



ECEC Funding Design Workgroup: **Child Care (0-5) / Pre-K Subcommittee**

January 13, 2026



Meeting Expectations & Notes

Introductions (in the chat)

1. Name
2. Location
3. Role & Organization
4. An intention for 2026

For Subcommittee Members:

- **Please be on video** as much as possible
- **Mute self** when not speaking
- Use **Chat feature or “raise hand” button** for questions or comments
- Technical issues can happen to anyone – **chat privately to Crystal Roman for any needs**
- If you are experiencing an unstable connection - **switch to phone call or close other applications**

For Public Participants:

- Attendees can provide input through public comment during discussions and at the end of the meeting, as well as contributing to Padlet

Note: This meeting has Spanish translation

Subcommittee Norms

- Process is part of the solution
- Step Up, Step Back
- Questions seek to understand, be curious
- Prioritize parent experience and provider experience
- Act with courage and vulnerability
- Recognize the difference between intent and impact; *I might not intend to hurt or offend but the impact may be to hurt or offend*

Today's goals and agenda

Goals

- Review emerging recommendations
- Discuss costs associated with what families want and how those costs vary across settings
 - Discuss cost factors related to supporting Multilingual Learners
 - Discuss cost factors related to Non-traditional Hour care

Agenda

- Welcome & introductions
- Discussion of emerging recommendations
- Family-driven cost factors:
 - Multilingual Learners
 - Non-Traditional Hour Care
- Public comment, next steps & adjourn



Background and Context for this Subcommittee

Emerging Design Principles – drawing on input from communities, working groups, and state leadership

1

Reduce administrative burden by streamlining current funding streams

- Combine state funds into fewer funding streams with similar purposes and recipients
- Reduce burden of managing multiple state and federal funding streams by aligning requirements wherever possible
- Simplify applications and reporting wherever possible

2

Builds a transparent road map to full costs of early learning services that enables equity and efficiency

- Ensures **operational funding** from all sources that is adequate to deliver services that meet licensing standards for all children and allows transparency in how much existing funding from all sources covers costs
- Enables a **family-centered definition of quality**, and is tied to the **services families want to see** based on children's needs, including for children with disabilities and developmental delays, multilingual learners, and historically underserved communities
- Promotes **competitive workforce compensation**
- Reflects the **different structure** of costs and services in centers, homes, and school districts across programs and requirements
- **Maximizes** federal funds

3

Assess gaps between current funding and need to inform equitable prioritization for future investments

4

Work for existing and new programs and programs with a mix of children being served by **public and private funds**

- New programs can enter the system through a transparent process that assesses quality, capacity, and community need
- Funding design incorporates local funding and parent tuition alongside state and federal dollars while acknowledging the needs of providers who serve school-age children

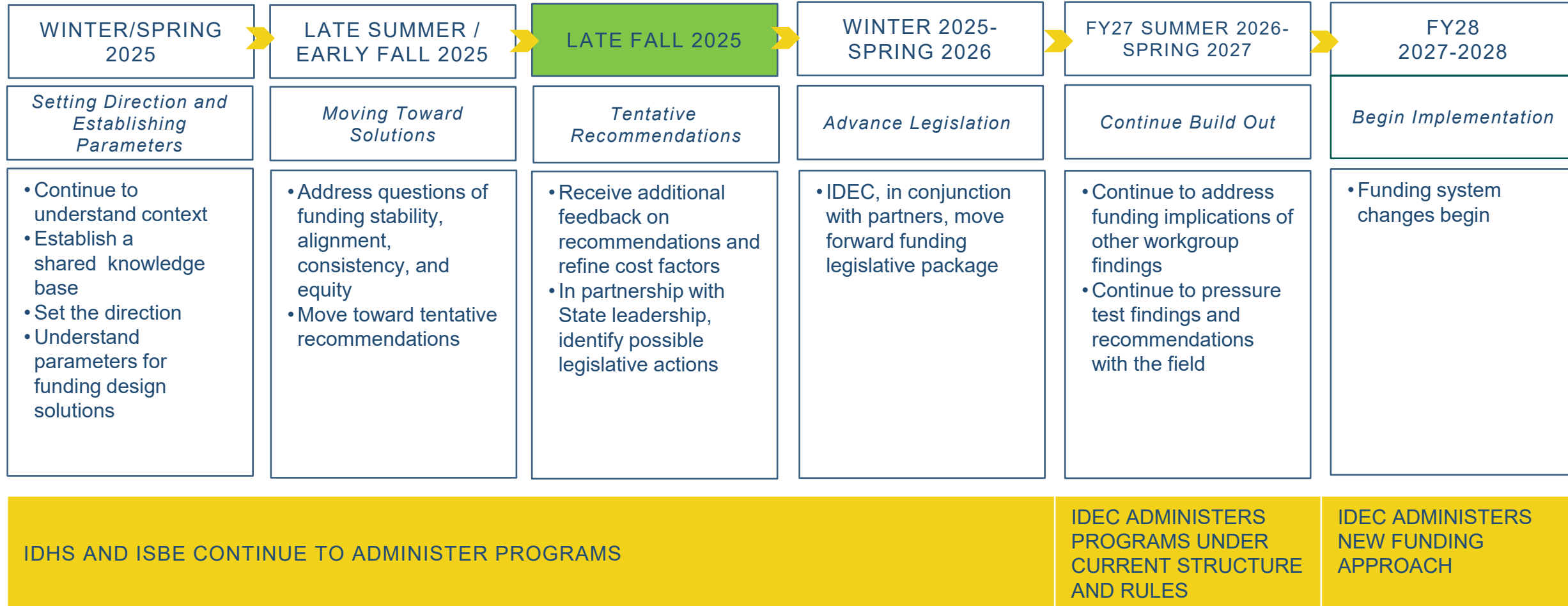
Fall Subcommittee Overview and Objectives



- **Overview**: Subcommittees will focus on **pressure testing and providing feedback on assumptions that will inform the development of IDEC's funding framework** for child care (ages 0-5)/pre-k, home visiting across the mixed delivery system and provider types*
- **Objectives**: At the end of this round of subcommittees, we will have a deeper understanding of:
 - A recommended initial set of **family driven cost factors** to consider embedding in definitions of adequacy targets
 - Qualitative input on **known and unknown cost factors** to inform development of adequacy targets
 - Input on variations required based on the experiences and **needs of different provider types**
 - Questions needing **further consideration and research** to inform funding framework

**EI and ECSE work is ongoing in separate workstreams*

Anticipated Timeline



Federal Updates

- On 1/6, the Trump Administration announced their decision to freeze \$10 billion in federal funds for five Democratic-led states, temporarily halting IL's ability to draw down more than \$1 billion in social service funding for Illinois, including funds that support IL's CCAP program.
- On 1/9, the U.S. District Court for Southern District of New York issued a [temporary restraining order](#).
- IDEC + IDHS and Govs Office are in constant communication and sharing updates as they become available.
- **As of today, providers and families should continue to operate as usual.**



January 8, 2026

Dear Valued Partner,

On Tuesday, January 6, the Trump Administration announced their decision to freeze \$10 billion in federal funds for five Democratic-led states. Late Tuesday evening, the administration notified Illinois that this includes temporarily halting the State's ability to draw down more than \$1 billion in social service funding for Illinois. This includes over \$900 million in combined annual support from the Temporary Assistance for Needy Families (TANF) and Child Care and Development Block Grants (CCDBG), which provide most of the funding for Illinois' Child Care Assistance Program (CCAP).

The news of this funding freeze is creating needless and harmful confusion. The State has been monitoring the situation carefully and exploring all available options to protect our state's employers, workforce, and the families who count on all of us to keep CCAP strong.

Despite this cruel attack on children and families, **as of January 7, 2026, we do not anticipate that funding will be impacted immediately.** We recognize that the Trump Administration's freeze has already imposed tremendous uncertainty on organizations, and it will have immediate effects on efforts to plan for the future, including planning future staffing and program operations.

We urge you to use your voices to advocate against the Trump Administration's actions, which not only destabilizes Illinois' child care ecosystem, but has a devastating impact on jobs and the economy.

We realize there are many unanswered questions about this alarming federal action against the people of our state and we will provide more updates as soon as they are available.

Sincerely,

Lesley Schwartz
Director, IDHS Division of Early Childhood

Child Care/Pre-K Subcommittee Agenda Plan

*Discuss emerging recommendations with
Funding Design Workgroup & Family
Service Workgroups*



Meeting 1- Oct 28

- Welcome, introductions, and level setting
- Discuss definition of adequacy target and cost factors
- Discuss family input on desired services, with a focus on children with disabilities/developmental delays and multilingual learners
- Preview potential cost factors associated with families' desired services

Meeting 2- Nov 18

- Discuss costs associated with what families want and how those vary across settings (FCC, center-based, and school-based).
- Key Focus: Supporting children with disabilities and developmental delays; mental health in the classroom

Meeting 3 – Jan 13

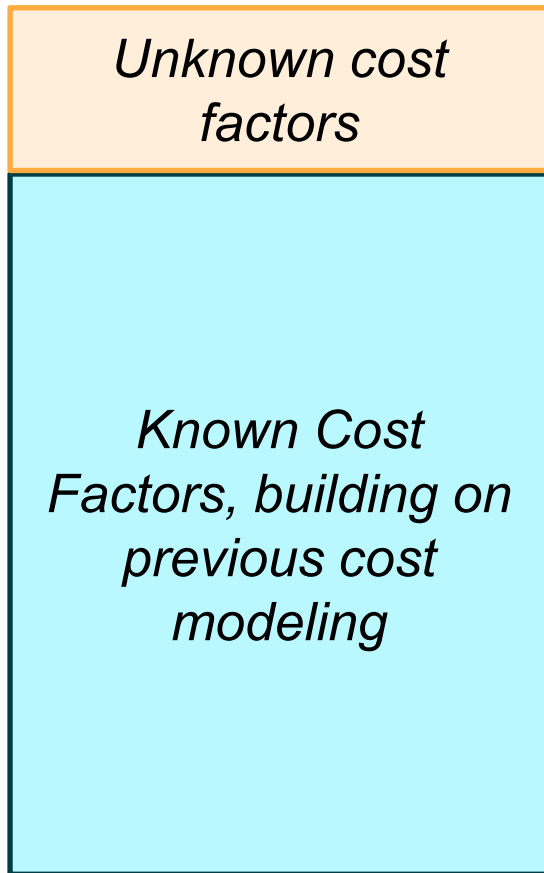
- Discuss unknown cost factors related to the family driven vision and how they vary across FCC, center-based, and school-based providers.
- Key Focus: Supporting Multilingual Learners; Nontraditional Hours Care
- Refine considerations and insights



Reviewing Emerging Recommendations

What cost factors comprise an adequacy target?

Program Adequacy Target



Unknown cost factors

Key focus for Subcommittee Meetings 2-3: Supporting a family driven vision for EC, including costs for children with challenging behaviors and children with disabilities and developmental delays; multilingual learners; and non-traditional hour care

Known Cost Factors, building on previous cost modeling

Focus for Subcommittee Meeting 1: Many of the largest cost factors have been considered in previous cost models*: Staffing & Workforce, and Program Operations

Existing cost models: Cost modeling conducted across Child Care, Early Childhood Block Grant (ECBG); Wage floors and wage scales created with input from the field. Previous cost models reflect current ECE programs and services in Illinois between FY22-24

Estimation of adequate costs of services should consider:

Updates to Known Cost Factors:

Personnel

- **Staffing trends:** Staff costs have continued to rise, especially with the need to have additional staff in classrooms to manage challenging behaviors. Programs also struggle with turnover, which is costly.
- **Benefits:** Healthcare costs have increased significantly.

Non-Personnel

- **Operations:** Costs related to snow removal, facility insurance, facility maintenance (especially for playgrounds), have risen significantly.
- **Contracted services:** Services such as Teaching Strategies Gold, Child Plus, and others have risen and are outside of providers' control.

Family Driven Vision:

Children with Challenging Behaviors, Disabilities, and/or Developmental Delays

- **Time:** Screenings (such as the ASQ) take substantial provider/teacher time, plus scoring, follow-up, and coordination. Educators also need time to attend IEP meetings and implement requirements in IEPs.
- **Direct costs stack up quickly:** Tools/materials, interpretation/translation, and transportation regularly add out-of-pocket or program expenses
- **Screenings are not one-and-done:** Repeat or ongoing screenings create a recurring workload and costs
- **Additional resources needed to meet inclusion goals:** Lower ratios or increased staffing, increased training opportunities, and updated space/materials are desired

Translating Subcommittee Feedback into Potential Cost Factors

Refining Known Cost Factors: Personnel

Cost Factor	Proposed Approach to Estimating Costs
Competitive salaries	<ul style="list-style-type: none"> • Collaborate with Workforce workstream to identify salary tiers that are competitive • Include salary supplements for needed specialties, such as for bilingual educators
Benefits	<ul style="list-style-type: none"> • Include inflation assumptions for healthcare and other benefits into the formula

Refining Known Cost Factors: Non- Personnel

Cost Factor	Proposed Approach to Estimating Costs
Contracted services	<ul style="list-style-type: none"> • Include an overall inflation rate for contracted services • Collaborate with intermediary workgroup to consider whether some items, such as licenses for data systems, can be funded at the infrastructure level
Facility maintenance	<ul style="list-style-type: none"> • Include a line item in the budget for ongoing facility maintenance and resilience
Facility updates	<ul style="list-style-type: none"> • Include opportunities for facility upgrades that go beyond regular maintenance, such as requirements for insurance coverage or safety

Potential Family-Driven Cost Factors: Inclusive Care for Children with Challenging Behaviors and Children with Disabilities and Developmental Delays

Cost Factor	Proposed Approach to Estimating Costs
Staff release time	<ul style="list-style-type: none"> • Include cost of staff release time for conducting screenings such as the ASQ, trainings on best practices for inclusion, and coordination/family engagement for children with challenging behaviors and children with disabilities and developmental delays
Increased ratios	<ul style="list-style-type: none"> • Include cost of additional staff in classrooms with children with challenging behaviors and children with developmental delays
Materials	<ul style="list-style-type: none"> • Include funding for materials that support inclusive learning
Facility updates	<ul style="list-style-type: none"> • Include opportunities for investing in facilities to support inclusive care, such as classroom configuration and classroom sizes to accommodate lower ratios

Discussion: Emerging recommendations on potential cost factors

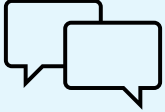



- How well does this summary capture input shared so far?
- What would you add or change?
- What areas need further exploration by other Workgroups?



Family Driven Cost Factors: Serving Multilingual Families

Themes from Family Input: Focus Areas for Meeting 3

Theme	What should the system do?	Potential Classroom/Program Costs Associated
 Language access	<ul style="list-style-type: none">Information and services delivered in home languageWant to communicate in home language with staffRecruit and retain diverse, multilingual staff in educator and management positionsIdentify multilingual learners early to be eligible for additional funding	<p><i>"[Programs need to be] responsive to the needs of monolingual Spanish families. I've been translating and interpreting and these programs are private so you'd think they'd have funding but they don't." - Parent, Cook County</i></p> <ul style="list-style-type: none">Compensation tied to expertise and certifications/credentials, including higher compensation for multilingual staffTranslation and interpretation services
 Non-traditional hours	<ul style="list-style-type: none">Full-day, second- and third-shift slots availableWant convenient access to supports and services that meet their unique needsOffer different types of care in more locations generating more choices for families	<p><i>"One thing I wish for that could be better would be longer hours at daycare. My children's closes at 5:00 or 5:30. Before Covid, it stayed open to 6pm or 6:30." - Parent, Lake County</i></p> <ul style="list-style-type: none">Enhanced funding/rates for non-traditional hours

What do we know about multilingual families and staff in child care (0-5)/ Pre-K in Illinois?

Families

- According to IECAM, 215,981 children ages 0-5 (**25% of the population**) are multilingual learners (MLL).
- The most commonly spoken languages other than English are Spanish, Polish, and Arabic.
- Children who are MLLs are more likely to live in households that are lower-income (37% of MLLs compared to 30% of non-MLLs)

Workforce

The 2020 Early Childhood Workforce Report from INCCRRA found that nearly 10% of center-based teachers and 15% of FCC owners spoke languages other than English as their primary language.

TABLE 4 | PRIMARY LANGUAGE SPOKEN BY ROLE AND SETTING

Primary Language	Licensed Center			Licensed Family Child Care	
	Administrator (N=5948)	Teacher (N=23,877)	Assistant Teacher (N=19,674)	Owner / Provider (N=6980)	Assistant (N=3734)
English	93.7%	90.3%	88.3%	85.0%	79.3%
Spanish	3.4%	5.5%	7.5%	13.5%	18.8%
Other	2.9%	4.2%	4.2%	1.5%	1.9%

What do we know about what multilingual families want for child care (0-5)/pre-K?

- Data from listening sessions and workgroups indicate that multilingual families want to see:
 - Information and services delivered in **home language**
 - Want to **communicate in home language** with staff
 - **Recruit and retain diverse, multilingual staff** in educator and management positions
 - Identify **multilingual learners** early to be eligible for additional support

“[Programs need to be] responsive to the needs of monolingual Spanish families. I’ve been translating and interpreting and these programs are private so you’d think they’d have funding, but they don’t.”
- Parent, Cook County

Potential Cost Factors to Support Family Vision for Multilingual Learners

Programmatic Options and Training:

- Multilingual programs that are dual immersion or offer education in home language
- Training on multilingual instruction best practices and screening tools

Staffing:

- Multilingual teachers, administrators, and family support staff
- Support for staff to receive training and/or become certified as translators/interpreters
- Tiered pay structures for multilingual staff
- Time to translate materials

Materials:

- Multilingual books
- Screening/assessment tools in multiple languages
- Technology for interpretation/translation

Contracted Services:

- Translation services for materials
- Interpretation services for family engagement



Discussion: Serving Multilingual Families

1

What other cost factors have you experienced in serving multilingual families?

2

How does the need for multilingual materials and staffing differ across age groups, settings, and languages spoken?

3

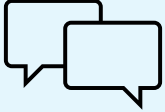

How does your program recruit and retain multilingual staff? What challenges have you faced and what would make recruitment/retention of multilingual staff successful?





Family Driven Cost Factors: Non- traditional hours (NTH) care

Themes from Family Input: Focus Areas for Meeting 3

Theme	What should the system do?	Potential Classroom/Program Costs Associated
 Language access	<ul style="list-style-type: none">Information and services delivered in home languageWant to communicate in home language with staffRecruit and retain diverse, multilingual staff in educator and management positionsIdentify multilingual learners early to be eligible for additional funding	<p><i>"[Programs need to be] responsive to the needs of monolingual Spanish families. I've been translating and interpreting and these programs are private so you'd think they'd have funding but they don't." - Parent, Cook County</i></p> <ul style="list-style-type: none">Compensation tied to expertise and certifications/credentials, including higher compensation for multilingual staffTranslation and interpretation services
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Families, providers and advocates have described the need for care that supports families' schedules

“Services need to accommodate multigenerational families, **offering flexible options like evening and weekend availability.**”

- Regional Listening Session Participant

“Program “model” can vary in non-traditional hours care; overnight care looks different than care during the day... and **what families are looking for and what supports providers want and need can also look different depending on the time, setting, etc.**”

- Funding Design Workgroup Participant

“**Child care center availability was not necessarily for evening workforce.** I feel more resources should be available and easily accessible.”

- Regional Listening Session Participant

What do we know about NTH care in Illinois?

- According to the Erikson Institute's [Illinois Nontraditional-Hour Child Care Study \(INCCS\)](#):
 - In Illinois, **36% of children have parents who work non-traditional hours**; for low-income families that number is even higher, at 50%.
 - **Licensed options for NTH care are very limited**, and families often rely on informal care options.
 - Although various types of programs can be licensed, most NTH care tends to be home-based (either a provider in the child's home or care in the home of a relative or friend).
- Illinois' [2023 market rate survey](#) found that among participating programs the following were licensed to provide overnight care:
 - 4% (47) of licensed child care centers
 - 37% (889) of licensed family child care homes
 - 46% (199) of licensed group child care homes

Illinois child care providers experience various challenges in providing NTH care.

- **Long work hours**, as most programs offer non-traditional hours in addition to standard-hour care making staffing difficult
- **Increased costs**, such as staffing, meals or equipment, **with less profitability** due to fewer children in care
- **Licensing burdens** including restrictions on mixing of age groups, ratios and overnight requirements
- **Exhausting and overwhelming nature** of providing this kind of care, which often cuts in to time to manage other business and personal responsibilities

Recent Focus Group Feedback



Current State:

DRAFT

- **Demand:** Demand for NTH care exists, especially for **early mornings and late evenings**, but **supply is constrained due to staffing limits, licensing rules and inadequate compensation**.
- **Rates:** Most providers in the focus groups are **charging the same rates for NTH care as their rates during traditional hours** because they know families cannot afford to pay more.

Potential Cost Factor Considerations:

- **Operational Costs:** Providers believe that rates should be higher during **these hours** and account for the additional costs it takes to provide the service. These costs can include higher utilities, meals that cannot be reimbursed by CACFP, materials/activities, liability insurance, and transportation.
- **Staffing Costs:**
 - Home-based providers often work alone, leading to exhaustion; for those that would like to hire additional support, licensing rules often prohibit assistants during overnight hours.
 - Centers are typically paying higher wages to staff working non-traditional hours.
 - Fluctuations in families' schedules and subsequent lack of stable funding discourage providers from hiring staff.

Discussion: Non-traditional hour care (NTH) cost factors

1

What experiences do you have providing/seeking NTH care?

2

What cost factors resonate with you? What would you add?

3

What do you see as the most important factors in encouraging more providers to offer NTH care?





Public Comment, Next Steps & Adjourn

**Thank you for your
insights, time, and
dedication to building
the EC funding
design!**



Public Comment

To join the line to provide public comment, please raise your hand via Zoom.



Next Steps

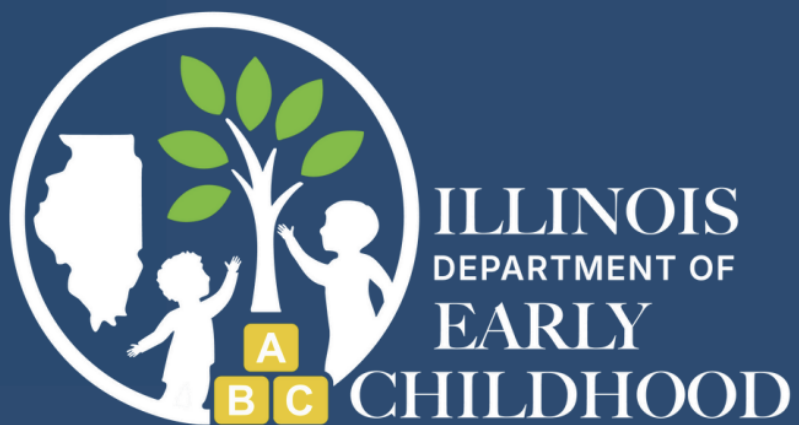


Upcoming Meetings:

- **Next Funding Design Workgroup Meeting:** January 14 at 4:30PM

Please complete the feedback survey here: <https://forms.gle/83cuZUNYxKdb2PoLA>

Thank you!



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