Illinois Statewide Strategic Plan
Preschool Development Grant Birth Through Five—Public Comment Draft

JANUARY 2020

Eboni Howard | Patricia Garcia-Arena | Hannah Dunn-Grandpre | Kathleen Jones (American Institutes for Research)

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Illinois Governor’s Office of Early Childhood Development

To be submitted by the Illinois Governor’s Office of Early Childhood Development to the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services for the Preschool Development Grant Birth through Five Initiative (PDG B-5)
The project described was supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0001-01-00, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.
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Executive Summary

The Illinois strategic plan builds on the value that its mixed-delivery system should provide universal supports and targeted interventions so that all children receive the supports they need to reach their optimal outcomes. We envision Illinois as a place where every young child—regardless of race, ethnicity, income, language, geography, ability, immigration status, or other circumstance—receives the strongest possible start to life so that they grow up safe, healthy, happy, ready to succeed, and eager to learn.

Illinois’ mission is to provide access to a continuous, equitable, and high-quality early childhood system that enables children, with the support of their families and communities, to grow up safe, healthy, happy, and ready to succeed. With this central value, vision, and mission, Illinois has a long history of continuous improvement of its early childhood care and education (ECCE) mixed-delivery system. It values coordination and collaboration across administrative systems to provide a cohesive and comprehensive set of programs and services to young children. As a result of a commitment to improve the ECCE mixed-delivery system and realize its vision and mission, Illinois was awarded a federal Preschool Development Grant Birth Through Five (PDG B-5) by the Administration for Children and Families at the U.S. Department of Health and Human Services and the U.S. Department of Education. The strategic plan shared in this document reflects a central activity of Illinois PDG B-5 grant informed by another PDG B-5 activity, a statewide needs assessment, and stakeholder input.

The process of developing a statewide strategic plan included five major activities: (a) findings from a statewide needs assessment, (b) input from the Illinois Early Learning Council ad hoc strategic plan workgroup, (c) input from the Illinois Governor’s Office of Early Childhood Development focal planning workgroups, (d) reviewing existing statewide strategic plans, and (e) collecting input from constituents and stakeholders. Illinois has prioritized 23 strategic goals that are categorized in four topic areas or domains—access, quality, coordination, and workforce—to advance the state’s B-5 system, as outlined in Exhibit ES1. Exhibit ES2 presents a cross-walk of the strategic plan with the findings (and page number) of the needs assessment report, as required by the PDG B-5 grant.
## Exhibit ES1. Illinois Prioritized ECCE Access Strategic Goals

<table>
<thead>
<tr>
<th>Strategic focal area</th>
<th>Prioritized ECCE strategic goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>1. Ensure that families with children from prenatal to kindergarten entry age have access to ongoing preventive health care, and all appropriate well-child care, health screenings, development and social-emotional supports, immunization, and mental health services and supports.</td>
</tr>
<tr>
<td>Access</td>
<td>2. Expand universal newborn supports for all births to connect families with local community services and resources based on individual needs and family wishes.</td>
</tr>
<tr>
<td>Access</td>
<td>3. Expand access to home visiting for all eligible families to achieve desired saturation and take innovation models to scale.</td>
</tr>
<tr>
<td>Access</td>
<td>4. Ensure that all low- and middle-income families have access to high-quality, affordable infant and toddler care.</td>
</tr>
<tr>
<td>Access</td>
<td>5. Ensure that all low- and middle-income families have access to high-quality, affordable preschool early childhood programs that meet their families’ schedule and needs.</td>
</tr>
<tr>
<td>Access</td>
<td>6. Ensure that all infants and toddlers in early intervention receive individualized family service plan (IFSP) services in a timely manner.</td>
</tr>
<tr>
<td>Access</td>
<td>7. Ensure that all infants, toddlers, and young children with special needs receive special education services in inclusive settings within the mixed-delivery service model.</td>
</tr>
<tr>
<td>Access</td>
<td>8. Increase family and parent knowledge choice and engagement within the ECCE system.</td>
</tr>
<tr>
<td>Access</td>
<td>9. Eliminate racial/ethnic disparities for children participating in all programs that contribute to school readiness and life success by addressing racial disparities in enrollment in preschool for 3- and 4-year-olds and in prenatal to age 3 services.</td>
</tr>
<tr>
<td>Coordination</td>
<td>10. Ensure that Illinois’ early childhood practice and policy decisions are driven by a culture of data use that supports strong, equitable outcomes and engages stakeholders.</td>
</tr>
<tr>
<td>Coordination</td>
<td>11. Establish and sustain a defined state/regional/local infrastructure for Illinois’ early childhood system to implement its comprehensive systems-building efforts to improve outcomes for young children.</td>
</tr>
<tr>
<td>Coordination</td>
<td>12. Support systems building and improve cross-system connections among programs for shared practices with other needed services to ensure that every community has a system for helping families access the coordinated supports they need.</td>
</tr>
<tr>
<td>Quality</td>
<td>13. Implement a funding mechanism that is timely, transparent, and sustainable that service providers can access to deliver high-quality ECCE, meet evidence-based performance standards, and provide adequate compensation to all ECCE staff.</td>
</tr>
<tr>
<td>Strategic focal area</td>
<td>Prioritized ECCE strategic goals</td>
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<tr>
<td>----------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Quality</td>
<td>14. Modify standards and strengthen support systems so that programs move to higher levels of the Quality Rating and Improvement System (QRIS; ExceleRate) and children achieve kindergarten readiness.</td>
</tr>
<tr>
<td>Quality</td>
<td>15. Improve the quality of home-based settings by providing appropriate supports and incentives, including funding for family childcare networks.</td>
</tr>
<tr>
<td>Quality</td>
<td>16. Ensure that investments and policies for early childhood mental health efforts are (a) carried out within the framework of equitable promotion, prevention/intervention, and treatment; (b) embedded in the Illinois comprehensive early childhood system; (c) designed to meet the needs of all children and their families with a focus on the most vulnerable; and (d) organized to demonstrate accountability.</td>
</tr>
<tr>
<td>Quality</td>
<td>17. Expand the number of ECCE programs implementing the Pyramid Model.</td>
</tr>
<tr>
<td>Workforce</td>
<td>18. Increase compensation for providers in the early childhood care and education workforce.</td>
</tr>
<tr>
<td>Workforce</td>
<td>19. Eliminate racial and ethnic disparities in the early childhood workforce.</td>
</tr>
<tr>
<td>Workforce</td>
<td>20. Enhance early childhood professional development to expand access as well as service offerings, such as mentoring and coaching.</td>
</tr>
<tr>
<td>Workforce</td>
<td>21. Restructure and integrate workforce data systems to better allow linkage, analysis, research, sharing, exporting, and use.</td>
</tr>
<tr>
<td>Workforce</td>
<td>22. Provide the higher education supports necessary to produce qualified, competent, diverse, and representative ECCE workforce, including the development of a competency-based preparation and qualifications system and higher education supports for educator candidates.</td>
</tr>
<tr>
<td>Workforce</td>
<td>23. Increase opportunities for the early childhood workforce to better support the development of children who are culturally, racially, and linguistically diverse.</td>
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### Exhibit ES2. Strategic Plan Alignment to the Needs Assessment

<table>
<thead>
<tr>
<th>Alignment with needs assessment domains</th>
<th>Corresponding page number(s)</th>
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<tbody>
<tr>
<td>Focal populations for the grant</td>
<td>5, 10, 22</td>
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<td>Quality and availability</td>
<td>15, 16</td>
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<td>Gaps in data on quality and availability of programming and supports for children and families</td>
<td>16</td>
</tr>
<tr>
<td>Quality and availability of programs and supports</td>
<td>17</td>
</tr>
<tr>
<td>Gaps in data/research to support collaboration in programs/services and maximize parental choice</td>
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</tr>
<tr>
<td>Measurable indicators of progress</td>
<td>10, 13</td>
</tr>
<tr>
<td>Issues involving ECCE facilities</td>
<td>8</td>
</tr>
<tr>
<td>Barriers to the funding and provision of high-quality ECCE services and supports and opportunities for more efficient use of resources</td>
<td>16, 17, 23</td>
</tr>
<tr>
<td>Transition supports and gaps</td>
<td>14, 15</td>
</tr>
<tr>
<td>System integration and interagency collaboration</td>
<td>23</td>
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</tbody>
</table>
Illinois Strategic Plan: Our Values, Vision, and Mission

The Illinois strategic plan builds on the value that its mixed-delivery system should provide universal supports and targeted interventions so that every child receives the supports they need to reach their optimal outcomes.

- We envision Illinois as a place where every young child—regardless of race, ethnicity, income, language, geography, ability, immigration status, or other circumstance—receives the strongest possible start to life so that they grow up safe, healthy, happy, ready to succeed, and eager to learn.

- Illinois’ mission is to provide access to a continuous, equitable, and high-quality early childhood system that enables children, with the support of their families and communities, to grow up safe, healthy, happy, and ready to succeed.

With this central value, vision, and mission, Illinois has a long history of continuous improvement of its early childhood care and education (ECCE) mixed-delivery system. Illinois values coordination and collaboration across administrative systems to provide a cohesive and comprehensive set of programs and services to young children. A demonstration of Illinois’ commitment is the Illinois Governor’s Office of Early Childhood Development (GOECD), which serves as a coordinating body for the state agencies that administer ECCE programs; supports the system building of ECCE programs throughout the state; and supports the work of the state’s statutory advisory council, the Illinois Early Learning Council (ELC). The ELC is a public–private partnership created under Public Act 93-380 to coordinate existing programs and services for children from birth to age 5. The ELC is the leading advisory body for Illinois’ early childhood system. Its membership includes public agency representatives, service providers, private funders, advocates, and family organizations.

The ELC, supported by the GOECD, created a strategic framework to guide the state’s ECCE system improvements. This Preschool Development Grant Birth Through Five (PDG B-5) initiative offers the opportunity to build on the ELC’s foundational strategic framework, as well as several other strategic efforts in the state, to expand strategic goals and strategies aligned with Illinois’ value, vision, and mission for young children in the state. It is important to note that although the goals described in this document are to benefit all children from birth to age 5 in the state, the goals also were guided by a recent needs assessment of children of vulnerable or underserved populations.
The PDG B-5 Federal Grant

As a result of a commitment to improve the ECCE mixed-delivery system and realize its vision and mission, Illinois received a federal Preschool Development Grant Birth Through Five from the Administration for Children and Families at the U.S. Department of Health and Human Services and the U.S. Department of Education. The overall purpose of the grant is to improve the effectiveness of Illinois’ ECCE mixed-delivery system by executing the following activities: (a) conducting a statewide needs assessment, (b) developing a statewide strategic plan, (c) increasing opportunities for parent choice and knowledge about high-quality ECCE, (d) sharing best practices among early childhood service providers, and (e) improving the overall quality of ECCE services. The strategic plan shared in this document reflects the second activity of Illinois PDG B-5 grant, which is informed by the first activity—the PDG B-5 needs assessment.

In aligning Illinois’ values, vision, and mission for its ECCE mixed-delivery system, the state has prioritized 23 strategic goals categorized in four strategic focus areas—access, quality, coordination, and workforce—to advance the state’s B-5 system. These 23 goals are described in detail in this document, along with strategic and progress indicators. Before detailing each goal, we first provide background on the strategic planning process and the needs assessment findings that led to the prioritized 23 goals for Illinois.

Strategic Planning Process

To inform the strategic plan, Illinois contracted with the American Institutes for Research (AIR) to lead a comprehensive, statewide needs assessment of the Illinois ECCE mixed-delivery system and its strategic planning effort. The process of developing a statewide strategic plan included five major activities: (a) findings from a statewide needs assessment, (b) input from an ELC ad hoc strategic plan workgroup, (c) input from GOECD focal planning workgroups; (d) reviewing existing statewide strategic plans, and (e) collecting input from constituents’ input.

1 Additional organizations contracted by Illinois for the needs assessment included Northern Illinois University and the University of Illinois at Urbana-Champaign.
constituents and stakeholders. This section provides details on each activity in the strategic planning process.

- **Statewide needs assessment.** Several methods were used to complete the statewide needs assessment: (a) reviewed existing needs assessments and other resources, (b) conducted a literature review, and (c) facilitated stakeholder focus groups. In addition, AIR received additional information from other contracted organizations to answer some of the needs assessment domains.

- **Illinois strategic plan workgroup.** The Illinois strategic plan workgroup included representatives from state entities that serve B-5 families, such as GOECD, the Illinois State Board of Education (ISBE), the Illinois Department of Human Services (IDHS), Illinois Head Start, the Department of Children and Family Services (DCFS), ELC members, key partners in the nonprofit and philanthropic ECCE sectors, and other ECCE stakeholders (see Appendix B). The strategic plan workgroup met two times during the strategic planning process to prioritize and finalize the 23 strategic goals, develop metrics, and give input on action steps and strategies. This group will continue to work to refine and update the strategic plan in 2020 and subsequent years.

- **Focal planning workgroups.** Illinois, under supervision by the GOECD, contracted with organizations to lead focal strategic planning activities on the following topics: (a) aligning and coordinating ECCE professional development; (b) home visiting and early intervention for children in child welfare, (c) inclusion of children 0–5 with disabilities in community-based early childhood programs, and (d) kindergarten transition.

- **Reviewing existing strategic plans.** Illinois had several existing strategic plans, ELC committee work plans, and other strategic planning initiatives to draw on to inform the development of strategic goals and action steps (see Appendix C for a list of these plans). In addition, we collected active strategic planning activities happening by other ECCE groups in the state to develop a strategic policy agenda and implementation plan focused on prioritizing the expansion of high-quality services to infants and toddlers from low-income households and their families.

- **Collected input from constituents and stakeholders.** AIR worked closely with the GOECD to engage and collect input from a range of stakeholders (see Appendix B). These activities included communicating with and/or attending ELC committee and subcommittee meetings; coordinating with other strategic planning activities; conducting three focus group interviews with parents, caregivers, and service providers; and creating a public online Web portal survey and input form.
The Needs Assessment Findings
The needs assessment was informed by 42 existing needs assessments and related documents; stakeholder focus groups with providers, parents and caregivers, and community partners (37 total focus group participants); a literature review; and analysis and administrative data exports from other GOECD contractors. Exhibit 1 presents the domains covered in the needs assessment report. As we discuss the 23 strategic goals in the following sections, we will summarize relevant findings from the Illinois statewide needs assessment.

Exhibit 1. Strategic Plan Alignment to Needs Assessment

<table>
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<td>Transition supports and gaps</td>
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<tr>
<td>System integration and interagency collaboration</td>
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</tbody>
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2 For reference, the final strategic plan will have the final needs assessment report linked here.
Strategic Plan Goals

This strategic plan builds on the foundation that Illinois has maintained for years, which is set forth in the ELC’s strategic framework: to make an impact so that more children, particularly those in vulnerable and underserved populations, have greater access to high-quality ECCE programs and services. The 23 goals in this strategic plan are organized into four strategic focus areas—access, quality, coordination, and workforce—that arose from the strategic planning process. For each strategic focus, we summarize relevant needs assessments, provide strategic targets, and list progress indicators. Each strategic goal includes a detailed list of action steps. Although each strategic focal area stands alone, the focal areas and goals overlap. A glossary of terms related to the strategic plan is in Appendix A.

Strategic Focus 1: Access—Expanding Equitable Access to ECCE Services

- **Needs Assessment Finding:** Access to high-quality ECCE services is not uniform across the state across a range of social, economic, racial, and ethnic groups.

The needs assessment findings indicated that the availability of ECCE has increased in recent years, but access to high-quality services is not uniform across Illinois. Many state-led initiatives are in place to help ensure that children from vulnerable or underserved populations have access to the support services they need, but many parents may lack awareness of these supports and resources. The findings also indicated a disruption (e.g., loss of services or delay in services) between enrollment in early intervention and special education services on entry into formal schooling (i.e., ages 3 years and up). Rural areas, in particular, were found as places where disruption and demand for special education services were the greatest.

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3 All strategic goal progress indicators were developed by the University of Illinois at Urbana-Champaign.
Access Strategic Targets

Home Visiting and Infant/Toddler Supports

- By 2025, increase the number of new high-quality home visiting slots by 13,000 new (based on FY19 level).
- By 2025, increase the number of new high-quality infant-toddler slots by 5,000 (based on FY19 level) and ensure that slots that meet Early Head Start and/or Prevention Initiative Center Based (PI CB) quality standards.

Preschool

- Ensure that 80% of the low-income children entering kindergarten have at least 1 year of high-quality preschool and 70% of the children have 2 years of high-quality preschool by 2023.

Early Intervention/Special Education

- By 2025, increase the number (or percentage) of preschool-aged children receiving inclusive special education services across the state by 2 percentage points.

Goal 1: Provide Access to Ongoing Preventive Health Care

GOAL: Ensure that families with children from prenatal to kindergarten entry age have access to ongoing preventive health care, and all appropriate well-child care, health screenings, development and social-emotional supports, immunization, and mental health services and supports.

Strategies/Action Steps

A. Set state-level ECCE system performance outcomes/indicators to measure progress.
B. Prioritize baseline data for the targeted health disparities.
C. Provide training for staff, partners, and the public regarding health disparities.
D. Develop ongoing benchmarks for priority health disparities.
E. Establish a legislative agenda and partnerships to support health disparity reduction targets.
F. Develop traditional and nontraditional funding streams to support health disparity reduction programs and processes.
G. Establish voluntary universal prenatal and postpartum connections/visits that provide referral services.
H. Expand funding and access to doulas.
I. Increase funding for perinatal support.
J. Improve data sources to identify gaps in local mental health services, developmental screenings, and social-emotional screenings by conducting outreach.

**Goal 2: Expand Newborn Supports for All Births**

**GOAL:** Expand universal newborn supports for all births to connect families with local community services and resources based on individual needs and family wishes.

**Strategies/Action Steps**

A. Identify and charge an existing workgroup to oversee, develop, and participate in the action steps and finance mechanisms needed for this goal.

B. Inventory the availability, access, quality, and equity of newborn supports throughout the state.

C. Identify communities ready for the next phase of the statewide expansion of universal newborn supports.

D. Identify a source of sustainable funding for statewide universal newborn supports expansion (not to supplant funding for existing evidence-based home visiting).

E. Plan for the alignment and coordination of all ECCE providers and universal newborn supports to strengthen the referral process from newborn supports to ECCE providers.

F. Plan for the alignment and coordination of coordinated intake for home visiting and universal newborn supports to strengthen referral processes for home visiting and ensure prenatal outreach to families before universal newborn supports through coordinated intake for home visiting.

**Goal 3: Expand Home Visiting**

**GOAL:** Expand access to home visiting for all eligible families to achieve desired saturation and take innovation models to scale.

**Strategies/Action Steps**

A. Increase funding to home visiting programs, targeting expansion to communities with the greatest gaps in available service slots.

B. Increase awareness of the benefits and availability of intensive home visiting services to increase uptake of home visiting services by eligible families.

C. Institutionalize successful home visiting innovations, such as child welfare home visiting, to increase access to targeted services among priority population families.

**Goal 4: Ensure Affordable Infant and Toddler Care**

**GOAL:** Ensure that all low- and middle-income families have access to high-quality, affordable infant and toddler care.
Strategies/Action Steps
A. Increase the Early Childhood Block Grant funding for the Prevention Initiative and funding from other sources.
B. Conduct a gap and needs analysis about the affordability of high-quality infant and toddler care.
C. Expand the communities that are able to successfully apply for Early Childhood Block Grant funding to include more low- and middle-income communities.
D. Implement strategies for increasing the number of high-quality childcare opportunities for infants and toddlers from low-income households and improve the quality of existing childcare for infants and toddlers.
E. Expand workforce compensation for teachers in infant and toddler childcare programs.
F. Increase the capital grant funding for supporting infant and toddler programs.
G. Expand and use the funding from the capital grant to expand space for infant and toddler care.
H. Expand eligibility and lower co-pays for the Child Care Assistance Program (CCAP).

Goal 5: Ensure Affordable Preschool Early Childhood Programs
GOAL: Ensure that all low- and middle-income families have access to high-quality, affordable preschool early childhood programs that meet their families’ schedule and needs.

Strategies/Action Steps
A. Significantly close gaps in full funding by increasing the Early Childhood Block Grant funding for Preschool for All (PFA) and target funding to communities with the biggest service gaps.
B. Expand the communities that are able to successfully apply for Early Childhood Block Grant funding to include more low- and middle-income communities.
C. Increase the capital funds to build facilities in areas with low access to high-quality, affordable preschool early childhood programs.

Goal 6: Provide Timely Early Intervention Services
GOAL: Ensure that all infants and toddlers in early intervention receive individualized family service plan (IFSP) services in a timely manner.

Strategies/Action Steps
A. Implement billable, telehealth early intervention services, especially for those families experiencing delays in receiving any of the recommended IFSP services.
B. Explore and resolve transportation-related barriers that would potentially allow families to access early intervention services (with improved transportation options) in their natural environments.
C. Establish specialized teams that are uniquely equipped to provide services to bilingual or multilanguage families.

D. Establish specialized teams that are uniquely equipped to provide services to children experiencing homelessness, living in rural areas, and who are in the child welfare system by focusing efforts and supports on particular Child and Family Connections (CFC).

**Goal 7: Provide Timely Special Education Services**

**GOAL:** Ensure that all young children with special needs receive special education services in inclusive settings within the mixed-delivery service model.

**Strategies/Action Steps**

A. Expand access and increase funding to ensure that more high-quality programs are in place to improve services and access to high-quality inclusive childcare.

B. Increase childcare capacity to provide high-quality inclusive childcare through technical assistance and professional development.

C. Revise the quality standards related to inclusion within ExceleRate.

D. Improve continuity between Individuals with Disabilities Education Act (IDEA) Part C (birth to age 2) and Part B (ages 3 to 21 services).

E. Create and implement guidance with administrators of local education agencies (LEAs), community-based organizations (CBOs), Head Start directors, early intervention professionals, and other ECCE programs to provide inclusive opportunities for serving young children with disabilities across the state.

F. Elevate models of successful collaboration between LEAs, early intervention providers, CBOs, and other ECCE programs to serve children with disabilities with supports and services within CBOs.

G. Ensure that state rules and regulations are in place to allow LEAs flexibility to provide services and supports and CBOs flexibility to collaborate with LEAs.

Build infrastructure to support early intervention providers and ECCE providers (Prevention Initiative, Early Head Start, childcare) to provide services with the intent to maximize inclusive opportunities for infants and toddlers with disabilities and their families.

**Goal 8: Increase Family Engagement**

**GOAL:** Increase family and parent knowledge, choice, and engagement within the ECCE system.

**Strategies/Action Steps**

A. Provide opportunities for parent leadership and parent supports in all program, community, and state-lead advisory bodies.

B. Increase family access to resources pertaining to parenting, inclusion, homelessness, and linguistic isolation.
C. Provide training to staff to support families.

**Goal 9: Eliminate Racial/Ethnic Disparities in ECCE Services**

**GOAL:** Eliminate racial/ethnic disparities for children participating in all programs that contribute to school readiness and life success by addressing racial disparities in enrollment in preschool for 3- and 4-year-olds and in prenatal to age 3 services.

**Strategies/Action Steps**

A. Establish and implement concrete work plans and accountability measures for the ELC racial equity plan.

B. Align and standardize race/ethnicity data collection and reporting (collect, analyze, and report by race/ethnicity and English learner status).

C. Evaluate and identify whether processes for distributing resources exacerbate racial disparities, including agency contracting.

D. Determine the extent of disparities by income, race, ethnicity, and language ECCE enrollment and participation data, across a range of services and ExceleRate quality ratings.

E. Produce an annual report on the progress to date on this goal.

F. Identify a racial equity assessment tool for ECCE programs to use.

G. Prioritize state ECCE funding and investments in priority populations and create resources to develop capacity in geographic areas with the greatest racial/ethnic disparities.

H. Create pilots for a comprehensive neighborhood system of care collaboratives (a collaboration of multiple programs and agencies) to ensure that the state is meeting a range of family needs (such as housing or rent assistance, transportation, food, employment).

I. Develop strategies to integrate families of all backgrounds, including those with mixed immigration status, families without permanent housing, families who are justice involved, caregivers who work nontraditional hours, and others into ECCE services.

**Access Key Progress Indicators**

- Data from all progress indicators by income, language, race, and ethnicity
- Number of enrollment slots in ExceleRate Illinois Silver- and Gold-rated programs serving all eligible children
- Number of children entering kindergarten who have access to at least 1 year in an ExceleRate Illinois Silver- and Gold-rated publicly funded preschool
- Number of enrollment slots designated for home visiting programs
- Number of enrollment slots designated for infants/toddlers in licensed childcare programs
- Number of children enrolled in early intervention and special education programs
- Number of children enrolled in early intervention programs and special education programs receiving services in community settings

**Special Education and Inclusion Indicators**

- Number and percentage of preschool-aged children receiving special education services across the state
- Number and percentage of preschool-aged children receiving special education services that are for all children (e.g., Head Start, Preschool for All) across the state
- Number of preschool-aged children receiving self-contained special education services across the state
- Number of children enrolled in early intervention receiving services in community settings
- Number of early childhood programs in which special education services are delivered (e.g., Head Start, Preschool for All, childcare)
- Characteristics of children receiving special education services across the state (e.g., race, ethnicity, age)
- Number and percentage of general ECCE settings with an ExceleRate Gold rating in which young children with disabilities receive special education services
- Number and percentage of children with special needs enrolled in general ECCE settings in which young children with disabilities receive special education services
- Number and percentage of general ECCE settings with an ExceleRate Silver rating in which young children with disabilities receive special education services
- Number and percentage of general ECCE settings (serving children receiving special education/early intervention services) with Outstanding Practices in Inclusion awards
- Number of classrooms that implement at high quality as determined by tools, such as the Illinois Inclusion Guidelines or Inclusive Classroom Profile

**Strategic Focus 2: Coordination—Enhancing Coordination and Collaboration Across Multiple Types of ECCE Services**

- **Needs Assessment Finding:** A challenge to system integration and interagency collaboration is a lack of consistency in data reporting and collection.
Issues of coordination between service providers as well as among state agencies and other organizations was a finding in the needs assessment, particularly coordination related to the definition of terms, data collection, reporting and analysis, transition supports, and cost modeling. The needs assessment uncovered that a central challenge to ECCE system coordination and collaboration is a lack of consistency in the definitions and the use of key ECCE system terms. The definitions of terms such as “low-income” families, “quality” ECCE, and “access to” or “availability of” ECCE varied across reports. Transition supports (between preschool, kindergarten, home visiting, and/or different types of care) also were found in the needs assessment as a challenge to improving coordination. For children who are vulnerable or underserved, trauma-informed support that follows the children as they transition between types of care (e.g., home- to center-based childcare or preschool to kindergarten) also was identified as a need.

**Coordination Strategic Targets**

- By 2023, increase the number of state-funded community collaborations to 75–100 (that are accountable to the defined roles and responsibilities).
- By 2025, there will be 75–100 highly functioning community collaborations (that are accountable to the defined roles and responsibilities).

**Goal 10: Improve Data Usage**

**GOAL:** Ensure that Illinois’ early childhood practice and policy decisions are driven by a culture of data use that supports strong, equitable outcomes and engages stakeholders.

**Strategies/Action Steps**

A. Improve the public reporting of relevant data, including but not limited to dashboards measuring progress on key indicators.
B. Strengthen the capacity of all stakeholders to use data effectively, at both the state and community levels.
C. Strengthen the ability of agencies to share data while protecting individual privacy.
D. Improve the ability of the state to share data with research partners.
E. Streamline data collection and support new technology platforms that reduce the burden on providers.
F. Where needed, create streamlined processes to obtain consent from families.
G. Build the state’s capacity to conduct research and evaluation to study and learn from the implementation of all strategies and support the capacity needed to use the results of that research and evaluation to improve policy and practice.
Goal 11: Define an Infrastructure to Implement Comprehensive Systems-Building Efforts

**GOAL:** Establish and sustain a defined state/regional/local infrastructure for Illinois’ early childhood system to implement its comprehensive systems-building efforts to improve outcomes for young children.

**Strategies/Action Steps**

A. Build and fund state-level infrastructure and readiness to support access to data and support community-level planning at the regional and local levels in identified high-need communities (e.g., priority and underserved).

B. Support local community collaborations in successfully completing and improving the community systems development benchmark survey.

C. Provide funding to increase the number and percentages of communities using coordinated intake.

D. Develop a database to track the procedural steps, families, and referrals in the coordinated intake process.

Goal 12: Strengthen Program Coordination

**GOAL:** Support systems building and improve cross-system connections among programs for shared practices with other needed services to ensure that every community has a system for helping families access the coordinated supports they need.

**Strategies/Action Steps**

A. Improve alignment between home visiting and other systems, such as early intervention, child welfare, mental health, and health care to improve the ease of referrals and access to a continuum of services for families.

B. Streamline access for families by establishing eligibility requirements on a continuum and/or creating a common intake procedure.

C. Incentivize and support implementation of kindergarten transition plans through coordination between early childhood collaborations and local public schools.

D. Build our existing and new cross-sector partnerships to support holistic wraparound and coordinated supports for children and families for ECCE services and other services.

**Coordination Key Progress Indicators**

- Number of community collaborations established in identified high-need communities
- Percentage of local community collaborations completing the community systems development benchmark survey
Expanded Coordinated Intake in Home Visiting Programs Performance Metrics

- Home visiting
  - Increase the total number of home visiting program slots filled by coordinated intake.
  - Increase the total number of referrals processed by coordinated intake.
  - Improve the ability to track the source and status of referrals to home visiting. Track the status of any additional referrals made to other entities and agencies.

- Coordinated intake process
  - Improve the ability to track the number of priority populations of families participating in coordinated intake as measured by income, language, race, and ethnicity.

Kindergarten Transition Performance Indicators

- Increase the number of LEAs partnering with ECCE providers on kindergarten transition plans, including the use of local transition leadership teams, developing a plan to share student information between ECCE programs and kindergarten, professional development activities, and curricula alignment plans.

Strategic Focus 3: Quality—Improving the Quality of ECCE Services

- Needs Assessment Finding: Access to high-quality ECCE services is not uniform, and no standard definition is used for quality across the full range of ECCE services serving children prenatal to birth—and their families—in the system.

The needs assessment findings indicated that access to high-quality ECCE services is not uniform across Illinois. Also, a consistent definition of quality is lacking across organizations about what quality means for ECCE systems. Although a few common themes emerged (developmentally appropriate curricula, teacher qualifications, inclusion of specific populations, family engagement, and compliance with state and federal standards), not every element appeared in every definition of quality used in the Illinois ECCE system.

Quality Strategic Targets

- Increase the number of ExceleRate Illinois Silver- and Gold-rated licensed center and home-based programs from 839 to 1,510 by 2023.
• Increase the number of infants and toddlers served in high-quality care that includes comprehensive family supports by 5,000 by 2023.

• Increase the number of trained and practicing early childhood mental health consultants from 100 to 300 by 2023.

• Increase the number of ECCE programs receiving Pyramid Model implementation support from a process coach by 50% (currently 42 programs) by 2023.

**Goal 13: Implement an Improved Funding Mechanism**

**GOAL:** Implement a funding mechanism that is timely, transparent, and sustainable that service providers can access to deliver high-quality ECCE, meet evidence-based performance standards, and provide adequate compensation to all ECCE staff.

**Strategies/Action Steps**

A. Implement the Funding Commission’s recommendations for the mechanisms for funding distribution.

B. Develop childcare contracting models.

C. Execute a PDG pilot for transforming the funding of childcare and other ECCE services.

D. Integrate lessons learned into the current system and bring to scale.

**Goal 14: Modify QRIS Standards and Strengthen Support Systems**

**GOAL:** Modify standards and strengthen support systems so that programs move to higher levels of the Quality Rating and Improvement System (QRIS; ExceleRate) and children achieve kindergarten readiness.

**Strategies/Action Steps**

A. Finalize revisions to QRIS standards.

B. Engage ISBE, IDHS, and DCFS in planning for support aligned with the revised standards.

C. Adapt the contracts and funding for the Child Care Resource & Referral and other program support systems needed to execute the revised standards.

D. Build ECCE programs’ and staff capacity to include and serve children from priority populations, through strengthened policies and supports.
Goal 15: Improve the Quality of Home-Based Settings

**GOAL:** Improve the quality of home-based settings by providing appropriate supports and incentives, including funding for family childcare networks.

**Strategies/Action Steps**

A. Engage the ExceleRate subcommittee to establish a tiered funding/tiered QRIS ladder for family childcare homes to improve quality in steps to higher ExceleRate circles of quality.

B. Fund family childcare networks and support services.

C. Fund resources to family childcare homes to improve physical environments to attain higher ExceleRate circles of quality.

Goal 16: Expand Early Childhood Mental Health Efforts

**GOAL:** Ensure that investments and policies for early childhood mental health efforts are (a) carried out within the framework of equitable promotion, prevention/intervention, and treatment; (b) embedded in the Illinois comprehensive early childhood system; (c) designed to meet the needs of all children and their families with a focus on the most vulnerable; and (d) organized to demonstrate accountability.

**Strategies/Action Steps**

A. Identify and allocate public and private funding to create a fiscal map of current public investments in early childhood mental health promotion, prevention/intervention, and treatment services and supports to determine how to allocate resources more effectively.

B. Collect data on gaps in services and inequities in resource allocation as well as funding limitations that may reflect gaps in service.

C. Fund an increased number of mental health consultants across the state.

D. Expand the number of ECCE programs across child and family serving systems implementing the Illinois Mental Health Consultation Model.

E. Measure progress toward identified outcomes to understand the impact of investments and establish a process for data development and tracking.

F. Develop state agency policies related to the provision and integration of early childhood mental health promotion, intervention/prevention, and treatment services and supports.

Goal 17: Expand Use of the Pyramid Model

**GOAL:** Expand the number of ECCE programs implementing the Pyramid Model.

**Strategies/Action Steps**

A. Increase the number of process coaches trained in the Pyramid Model.

B. Increase the number of programs that have process coaches.
C. Provide more funding for programs to access process coaches and training.
D. Expand opportunities to bring more people into the Master cadre (training, coaches).

**Quality Key Progress Indicators**

- Number of ExceleRate Illinois Silver- and Gold-rated licensed centers and homes and publicly funded early childhood programs
- Number of children enrolled in ExceleRate Illinois Silver- and Gold-rated licensed centers and homes and publicly funded early childhood programs
- Number of early childhood mental health consultants
- Number of early childhood programs receiving the Pyramid Model implementation support from a process coach

**Strategic Focus 4: Workforce—Addressing Recruitment, Retention, Compensation, Equity, and Professional Development of the ECCE Workforce**

- **Needs Assessment Finding:** There is a need to attract and retain qualified staff, as well as provide more extensive training, professional development, and preparation to educators and providers to improve quality and racial equity.

Needs related to the workforce is a topic that emerged in the needs assessment findings. For example, the findings indicated a need to provide more extensive training and preparation to teachers and staff who serve the children we have defined as vulnerable or underserved to expand access to quality ECCE services. The needs assessment also indicated that there is frustration in the ECCE system related to the ability to attract and retain highly qualified ECCE workforce. The ECCE workforce includes home visitors, educators, teachers, caregivers, consultants, and other practitioners or staff employed in ECCE programs. Workforce Strategic Targets

1. Award 6,000 Gateways Credentials and/or Professional Educator Licenses (PELs) with early childhood education endorsement in the first 3 years.

2. Increase the average community-based wage of early childhood educators by 50% by 2025.
Goal 18: Increase Compensation for ECCE Workforce

GOAL: Increase compensation for providers in the early childhood care and education workforce.

Strategies/Action Steps

A. Develop and approve guidelines for home visiting and doula compensation; submit to home visiting and doula funders for implementation.
B. Increase CCAP reimbursement rates, with accountability structures that ensure increases lead to staff compensation increases.
C. Pilot CCAP contracts that include designated compensation funding.
D. Require compensation parity in Early Childhood Block Grant grants.
E. Increase CCAP eligibility to allow for increased compensation without decreasing private-pay affordability.
F. Create an early childhood wage scale.
G. Increase public funding for ECCE and designate funding increases for compensation increases.

Goal 19: Eliminate Workforce Racial and Ethnic Disparities

GOAL: Eliminate racial and ethnic disparities in the early childhood workforce.

Strategies/Action Steps

A. Collect comprehensive workforce data on race and ethnicity.
B. Applying a racial equity lens, develop strategies to link policies for workforce compensation to appropriate education levels to support the vision of a racially and culturally diverse, educated, and professional workforce for early childhood across all sectors (ELC, 2019).4
C. Support efforts to develop new, alternative, and innovative ways for teachers to become qualified and for friend, family, and neighbor providers to be reached.
D. Offer targeted higher education pathways and job-embedded professional development supports to educators of color and existing members of the early childhood workforce.
E. Increase compensation for family childcare providers and teacher assistants.
F. Recruit professionals who are ethnically, culturally, and linguistically representative of the families and children served.

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Goal 20: Expand Professional Development

**GOAL:** Enhance early childhood professional development to expand access as well as service offerings, such as mentoring and coaching.

**Strategies/Action Steps**

A. Include professional development as a key component of the work addressed by the Illinois Early Childhood Interagency Team.
B. Develop policies and provide adequate funding for high-quality, job-embedded professional development for all early childhood practitioners, regardless of ECCE program type.
C. Create a cross-sector early childhood professional development leadership team to work on cross-sector alignment activities.
D. Create and distribute print materials that outline and explain the various parts of the early childhood professional development system and how they relate to one another.

Goal 21: Restructure and Integrate Workforce Data Systems

**GOAL:** Restructure and integrate workforce data systems to better allow linkage, analysis, research, sharing, exporting, and use.

**Strategies/Action Steps**

A. Rationalize, standardize, and align workforce data systems across state agencies.
B. Build the systems architecture necessary to link and analyze workforce data across state agencies.
C. Construct an early childhood workforce participation data set.
D. Develop an early childhood workforce research agenda.

Goal 22: Provide Higher Education Supports

**GOAL:** Provide the higher education supports necessary to produce a qualified, competent, diverse, and representative ECCE workforce, including the development of a competency-based preparation and qualifications system and higher education supports for educator candidates.

**Strategies/Action Steps**

A. Increase knowledge and understanding of Gateways Credentials and the competencies-based system within higher education institutions and among public and private employers of providers in the ECCE workforce.
B. Embed Gateways Credentials in state systems (e.g., DCFS, childcare licensing standards, Early Childhood Block Grant standards/rules, ExceleRate Illinois).
C. Expand cohort-based postsecondary supports in institutions of higher education across Illinois and targeted to specific areas of study within early childhood.
D. Pilot modularization of competency-based coursework, including the implementation of assessments of prior learning.

E. Increase funding for Gateways Scholarships, Gateways Credential fee waivers, and tuition reimbursement for early childhood educators, educator candidates, home visitors, and other ECCE providers.

**Goal 23: Strengthen Workforce to Better Support the Development of Children Who Are Culturally, Racially, and Linguistically Diverse**

**GOAL:** Increase opportunities for the early childhood workforce to better support the development of children who are culturally, racially, and linguistically diverse.

**Strategies/Action Steps**

A. Develop and pilot model program(s) for individuals with a bachelor of arts degree and an Illinois Gateways ECE Level 5 Credential to earn a PEL.

B. Develop and pilot model program(s) for individuals with an Illinois Educator License with Stipulations in transitional bilingual education to earn an Illinois PEL with an endorsement in ECCE.

C. Develop and implement endorsement programs for individuals with existing non-ECCE PELs to add a secondary endorsement of ECCE.

D. Increase offerings of Gateways to Opportunity Multilingual Credentials at Illinois institutions of higher education.

E. Map opportunities for shared professional development across funding streams and program models on core topics and special training related to priority populations.

**Workforce Key Progress Indicators**

- Number of Gateway credentials and/or PELs with early childhood education endorsement awarded
- Number of special education endorsements or letters of approval awarded to providers in the ECCE workforce
- Number of bilingual or English as a second language Gateways Credentials or endorsements awarded to providers in the ECCE workforce
- Statewide average compensation for assistant teachers, lead teachers, directors, home visitors, doulas, and other providers in the ECCE workforce
- Number of early childhood programs receiving the Pyramid Model implementation support from a process coach
Professional Development Alignment Indicators

- Development, publication, and implementation of a public statewide, cross-agency professional development calendar that aligns all professional development opportunities from entities such as Gateways, STAR NET, and the Early Childhood Center of Professional Learning
- Creation of a statewide website dedicated to professional development that enables users to learn about early childhood professional development opportunity options
- Number of participants attending aligned professional development opportunities
- Role and/or affiliation of participants attending the aligned professional development opportunities
- Percentage of early childhood programs with “protected time” for professional development
- Number and percentage of childcare programs offering protected time for professional development

Potential Barriers to Goals

Several barriers could pose a threat to the state’s ability to achieve some of its strategic goals. These barriers include limited financial resources, limited workforce capacity, and limited program capacity.

Barriers to Achieving Strategic Focus 1 (Access)

The needs assessment indicated that issues related to the precise definition of important topics (e.g., populations served, quality in ECCE across a range of programs) and inconsistent data sources to track the ECCE system are prevalent. The Illinois Early Childhood Asset Map grappled with the definition of high needs and how best to quantify it. The ELC All Families Served Subcommittee has developed priority population recommendations for the state, which have provided some guidance in attempting to quantify children with high needs plus priority and vulnerable populations. However, the definition for high needs depends on the funding source, so tracking and defining who is getting access to what services also varies greatly, even though financial resources and funding for ECCE services and programs to meet the needs are limited. Along with this, a lack of clarity and awareness exists in what funding may available to support service providers as well as the uncertainty and confusion regarding grant funding.
Barriers to Achieving Strategic Focus 2 (Coordination)
The needs assessment revealed that several practices are in place because of legislative orders reflecting effective and supportive interagency collaboration supporting young children and families (e.g., Illinois ELC, GOECD, ExceleRate Illinois, the interagency team, and the Illinois Longitudinal Data System). Recently, legislation passed by the state’s General Assembly, such as Public Act 100-0645, has served as a lever to incentivize greater interagency collaboration in ECCE. However, as much as the state has put effort into improving collaboration and coordination across the ECCE mixed-delivery system, establishing meaningful, sustaining partnerships can be difficult. Leadership may change, whether that be administration changes or leadership changes within organizations; it is increasingly more difficult to work together toward the common goal of improving early childhood services in the state. In addition, given the difficulty to coordinate across organizations and services, there have been missed opportunities to connect families to the appropriate services, particularly those with the highest needs. The lack of appropriate and identified data to measure coordination and collaboration, along with capacity issues within state agencies for sharing available and pertinent data to the actual wording of the operational definition of the developed metrics (i.e., high-quality early learning), serve as barriers. The ongoing data sharing and communication challenges across agencies and programs may be one of the largest barriers for the state.

Barriers to Achieving Strategic Focus 3 (Quality)
Beyond the need for additional financial resources, another issue is the schedule of funds for those programs relying on Illinois Early Childhood Block Grant funding. The problem with this funding is cyclical in nature because this funding is not released until several months into the fiscal year, which largely eliminates CBOs from receiving this money because they cannot afford to wait. As a result, those CBOs may have difficulty improving their quality. Also lacking is the availability and definition of data sources that can support the development and monitoring of quality improvement initiatives.

Barriers to Achieving Strategic Focus 4 (Workforce)
Another major issue is the limited availability of a highly qualified workforce. Returning to the earlier discussion of a lack of funding, lower salaries discourage students from pursuing a path in ECCE from the outset and makes recruitment to the field more challenging. In addition, diversity is lacking among teachers, teachers have inadequate preparation for dealing with children and families who have experienced trauma, and teachers and service providers have few resources once they are in their positions.
## Appendix A. Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Child Care Assistance Program (CCAP)</td>
<td>This program assists low-income families in paying for childcare.</td>
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<tr>
<td>Child Care and Development Block Grant</td>
<td>This grant supports families by increasing the availability, affordability, and quality of childcare in the United States.</td>
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<tr>
<td>Child Care Resource and Referral</td>
<td>Community organizations that track childcare supply and demand; provide training, technical assistance, grants, and resources to childhood practitioners; recruit new providers; and administer the CCAP.</td>
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<tr>
<td>Child and Family Connections (CFC)</td>
<td>These privately contracted agencies work as a part of a statewide system to ensure that all referrals of children under 3 years old to the Early Intervention Services System receive a timely response.</td>
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<tr>
<td>Doula</td>
<td>A community health worker who provides skilled continuity of care throughout the childbearing year.</td>
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<tr>
<td>Early Childhood Block Grant</td>
<td>This grant provides funding for establishing early childhood education programs, including preschool education and prevention initiatives for children at risk from birth to kindergarten and their families.</td>
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<tr>
<td>Early Childhood Center for Professional Learning (ECPL)</td>
<td>The ECPL provides free professional learning and resources that support ISBE-funded programs in implementing practices that improve outcomes for young children and their families.</td>
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<tr>
<td>Early Head Start</td>
<td>This program provides support to low-income infants, toddlers, pregnant women, and their families.</td>
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<tr>
<td>English Learner</td>
<td>Any student in Pre-K through Grade 12 whose home language background is a language other than English. The student’s proficiency in speaking, reading, writing, or understanding English is not yet sufficient to provide the student with the ability to meet the state’s proficient level of achievement on state assessments or achieve success in classrooms where the language of instruction is English.</td>
</tr>
<tr>
<td>ExceleRate Quality Ratings and Improvement System</td>
<td>The QRIS gives providers a process to pursue quality efforts that will help them learn more, do better, and improve developmental skills among the children they impact. ExceleRate Illinois provides standards, guidelines, resources, and supports for providers to make changes that lead to better quality outcomes. The comprehensive system includes licensed childcare centers, Preschool for All programs, Head Start programs, and licensed childcare homes.</td>
</tr>
<tr>
<td>Illinois Longitudinal Data System (ILDS)</td>
<td>The ILDS enables state agencies to link early childhood, education, and workforce data to answer questions in areas that are important to Illinoisans and critical to understanding the state’s future education needs.</td>
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<tr>
<td>Inclusive Classroom Profile</td>
<td>This observational tool assesses practices with the strongest research base for supporting the education and development of young children.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>The Kindergarten Individual Development Survey (KIDS)</td>
<td>KIDS is a research-based observational assessment tool for teachers to document and reflect on the learning, development, and readiness of all children in kindergarten.</td>
</tr>
<tr>
<td>Preschool for All</td>
<td>Preschool for All is a free program of the ISBE that is committed to serving children at risk and families in Illinois, with the goal of serving all 3- to 5-year old children whose families choose to participate, and to provide child development and family support to the most infants and toddlers who are at risk.</td>
</tr>
<tr>
<td>Prevention Initiative Center Based (PI CB)</td>
<td>PI CB provides grants given to center-based programs to expand access to the Early Head Start model as well as other birth to 3 models.</td>
</tr>
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</table>
Appendix B. Stakeholders Engaged

[Final list of stakeholders involved in the strategic plan will be included in the final draft.]
Appendix C. Existing Strategic Plans Reviewed


Illinois Early Learning Council Access Committee. (2019). Early childhood construction grant program ad hoc workgroup recommendations to strengthen the ECCG program.


Illinois Governor’s Office, & Governor’s Office of Early Childhood Development. (2019). Strategic goals from the governor’s office and GOECD (shared with AIR on October 15, 2019).


Appendix D. Focal Planning Workgroup Final Reports

[Final reports for focal planning vendors will be included in the final draft.]
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