Child Care (0-5)/Pre-K Subcommittee
(Subcommittee of the Funding Design Workgroup)
Meeting 2
November 18th, 2025, 1:00 pm - 2:30 pm
https://aftonpartners.zoom.us/webinar/register/WN_JuaKGFeHRi2Y8jWSBOZiDQ

In attendance: 85

Subcommittee members: Jacqui Smith, Zachary Allen, Tamara, Gina Hill, Jenny Metcalf, Lakeesha James-Smith, Raquel Young, Rosaura Arellano, Martha Gonzalez, Marcy Mendenhall, Cheryl Caesar, Ireta Gasner, Marianne Bernardoni

State Agency Members and Consultants:

Christi Chadwick (IDEC), Maya Portillo (IDEC), Megan Bock (Afton Partners), Kayla Rosen (Afton Partners), Crystal Roman (Afton Partners), Paige Greenwood (IDEC)

Interpreter: German Barrios

Members of the Public: Julie Gilling, Beth Malinis, Nancy Salvador, Aubry Stapleton, Crystal Salas, Kara Cunningham, Connie Shugart, Paula White, Britt Gordon-McKeon, Ann Erickson, Connie Stanfield, Tammy King, Carisa Hurley Davis, Tamala Malone, Mia Muhammad, Kirsten Williams, Margaret Kiefer, Chevon Townsend-King, Shanetha Pollnitz, Jennifer Weidner, Monique Hudson, Heather Wills, Jennifer Brown, Pedro Bortoto, Adam Slade, Jacinta Wallace, Erin Nuss, Linda Breen, Kellie Heberling, Leslie McKinily, Kari Clark, Dan Harris, Beata Skorusa, Bri Stormer, Kelly Kessel, Katherine Buchanan, Heather Wheeler, Ann Kremer, Rebecca Livengood, Tanya Erickson, Taylor Seal, Alyssa Bengtson, Amanda Brockelsby, Wendy Wright, Chelsea Zachary, Samantha Flarity, Angela Farwig, Bob Spatz, Beatrice Smith, Drew McGee, Karissa Zingula, Maggie Abendroth, Julie Redman, Kathleen Villano, Melvin Petties, Lynn Burgett, Stacey Egan, Marissa Ortiz, Kyrsten Emanuel, Donna Emmons, Rosario Hernandez, Erika Mendez, Mary Kestel, Abby McCartney, Penelope Smith, Erin Arango-Escalante

Minutes

1. **Welcome & Introductions**

The group began with introductions, during which members shared their names, locations, roles, organizations, and favorite Thanksgiving foods. Maya Portillo (IDEC) then reviewed the group norms and presented the meeting agenda and goals. She explained the funding design process and timeline, followed by an overview of the subcommittee's charge and objectives. Currently,

the subcommittee is discussing emerging recommendations within the Funding Design Workgroup.

2. Key Takeaways from Meeting 1

Kayla Rosen (Afton Partners) shared that there is currently misalignment across funding streams, which creates confusion and, at times, arbitrary barriers to accessing state support for both families and providers. She also mentioned that most providers do not use multiple public funding streams, which represent a relatively small share of the overall provider pool. This may be related to the complexity and administrative burden within the current system.

As the Funding Design workgroup and previous subcommittees have ideated around possible solutions, Kayla explained that they have considered criteria for alignment across funding streams, including:

- Whether funding streams have a similar or highly connected purpose.
- Whether they serve a common recipient pool.
- Whether they share similar child/family and provider eligibility.
- The degree of flexibility in federal requirements, or the potential to align state requirements with federal ones wherever possible.

Kayla stated that this criterion was applied to several early childhood education and care (ECEC) funding streams. Through that analysis, the team identified a potential approach to consolidate 12 distinct funding streams into 4.

The proposed groupings include:

- Child Care/Pre-K Funding Stream: combining CCAP, PFA, PFAE, ECBG PI (center-based), SSWG, and SSQS.
- Home Visiting Funding Stream: combining federal MIECHV, state MCHV, IDHS Home Visiting, and ECBG PI (home visiting).
- Early Intervention (EI) and Early Childhood Special Education (ECSE) would continue to be funded separately. Work to further explore and refine these areas continues in partnership with IDEC and others on this call.

Kayla then discussed another tentative recommendation around creating an adequacy-based funding target for ECEC and the cost factors that would make up that funding target. Kayla reviewed which cost factors contribute to adequate funding. She shared that the funding target is defined as the "full cost of ECEC services based on child and family needs (and other factors such as provider type, age of child, and regional diversity)."

Kayla provided an overview of where current funding levels stand and the existing funding gap. She noted that today's subcommittee meeting focused on identifying unknown cost factors, building on Meeting 1, where members discussed known cost factors.

During Meeting 1, the working group reviewed several known cost factors, which Kayla summarized as follows:

- **Staffing**: Staff costs have continued to rise, and there is often a need for additional staff to support children's needs in the classroom. High turnover also contributes to increased costs.
- **Benefits**: Healthcare costs have increased significantly.
- **Operations**: Expenses related to snow removal, facility insurance, and facility maintenance—particularly for playgrounds—have risen notably.
- **Contracted Services**: Costs for services such as Teaching Strategies GOLD, ChildPlus, and other required systems have increased and remain largely outside of providers' control.

Kayla concluded by asking whether these points resonated with the working group and accurately reflected prior discussions.

Following Kayla's remarks, Marianne validated the points shared, affirming that they accurately reflected prior discussions. Cheryl suggested adding continued staff development to build workforce capacity as an additional cost factor to consider. Ireta noted that, while not strictly a cost issue, there have been increasing challenges in securing insurance, with some programs reporting that insurers are dropping coverage altogether. Finally, a public participant asked whether transportation and snack costs were included within operational costs, seeking clarification on how these expenses are categorized.

Kayla explained that, in defining the funding target, the team is guided by family input on the services they desire and need. She emphasized the importance of ensuring that cost considerations include care for multilingual learners and children with disabilities and developmental delays.

Kayla noted that funding targets are expected to vary based on several factors, including:

Program type (e.g., child care, pre-K, home visiting model)

- Provider type (e.g., schools, homes, centers, family, friends, and neighbor care)
- Age of children
- Needs of children, families, and the community
- Hours and duration of care or family support
- Regional cost differences

She also previewed that the next phase of this work will build on family input and on the work conducted by Chi by Design and the Family Service Working Groups to better define the cost factors that will inform both the funding model and funding targets.

Kayla explained that the process began with gathering input from families and is now moving toward seeking input from providers to help make sense of that information. Currently, the team is making assumptions about how families' wants and needs translate into cost factors; however, they are relying on this subcommittee to help refine and expand that understanding. The group's input will be used to define potential cost factors and determine how they relate to program needs.

Kayla then shared themes that emerged from family input, which included **inclusion** and **mental health**.

3. **Context Setting: Children 0-5 with challenging behaviors & disabilities and developmental delays in Illinois**

Megan Bock (Afton Partners) reviewed quotes and themes from recent listening sessions with parents, educators, and providers on their experiences and needs to support children with inclusive practices. She then posed a question to the audience: How do these findings resonate with your experience? Many of these findings resonated with members.

4. **Identifying potential cost factors to support a continuum of supports by child care (0-5) / Pre-K providers**

Megan began by emphasizing that equitable access to child care and pre-K settings (ages 0–5) across the mixed delivery system is vital for children with challenging behaviors and children with disabilities and developmental delays. Building on the discussion from Meeting 1, Megan noted that providers serving children 0–5 within the mixed delivery system face additional costs in order to support these children best and meet their needs.

She acknowledged that Early Childhood Special Education (ECSE) and Early Intervention (EI) services also serve children with IEPs and IFSPs. However, she clarified that the focus of this discussion, consistent with the approach to aligned funding streams discussed earlier, would be exclusively on the potential costs borne by providers within the mixed delivery system, across schools, centers, and homes, and across age groups, not on EI or ECSE services. Megan added that other workstreams are specifically addressing EI and ECSE.

To ground the discussion, Megan offered an example: a child with an IFSP related to a diagnosis of autism may receive services such as speech, occupational, and physical therapy through EI. However, the child's child care provider would also incur program-level costs to modify and staff the classroom to accommodate that child's needs. She noted that today's focus would be on identifying classroom- and program-level costs, with the goal of better understanding the potential costs to be considered to support a family-centered system within community-based organizations (CBOs), family child care (FCC), and school settings.

Megan explained that the team had developed an initial set of potential cost factors for the group's reaction, organized into three categories: screening, instruction, and coordination. For each category, the framework identifies:

- Costs that apply to all children in a program
- Costs that apply to children with challenging behaviors or additional needs but without IFSPs or IEPs
- Costs that apply to children with IFSPs or IEPs

Before walking through the framework, Megan paused to check for any questions or clarifications about its organization.

She then described examples within each category:

- Screening: Costs may include developmental screenings for all children and the staff time needed to conduct those screenings and communicate results. For children with challenging behaviors, additional time may be needed for family engagement regarding screening results. For children with IFSPs or IEPs, this may also include time for additional family engagement and coordination with EI or ECSE providers to determine next steps
- Instruction: Costs may include training on best practices for differentiated instruction and behavior regulation. For children with challenging behaviors or additional needs, costs could involve maintaining lower class sizes, adding additional staff, or updating instructional materials. For children with IFSPs or IEPs, costs might also include additional training and modifications to facilities
- Coordination: Family support staff may serve all children and families, but for children with challenging behaviors, additional staff release time may be needed to coordinate with other service providers and to engage in additional family outreach. For children with IFSPs or IEPs, costs could include staff time for participation in formal IFSP or IEP meetings and managing logistics related to ECSE services delivered in other locations

Megan concluded by noting that the group would explore each of these categories in greater depth through discussion in the following slides.

Jenny requested clarification on the coordination category, specifically regarding the reference to staff release time and its relationship to coordination with other service providers. Megan responded that this represents a potential cost applicable to all children and noted that the distinction between groups is made based on whether children have IFSPs.

Cheryl agreed with the importance of smaller class sizes, though she added that she preferred class sizes of around 15 when children with IEPs are included. She also emphasized that all programs should have access to mental health consultants and support the inclusion of family support staff. However, she cautioned that without additional classroom staff, family support staff may be pulled into classroom duties.

Marcy asked whether the child's age would be a relevant factor to consider when identifying potential cost drivers. Megan responded yes and that we would get into more detailed conversation in the next section.

Discussion on Screening Cost Factors

The group then focused on potential cost factors associated with screening. Both working group members and members of the public were asked to consider and discuss the following questions:

- What other cost factors should be considered for conducting screenings?

- In your experience, how much time does each of these steps take per child or per classroom?

- How do these cost factors vary across settings (child care centers, family child care homes, and schools)?

- How do these cost factors vary by child age (infants/toddlers vs. preschool-age children)?

Marianne noted that one challenge involves family resistance or reluctance to participate in screenings, as some screenings require family involvement and time for educating parents about their role in the process. She highlighted that administrative or faculty time may be needed to engage with families.

Cheryl identified transportation as a cost factor, noting that some families lack reliable transportation and, conversely, staff may need to travel to conduct screenings. This can lead to additional costs, such as mileage reimbursement or the need to transport families.

Raquel mentioned costs related to translation services or devices staff may need to communicate effectively during screenings.

Ireta asked whether the state system might absorb some of these costs.

Marcy observed that screening is not a one-time process and raised questions about how to account for ongoing screenings and the professional development required for staff conducting them.

Maya followed up with Marcy to ask who typically conducts the screenings, and Marcy responded that it is usually someone external to the classroom.

A public participant provided detailed examples of pre-K screening costs, which can include registration paperwork, the DIAL-4 screening tool, parent questionnaires, printing photos, staff time or stipends, food, rent for space, transportation costs, vision and hearing screening fees, re-screening for absentees, secretarial time for scheduling, renewal fees for Q-Global, advertising, speech screening, and Child Find data entry.

Raquel added that the list of screeners can sometimes be lengthy, and by the time they are completed, children may have moved to other grades or programs. She suggested conducting screenings internally, with compensation for staff who take on the additional work.

Another public participant noted that, in many centers, teachers are responsible for analyzing screening results. A separate participant mentioned that not all children who are screened are ultimately placed, meaning programs may conduct more screenings than available slots allow. The participant estimated approximately 45 minutes per screening and an additional 15 minutes for data analysis.

Tamara shared that she has sometimes had to personally transport children for screenings, which can require closing the center for the day. She noted that it may be more cost-effective if parents can transport their own children, depending on individual needs.

Megan observed that training time associated with screenings can be difficult to quantify.

A public participant asked whether data analysis could be outsourced to a state-sponsored system.

Gina, speaking from a school district perspective, said that screenings typically take 45 minutes to one hour per child. Still, that time increases significantly for children with special needs or behavioral challenges, as more discussion time with families is often required.

A public participant agreed with Marcy's earlier point, adding that Head Start (HS) and Early Head Start (EHS) programs generally employ their own screening staff for developmental and vision/hearing screenings, since enrollment changes throughout the year. She also noted that re-screening may occur before referrals to ensure their necessity.

Variation Across Settings

Marianne explained that some programs lack access to screening tools and must rely on school districts, which can be challenging, particularly for three-year-olds, since some programs are not permitted to conduct those screenings themselves or facilitate access for parents.

Gina shared that her school district partners with centers, but that parents may bear costs if screenings must be repeated.

Martha noted that resources are limited, with long wait times in school systems for screenings and referrals to local behavioral pediatricians, which can result in delays in accessing services. She described reaching out to universities for students to assist with screenings as a creative solution.

Another participant added that Preschool for All (PFA) and Preschool for All Expansion (PFAE) programs conduct screenings as part of eligibility determination. In contrast, Head Start conducts screenings after enrollment and must complete them within 45 days of the start of classes to assess developmental needs and identify possible referrals.

Ireta emphasized the need for greater collaboration between systems while recognizing that screenings serve different purposes; some are for instructional planning within programs, while others are for identifying children who may need additional services.

Variation by Age of Child

Marcy noted that infant and toddler care is already costly, and adding assessment tools and screening requirements increases expenses and time pressures. She shared that while her program values screening, it has been difficult to implement due to staffing limitations.

Ireta mentioned that the state has established Community Inclusion Teams, which serve as models for both screening and providing inclusive services. She also recalled that screenings occur more frequently for children ages 0–3, based on her ASQ (Ages & Stages Questionnaire) training.

Lakeesha asked how schools and local health departments could partner with centers to provide screenings, thereby reducing staff time and costs. Megan noted that some research findings align with what Lakeesha described.

Marianne raised the issue of limited access to mental health consultants, particularly for infants and toddlers, as most consultants focus on children ages 3–5.

A public participant pointed out that provider skill levels vary significantly across center-based, family child care (FCC), and family, friend, and neighbor (FFN) settings, and that training lower-skilled providers to conduct screenings would be more labor- and cost-intensive.

Another public comment noted that public health agencies would need additional support to increase screening availability, particularly for vision and hearing, as staffing, training, and equipment are currently insufficient in some regions.

Jenny observed that screening requirements and costs can vary depending on whether a child is enrolled in a program.

Megan acknowledged the broad range of perspectives and thanked participants for sharing their experiences.

Cheryl, speaking from a school district perspective, shared that her district conducts PFA enrollment screenings on Saturdays two to three times per year.

A public participant expressed support for incorporating a language survey into screening practices.

Tamara shared that for family child care providers, screening results can sometimes lead to families withdrawing children if providers are not considered qualified to support the child's identified needs. She noted that this becomes both a cost factor and a staffing challenge.

A member of the public asked whether there was interest in investing in screening tools or analysis summaries to help providers manage data more efficiently and inquired about the potential costs associated with such tools.

Ireta noted that, although there was not enough time to cover the full discussion chart, she recommended training and time costs for both staff and parents related to family rights and protections under state and federal law. She added that this would likely require additional family support staff time and might be a cost that could be shared at the state level.

Discussion on Instruction Cost Factors

The group next focused on potential cost factors associated with instruction. Both working group members and members of the public were asked to consider and discuss the following questions:

- What other cost factors should be considered?
- In your experience, what staffing patterns are best to support children with challenging behaviors &/OR children with disabilities and developmental delays in inclusive classrooms?
- How do these cost factors vary across settings? (Child care centers, Family child care homes, Schools)
- How do these cost factors vary by child age? (Infants/toddlers, Preschool age)

Gina noted that space should be considered a significant cost factor, including rent and construction costs associated with accommodating instructional needs.

Ireta added that costs can depend heavily on staffing levels and the needs of individual children, particularly when programs must adjust schedules to accommodate specialized professionals working with children.

Jenny highlighted the value of having an embedded coach, a staff member, or a district-level professional who can support instructional practice within programs.

A public participant suggested that the state consider offering Pyramid Model training for all early childhood (EC) professionals, noting that the Pyramid Model originated in Illinois and that, in her view, all EC programs should be using it.

A public participant agreed with the comment but noted that some programs cannot afford the training.

Ireta added that such support roles could take various forms, such as a master teacher or inclusion specialist from a local Child Care Resource and Referral (CCR&R) agency or school district.

Cheryl emphasized the need to account for additional staff and classrooms, including the cost of certified teachers.

Marianne noted that faculty already have limited planning time each week and suggested that teachers working with children who have additional needs should be allocated extra preparation time to support instructional planning.

Inclusive Classrooms

Marcy referenced Early Head Start (EHS) classroom models, which maintain smaller class sizes and integrate push-in services or instructional coaches to support inclusion. She suggested that reducing teacher-to-student ratios can enhance instructional quality.

Tamara shared that, in infant and toddler settings, she faces limits on classroom composition. When a child is screened and families choose to move the child to a setting that can provide additional services, she experiences both a loss of enrollment and an increase in staffing costs if she accepts children with special needs, as ratios must be adjusted.

A public participant noted the need for additional paraprofessionals and smaller class sizes to support inclusive classrooms effectively. Another public participant added that staff-to-student ratios should be determined by the needs of enrolled children, explaining that while Preschool for All (PFA) funding covers a teacher and paraprofessional, if additional staff are required to support ECSE students, those costs must be absorbed by the district.

A public participant acknowledged the facility challenges many programs face but emphasized that those barriers should not prevent efforts to offer safe, high-quality classroom environments as the early childhood system is reimagined.

Jacqui, representing a child care center, described experimenting with wage supplements and different staffing models during a pilot phase to support inclusion without increasing overall costs. She noted the need for additional staff support, such as mental health consultants or pull-out spaces, and said that while having an extra staff member in every classroom would be ideal, budget constraints often prevent it.

A public participant commented that an increasing number of children enter school with limited self-regulation and social-emotional skills. These children may not qualify for special education services but still require additional classroom support.

Marianne agreed with this observation and emphasized the challenges of supporting children who do not meet the criteria for special needs or developmental delays.

Megan then directed the discussion toward student-to-staff ratios, asking participants what ratios should be considered. She reiterated points Marcy had made earlier and invited Donna (a public participant) to elaborate.

Ireta agreed with Marcy's reference to Early Head Start and Head Start standards, suggesting that classrooms with a higher number of children with challenging behaviors or IEPs/IFSPs might benefit from an additional aide or paraprofessional.

A public participant reminded the group to be mindful of state laws related to suspensions and expulsions, noting that while it can be challenging when children need to self-regulate or take time away from the classroom, programs must ensure compliance with state regulations on exclusionary practices.

Discussion on Coordination Cost Factors

The group then turned to potential cost factors associated with coordination.

Gina, speaking from a school district perspective, noted that coordination time can be challenging due to staff scheduling and workload demands. She shared that this work could take approximately four to five hours per week, depending on the needs of the child, and that scheduling remains a significant logistical challenge.

Tamara, representing family child care homes, shared that coordination can occur weekly, but that she typically receives minimal support. She noted that she spends about 15 minutes communicating with the professional who visits and continues coordination after hours via email.

Marcy, representing a center-based program, suggested the need for floating staff and proposed a model of one full-time (FTE) staff member for every three classrooms to cover bathroom breaks, planning, and classroom relief time.

Marianne described a new challenge related to mental health consultants, explaining that consultants are now required to meet with parents both before and after classroom observations, which increases the time burden for faculty. She noted that these meetings typically last about 1

hour and involve faculty, the consultant, and the parent, representing a significant cost in staff time.

Cheryl emphasized the importance of community partnerships when supporting children and noted that the time required to identify and coordinate community support should be recognized as a cost factor.

Martha added that, in her center, Parent-Teacher Conferences incur an additional cost because they require extra time and staff preparation.

A public participant commented on the challenges of scheduling float staff, explaining that busing schedules can limit flexibility. For example, in programs where children attend for 2.5 hours per day, staff must adhere to strict drop-off and pick-up times, leaving little time for planning or coordination.

Another public participant described Head Start requirements, explaining that for three-year-olds, class sizes are limited to no more than 17 children per class, or no more than 15 in a double-session class. For four- and five-year-olds, class sizes are capped at 20 children per class, or 17 in a double-session class. For mixed-age classrooms (ages 3–5), class size limits correspond to the majority age group. Staffing typically includes one teacher and one aide, or two teachers per class, although many Head Start programs have moved toward one teacher and two aides per classroom.

5. **Public Comment, Next Steps & Adjourn**

Megan then opened the floor for public comment. No comments were made.

She reviewed the schedule of upcoming meetings and encouraged participants to attend future sessions.

- **Next Funding Design Workgroup Meeting**: November 19 at 5:00 PM – Focus will be on Home Visiting & overall funding design updates

- **Next Child Care / Pre-K Subcommittee Meeting:** January 13, 2026, at 1:00 PM