

**Child Care (0-5)/Pre-K Subcommittee
(Subcommittee of the Funding Design Workgroup)
Meeting 3**

January 13th, 2026, 1:00 pm - 2:30 pm

https://aftonpartners.zoom.us/webinar/register/WN_GstN-WGpQxigRBCWIKVGuA

In attendance: 104

Subcommittee members: Jenny Metcalf, Tamara, Lakeesha James-Smith, Gina Hill, Martha Gonzalez, Rosaura Arellano, Marcy Mendenhall, Cheryl Ceasar, Marianne Bernardoni, Ireta Gasner

State Agency Members and Consultants:

Maya Portillo (IDEC), Megan Bock (Afton Partners), Abby McCartney (Afton Partners), Marissa Ortiz (Afton Partners), Nicole Craft (ISBE), Ann Erickson (ISBE), Taylor Seal (ISBE)

Interpreter: German Barrios

Members of the Public: Kari Clark, Melissa Coleman, Lori Carroll, Rachel, Sheila, Jennifer Brown, Connie Stanfield, Michelle Maglica, Dan Harris, Kimberly Bianchini, Chelsi Thomas, Leslie, Denise Henry, Danen, Danen Busch, Samantha, Bob Spatz, Jill Andrews, Shelia, Cindy, Kettishua, Toni, Medina Bailey, Marisol Lopez, Malika, Jacqui Jones, Debrah Clark, Anna Kirchner, Romona, Jeremy Lambe, Heidi, Connie Shugart, Tammy King, Jodi Peterson, Jennifer, Pedro Bortoto, Jacinta Wallace, Kathy Slattery, Aubry, Susan McNelis, Moriah, Crystal, Lucas Jemison, Loretta Watts-Dennis, Rose Malloy, Rowan Atwood, Natalie Doyle, Tammy, Karissa Zingula, Amy, Michelle, Heather Wills, Katherine Buchanan, Krystal Peters, Britt Gordon-McKeon, Melissa McCullough, Jackie, Beata Skorusa, Tameka, Mirasol, Rachel Burgess, Larisa, Tiffany, Brandee G.D., Shana, Schamaki Bryant Bryant, Sonya, Chetmira Gray, Morgan Ufert, Ashley, Sally, Hazel Thompson Bell, Kelly Rodriguez, Donna Emmons, Bri Stormer, Emily Hufford, Kara Cunningham, Erika Mendez, Laura Shull, Lynn Burgett, Erin Gutierrez, Kyrsten Emanuel, Ryan Sempf, Cindy Berrey, Rosario Hernandez, Pamela Stutzman, Karen Berman

Minutes

1. Welcome & Introductions

Maya Portillo (IDEC) welcomed the subcommittee and thanked them for joining the call. She reviewed meeting expectations and invited participants to introduce themselves in the chat. She noted that the meeting has Spanish interpretation and introduced the interpreter, German Barrios, who gave instructions for accessing the Spanish channel.

Maya shared the goals and agenda for the meeting:

- 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

Maya reminded the group of the background and context for the subcommittee, reviewing the emerging design principles. She also shared the objectives for this set of subcommittees:

- 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

She discussed the anticipated timeline for funding design, noting that during winter 2025/spring 2026 IDEC will be working on advancing legislation.

Maya also shared federal updates, including that Illinois is a part of a group of five states that has recently had funding frozen by the Trump administration. Maya encouraged people to refer back to a letter sent by IDHS administration with any questions. She also noted that a temporary restraining order has been placed on the funding freeze. IDEC, IDHS and the Governor's office are in communication and will be providing updates as they become available. As of today, providers and families should continue to operate as usual. An ELC ad hoc meeting will be held this Thursday to have more time to discuss federal changes.

Maya turned back to the subcommittee content, noting that today's meeting is the final child care/pre-k subcommittee.

2. Discussion of Workgroup feedback and emerging recommendations

Megan Bock (Afton Partners) began by reviewing emerging recommendations (below) to remind the group where we have been as we begin a new year. Today's conversation focused on serving multilingual learners and non-traditional hour care.

Emerging Recommendations to Date

DRAFT

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

Megan asked the participants if this summary accurately captured their input to date, and the subcommittee provided feedback:

- One thing that might be missing is mental health consultants, may not be a cost specific to centers but is a budgetary cost to the state.
- May be out of the scope of this, but we should be thinking about what costs/supports would be better borne at the state level instead of the programmatic level. This should be added as a consideration.
- For benefits, we should add paid time off. Healthcare costs have gone up 15% this year.
- The personnel costs are missing wage compression; the Family driven vision also does not account for the cost to a program when families choose to leave if they feel their child is unsafe due to other children's behaviors.
- Technology/equipment for children with delays/disabilities. As a licensed home, I can't always afford that technology.
- Community inclusion efforts (bringing supports for teachers that are not in school settings), adaptive toys/assistive technology.
- Liability has gone up 15-40%, property taxes should also be accounted for.
- In addition to Infant Early Childhood Mental Health Consultation (IECMH), other consultants such as nurse/health consultants and inclusion consultants should be included.

Megan explained how known cost factors for personnel and non-personnel costs are being refined, including updates around competitive salaries, benefits, contracted services, and facility maintenance and updates.

Megan also described potential family-driven cost factors around inclusive care for children with challenging behaviors and those with disabilities and developmental delays. These cost factors included staff release time, increased ratios, materials for inclusive learning and facility updates.

Megan asked the group the following discussion questions:

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

Participants provided responses:

- I would add an increase to administrators. We also need to have diversity of administrators. We are having to organize wholistic resources, like resources to address family food insecurity, and more is being required of programs than the child care component. This includes both navigation time and additional time spent in increase in number of families needing support. For many programs, family support staff doesn't exist.
- Need to add or increase transportation costs, especially hard for infants and toddlers.
- Head Start are the only programs that currently have meaningful support roles, how can they be embedded in other programs as part of the cost model?
- Are we identifying taxes? Taxes for a for-profit facility are not waived, need to look at tax burdens and how that factors into funding.
- Some of these things are in relation to program standards workgroup (ratios, positions...). Fiscal rules around proration and supplanting may have an impact.
- Need for a rainy day fund and consideration of profit.
- Reminder to think about Family Child Care (FCC) specifically.
- Is there an opportunity to use managed care funding?
- As a school district, many do not have a dedicated administrator that is solely responsible for Preschool services. Many building Principals take on the responsibility while also

managing an elementary building full of students. Need to keep some of that in mind when we look at positions we can fund.

3. Family-driven cost factors:

Multilingual Learners:

Megan then moved the group to discuss family driven cost factors for serving multilingual learners (MLL). She shared some research that tell us about multilingual learners and staff in child/care pre-k, including that 25% of children aged 0-5 in Illinois are MLLs and that nearly 10% of center-based teachers and 15% of FCC owners spoke languages other than English as their primary language. Data from listening sessions and workgroups indicate that families want to see more home language services and multilingual staff, as well as early identification of MLLs to receive supports.

Potential cost factors include:

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

Megan led a discussion on the following questions:

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?

Participants responded:

- These still need to connect with program standards and need to think about how endorsements are reflected.
- In addition to books, cost factors related to program materials like culturally relevant toys, activities, and supplies.
- Noting the current context facing some multilingual staff is adding a challenge.
- Flagging the need for services for MLLs who are deaf, potentially through contracted services.
- Family multilanguage workshops: for example, to provide education on how to navigate in a new country, new rules, new laws. This way parents understand the basic laws in the United States.
- In the rural area where I live there are exceptionally few children/families who speak a language other than English. Not only are there not any Spanish-speaking bilingual staff at the ELC, but some of the families' language was also not Spanish.
- Having multiple languages in one center also drives costs up.
- In addition to what kinds of costs might be borne by the state infrastructure, the state probably should explore the extent to which shared services can be made available - so costs are still borne at program level but reduced by economy of scale.
- As an FCC provider, it was a big cost to me to serve multilingual families. I tried to learn the language but ultimately lost the family.

- Much more need for younger children (infants and toddlers) to have daily conversations with parents. The interpretation is more important, whereas for older kids the writing/materials being translated is more important.
- Work eligibility, ensuring we have access to a variety of employees and ability to employ them.
- Dominant second languages have different costs than others (Spanish vs others). Need to make sure that we have materials and focus on other languages also. We often do “grow your own” with high school students, offering them training.
- Need to pay more for bilingual staff, not many have certifications.
- Thinking about retaining current staff- if requirements are changed, how it might impact them? If there are changes, should consider costs to support current staff through trainings, etc.

Non-traditional Hour Care:

Abby McCartney (Afton Partners) provided context on non-traditional hour (NTH) care in Illinois. Families and providers have noted the challenges in accessing and providing care during extended hours. According to the Erikson Institute, 36% of children have parents working non-traditional hours. Most NTH care tends to be home-based. Providers have noted various challenges including long hours, increased costs with less profitability, licensing burdens and exhaustion and burnout. Recent focus groups have provided additional feedback:

Current State:

- 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 the Child and Adult Care Food Program (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.

Abby asked the group the following questions:

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?

The group responded:

- As an FCC home, costs fluctuate, with families coming and going so it is hard for me to hire staff. I had to research and calculate the base yearly pay just for a full time with accurate ECE qualifications. Then calculate how many families to be steadily in my program in order for me to hire.
- Having a more home-like setting feels ideal for overnights. How can there be proactive supports to bring people in? For centers, is there opportunities to pilot based on geographic/business needs (near plants or hospitals). Other issue that comes up is that a low-income family may need to use the Child Care Assistance Program (CCAP) for when they are working but that might also then cause the child to miss out on Head Start or other ECE programs, need to consider the interconnection between these programs.

- My FCC network offers NTH at 65 programs at varying schedules. Also see it as an entrepreneurship and equity piece. Costs are often about materials. Insurance is becoming more and more expensive.
- Parents working overnight still need rest after pickup and sometimes experience child care gaps when they need additional care during rest time..
- As a school district, we are not offering NTH care for any families (a lack of space, staff, and so many other pieces), but perhaps could partner with family or child care homes that may offer care and we can overlap times and care

4. Public Comment, Next Steps & Adjourn

Megan wrapped up the meeting, thanking subcommittee members for their participation in the subcommittee and reminding them of continued opportunities to provide input.

Public Comment:

- For teachers trying to learn languages, it would be helpful if that could be counted for professional development in Gateways.
- A member of the Workers Center for Racial Justice in Chicago noted that she is finding that a lot of providers don't know where to get information on licensing and supports to become licensed.
 - Megan referred the member to connect with the Department of Children and Family Services and Illinois Action for Children
- A lot of people are providing care and not getting paid, it is important to help connect them to supports to make sure they are being compensated.

Appendix: Padlet Comments

Emerging Recommendations:

- It is important to consider the increased costs of insurance and staffing. In addition, the consideration of students with behaviors is critical.
- When will guidelines be released regarding submitting the grant for July 1st.

- Average staffing levels work well for estimating system costs/adequacy, but have significant implementation limitations when estimating costs to smaller center/site/family-childcare-home level.
- Systems Costs vs Center/Site Costs: Whether it is costs due to challenging behaviors, family support, multilingual issues, etc. it is hard a small scale to have "fractional" staff. So a 8-to-1 child ratio may make sense, but if there are challenging behaviors that result in the system believing that the average should be 6-to-1, it isn't that all classrooms should be 6-to-1, but that many/most 8-to-1 is still fine, but some will need to be 6-to-1, some 4-to-1, (8-to-1 with a one-on-one aid), etc. Same with the need for administrative staffing, and multilingual staffing. An additional child or a family with a couple of children that need more support can't just add a fractional FTE.

The EBF for K-12 works with a "prototypical" school of 450 K-5 and 6-8 and 600 for HS. (e.g. one principal, assistant principal, and nurse per building). In general this worked reasonably well. However, the "integer" arithmetic is much more meaningful and therefore complex in determining adequacy in the much, much smaller childcare centers and family childcare homes.

- Accountability: If programs/centers will be monitored, it would be helpful to include those current costs and rising costs.

Serving Multilingual Families:

- I would like to echo support for ISBE's comment to include endorsements as part of staffing support. Also, to consider family engagement and communication costs, including making information about available programming accessible in multiple languages.
- Multilingual Recruitment: I'd like to see cost of recruiting workforce from abroad & helping offset cost of legal fees associated with visas & relocation allowance
- Pay multi-lingual providers for their language expertise: Great to see recommendation to provide tiered or increased pay for multi-lingual professionals. This is a recommendation included in the Early Intervention workforce recommendations. We currently pay a

separate hourly rate for translators to be part of that service delivery model. It would be better for families to have their therapists/teachers speak their language and paying for that expertise would support recruitment and retention.

- Home language survey: Costs associated with training staff how to administer a consistent Home Language Survey to all families and how to input that data into a database.
- Training for staff: Often educators have not had training on the importance of encouraging families to use and maintain their native languages. This is useful training for all educators working with DLLs (not only those attending ESL/bil trainings)
- ESL vs Bilingual: I am not quite sure where to log this comment, so I am adding it here. Providing bilingual training to bilingual staff is ideal - that is, how to educate children in their home language when the caregiver shares that same language. But English as a Second Language (ESL) is also a viable option when there are multiple languages in the same classroom. ESL training is focused on training staff to work with children and families when the educator does NOT speak the family's first language. This type of training can be given to anyone, even monolingual English speaking educators.
- Policies similar to Section 228.30: Currently only PFA/PFAE programs in public schools are required to give a home language survey, screen for English lang proficiency and serve those that qualify. That is because it is in IL Administrative Code Section 228.30. We will need similar policies created under IDEC. And then does to help programs implement the policies like the ISBE EC FAQ on ELs.
https://www.isbe.net/Documents/preschool_faq.pdf
- Need carrots as an incentive: Compensation could be a key carrot to incentive more bilingual staff to a program. Stagnant salaries that expect additional responsibilities on bilingual staff is a disincentive. Tapping into involved parents who are bilingual to build a grow your own model.
- Parent Mentor Programs: Parent mentor programs that recruit and train parents to eventually become bilingual ECEC teachers (eg WIU's parent mentor program at the WIU Rocky's Play Place)

- Multi-age licensing options: NTH Care (and also more rural areas where numbers may be smaller, multilingual demands that may have smaller numbers), having more multi-age licensing options could be valuable.

Multi-age licensing options could also provide more flexibility in designing development appropriate options that better supports the desires and wants families, children, and provides. (keeping siblings together, reducing transportation, etc.)