCAP for families, and straining the finances of many child care programs. CCR&R agencies also struggle with understaffing and an inability to pay competitive wages, which impacts their ability to process applications and payments quickly.
3. Provide an **infant-toddler CCAP rate add-on and decouple that rate from private pay rates** to help build supply of infant-toddler care. In the focus groups and community conversations, child care professionals shared that in some parts of the state, when CCAP rates are increased to help cover the cost of care, they must also raise rates for private pay families to match the new CCAP rate. Unfortunately, in many communities the result is pushing out families who can't afford the increase to private pay rates, but who are not eligible for the CCAP program. Although it is generally not permitted for child care subsidy payments to exceed private pay rates, the 2016 CCDF Final Rule addresses this issue and explicitly states that this practice is, in fact, permitted when the child care market does not produce certain types of care in sufficient amounts:

“Recognizing that private pay rates are often not sufficient to support high-quality, many Lead Agencies have already implemented tiered subsidy payments that support quality. Payments may exceed private pay rates if they are designed to pay providers for additional costs associated with offering higher-quality care or types of care that are not produced in sufficient amounts by the market (e.g., non-standard hour care, care for children with disabilities or special health care needs, etc.)^{xxiv}.”





4. Continue and accelerate efforts to **expand the use of grants and contracts to support general operations in CCAP**. Illinois has made much progress on this issue in recent years, given lessons learned from a Preschool Development Grant Birth-Five-funded ExceleRate Pilot Project and the new Strengthen and Grow^{xxv} grant program. Findings from the *Infant and Toddler Child Care Roadmap* project, including the surveys, focus groups and community conversations, strongly support this future direction for CCAP and other approaches to financing early childhood programs.

Recommendation 5: Increase supports for children with disabilities and staff and families struggling with mental health and social-emotional challenges.

1. Implement the **recommendations for improving inclusion in child care** developed jointly by the Early Learning Council's All Families Served and Inclusion subcommittees and incorporated into the IDHS Child Care Advisory Council's recommendations for the most recent CCDF State Plan^{xxvi}. Findings from the survey, focus groups, literature review and community conversations very clearly support a need to invest in a comprehensive suite of inclusion supports, such as inclusion specialists at CCR&Rs and grants to purchase needed supplies or bring on extra staff to support a child. Inclusion supports would both address challenges experienced by the workforce by decreasing stress and improving working conditions, and would increase access to child care for families who frequently struggle to find programs for children with disabilities and delays.
2. Sustain and continue expanding **access to Infant and Early Childhood Mental Health Consultation** to publicly funded early childhood education and care settings (home visiting, family and center-based child care, school-based settings, Early/Head Start programs). Specifically, support providers in under-served communities and communities with fewer programmatic resources in order to make progress towards equity.
3. Invest in a **continuum of mental health supports** including, but not limited to, behavioral support specialists, and provide incentives for **linkages to community mental health clinics** to meet the ongoing mental health needs of young children, families and adults in their lives. .

Recommendation 6: Increase business and operational supports to child care programs.

1. Increase **access to the Child and Adult Care Food Program (CACFP)** through technical assistance and awareness raising activities. Many child care professionals engaged through this project indicated that CACFP was very helpful in allowing them to dedicate more funds to staff compensation and keeping parent rates lower. Several mentioned the recent increases in cost of food as a major concern and that many of their peers are either not familiar with CACFP or find it difficult to access.
2. Support strategies can help reduce **operating costs for child care programs**, such as shared services alliances, cooperative models and discounted bulk supplies (e.g., diapers and cleaning supplies).





3. Provide **targeted financial and technical assistance** to support child care providers in improving or establishing new facilities. Many existing available resources related to early childhood facilities are limited to nonprofit organizations—severely limiting the ability of most child care programs, which operate as small businesses, to expand or improve their facilities. The State should consider creating new resources, as well as potential changes in eligibility for existing capital improvement resources to help child care providers build, renovate or expand facilities.

In addition, further study and information dissemination is needed about potentially **untapped resources that could benefit child care providers**. For example, one child care professional who participated in the community conversations gave an example of how their child care program benefited from Tax Increment Financing in their local community, which likely is a resource not commonly used or understood by child care providers.

Recommendation 7: Improve availability of data on infants and toddlers.

As noted earlier in this report, obtaining reliable data on infants and toddlers is very challenging. Without more comprehensive data that can be disaggregated by both age and race/ethnicity, it will be difficult to identify and target efforts for improving access to high-quality child care for Illinois infants and toddlers, and measuring the success of such efforts.

This lack of data makes it even more challenging to identify disparities in access to child care for infants, toddlers and their families—or their caregivers—based on race and ethnicity. As Illinois continues making improvements to early childhood data systems, leaders should prioritize efforts to collect **more and better data on infants and toddlers and the infant-toddler workforce** that can be disaggregated by race and ethnicity.





APPENDIX A: STATEWIDE DATA

Figure 1. Respondent Program/Center (N = 621)

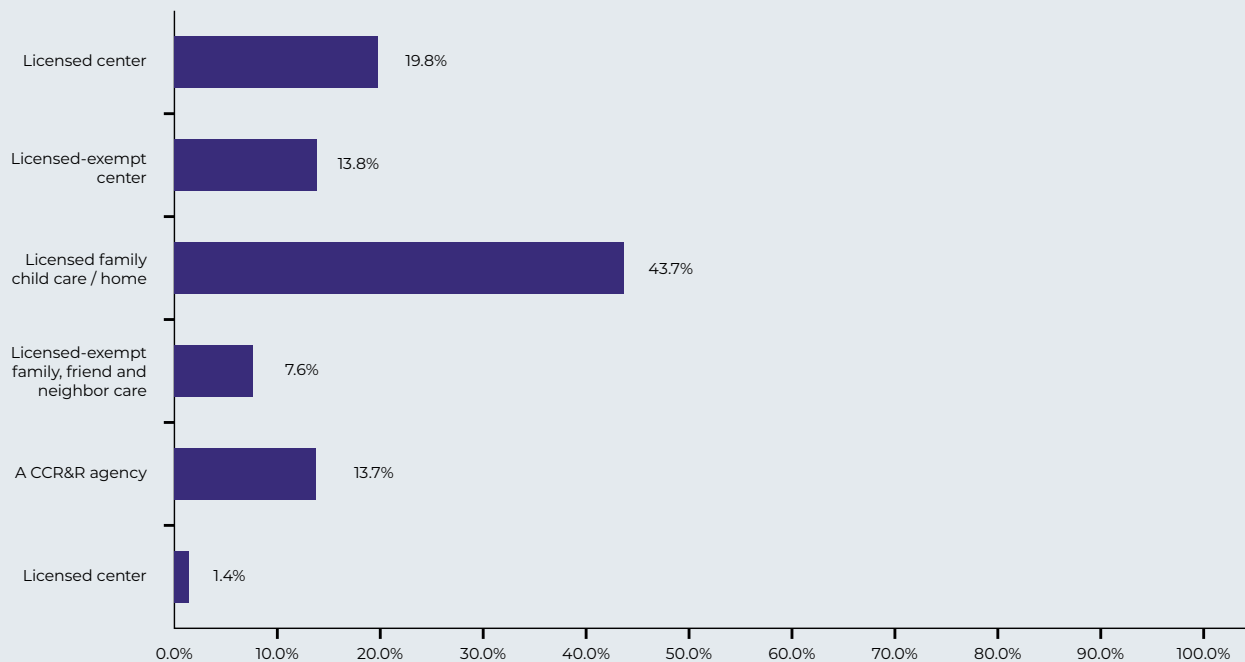
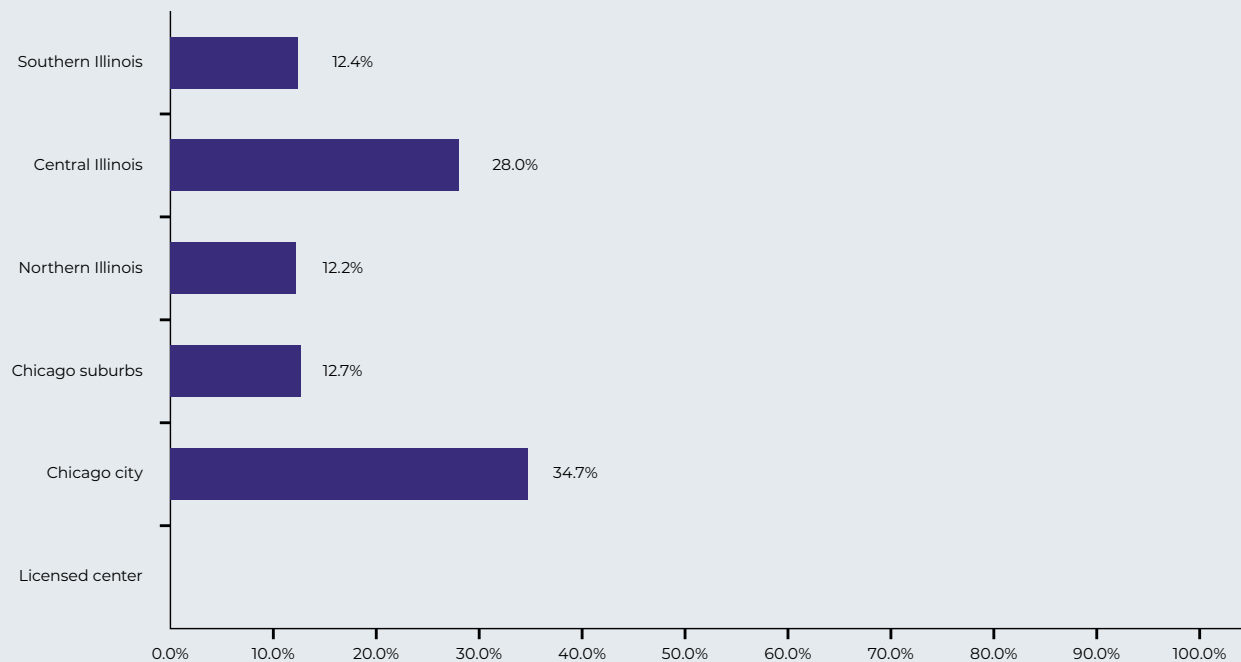


Figure 2. Respondent Region (N = 621)



APPENDIX A: STATEWIDE DATA

Figure 3. Child Care Providers: Current Role (select all that apply) (N = 833)

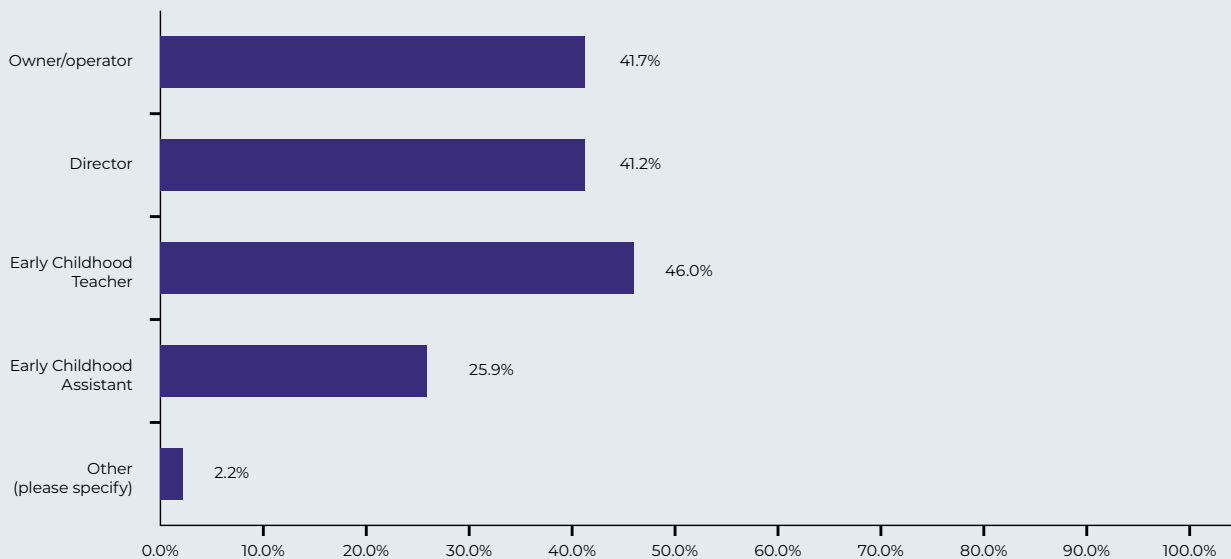
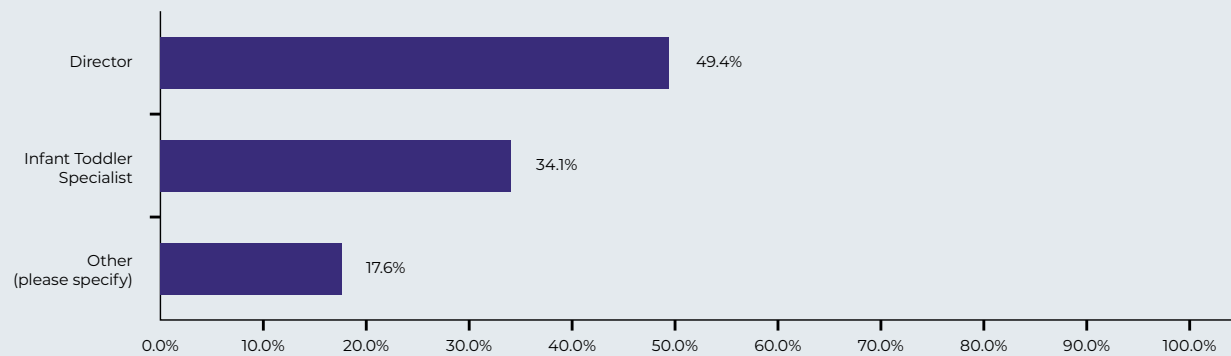
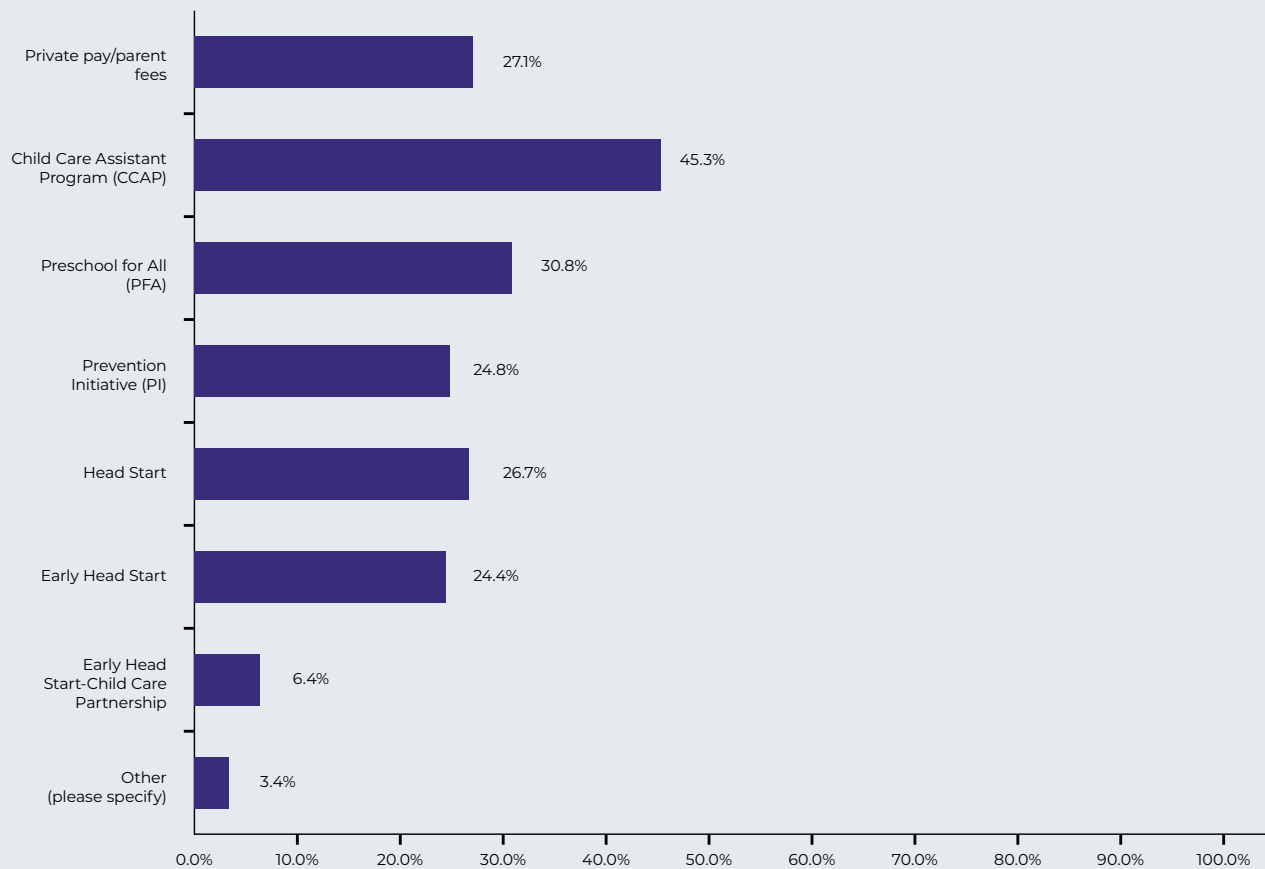


Figure 4. CCR&R Agency Staff: Current Role (select all that apply) (N = 86)



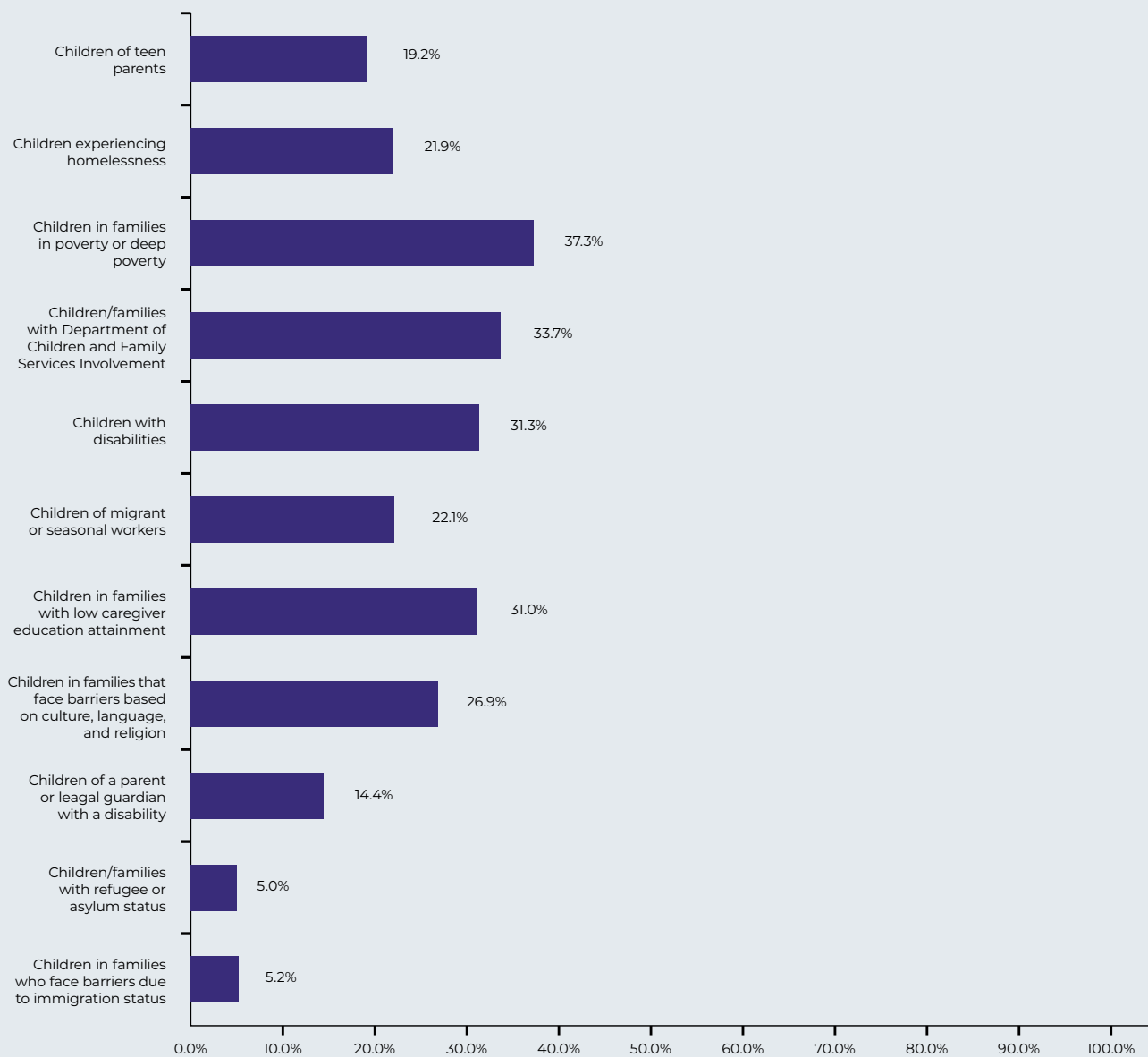
APPENDIX A: STATEWIDE DATA

Figure 5. Funding Stream (select all that apply) (N = 1,004)



APPENDIX A: STATEWIDE DATA

Figure 6. Populations most currently or commonly served (select all that apply) (N = 1,289)



APPENDIX A: STATEWIDE DATA

Figure 7. Availability of child care for children of all ages (N = 607)

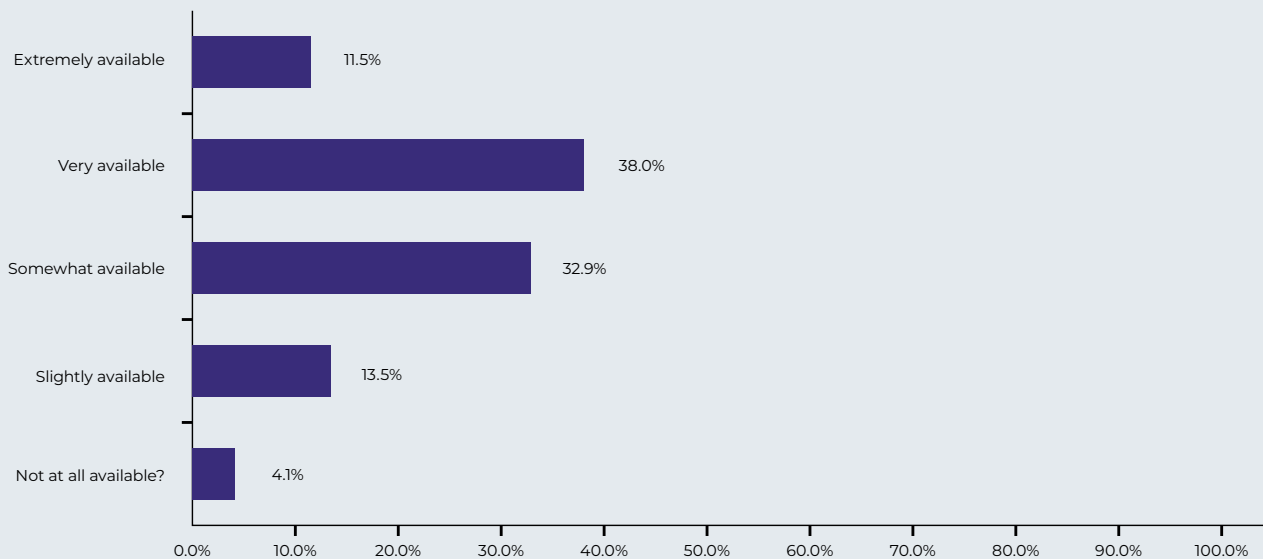
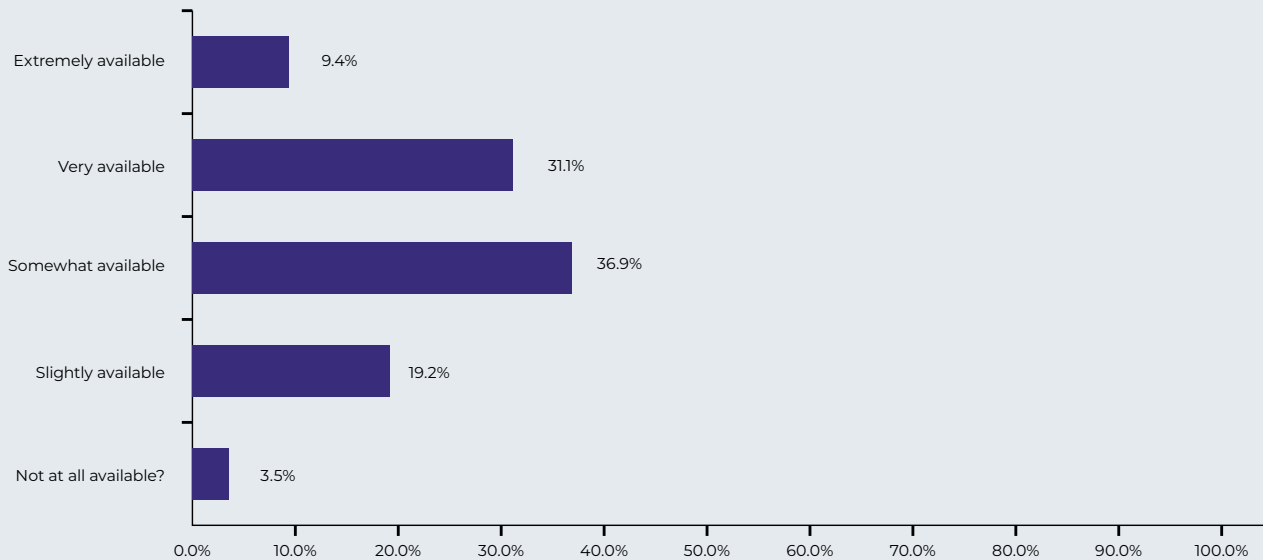


Figure 8. Availability of child care for infants and toddlers (N = 604)



APPENDIX A: STATEWIDE DATA

Figure 9. Need for child care for children of all ages (N = 605)

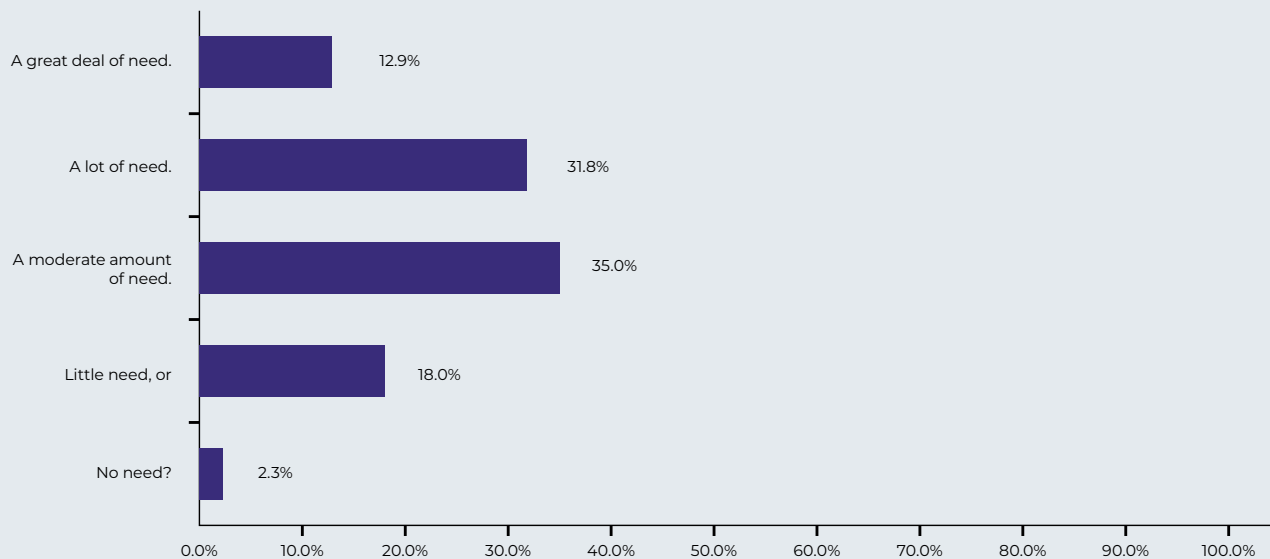
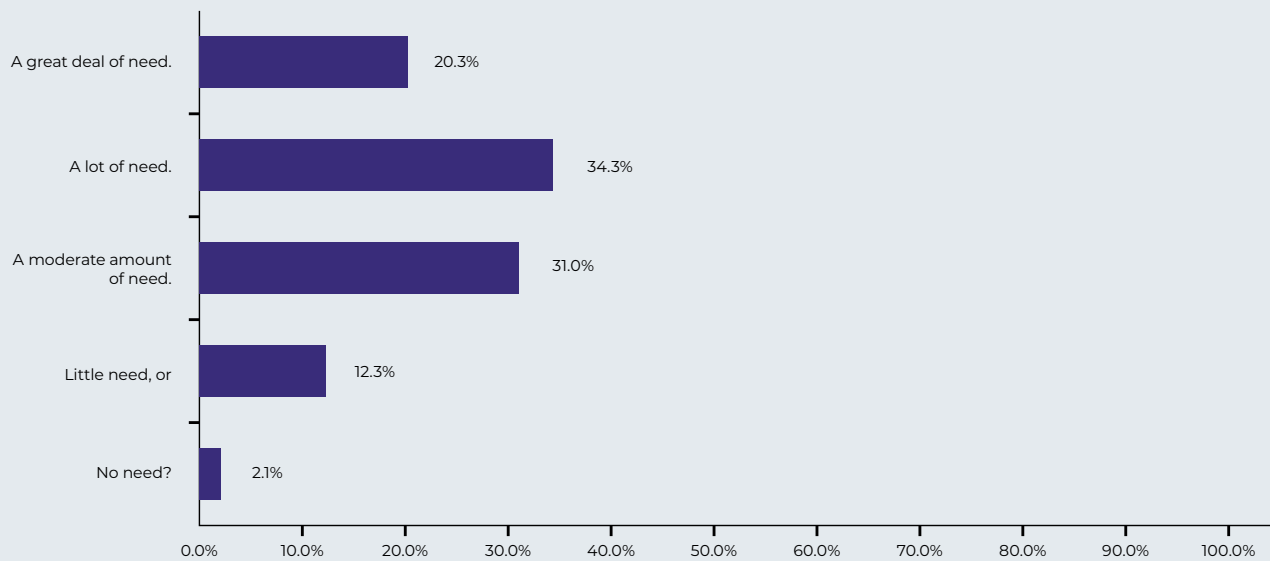


Figure 10. Need for child care for infants and toddlers (N = 611)



APPENDIX A: STATEWIDE DATA

Figure 11. Impact of COVID-19 pandemic on the need for infant-toddler care (N = 596)

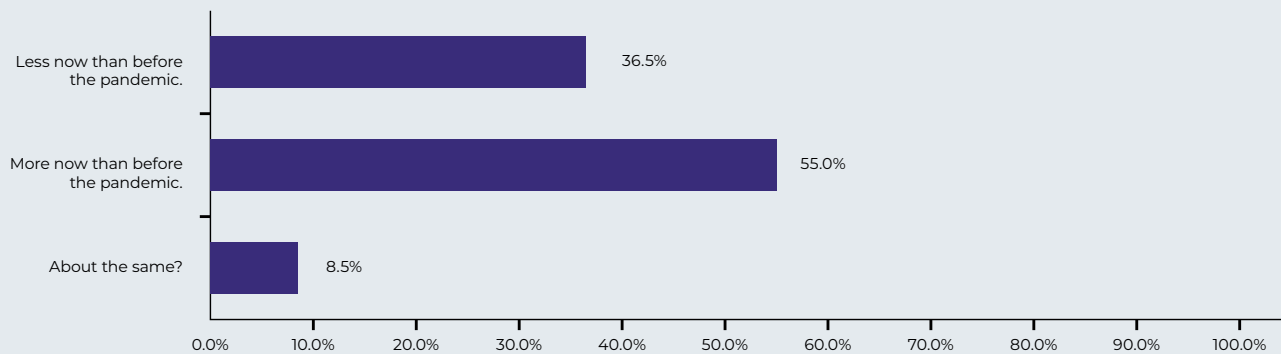
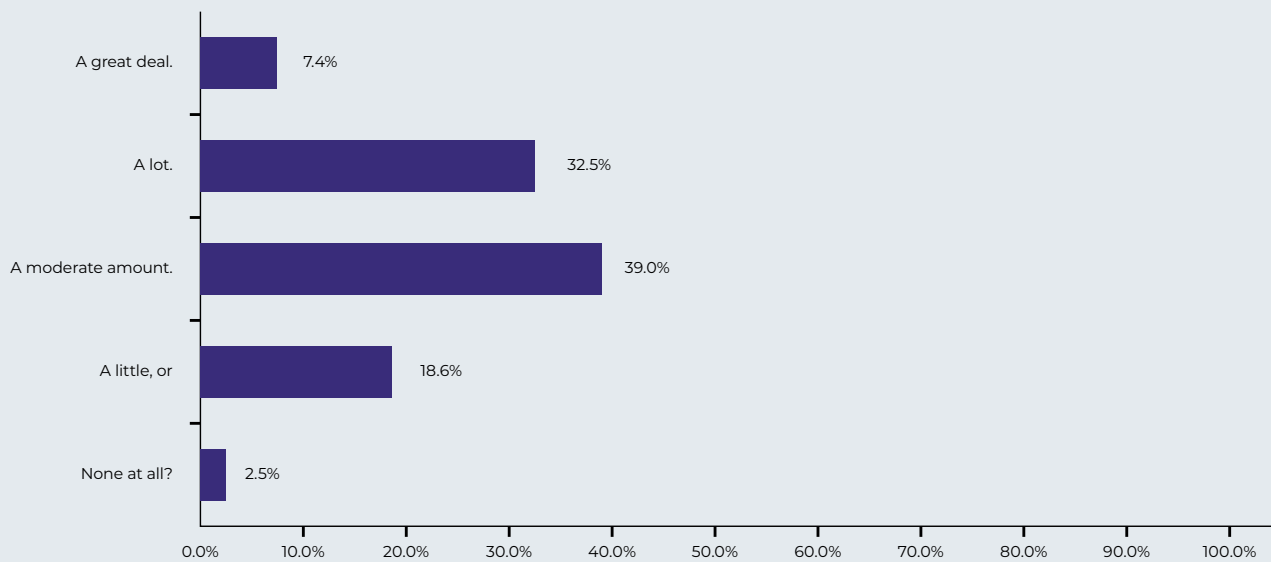
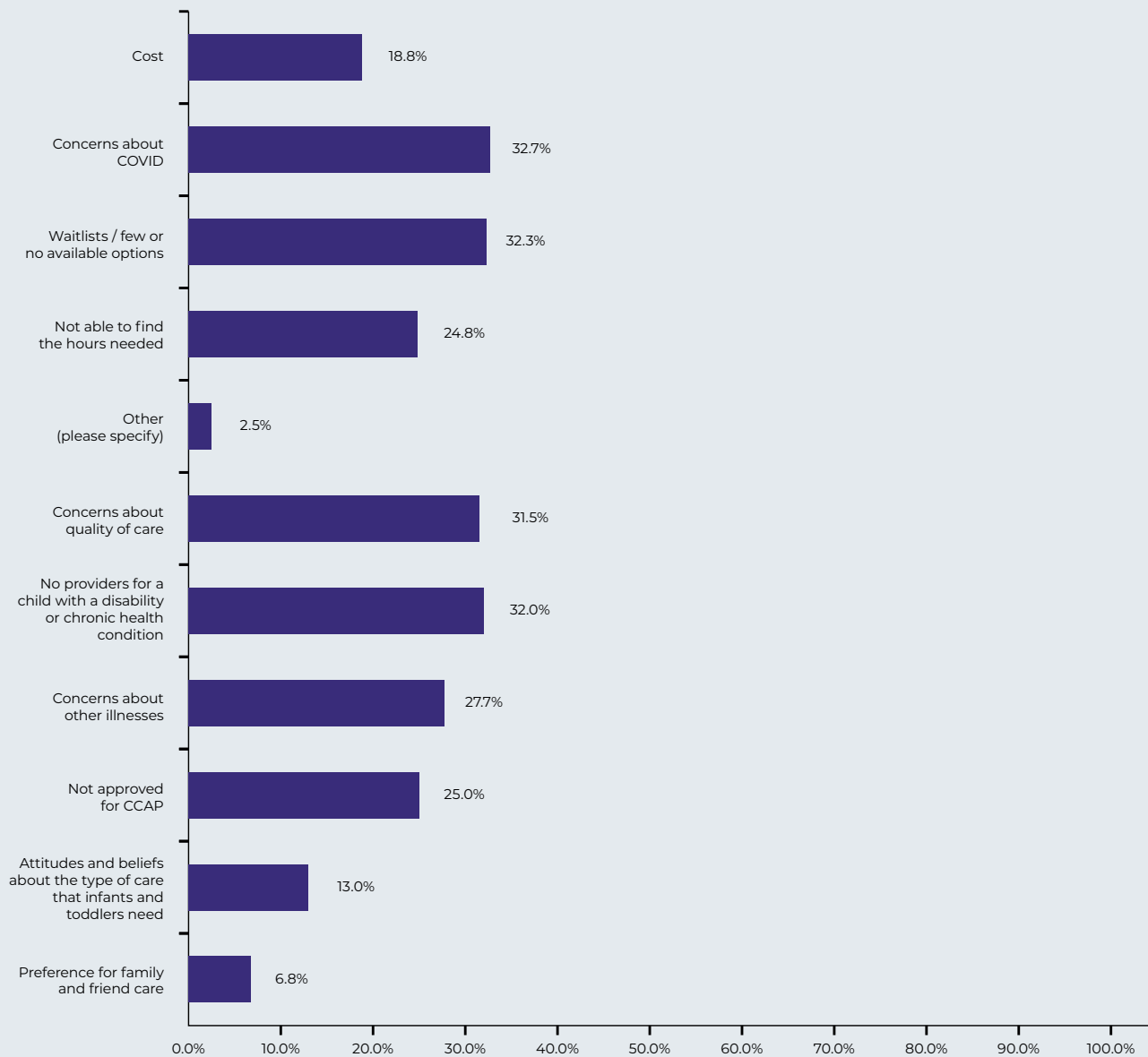


Figure 12. How much do parents “patchwork” care (N = 595)



APPENDIX A: STATEWIDE DATA

Figure 13. Barriers for parents regarding infant-toddler child care (select all that apply) (N = 1,481)



APPENDIX A: STATEWIDE DATA

Figure 14. Infants and toddlers currently on a waitlist (N = 506)

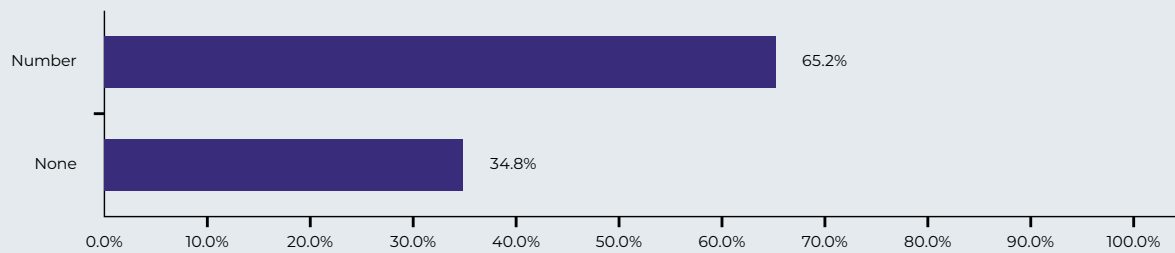


Figure 15. Reasons for placing families on a waitlist (select all that apply) (N = 378)

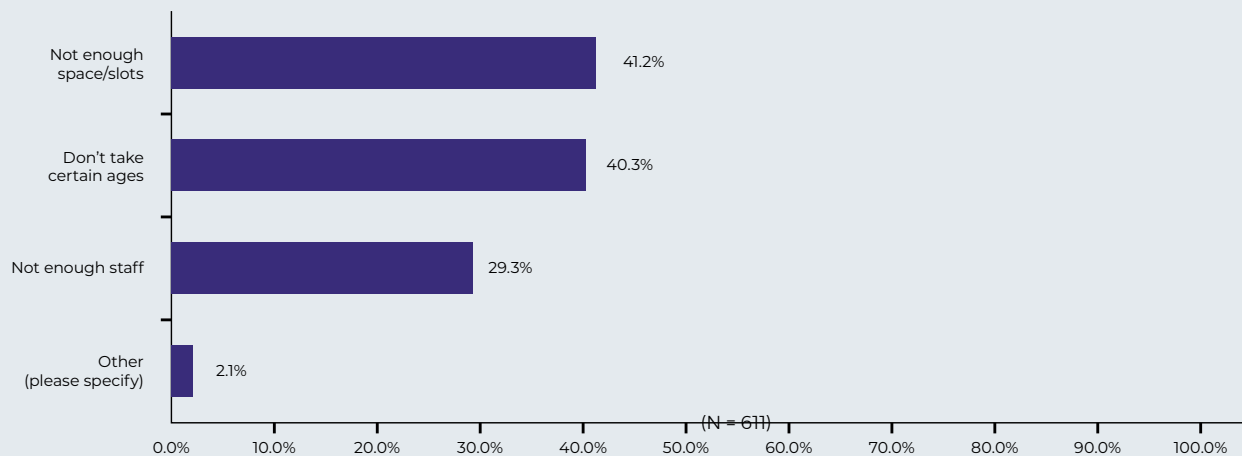
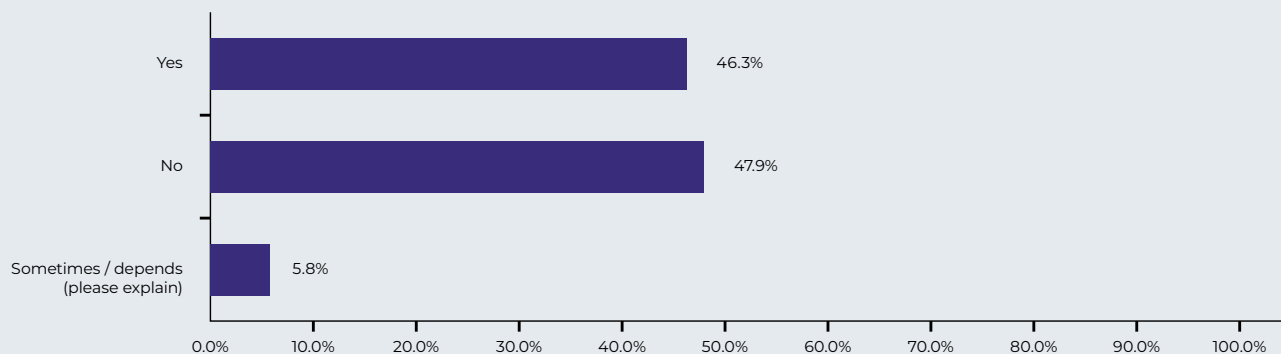
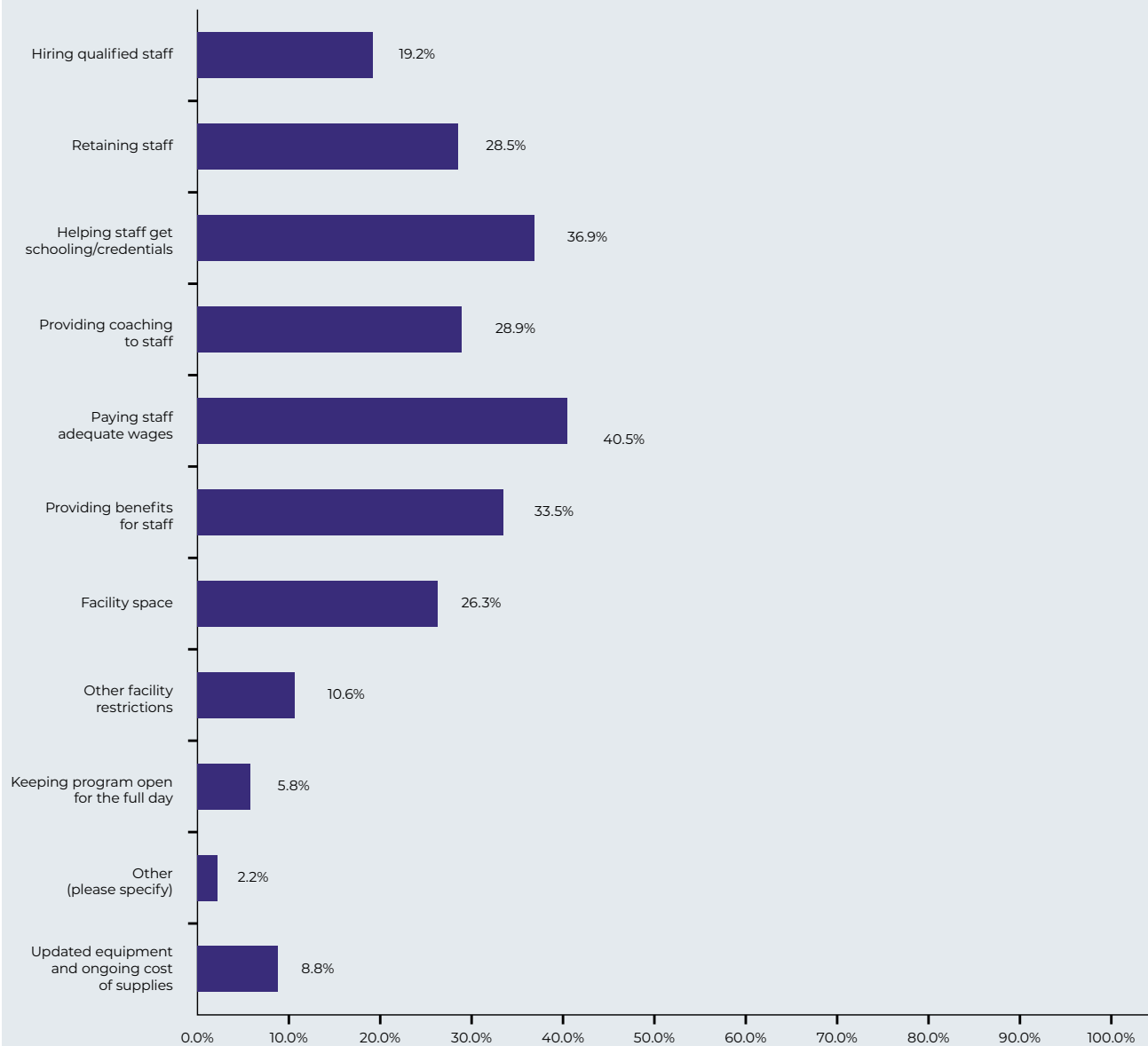


Figure 16. Referrals for waitlist families (N = 328)



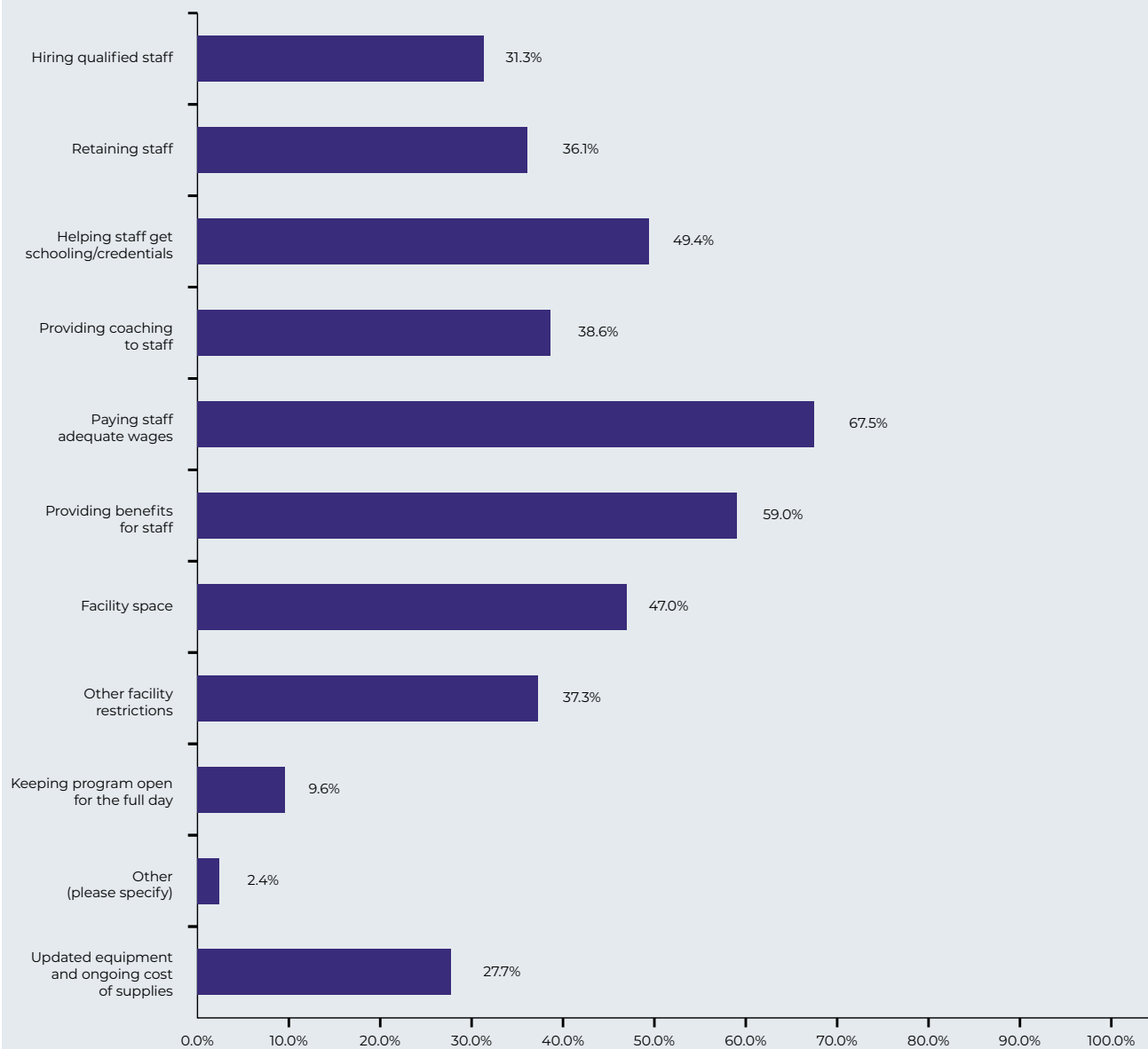
APPENDIX A: STATEWIDE DATA

Figure 17. Educators: Biggest challenges in providing infant-toddler care (select all that apply) (N = 1,209)



APPENDIX A: STATEWIDE DATA

Figure 18. CCR&R Agency Staff: Biggest challenges in providing infant-toddler care (select all that apply) (N = 337)



APPENDIX A: STATEWIDE DATA

Figure 19. How to support workforce development (select all that apply) (N = 1,136)

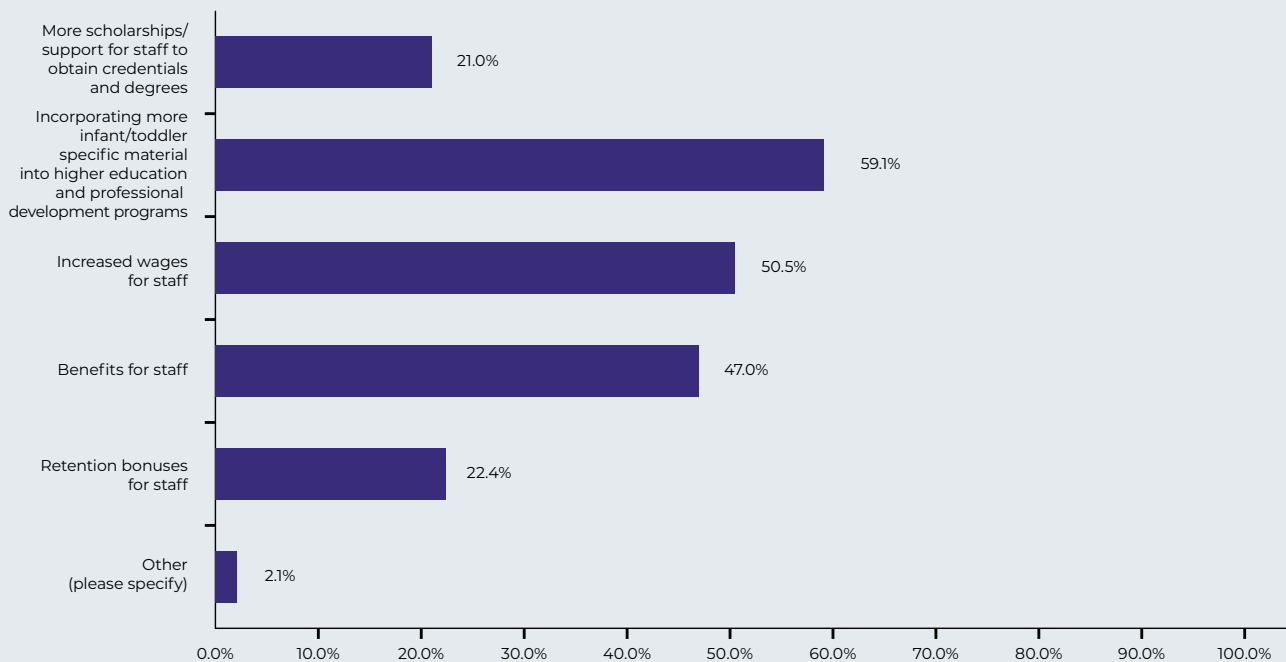
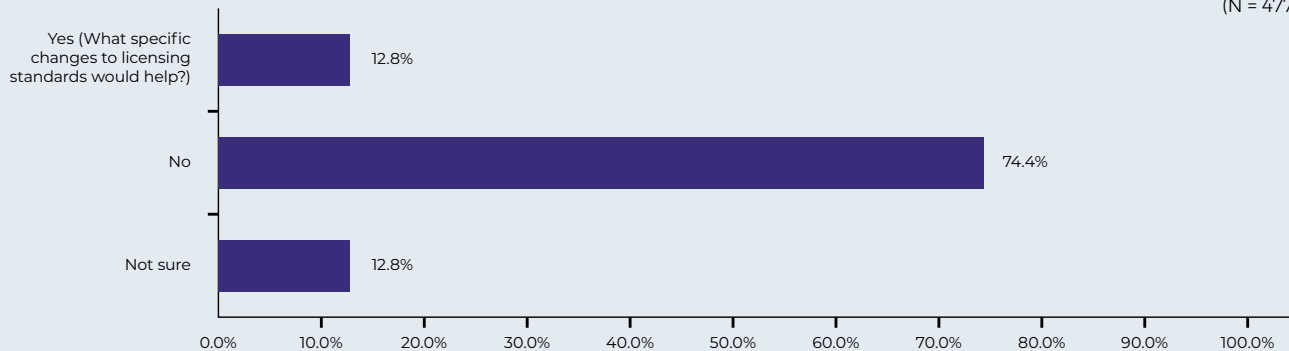


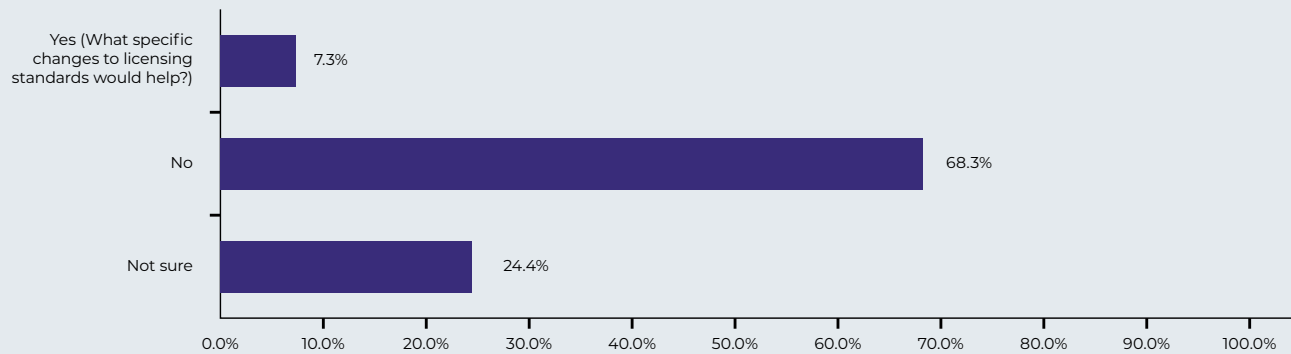
Figure 20. Educators: Would changes to licensing standards make it easier for you to serve more infants and toddlers?

(N = 477)



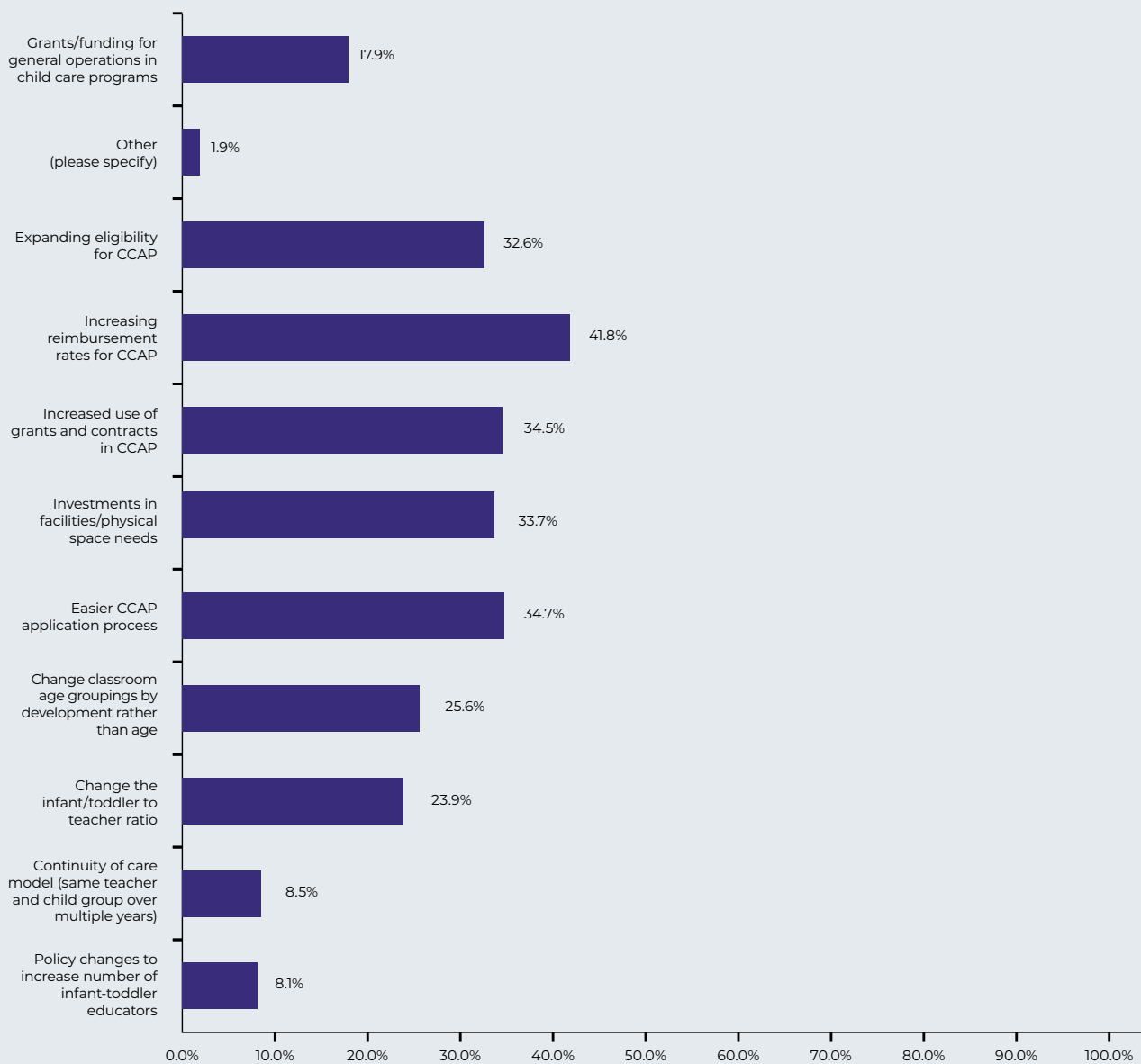
APPENDIX A: STATEWIDE DATA

Figure 21. CCR&R Agency Staff: Would changes to licensing standards make it easier for you to serve more infants and toddlers? (N = 82)



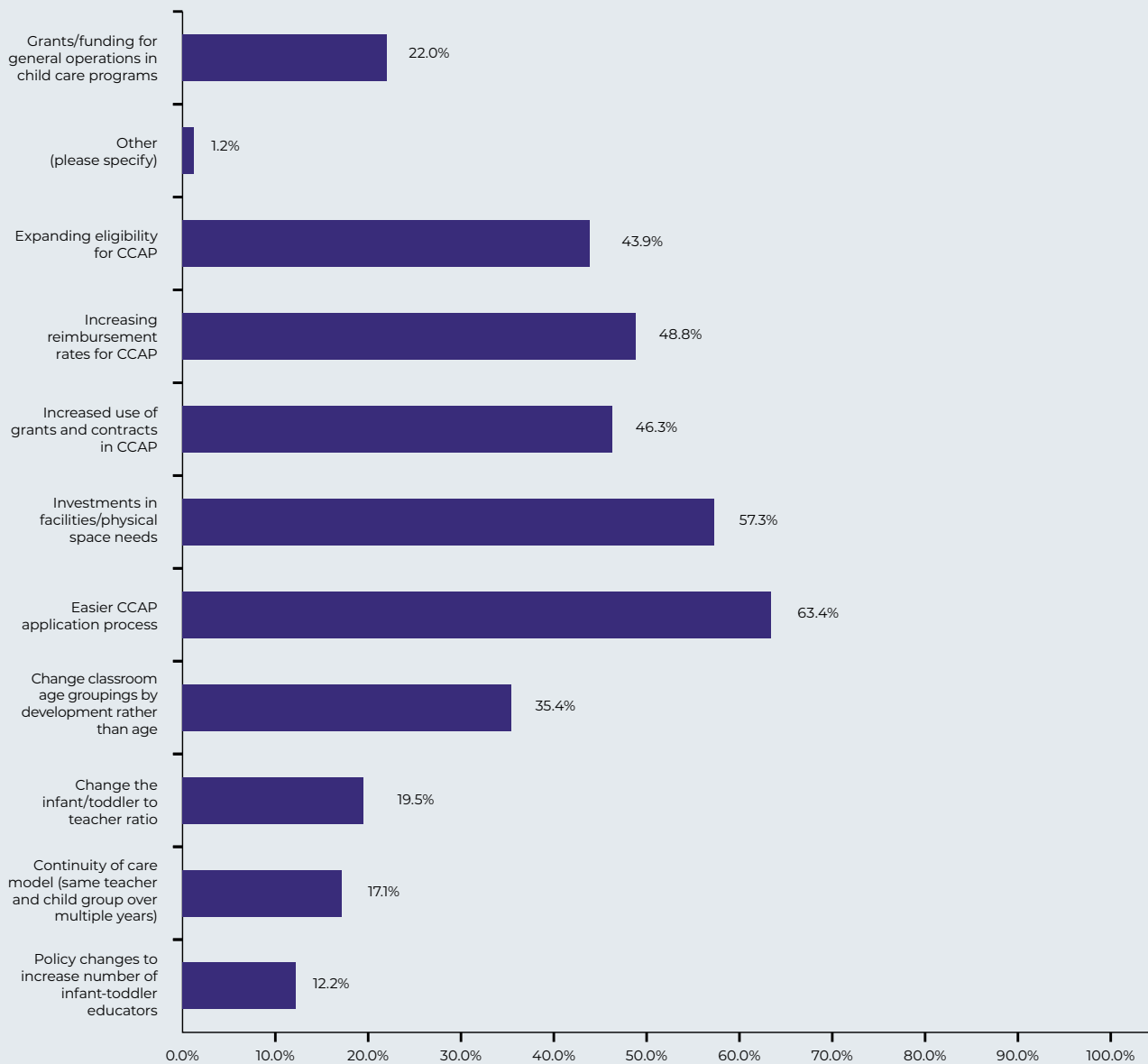
APPENDIX A: STATEWIDE DATA

Figure 22. Educators: Strategies beyond funding and workforce investments (select all that apply) (N = 1,266)



APPENDIX A: STATEWIDE DATA

Figure 23. CCR&R Agency Staff: Strategies beyond funding and workforce investments (select all that apply) (N = 301)



APPENDIX A: STATEWIDE DATA

Figure 24. Educators: Facility space and resources (select all that apply) (N = 618)

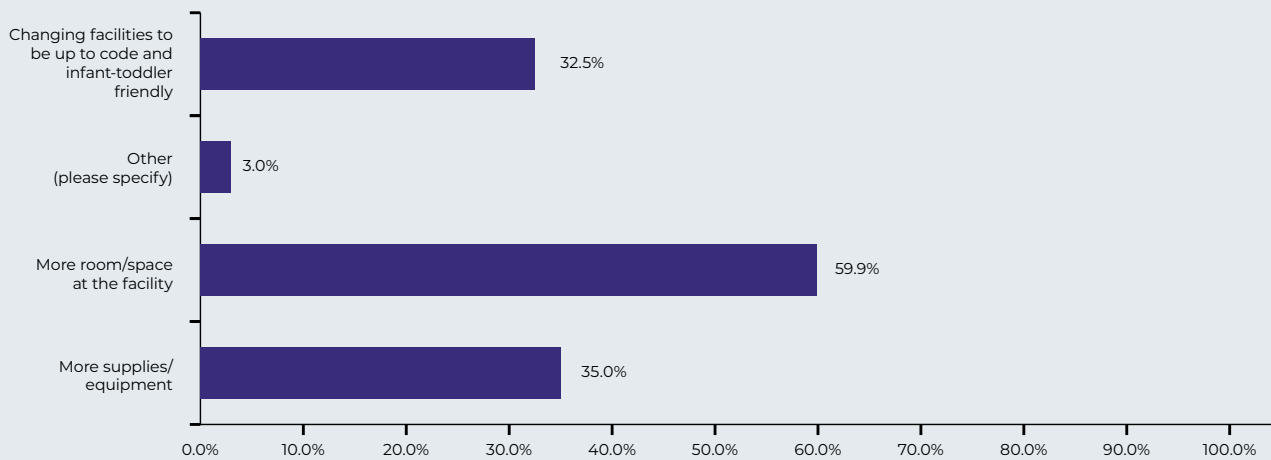
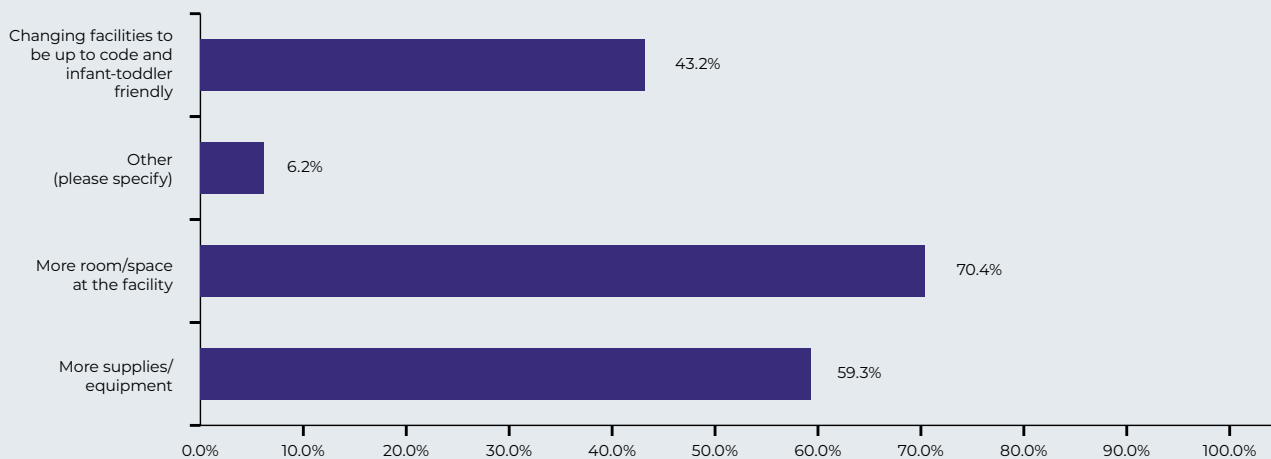


Figure 25. CCR&R Agency Staff: Facility space and resources (select all that apply) (N = 145)



APPENDIX A: STATEWIDE DATA

Figure 26. Educators: Impact of increasing services to infants and toddlers on financial model (select all that apply)

(N = 697)

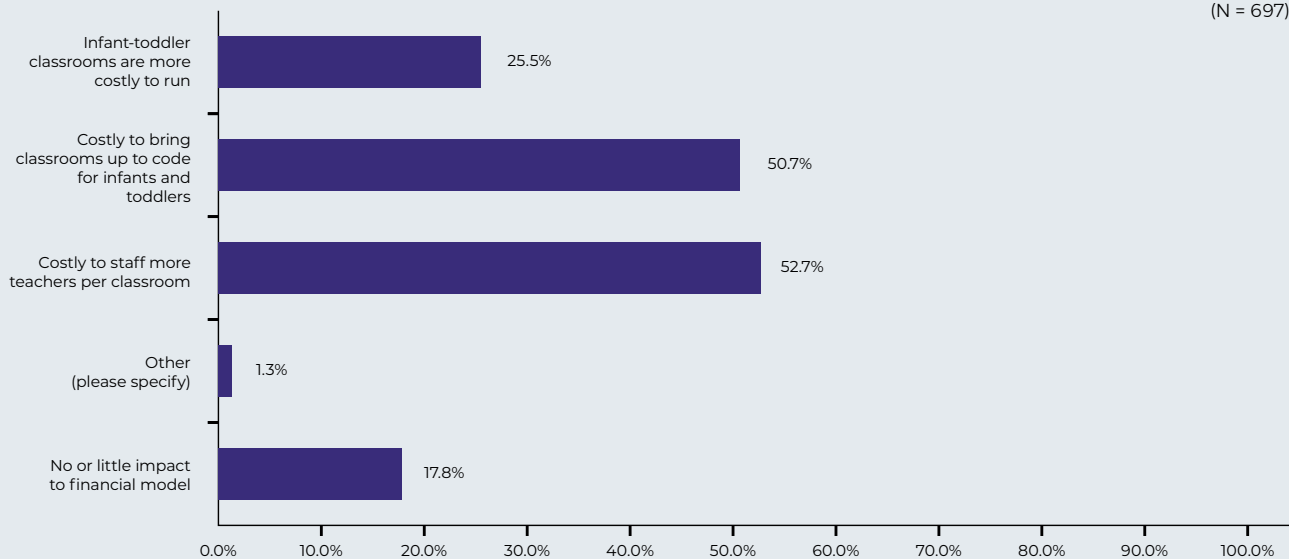
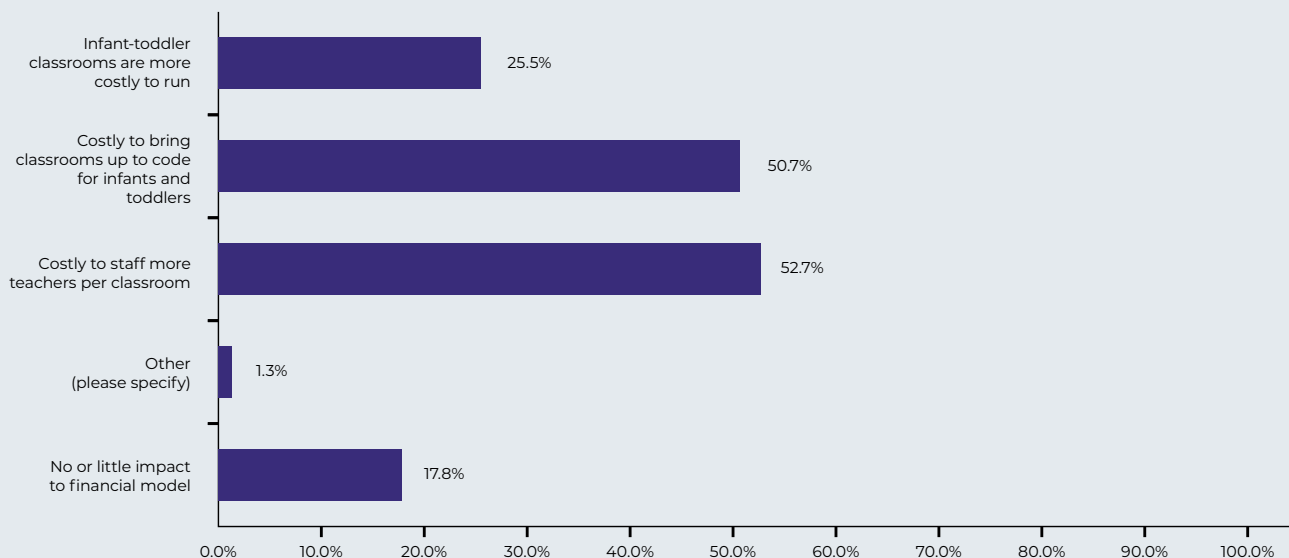


Figure 27. CCR&R Agency Staff: Impact of increasing services to infants and toddlers on financial model (select all that apply) (N = 171)



APPENDIX B: SURVEY

BACKGROUND / CONSENT INFORMATION

Thank you for participating in the Child Care Roadmap survey! [Start Early](#) was funded by the [Governor's Office of Early Childhood Development](#) to surface important considerations and practical strategies for increasing the number of infant-toddler child care slots in our state. **This research would move beyond identifying the barriers to understanding what it would take for providers to expand their services to more infants and toddlers.**

To that end, we have conducted a thorough literature review and focus groups with geographically representative Illinois center-based and family child care providers, in addition to CCR&R agencies.

We are asking you to participate in this survey if you are a child care provider or a CCR&R staff member. In this survey you will be asked questions about child care – specifically infant and toddler care – in your area and in your specific licensed home, program or center. The survey will take about 20 minutes.

Your participation is voluntary; you can leave any questions blank and may stop at any time. Your information will never be linked to your name, email address or program/center. No one at your workplace will know that you participated. The report from this survey will include summary (combined) information only. The only risk to your participation is the inconvenience of participating in a survey. There are no direct benefits to you for your participation. However, the survey results will help researchers better understand how to increase the availability of child care for infants and toddlers in Illinois.

At the end of the survey, we will ask you if you would like to be included in drawings for \$50 Amazon e-cards, and if so to please enter your email address. Eighty-five selected winners will receive their e-card after the survey closes during the first week of December.

If you have questions about your rights as a research subject, you may contact Solutions IRB at 855-226-4472 or participants@solutionsirb.com. If you have questions about the survey, please contact Isabel Farrar, research associate, at ifarrar@startearly.org or 312-766-8073.

DEMOGRAPHICS

1. Which of the following best describes the program/center where you work?

- Licensed center
- Licensed-exempt center
- Licensed family child care / home
- License-exempt family, friend and neighbor care
- A CCR&R agency
- Other (please specify)

APPENDIX B: SURVEY

2. In what Illinois region is the program/center where you work?

- Southern Illinois
- Central Illinois
- Northern Illinois
- Chicago suburbs
- Chicago city
- Outside Illinois (INELIGIBLE)

[CCR&R STAFF SKIP OUT OF THE REST OF THE DEMOS EXCEPT FOR THEIR SPECIFIC ROLE QUESTION]

FOR NON-CCR&R STAFF

3. What is your current role at this program/center? Check all that apply.

- Owner/operator
- Director
- Early Childhood Teacher
- Early Childhood Assistant
- Other (specify)

FOR NON-CCR&R STAFF

4. What is your current role?

- Director
- Infant Toddler Specialist
- Other (specify)

5. Please describe your program's licensed capacity for:

- Infants (younger than 14 months)
- Toddlers (15 months-23 months)
- Two years
- Three years
- Four years
- Five years (not school age)
- School age
- I don't know

APPENDIX B: SURVEY

6. Please describe your program's current enrollment for:

Infants (younger than 14 months)
Toddlers (15 months-23 months)
Two years
Three years
Four years
Five years (not school age)
School age
I don't know

7. What hours is your program/center open serving families? _____

8. What funding streams does your program use? Check all that apply.

Private pay/parent fees
Child Care Assistance Program (CCAP)
Preschool for All (PFA)
Prevention Initiative (PI)
Head Start
Early Head Start
Early Head Start-Child Care Partnership
Other (please describe):

**9. Which of the following populations do you currently or commonly serve in your program?
Check all that apply.**

Children of teen parents
Children experiencing homelessness
Children in families in poverty or deep poverty
Children/families with Department of Children and Family Services involvement
Children with disabilities
Children of migrant or seasonal workers
Children in families with low caregiver education attainment
Children in families that face barriers based on culture, language and religion
Children of a parent or legal guardian with a disability
Children/families with refugee or asylum status
Children in families who face barriers due to immigration status

APPENDIX B: SURVEY

CHILD CARE IN YOUR REGION

The first section asks about child care in your region or area. Please consider only infants and toddlers, defined as children under age 3, unless the question asks about children of all ages.

10. What is the availability of child care generally for children of all ages in your area?

Would you say it is...?

- Extremely available
- Very available
- Somewhat available
- Slightly available
- Not at all available

11. What is the availability of child care for infants and toddlers (under age 3) in your area?

Would you say it is...?

- Extremely available
- Very available
- Somewhat available
- Slightly available
- Not at all available

12. In your area, how much need is there for child care for children of all ages among parents?

Would you say there is...?

- A great deal of need
- A lot of need
- A moderate amount of need
- A little need
- No need

13. In your area, how much need is there for child care for infants and toddlers specifically among parents? Would you say there is...?

- A great deal of need
- A lot of need
- A moderate amount of need
- A little need
- No need

APPENDIX B: SURVEY

14. How has the COVID-19 pandemic impacted the need for infant-toddler care in your area?
Would you say that the need is...?

- Less now than before the pandemic
- More now than before the pandemic
- About the same

15. In your area, how much do parents “patchwork” infant-toddler care; meaning parents use a mix of different care arrangements/providers on different days?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

16. Which of the following barriers stop parents in your area from putting their infants and toddlers into child care? Select all that apply.

- Cost
- Not approved for the Child Care Assistance Program (CCAP)
- Concerns around COVID-19
- Concerns about other illnesses
- Concerns about quality of care
- Waitlists/few or no available options
- No providers willing or able to care for a child with a disability or chronic health condition
- Not able to find the hours needed (evening, overnight, weekend care)
- Attitudes and beliefs about the type of care that infants and toddlers need
- Preference for family and friend care
- Other (specify) _____

[CCR&R STAFF SKIP OVER THESE WAITLIST QUESTIONS]

17. How many infants and toddlers do you currently have on a waitlist? _____ or None

APPENDIX B: SURVEY

18. When you do have to place families on a waitlist, what are the reasons? Select all that apply.

Not enough space / slots

Don't care for the age group

Not enough staff

Other (please specify)

19. When you do have to place families on a waitlist, do you have places to refer them to?

Yes

No

Sometimes/depends (please explain)

20. In your area, how does the availability/supply (or lack of availability/supply) of child care for infants and toddlers impact family and child well-being?

21. In your area, how does the availability/supply (or lack of availability/supply) of child care for infants and toddlers impact local businesses and the economy? Your community as a whole?

22. Is there a specific group or groups of families within your community for whom you think availability/supply (or lack of availability/supply) of child care for infants and toddlers is a particular challenge?

CHILD CARE AT YOUR PROGRAM

Next, we'd like to talk about infant-toddler child care at your specific program/center.

23. What are your biggest challenges in providing care for infants and toddlers? (Select all that apply.)
[CCR&R staff receive the same question phrased as "What are the biggest challenges in providing care for infants and toddlers in your community?"]

Hiring qualified staff willing to work with infants and toddlers

Hiring qualified staff with specific knowledge of infant and toddler development

Retaining staff

Helping staff get schooling/credentials

Providing coaching to staff

Paying staff adequate wages

Providing benefits for staff

Question continues on following page.

APPENDIX B: SURVEY

Question continued from previous page.

Facility space

Other facility restrictions

Updated equipment and ongoing cost of supplies

Keeping program open for the full day

Other (please specify)

24. What would allow you to overcome these challenges?

[CCR&R staff receive the same question phrased as “What would allow child care providers to overcome these challenges”]

25. Think about workforce development for infant-toddler educators. Which of the following strategies should the state invest in to support workforce development for infants and toddler educators? Select all that apply/rank.

More scholarships/support for staff to obtain credentials and degrees

Incorporating more infant-toddler specific material into higher education and professional development programs

Increased wages for staff

Benefits for staff

Retention bonuses for staff

Other (please specify)

26. Would changes to licensing standards make it easier for you to serve more infants and toddler in your program?

[CCR&R staff receive the same question phrased as “Would changes to licensing standards make it easier for child care providers to serve more infants and toddlers in your community?”]

Yes

What specific changes to licensing standards would help?

No

Not sure

APPENDIX B: SURVEY

27. Beyond more funding and workforce investments, what strategies should the state focus on and invest in to make it easier for you to serve more infants and toddlers? Select all that apply.

[CCR&R staff receive the same question phrased as “Beyond more funding and workforce investments, what strategies should the state focus on and invest in to make it easier for child care providers in your community to serve more infants and toddlers?”]

Providing grants/funding to support general operations in child care programs

Expanding eligibility of the Child Care Assistance Program to serve more families

Increasing reimbursement rates for the Child Care Assistance Program (CCAP)

Increased use of grants and contracts in the Child Care Assistance Program (CCAP)

Investments in facilities/physical space needs

Shortened/easier application process for families to apply for the Child Care Assistance Programs

Change classroom age groupings by development rather than age

Change the infant-toddler to teacher ratio

Continuity of care model (same teacher and child group over multiple years)

Policy changes to increase the number of infant-toddler educators in the field (easier to get credentialed, less required schooling, etc.)

28. Beyond what is listed above, what other changes or added resources, even if minor, would make it possible to serve more infants and toddlers?

29. Which of the following would need to change in order to add or expand infant-toddler care in your program/center in terms of facility space and resources? Select all that apply.

[CCR&R staff receive the same question phrased as “Which of the following would need to change in order for providers to add or expand infant-toddler care in terms of facility and space and resources?”]

Changing facilities to be up to code and infant-toddler friendly

More room/space at the facility

More supplies/equipment

Other (please specify)

APPENDIX B: SURVEY

30. How would increasing your services to more infants and toddlers impact your financial model or costs? Select all that apply.

[CCR&R staff receive the same question phrased as “How would increasing services to more infants and toddlers impact the financial model or costs of providers in your community?”]

- Infant-toddler classrooms are more costly to run
- Costly to bring classrooms up to code for infants and toddlers
- Costly to staff more teachers per classroom
- Little impact on financial model
- Other (please specify)

31. In your experience, what skills and knowledge are required to be a good infant-toddler educator?

32. If you would like to be included in the drawings for \$50 Amazon e-cards, please enter your email address: _____.

Eighty-five selected winners will receive their e-card after the survey closes during the first week of December.

Thank you for participating! If you have any questions, or think of anything else you’d like to say, feel free to email Carie Bires, director, Illinois Policy at cbires@startearly.org.

APPENDIX C: FOCUS GROUP DISCUSSION GUIDE

Thank you so much for joining us today! This is the *Infant & Toddler Child Care Road Map* project focus group for [INSERT GROUP CATEGORY (e.g., child care providers in Southern Illinois)]. I'll just start off by giving you a little background to the study and the plan for today's discussion. Start Early was funded by the Governor's Office of Early Childhood Development to surface important considerations and practical strategies for increasing the number of infant-toddler child care slots in our state. **This research would move beyond identifying the barriers to understanding what it would take for providers to expand their services to more infants/toddlers.**

To that end, we are conducting a literature review and upcoming statewide survey, as well as these focus groups with geographically representative Illinois center-based and family child care providers, in addition to CCR&R agencies.

For today's discussion, we are scheduled to talk for about an hour on your experiences and opinions around child care in your region and in your specific program. You are the experts, and we would like to know what YOU think. There are no right or wrong answers so please feel free to say whatever you like.

After introductions, we'll start the audio recording. The focus group data will be used to inform an online survey on this same topic. The name and/or agency of participants of either the focus groups or the survey will not be identified in the report that we will submit to the Governor's Office of Early Childhood Development. You should have received the consent form prior to our meeting. Are there any questions we can answer about the project or the focus groups in particular or the consent form?

Let's go around and introduce ourselves. Please tell us your name, your role and [something fun/ice breaker]. We'll start with our Start Early team...

We're going to talk first about child care in your region.

1. What is the availability of child care like in your area?

- a. Availability of infant-toddler child care specifically?

2. How much demand for child care among parents do you think is in your area?

- a. Demand for infant-toddler care specifically?
- b. How often do you turn families away?
 - i. Why?
 - ii. Do you have places to refer them to?

3. How does the availability/supply (or lack thereof) of child care for infants and toddlers in your area impact:

- a. Family well-being?
- b. Child well-being?
- c. Local businesses and the economy?
- d. Community as a whole?

APPENDIX C: FOCUS GROUP DISCUSSION GUIDE

4. What are some resources or system changes that people may not think of that would make it easier to serve more infants and toddlers?

- a. Are there any less obvious or small things that could make a difference?
- b. Anything beyond money, staffing and facilities?

5. What are some policy changes that would make it easier for you to serve more infants and toddlers in your program?

- a. Any changes to licensing standards?

6. Anything other observations about child care in your region before we move on?

Next, we'd like to talk about child care at your program.

1. Can you tell me a little first about your program in terms of size, staffing, hours and funding stream?

2. What would it take to add or expand infant-toddler care in your program/setting?

- a. Funding?
- b. Staffing needs?
- c. Facilities?
- d. Supplies?

3. How would increasing your services to more infants and toddlers impact your financial model or costs?

- a. Would it impact staffing?
- b. How so?

4. What are the challenges in providing care for infants and toddlers and what would allow you to overcome those challenges?

5. What are some changes that would make it easier to serve more infants and toddlers in your program?

- a. Are there any less obvious or small things that could make a difference?
- b. Anything beyond money, staffing and facilities?

APPENDIX C: FOCUS GROUP DISCUSSION GUIDE

6. What would some benefits be to expanding child care for infants and toddlers in your program?

7. Do you have any other thoughts before we wrap up?

Thank you for participating! If you have any questions after the group, or think of anything else you'd like to say, feel free to email Carie Bires, director, Illinois Policy at cbires@startearly.org.

You will also be receiving the Amazon e-card within the next 2 days.

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