

# Illinois Preschool Development Grant Birth—Five Needs Assessment: Data Recommendations Report

## FINAL REPORT

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## Executive Summary

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This report describes data definitions relevant to the Illinois early childhood education and care (ECEC) system and provides recommendations to resolve gaps and inconsistencies in data definitions. This work builds upon the work completed in the original *Illinois Preschool Development Grant Birth Through Five Needs Assessment, Final Report*.<sup>1</sup> The 2020 report reviewed existing ECEC Illinois needs-assessment reports and found a great deal of inconsistency in terminology usage, which made interpreting and comparing findings across resources difficult. Although existing needs-assessment reports supplied critical information about strengths and gaps of services provided to families and young children, the inconsistency in the use and definitions of terms limited the utility of these resources for assessing needs of young children birth through age five and their families in Illinois. Inconsistent definitions pose a variety of problems that affect policy decisions, resource allocations, eligibility criteria, service tracking, service delivery, and data systems. For example, data systems that do not collect information about demographic characteristics (e.g., race/ethnicity, socioeconomic status) in a standard way will not be able to be used to consistently report gaps in access to the ECEC system for certain populations of families. Using precise terminology is also important to ensure that appropriate data are used for assessing needs and improving access and equity.

Thus, as part of Illinois's commitment to improve the ECEC comprehensive system, the Illinois Governor's Office of Early Childhood Development (GOECD) requested work to address the data definition gaps identified in the initial 2020 needs assessment.<sup>2</sup> This report is the culmination of several activities that expand upon the 2020 needs assessment as it relates to addressing the data definitions and data gaps that were illuminated. These activities include creating a Data Matrix that documents existing definitions and gaps in definitions, facilitating stakeholder meetings to discuss definition issues to build greater consensus on ECEC domains, and providing recommendations for addressing the data definition issues and gaps.

The Data Matrix was created to systematically organize ECEC topical areas and their definitions that were found to be inconsistently used in the reports reviewed for the 2020 needs assessment. The inconsistency in ECEC definitions made it difficult to interpret and compare findings to provide a comprehensive picture of the needs of young children and their families in Illinois. The development of a Data Matrix helped to clarify which ECEC areas had clear definitions; which areas overlapped; and which ECEC areas had gaps, challenges, and weaknesses to address. A total of 30 ECEC topical areas, hereafter referred to as domains, were

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<sup>1</sup> Garcia-Arena et al., (2020)

<sup>2</sup> ISBE contract 21-586SBE-FINAN-B-21257 to American Institutes for Research® (AIR®)

reviewed for consistency in definitions. Sixteen domains in the Data Matrix work had clear and consistent definitions. Fourteen domains had either inconsistent definitions or were used in reports without sufficient definition. The American Institutes for Research® (AIR) organized and facilitated meetings with Illinois ECEC stakeholders to (1) review the Data Matrix and discuss domains and terms identified as unclear or conflicting, (2) discuss practical implications for data definitions, and (3) develop consensus on key domains.

For each of the 14 domains, we present recommendations for resolving existing data definition gaps or next steps toward doing so. The recommendations include input from stakeholders, as well as additional documents sent by stakeholders that provided additional context, information, or detail. Exhibit ES1 presents the recommendations by ECEC domain.

### Exhibit ES1. Recommendations for ECEC Domains

ECEC Domain	Recommendation
<b>Child and Family Demographics</b>	
Age of Children in the ECEC System	<ul style="list-style-type: none"> <li>- Policy and program documents and reports must be specific about age range. In other words, documents and reports must explicitly define the age of child (or children) being referenced. Using standardized language about age ranges and their cut-off points across programs in the ECEC system can support more accurate calculations of service needs, access, and equity.</li> <li>- A review of age definitions used by federal and state agencies would inform next steps to develop consistent age definitions. See Appendix E for a preliminary set of age definitions by state and federal sources.</li> </ul>
Race/Ethnicity	<ul style="list-style-type: none"> <li>- We recommend that the 2020 U.S. Census Bureau definitions be used for collecting race/ethnicity information about children and their families.</li> </ul>
Rural Areas	<ul style="list-style-type: none"> <li>- The Urban–Rural Classification Scheme developed by the National Center for Health Statistics (NCHS) provides county-level classifications for rural, urban, or suburban areas. Therefore, we recommend using a more granular geographic area, specifically zip codes, to classify areas.</li> </ul>
Vulnerable or Historically Underserved Children	<ul style="list-style-type: none"> <li>- Funding streams play a critical role in improving precision associated with the domain Vulnerable or Historically Underserved Children. ECEC policy and research documents would be improved by explicitly noting when the population of focus is being dictated by a funding stream. A helpful next step would be to develop a list, by funding stream, of existing definitions for Vulnerable or Historically Underserved Children.</li> <li>- Given that this domain is variable and reflects changing, value-laden priorities of society and community, it is important for stakeholders and organizations to recognize the values underlying which groups they identified as priority populations and then rely on clear research and established benchmarks to define group membership (e.g., Census Bureau data, poverty line, incarceration status).</li> </ul>
<b>Early Childhood Education and Care Services</b>	
ECEC Access	<ul style="list-style-type: none"> <li>- We recommend first identifying the dimensions of access that must be included in the definition from a practical perspective (e.g., distance, cost, schedule), as well as from an equity perspective. Once these dimensions are identified, the next step is developing clear definitions for each of those dimensions.</li> </ul>
Facilities	<ul style="list-style-type: none"> <li>- Distinctions should be made between care sites, delivery sites, and administrative sites in the data systems. The use of each facility—whether for the care and education of children</li> </ul>

ECEC Domain	Recommendation
	and their families or for program administration—should be clearly captured. Ensuring that facilities align to state and federal guidelines is vital for consistency. Community needs should reflect the culture and workforce of the population served.
Home- versus Center-Based ECEC Services	- We recommend developing a clear definition for center-based services because the documents reviewed did not offer any definition. State and federal definitions offer a basis for developing the definition. To address the complexity of the variety of services offered by each type of care, data systems may be set up to capture the types of interactions that occur because center-based care may provide services in the home and vice versa.
Kindergarten Readiness	- We recommend the state provide assessment administration guidelines and training on the Kindergarten Individual Development Survey (KIDS) to encourage consistent implementation of KIDS and buy-in of the state’s definition for kindergarten readiness as reflected in the KIDS. To obtain a holistic picture of kindergarten readiness, the KIDS could be used in combination with other assessment tools schools and districts rely on. The use of the tool with English language learner students, in particular, must be further investigated to ensure that the skills and abilities of English language learner students are being accurately assessed.
Quality Early Childhood Education and Care	- We recommend identifying additional metrics related to equity and family needs that can be collected and reported alongside ExceleRate scores. An important first step is to develop consensus on metrics of equity and family needs for preschool programs and other ECEC programs.
Educational Services for Children with Special Needs	- More precise language that details types of settings and services should be incorporated into definitions for educational services for children with special needs. Definitions for terms can also be pulled from federal definitions (e.g., federal definition for inclusion). Early Intervention and Individual Family Service Plans should be considered in the definition as well.
<b>Health</b>	
Developmental Screenings	- Discussions of developmental screenings should identify what screening tools are used and how they are used.
Vision, Hearing, and Oral Screenings	- To define vision, hearing, and oral screenings, distinctions should be made between screening and exam. It is important to take into account that a new Illinois law will require social and emotional screenings for children as well. In addition, consideration of administering regular screenings in early childhood programs should be considered.
Food Security	- Given that documents reviewed for the Data Matrix did not offer a definition of food security, the federal definition of food security offers a useful basis for establishing a definition used in the state of Illinois. However, we recommend the state consider expanding upon the definition to be reflective of the needs and diversity of Illinois families with regard to access, culture and history, and different approaches to defining the term healthy.
<b>Data Systems</b>	
Consistent and Accurate Communication Between Data Systems	- To increase consistent and accurate communication between ECEC data systems, greater collaboration is required. One recommendation is to identify a small number of existing data stewards within ECEC-related state agencies to collaborate to assess data quality, resolve data issues, and provide support to agencies across the state. To improve the coordination of ECEC data systems, data collection that consistently tracks children and families would allow for easier data linking and, therefore, more consistent reporting on the needs and service provision for children and families in the ECEC system.

## Introduction

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This report describes data definitions relevant to the Illinois early childhood education and care (ECEC) system and provides recommendations to resolve gaps and inconsistencies in data definitions. This work builds upon the work completed in the original *Illinois Preschool Development Grant Birth Through Five Needs Assessment, Final Report*.<sup>3</sup> The 2020 report reviewed existing ECEC Illinois needs-assessment reports and found a great deal of inconsistency in terminology usage, which made interpreting and comparing findings across resources difficult. Although existing needs-assessment reports supplied critical information about strengths and gaps of services provided to families and young children, the inconsistency in the use and definitions of terms limited the utility of these resources for assessing needs of young children birth through age five and their families in Illinois. Inconsistent definitions pose a variety of problems that affect policy decisions, resource allocations, eligibility criteria, service tracking, service delivery, and data systems. For example, data systems that do not collect information about demographic characteristics (e.g., race/ethnicity, socioeconomic status) in a standard way will not be able to be used to consistently report gaps in access to the ECEC system for certain populations of families. Using precise terminology is also important to ensure that appropriate data can be used for assessing needs and improving access and equity.

Thus, as part of Illinois’s commitment to improve the ECEC comprehensive system, the Illinois Governor’s Office of Early Childhood Development (GOECD) requested work to address the data definition gaps identified in the initial 2020 needs assessment.<sup>4</sup> This report is the culmination of several activities that expand upon the 2020 needs assessment as it relates to addressing the data definitions and data gaps that were illuminated. These activities include creating a Data Matrix that documents existing definitions and gaps in definitions, facilitating stakeholder meetings to discuss definition issues to build greater consensus on ECEC domains, and providing recommendations for addressing the data definition issues and gaps. The goal of this report is to summarize findings from the Data Matrix on data definition issues and gaps, summarize discussions of stakeholders on data definition issues and gaps, and offer recommendations for resolving them.

## Organization of the Report

This report begins with a summary of the activities (Section I)—creating a Data Matrix and facilitating consensus-building stakeholder meetings—that serve as a foundation for the recommendations provided in this report. Section II presents definition recommendations for

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<sup>3</sup> Garcia-Arena et al. (2020)

<sup>4</sup> ISBE contract 21-586SBE-FINAN-B-21257 to American Institutes for Research® (AIR®)

30 ECEC domains, organized in two subsections. The first subsection in Section II presents the ECEC domains that had clear and consistent definitions in the Data Matrix. The second subsection in Section II presents the ECEC domains that did not have clear and consistent definitions and thus required further examination and consensus building. Section III concludes by summarizing recommendations across the 30 ECEC domains and providing additional considerations for Illinois as it moves forward with reconciling inconsistencies in data definitions.

There are five appendices included in this report. Appendix A contains a glossary of ECEC terms used throughout this report to facilitate a clear understanding of how these terms are used. Appendix B contains a list of documents reviewed for the Data Matrix. Appendix C contains the list of stakeholders who participated in meetings to discuss domains that required additional consensus building. Appendix D contains a summary of the stakeholder meetings. Appendix E contains a preliminary list of age ranges as defined by state and federal sources that addresses recommendations by stakeholders for developing consistent age ranges used in the ECEC system.

## Section I: Activities to Support Recommendations

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To address issues raised from the 2020 Illinois statewide needs assessment and suggest recommendations for resolving existing data definition issues and gaps, two key activities were completed: (1) creating a Data Matrix, which was a table to organize definitions of ECEC domains in reports and policy documents reviewed. Domains included in the Data Matrix were based on gaps identified in the already-completed initial needs assessment and stakeholder input (2) convening and facilitating meetings with key Illinois stakeholders to support the consensus-building process for resolving inconsistencies in data definitions.

### Creating a Data Matrix

A Data Matrix was created to systematically organize ECEC topical areas and their definitions that were found to be inconsistently used in the reports reviewed for the 2020 Needs Assessment. Inconsistent use of definitions made it difficult to interpret and compare findings to provide a comprehensive picture of the needs of young children and their families in Illinois. The development of a Data Matrix helped to clarify which ECEC areas had clear definitions, which areas overlapped, and which ECEC areas had gaps, challenges, and weaknesses to address.

To develop the Data Matrix, we reviewed reports and documents from the initial Needs Assessment 2020 report, as well as new reports received from GOECD, the Illinois Early Childhood Asset Map, and other stakeholders—a total of 20 sources (see Appendix B for a list

of all sources that were reviewed).<sup>5</sup> We reviewed a total of 30 ECEC topical areas, hereafter referred to as domains, for consistency in definitions. These 30 domains are grouped under four broad categories:

- Child and Family Demographics: 15 domains
- Early Childhood Education and Care Services: six domains
- Health: eight domains
- Data Systems: one domain

For each domain, we summarized the various terms and related definitions found in the reviewed documents as identified key terms for consensus building to discuss with Illinois ECEC stakeholders. As a result of creating the comprehensive, systematic Data Matrix, we highlighted 14 domains for which the use of formal or technical definitions was inconsistent or insufficient in the documents reviewed. These 14 domains are listed in Exhibit 1. As such, the review of the documents demonstrated a need to develop a set of formalized definitions for ECEC topics that would allow for greater consistency in data sources, analyses, discussions, and policy and programmatic decisions in the Illinois early childhood comprehensive system.

### Exhibit 1. Selected Domains with Inconsistent Definitions for Consensus Building

Selected Domains
<b>Child and Family Demographics</b>
Age of Children in the ECEC System
Race/Ethnicity
Rural Areas
Vulnerable or Historically Underserved Children
<b>Early Childhood Education and Care Services</b>
ECEC Access
Facilities
Home- versus Center-Based ECEC Services
Kindergarten Readiness
Quality Early Childhood Education and Care
Educational Services for Children with Special Needs
Developmental Screenings

<sup>5</sup> The list of all the reports we reviewed for the matrix are listed in Appendix B and are referenced as appropriate in this matrix.

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## Health

Vision, Hearing, and Oral Screenings

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Food Security

## Data Systems

Consistent and Accurate Communication between Data Systems

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### Convening and Facilitating Stakeholder Meetings

The 14 domains that emerged from the Data Matrix work that had inconsistent or insufficient definitions in many reports were used as a basis for convening and facilitating stakeholder meetings. AIR organized and facilitated four meetings with a total of 37 Illinois ECEC stakeholders, as well as participated in two additional stakeholder meetings—one meeting with the Illinois Early Learning Council and the other meeting with the Illinois Family Advisory Committee.<sup>6</sup> The purpose of these meetings were to (1) review the Data Matrix and discuss domains and terms identified as unclear or conflicting, (2) discuss practical implications for data definitions, and (3) develop consensus<sup>7</sup> on definitions of key domains. A list of stakeholders who participated in the meetings is presented in Appendix C.

Key take-aways from the stakeholder meetings include the following:

- Recognizing the need for consistent definitions was a learning process for many stakeholders, but stakeholders were very interested in improving domain definitions and reforming data systems to capture relevant data.
- Discussions highlighted the need for further attention of inconsistencies in definitions and the need for greater precision in definitions.
- Reaching consensus on some domains may not be possible.
- Stakeholders expressed the importance of understanding funding streams and associated requirements when developing domain definitions.

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<sup>6</sup> The Early Learning Council's archived committee documents are located here:

<https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Pages/PreviousDocuments.aspx>; Family Advisory Committee documents can be found here: <https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Pages/Family-Advisory-Committee.aspx>.

<sup>7</sup> Consensus, here, refers to stakeholders agreeing on definitions for domains and terms, but we anticipated this objective was not feasible or practical for every domain, so also we encouraged stakeholders to identify steps and recommendations toward developing clear and consistent definitions.

## Section II: Recommendations, by ECEC Domain

In this section, we present definition recommendations for the 30 ECEC domains that emerged from the Data Matrix activity. This section contains two subsections. The first subsection briefly describes the 16 domains for which clear and consistent definitions were available and consensus discussions by stakeholders were not needed. The second subsection focuses on the 14 domains that required consensus conversations among stakeholders. For each of these 14 domains, we describe the gap or inconsistency in the domain definition and summarize recommendations for resolving existing data definition gaps or next steps toward doing so. The recommendations include input from the Data Matrix, stakeholder meetings, and additional documents sent by stakeholders following the meetings to provide context, information, or detail. See Appendix B for documents used.

### ECEC Domains with Clear and Consistent Definitions

Sixteen ECEC domains had clear and consistent definitions in documents reviewed for the Data Matrix. Exhibit 2 presents these domains, along with their definitions.

#### Exhibit 2. ECEC Domains with Clear and Consistent Definitions

Domain	Definition
<b>Child and Family Demographics</b>	
1. Children and Families with Child Welfare Involvement	Families involved with the Illinois Department of Children and Family Services, including families receiving intact family services, families with a parent who is a youth in care or children in foster care <sup>8</sup> ; children age 5 and under with at least one substantiated allegation of maltreatment <sup>9</sup>
2. Children Experiencing Homelessness	Reported homeless by the school's education liaison per the McKinney-Vento Homeless Assistance Act <sup>10</sup>
3. Children of Migrant or Seasonal Workers	Children in families who require a change in residence from one geographic location to another due to the nature of that labor or require one or both parents to be absent from the family's permanent place of residence for the purpose of seeking or maintaining agricultural or seasonal employment <sup>11</sup> ; families in gig/cash economies <sup>12</sup>

<sup>8</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>9</sup> Erikson Institute (2019a)

<sup>10</sup> While the results of the Data Matrix showed that McKinney-Vento Homeless Assistance Act was identified as a source for defining homelessness, correspondence with stakeholders expressed that this is not always the definition used by other sources.

<sup>11</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>12</sup> Illinois Department of Human Services (n.d.a)

Domain	Definition
4. Children with Disabilities	Definition provided in section 300.8 of IDEA; definition provided in section 602 of IDEA (20 USC 1401) <sup>13</sup> ; child has an Individual Education Program (IEP) or Individual Family Service Plan (IFSP) <sup>14</sup>
5. Children with Teenage Parents	A family meets this criterion if either parent of the child was under the age of 19 at the time of the birth of the first child <sup>15</sup>
6. Families Living in Poverty	Poverty is defined as 100% of the federal poverty level <sup>16</sup> Very low income is defined as either below 185% of the federal poverty level <sup>17</sup> or below 200% of the federal poverty level <sup>18</sup>
7. Immigrant/Refugee Status	Immigrant status—nativity and citizenship status <sup>19</sup> ; children in families who face barriers due to immigration status <sup>20</sup> Refugee status—children/families with refugee or asylum status <sup>21</sup>
8. Languages Other than English Spoken in the Home and English Language Learners	Primary language—the primary language spoken by family household members (parents and others living in the child’s home) <sup>22</sup> English language learners—children who live in households where another language other than English is spoken <sup>23</sup>
9. Language Services	Child Care Resource & Referral agencies and sites provide materials in English and Spanish, but other languages should be considered (Arabic, Chinese, and Polish) <sup>24</sup>
10. Low Educational Attainment of Parent/Primary Caregiver	Primary caregiver has less than a high school diploma or GED; caregivers age 20 and above who are not high school graduates <sup>25</sup>
11. Parent or Legal Guardian with a Disability	Primary caregiver with a medically determinable physical or mental impairment that substantially limits one or more major life activities as confirmed by medical professional or mental health professional <sup>26</sup> ; a physical or mental disability that limits the ability of the parent to provide adequate child care <sup>27</sup>

<sup>13</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>14</sup> Illinois Commission on Equitable Early Childhood Education and Care Funding (2021)

<sup>15</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>16</sup> Erikson Institute (2019a); Erikson Institute (2019b); Early Learning Council, Access Committee, All Families Served Subcommittee (2019); IFF (2019)

<sup>17</sup> Illinois Department of Human Services (n.d.a)

<sup>18</sup> IFF (2019)

<sup>19</sup> Erikson Institute (2019a); Erikson Institute (2019b)

<sup>20</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>21</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>22</sup> U.S. Census Bureau (n.d.)

<sup>23</sup> Illinois Cost Model for Early Childhood Education and Care Services (2021)

<sup>24</sup> Illinois Department of Human Services (n.d.a)

<sup>25</sup> Erikson Institute (2019a); Erikson Institute (2019b)

<sup>26</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>27</sup> Illinois Department of Human Services (n.d.a)

Domain	Definition
<b>Health</b>	
12. Lead Testing	Elevated blood lead level is defined as equal to or greater than 5 microg/dl. <sup>28</sup> “3.5 percent of Illinois children age six and under who were tested for blood lead were found to have elevated blood lead levels in 2016.” <sup>29</sup>
13. Maternal Morbidity	“Severe Maternal Morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant consequences to a woman’s health.” <sup>30</sup>
14. Preterm Birth	Premature Infant— “A premature infant is one who is born before 37 weeks gestation. Premature babies often require longer hospital stays, but they may also experience long-term cognitive and physical effects, including asthma, vision and hearing loss, intellectual disabilities, and challenging behavior.” <sup>31</sup> Risk factors for preterm birth include “smoking, alcohol, illicit drug use, domestic violence, very high stress levels, maternal depression, and prolonged work hours involving standing.” <sup>32</sup>
15. Vaccinations	Combined seven-vaccine series— “The combined seven-vaccine series (4:3:1:4:3:1:4-FS) includes 4 or more doses of diphtheria and tetanus (DTaP), 3 or more doses of polio, 1 or more doses of measles-mumps-rubella (MMR), Haemophilus influenzae type b (Hib) full series (3 or 4 doses, depending on product type received), 3 or more doses of hepatitis B (HepB), 1 or more doses of Varicella, and 4 or more doses of Pneumococcal Conjugate (PCV).” <sup>33</sup>
16. WIC Participation	Income eligibility— “Income eligibility defined as children living below 185 percent of poverty, which is the income eligibility threshold for WIC.” <sup>34</sup>

### ECEC Domains that Required Consensus Building

Fourteen ECEC domains required greater discussion and consensus building based on the results of the Data Matrix (see Exhibit 3). For each of these 14 domains, we discuss findings from the Data Matrix, as well as recommendations and considerations from stakeholders. For those domains for which consensus was not achieved, we also provide recommendations for developing a clear and consistent definition.

### Exhibit 3. ECEC Domains with Inconsistencies or Gaps

Domain	Issues
<b>Child and Family Demographics</b>	
Age of Children in the ECEC System	There was inconsistency in defining the beginning and end points of age ranges of children and whether the age range was inclusive or exclusive of the end points.

<sup>28</sup> Erikson Institute (2019b)

<sup>29</sup> Erikson Institute (2019b)

<sup>30</sup> Erikson Institute (2019a) and Erikson Institute (2019b)

<sup>31</sup> Erikson Institute (2019a) and Erikson Institute (2019b)

<sup>32</sup> Erikson Institute (2019a) and Erikson Institute (2019b)

<sup>33</sup> Erikson Institute (2019a) and Erikson Institute (2019b)

<sup>34</sup> Erikson Institute (2019b)

Domain	Issues
Race/Ethnicity	A clear set of race/ethnicity categories was used in documents, but the categories aggregated many people of color, undermining representation of diversity.
Rural Areas	Rural areas were often defined using counties, but the approach to classifying counties as rural, urban, and suburban varied across reports.
Vulnerable or Historically Underserved Children	The terms and the populations the domain is meant to capture overlapped to some degree, and the parameters of group membership were not always clear.
<b>Early Childhood Education and Care Services</b>	
ECEC Access	There was no clear definition of access. Access was described using multiple approaches across sources reviewed (e.g., cost, hours, quality).
Facilities	Definitions of ECEC facilities were few, and they varied by the type of program or funding.
Home-versus Center-Based ECEC Services	A definition of center-based ECEC services was not offered in our review of documents.
Kindergarten Readiness	The Kindergarten Individual Development Survey (KIDS) was identified in assessing kindergarten readiness, but clarity was needed for what skills are measured. More detailed discussion about disparities in kindergarten would be useful as well.
Quality Early Childhood Education and Care	ExceleRate is used to measure the quality of early childhood programs consistently and clearly in Illinois. However, the metrics of quality needed to be further defined.
Educational Services for Children with Special Needs	Definitions of educational services for children with special needs aligned with definitions from federal sources, but inclusive educational settings needed further clarification.
<b>Health</b>	
Developmental Screenings	Several definitions for developmental screenings and Early Intervention were identified. Findings from our Data Matrix also suggest imprecision and possible inappropriate use of data from screening tools.
Vision, Hearing, and Oral Screenings	Definitions for vision, hearing, and oral screenings were not identified.
Food Security	Definitions for food security were not identified except for a mention of Supplemental Nutrition Assistance Program (SNAP).
<b>Data Systems</b>	
Consistent and Accurate Communication between Data Systems	There is the need for improvements in consistency and standardization across ECEC data systems in areas of data disaggregation, data collection, and data capacity.

## ***Child and Family Demographics***

### **Age of Children in the ECEC System**

The review of documents for the Data Matrix revealed inconsistencies in definitions of age ranges. Two related key issues emerged: (1) ECEC policy and research documents do not always specify age ranges of children being referenced, leading to lack of clarity regarding which ECEC population is the focus; (2) inconsistency in whether the age range is inclusive or exclusive of

the beginning and end points of the age time points, for example, whether children defined in the range of 3- to 5-year-olds include children up to 60 months or 71 months.

**Stakeholder Input.** Discussions during the stakeholder meetings considered barriers to developing consistent definitions of age ranges, including fragmentation in the ECEC system, as well as complex funding streams that have varying reporting requirements. Age ranges have different policy and programmatic purposes and, therefore, have varying practical implications related to determining eligibility, access, and equity to needed services.

**Considerations.** The consequence of having little consistency or of having inaccuracy in definitions of ages or age ranges of children is the impact on the numerators and denominators in calculations for assessing needs, service access, service use, and equity in use and access among different population groups. In turn, this impact may influence the presentation and interpretation of data that inform programs and policies about the needs of services among young children and their families in the ECEC system. Standardized language for age ranges may vary based on the funding stream; however, not all funding streams clearly define their cut-off points.

**Recommendations.** The following recommendations emerged:

- Policy and program documents and reports must be specific about age range. In other words, documents and reports should explicitly define the age of child (or children) being referenced. Using standardized language about age ranges and their cut-off points across programs in the ECEC system can support more accurate calculations of service needs, access, and equity.
- A review of age definitions used by federal and state agencies would inform next steps to develop consistent age definitions. See Appendix E for a preliminary set of age definitions, listed by state and federal sources.

## **Race/Ethnicity**

The review of documents for the Data Matrix showed that a clear set of race/ethnicity categories was used but that the categories aggregated many people of color, underrepresenting representation of diversity. The definition of race/ethnicity categories among the sources reviewed for the Data Matrix reflected four groups: Black, non-Hispanic; White, non-Hispanic; Latinx or Hispanic; and other, non-Hispanic<sup>35</sup>. For reference, the U.S. Census Bureau defines race/ethnicity using the following categories: White alone, Black or

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<sup>35</sup> Erikson Institute (2019a)

African American alone, American Indian and Alaska Native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, two or more races, and Hispanic or Latino.<sup>36</sup>

Documents also provided a consistent definition of racial equity, described as a disruption of the link between race and ethnicity and individuals' success. The Illinois Commission on Equitable Early Childhood Education and Care Funding<sup>37</sup> provides one example of a definition of a racially equitable society:

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“a racially equitable society values and embraces all racial/ethnic identities. In such a society, one’s racial/ethnic identity (particularly Black, Latinx, Indigenous, and Asian) is not a factor in an individual’s ability to prosper.”

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**Stakeholder Input.** During stakeholder meeting discussions, participants agreed that the U.S. Census Bureau definition would offer consistency in collecting race/ethnicity information and would, therefore, create compatibility across data sets. Discussion of racial equity during the meetings highlighted the importance of using precise language and that racial equity is a process, rather than an outcome, that requires ongoing reflection and must be embedded in ECEC policy and practice.

**Considerations.** In a diverse, multicultural society such as the United States, it is imperative for race/ethnicity categories to recognize and reflect diversity accurately.

**Recommendations.** We recommend that the 2020 U.S. Census Bureau definitions be used for collecting race/ethnicity information about children and their families.

## Rural Areas

In the documents reviewed for the Data Matrix, rural areas were often defined using counties. However, the classification of counties used to define a rural area varied across reports. The most common geographic classification relied upon across documents was the Urban–Rural Classification Scheme developed by NCHS. The NCHS definitions are the most consistent in defining rural areas, identifying urban counties as “large central metro”; suburban and small metro counties as “large fringe metro,” “medium metro,” and “small metro”; and rural counties as “nonmetropolitan counties.”

**Stakeholder Input.** During the stakeholder meeting discussions, participants noted that, although using counties as a basis for identifying rural areas offers consistency, there is the risk of overlooking the diversity of communities within counties, and communities that have different needs and resources. By focusing on a larger geographic unit, the use of counties may, therefore, lead to issues in documenting access, needs, and service use. Relying on smaller

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<sup>36</sup> U.S. Census Bureau (2021)

<sup>37</sup> Illinois Commission on Equitable Early Childhood Education and Care Funding (2021)

geographic units, such as zip codes, could be one alternative solution. Additional complications meeting participants brought up include how to treat school districts or other types of service provision areas that may not overlap neatly with other geographic units.

**Considerations.** Rural areas are typically difficult to identify consistently, and there is no definition of rural that is commonly used across multiple state or federal agencies. Establishing a geographic area to use as a unit of analysis for determining rural areas would allow for consistency across data collection and reporting.

**Recommendations.** The Urban–Rural Classification Scheme developed by NCHS provides county-level classifications for rural, urban, or suburban areas. Therefore, we recommend using a more granular geographic area, specifically zip codes, to classify areas. Zip code level data may have to be aggregated to larger geographic areas like regions, as necessary.

### **Vulnerable or Historically Underserved Children**

Our review of documents for the Data Matrix demonstrated that children and families facing various types of challenges were referred to by multiple terms, such as priority populations, vulnerable populations, and historically underserved children. These terms and the populations the terms are meant to capture overlapped to some degree, but there were considerable areas of nonoverlap as well. Moreover, although vulnerable or historically underserved groups were often explicitly identified by demographic characteristics, the parameters of group membership were not always clear. For example, “children in families that face barriers based on culture, language, and religion” requires further detail about exactly which children would be classified as members of this group.

**Stakeholder Input.** Participants at the stakeholder meetings reflected on the ambiguity associated with this domain and that the domain is inclusive of many different groups of people. As an example, participants recognized that the Illinois Early Learning Council list of prioritized populations<sup>38</sup> is extensive, containing 12 groups, and is therefore difficult to recall, let alone keep track of and capture through available data sources. Participants also noted the groups were not mutually exclusive. For example, “Children in families who face barriers due to immigration status” likely overlaps with “Families that face barriers based on culture, language, and religion.” These issues contribute to the lack of precision in this domain. To achieve more precision, the participants recommended identifying funding streams that have already defined vulnerable populations because funding streams often dictate the “prioritized population” for a grant, program, or service. There were also specific calls to distinguish between children with special needs, children who have active IEPs or IFSPs, and children with developmental delays to ensure accurate reporting of services, needs, access, and use.

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<sup>38</sup> Illinois Early Learning Council (2021)

**Considerations.** This domain, which focuses on which segment of the child and family population is considered vulnerable or historically underserved, reflects changing priorities of local communities, the state, and broader society. As a result, this domain will naturally evolve over time, which contributes to the difficulty in developing precise parameters for the domain. Moreover, this domain is value laden and reflects the perspectives of people in the community and policymakers. Populations that are considered vulnerable and historically underserved are culturally defined and are typically consistent with the deficit model,<sup>39</sup> a perspective that assumes deficits among members of a group because their culture, race, language, or other life approaches are different from the dominant group rather than a strengths-based approach, which acknowledges the unique set of strengths and challenges of children and families and engages them as partners in service provision.<sup>40</sup>

**Recommendations.** Two main recommendations emerged:

1. Funding streams play a critical role in improving precision associated with the domain Vulnerable or Historically Underserved Children. ECEC policy and research documents would be improved by explicitly noting when the population of focus is being dictated by a funding stream. A helpful next step would be to develop a list of existing definitions for vulnerable or historically underserved children by funding stream.
2. Given that this domain is variable and reflects changing, value-laden priorities of society and community, it is important for stakeholders and organizations to recognize the values underlying which groups they have identified as priority populations and then rely on clear research and established benchmarks to define group membership (e.g., Census Bureau data, poverty line, incarceration status).

## ***Early Childhood Education and Care Services***

### **ECEC Access**

Findings from the Data Matrix showed that access to early childhood programs and services is described in different ways across sources reviewed (e.g., cost; hours; quality; distance; disparities across demographic groups that result from sources of inequality, such as language barriers and poverty). Moreover, it is not clear if sources are always referring to the same set of ECEC services and programs when discussing issues related to access.

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<sup>39</sup> Song & Pyon (2008)

<sup>40</sup> National Technical Assistance and Evaluation Center for Systems of Care (2008)

In the documents we reviewed, there was no clear and consistent definition of access. Instead, the documents often provided definitions of subdomains or indicators related to the concept of access. A general definition we found offered by the U.S. Department of Health and Human Services<sup>41</sup> is:

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“Access to early care and education means that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child’s development and meets the parents’ needs.”

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**Stakeholder Input.** Participants in the stakeholder meetings conveyed that the federal definition of access was limited and that there are multiple dimensions of defining the term access not captured through this definition. For example, access depends on travel time and financial means. In addition, to support a useful measure of access from a data perspective, it is important to focus on provider characteristics, such as number of slots and location (i.e., the supply), as well as the characteristics of and burdens on parents and children (i.e., the demand). Moreover, measures of supply should include quality of programs. The discussion reflected the complexity associated with defining access and the necessity of defining the dimensions that are nested within access.

**Considerations.** Access to ECEC programs and services is a complex and multidimensional concept that consists of practical components (e.g., distance, cost, schedule) and equity components (e.g., the extent to which prioritized populations have sufficient access to high quality programs and services).

**Recommendations.** Since Access to ECEC programs is multidimensional, we recommend first identifying the dimensions of access that must be included in the definition from both a practical perspective (e.g., distance, cost, schedule) as well as an equity perspective (e.g., does enrollment vary across communities, especially for historically marginalized communities). Once these dimensions are identified, the next step is developing clear definitions for each of those dimensions.

## Facilities

We reviewed facility definitions provided by the Illinois Capital Development Board and IFF for the development of the Data Matrix. The IFF website provided a definition related to improvements in quality characteristics of an early childhood education facility: “expand infant–toddler capacity and/or enhance facility quality in these key areas: indoor quality, temperature, ventilation, noise reduction, optimal lighting, and quality classroom furniture”<sup>42</sup>.

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<sup>41</sup> U.S. Department of Health & Human Services (2017)

<sup>42</sup> IFF (2021)

The few facility terms we discovered in the development of the Data Matrix serve as a basis for building consensus.

To supplement the information we found in reviewing documents for the Data Matrix, we also provide the definition of Head Start facilities<sup>43</sup>:

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“a structure such as a building or modular unit, appropriate for use in carrying out a Head Start program and used primarily to provide Head Start services, including services to children and their families, or for administrative purposes or other activities necessary to carry out a Head Start program.”

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To further enhance definitions, perhaps discussion of the extent to which facilities are meeting the needs of local communities should be considered.

**Stakeholder Input.** During the stakeholder meetings, participants discussed the need for additional clarity of the definition of ECEC facilities. The Head Start definition provided by the Department of Health and Human Services is useful because it highlights administrative purposes, but it is unclear where home-based ECEC programs, such as home visiting services fit. In general, participants noted the need for greater accuracy and precision in language describing location of where services are provided, local community needs, and the primary use of the facilities. Terms like facility, site, and program are used often interchangeably, yet the meaning of the terms may vary greatly. In addition, stakeholders felt it was important to distinguish between care site (i.e., where the child may be located), delivery site (i.e., where services are provided, which is not always the same as the care site), and administrative site (i.e., where program staff at the leadership and/or front-line levels support, oversee, and ensure the program is operational; this site is not always the same as the care or delivery site).

**Considerations.** Consideration of whether facilities are meeting the needs of local communities and local programs and are aligned to “quality” characteristics would improve the clarity of definitions.

**Recommendations.** Distinctions should be made between care sites, delivery sites, and administrative sites in the data systems. The use of each facility—whether it is for the care and education of children and their families or for program administration—should be clearly captured. Ensuring that facilities align to state and federal guidelines is vital for consistency. Community needs should reflect the culture and workforce of the population served.

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<sup>43</sup> Head Start Program Performance Standards (2007)

## Home- versus Center-Based ECEC Services

In creating the Data Matrix, the documents we reviewed provided explicit definitions for home-based ECEC services but not for center-based ECEC services. Definitions for home-based ECEC services provided information about number of children allowed by age range.<sup>44</sup> Center-based services are defined by the state of Illinois as the provision of child care services in a nonresidential commercial building that must meet Illinois Department of Children and Family Services standards for health and safety, including child-to-staff ratios and required space per child.<sup>45</sup> While the documents we reviewed did not define center-based ECEC services, Child Care Aware, an organization funded by the U.S. Department of Health and Human Services offers the following definition:<sup>46</sup>

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“Child care centers care for children in groups and are generally operated out of non-residential, commercial buildings. Centers are larger and enroll more children than a home-based provider.”

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Because the documents we reviewed did not offer a definition of center-based services and because multiple definitions are available, we are drawing attention to the need to clearly define this term.

**Stakeholder Input.** Discussion about defining home- and center-based services demonstrated that these two terms are insufficient for capturing the diversity and types of ECEC care settings, as well as hybrid care that may include elements of both home- and center-based services. To address the complexity of service provision, stakeholders agreed that a meaningful way to approach data collection is to capture the types of interaction that occur with the service provider and service recipient (e.g., interactions between the service provider and child versus the parent).

The discussion also included a focus on the cultural responsiveness of care within different ECEC settings. Stakeholders emphasized the importance of providing culturally and linguistically responsive care for children and that the workforce should reflect the diversity of the community.

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<sup>44</sup> Home-based ECEC services include that nonlicensed home child care providers can care for no more than three children, including their own children, unless all children are from the same household (Illinois Department of Human Services, n.d.b; Illinois Governor’s Office of Early Childhood Development, 2021), and that “family child care (FCC) homes can only take 2–3 children ages 0–2, while group FCC homes can only take 2–5 children ages 0–2” (Illinois Governor’s Office of Early Childhood Development, 2021).

<sup>45</sup> Child Care Resource & Referral of Midwestern Illinois (2021)

<sup>46</sup> Public Health Law Center at Mitchell Hamline School of Law (n.d.)

**Considerations.** Home- and center-based care are broad terms that may not reflect the full range of services provided to children and families. For example, these two broad terms may miss services provided (e.g., home-based services that are included as part of center-based care and vice versa).

**Recommendations.** We recommend developing a clear definition for center-based services, as the documents reviewed did not offer any definition. State and federal definitions offer a basis for developing the definition. To address the complexity in the variety of services offered by each type of care, as discussed by stakeholders, data systems may be set up to capture the services provided as well as interactions that occur between service providers, families, and children since center-based care may provide services in the home, and vice versa. For example, interactions in home-based services might primarily reflect interactions between providers and families or parents, whereas in center-based settings, interactions will primarily occur between providers and children.

### **Kindergarten Readiness**

Kindergarten readiness in the state of Illinois is assessed using the Kindergarten Individual Development Survey (KIDS), first implemented statewide in 2017, which has teachers or care providers rate children on 14 measures. Across our review of documents for the Data Matrix, two sources defined kindergarten readiness. GOECD<sup>47</sup> defines kindergarten readiness as the following: “the cognitive skills to think, learn, read, remember, pay attention, and solve problems, but also the social emotional skills to communicate, connect with others, resolve conflict, self-regulate, display kindness and cope with challenges.” The state of Illinois measures kindergarten readiness using the KIDS and its key domains, which include physical, social-emotional, cognitive, and language development. Disparities in kindergarten readiness also were discussed in the documents, but more detailed discussions about gaps and how they are measured and defined would help to inform what constitutes a significant gap and would shape our understanding of what equitable outcomes would look like.

**Stakeholder Input.** Stakeholders discussed the four domains defined by the KIDS assessment and whether those domains are appropriate for defining kindergarten readiness in Illinois. The issue that arose is that districts and schools do not consistently use the KIDS (or its key domains) as a way of determining kindergarten readiness. Concerns were also raised about the fidelity of implementation, how KIDS is being administered, and how the KIDS results are interpreted and used.

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<sup>47</sup> Illinois Governor’s Office of Early Childhood Development (2021)

The KIDS may not be well aligned with other assessments administered at the local and district levels, such as Teaching Strategies GOLD. Because KIDS was implemented recently, in 2017, it may not be administered as frequently or with fidelity compared to Teaching Strategies GOLD, which schools and districts are more familiar with. As such, training, and fidelity of implementation of KIDS may be low.

Another limitation of KIDS concerns diverse populations, particularly English language learners. English language learners may not receive the English Language section of the tool unless they are in a kindergarten class where the curriculum provides opportunities for learning and development of Spanish<sup>48</sup>; therefore, the readiness, skills and abilities of English language learner students may be inaccurate and underestimated.

**Considerations.** The KIDS offers a standardized approach to assessing kindergarten readiness throughout the state, but level of implementation and fidelity may require additional attention.

**Recommendations.** We recommend the state provide assessment administration guidelines and training of the KIDS to encourage consistent implementation of KIDS and buy-in of the state's definition for kindergarten readiness as reflected in the KIDS. To obtain a holistic picture of kindergarten readiness, the KIDS could be used in combination with other assessment tools schools and districts rely on. The use of the tool with English language learner students, in particular, must be further investigated to ensure that the skills and abilities of English language learner students are being accurately assessed.

### **Quality Early Childhood Education and Care**

The statewide quality rating system, ExceleRate Illinois, provides consistent and clear measurement of the quality of early childhood programs in Illinois. The federal government defines standards and minimum requirements for Head Start programs in the Head Start Performance Standards,<sup>49</sup> which include measures such as alignment to early learning standards, higher qualifications for workforce, and program monitoring. Several of the documents reviewed called for embedding an equity lens into determinations of quality.

**Stakeholder Input.** Participants in the stakeholder meetings agreed that ExceleRate offers a way to capture easily observable metrics of quality in a consistent way by focusing on structural and process indicators of quality. However, participants also agreed that ExceleRate, along with other definitions used to define ECEC quality, such as various federal definitions or accreditation approaches, are all insufficient in some way, can be confusing, and should be used with caution. Where ExceleRate and other quality definitions fall short is in measuring child and

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<sup>48</sup> Illinois State Board of Education (2021)

<sup>49</sup> Head Start Program Performance Standards (2007)

family experiences, accreditations, whether equity is being achieved, consistent measures of workforce credentials, and whether children are being supported to meet kindergarten benchmarks or specific health outcomes. Stakeholders emphasized the failure to capture child and family experiences and to include an equity lens<sup>50</sup> (e.g., who gets access to what level of quality programs) as important components in defining ECEC quality. Participants also noted that ExceleRate does not capture quality of all types of ECEC programs, such as home visitation, school-based preschool programs, or licensed-exempt home-based providers. Metrics of home-visiting quality are currently being developed and have been reviewed by several Illinois agencies and state committees.<sup>51</sup>

In addition to agreeing about the shortcomings of the current definitions of quality, stakeholders agreed that, even if we use the definitions of quality we have in place, there are insufficient resources to support programs in meeting those higher quality standards. Thus, partially because of limited resources, stakeholders felt that we are using current measures because they are the easiest way to measure observable quality in a systematic way.

**Considerations.** Quality of ECEC programs should ideally balance structural and process indicators with family perspectives and equity. Yet, there is also acknowledgement that measuring what matters most for children and family outcomes, to be comprehensive and encompass all important quality indicators, is difficult when faced with limited resources.

**Recommendations.** We recommend identifying additional metrics related to equity and family needs that can be collected and reported alongside or in a future version of the ExceleRate system. An important first step is to develop consensus on metrics of equity and metrics of family needs for preschool programs and other ECEC programs.

### **Educational Services for Children with Special Needs**

Our review of documents for the Data Matrix showed alignment between definitions of educational services for children with special needs from various local reports with the terminology and definitions from federal sources.<sup>52</sup> These educational service terms are the Individuals with Disabilities Act (IDEA), inclusive education settings, IEP, and early childhood special education services. Inclusive educational settings need further clarification.

**Stakeholder Input.** In discussing terms for educational services for children with special needs, stakeholders agreed that more precise language should be used when discussing specifics, such

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<sup>50</sup> New America Foundation (2020)

<sup>51</sup> Early Head Start/Head Start, Illinois Department of Human Services, Illinois State Board of Education, Maternal Infant and Early Childhood Home Visiting, the City of Chicago Department of Family and Support Services, the HVTF Executive Committee, and the ELC Data Research and Evaluation Subcommittee

<sup>52</sup> Illinois Department of Human Services (n.d.b)

as an inclusive educational setting. Contextual details matter when it comes to defining educational services for children with special needs. Early Intervention and IFSPs were not focused on as much as early childhood special education services in this domain. Stakeholders shared other sources to review that offered definitions and a more nuanced understanding of the domain.

**Considerations.** Important terms for educational services for children with special needs, including “inclusion”, “free appropriate public education (FAPE)”, “least restrictive environment (LRE)”, and “regular class”, have been well defined by federal<sup>53</sup> and national agencies.<sup>54</sup> These sources provide a base for terminology used in the context of Illinois.

**Recommendations.** More precise language that details types of settings and services should be incorporated into definitions for educational services for children with special needs. Definitions for terms can also be pulled from federal definitions (e.g., federal definition for inclusion). Early Intervention and IFSPs should be considered in the definition as well in order to facilitate a continual transition of services across the early childhood continuum.

## **Health**

### **Developmental Screenings**

In creating the Data Matrix, several definitions for developmental screenings, and Early Intervention were identified. One broad definition offered for developmental screenings was “the use of screening tools to track the development of young children across multiple domains”.<sup>55</sup> Other definitions touched upon areas of evaluation (e.g., speech), available data, resources for families and providers, and identification and treatment of children who may need Early Intervention or early childhood special education services. A general issue that emerges when reviewing health related screening definitions is the inconsistency, lack of clarity, or inappropriate use of screening tools (i.e., brief instruments that identify individuals who may need more in-depth assessment tools to verify developmental or health risks) meant to identify groups of students who may have developmental or health needs as well as diagnostic assessment tools to identify children in need of specialized services or interventions.

**Stakeholder Input.** Stakeholders raised questions about what screening tools are being used, what the tools are being used for (and whether the tools are being used appropriately), and the unduplicated count of children who receive these screenings. There is not one centralized database of information, so the true count of children who are receiving timely screenings is unknown. There have been moderate improvements to capturing the true number of

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<sup>53</sup> U.S. Department of Health & Human Services & U.S. Department of Education (2015)

<sup>54</sup> National Association for the Education of Young Children (2009)

<sup>55</sup> Child Find (2021)

developmental screenings (e.g., Child Find Project) because the state is interested in seeing what happens to children after they are screened. Stakeholders concluded that an overall problem with developmental screenings is a lack of school district staff, infrastructure, and training to administer screenings equitably. Overall, there needs to be additional training and processes in place to capture a more consistent perspective of the entire screening process implemented across schools and programs.

**Considerations.** Inconsistency, lack of clarity, and inappropriate use of screening tools may affect accurate identification of children in need of specialized services or interventions.

**Recommendations.** Discussions of health screenings should identify what screening tools are used and how they are used. Additional training and processes that reflect a consistent perspective of screening would improve the inconsistency undermining implementation of developmental screenings.

### **Vision, Hearing, and Oral Screenings**

The Data Matrix did not identify definitions for vision, hearing, and oral screenings. The Illinois Department of Public Health does provide guidance for schools. Illinois state mandates that schools provide annual vision and hearing screenings, as well as dental exams, to students in particular grades. Schools must provide annual vision screenings for preschool children 3 years of age or older and school-age children in kindergarten and second and eighth grades. Hearing screenings must be provided for preschool children 3 years of age or older and school-age children in kindergarten and first, second, and third grades. All children in kindergarten and the second, sixth, and ninth grades must provide proof of a dental examination to their schools.

**Stakeholder Input.** Participants at the stakeholder meeting drew attention to the misuse of the terms screening and exam. For example, an oral screening refers to a dental exam performed by a dentist.

Stakeholders did not reach consensus for vision, hearing, and oral screening. One point of confusion was understanding the difference between the terms “screening” and “exam”. In addition to confusion about defining these terms, participants raised additional considerations regarding vision, hearing, and oral screenings, for example, regarding who administers the screening, mental health screenings, data tracking, and equitable access (e.g., transportation, costs, and language). Cost, transportation, and language are common barriers for families. Access is also hindered if families need a referral but are unable to get one. Considerations for trauma and mental health issues are important, and a new Illinois law will require social and emotional screenings for children. Finally, data tracking has been inconsistent statewide. Head Start tracks the screening data, but child care facilities may not.

**Considerations.** Although Illinois state law requires vision, hearing, and oral screenings in specific grade levels, screenings are not administered regularly from birth to age 5. Head Start brings in a professional to administer screenings, but that is not always the case at other child care facilities. In many cases, parents will have to find a doctor, which can be difficult without equitable access to medical providers.

**Recommendations.** To define vision, hearing, and oral screenings, distinctions should be made between screening and exam. Also, it is important to consider that a new Illinois law will require social and emotional screenings for children. In addition, regularly administering screenings in early childhood programs should be considered.

### **Food Security**

The Data Matrix did not identify definitions for food security except for a mention of Supplemental Nutrition Assistance Program (SNAP). The following general definition for food security is offered by the U.S. Department of Agriculture (USDA): “Food security means access by all people at all times to enough food for an active healthy life.”<sup>56</sup>

**Stakeholder Input.** Meeting participants had no objections to the USDA definition of food security, but they did raise multiple concerns about the domain. These concerns related to data collection, family composition, and interpretation of the term healthy. Related to data collection, participants raised questions about whether the unit of analysis should be children or families. Immigrant and refugee families or multigenerational families may share food and other resources with each other, which can complicate what it means to have food security. Moreover, receiving benefits, such as WIC or SNAP, does not necessarily imply food security or insecurity.

In addition, stakeholders raised unequal access to healthy foods as an important consideration because marginalized communities have historically faced greater challenges in access to healthy food. The foods considered “healthy” also varies across communities. To some families, simply eating vegetables can mean healthy; for other families, healthy means cooking instead of buying processed foods.

**Considerations.** The USDA provides a useful starting point for defining food security, but differences across communities need stronger consideration.

**Recommendations.** Given that documents reviewed for the Data Matrix did not offer a definition of food security, the federal definition of food security offers a useful basis for establishing a definition used in the state of Illinois. However, we recommend the state

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<sup>56</sup> U.S. Department of Agriculture (2021)

consider expanding upon the definition to be reflective of the needs and diversity of Illinois families with regard to access, culture and history, and different approaches to defining the term healthy.

## **Data Systems**

### **Consistent and Accurate Communication between Data Systems**

Findings from the Data Matrix highlighted the need for improvements in consistency and standardization across ECEC data systems. Based on our review, areas of improvements specifically identified include (1) data disaggregation (i.e., data systems do not consistently capture information by subgroup and priority populations, which limits the ability to conduct analyses related to equity of access and service provision); (2) inconsistent approaches to collecting data (e.g., tracking different units of data such as child, family, program, sector), which even occurs within agencies; and (3) community-level data capacity (i.e., efforts to support data capacity within local communities) should be a priority in terms of knowledge development and in improving technological infrastructure. One example of a well-developed definition that emerged from the review is the state-coordinated Child Care Resource & Referral data system, which houses administrative data from child care providers in Illinois. Best practices of this data set include annual updates and data quality assurance processes.

**Stakeholder Input.** Discussions at the stakeholder meetings centered on concerns that data coordination and collaboration are not happening effectively. Meeting participants offered the following solutions: (a) better communication at the provider and state levels; (b) more collaboration between people in the state agencies who are the data stewards (e.g., they oversee and handle data—data stewards in each agency collaborating together could help to create more coordinated systems, which would help to break the siloes that add to inconsistent and inaccurate data in the ECEC system); and (c) a lessening of protections on data that prevent easy sharing. Participants expressed, however, that the purpose of using and analyzing data, as well as clear data governance and rules related to what data are being collected and who controls them, need to be clearly specified. Finally, to address weaknesses in coordination of data systems, one approach could be setting up data systems to track both the child and family, which would simplify linking data. Moreover, establishing an authority for data accountability, such as the Early Learning Council, may be a way to improve quality of data collection and coordination.

**Considerations.** Silos within the ECEC system have led to inefficiencies in the linkage and sharing of data. These silos exist because of state and federal regulations. Solutions for improving data quality and sharing will require an unprecedented level of collaboration across the ECEC system. Many of these efforts are underway with the Illinois Longitudinal Data System

2.0. The central concern, alongside these efforts, is ensuring the privacy of the data. The need for the collection and linking of identifiable data across systems must be justified with clearly stated purposes for using the data to protect data of Illinois children and families.

**Recommendations.** To increase consistent and accurate communication between ECEC data systems, greater collaboration is required. One recommendation is to identify a small number of existing data stewards within ECEC-related state agencies to collaborate to assess data quality, resolve data issues, and provide support to agencies across the state. To improve the coordination of ECEC data systems, data collection that consistently links children and families would allow for easier data linking across data systems and, therefore, more consistent reporting on the needs and service provision for children and families in the ECEC system.

## Conclusions and Next Steps

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Building upon the original *Illinois Preschool Development Grant Birth Through Five Needs Assessment, Final Report*,<sup>57</sup> this report describes data definitions and gaps in the Illinois ECEC system and provides recommendations to resolve existing data definition issues. Given the complexity of the ECEC comprehensive system, the State has prioritized developing consistent definitions and measurements to support accurate and consistent reporting of access and service provisions, which will help to identify and address disparities among prioritized populations in Illinois. By addressing inconsistencies and gaps in ECEC domain definitions, children and families in Illinois will benefit in the following ways:

- Improvements in the quality of data collection, which will allow for more accurate reporting and understanding of disparities in access and outcomes.
- Increased standardization of data practices across agencies and sharing of data and information across the ECEC landscape, which is often siloed. Among other benefits, this improvement will support increased coordination among ECEC programs serving children and families.
- Improved accuracy and precision in reporting, which will support the work of policymakers and practitioners.

The Data Matrix identified ECEC domains with inconsistent definitions or gaps in definitions, which undermine consistency in data collection efforts and reporting related to the ECEC system. The stakeholder meetings highlighted the need for ongoing data literacy and

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<sup>57</sup> Garcia-Arena et al. (2020)

discussion. The recommendations from this report will inform efforts related to the Data Governance Project moving forward.

The recommendations and considerations that emerged from these discussions were tailored to each domain. The following are a few overarching themes:

- ECEC research and policy reports must use greater transparency, detail, and precision in definitions of domains, which is especially important until data systems are aligned in their approaches to measurement and data collection.
- Precise usage of terms, moreover, will help to prevent inappropriate usage of terms, which emerged as a common issue.
- Transparent and detailed descriptions of domains in reports and policy documents will help audiences understand the extent to which appropriate comparisons are being made.
- State and federal guidelines offer helpful guidance for developing consensus definitions, but needs of local communities must also be considered.
- Many domains will require significant additional work to reach a clear and consistent definition that will be agreed upon by Illinois ECEC experts. For these domains, the State will have to identify the appropriate stakeholders to move the work forward.

The activities undertaken as the basis for this report, and its recommendations dovetail with work underway by GOECD on the Data Governance Project to ensure data accountability and improve consistency and compatibility of early childhood data systems. Additional considerations should be made by GOECD about what other special projects and/or committees could review these recommendations and create a strategic action plan for its execution. For example, perhaps there is a role for the Early Learning Council or one of its committees to take on a leadership and accountability role to move this work forward to support the State's ability to consistently document and understand the needs of young children and their families.

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# Appendices

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## Appendix A. Glossary of Early Childhood Education and Care Key Terms

This appendix presents a glossary of early childhood education and care (ECEC) terms relevant in the development of the Data Matrix and in the stakeholder meetings.

### Exhibit A1. List of Terms and Definitions

Term	Definition
Age 5 and under	Birth through age 5 after September 1 of the school year <sup>58</sup>
All Kids program	Through the All Kids program, children age 18 and under can receive a number of healthcare services, including doctor visits, regular check-ups, vision care, dental care, eyeglasses, and more. <sup>59, 60</sup>
Birth to 3 years old	Under 36 months <sup>61</sup>
Center-based ECEC services	Provision of child care services in a nonresidential commercial building that must meet Illinois Department of Children and Family Services standards for health and safety <sup>62</sup>  Child care centers care for children in groups and are generally operated out of nonresidential, commercial buildings. Centers are larger and enroll more children than a home-based provider. <sup>63</sup>
Children and families with child welfare involvement	Families involved with the Illinois Department of Children and Family Services, including families receiving intact family services, families with a parent who is a youth in care, or children in foster care <sup>64</sup>  Children age 5 and under with at least one substantiated allegation of maltreatment <sup>65</sup>
Children of migrant or seasonal workers	Children in families who require a change in residence from one geographic location to another due to the nature of that labor or require one or both parents to be absent from the family's permanent place of residence for the purpose of seeking or maintaining agricultural or seasonal employment <sup>66</sup>  Families in gig/cash economies <sup>67</sup>

<sup>58</sup> Illinois State Board of Education (2015)

<sup>59</sup> Erikson Institute (2019a)

<sup>60</sup> Erikson Institute (2019b)

<sup>61</sup> Illinois Department of Human Services (2016)

<sup>62</sup> Child Care Resource & Referral of Midwestern Illinois (2021)

<sup>63</sup> Public Health Law Center at Mitchell Hamline School of Law (n.d.)

<sup>64</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>65</sup> Erikson Institute (2019a)

<sup>66</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>67</sup> Illinois Department of Human Services (n.d.a)

Term	Definition
Children with disabilities	<p>A child having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.<sup>68</sup></p> <p>Children aged 3 through 9 experiencing developmental delays<sup>69</sup></p> <p>Child has an IEP (Individual Education Program) or IFSP (Individual Family Service Plan)<sup>70</sup></p>
Children with teenage parents	A family meets this criterion if either parent of the child was under the age of 19 at the time of the birth of the first child. <sup>71</sup>
Combined seven-vaccine series	The combined seven-vaccine series (4:3:1:4:3:1:4-FS) includes 4 or more doses of diphtheria and tetanus (DTaP), 3 or more doses of polio, 1 or more doses of measles-mumps-rubella (MMR), Haemophilus influenzae type b (Hib) full series (3 or 4 doses, depending on product type received), 3 or more doses of hepatitis B (HepB), 1 or more doses of Varicella, and 4 or more doses of Pneumococcal Conjugate (PCV). <sup>72, 73</sup>
Community-level data capacity	Refers to efforts to support data capacity within local communities (e.g., data analysis and reporting for local purposes) <sup>74</sup>
Cost of child care	Average child care cost and average cost as a percentage of median family income <sup>75</sup>
Data disaggregation	Splitting data into smaller units. Data disaggregation often involves presentation of results by group (e.g., race/ethnicity, gender, age, geography).
Deep poverty	An economic condition in which an individual or family has a total annual income that is less than 50% of the federal poverty level for the individual or family as provided in the annual report of the U.S. Census Bureau on Income, Poverty and Health Insurance Coverage in the United States <sup>76</sup>
Developmental screenings	The use of screening tools to track the development of young children across multiple domains <sup>77</sup>
Early childhood education and care	Comprehensive system of programs and services offered to families with children ages 0–5 in Illinois <sup>78</sup>

<sup>68</sup> Individuals with Disabilities Education Act (2004)

<sup>69</sup> Individuals with Disabilities Education Act (2004)

<sup>70</sup> Illinois Commission on Equitable Early Childhood Education and Care Funding (2021)

<sup>71</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>72</sup> Erikson Institute (2019a)

<sup>73</sup> Erikson Institute (2019b)

<sup>74</sup> Chicago United for Equity Senior Fellows (2020)

<sup>75</sup> Erikson Institute (2019b)

<sup>76</sup> Illinois General Assembly (2020)

<sup>77</sup> Child Find (2021)

<sup>78</sup> Illinois Governor’s Office of Early Childhood Development (2021)

Term	Definition
Early childhood education facilities	Early childhood education providers should expand infant–toddler capacity and/or enhance facility quality in these key areas: indoor quality, temperature, ventilation, noise reduction, optimal lighting, and quality classroom furniture. <sup>79</sup>
Early childhood special education services	“Services include specialized instruction, physical therapy, occupational therapy, speech and language services, cognitive therapy, and psychological services as well as training for parents and service coordination to help families navigate the process.” <sup>80, 81</sup>
Early Intervention	Early Intervention provides a range of developmental and social-emotional services in the child’s natural environment, including speech language, developmental therapy, occupational and physical therapies, and social work services. Families also receive the coaching and support they need to further the gains their children make in therapy. <sup>82</sup>
Elevated blood lead level	Elevated blood lead level is defined as equal to or greater than 5 microg/dl. <sup>83</sup>
English language learners	Children who live in households where another language other than English is spoken <sup>84</sup>
Equity	Equitable access refers to several dimensions of ECEC programs: affordability, availability, accommodating, and accepting of all who need it. <sup>85</sup>
ExceleRate	QRIS (Quality Rating and Improvement System) measuring teaching and learning, family and community engagement, leadership and management, and qualifications and continuing education <sup>86, 87</sup>
Hearing screenings	A test to tell if people might have hearing loss. Hearing screening is easy and not painful and takes a very short time—usually only a few minutes <sup>88</sup>
Home-based ECEC services	Nonlicensed home child care providers can care for no more than three children, including their own children, unless all children are from the same household. <sup>89, 90</sup>  FCC (family child care) homes can take only 2–3 children ages 0–2, and Group FCC homes can take only 2–5 children ages 0–2. <sup>91</sup>
Homelessness	Reported homeless by the school’s education liaison per the McKinney-Vento Homeless Assistance Act <sup>92, 93, 94, 95</sup>

<sup>79</sup> IFF (2021)

<sup>80</sup> Erikson Institute (2019a)

<sup>81</sup> Erikson Institute (2019b)

<sup>82</sup> Erikson Institute (2019b)

<sup>83</sup> Erikson Institute (2019b)

<sup>84</sup> Illinois Governor’s Office of Early Childhood Development (2021)

<sup>85</sup> Illinois Commission on Equitable Early Childhood Education and Care Funding (2021)

<sup>86</sup> Erikson Institute (2019a)

<sup>87</sup> Erikson Institute (2019b)

<sup>88</sup> Centers for Disease Control and Prevention (2021)

<sup>89</sup> Illinois Department of Human Services (n.d.b)

<sup>90</sup> Illinois Governor’s Office of Early Childhood Development (2021)

<sup>91</sup> Illinois Governor’s Office of Early Childhood Development (2021)

<sup>92</sup> Erikson Institute (2019a)

<sup>93</sup> Erikson Institute (2019b)

<sup>94</sup> Illinois Department of Human Services (n.d.b)

<sup>95</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

Term	Definition
Immigrant status	Nativity and citizenship status <sup>96, 97</sup> Children in families who face barriers due to immigration status <sup>98</sup>
Inclusive education settings	From age 3 until kindergarten, children are entitled to receive special education and related services in the least restrictive environment, with typically developing peers, and in a range of settings, including their home, community-based preschool or child care, or school-based program. <sup>99</sup>
Individual Education Program	An IEP (Individual Education Program) outlines the interventions and supports for children who qualify for special education services to aid their developmental and academic progress. <sup>100, 101</sup>
Individuals with Disabilities Act	The Illinois Department of Human Services houses IDEA Part C and supports eligible children until the child is 36 months of age and, if still eligible for services under IDEA, transitions the child to IDEA Part B, Section 619 to the Illinois State Board of Education. <sup>102</sup>
Infant	6 weeks to 14 months <sup>103</sup>
Kindergarten readiness	The cognitive skills to think, learn, read, remember, pay attention, and solve problems but also the social-emotional skills to communicate, connect with others, resolve conflict, self-regulate, display kindness, and cope with challenges <sup>104</sup>
Low caregiver educational attainment	Age 20 and above who are not high school graduates <sup>105, 106</sup>
Maternal mortality	The death of a woman during pregnancy, at delivery, or soon after delivery <sup>107</sup>
Oral screenings	Before entering school, a child receives a dental screening from a provider who completes a form evaluating the child's oral health; this form is submitted to the school. <sup>108</sup>
Parent or legal guardian with a disability	Primary caregiver with a medically determinable physical or mental impairment that substantially limits one or more major life activities as confirmed by a medical professional or mental health professional <sup>109</sup>  A physical or mental disability that limits the ability of the parent to provide adequate child care <sup>110</sup>

<sup>96</sup> Erikson Institute (2019a)

<sup>97</sup> Erikson Institute (2019b)

<sup>98</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>99</sup> Erikson Institute (2019b)

<sup>100</sup> Erikson Institute (2019a)

<sup>101</sup> Erikson Institute (2019b)

<sup>102</sup> Illinois Department of Human Services (n.d.b)

<sup>103</sup> Illinois Governor's Office of Early Childhood Development (2021)

<sup>104</sup> Illinois Governor's Office of Early Childhood Development (2021)

<sup>105</sup> Erikson Institute (2019a)

<sup>106</sup> Erikson Institute (2019b)

<sup>107</sup> Centers for Disease and Control Prevention (2020)

<sup>108</sup> Fleming (2019)

<sup>109</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>110</sup> Illinois Department of Human Services (n.d.a)

Term	Definition
Parental choice of ECEC services	<p>Parents should be provided “with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.”</p> <p>To empower working parents to make their own decisions regarding the child care services that best suit their family’s needs. Parents have the option to choose from center-based care, family child care, or care provided in the child’s own home.<sup>111</sup></p>
Poverty	Below 100% of the federal poverty level <sup>112, 113, 114, 115</sup>
Premature infant	<p>A premature infant is one who is born before 37 weeks gestation. Premature babies often require longer hospital stays, but they may also experience long-term cognitive and physical effects, including asthma, vision and hearing loss, intellectual disabilities, and challenging behavior.<sup>116, 117</sup></p> <p>Risk factors for preterm birth include smoking, alcohol, illicit drug use, domestic violence, very high stress levels, maternal depression, and prolonged work hours involving standing.<sup>118, 119</sup></p>
Prenatal to age 5	Pregnant women through kindergarten entry (age 5 after September 1 of the school year) <sup>120</sup>
Preschool age	3– and 4–year–olds <sup>121</sup>
Primary language	The primary language spoken by family household members (parents and others living in the child’s home) <sup>122</sup>
Priority population	The Early Learning Council recognizes 12 priority populations: children of teen parents; children experiencing homelessness; children in families in poverty or deep poverty; children/families with child welfare involvement; children with disabilities; children of migrant or seasonal workers; families with low caregiver education attainment; 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 asylee status; children in families who face barriers due to immigration status; children who are impacted by parental involvement in the Criminal Justice System <sup>123</sup>
Quality infrastructure	Indoor air quality, temperature, ventilation, noise, lighting, classroom furnishing, and outdoor play areas contribute to high-quality early learning environments. <sup>124</sup>

<sup>111</sup> Illinois Department of Human Services (n.d.b)

<sup>112</sup> Erikson Institute (2019a)

<sup>113</sup> Erikson Institute (2019b)

<sup>114</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>115</sup> IFF (2019)

<sup>116</sup> Erikson Institute (2019a)

<sup>117</sup> Erikson Institute (2019b)

<sup>118</sup> Erikson Institute (2019a)

<sup>119</sup> Erikson Institute (2019b)

<sup>120</sup> Center for Prevention Research and Development (2020)

<sup>121</sup> Illinois Governor’s Office of Early Childhood Development (2021)

<sup>122</sup> U.S. Census Bureau (n.d.)

<sup>123</sup> Early Learning Council. (2021)

<sup>124</sup> IFF (2021)

Term	Definition
Race/ethnicity categories	White alone, Black or African American alone, American Indian and Alaska Native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, two or more races, and Hispanic or Latino <sup>125</sup>
Racial equity	A racially equitable society values and embraces all racial/ethnic identities. In such a society, one’s racial/ethnic identity (particularly Black, Latinx, Indigenous, and Asian) is not a factor in an individual’s ability to prosper. <sup>126</sup>
Referral data	Data on referrals to local child care providers provided to parents <sup>127</sup>
Refugee status	Children/families with refugee or asylee status <sup>128</sup>
School age	Ages 3 through 17 <sup>129</sup>
Severe Maternal Morbidity	Severe Maternal Morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant consequences to a woman’s health.” <sup>130, 131</sup>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	WIC provides federal grants to states for supplemental foods, healthcare referrals, and nutrition education for pregnant, breastfeeding, and non-breastfeeding postpartum women from low-income households and to infants and children up to age 5 who are found to be at nutritional risk. <sup>132</sup>  Income eligibility is defined as children living below 185% of poverty. <sup>133</sup>
Supplemental Nutrition Assistance Program (SNAP)	The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program. SNAP provides benefits to eligible individuals and families from low-income households via an Electronic Benefits Transfer card. This card can be used like a debit card to purchase eligible food in authorized retail food stores. <sup>134</sup>
Toddler	15–23 months <sup>135</sup>
Vision screenings	A vision screening is a more efficient eye exam. A child is “screened” for eye problems and referred to an ophthalmologist for a comprehensive exam if needed. <sup>136</sup>
Vulnerable or historically underserved populations	Refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of equity. <sup>137</sup>

<sup>125</sup> U.S. Census Bureau (2021)

<sup>126</sup> Illinois Commission on Equitable Early Childhood Education and Care Funding (2021)

<sup>127</sup> Child Care Aware of America (2021)

<sup>128</sup> Early Learning Council, Access Committee, All Families Served Subcommittee (2019)

<sup>129</sup> Illinois Department of Human Services, Pandemic EBT

<sup>130</sup> Erikson Institute (2019a)

<sup>131</sup> Erikson Institute (2019b)

<sup>132</sup> U.S. Department of Agriculture, Food and Nutrition Service (n.d.)

<sup>133</sup> Erikson Institute (2019b)

<sup>134</sup> Benefits.gov (n.d.)

<sup>135</sup> Illinois Department of Human Services (n.d.b); Illinois Governor’s Office of Early Childhood Development (2021)

<sup>136</sup> American academy of Ophthalmology (2021)

<sup>137</sup> The White House (2021, January 20)

## Appendix B. Documents Reviewed in the Data Matrix

This appendix presents the list of documents reviewed for the Data Matrix, in order by organization name.

### Exhibit B1. List of Needs-Assessment Documents

Title	Organization name	Year
Capital Development Board Grant Program <sup>138</sup>	Capital Development Board	2021
Racial Equity Working Group Recommendations Analysis <sup>139</sup>	Chicago United for Equity Senior Fellows	2020
Early Childhood Inclusion <sup>*140</sup>	Division of Early Childhood; National Association for the Education of Young Children	2009
Educational Environment Data for Preschooler <sup>*141</sup>	Early CHOICES	n.d.
Inclusion of Young Children with Disabilities in Early Care and Education Settings <sup>*142</sup>	Early CHOICES	2021
Proposed ELC Strategic Focus Areas	Early Learning Council	n.d.
Proposed Home Visiting Data Elements	Early Learning Council	2020
Recommendations on Priority Populations	Early Learning Council, Access Committee, All Families Served Subcommittee	2019
Priority Populations <sup>143</sup>	Early Learning Council, Access Committee, All Families Served Subcommittee	2021
Draft Recommendations & Survey Response Themes	Early Learning Council, All Families Served Subcommittee	2021
Recommendations Regarding Child Find Data Collection <sup>*144</sup>	Early Learning Council, Integration and Alignment Committee	2016
Illinois Risk and Reach Report	Erikson Institute	2019a
Illinois Risk and Reach Report <sup>145</sup>	Erikson Institute	2019b
Early Childhood Participation Database and LDS 2.0	Illinois Governor's Office of Early Childhood Development	2020
Illinois Cost Model for Early Childhood education and Care Services <sup>146</sup>	Illinois Governor's Office of Early Childhood Development	2021

<sup>138</sup> <https://www2.illinois.gov/cdb/professionalgrowth/grants/Pages/default.aspx>

<sup>139</sup> <https://www2.illinois.gov/sites/OECD/Documents/CUE%20Racial%20Equity%20Analysis%20Report%20Early%20Childhood%20Funding%20Commission%202020.pdf>

<sup>140</sup> [https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/ps\\_inclusion\\_dec\\_naeyc\\_ec.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/ps_inclusion_dec_naeyc_ec.pdf)

<sup>141</sup> <https://www.eclre.org/educational-environment-data/>

<sup>142</sup> <https://www.eclre.org/good-to-know/inclusion-policy-statement-module/>

<sup>143</sup> <https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20Updated%202021.pdf>

<sup>144</sup> [https://www2.illinois.gov/sites/OECD/Events/Event%20Documents/IA\\_Child%20Find%20Recommendations%20FINAL%204-13-16.pdf](https://www2.illinois.gov/sites/OECD/Events/Event%20Documents/IA_Child%20Find%20Recommendations%20FINAL%204-13-16.pdf)

<sup>145</sup> <https://www.erikson.edu/policyleadership/risk-reach/>

<sup>146</sup> <https://iecam.illinois.edu/wp-content/uploads/2021/11/Cost-Model-for-Early-Childhood-Education-and-Care-Services.pdf>

Title	Organization name	Year
PDG B–5 Grantee Needs Assessment Results Form	Illinois Governor’s Office of Early Childhood Development	2020
PDG B–5 Needs Assessment Results Response and Clarification State/Territory: Illinois	Illinois Governor’s Office of Early Childhood Development	2020
Topics/Information Around Health to Think About for Needs Assessment	Illinois Governor’s Office of Early Childhood Development	2021
Access and Quality for Illinois Children: Illinois Early Childhood Education Needs Assessment <sup>147</sup>	IFF	2019
Quality Facilities for All <sup>148</sup>	IFF	2021
Commission Report of Findings and Recommendations <sup>149</sup>	Illinois Commission on Equitable Early Childhood Education and Care Funding	2021
Ready Illinois Simpler, Better, Fairer: Recommendations of the Illinois Commission on Equitable Early Childhood Education and Care Funding <sup>150</sup>	Illinois Commission on Equitable Early Childhood Education and Care Funding	2021
Child Care and Development Fund State Plan: Illinois FFY 2022–2024. Received Recommendations	Illinois Department of Human Services	n.d.
Child Care and Development Fund (CCDF) Plan for State/Territory Illinois: FFY 2022–2024 <sup>151</sup>	Illinois Department of Human Services	n.d.
FY 2021 Year-End Developmental Screening Report*	Illinois State Board of Education	2021
Illinois Early Childhood Inclusion Vision Statement* <sup>152</sup>	Illinois State Board of Education	2019
Indicators 5&6: Educational Environments* <sup>153</sup>	Illinois State Board of Education	n.d.
Illinois Report Card* <sup>154</sup>	Illinois State Board of Education	2021
State Performance Plan/Annual Performance Report and State Determination Letters PART B* <sup>155</sup>	U.S. Department of Education	2021
Dear Colleague Letter (DLC) Related to Preschool Least Restrictive Environment (LRE)* <sup>156</sup>	U.S. Department of Education, Office of Special Education and Rehabilitative Services	2017
Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs* <sup>157</sup>	U.S. Department of Health and Human Services; U.S. Department of Education	2015

<sup>147</sup> <https://iff.org/access-and-quality-for-illinois-children-statewide-early-childhood-education-needs-assessment/>

<sup>148</sup> <https://iff.org/programs/quality-facilities-for-all/>

<sup>149</sup> <https://www2.illinois.gov/sites/OECD/Documents/Early%20Childhood%20Funding%20Commission%20Full%20Report.pdf>

<sup>150</sup> <https://www2.illinois.gov/sites/OECD/Documents/Primer%20for%20Early%20Childhood%20Funding%20Commission%20Report%202021.pdf>

<sup>151</sup> [https://www.dhs.state.il.us/OneNetLibrary/27897/documents/Child%20Care/stplan\\_2022102821.pdf](https://www.dhs.state.il.us/OneNetLibrary/27897/documents/Child%20Care/stplan_2022102821.pdf)

<sup>152</sup> <https://www.eclre.org/wp-content/uploads/2020/03/Illinois-Inclusion-Vision-Statement-3-7-19.pdf>

<sup>153</sup> <https://www.isbe.net/Pages/SPP-APR-Indicator-5-6.aspx>

<sup>154</sup> <https://www.illinoisreportcard.com/>

<sup>155</sup> <https://sites.ed.gov/idea/spp-apr-letters>

<sup>156</sup> [https://sites.ed.gov/idea/files/policy\\_speced\\_guid\\_idea\\_memosdcltrs\\_preschool-lre-dcl-1-10-17.pdf](https://sites.ed.gov/idea/files/policy_speced_guid_idea_memosdcltrs_preschool-lre-dcl-1-10-17.pdf)

<sup>157</sup> <https://sites.ed.gov/idea/idea-files/policy-statement-inclusion-of-children-with-disabilities-in-early-childhood-programs/>

**Note.** Documents marked with an asterisk (\*) were additional documents sent by stakeholders after the development of the Data Matrix and the stakeholder meetings and contain additional information on domain definitions to help with consensus building or definition clarity.

## Appendix C. List of Stakeholders and Organization Affiliations

Stakeholder name	Organization affiliation
Allison Lowe-Fotos	Start Early
Amanda Walsh	The Illinois Children’s Mental Health Partnership
Ann Freiburg	Illinois Department of Human Services, Bureau of Early Intervention
Ben Boer	Office of Illinois Governor JB Pritzker
Bethany Patten	Illinois Department of Human Services
Robert Goerge	Chapin Hall Center for Children
Brenda Dixon	Illinois State Board of Education
Bryan Stokes	Chicago Public Schools
Cerathel Burgess-Burnett	Chicago Department of Family and Support Services
Carisa Hurley	Illinois State Board of Education
Chelsea Guillen	University of Illinois
Chevelle Bailey	Illinois Department of Children and Family Services
Christi Chadwick	Early Childhood Consortium, Illinois Board of Higher Education
Cornelia Grumman	Robert R. McCormick Foundation
Cristina Karasov	Robert R. McCormick Foundation
Dawn Thomas	Illinois Early Childhood Asset Map
Dena Chapman	Illinois Action for Children
Donna Emmons	Illinois Head Start Association
Edie Washington	Illinois Department of Children and Family Services
Elliot Regenstein	Foresight Law + Policy
Erika Méndez	Latino Policy Forum
Gaylord Gieseke	Center for Childhood Resilience
Ireta Gasner	Start Early
Joanna Su	Illinois Department of Human Services, Maternal, Infant, and Early Childhood Home Visiting
Kayla Goldfarb	Start Early
Keith Hollenkamp	Illinois Early Childhood Asset Map
Kenya McRae	Illinois Department of Public Health
Lauri Morrison-Frichtl	Illinois Head Start Association
Lesley Schwartz	Illinois Department of Human Services, Maternal, Infant, and Early Childhood Home Visiting
Martin Torres	Office of Illinois Governor JB Pritzker
Oriana Wilson	Illinois State Board of Education
Phyllis Glink	Irving Harris Foundation
Rebecca Vonderlack-Navarro	Latino Policy Forum
Sergio Hernandez	Illinois State Board of Education
Shauna Ejeh	Illinois Action for Children
Theresa Hawley	Illinois Governor’s Office / Northern Illinois University



## Appendix D. Summary of Stakeholder Meeting Notes

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In Appendix D, we present brief summary of notes from the four stakeholder meetings facilitated by the American Institutes for Research.

### Stakeholder Meeting 1

The domains discussed during the first stakeholder meeting included Age of Children in the ECEC System, Race/Ethnicity, Rural Areas, and Vulnerable or Historically Underserved Children.

#### Age of Children in the ECEC System

Participants agreed that there needs to be a more standardized approach or guidance to defining age. Stakeholders suggested that a crosswalk of existing policies and programs at the state and federal levels should be created as a starting point for consensus building (see Appendix E for a preliminary list of age ranges by state and federal sources).

#### Race/Ethnicity

Participants agreed that the use of the U.S. Census Bureau definitions of race and ethnicity was the best measure for categorizing race and ethnicity groups. The meeting also included discussion about the meaning of racial equity, during which meeting participants agreed that the Illinois ECEC system and stakeholders need to clarify the purpose of using racial equity language. Participants also felt it important to identify funding streams that already define vulnerable populations and determine why these populations are being identified.

#### Rural Areas and Vulnerable or Historically Underserved Children

County seems to be the typical geographic measure captured by data systems, but discussants were concerned that exclusively using counties is too broad because so much variation exists within and between counties. Participants felt that clarity or guidance is required about how different units of data intersect with definitions of rural because the unit used may have different implications for how rural is defined.

### Stakeholder Meeting 2

The domains discussed during the second stakeholder meeting included ECEC Access, Facilities, Home- versus Center-Based ECEC Services, and kindergarten Readiness.

#### ECEC Access

Participants felt that the federal definition of access is lacking and does not resolve the multifaceted dimensions of determining access and concluded that the term access is a multifaceted measure with many dimensions that need to be measured separately. Participants

reached consensus that, to accurately define and use data to support a useful measure of access, it is important to focus not only on access in terms of provider characteristics but the characteristics of and burdens on parents and children. The discussants recognize that the state approach to improving access, which is focused on increasing the number of programs or slots, may not always be inclusive of a broader definition of access. Discussants agreed that program access should include defining both the supply and demand of programs, as well as measures of quality, which may be different for different populations, because it is hard to define access without defining the concepts nested within it.

### **Facilities**

The discussants in the group about Facilities identified the importance of distinguishing between child care sites, administration sites, and delivery sites because these terms are often used interchangeably; the discussants acknowledged a hierarchy of facilities that exist and how the location of care is often distinct from the location of service delivery or the location of service administration.

### **Home- versus Center-Based ECEC Services**

Current definitions of home- and center-based care are insufficient in capturing diversity of types of care within the binary and the interactions that occur between staff, parents, and students; current definitions also do not accurately capture the provision of ECEC services and omit other types of services from the discussion. Discussants felt it important to embed the notion of equity and diversity into the definition of service provision and that using an equity lens perspective when evaluating definitions and processes can ensure the perspectives and voices of underserved populations are included.

### **Kindergarten Readiness**

Discussants identified kindergarten readiness as a complex issue that goes beyond a readiness tool and noted that the issue is about understanding what the developmental requirements for readiness are, how assessment tools are implemented with fidelity for diverse student populations, and what being considered “ready for kindergarten” truly means. Discussants recognized that, despite Illinois having a statewide kindergarten readiness assessment tool, the tool is not often used in reporting and discussing kindergarten readiness; however, this assessment tool defines the prioritized areas of kindergarten readiness: approaches to learning and self-regulation, social and emotional development, language and literacy development, cognition: math, and physical development. Discussants agreed that there is misalignment between assessment tools and kindergarten readiness and that additional research on the assessment tool should be considered to understand if a score on the kindergarten readiness tool is a predictor of later school success.

### **Stakeholder Meeting 3**

The domains discussed during the third stakeholder meeting included Quality Early Childhood Education and Care, Educational Services for Children with Special Needs, and Developmental Screenings

#### **Quality Early Childhood Education and Care**

There was generally consensus that the current definitions in place for early childhood and education quality are insufficient and fail to capture the experiences of children and families—easily observable measures of quality; consistent definitions; and leadership with resources, support, programs, quality improvement, and accreditation are needed. Capturing easily observable definitions of quality through ExceleRate is not perfect but is consistent. These measures do not cover other important aspect of quality, however. Additional resources are required to improve and support quality improvements to meet a higher standard of quality so that the “lowest hanging fruit” is used in the sense of what is easily observed and measured systematically.

#### **Educational Services for Children with Special Needs and Developmental Screenings**

Participants agreed that more precision or specificity is needed when discussing inclusive special education settings and services because there are many existing definitions; context matters when it comes to defining educational services for children with special needs. Participants agreed that overall problems with the developmental screenings currently being used include a lack of school district staff, infrastructure, and training to equitably administer screenings.

### **Stakeholder Meeting 4**

The domains discussed during the fourth stakeholder meeting included Vision, Hearing, and Oral Screenings; Food Security, and Consistent and Accurate Communication between Data Systems.

#### **Vision, Hearing, and Oral Screenings**

The discussants agreed that precise language is necessary when talking about screenings and that there needs to be clear differentiation between screenings and exams. Screenings should be a part of many ECEC programs, but certain programs may not have staff available to conduct screenings; parents must often request to have screenings done and will possibly have them performed outside on their own, making access to these screenings inequitable.

## **Food Security**

Regarding food security, the discussants identified that the term healthy has a great deal of cultural variation in its meaning and that income is the number one indicator to help identify whether someone has food insecurity or concerns, but additional indicators should also be considered.

## **Consistent and Accurate Communication between Data Systems**

Participants in the groups discussing Consistent and Accurate Communication between Data Systems all agreed that the purpose of using and analyzing data needs to be more clearly specified because data coordination and collaboration are not happening effectively; this situation might be remedied by better communication and clearer definitions at the provider and state levels, more collaboration between people who handle data, and lessening protections on data to enable easier sharing. Data should be able to be used by people making both analytical and operational decisions. The child was agreed upon as the smallest useful unit of analysis. Both groups emphasized coordination among data stewards from the different agencies as integral to improving data systems; there should also be clearer data governance and rules related to what data are collected and who controls the data.

## Appendix E. Age Definitions, by State and Federal Sources

This appendix provides a preliminary list of age definitions, by state and federal source, to inform future efforts to resolve inconsistencies related to reporting of ages and age ranges in early childhood education and care (ECEC) policy and research documents.

Program Name	Sector	Illinois Agency	State or Federal source	Age Requirement or Definition
Child Care Assistance Program (CCAP)	Supplemental Income	Illinois Department of Human Services (DHS)	State	Children younger than 13; children with documented special needs may be eligible up to age 19
Early Intervention	Early Childhood Education	Illinois Department of Human Services (DHS)	State	Birth to 3 years old; under age 36 months
Maternal, Infant, and Early Childhood Home Visiting	Home Visits	Illinois Department of Human Services (DHS)	State	Pregnant women through kindergarten entry (age 5 after September 1 of the school year)
Early Head Start	Early Childhood Education	Illinois Department of Human Services (DHS)	Federal	Pregnant women and children from birth to age 3 from families whose income is within 100% of the federal poverty guidelines, as well as children from families experiencing homelessness and families receiving public assistance such as TANF or SSI; foster children are eligible for participation regardless of their foster family's income; 10% of enrollment is reserved for children with disabilities

Program Name	Sector	Illinois Agency	State or Federal source	Age Requirement or Definition
Illinois Head Start	Early Childhood Education	Illinois Department of Human Services (DHS)	Federal	Children from ages 3 to 5 from families whose income is within 100% of the federal poverty guidelines, as well as children from families experiencing homelessness and families receiving public assistance such as TANF or SSI; foster children are eligible for participation regardless of their foster family's income; 10% of enrollment is reserved for children with disabilities
Supplemental Nutrition Assistance Program (SNAP)	Supplemental Income	Illinois Department of Human Services (DHS)	Federal	Spouses and children under age 22 are included in the household; household income eligibility levels must also be met. Able-bodied household members between 16 and 60 must register and accept a suitable offer for work and participate in an employment and training program through SNAP.
Temporary Assistance for Needy Families (TANF)	Supplemental Income	Illinois Department of Human Services (DHS)	Federal	Pregnant people or those with a child under age 19 who lives with them; a child who is 18 or older must be a full-time high school student. A pregnant woman and her husband (if he lives with her) may qualify even if they don't have any other children. Must live in Illinois (may be homeless and still qualify), be a U.S. citizen or meet certain immigration requirements, and develop a plan for becoming self-sufficient and follow it.

Program Name	Sector	Illinois Agency	State or Federal source	Age Requirement or Definition
Women, Infants, and Children (WIC)	Supplemental Income	Illinois Department of Human Services (DHS)	Federal	Infants and children under 5 years old (including foster children); pregnant or breastfeeding women and new moms
Prevention Initiative	Early Childhood Education	Illinois State Board of Education (ISBE)	State	Birth to age 3 (36 months)
Preschool For All (PFA)	Early Childhood Education	Illinois State Board of Education (ISBE)	State	Children ages 3 through 5 who are not age-eligible for kindergarten (are age 5 on or before September 1 of the school year in which the early childhood program is to be implemented) and who are determined by multiple weighted at-risk factors
Title I Preschool	Early Childhood Education	Illinois State Board of Education (ISBE)	Federal	4-year-olds; prekindergarten students who are under 5 before September 1 of the academic year
Early Childhood Special Education Programs	Early Childhood Education	Illinois State Board of Education (ISBE)	Federal	3 through 5 years of age
Child care licensing of non-school-based child care centers and homes	Early Childhood Education	Illinois Department of Children and Family Services (DCFS)	State	
Foster care and adoption services		Illinois Department of Children and Family Services (DCFS)	State	Adoption—until child reaches age 18; foster care—may continue until child reaches age 21 before they age out of the program
All Kids	Healthcare	Illinois Department of Healthcare and Family Services (HFS)	State	Children 18 years of age and under

Program Name	Sector	Illinois Agency	State or Federal source	Age Requirement or Definition
Pandemic EBT	Supplemental Income	Illinois Department of Human Services (DHS)	State	School-age children 3–17 and 18–22 (in high school) who are enrolled in free or reduced-price meals at a school operating the National School Lunch Program OR must be enrolled in a Community Eligibility Provision that offers breakfast and lunch free to all students, AND must be without access to an in-school provided meal; their school must operate the National School Lunch Program AND must have been closed or operating remote learning for at least 5 consecutive days at some point during the 2020–21 school year
WIC Farmer's Market Nutrition Program	Supplemental Income	Illinois Department of Human Services (DHS)	Federal	Children under 5 years old and pregnant or breastfeeding women and new moms
Homeless Youth Services	Supplemental Income	Illinois Department of Human Services (DHS)	State	14- through 23-year-olds
Emergency Food	Supplemental Income	Illinois Department of Human Services (DHS)	State	No age requirement, household income eligibility levels instead
Moms and Babies	Healthcare	Illinois Department of Healthcare and Family Services (HFS)	State	Pregnant women and babies up to 1 year of age with a countable family income at or below 213% federal poverty level
Family Case Management	Healthcare	Illinois Department of Human Services (DHS)	State	Pregnant people and children under the age of 1 who are on Medicaid or part of a low-income family
Crisis Nursery Programs	Early Childhood Education	Illinois Department of Human Services (DHS)	State	Children under age 6; eligibility determined by need

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