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A COMPREHENSIVE OVERVIEW OF EARLY CHILDHOOD PROGRAMS AND SERVICES IN ILLINOIS



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External Review:

This report was reviewed by early childhood experts to ensure that its contents are rigorous, accurate, and useful to educators and policymakers with varying levels of background knowledge. The reviewers of this report included:

- Isabel Farrar (Start Early)
- Theresa Hawley, Ph.D. (Early Childhood Transformation Team, Northern Illinois University)
- Bethany Patten (Illinois Department of Human Services)
- Elliot Regenstein (Foresight Law + Policy)
- Lesley Schwartz (Illinois Department of Human Services)

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INTRODUCTION

Early childhood is a crucial stage of life. Children’s brains develop the most during these early years, and development is highly impacted by the child’s environment. High-quality early childhood programs and services (henceforth called “programs”) play a significant role in supporting children’s health, early learning, and social-emotional development. Understanding the availability of early childhood programs for all children, and especially for children living in adverse environments, is key to studying the impact of these programs in reducing educational inequalities in Illinois.

This report provides a comprehensive overview of early childhood programs for children and their families from the perinatal period (before and after birth) to 5 years old^a in Illinois. The goal is to collect and collate detailed information about available programs into one usable resource for early childhood professionals, policymakers, and other stakeholders. These programs are summarized across several **dimensions**:

1. The ages served (*Pages 4-5*)
2. The affiliated government departments (*Page 6*)
3. The content areas (*Pages 7-9*)
4. The delivery methods (*Pages 10-11*)
5. The funding sources (*Pages 12-13*)
6. The existing evidence of effectiveness (*Pages 14-22*).

Each dimension is detailed below; readers may skip to the dimensions in which they are most interested. For each dimension, a figure summarizes how all the available programs are categorized or evaluated. These categorizations and evaluations help provide a snapshot of the kinds and quality of programs available to children and their families in Illinois. A set of key takeaways about each dimension is also provided.

For those who are interested in seeing how individual programs vary according to the six dimensions, please go to [IWERC’s website](#) to find an easy-to-use **Summary Table** of all dimensions by program in one place. The figures below are also available on IWERC’s website for more detailed inspection.

^a Note, “3-5 years old” could mean both “from the third through fifth birthday” or “from the time children are three by September 1st and kindergarten entry”.

This report is aimed at several audiences:

- First, **early childhood professionals**—educators, child care workers, home visiting professionals, center directors, and more (e.g., early childhood researchers)—may use this report to better understand how their work with children fits into the broader landscape of programs children receive. They may also use this to connect parents and their children to additional services and programs of interest.
- Second, **policymakers** may use this report to help build their understanding of how programs are used by children, and the evidence base for those programs—which can help them make decisions about program funding and implementation.
- Finally, **parents and caregivers** may be interested to see the full range of state-sponsored opportunities available for their children—and for themselves.



PART 1: Programs for Young Children by Age

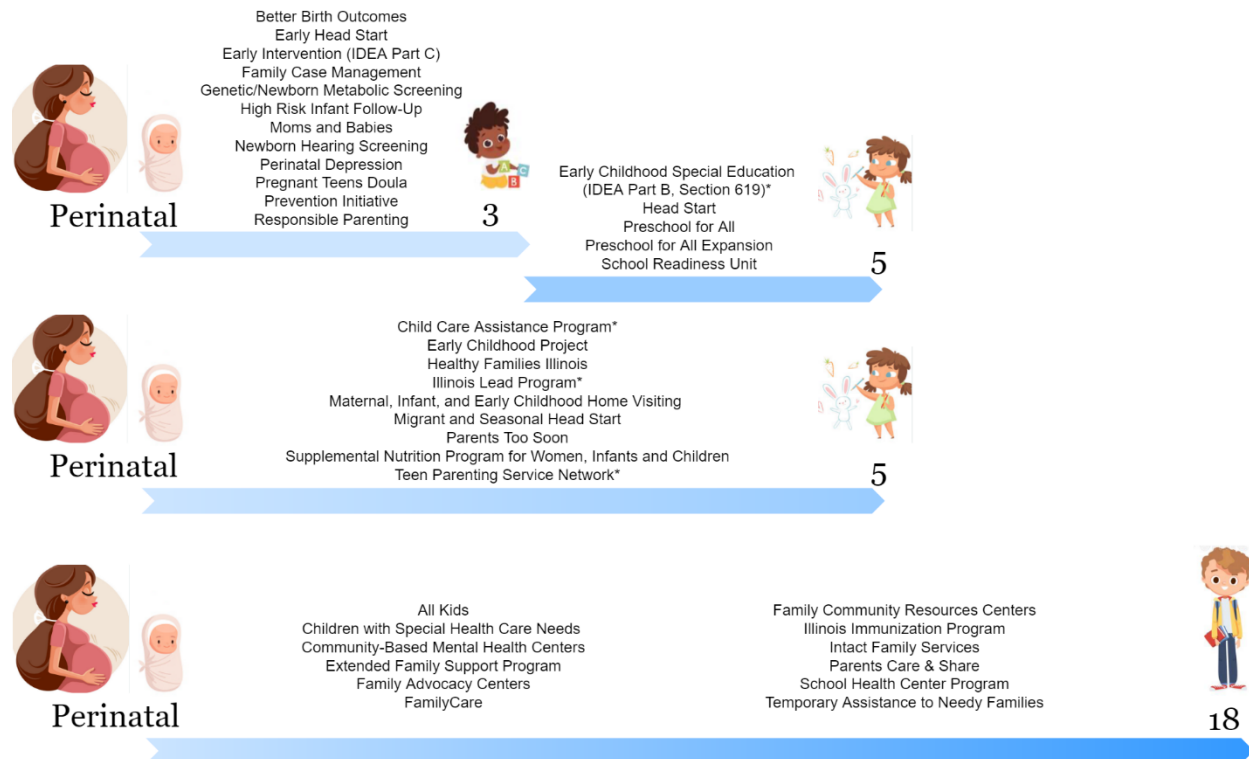
What you need to know about this categorization:

Figure 1 specifies Illinois programs for young children and their families into the following **four age groups**:

- 1. Perinatal period to 3 years old:** These programs support families during the perinatal period through 3 years old. Note: Early Intervention Extended Services allow children whose third birthday is between May 1 and August 31 to continue to receive services to resolve a gap in services, starting January 1, 2022.
- 2. 3 to 5 years old:** These programs provide support to children from 3 to 5 years old and their families. Note: One program—Individuals with Disabilities Education Act-Part B, Section 619—extends to 21 years old.
- 3. Perinatal period to 5 years old:** These programs support families from the perinatal period to 5 years old, but do **not** include those that exclusively serve families from the perinatal period to 3 and from 3 to 5 years old (i.e., the first two age groups). To extrapolate the overall programs supporting families from the perinatal period to 5 years old, those categorized in the first, second, and third age groups should be combined. Note: Three programs extend beyond 5 years old (specifically, Teen Parenting Service Network extends to 8 years old; Child Care Assistance Programs to 13 years old and 19 years old for those with disabilities; and Illinois Lead Program to 6 years old).
- 4. Perinatal period to 18 years old:** These programs provide support to children under 18 years old and their parents. Young children are not the exclusively targeted investment group in these programs.

Because the focus of this report is on early childhood programs, our following categorizations are restricted to those exclusively serving families from the perinatal period to 5 years old (i.e., those from the first, second, and third age groups).

Figure 1. Illinois Programs for Young Children by Age.



Note: * indicates that this program/service extends beyond 5 years old.
IDEA is the abbreviation for Individuals with Disabilities Education Act.

Main takeaway:

- Illinois provides programs to young children of diverse age groups to meet potentially different needs.

PART 2: Programs for Young Children by Government Departments

What you need to know about this categorization:

To better understand the role of early childhood programs within the larger child service system, Figure 2 displays the programs that (1) exclusively support young children and their families (i.e., those serving families from the perinatal period to 5 years old); and (2) provide services to the population that includes young children and their families (i.e., those serving families from the perinatal period to 18 years old) by affiliated government departments. As the focus of this report is on statewide programs, those exclusively serving children and families in a local area of Illinois (e.g., a county or a city) are not included.

Figure 2. Illinois Programs for Young Children by Affiliated Government Departments.

Ages Served	Illinois Department of Children and Family Services	Illinois Department of Healthcare and Family Services	Illinois Department of Human Services	Illinois Department of Public Health	Illinois State Board of Education	US Department of Health & Human Services
Perinatal to 5 Years Old	<ul style="list-style-type: none"> Early Childhood Project School Readiness Unit Teen Parenting Service Network* 	<ul style="list-style-type: none"> Moms and Babies 	<ul style="list-style-type: none"> Better Birth Outcomes Child Care Assistance Program* Early Intervention (IDEA Part C) Family Case Management Healthy Families Illinois High Risk Infant Follow-up Maternal, Infant, and Early Childhood Home Visiting Migrant and Seasonal Head Start Parents Too Soon Perinatal Depression Pregnant Teens Doula Responsible Parenting Supplemental Nutrition Program for Women, Infants and Children 	<ul style="list-style-type: none"> Genetics/Newborn Metabolic Screening Illinois Lead Program* Newborn Hearing Screening 	<ul style="list-style-type: none"> Early Childhood Special Education (IDEA PartB, Section 619)* Preschool for All Preschool for All Expansion Prevention Initiative 	<ul style="list-style-type: none"> Early Head Start Head Start
Perinatal to 18 Years Old	<ul style="list-style-type: none"> Extended Family Support Program Family Advocacy Centers Intact Family Services 	<ul style="list-style-type: none"> All Kids FamilyCare 	<ul style="list-style-type: none"> Community-Based Mental Health Centers Family Community Resource Centers Parents Care & Share Temporary Assistance for Needy Families 	<ul style="list-style-type: none"> Children with Special Health Care Needs Illinois Immunization Program School Health Center Program 		

Note: * indicates that this program/service extends beyond 5 years old.
IDEA is the abbreviation for Individuals with Disabilities Education Act.

Main takeaway:^b

- Most programs serving young children target exclusively children ages 0-5 and their families (26 of 38 programs), and the Illinois Department of Human Services hosts the largest number of these programs (17 of 38 programs).

^b The main takeaway is summarized based on the number of the programs and services, rather than the financial budget or number of children served. For information regarding the funding budget and served population, see: [TheEarlyLearningLab \(2019\). Early Childhood Funding in Illinois.](#)

PART 3: Programs for Young Children by Content Areas

What you need to know about this categorization:

Figure 3 categorizes Illinois early childhood programs into eight content areas:

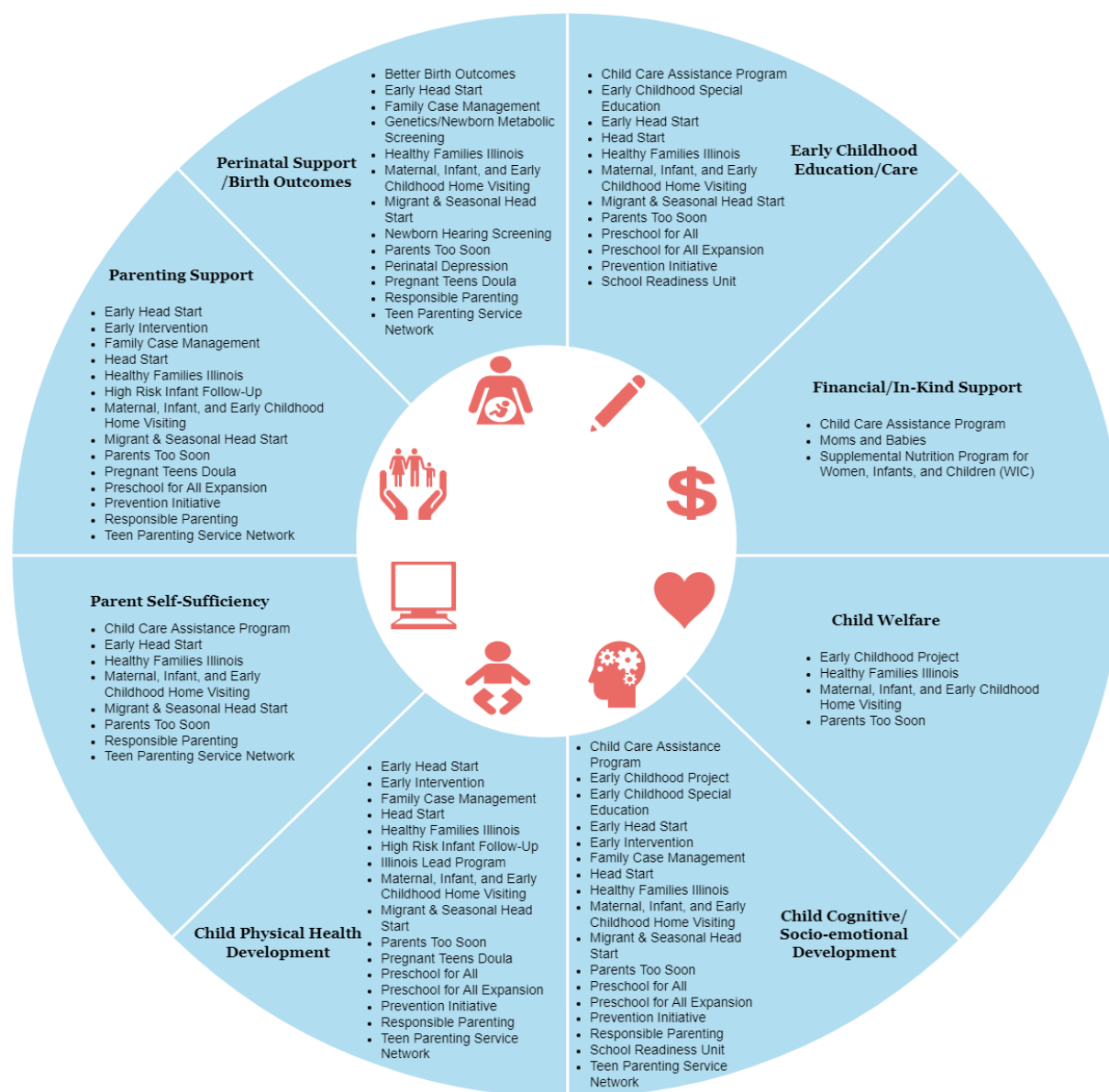
1. **Perinatal support/birth outcomes:** These programs support mothers, families, and newborns during the prenatal and postpartum periods. They aim to promote maternal, mental, and physical health, improve nutrition, reduce infant mortality and morbidity, decrease risk of low birth weight, and provide infant health and developmental screenings.
2. **Parenting support:** These programs strive to enhance parenting skills (e.g., positive parent-child relationships and parental cognitive stimulation behaviors) through sharing information, offering advice and assistance, and coaching/role-modeling to support child development and well-being.
3. **Parent self-sufficiency:** These programs help parents become economically independent. Services include identifying self-sufficiency goals, supporting education and employment, and training on life skills.
4. **Child physical health development:** These programs support children's physical development and health, such as growth, physical activity, and medical care. Examples of these services are physical and developmental assessments and therapy, health screening, rehabilitation, and connections to health services.
5. **Child cognitive and socio-emotional development:** These programs support children's cognitive (e.g., thinking, problem-solving, decision-making, and acquiring, organizing, and processing knowledge) and socio-emotional (e.g., the ability to understand, experience, express, and manage emotions, and to establish and manage positive relationships with others) skills. These services are provided through improving positive parenting, supporting parents to set up the home environment and activities to stimulate child cognitive development, and nurturing child cognitive and socio-emotional development in early childhood education and care environments.

- 6. Child welfare:** These programs aim to ensure a safe and stable environment to promote child development and well-being, such as prevention of child abuse and neglect, by enhancing family functioning and providing assessments (e.g., in trauma and socio-emotional issues) among children involved in the child welfare system.
- 7. Financial/in-kind support:** These programs provide monetary and non-monetary resources, such as child care subsidies, nutrition, and medical insurance coverage, directly to a family or child.^c
- 8. Early childhood education/care:** These programs support child development in an educational or child care setting and facilitate enrollment in early childhood education programs.

These categorizations were based on the programs' own descriptions of their purposes and specific services. These eight categorizations are not mutually exclusive, and because programs can have multiple types of services, many are featured in multiple content areas.

^c The programs that aim to better serve children and families through investing in training teachers and building early childhood education infrastructure are not categorized as financial/in-kind support because the investment is not directly made to a family or child.

Figure 3. Illinois Programs for Young Children by Content Areas.



Main takeaways:

- Early childhood programs in Illinois have diverse content to meet the needs of families with young children.
- A majority of these programs focus on promoting child development (physical health, cognitive, and socio-emotional development).

PART 4: Programs for Young Children by Delivery Methods

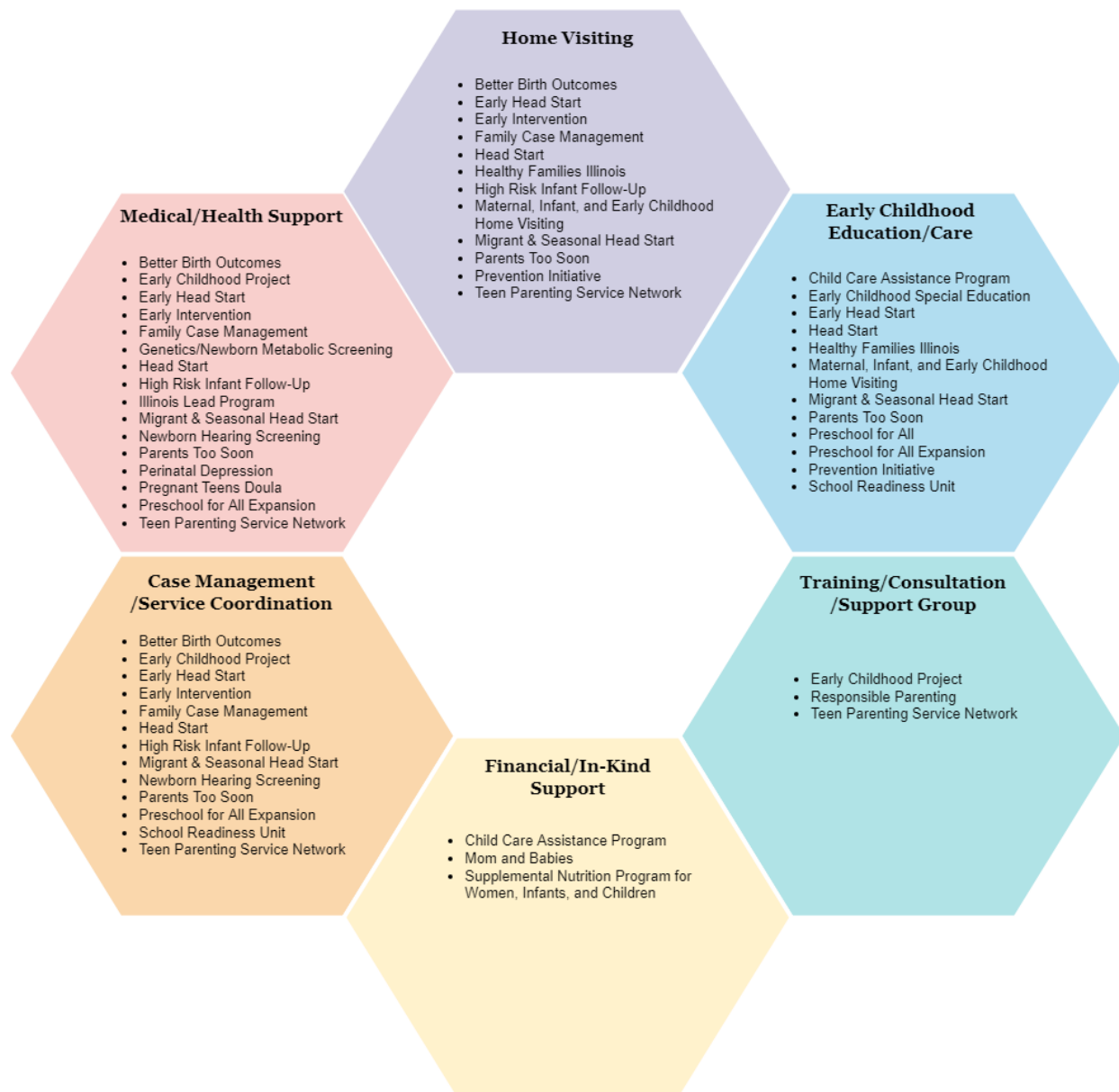
What you need to know about this categorization:

Figure 4 shows how the Illinois early childhood programs are delivered. The following six delivery methods are identified:

- 1. Home visiting:** These programs provide support in a home setting (or another family-chosen location) with a trained early childhood professional (e.g., nurse, social worker, and early childhood specialist) as a coach for parents.
- 2. Medical/health support:** These programs provide support through medical assessments and treatments.
- 3. Case management/service coordination:** These programs provide support through planning, connecting, referring, and coordinating services from different agencies and organizations.
- 4. Financial/in-kind support:** These programs provide support through transferring monetary or non-monetary resources.
- 5. Training/consultation/support group:** These programs provide training and consultation to parents and early childhood professionals and organizations (e.g., child care providers and hospitals). They set up parenting groups for education, support, and encouragement.
- 6. Early childhood education/care:** These programs offer early learning through educating, caring, and engaging children in various activities to nurture cognitive and socio-emotional skills.

These categorizations were based on the programs' own descriptions of how their services are delivered. These six delivery methods are not mutually exclusive because different elements of the programs can be delivered using different methods.

Figure 4. Illinois Programs for Young Children by Delivery Methods.



Main takeaways:

- Illinois early childhood programs are delivered by a variety of methods.
- The most common delivery methods include home visiting, early childhood education/care, medical/health support, and case management/service coordination.

PART 5: Programs for Young Children by Funding Sources

What you need to know about this categorization:

Figure 5 shows the funding source(s) for Illinois early childhood programs, including specific funding names, government agencies that provide the funding, and administrative government agencies.

Funding sources for these programs were identified from state and federal government websites, programmatic websites, funding foundation websites, social service agency/organization websites, and research and policy forum websites.

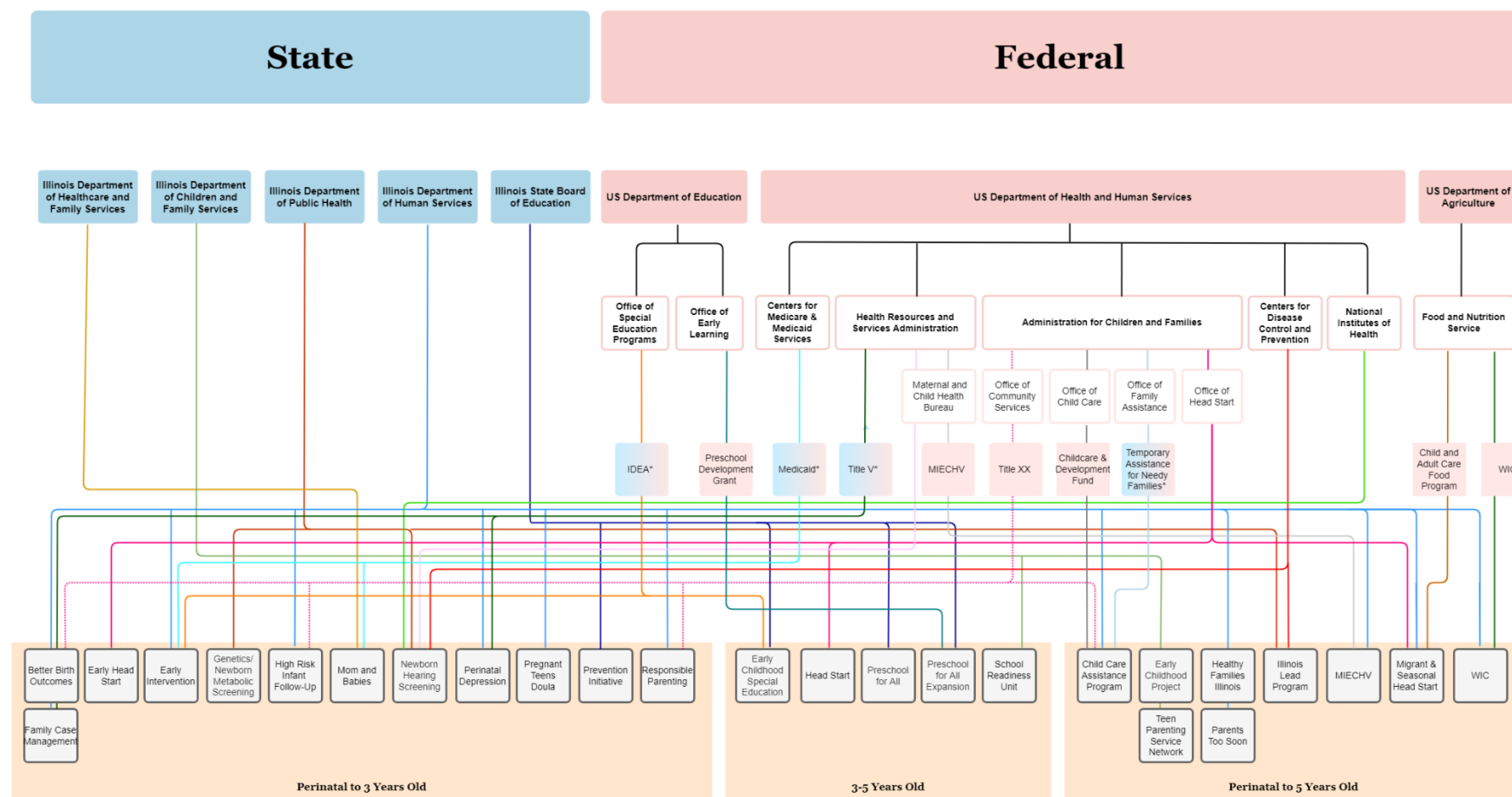
★NOTE★ The complexity of Figure 5 makes it difficult to show in print; please zoom in on a digital version of this report or see [IWERC's website](#) for a larger version.

Main takeaway:

- Illinois early childhood programs are funded by a mix of federal and state sources.



Figure 5. Illinois Programs for Young Children by Funding Sources.



Notes: (1) This figure shows funding sources and their origin (i.e., state or federal) for each of the programs. It does not show the funding flow (i.e., how the funding goes through federal, state, and local agencies) or financial budget. For this information, please refer to: [TheEarlyLearningLab \(2019\). Early Childhood Funding in Illinois](#). (2) IDEA stands for Individuals with Disabilities Education Act; MIECHV for Maternal, Infant, and Early Childhood Home Visiting; WIC for Supplemental Nutrition Program for Women, Infants and Children. (3) * indicates that the funding combines state and federal resources (e.g., joint federal-state program or federal funding requiring state match, e.g., Title V, or state maintenance-of-effort, e.g., IDEA, TANF).

PART 6: Programs for Young Children by Evidence of Effectiveness

What you need to know about this categorization:

Table 1 shows the evidence of the potential impact of early childhood programs on child and family outcomes in Illinois and nationwide.^d For each program with existing evidence, it details the *outcomes* measured in existing literature, the main findings of the evidence *nationwide*, and—where available—the main findings for research specific to *Illinois*. Each program title is listed with a numeral, which can be used to find the references for the evidence for each program in the endnotes. Programs with no known evidence are listed separately.

Most evidence cited here comes from peer-reviewed journal articles. However, because the outcomes of some programs have not yet been published in peer-reviewed journals, particularly Illinois-specific programs (e.g., Teen Parenting Service Network and Family Case Management), findings from grey literature (e.g., white papers, working papers and reports, and government documents) are also included. We welcome parties with further sources of evidence to share those with us for review and inclusion in an updated version of this report.

Main takeaways:

- Overall, compared to research studying the potential impact of the early childhood programs on child and family outcomes nationwide, relatively less research focuses on Illinois-specific outcomes using rigorous methods (i.e., quasi-experiment or random experiment).
- Nationwide, the programs well-funded by the federal government—such as child care subsidies, Supplemental Nutrition Program for Women, Infants, and Children, Early Head Start, and Head Start—have the strongest evidence (i.e., random experiment).
- Other nationwide programs—Healthy Families America and those listed under the umbrella of Maternal, Infant, and Early Childhood Home Visiting—also are supported by the most rigorous research (i.e., random experiment).
- Statewide, Child Care Assistance Program has the strongest evidence (i.e., random experiment), whereas Healthy Families Illinois and Supplemental Nutrition Program for Women, Infants, and Children are supported by the second strongest evidence (i.e., quasi-experiment).

^d Research conducted nationwide may include the state of Illinois. However, as this evidence shows the impact of the programs and services on children and families nationwide, to better understand the impact on children and families in Illinois, this report also summarizes findings of the research conducted specific to the state of Illinois.

Table 1. Evidence of Effectiveness for Illinois Early Childhood Programs.

Perinatal Period to 3 Years Old: Programs with Evidence of Effectiveness		
Early Head Start ¹		
Outcomes Measured Child <ul style="list-style-type: none"> ➤ Cognitive <ul style="list-style-type: none"> ○ Language ○ Mental development ➤ Social-emotional <ul style="list-style-type: none"> ○ Behavioral problems ➤ Health <ul style="list-style-type: none"> ○ Immunization ○ Hospitalized ➤ Involvement with child welfare system Family/Parent <ul style="list-style-type: none"> ➤ Home environment ➤ Parent-child relationships ➤ Parenting ➤ Self-sufficiency ➤ Subsequent births ➤ Father involvement ➤ Mental health <ul style="list-style-type: none"> ○ Depression 	Main Findings Nationwide <ul style="list-style-type: none"> • Research using random experiments shows that Early Head Start positively affected children's cognitive, social-emotional, and health outcomes, and reduced child welfare involvement. • Early Head Start also had a positive influence on home environment, parent-child relationships, parenting, parents' self-sufficiency, and father involvement, and reduced mental health problems. • These impacts were particularly large among African-American families, families of lower socio-economic status, and those who enrolled during pregnancy. Types of Evidence <ul style="list-style-type: none"> • Descriptive • Random experiment 	Findings in Illinois <ul style="list-style-type: none"> • Children enrolled in Early Head Start & Head Start programs demonstrated growth in social emotional and cognitive (i.e., language and literacy, math) skills, approaches to learning, and motor and physical skills through the school year. Types of Evidence <ul style="list-style-type: none"> • Descriptive
Early Intervention (EI) ²		
Outcomes Measured • Child <ul style="list-style-type: none"> ➤ Cognitive development <ul style="list-style-type: none"> ○ Language ○ Cognitive function trajectories ➤ Socio-emotional development ➤ Health ➤ Communication skills ➤ Sensory and motor functioning ➤ Special education involvement • Family/Parent <ul style="list-style-type: none"> ➤ Parenting ➤ Support system ➤ Resources ➤ Life quality 	Main Findings Nationwide <ul style="list-style-type: none"> • Evidence shows that the EI program promoted child and family outcomes in the short- and long-term. • Higher doses (i.e., more hours of service) of the EI program were positively associated with children's communication, socialization, and daily life skills. • Heterogeneity was found among children with different diagnoses. Types of Evidence <ul style="list-style-type: none"> • Descriptive • Quasi-experiment 	Findings in Illinois <ul style="list-style-type: none"> • Families participating in EI had improved outcomes in terms of knowledge and support, such as more access to medical services and better understanding of the child's needs and improved parenting. Types of Evidence <ul style="list-style-type: none"> • Descriptive

Family Case Management (FCM)³

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Low birth weight ➢ Gestational age • Family/Parent <ul style="list-style-type: none"> ➢ Maternal weight gain ➢ Prenatal care access ➢ Health professionals contact ➢ Health care visits 	<ul style="list-style-type: none"> • Positive associations were found between infant/maternal health (e.g., birth weight and gestational age) and FCM. • Research did not show dosage effects (i.e., time and number of visits with case managers) for this program. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive 	<ul style="list-style-type: none"> • FCM was significantly associated with reduced likelihood of very low-birth rates. • Positive associations were also revealed in maternal and infant health outcomes, such as maternal weight, gestational age, and access to prenatal care and medical services. • Number of visits and service time were not associated with additional impacts on infant low birth weight. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive

Genetics/Newborn Metabolic Screening⁴

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Death ➢ Disabilities ➢ Disease development • Family <ul style="list-style-type: none"> ➢ Mental health <ul style="list-style-type: none"> ○ Stress 	<ul style="list-style-type: none"> • Compared to children with disorders who were clinically identified but did not receive the genetic/newborn metabolic screening, their peers identified by this screening had better health outcomes. • Although evidence shows that this program could lower parental stress, false-positive results could raise this stress. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive 	N/A

High Risk Infant Follow-Up⁵

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Family <ul style="list-style-type: none"> ➢ Mental health ➢ Understanding of baby's health concern ➢ Contacting nurse for help 	<ul style="list-style-type: none"> • Little evidence has been provided on the impact of the High Risk Infant Follow-Up program on child and family outcomes. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive 	<ul style="list-style-type: none"> • Results of a survey show that families believed that the visit was useful in terms of helping them to understand the baby's health concern and making them feel less concerned. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive

Newborn Hearing Screening⁶

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Health <ul style="list-style-type: none"> ○ Early identification of permanent hearing loss ➢ Language development 	<ul style="list-style-type: none"> • The cohort of children participating in the Newborn Hearing Screening program had earlier identification and treatment compared to those who did not participate. • The association between the Newborn Hearing Screening program and child language development is mixed. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment 	N/A

Perinatal Period to 3 Years Old: Programs with No Known Evidence of Effectiveness

Better Birth Outcomes
Moms and Babies
Perinatal Depression
Pregnant Teens Doula
Prevention Initiative
Responsible Parenting

3 to 5 Years Old: Programs with Evidence of Effectiveness

Early Childhood Special Education⁷

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Social emotional skills ➢ Cognitive development <ul style="list-style-type: none"> ○ Language ○ Literacy ➢ Academic success <ul style="list-style-type: none"> ○ Absenteeism • Academic performance 	<ul style="list-style-type: none"> • Little research examined the association between participation in IDEA-Part B and child outcomes. • Existing evidence shows that participation in IDEA-Part B might be positively associated with child socio-emotional, cognitive, and academic outcomes. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive 	N/A

Head Start⁸

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Cognitive <ul style="list-style-type: none"> ○ Language/literacy ○ Math ➢ Social-emotional <ul style="list-style-type: none"> ○ Behavioral problems ○ Social skills ○ Approaches to learning ➢ Health <ul style="list-style-type: none"> ○ Mortality rates ○ Health status ○ Hearing screening ○ Vision screening ○ Dental checkups ○ Health insurance ○ Immunization ➢ Child welfare <ul style="list-style-type: none"> ○ Abuse ○ Neglect ○ Involvement in child welfare system ➢ Educational attainment ➢ Criminal behavior ➢ Economic self-sufficiency • Family/Parent <ul style="list-style-type: none"> ➢ Parent-child relationships ➢ Parenting ➢ Use of educational activities ➢ Mental Health <ul style="list-style-type: none"> ○ Depression 	<ul style="list-style-type: none"> • A large body of research using rigorous designs has documented the positive impact of Head Start enrollment on children's short- and long-term cognitive, socio-emotional, and health outcomes, and child welfare involvement. • Head Start was also found to positively affect adulthood outcomes, including educational attainment, earnings, criminal behavior, and economic self-sufficiency. • New evidence has been provided in terms of the inter-generational transmission of effects of Head Start, including increasing educational attainment and preventing criminal behavior and teen pregnancy. • Heterogeneity was found in the effect of Head Start: African American children, children with dual language, and children with lower cognitive skills benefited more, while mixed findings were shown for other groups (by gender, children of parents with depression, etc.). • Head Start was also found to positively affect parenting, educational activities, parent-child relationships, and parents' mental health. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment • Random experiment 	<ul style="list-style-type: none"> • Children enrolled in Early Head Start & Head Start programs demonstrated growth in social emotional and cognitive (i.e., language and literacy, math) skills, approaches to learning, and motor and physical skills through the school year. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive

Preschool for All (PFA)⁹

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Cognitive development <ul style="list-style-type: none"> ○ Vocabulary ➢ Socio-emotional development <ul style="list-style-type: none"> ○ Social skills ○ Problem behaviors ○ Attention/task persistence ➢ Academic outcomes <ul style="list-style-type: none"> ○ Academic scores ○ Retention ○ Years of schooling ○ Education attainment • Family <ul style="list-style-type: none"> ➢ Parent-child interaction ➢ Parenting skills development ➢ Parent resource libraries 	<ul style="list-style-type: none"> • Research has shown that Preschool for All was positively associated with school readiness, particularly among children of lower socio-economic status backgrounds. • A positive association between participation in Preschool for All and positive parenting was revealed in existing literature. • Mixed results were found in the potential impact of universal preschool on long-term child outcomes. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment 	<ul style="list-style-type: none"> • Children who participated in PFA had higher vocabulary and socio-emotional (e.g., social, attention focus) skills. • Participation in PFA was associated with a small but significant decrease in math skills. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive

3 to 5 Years Old: Programs with No Known Evidence of Effectiveness

Preschool for All Expansion
School Readiness Unit

Perinatal Period to 5 Years Old: Programs with Evidence of Effectiveness

Child Care Assistance Program (CCAP)¹⁰

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Child abuse & neglect ➢ Child care stability ➢ School readiness <ul style="list-style-type: none"> ○ Cognitive skills ○ Socio-emotional skills ➢ Academic outcomes <ul style="list-style-type: none"> ○ Absenteeism ○ Academic performance • Family/Parent <ul style="list-style-type: none"> ➢ Job retention ➢ Employment ➢ Earning 	<ul style="list-style-type: none"> • CCAP was positively associated with job retention, employment probability, and earnings among low-income families; and negatively associated with child abuse and neglect. • Program eligibility duration and length of subsidy positively affected child care stability and satisfaction with care. • Research shows that federal child-care subsidy programs were not positively associated with school readiness or socio-emotional skills. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment • Random experiment 	<ul style="list-style-type: none"> • A random experiment in Cook County, Illinois, found: <ul style="list-style-type: none"> ➢ Child care subsidies did not boost employment outcomes among households whose income was slightly higher than the state's eligibility; ➢ A positive impact of child care subsidy in center-based care enrollment, child care stability, satisfaction with child care, and fewer job problems; ➢ Extending eligibility length increased the use of child care, but did not affect other outcomes related with employment and child care. • Subsidy discontinuity was associated with child care instability. • Receipt of child care subsidy was associated with lower likelihood of child abuse and neglect reports. • Child care subsidy was positively associated with employment retention among low-income mothers. • Children involved in licensed-center or home-based child care using the subsidy were found to have lower absenteeism and higher reading and math scores in middle schools. • Low-income mothers with childcare subsidies had higher likelihood of employment and earnings. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment • Random experiment

Healthy Families Illinois (HFI)¹¹

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Health <ul style="list-style-type: none"> ○ Health care ○ Low birth weight ○ Health insurance ➢ Cognitive development <ul style="list-style-type: none"> ○ Psychomotor development ➢ Socio-emotional development ➢ Child abuse & neglect ➢ Special education involvement ➢ Gifted program involvement • Family/Parent <ul style="list-style-type: none"> ➢ Prenatal care ➢ Parenting <ul style="list-style-type: none"> ○ Parent-child interaction ○ Acceptance of challenging child behaviors ○ Cognitive stimulation activities ➢ Self-efficacy ➢ Health <ul style="list-style-type: none"> ○ Substance use ➢ Mental health ➢ Physical partner violence ➢ Repeat pregnancies during the teen years 	<ul style="list-style-type: none"> • A large body of research examined impact of the Healthy Families America (HFA) program (the broader program on which HFI is based) on child and family outcomes using rigorous research designs. • Findings of the HFA program on child outcomes vary in different states. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Quasi-experiment • Random experiment 	<ul style="list-style-type: none"> • HFI was found to have a positive impact on parenting, such as parent-child interaction and cognitive stimulation activities. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Quasi-experiment

Maternal, Infant, and Early Childhood Home Visiting¹²

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Health <ul style="list-style-type: none"> ○ Prenatal health ○ Neonatal care ○ Birth outcomes ➢ Cognitive skills (school performance, language skills) ➢ Social emotional skills ➢ Child maltreatment ➢ Juvenile delinquency, crime • Family <ul style="list-style-type: none"> ➢ Home environment ➢ Domestic violence ➢ Parental depression ➢ Maternal health ➢ Self-sufficiency ➢ Parenting skills ➢ Breastfeeding ➢ Neonatal care behaviors 	<ul style="list-style-type: none"> • Evidence-based home visiting models (e.g., Early Head Start, Healthy Family America, Nurse-Family Partnership, and Parents as Teachers) have positive impacts on children and families for both short- and long-term (15 months to 21 years old) outcomes. • However, these home visiting models were found to have limited impact on birth related outcomes, prenatal health, or neonatal care. • Heterogeneity was found between different home visiting models. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment • Random experiment 	<ul style="list-style-type: none"> • The impact of Early Head Start and Healthy Families Illinois on child and family outcomes can be found in other sections of this table. • A randomized controlled trial of doula-home-visiting conducted in Illinois shows that doula-home-visiting was positively associated with neonatal behaviors. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Random experiment

Migrant and Seasonal Head Start¹³

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Health <ul style="list-style-type: none"> ○ Obesity ○ Dental treatment ○ Asthma treatment ○ Hearing/vision treatment ➢ Socio-emotional skills 	<ul style="list-style-type: none"> • Relatively less information is known about the associations of participation in Migrant and Seasonal Head Start and child and family outcomes, and existing evidence is based on descriptive analysis. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive 	N/A

Parents Too Soon¹⁴

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Health <ul style="list-style-type: none"> ○ Low birth weight ○ Infant mortality ○ Immunizations ○ Developmental screening • Family <ul style="list-style-type: none"> ➢ Repeated teen pregnancies ➢ Father involvement ➢ Maternal efficacy (i.e., mother's belief in parenting) ➢ Breastfeeding • Education attainment 	<ul style="list-style-type: none"> • Compared to children who did not participate in the Parents Too Soon program, those enrolled in this program had better health outcomes. • Teen mothers involved in this program were more likely to initiate breastfeeding, earn a high school diploma, and report higher maternal efficacy. • These mothers were less likely to repeat teen pregnancies. • Fathers of children participating in this program were more likely to get involved with children. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive 	<ul style="list-style-type: none"> • Same as the main findings nationwide.

Supplemental Nutrition Program for Women, Infants, and Children (WIC)¹⁵

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Health <ul style="list-style-type: none"> ○ Fetal death ○ Premature births ○ Infant mortality ○ Low birth weight ○ Incidence of iron deficiency anemia ○ Growth ○ Medical care ○ Immunizations ○ Diets ○ Obesity ○ Height ➢ Cognitive <ul style="list-style-type: none"> ○ School readiness ○ Intellectual development • Family/Parent <ul style="list-style-type: none"> ➢ Health <ul style="list-style-type: none"> ○ Duration of pregnancy ○ Dietary intake ○ Prenatal care ○ Breastfeeding 	<ul style="list-style-type: none"> • A large body of research adopting rigorous research designs shows that the WIC program positively affected maternal and child outcomes. • Heterogeneity effects were found in races/ethnicities and children's ages. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment • Random experiment 	<ul style="list-style-type: none"> • Utilizing the natural experiment of WIC's positive changes to diets, research shows that Hispanic and African-American children had better diet quality (i.e., increased consumption of dietary fiber and decreased consumption of saturated fat). • WIC participation was associated with lower likelihood of child maltreatment and child health problems. • WIC participation was positively associated with preventative health services. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive • Quasi-experiment

Teen Parenting Service Network (TPSN)¹⁶

Outcomes Measured	Main Findings Nationwide	Findings in Illinois
<ul style="list-style-type: none"> • Child <ul style="list-style-type: none"> ➢ Child abuse & neglect • Family/Parent <ul style="list-style-type: none"> ➢ Repeated pregnancy ➢ Prenatal care ➢ Education attainment ➢ Employment 	<ul style="list-style-type: none"> • Children and families involved in TPSN need more support. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive 	<ul style="list-style-type: none"> • No research has evaluated the effectiveness of TPSN. • Existing evidence shows that teen parents involved in TPSN and their children need more support in terms of preventing repeated pregnancy and child abuse and neglect, promoting the access to prenatal care, increasing education attainment, and improving employment outcomes. <p>Types of Evidence</p> <ul style="list-style-type: none"> • Descriptive

Perinatal Period to 5 Years Old: Programs with No Known Evidence of Effectiveness

Early Childhood Projects
Illinois Lead Program

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