



# Early Childhood Regional Needs Assessment

**Region 49**  
(Rock Island County)



In Partnership with





## Region 49 Staff

Regional Council Manager: Emily Cummings (she/her)  
Family & Community Engagement Specialist: Angelica Villarreal (she/her)  
Administrative Support: Kelsey Swanson (she/her)

Office Address: BridgePoint 485, 1 Montgomery Dr., Moline, IL 61265  
Phone Number: (309) 270-5612  
Email: [ecummings@birthtofiveil.com](mailto:ecummings@birthtofiveil.com)  
Web: [www.birthtofiveil.com/region49](http://www.birthtofiveil.com/region49)

## Region 49 Action Council Members

April Berthiaume  
Danen Busch  
Beverly Clark  
Andrea Flannery  
Melissa Gravert  
Janet Hill  
Tess Hurt  
Kate Jennings  
Cindy Mahr  
Lindsay Meeker  
Marcy Mendenhall  
Tammy Muerhoff  
James Richardson  
Marcia Seabolt  
Tiera Teague  
Michael Terry  
Lisa Williams

## Region 49 Family Council Members

Jazmin Cervantes  
Natalie Doyle  
Jess Lovera-Matter  
Jamie Nordling  
Kristen Petry  
Abigail Pritchard  
Antoine Smith  
Georgia Stear  
Ashley Tharp  
Amanda Wentler

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## Region 49 Executive Summary

In 2021, the Illinois Commission on Equitable Early Childhood Education and Care (ECEC) Funding issued a report with findings that highlighted the inequities in ECEC funding in Illinois and the need to create a better statewide infrastructure to support ECEC professionals, expand services and programs for families and caregivers, and increase enrollment in ECEC programs. The report focused on the importance of addressing racial inequities and the need to include local voices in the conversation funders and decision-makers were having about ECEC.

The experiences and knowledge families, caregivers, and early childhood professionals gain while navigating the complexities of the State's ECEC system is valuable, and understanding their lived experience in the local context is vital for decision-makers to ensure communities have access to the programs, services, and supports they need. To this end, Birth to Five Illinois was created to harness family and caregiver voices in ECEC and serve as a bridge between the communities and policymakers so family, caregiver, and professional experiences can guide the decisions made to expand or enhance services across the State.

An Early Childhood Regional Needs Assessment was created to present publicly available quantitative data and qualitative data from caregivers, ECEC professionals, and other community stakeholders collected through Action Council and Family Council meetings, focus groups, interviews, community meetings, and surveys. Throughout the process, regional barriers were documented, and recommendations were developed based on identified needs of families. This Executive Summary provides an overview of key findings from the development of the Region 49 Needs Assessment, which includes recommendations developed by our Action and Family Councils. Additional findings, analysis, and recommendations can be found in the full report.

### Key Findings

Science indicates that a child's brain develops more rapidly during the first five years of life than at any other time. These first years have a long-lasting impact on their health, affect their ability to learn, and can bolster their chances of success in life. Region 49 is committed to children, and we see this demonstrated through the commitment to programs like home-visitation for expectant parents, to quality ECEC programming that prepares children for kindergarten. We see this in our collaboratives like the Early Childhood Coalition and the All Our Kids Network made up of community members that identify needs and cultivate resources to enhance services and support to young children and their families. We also recognize there is more to do. Rock Island County has a 66% slot gap, meaning only one in three children ages 0-5 can attend ECEC programming. We know this problem is compounded by the fact that many classrooms across our Region are closed due to an overall lack of qualified ECEC educators. With 77 different languages represented in our school districts we know Rock Island County is stronger because it is rich in cultural and linguistic diversity but have a long way to go in effectively communicating with and serving the refugee and immigrant families. As we work to mobilize our findings, we are thankful for the dedication of individuals in our community who have and continue to amplify family voice, address racial equity, and believe in the power of collective impact to benefit children in our Region.



## Region 49 Needs

- Quality child care to be accessible for all families.
- An ECEC system that is easy to navigate.
- Affordable ECEC services.
- Specialized and specific services to meet the needs of children, families, and providers.
- A strong ECEC workforce.
- Provider and family input on policy changes.
- Accurate and extensive data.

## Region 49 Recommendations

### 1. Optimize the ECEC Workforce

Locally, Region 49 should continue to recruit and promote a diverse workforce through supporting ECEC coursework, promoting quality interactions, and providing mentorship opportunities. The State should implement a framework to ensure ECEC providers receive compensation and benefits that align with those being offered through local school districts.

### 2. Streamline Service Coordination

For Region 49 to become more accessible, community leaders should create a centralized intake system that connects families with the appropriate ECEC services based on their individual needs. The State should modernize CCAP by adding it to the current Application for Benefits Eligibility (ABE) system, which allows families to understand the programs they are eligible for, have all their documentation uploaded, and complete renewal activities all in one place.

### 3. Data-Informed Action & Advocacy

A data-informed approach to action and advocacy starts with ensuring that family and provider voice is amplified on the state level and that legislation is informed by the people it impacts. Data will then be used to develop evidence-based policies and advocacy efforts like making child care more affordable for families by capping rates at 7% of a family's income, ensuring the pre-employment approval process for providers (background checks and health and wellness requirements) are subsidized and processed quickly and efficiently, and incentivizing infant and toddler slots in ECEC settings.

### 4. Access to Specialized Supports

Navigating special needs, challenging behaviors, new parent support, and transportation are all critical areas that require specialized attention to ensure every child has equal access to high-quality early childhood education.

### 5. Culturally Responsive Programming

Region 49 should build intentionality around equipping educators with the knowledge and skills needed to create culturally affirming learning environments while fostering and encouraging partnerships that allow for the exchange of knowledge, resources, and expertise. Region 49 must also recognize the importance of language diversity and promote opportunities for children to maintain and develop their home language by employing bilingual or multilingual staff or interpreters to facilitate effective communication between families and educators.

For more information or to learn how you can become involved with Birth to Five Illinois, please contact:

**Emily Cummings (she/her)**

Phone Number: (309) 270-5612

Email: [ecummings@birthtofiveil.com](mailto:ecummings@birthtofiveil.com)

Web: [www.birthtofiveil.com/region49](http://www.birthtofiveil.com/region49)

# REGION 49 SNAPSHOT INFOGRAPHIC

Using a Collective Impact Model, between September 2022 and June 2023, we led our Action and Family Councils through data discussions to identify gaps and needs for children and families.

We coordinated focus groups, interviews, and surveys to gather input from community members across the Region.



10,694

Children Under  
the Age of 6  
in Region 49



5,300

Children 0-5  
at 200% Federal  
Poverty Level



2,104

Children 0-5  
Without Publicly  
Funded ECEC Slots

1 in 3

Number of Rock Island County children who can attend ECEC programming based on the number of available child care slots.

“Ask anybody on the street who is responsible for ensuring ECEC centers’ existence; most people would say it’s a private business. Ask the same person who is responsible for ensuring K-12, and they will say the State. That’s a fundamental problem.” - Community Member

After identifying the most common and pressing Early Childhood Education & Care (ECEC) needs of their communities, Regional Councils made recommendations for how best to meet them.

## REGION 49 NEEDS

1. A strong and diverse ECEC workforce
2. Accessible, affordable, and quality child care and services
3. An ECEC system that is easy to navigate
4. Specialized and specific services to meet the needs of children, families, and providers

## REGION 49 RECOMMENDATIONS

1. Recruit and promote a diverse workforce through supporting ECEC coursework, modeling self-care and healthy practices, and providing mentorship opportunities
2. Develop a centralized intake system that connects families with the appropriate ECEC services based on their individual needs
3. Equip educators with the knowledge and skills needed to create culturally affirming learning environments



“A lot of individuals do not understand how to access or apply for services. These resources are here for **you** – to help **you!**”  
- Parent



# Overview & Acknowledgements

## Introduction

This Early Childhood Regional Needs Assessment presents data on Early Childhood Education and Care (ECEC) from multiple state and local sources throughout Illinois. It is a collaborative data report that relies on the expertise of entities that collect and analyze ECEC data, Birth to Five Illinois staff, Birth to Five Illinois Action Council and Family Council members, and a variety of cross-sector stakeholders in all 39 Regions across the State.

Through these Early Childhood Regional Needs Assessments, Birth to Five Illinois seeks to amplify the voices of those who have historically been minoritized, marginalized, or not invited to the decision-making table. Each Regional Needs Assessment offers parents, families, caregivers, ECEC providers, and other community stakeholders a platform for sharing valuable insights about their experiences within their local ECEC system. Additionally, it provides local, regional, and state decision-makers with qualitative information about each Region, adding critical context to the quantitative data that is available.

This report will be used in a variety of ways.

First, each Region's Birth to Five Illinois Action and Family Councils will use it to identify gaps in data that is needed to best understand ECEC in their area. Birth to Five Illinois Council members and Regional Staff will also use this report as a basis for making recommendations on how to increase enrollment in, and access to, ECEC programs and services, as well as to determine what additional services/programs and resources may be needed to support families and caregivers throughout the Region.

Second, this report will be made available to parents and caregivers so they can have a fuller picture of what is happening in their community and Region. It is our hope that families will learn more about the available programs and services, share the resources with other caregivers with young children, become advocates for ECEC, and help to drive long-term, sustainable change in their communities.

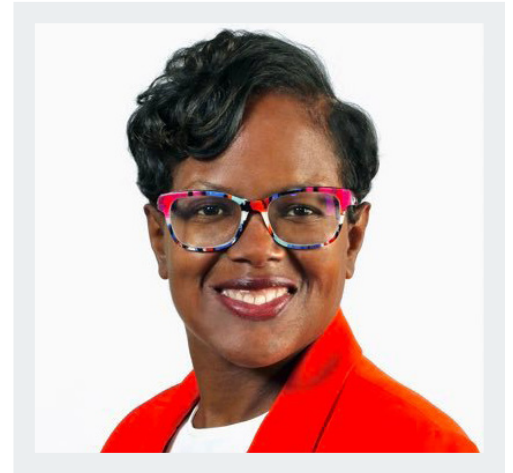
Third, policy makers, elected officials, and state agencies that administer ECEC programs will receive a copy of the report to give them a local view of the ECEC landscape in the areas they serve. The goal is to provide decision-makers with context from a community perspective so they can better understand data related to ECEC indicators and direct funding to the under-resourced areas across the State based on the feedback received from ECEC system users.

Lastly, the report will be shared with local government bodies, early childhood providers, and organizations so they can use the findings to assess and demonstrate the need for services as funding opportunities become available. Additionally, the data can be used to identify where ECEC services may need to be expanded to support the caregivers and children in the Region.



## Letter from State Leadership

In under two years, I have had the privilege of partnering with the State's ECEC community to build Birth to Five Illinois, an extension of decades of foundational efforts that led to the creation of this statewide community system. In true collective impact modeling, we set out to design a system that respects and builds on the work of numerous local organizations that are working hard (often underfunded) to support children, families, and providers' access to our State's confusing and hard-to-navigate ECEC system.



While our work is not perfect, it is genuine and ever-evolving, and I am proud of the effort our Team has made to bring the vision of this equity-focused infrastructure to life. Birth to Five Illinois, while still in the development stage, has made great gains in bringing community members together under one goal, to make Illinois “the best state in the nation for families raising young children”. Our Team has gone above and beyond to make meaningful community partnerships and create space for the prioritization of family voices. My extended gratitude goes to each of the 128 people who shared the vision, brought their passion, and have worked tirelessly every day to improve ECEC experiences for the children and families in their communities.

In collective impact, nothing is done alone. We have many champions to thank, including:

- The Governor, staff in the Governor's Office and the Governor's Office of Early Childhood Development (GOECD), and the dedicated members of the Early Childhood Funding Commission for their early childhood visioning and dedication to racial equity.
- The Illinois Department of Human Services (IDHS) and Illinois State Board of Education (ISBE) for their generous funding and commitment to building this community system with families and caregivers at the center.
- Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) for providing the institutional, technical, and organizational support needed to launch the Birth to Five Illinois department and infrastructure.
- Illinois Action for Children (IACF) and the Illinois Early Childhood Asset Map (IECAM) for training and technical support. Many of the visualizations in this report were developed by staff from both organizations based on data they collected and analyzed on our behalf.

Most importantly, I would like to thank the hundreds of community members who signed up to serve on their Region's Action and Family Councils. It is their perspective and passion that have inspired us and made this report possible. Thank you to the countless parents who trusted their Council peers with vulnerable stories; providers who emanate passion for the children in their care; business owners offering creative solutions for the identified needs; elected officials who are fierce advocates; faith leaders who opened their doors for care and are now encouraging others to do the same; and various ECEC systems partners who offer families step-by-step support through the enrollments process, blending together the supports families need.

These Early Childhood Regional Needs Assessments are a compilation of community members' experiences; not ours. We thank them for sharing and hope we have represented them well.

**Cicely L. Fleming (she/her)**  
Director, Birth to Five Illinois

## Letter from Regional Leadership

The Birth to Five Illinois: Region 49 Team would like to convey our sincere gratitude to the countless individuals, service providers, and community partners who have played an integral role in the completion of the Regional Needs Assessment of Rock Island County. We owe a special thank you to our collaborative partner, the Early Childhood Coalition (ECC) of the Illinois Quad Cities. This Collaboration has brought excellence to our Region's Early Childhood Education and Care (ECEC) field for over 20 years, advocating for new and innovative programming to serve children birth to five years old. We appreciate the dedication of all past and current members who have selflessly given their time and energy to the betterment of our Region's children and families.

A heartfelt appreciation goes out to the members of the Region 49 Family Council who have courageously shared some of their most vulnerable stories with our Team. These stories have brought unfiltered, real-life perspectives to our narrative. Feedback from family experience is the catalyst for the continuous improvement of our local ECEC programs. Without the voices of our local families who navigate and utilize ECEC services within the boundaries of Region 49, the Birth to Five Illinois work would not be possible.

We are so grateful for the many service providers and community partners who joined our Region 49 Action Council, each playing a vital role in providing resources and considerations to illustrate an accurate depiction of Rock Island through the Regional Needs Assessment. Representatives from the ECEC sector were joined by elected officials, leaders in the business community, faith leaders, and higher education delegates. It is due to the connections of this Region's child and family support programs that we have been able to survey so many diverse families and professionals. The success of all young children is the key to a prolific future for our Region and our State.

Thank you,

**Emily Cummings (she/her)**

Regional Council Manager: Region 49

Birth to Five Illinois



## Early Childhood Education & Care (ECEC) in Illinois

ECEC in Illinois is made up of several programs, including publicly funded programs such as Head Start/ Early Head Start, Early Intervention, Early Childhood Special Education, home visiting, preschool, and center- and home-based child care. ECEC also exists within a larger system of services and supports for families, including pediatric health care, mental and behavioral health care, child welfare, and family-focused economic supports. When available, these services and supports can be confusing and difficult to navigate.

While programs and services for families and children exist across the state of Illinois, they are not accessed equitably. For example, families in rural areas oftentimes live in child care deserts and are forced to travel long distances to place their child in any program, regardless of its quality. Another example is families who speak a language other than English who may live in an area without programming in their home language, making it difficult to find educational options. A family that has little to no access to economic or material resources may live in a city with many programs but be unable to enroll their children due to the excessive cost of tuition and long waitlists for access to publicly funded slots.

Additionally, funding for ECEC has been siloed across multiple state agencies and has lacked a cohesive process for distributing funds to providers. Decentralized funding has led to unintended equity issues, leaving some areas of the State with nominal public funding for ECEC programming and others without enough funding to meet the demands of communities.



In 2019, Governor JB Pritzker declared, “Illinois will become the best state in the nation for families raising young children, with the nation’s best early childhood education and child care. My promise is this: our work won’t be complete until every child in this state enters kindergarten with 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.”

To honor this commitment, the Governor’s Office formed the Illinois Commission on Equitable Early Childhood Education and Care Funding to study and make recommendations on funding that would provide more equitable access to high-quality ECEC services for all children ages birth to five. Work groups met throughout 2020 and published a report of findings and recommendations in March 2021.

The Commission made the following recommendations to address the racial, geographic, and economic inequities found in Illinois’ ECEC system:

1. Increase public investment to help better subsidize the cost families pay out of pocket.
2. Create a coordinated funding approach by centralizing state and federal funding and distribute funding in new, more targeted ways.
3. Provide a single source for information and funding for ECEC with designated regional structures to make the system easier for families and providers.

Following these recommendations, the Illinois Department of Human Services (IDHS) established the Division of Early Childhood (DEC) to help centralize and streamline the State’s existing child care, home visiting, and Early Intervention programs.

Additionally, after the Commission report recognized, “community input and data can fuel distribution of funds more effectively and equitably” and urged for the creation of a community and regional infrastructure to ensure input from families and providers is included in the state level decision-making process, the State partnered with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to launch our equity-focused regional system. Named Birth to Five Illinois, the goal of this new infrastructure is to create a network of community Councils across the State tasked with identifying the service needs in each region.

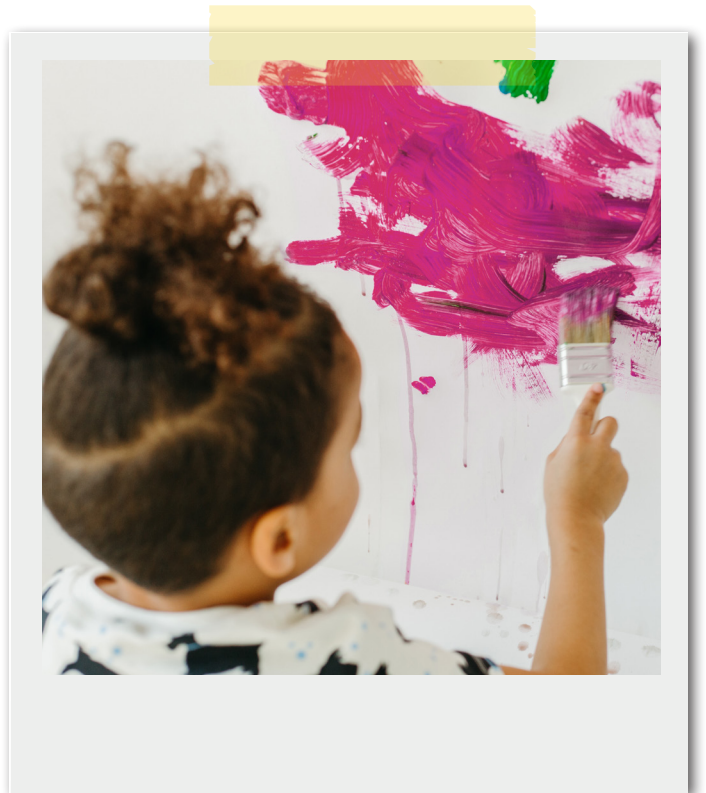
The **mission** of Birth to Five Illinois is to create a statewide regional infrastructure that will amplify input from communities in the development of policies and funding priorities. We support the mobilization of communities to build and sustain equitable access to inclusive, high-quality early childhood services for all children and families in the state of Illinois.

Our **vision** is reimagining a more equitable ECEC system that respects family and community voice and works to ensure it is centered and prioritized at every level of decision-making in Illinois.

Our **values and goals** are:

- **Family Voice:** Through this transformation centered on authentic family and community engagement, we will address the inequitable distribution of resources and services and rebuild our State’s ECEC system.
- **Racial Equity:** In an effort to move our ECEC system to one where racism no longer impacts a child’s success, we will work to dismantle barriers that have limited access to high-quality services for minoritized children in every corner of our State.
- **Collective Impact:** Birth to Five Illinois will build a system that harnesses knowledge directly from families and providers and encourages decision-makers to ensure new and/or expanded services are created to meet community needs. This community-driven framework will directly influence policy/funding at the local, regional, and state level.

Staying true to our mission and vision, Birth to Five Illinois has standardized the use of pronouns to affirm all genders and has included a land acknowledgement in each Early Childhood Regional Needs Assessments to honor the Indigenous Peoples who were forcibly removed from their land.

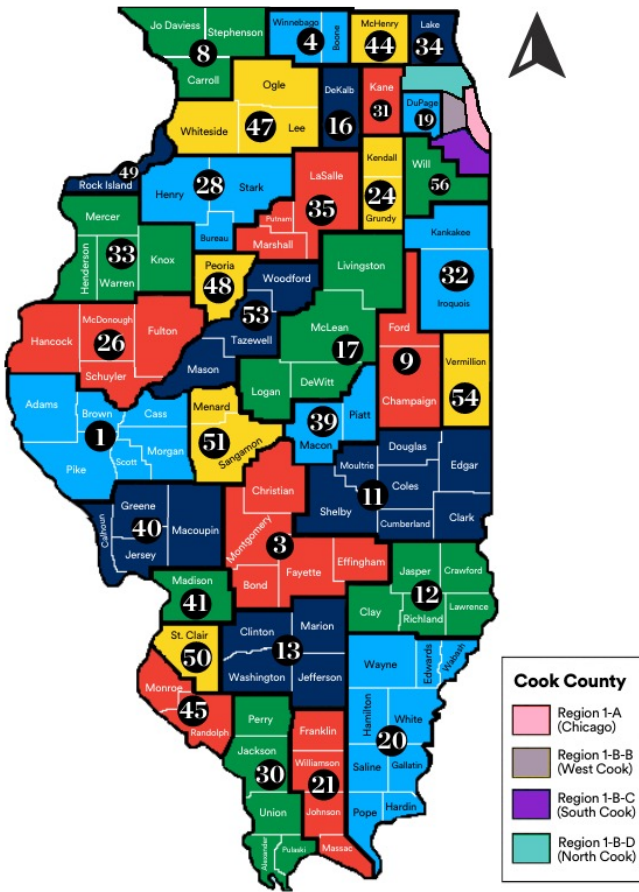


# Timeline

- **March 2021**  
Early Childhood Commission Report Published
- **September 2021**  
Birth to Five Illinois Director, Cicely Fleming, Hired
- **February 2022**  
Official Public Launch of Birth to Five Illinois
- **March 2022**  
Held Regional Community Engagement Live Webinars
- **April 2022**  
Established Partnerships with Existing Regional Early Childhood Collaborations
- **May – July 2022**  
Hired 39 Regional Council Managers across the State
- **August – November 2022**  
Hired Additional 78 Regional Support Staff
- **September 2022**  
Awarded \$2.6 Million to 24 Implementation Grantees
- **October – November 2022**  
Established 39 Birth to Five Illinois Action Councils
- **December 2022**  
Established 39 Birth to Five Illinois Family Councils
- **January 2023**  
Awarded \$575,000 to 9 Planning Grantees
- **January – April 2023**  
Council Meetings & Ongoing Community Engagement (Focus Groups & Interviews)
- **June 2023**  
39 Early Childhood Regional Needs Assessments Released
- **July – August 2023**  
Report Dissemination & Public Input



# Birth to Five Illinois Regions



To provide a structure for communities, families, and caregivers to engage with the data and share their experiences, our new statewide infrastructure was created across 39 Regions. The Regions align with existing Illinois State Board of Education (ISBE) Regional Offices of Education (ROE) boundaries. To better match demographic data to the needs for ECEC programs, Illinois Action for Children (IAFC), along with the Illinois Early Childhood Asset Map (IECAM), provided maps that reflect the true boundaries of the Birth to Five Illinois Regions. Birth to Five Illinois regional boundaries align with school districts instead of strictly following county lines, which can be a challenge for gathering and interpreting data because many early childhood services are provided by, or tied to, school districts.

After the Regions were established and staffed, Birth to Five Illinois Action and Family Councils were created by Regional Selection Committees. To ensure diverse perspectives, outreach efforts focused on community members who might be new to this type of work. Action Councils are comprised of ECEC professionals, healthcare providers, faith leaders, elected officials, and other community members. Each Action Council reserved two seats for parents/caregivers to ensure

family voices were included in every discussion. Family Councils are comprised of parents/caregivers from a wide variety of family types: single parents, adoptive and foster parents, caregivers of relatives, underage parents, two parent families, multi-generational families, and more. Each Regional Selection Committee reviewed Interest Forms, and recommendations were made based on a full consideration of a submitter's role/sector, location within the Region, race/ethnicity, gender, and answers to open-ended questions.

## Regional Needs Assessment Methodology

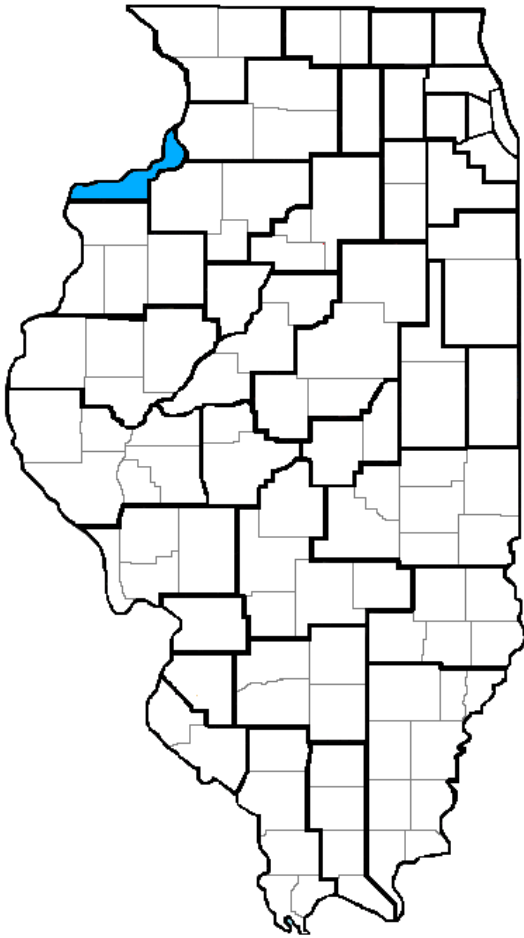
Regionally based demographic, programmatic, and service provider data from IECAM and workforce data from INCCRRA were presented to Action and Family Council members during meetings and is included in the following section. The data comes from both IECAM (2020-2021) and INCCRRA (2021), unless otherwise noted. Some Regions included additional data collected during Community Based Planning or from state and/or local organizations and agencies. Action Council members were invited to bring additional aggregated data on programs and services provided by their agency/organization to complement IECAM data, while Family Council members brought their stories and experiences with the ECEC system to help contextualize quantitative data presented and discussed during meetings.

Additional qualitative data was collected community-wide through focus groups and interviews, and all Council members were invited to provide input on their Region's report. Council members developed the strengths, needs, and recommended next steps that are unique to each Region. Regional Teams, along with the support of their Action and Family Council members, created a dissemination plan and are holding community meetings virtually and in-person to share their report's findings. Throughout the fall of 2023, Regional Teams will lead their Councils through implementation planning based on the recommendations made in their report.



# Spotlight on Region 49

# Regional Community Landscape



## Regional Boundaries

Rock Island County is on the northwest side of Illinois with the mighty Mississippi bordering on its north and west sides. The County offers rich agricultural fields, rolling bluffs, and a wide range of recreational activities. Rock Island County has a population of 142,801 (2020) and is made up of 15 cities and villages that range in population from 52 to over 42,000. The largest city is Moline which makes up 30% of the total population of the county.

Rock Island County is home to nationally known employers such as Deere & Company, the U.S. Army at the Rock Island Arsenal, Unity Point Healthcare, and Tyson Fresh Meats. We are also home to four universities including Western Illinois University (Quad Cities Campus), Augustana College, Black Hawk College, and Midwest Technical Institute - Moline. Rock Island County is divided into 11 public school districts made up of 64 public schools and nine private schools. The homeownership rate was 68% in 2020 and the median property value was \$123,100. The average car ownership is two cars per household and the average commute time to work is 19.8 minutes.

Rock Island County is part of the Quad Cities Metropolitan area which is made up of four cities on the Illinois/Iowa border. This area is known as a travel destination for its historical tours, museums, special events, shopping

districts, and family events. The larger Quad Cities is home to three museums including the Family Museum, the Putnam Museum and Science Center, and the Figge Art Museum. It also hosts several play and entertainment spaces including the TBK Bank Sports Complex, multiple trampoline parks, and the Niabi Zoo.

## Land Acknowledgement<sup>1</sup>

Region 49 would like to recognize, acknowledge, and honor that Rock Island County is the traditional homelands of the Oθaakiiwaki·hina·ki (Sauk), Meškwahki·aša·hina (Fox), Kiikaapoi (Kickapoo), and Bodwewadmi (Potawatomi) Nations. We must acknowledge these Native Nations, both to honor the history of the land on which we now reside and to understand our place within that history.

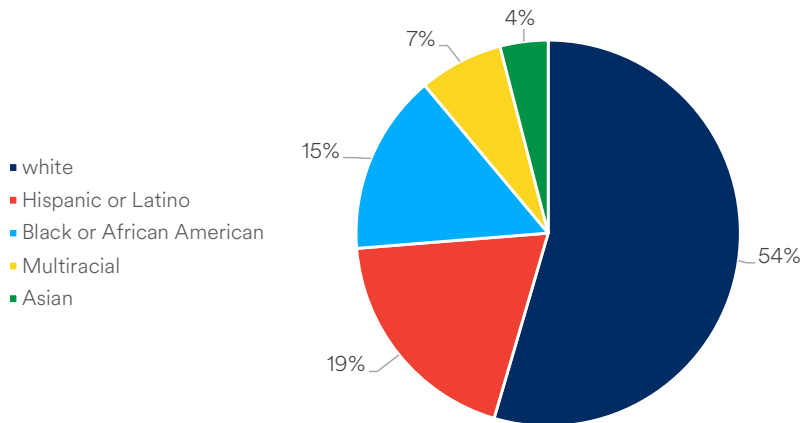
## Regional Demographics

The population in Rock Island County is 144,678, making it the 14th most populated county in the state of Illinois. Region 49 is comprised of 10,694 children under the age of six; almost half are ages 0-2 and half ages 3-5.

<sup>1</sup>Based on information provided at <https://native-land.ca>

## Race and Ethnicity

Figure 1: Race/Ethnicity of Children Under the Age of Six



Source: IECAM  
Created by: Birth to Five Illinois

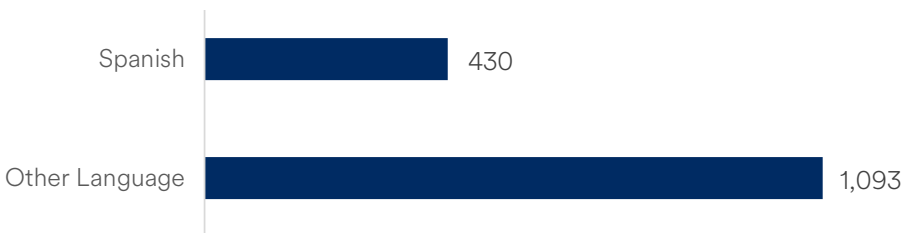
According to the Census in 2020, more than half (54%) of Rock Island County children under the age of six identified as white, 19% as Hispanic, 15% as Black, 7% as multiracial, and 4% as Asian. These numbers alone do not represent the beautifully diverse tapestry that is woven into our Region (please see Section 6 for more information). Rock Island is a refugee resettlement site that adds to our ethnically and culturally diverse community with a combined 77 languages spoken across all districts within the Regional Office of Education. Since 2002, refugees have resettled into our Region from areas that include the Middle East, Eastern Europe, Asia, Africa, and South America.

In 2022, World Relief Quad Cities resettled 339 Afghan refugees, with another 325 expected to resettle in 2023. An additional 120 Ukraine refugees are expected to arrive this upcoming year. Rock Island County is culturally diverse, and we benefit from the array of perspectives that helps us all recognize and respect a multitude of “ways of being.”

“In diversity there is beauty and there is strength.”  
- Maya Angelou

## Household Language

Figure 2: Number of Limited English Households, by Language Group



Source: IECAM  
Created by: Birth to Five Illinois

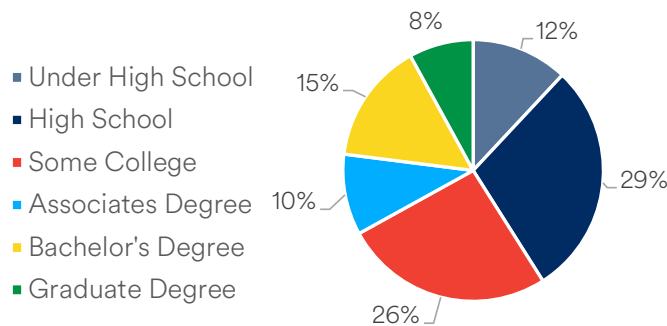
While a strength of Rock Island County is our rich cultural and linguistic diversity, we recognize that we have numerous opportunities for growth in effectively communicating with and serving non-English speakers. In 2020, 14% of the Region’s population spoke a language other than English in their home. Out of these households, 39% spoke Spanish and 61% spoke another language including French, Swahili, Hindi, Arabic, and many other languages of Asia and West Africa.

More than half of all children (58%) reside in two-parent households, in which 63% have both parents/caregivers working and 37% have at least one parent that does not work. A total of 42% of children are being raised in single-parent households and in 79% of those households, the parent is working. Based on these numbers we can determine that at least 70% of children ages 0-5 require child care services.

## Income & Education

The median household income is \$55,980, around 80% of the average in all of Illinois (\$72,205). A total of 88% of Rock Island County community members are high school graduates and 23% have a bachelor's degree or higher. The Federal Poverty Level (FPL) is a measure of income issued every year by the Department of Health and Human Services and is used to determine eligibility for programs and benefits. The poverty level is determined by the number of individuals that make up a household. Half of Region 49 children are living at 200% of the FPL or less, which is significantly higher than the state average of 39%. A quarter of these children are living at or below 100% of the FPL. The most children living in households with incomes at poverty level reside in the more densely populated areas of Rock Island, Moline, East Moline, and Silvis.

**Figure 3: Percentage of Education of Adults Over 25**



Source: IECAM  
Created by: Birth to Five Illinois

## Children and Families in Priority Populations<sup>2</sup>

Priority populations are specific demographic groups of children and families that are considered more vulnerable (due to systemic barriers that limit family access) and should take priority in policy and funding decisions to ensure equitable access to ECEC resources, services, and programs. In Region 49, we recognize that many families identify with one or more of these priority identifications and that at the intersection of these labels, there are compounding barriers in accessing high-quality ECE and Care.

Priority populations include:

- Children of underage parents.
- Children in families experiencing homelessness.
- Children in families in households with income at poverty of deep poverty levels.
- Children in 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 in families with refugee or asylee status.
- Children in families who face barriers due to immigration status.
- Child who are impacted by parental involvement in the criminal justice system.

**Figure 4: Federal Poverty Level at 100%, 200%, 225% for Various Family Sizes**

Family Size	100% FPL	200% FPL	225% FPL
2	\$17,240	\$34,450	\$38,790
3	\$21,720	\$43,440	\$48,870
4	\$26,200	\$52,400	\$58,950
5	\$30,680	\$61,360	\$69,030
6	\$35,160	\$70,320	\$79,110

Source: U.S. Department of Health and Human Services  
Created by: Birth to Five Illinois

The purpose of the priority populations list is to drive resources and attention toward improving access to high-quality, responsive services for children and families with limited to no access to economic or material resources. While the priority populations list addresses the access issue, Birth to Five Illinois strives to focus the attention of policymakers and early childhood stakeholders on identifying ways to engage these impacted communities to remove the systemic barriers causing the access issue within each Region

<sup>2</sup><https://oecd.illinois.gov/content/dam/soi/en/web/oecd/earlylearningcouncil/access/documents/priority-populations-updated-2021.pdf>

## Local Community Collaborations

ECEC Local Community Collaborations are made up of individuals and groups that are dedicated to enhancing the lives of young children and families. They are uniquely tasked with looking at, collaborating for, and investing in services that our community needs to make our Region stronger and more equitable.

For over two decades, Rock Island County has intentionally invested in ECEC programs and resources via formal and informal Community Collaborations. The Early Childhood Coalition (ECC), established in 2000 by ECEC professionals, is a dynamic Collaboration that identifies community needs and cultivates resources to enhance services and support to early childhood programs, children, and families. Since its inception, ECC has brought training to the Region, such as Circle of Security, Anti-Bias, and a Quality through Accreditation Cohort for Directors. These opportunities have helped ECEC teachers and directors understand attachment, equity, and quality.

ECC also received grant funding to establish Early Learning Quad Cities within the Regional Office of Education (ROE) and partnered with Prevention Initiative (PI) to expand services for children ages birth to three. These grants ensured that 500 more children were able to receive publicly funded ECEC needed to be Kindergarten ready. ECC also helped secure the initial All Our Kids (AOK) grant, which has, in turn, led to greater collaboration surrounding ECEC issues within the area.

Most recently, ECC received grant funding from Birth to Five Illinois to fund a contracted coordinator, a mentoring program, and a brand campaign. Until this point, the Collaboration has been facilitated by a volunteer board chair. The coordinator position has been vital in the development and implementation of communication, marketing, and strategic planning. The mentoring program has built capacity for both mentees and mentors. Data after six months of programming has revealed that mentees and mentors feel more confident, have a greater sense of community within the workforce, and show improved communication and workplace morale. This grant has also allowed ECC to create a brand campaign to support the recruitment and development of careers in early childhood education. The ECC would benefit from the development of a long-term sustainability plan that would allow this important work to continue into the future.

The AOK Network, now administered by EveryChild, is another Local Community Collaboration in which partners share responsibility for planning, decision-making, action, and accountability of a more comprehensive ECEC system of services and support. The AOK Network conducts a regular, local planning process that works to identify and plan strategic approaches to selected areas of high collaborative priority within the community. These priority areas include network capacity, a coordinated referral system, culturally competent workforce development, responsiveness to emerging community needs, social and emotional learning supports, and navigation of information and referrals.



A person watering soil in a garden.

Some highlights of this Collaboration include helping with the implementation of Integrated Referral & Intake System (IRIS), a referral platform, and training and toolkits to support early childhood mental health in early learning spaces.

In Region 49 there are several other Collaborations that intersect with ECEC. The image demonstrates different community groups and that Action Council members are currently involved in and highlights the opportunities to bring systems together for collective impact.

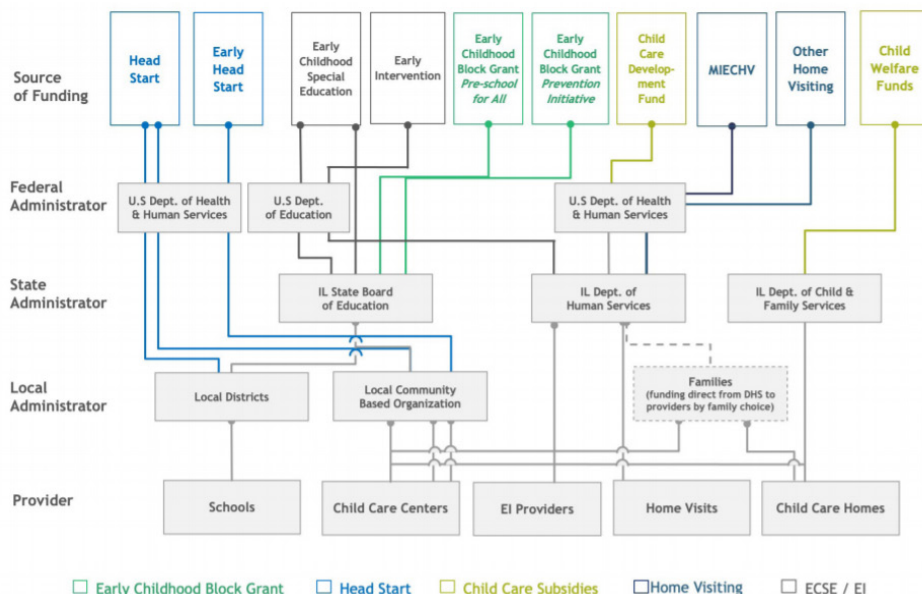
These groups range from those that support specific populations such as multi-language learners, members of the LGBTQ2IA+ community, and fathers, to groups that are partnering with community leaders to look at issues surrounding suicide and mental health. Both large community-wide initiatives and small groups like Little League and dance teams are all doing important work in our community for the people involved.



Source: Birth to Five Illinois  
Created by: Birth to Five Illinois

# Early Childhood Education & Care (ECEC) Programs

Figure 5: Early Childhood Funding Sources



Source: Illinois Commission on Equitable Early Childhood Education and Care Funding  
Created by: Illinois Office of Early Childhood

The ECEC landscape is made up of centers, family child care homes, and preschool programs, and is supplemented by publicly funded early childhood services. Consequently, the financing structure of the current ECEC system is complex and often requires combining different revenue streams to keep programs in operation. Figure 5 illustrates the complicated nature of funding from the source to the provider. Programs work hard to ensure families do not feel the burden of the complexity of funding streams, but there is not a one stop shop to understand eligibility for services.

## Prevention Initiative (PI)

PI is operated under the Rock Island County Regional Office of Education (ROE) and has two components: home visitation (serving 71 children ages 0-3 years old) and center-based PI classrooms (serving 26 children ages 0-3-years old). PI programming includes center-based Family Support Specialists that work with families enrolled in the centers and Family Support Specialists that are home visitors.

Karen, a parent with a toddler who showed significant development delays early benefited from a Family Support Specialist who referred them to Early Intervention (EI). However, due to language barriers, it took a long time to get an Individualized Family Service Plan (IFSP). The Family Support Specialist kept following up to ensure the family was able to start receiving therapeutic services and were enroll in an early learning program.



A group of children holding hands.

## **Illinois Department of Human Services (IDHS) Home Visiting**

Healthy Families Illinois (HFI) serves 72 families with regular in-home support. HFI also has a doula component funded by Illinois State Board of Education (ISBE) that provides prenatal, birthing, and postpartum support to parents in their second trimester through eight weeks post-delivery. The doula program serves 85 birthing persons per year in Rock Island County and Scott County (Iowa).

One expectant parent, Porchia, engaged in the doula program after she moved to Rock Island County from Chicago. Her doula worked within the community to get her the necessities that she needed for her home, like a bed. The doula met with her to create a birthing plan and was there during labor and delivery. Porchia said, “My doula helped me to have the birth I wanted.” The positive birth experience helped her to bond with her newborn. After a few weeks, she transitioned to a home visitor and was able to engage in activities with her child that promoted attachment and development. “We put rattles on her ankles and watched her kick. I’m so proud of my girl.”

## **Early Intervention (EI)**

Early Intervention provides families with children birth to three years old with support and services to meet developmental milestones, including an evaluation to determine if a child has a delay, and aids in the development of an Individualized Family Service Plan (IFSP). EI therapists provide services at the home, in a child care setting, and virtually. During Covid-19, Rock Island County’s EI program saw a 25% decline in referrals. Programming as of March 2023 serves 181 children, which is an increase of 30 more children than before the pandemic. Because of the pandemic, all EI services are free in Fiscal Year 2023 (FY23). Free EI services eliminate the barrier of cost to families and allow children to receive the critical intervention they need to meet their developmental needs. EI programs indicate that due to their challenge of contracting enough therapists, there is a barrier for families to access services. An example of this is a waiting list for children who need speech services.

## **Early Head Start (EHS) & Head Start (HS)**

In 2021, SAL Community Services received EHS grant funding and can serve 96 children (0-3 years of age) both through home visitation and in four child care partnership sites. EHS serves Region 49 children in specific home-based and licensed child care centers in the most populous areas of Rock Island County. The families that engage in this programming are hard to find because they must be in school or working full-time to receive Child Care Assistance Program (CCAP) assistance but cannot make more than 100% of the Federal Poverty Level (FPL). Most often, families that qualify have multiple children under the age of five.

There are 15 HS sites offering 509 slots in different settings including; center, community-based, and within the school district. Rock Island-Milan School District has HS programs in Rock Island and Milan and Project NOW HS serves the rest of Rock Island County and has programs in Henry (Region 28) and Mercer Counties (Region 33). This program serves children for limited hours, thus working parents/caregivers may require wrap-around care for their children. Head Start works to partner with licensed child care providers, but those providers may be hesitant to partner based on a lower CCAP reimbursement rate, due to part-time CCAP policies.

## **Preschool For All (PFA) & Preschool For All Expansion (PFAE)**

In 2021, Rock Island County had 1,302 Preschool For All slots available at 24 unique sites. Four PFA sites are connected to local school districts and the others are community-based, in which certified teachers go into existing centers to provide educational instruction. There are 100 slots available for Preschool For All Expansion across four sites that are connected to local school districts. A total of 176 children are enrolled in PFA and receive Early Childhood Special Education services through the implementation of an Individualized Education Plan (IEP)



PFA programming is limited to 2.5 hours per day and provides transportation home or to wrap-around care within the district’s boundaries. This can be a hardship for families who are unable to access wrap-around care within their district’s boundary and has caused families to opt-out of PFA services. Community-based options have eliminated the need for transportation between programs and cut down on transitions for children, which has proven to be beneficial for working families. However, a student with an IEP must attend a school district preschool classroom to receive specific services. Preschool For All is not truly “for all” in Region 49 due to the number of slots versus the number of resident children and the stringent eligibility criteria.

**Figure 6: Publicly Funded Child Care Services for Children Ages Three to Five**



Source: IECAM  
Created by: Birth to Five Illinois

## Child Care Assistance Program (CCAP)

The Child Care Assistance Program is administered by our local Child Care Resource and Referral (CCR&R) agency to assist eligible caregivers in accessing affordable care for their child(ren). To qualify, a family must earn less than 225% of the Federal Poverty Level (FPL) based on family size and be attending work or school. Caregivers make a co-payment to the provider based on family size, income, the number of eligible children in care, and the type of care (dependent on the age of child and number of hours of care).

Currently, 87% (26 sites) of licensed child care centers and 55% (66 sites) of licensed child care Homes accept CCAP payments. Providers who accept CCAP benefit because they become eligible for certain grant programs. Additionally, ExceleRate quality-rated providers receive a percentage add-on for each CCAP-funded child. Some centers and family child care homes choose not to accept families that receive CCAP or limit the amount of CCAP children enrolled at a certain percentage because it pays after care has been provided, does not pay holidays or for closure dates, and often leaves providers with the financial burden of denied CCAP paperwork. A family child care provider stated, “We don’t get paid if we close due to illness or temporary disability. Charging the families extra is our only option, and we simply cannot and will not pass that extra financial burden on to them.” This policy forces a provider to choose between their health and making ends meet.

Child care centers and family child care providers voiced frustration with an Illinois law in which providers who serve CCAP families cannot charge a private pay family less than the CCAP reimbursement rate. This means, for a child under two in Rock Island County, child care providers cannot charge less than \$13,920/year. This is triple the cost of annual tuition at our local community college. For families that are just above the CCAP threshold and those with more than one child, this can make care cost prohibitive. As a result, some families may be more likely to turn to license-exempt options (such as friends or family) or centers or family child care homes that do not accept CCAP payments.

**Figure 7: Percentage of Children Ages Birth to Five that Access CCAP**

	FY20	FY21	Data from Fiscal Year 2022 (FY20) and Fiscal Year 2021 (FY21) show an overall underutilization of CCAP among families that financially qualify. According to the CCR&R, trending data shows that more families than ever are accessing this important resource. In Fiscal Year 2023 (FY23), CCAP saw a 40% increase in use due to the expansion of income guidelines.
Children Ages Birth to Two	17%	24%	
Children Ages Three to Five	20%	35%	

Source: IECAM  
Created by: Birth to Five Illinois

Family members face difficulty with the long CCAP paper application process, the limited hours of operation that make it hard for working families with inflexible schedules, and language barriers. Often, these difficulties lead to denials right when care is urgently needed. One young mother discussed how happy her child was at a child care center, but due to a missed detail on her CCAP paperwork, she was dismissed from the program. By the time she was notified, she had accrued a hefty balance at the center that she was unable to pay. This mother felt her only option was to find a new child care center to start over.

## Child Care Centers

There are 30 licensed child care centers with a total capacity of 2,332 slots within our Region. These centers vary between privately owned and not-for-profit. There are more child care centers located in areas that are the most populous, such as Rock Island and Moline. Some child care centers integrate partnerships with publicly funded enhancements (like Head Start and Preschool For All) that support high-quality programming. Weaving and braiding federal, state, and local funding streams into one “pot” allows leaders to pay for personnel expenses and meet program needs. While this funding supports more high-quality care programs, they must do more administrative work to harmonize policies, rules, regulations, and procedures.

In 2022, Mayor Rayapati and the Moline City Council launched the Child Care/Workforce Infrastructure Forgivable Loan Program using American Rescue Plan Act (ARPA) dollars. The purpose of the program is to increase available child care options after Covid-19 exacerbated the pre-existing child care crisis. Programs can apply for up to \$50,000 to improve the quality of child care, expand slots, increase the availability of before and after school programs, or open a licensed child care,

## Family Child Care

In Rock Island County, there are 119 licensed family child care sites that can serve up to 1,107 children. Over the last three years, available slots at family child care sites have decreased by 20%. The home setting environment, the smaller grouping of children of mixed ages, and being able to have one or two care providers in place are some of the advantages of family child care. These providers can offer more flexible scheduling than traditional care centers and may be more willing to accept children with medically specialized care needs. A drawback of family child care is that parents/caregivers must arrange other care options when a provider is sick or goes on vacation. Often, only one or two adults provide care in family child care sites, and so a lack of accountability and quality varies widely from one home to another.

“My family child care provider closed for the third time this year and it’s only February. Anywhere else costs \$100 more per week. I’m struggling.”

- Parent

Local providers report various ways in which the profession is challenging but rewarding. One provider explained, “I’ve been doing this for thirteen years. I planned to provide care while my own children were young, but great families keep coming my way and they have changed my mind.” Unfortunately, the profession does not pay a living wage. Costs are often shouldered by child care providers who charge much less than the true cost of care, which include costs for food and materials. A local provider noted, “I think about saving for retirement, but I just don’t have the extra money at the end of each month to put away.” Due to the isolating nature of the work, these providers build networks to share community resources and innovative ideas to implement within their child care.

## Slot Gap

### Meet Ana

Ana, a local elementary school teacher, and her husband, Daniel, a human services worker, have two children, Alana (3) and Charlie (6 months). Together, they earn a combined \$65,000 annually to support their family. When Ana became pregnant with Charlie last year, she began to look for care to be able to return to teaching after her parental leave. Although she did not want to uproot her child from the school family that she had grown to trust, the center that her older daughter attends does not accept infants. Ana hoped she could secure care somewhere with more flexibility that would allow her to keep both children at home during the summer, however most places required her to continue paying to keep their spot.

Ana and Daniel's salary disqualified them from being able to receive child care assistance. As a result, each month they must dig deeper into their savings to get by. They now spend \$25,000, 38% of their annual income, on child care between two separate care sites.



Mother and two children embracing.

“

Nobody is asking if there are enough slots to go to Kindergarten! There's no one on wait lists for first grade.

- Local School Board Member

”

Slot gap refers to the amount of available child care “slots” that are available compared to the total number of children within a given area. In Region 49 there are 3,667 available child care slots for the entire population of 10,694 children under the age of six, indicating that at least 66% of children cannot attend due to the limited availability of slots. Moreover, at least 70% of children ages 0-5 require child care services, but families are often relegated to long wait lists. A community member shared their experience in looking for care while still pregnant and finding up to two year wait lists for infants. They noted “That is longer than the gestation of a human baby!”

Experts in Region 49 believe the slot gap is more dire now as severe staffing shortages lead to closed classrooms. Child Care Resource and Referral (CCR&R) Agencies note that among the seven licensed child care centers across the area, eight classroom closures were reported during December 2022. These closings were a result of needing to hire 53 full-time and part-time staff positions, consequently resulting in 154 fewer slots for children in these programs.

At a time when many care settings do not have openings and classrooms are closed due to staffing shortages, families are choosing child care based on cost, availability, and trust. Variables like location and languages spoken fall off the priority list when a family is desperate to find child care. One father lamented, “If you can't go to work, you can't provide for your family.” Another parent said that she feels her child care provider really

knows her child's personality and keeps her up to date on her child's development - that is unless they are understaffed, "then we get little to no pictures, the kids don't get the one-on-one they usually do, and the days seem more chaotic."

## **Publicly Funded Programs**

Publicly funded ECEC is defined as care paid for wholly or in part by federal or state funds. Publicly funded early childhood programs include Head Start (HS), Preschool for All (PFA), and Prevention Initiative (PI). Rock Island County has 2,104 preschool slots that allow income-eligible children to attend high-quality preschool. For eligible 0–2-year-olds, there is a 93% slot gap and for eligible 3–5-year-olds, there is a 30% slot gap.

While these programs help many children access high-quality experiences to prepare them for Kindergarten, this type of programming is not without drawbacks. Many sites that provide publicly funded education are for 2.5 hours each day, which can be difficult for working parents. Often, these caregivers must find additional child care arrangements for the totality of their workday. For this reason, some children receiving publicly funded ECEC also utilize an additional child care slot. This is a benefit to the child who then can receive wrap around care for their day beyond the 2.5-hour education they receive in Preschool for All. However, one child taking up two slots further skews the data on the number of slots available and compromises the validity of the data. It is imperative to have accurate data so that we can serve all children equitably across our community.

## Early Childhood Education & Care (ECEC) Workforce

When we look at the ECEC workforce in Rock Island County, there is a much higher percentage of women (97%) working in this field compared to men (3%), and there are more Black family child care providers (27%) compared to the population of Black adults in Region 49 (10%). Overall, the ECEC workforce is largely representative of the population of Rock Island County when it comes to race, education, and bilingualism. This is an enormous benefit to our community because when the ECEC workforce reflects the population it serves, teachers and caregivers are better able to understand and respond to the diverse cultural backgrounds of children and families. This can create a more inclusive and welcoming environment for all children, which can positively impact their social and emotional development. It also leads to increased trust and communication with families, better retention and recruitment among staff, and a positive impact on future generations by introducing children to their neighbors and helping them to develop positive attitudes toward people from diverse backgrounds.

“Without teachers and administrators, there is no early care and education.”  
- Center Director

Rock Island County is home to high schools, higher education institutions, and training programs that support people interested in starting or continuing a career in the ECEC field. Currently, more than

150 individuals are enrolled and pursuing education in the ECEC field. United Township High School offers ECEC courses for high schoolers and partners with early learning programs to provide students with hands-on learning experiences. Additionally, Black Hawk College offers ECEC coursework and programs in which individuals can earn their Assistant Teacher certificate at 18 credit hours, an Early Childhood Educator Certificate at 30 credit hours, and an Associate of Applied Science in Early Childhood Education at 60 credit hours. Black Hawk College and Western Illinois University work together in helping students to seamlessly transition from a two-year degree to a four-year university to be able to earn a Bachelor of Science in Education. Both schools promote the Early Childhood Access



Two babies looking at a tablet.

Consortium for Equity (ECACE) Scholarship Program that allows students to earn degrees at little to no cost. This scholarship program works to remove barriers to obtaining an education all while ensuring high quality standards in our ECEC workforce.

Our local Child Care Resource & Referral (CCR&R) agency offers a myriad of services to ECEC professionals. Along with providing training and grant opportunities, CCR&R Specialists offer Relationship-Based Coaching and assistance in planning continuous quality improvement using the ExceleRate Illinois quality rating system. In efforts to recruit and retain child care providers, CCR&Rs offers support in the Department of Children and Family Services (DCFS) licensing process, business start-up basics, and professional development opportunities to leverage existing skills and improve the overall quality of care to children. Statewide initiatives, such as Great START and Gateways Scholarship, are commonly referred to when looking to retain qualified staff in the ECEC workforce.

While these supports exist in our Region, there is still hesitancy to pursue an education in the ECEC field because the return on investment is so low. Currently, teachers both in K-12 school districts and ECEC programs are leaving the field in unprecedented numbers due to low pay, burnout, and the higher demands around social and emotional learning among children, and the lack of support navigating those needs. These professionals are transitioning to retail jobs, including at Target, Starbucks, or Costco, where they can make similar salaries under less stress. Families say that it is hard to keep teachers in ECEC because teachers and staff are not paid enough for their time, effort, and impact on young people. One parent said “Centers are understaffed and don’t pay well. It’s not an easy job to have. It takes a special person to be able to handle caring for so many children.”

When a new teacher, aide, cook, or driver has been recruited and wants to begin working, programs find that it takes an exorbitant amount of time for the fulfillment of the required background checks and mandatory health screenings. In the recent past, a new employee could begin working in a classroom upon hire if supervised by another professional. However, in November 2022, an Illinois DCFS policy change implemented new laws indicating that a new teacher or aide cannot start until a background check clears. Currently, this can take anywhere from 2-12 weeks to process. New hires are also mandated to complete a pre-employment physical, a 2-step TB test, and complete or provide proof of Tdap and 2 MMR vaccinations in addition to the fingerprint process. This process is paid for by the applicant/new hire and often costs hundreds of dollars. As a result, many centers are having to close classrooms due to staffing shortages and are losing applicants who often cannot wait that long or spend that much upfront to start a new job.



Parent hugging her child.

“The biggest problem facing child care is staffing. People think child care is babysitting, and that it’s not a worthwhile profession. It’s not rocket science; children are more important than rockets. Caring for children impacts how they feel about learning in the future. I don’t think there’s a more important job than what we do.”

- Center Director

Wage compensation is another challenging issue in many child care programs. In Fiscal Year 2021 (FY21), the average early childhood teachers were earning \$12.16 per hour and an Early Childhood Assistant was making \$10.19 according to a Service Delivery Area (SDA) 7 Illinois Salary and Staffing Survey of Licensed Child Care Facilities.<sup>3</sup> With the minimum wage increasing to \$15.00 per hour, administrators are not able to pay senior staff much more than newcomers to the field. Senior staff are also not considered in new policies that review their former education and experience. Because previously earned credits do not comply with new standards, teachers are being encouraged to return to school.

<sup>3</sup> <https://www.dhs.state.il.us/OneNetLibrary/27897/documents/Child%20Care/FY21SSSV.7.IDHS.FINAL.pdf>

## Parent/Family/Caregiver Engagement

Families across Rock Island County are making economic sacrifices to avoid the expenses associated with ECEC services. Frequently, caregivers work rotating shifts, lean on extended family, or ultimately leave the workforce altogether. For those that are dependent on the ECEC system to work, child care arrangements tend to be based on accessibility, availability, and trust before quality. Caregivers across our area have a wide range of experiences and barriers they face in accessing and utilizing ECEC services.

“Don’t do anything for us, without us.”  
- Early Childhood Coalition (ECC) Board Chair

## Refugee & Immigrant Populations

Region 49 is home to a multitude of programs that are largely aimed in serving refugee and immigrant families. These organizations (such as the Illinois Migrant Council, Quad City Alliance for Immigrants and Refugees,

and World Relief) work across our Region and focus on assisting with integration into the community through advocacy efforts and collaboration among service providers. While these programs are hugely beneficial to those involved, barriers are often encountered in effectively reaching and serving the various needs of these families. Regarding child care specifically, Ann McGlynn, Executive Director of Tapestry Farms, a nonprofit urban farm system that works closely with refugees said, “the most significant barrier we encounter is the sheer amount of paperwork, and other challenges associated with getting child care assistance.” Moreover, language barriers further exacerbate the difficulty in accessing programs.

“We need help in learning the language, going to school, and knowing how to pay our bills. We do not have any people explaining services to us. We cannot just call an office; they are not in our own language. If they do find us someone who speaks our language, they help us for a little bit, but then refer us to another place where the same thing happens all over.”  
- Refugee Parent

Some immigrant families underutilize systems and programs they are eligible for due to fears surrounding deportation. Many may never apply, and others may begin but not complete the application process. An English as a Second Language (ESL) instructor at a local college explained, “Many of our families do not know where to go for help or how to advocate for themselves and their families, and there is a lot of worry about if someone is going to ask them for (documentation) papers.”

## Children with Disabilities & Specialized Needs

Children with disabilities have an incredibly vast array of differing needs, from feeding tubes for nutrients to speech delays, to social and emotional support. Available programs in our Region aimed towards addressing these Early Childhood needs include the Children’s Therapy Center of the Quad Cities, Early Intervention, and Black Hawk Area Special Education School District. However, families encounter barriers in accessing these programs, such as cost, coordination of appointments, transportation, and waitlists. One parent discussed having to transport her child to speech and occupational therapy each week, and her difficulty in getting time off work, “I get off work at 5:00 and nearly all occupational therapist offices are closed then.” Many child care programs desire to be more inclusive and want timely resources to help them be more effective. A child care director said, “Early Intervention comes to my center for one child, and we have others that spend 2.5 hours in a PFA program, we’d like to have more open lines of communication with these programs so that we can help when the child is in our care too.”

Another barrier is equitable access to screening services for all children. Within Region 49, children who are referred for interventions and qualify for treatment tend to show significant improvement. A big concern is for children who cannot or do not engage in services early. Not all families have someone to ask or know where to turn if they suspect a delay. One parent shared that her son participated in ECEC programming but was never referred for speech services despite expressing her concern multiple times. It became a much larger issue in third grade when he was denied access to a gifted program because no one could understand him. It was not an academic shortfall, rather it was his delayed speech development.



Two adults, a toddler, and an infant baby sitting in a bed.

Another concern is the lack of mental health care for children and families. One local social worker talked about how we are in a mental health crisis, “Parents and children are struggling to get their basic needs met and teachers are traumatized as much as the children they are caring for.” Another therapist said, “I think that the biggest themes I am seeing with challenging behaviors with children is that staff are not informed enough on what children bring with them to school/child care every day. This can be challenging for some who do not understand that all behavior has meaning, and children have unmet needs that they cannot say verbally that need fulfilled.” Two programs that exist in our Region specifically for this age group are EveryChild’s Safe from the Start program (which provides free play therapy for children 0 to 5 years old who have experienced trauma) and the Robert Young Center (which provides Early Childhood behavioral health services to ECEC programs). Families say waitlists are long and some providers only accept certain types of insurance or only do services virtually, which does not provide adequate support for this age group.

Region 49 lacks specialized medical and dental health treatment options beyond the scope of preventative care. Children with Medicaid must travel over two hours to get dental treatment beyond routine cleaning. This means many children are going without. One teacher said, “I have to warm up one child’s milk warm up before I give it to her because her teeth are rotting, and nerves are exposed. Her parents have tried to get her in everywhere, and there’s nothing available.”

“To get the dental operation my child needs I either have to go to Chicago or Iowa City. Waitlists are long and he’s hurting now.”  
- Community Member”

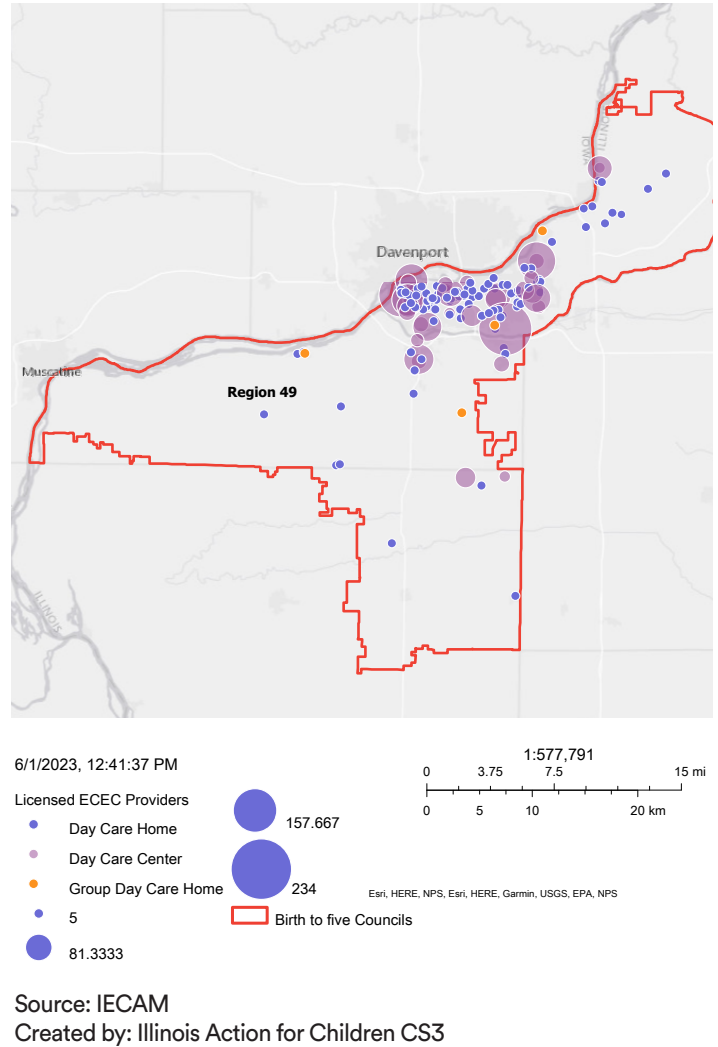


## Rural Populations

In examining the demographics of the Region, there is a significant difference between the number of existing child care centers and child care homes in the more metropolitan central area of the Region with large gaps in the rural areas. When parents/caregivers cannot find care, they make compromises in the care they are willing to accept. An owner of a rural child care center explains, “Most families are looking for something close to their home and/or work, so if they live rurally, they prefer rural care, especially in the younger age groups like three and under.” This is true after Covid-19 when many employers shifted policies to allow employees to work from home. When rural families had to drive to a more metropolitan area for work anyway, it was less of an issue to bring their young children to centers or homes that were close to work. Now that some families are working from home, they need child care that is closer in proximity.

“With five kids, we have to maneuver schedules and call-in help from family or friends just to ensure that our children can attend school and preschool.”  
- Parent from Rural Area

Figure 8: Location of Licensed ECEC Providers



## Families Experiencing Homelessness & Unstable Housing

The Child Care Assistance Program (CCAP) uses the McKinney-Vento Act definition of homelessness (individuals who lack a fixed, regular, and adequate nighttime residence)<sup>4</sup>, which makes families experiencing homelessness and unstable housing eligible for Child Care Assistance Program (CCAP) services in tandem with income eligibility and a completed Certification of Temporary Living Arrangement. This approval period provides child care subsidy to eligible families with a \$0 co-payment for 3-12 months, pending the family’s income and activity remaining in compliance with CCAP policy. According to a local Coordinated Entry Specialist that works with unhoused families, parents in her program experience barriers due to employment because of the lack of child care availability. This highlights the cyclical nature of homelessness and poverty.

## Caregivers Who Are In Custody

Parents at the Rock Island County Justice Center (RICJC) participated in a focus group to share their current experiences, the barriers they face, and to lend more insight into the ways that parenthood has helped foster forgiveness, compassion, and patience in themselves. Their incarceration has had a deep impact on their relationships with their children.

<sup>4</sup> <https://nche.ed.gov/mckinney-vento-definition/>

While the RICJC recently secured tablets to use for video calls, these calls are costly privileges that are similar to the costs involved in accessing other necessities, such as hygiene products. A 20-minute call costs \$6.00, creating a further financial burden for people who are often heavily dependent on other individuals living on incomes at poverty level to put money in their accounts. When asked who has extra money, the mothers laughed and shared, “if we had funds, we wouldn’t be here.” Another parent relayed, “my four-year-old doesn’t know why mommy’s not calling” when describing her decision-making on whether to buy a \$2 Tylenol pill and menstruation products for the week or to make a quick call.

## Children of Underage Parents

Almost 6% of babies in Rock Island County were born to a teenage parent. Expectant underage parents in Rock Island County are identified through teacher and counselor engagement at their local high schools, where they may be referred to many services. EveryChild’s Healthy Families Program, the ROE’s Prevention Initiative program, and SAL Family and Community Services EHS Program all offer additional home visitation support to underage parents prenatally and after the birth of their child.

One local high school has child care in their school to aid underage parents in completing their education. This innovative programming has been hugely successful in helping teens receive their high school diplomas. Julie Larson, Executive Director of the YWCA of the Quad Cities said, “95% of our teen parents have graduated on time due to the support they have received from the center.” Since opening in 1991, this program has served 864 underage parents.

“In the mornings when I drop the baby off at the child care program, the staff talk to me and are so welcoming. That gives me comfort.”  
- Underage Parent

## Children from Families with Child Welfare Involvement

The goal for families with child welfare involvement in cases where the child is removed from the home is always reunification, with children under one-year-old being most likely to be placed in foster care. Ideally, children obtain a permanent home within 12 months of entry into substitute care, however, this is rarely the case in Rock Island County. A local Child Advocacy Services Agency (CASA) Advocate Specialist said, “Kids are in care three times as long in Illinois than any other state. Our county is unique in that we have only one judge serving over 260 kids. There is not adequate time on the calendar because juvenile abuse court is only held two times per week.” Overall, 26% of children in the state of Illinois are waiting to be adopted and have spent 5 or more years in foster care, compared to the 5% average across the river in Iowa (Williams, 2022).

The goal of substitute care is to create as little instability as possible, however, many children experience unstable placements, which further exacerbates children’s existing vulnerabilities, places them at increased risk for inadequate medical care, and increases their likelihood of attachment disturbances and challenging behaviors. In Illinois, 37% of foster children and youth experience more than two placements each year, meaning their housing arrangements change two or more times per year (Kids Count Data Center, 2022). Often children in our Region are in the foster care system for very long periods, sometimes being subjected to multiple placements before reunifying with their family of origin or being adopted.

Jasmine has been a foster parent for 18 years. She has had countless placements and has recently adopted a child with specialized medical needs. She emphasized the struggle with dealing with caseworker turnover, stating “Lean on your team, but understand that agencies are overloaded.”

This is especially difficult when working with children in the foster care system as they all have experienced trauma, and as a result, require additional support. Jasmine believes that all kids in foster care should have access to timely mental health support that includes regular therapy and psychiatry/medication if needed. Unfortunately, in Rock Island County, our mental health system is overwhelmed and overloaded, leaving individuals with Medicaid (which includes children in foster care) to suffer the most.

Children in the foster care system qualify for free child care and a small stipend that provides a housing and clothing allowance. When a family adopts from foster care and the child turns three, they no longer qualify for that child care assistance. While this rarely prevents foster parents from adopting children, it is a huge financial burden for that family to carry.

## Covid-19 Impact

We would be remiss to discuss family engagement in the ECEC system without mentioning the enormous impact Covid-19 had on parents and caregivers. Over the duration of three years, the pandemic led to massive child care closures and disrupted learning as families toggled back and forth between in-person and remote preschool programming. Providers and parents faced added stressors, at times sacrificing their mental health in balancing work and caring for their children. Many parents/caregivers who gave birth during this time expressed feeling socially isolated and felt that they missed out on the sense of community that often occurs around the birth of a child.

“ I had a baby at the height of the pandemic and then another two years later. I’ve noticed my oldest is a lot clingier to me, but it makes sense, we were all he knew for the first year of his life. ”

- Mother

## Regional Strengths & Needs

Science indicates that a child's brain develops more rapidly during the first five years of life than at any other time in life. These first years shape brain development, have long-lasting impacts on their health, and affect their ability to learn and their chances of success in life. The Region 49 Action Council and Family Council worked together to identify strengths, needs, and possible strategies to help all Rock Island County children have the best start in life. These collective insights are as follows:

### Strengths

- The Early Childhood Coalition, AOK Network, and other Local Community Collaborations make the ECEC system better for children, families, and providers in Rock Island County.
- There is a high commitment of the Region's educational institutions in addressing challenges and uplifting the professionalism of the ECEC workforce.
- School superintendents and the community at large understand and embrace the importance of ECEC programs and services.
- Free publicly funded programs, including Preschool for All, Preschool for All Expansion, Head Start, Early Head Start, Prevention Initiative, Healthy Families Home Visitation, Early Intervention, and Early Childhood Special Education exist within our Region.

### Needs

- A strong and diverse ECEC workforce
  - Classrooms across Region 49 are closed due to a lack of qualified educators, especially educators that reflect the demographics of our Region. ECEC teachers cite low pay, lack of benefits, and little support as reasons why they are leaving the field. The expense and lack of quality child care availability is causing families to leave their jobs and the Region.
- Accessible and quality child care for all families
  - Currently only one in three children in Region 49 can attend ECEC programs because of the insufficient number of available slots. Infant and toddler care are the most difficult to find given the lack of openings due to smaller classroom ratios and lack of publicly funded slots.
- An ECEC system that is easy to navigate
  - Many families cannot access ECEC programming due to barriers like child care deserts, lack of transportation, lack of second and third shift care, language or cultural barriers, and a complex paperwork process.
- Affordable ECEC services
  - The cost of infant care in Rock Island County is more than annual tuition at Illinois State University. Economists recommend that a family should not spend more than 7% of their annual income on child care. Given the average household income is \$57,895, families are spending, at minimum, 28% on infant care, 22% on toddler care, and 19% on preschool.

- Provider and family input on policy changes
  - At times, investment in ECEC does not serve its intended purpose (or result in the intended outcome) for the children and families it is meant to serve. Some policy changes bring unintended consequences to the individuals they are meant to support. Ensuring the people that are impacted are at the decision-making table can assist the state in making policies that are more proactive.
- Accurate and extensive data
  - Region 49 cannot determine needs in a way that is data-informed if the data is incorrect. Slot gap numbers are skewed because one child can be counted in multiple slots based on the programming they are enrolled in. Data that answers questions like, “What percentage of kids go to Kindergarten with previous ECEC experience?” will be helpful in evaluating the needs of children in Rock Island County.
- Specialized and specific services to meet the needs of children, families, and providers
  - There is a lack of specialized providers serving Region 49 children. Dental services beyond routine preventative care and mental health screenings are difficult to find and often require exorbitantly long waitlists. There is also a need for more professionals who represent families’ identities, culturally responsive programs, and more language interpretation and translation services.

“ I’m much more likely to engaged in services with someone who looks and speaks like me. ”  
- Native Spanish Speaker

# Recommendations

Collaborative funding has been instrumental in bringing essential programming to our Rock Island County. Current Early Childhood Local Community Collaboration efforts demonstrate a strong need to evaluate and address specific difficulties faced by all early childhood professionals, families, and community members. As a result, the following recommendations have been identified:

## 1. Optimize the Early Childhood Education and Care (ECEC) Workforce

The recruitment and retention of the ECEC workforce is vital in ensuring consistency and stability as children create trusting relationships that support social and emotional growth and development. The state should implement a framework to ensure ECEC providers receive compensation and benefits that align with those being offered through local school districts. Locally, Region 49 should continue to recruit and promote a diverse workforce through supporting ECEC coursework, modeling self-care and healthy practices, and providing mentorship opportunities.

## 2. Streamline Service Coordination

Streamlining service coordination helps to ensure that all families have access to the services they need in a timely and efficient manner. For Region 49 to become a more accessible community, leaders should create a centralized intake system that connects families with the appropriate ECEC services based on their individual needs. The state should modernize the Child Care Assistance Program (CCAP) by adding it to the current Application for Benefits Eligibility (ABE) system, which allows families to understand the programs they are eligible for, have all their documentation uploaded, and complete renewal activities all in one place.

## 3. Data-Informed Action & Advocacy

A data-informed approach to action and advocacy will help to identify the most pressing ECEC needs in Rock Island County. This starts with ensuring that the family and provider's insights are amplified on the state level and that legislation is informed by the people it impacts. This also involves collecting data on the availability, accessibility, and quality of services in the Region. This information will then be used to develop evidence-based policies and advocacy efforts such as making child care more affordable for families by limiting rates at 7% of a family's income, ensuring the pre-employment approval process for providers (background checks and health and wellness requirements) are subsidized and processed quickly and efficiently, and reimbursing infant and toddler slots in ECEC settings at higher rates - all of which aims to improve access to high-quality child care services.

## 4. Access to Specialized Supports

Access to services in ECEC is vital because they address unique challenges that can impact a child's development and well-being. Navigating disabilities, behavior, new parent support, and transportation are all critical areas that require specialized attention to ensure every child has equal access to high-quality programs and services. With this support, ECEC can become more inclusive, better equipped to meet the diverse needs of children and families, and promote positive outcomes for children, families, and the community as a whole.

## **5. Culturally Responsive Programming**

Culturally responsive programming is crucial in ECEC programs as it recognizes and values the diverse backgrounds and experiences of children and their families. By incorporating culturally responsive practices, educators can create inclusive and equitable learning environments where every child feels seen, heard, and respected. Region 49 should build intentionality around equipping educators with the knowledge and skills needed to create culturally affirming learning environments while fostering and encouraging partnerships that allow for the exchange of knowledge, resources, and expertise. Region 49 must also recognize the importance of language diversity and promote opportunities for children to maintain and develop their home languages by using multilingual signage, labels, and communication materials. These resources can be leveraged by employing bilingual or multilingual staff and/or interpreters to facilitate effective communication between families and educators.

In compiling this report, it is our hope that local and state leaders will use this information to advance ECEC services in the Region. We will continue our community engagement efforts to expand our understanding of the ECEC needs of local families and providers. If you have further questions about these recommendations or would like to get involved with the work of Birth to Five Illinois in Region 49, please find our contact information on the front inside cover of this Early Childhood Regional Needs Assessment.

# Appendices

## Appendix A: References

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## Appendix B: Additional Figures

Figure 1: Publicly Funded Program and Descriptions

Program Name	Description (FY 2021)
Early Head Start (EHS)	EHS is a federally funded program that serves pregnant individuals, infants, and toddlers under the age of 3, and provides family support and early education services. EHS priority eligibility criteria include children of families living at or below 100% FPL, children experiencing homelessness, children with current child welfare involvement, children with disabilities, and children of families receiving SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), or SSI benefits.
Head Start (HS)	HS is a federally funded program that serves children from three to Kindergarten entry. HS supports early learning and development, health, and family well-being.
Prevention Initiative (PI)	Funded under the Early Childhood Block Grant (ECBG), the PI program provides home-visiting support services for expectant individuals and families with children from birth to age 3
Preschool For All (PFA)	Funded under the ECBG and distributed by ISBE, provides families with center-based early education services for preschoolers, aged three to five considered “at risk.” PFA allows children to receive 2.5 hours of high-quality preschool education.
Preschool For All Expansion (PFAE)	PFAE programming mirrors PFA but is required to meet for the length of instructional time equivalent to that provided by a first-grade teacher in the local school districts (5 hours or greater).
IDHS (Illinois Department of Human Services) Home Visiting	Healthy Families Illinois (HFI) is a voluntary home visitation program that helps new and expectant parents enhance their family’s functioning and reduce their risk for child abuse and/or neglect. This prevention program works to improve the safety of children while providing support to the family.

Figure 2: Publicly Funded Program Sites, Capacity

Program Name	Program Sites	Capacity
Early Head Start (EHS)	4	96
Head Start (HS)	15	509
Prevention Initiative (PI)	5	97
Preschool For All (PFA)	24	1,302
Preschool For All Expansion (PFAE)	4	100
IDHS Home Visiting	-	72

## Appendix C: Focus Group and Interview Questions

Throughout the development of the Regional Needs Assessment, focus groups and interviews were conducted with caregivers, providers, elected officials, and other community stakeholders. Below are questions developed for caregivers and others. In the interest of time and space, only select questions are included.

### Families, Parents, and Caregivers

1. There are many Early Childhood services available in our Region. What Early Childhood services does your family use/has your family used?
2. How have you found out about Early Childhood programs or services, or found care for your child(ren)?
3. Do the child care services you are using now meet your family's needs? If not, please describe what would better fit your family's needs.
4. What, if anything, has been particularly helpful in making Early Childhood Education and Care work for your family?
5. What barriers or challenges has your family had with using Early Childhood services in your community?
6. Have any of the children in your care been referred to services? What was that process like?
7. What services do not currently exist in your community that you think would help families, in general? What services would help parent/caregivers, specifically?
8. Is there anything else you think I should know about Early Childhood education, care, or services in your community, our Region, or in the state?

### Early Childhood Professionals and Others

1. What challenges do you think families have in accessing Early Childhood Education and Care programs and services?
2. What programs do you know of in the Region that serve children birth through age five and their families?
3. What services do not currently exist in your community and/or this Region for young children and/or their families that you would like to see?
4. What data do you think would be helpful in better understanding how priority populations access Early Childhood care and services, or the barriers/challenges they have accessing care and services?
5. Is child care readily available and close to employers in your community?
6. What accommodations has your business or company made for professionals with young children? How have these accommodations impacted your business or company?
7. Have you connected with child care providers in the community to build relationships and build relationships with partners to provide the care you need for employees?

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