



# PRENATAL TO THREE POLICY AGENDA

FY 2025-2029

Raising Illinois is a collective effort made of people and organizations across the state committed to supporting infants, toddlers and expecting families in Illinois.

raisingillinois.org

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To refresh the policy goals and objectives in the Raising Illinois PN3 Policy Agenda, we undertook a yearlong process of learning from the field through a series of in-person community conversations around the state.

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# II. WHERE WE STARTED: FY2020-FY2024

In Fiscal Year (FY) 2020, with generous support from the Irving Harris, Robert R. McCormick and W. Clement & Jessie V. Stone Foundations, Start Early, together with the Office of the Governor, facilitated the launch of the Prenatal-to-Three (PN3) Initiative. The PN3 Initiative brought together a diverse group of more than 100 expert stakeholders across Illinois to develop an ambitious, comprehensive, multi-year strategic policy agenda to ensure that Illinois' youngest children and their families, especially those furthest from opportunity, are on a trajectory for success.

The group identified areas of improvement for Illinois, including increasing access to and improving existing programs and services along with implementing new innovations as needed. These areas were further developed through examinations of existing data, application of a racial equity lens to the work and maintaining a focus on Illinois' priority populations (as defined by the Early Learning Council). This work became our inaugural PN3 Policy Agenda, the document that guided the first five years of our collective effort.

To enact the objectives of the Illinois PN3 Policy Agenda, the PN3 Initiative evolved into what we now know as Raising Illinois. Powered by Start Early, our coalition was stewarded in our first five years by several lead facilitating organizations – EverThrive Illinois, Illinois Action for Children, Community Organizing and Family Issues (COFI), Women Employed and Erikson Institute – with public collaboration from state agency leaders.

Over the last five years, our coalition has grown to over 2,000 member organizations and individuals, all while our state has faced unprecedented challenges brought on by the COVID-19 pandemic, economic and political upheaval and social unrest. Raising Illinois is proud of the accomplishments we have achieved together and we look forward to continuing this work to ensure that every expecting family, infant and toddler in every community across our state has the resources and support they need to thrive.

# A. MISSION, VISION, AND VALUES



#### **Mission**

Raising Illinois is a collective effort, powered by Start Early, to close the opportunity gap and to create an equitable and cohesive system of supports for expecting families, infants, toddlers and the communities in which they live. Raising Illinois aims to ensure that where a child is born does not determine their future success.

#### **Vision**

Supported by this agenda, Raising Illinois is leading the charge of a cultural shift towards greater societal appreciation of the first 3 years of development, and a brighter tomorrow for every child across the state. Through community engagement and organizational collaboration, we will continue to design and advocate for policies that not only combat the current crisis facing our early childhood system, but move towards a system that ensures equity for providers, parents and our youngest children.

#### **Values**

To ground our decisions and priorities, Raising Illinois set five guiding principles. In both our strategic direction and ongoing operations, we keep the following values at the forefront:

#### Racial Equity

 By approaching all our efforts through a racial equity lens, we work to close the opportunity gap for infants and toddlers, their families and early care providers from historically marginalized backgrounds.

#### • Family & Beneficiary Voice

 We anchor our Coalition's work in family and beneficiary voice, particularly from families of color and those from under-resourced communities, to guide our priorities, decisions and actions.

#### Priority Populations

 Too often, expecting families, infants and toddlers fall into what we call "the gap within the gap" because they face more barriers to high-quality early care and supports. In our work, we focus on improving access for those furthest from opportunity through policy change.

#### Data-Driven Decision Making

 To maximize our impact, we use verified data to track our progress, inform our priorities and target our efforts. We actively seek additional data sources and stories from families and providers to help deepen our understanding of nuanced problems.

#### Collective Effort

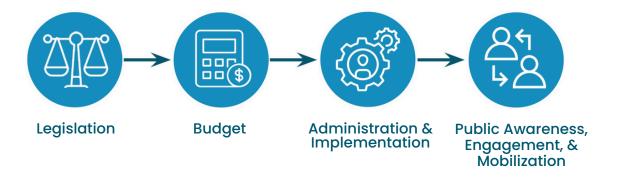
 To ensure every family in Illinois has the strongest foundation for success in school and life, a comprehensive and all-hands-on-deck approach is required. We are fortunate to have so many stakeholders committed to our earliest learners across our state. We work to align with, support and steward existing efforts in the prenatal-to-age 3 space to amplify our efforts and increase our impact.

# B. POLICY ADVANCEMENT STRATEGIES

Informed by our mission, vision and values, Raising Illinois advances meaningful policy change for our state's expecting families, infants and toddlers in four interdependent ways:

- Legislative advocacy
- Budget advocacy
- Administrative advocacy
- Public awareness, engagement and mobilization

First, through **legislative advocacy**, we call for the Illinois General Assembly to enact or amend laws that authorize public programs, grant protections or otherwise regulate conduct affecting the well-being of our littlest learners and their families. Second, through **budget advocacy**, we seek to influence how Illinois allocates and spends public funds each year, focusing on investments that support the PN3 continuum of care. Third, through **administrative advocacy**, we work with state agencies to develop rules and implement programs fairly, effectively and in accordance with the law. Lastly, through **public awareness**, **engagement and mobilization**, we inform and empower families, providers and other stakeholders with meaningful opportunities to benefit from relevant programs or take action on a particular objective. Taken together, we call these strategies the life cycle of policy change.



# C. FAMILY, FIELD, AND COMMUNITY ENGAGEMENT

It would be impossible for Raising Illinois to achieve the goals laid out in the PN3 Policy Agenda without centering family voice in our coalition's work. We go beyond traditional engagement tactics to ensure that lived experience can inform every step of our process. Our meetings are held at convenient times for working families, and we provide adequate language interpretation so that all are able to participate in the language of their heart. We have worked to provide a bilingual user journey across our website, communications and physical collateral to ensure that a primarily Spanish-speaking advocate can participate fully in the coalition.

The work of advocacy is both critical and deeply relational, and we're proud to be a vehicle through which new advocates can learn and develop their skills. Many of our Family Leaders joined us in the first steps of their advocacy journey and through work in our Policy Groups and the relationships built with other coalition members, they are able to develop projects of their own.

This authentic, values-based connection extends to our collaboration with legislators and public-side partners as well. Through our events and community conversations we've built strong relationships based on authentic, values-based connection which have allowed us to move the needle incrementally, together.

This is my passion [early learning] and I'm so happy having this opportunity to be part of this group. I feel part of this movement to help families in Illinois - families like mine, families listen to everyday. I'm so motivated to make a difference.

-Susana Salgado, Raising Illinois Family Leader

#### **Family Leaders Program**

In 2022, Raising Illinois launched our Family Leader Program with an inaugural cohort of 12 low-income parents from across Illinois, with a focus on maintaining geographic diversity. With support from our lead facilitating organization, COFI, we provided policy training and robust support to equip our Family Leaders for their advocacy journeys. Each Family Leader was assigned to one of six policy groups and participated in pre-meeting preparation sessions, where they could approve or revise agendas to ensure the policy work is aligned with community needs.

The Family Leader program has cultivated powerful advocates who have taken on key leadership roles within our coalition. Too often, policy is made without being informed by those who will be most impacted by it. We understand the critical importance of having seats at the table for those with lived experience. Our now 14 Family Leaders have participated in our virtual all-coalition events, traveled to Springfield to meet with legislators for Early Childhood Advocacy Day, formed their own parent-led group in support of Early Intervention, provided testimony in support of legislation, and spoken alongside Governor JB Pritzker to champion the needs of expecting families, infants and toddlers statewide.

#### **Community Conversations & Legislative Forums**

Since 2023, Raising Illinois has expanded community engagement by holding Community Conversations across our state. Partnering with hosting organizations statewide, we've held forums to share our mission and agenda while gathering input directly from communities about their prenatal-to-3 needs. The data we gather from communities then informs our policy groups in a bidirectional relationship. To date, we've hosted over **25 Community Conversations** with more than **700 participants**, amplifying voices that aren't often included in the policymaking process.

Together with partners in the Illinois General Assembly, we've also organized Legislative Forums in Evanston, Barrington, and Moline, engaging elected officials on our legislative priorities and providing an opportunity for community members to speak and share their stories with their representatives.

#### **Raising Our Voices**

Twice a year, we bring our coalition together for a live-streamed virtual event as part of our "Raising Our Voices" series. These events, which consistently draw in 200+ participants, provide an opportunity for a conversation between family, provider and policy/legislative voices that focus on a particular area of our agenda, shed light on the work happening in that area and let our members know how they can help move the work forward.

These events have also been a powerful vehicle for legislators and public-side partners to more directly interact with communities across the state. Raising Our Voices provides a venue for legislators to share their priorities with their constituents and to amplify the opportunities for advocates to share their feedback.



## III. WHERE WE ARE GOING: FY2025-FY2029

## A. REFRESH PROCESS

Raising Illinois' inaugural PN3 Policy Agenda was a blueprint for our first five years from FY2020 through FY2024. As FY2025 began, we embarked on a yearlong process to update our coalition's goals, objectives and structure, ultimately gathering the input of nearly 1,000 Illinoisans. To do this, we evaluated our successes and challenges, strategized with state agency leaders and subject matter experts and listened to families, providers and the field.

We designed eight activities to guide this process:

ACTIVITY 1	Reflection - Policy Advancement	High-level summative report on progress toward five-year objectives
ACTIVITY 2	Reflection – Data Review	Report on key metrics to measure impact
ACTIVITY 3	Initial Gap Analysis	Identify any new or altered objectives based on current context
ACTIVITY 4	Initial Draft	Create initial draft of refreshed five- year PN3 Policy Agenda
ACTIVITY 5	Public-Private Alignment & Field- Wide Socialization	Solicit feedback from public agencies, organizational partners, and the field to ensure alignment
ACTIVITY 6	Refinement	Synthesize stakeholder feedback to finalize refreshed PN3 Policy Agenda
ACTIVITY 7	Preparation for Implementation	Review the Coalition's structure, leadership, and capacity to ensure we are well-positioned to meaningfully advance our Agenda
ACTIVITY 8	Dissemination	Publish and begin advancing refreshed PN3 Policy Agenda



Activities 1 and 2 were completed in September 2024 with the publication of the Raising Illinois Five-Year Report. Our analysis found that 89% of the objectives in the original PN3 Policy Agenda had either been accomplished or made measurable progress.

Based on the Raising Illinois Five-Year Report, a set of new goals and objectives were drafted between October and December 2024 to fulfill **Activities 3 and 4**. While the content areas for these refreshed objectives remained consistent with those from FY2020-FY2024, their scope was streamlined dramatically—from 75 objectives to 25 objectives, a nearly 67% reduction. This simplified approach would allow for more effective messaging in response to feedback from lead facilitating organizations and our Family Leaders.

**Activity 5** took place between January and June 2025. During this six-month period, Raising Illinois:

- Convened 6 work group meetings with more than 150 key contributors
- Held 7 community conversations around the state with over 230 participants
- Launched a statewide survey with nearly 320 respondents
- Connected with 13 public partners across 6 state agencies

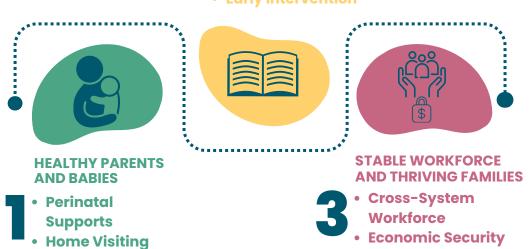
These engagements overwhelmingly validated the sentiment of the revised goals and objectives, but also offered invaluable feedback for further refinement so that the PN3 Policy Agenda for these next five years more accurately reflects the needs and priorities of public agencies, organizational partners, and the field.

The publication of this refreshed PN3 Policy Agenda for FY2025–FY2029 is the result of **Activity 6**, informed by the feedback from Activity 5 that has been compiled in Appendices C and D. **Activity 7** was completed this summer through a series of strategic planning meetings with lead facilitating organizations and other key partners. We now begin disseminating this Agenda and advancing our objectives to satisfy **Activity 8**.

## B. GOALS AND OBJECTIVES

# HIGH-QUALITY EARLY LEARNING • Early Care and

Early Care and LearningEarly Intervention



- Healthy Parents and Babies
  - Perinatal Supports
  - Home Visiting
- High-Quality Early Development and Learning
  - Early Care and Learning
    - Early Intervention
- Stable Workforce and Thriving Families
  - Cross-System Workforce
  - Economic Security

# 1. HEALTHY PARENTS AND BABIES A. PERINATAL SUPPORTS

"Even with the benefit of working in early childhood, I was unable to have adequate supports to give birth in a safe, supportive environment in which my birthing plan was honored. As a woman of color, it is no surprise to me that the maternal morbidity rate is what it is with this lack of adequate support state-wide."

-Raising Illinois Survey Respondent

The frequency with which expecting parents and babies continue to die in our state is unconscionable, with disparities exacerbated by race, ethnicity and socioeconomic status. Between 2018 and 2021, Illinois ranked 28th in the United States for maternal mortality (17.3 deaths per 100,000 live births), and 22nd for infant mortality (5.62 deaths per 1,000 live births). For expecting parents in particular, these deaths are often both preventable and predictable. In the two years preceding the release of our inaugural PN3 Policy Agenda, the Illinois Department of Public Health determined that more than 90% of pregnancy-related deaths could have been avoided, and over half occurred more than two months postpartum. Although racially disparate negative health outcomes have decreased, the most recent data indicate that Black women in Illinois remain twice as likely to die from a pregnancy-related condition as their white counterparts. Access to supportive care for expecting and new parents in Illinois remains as critical as ever.

<sup>1.</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. 2020. Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018–2021 [Data report]. Retrieved from https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2021-state-data.pdf

<sup>2.</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2023, September 12). Infant Mortality Rates by State, Year 2021 [Data finding]. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/infant\_mortality\_rates/infant\_mortality.htm

<sup>3.</sup> Illinois Department of Public Health. (2023). Illinois Maternal Morbidity and Mortality Report [Report]. Retrieved from https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf



Ensure every parent has the continuum of support needed for positive experiences and outcomes during pregnancy, birth, and the postpartum period.

#### **Objectives:**

- Preserve existing federal funding streams for maternal and child health, including Medicaid, Title V, and the Maternal Health Innovation Program, and mitigate the harm of any cuts.
- Fully implement and expand network adequacy for both Medicaid and private insurance coverage for perinatal services, including those offered by doulas, home visitors, lactation support professionals, and community health workers.
- Establish a statewide system for coordinating Universal Newborn Support Services (UNSS) with an administrative home and sustained funding to scale in-home newborn visits providing comprehensive assessments, referrals, and connections to health and social services.
- Build capacity for both hospitals and freestanding birth centers to offer accessible and comprehensive prenatal, intrapartum, and postpartum care, as well as universal newborn screenings, particularly in communities with limited maternal and infant care options.
- Improve prenatal and postpartum supports that address mental health, perinatal loss, substance use, transportation, material resources and other needs.
- Recruit and retain qualified, culturally responsive, representative and adequately compensated perinatal health care providers, particularly in communities with limited access to maternal and infant care options.

## **B. HOME VISITING**

"My home visitor saved my life!"
-Raising Illinois Survey Respondent

Prenatal, infant and early childhood home visiting services help to strengthen the caregiver-child relationship, connect families to vital community resources and promote long-term healthy development and well-being. In Illinois, multiple state and federal funding streams support a variety of home visiting models across programs and communities, serving an estimated 22,000 families annually. However, for a variety of reasons, our home visiting system is not reaching nearly enough families who are eligible and could benefit from these voluntary services. We must be more responsive to the diverse needs and desires of parents and caregivers.

#### Goal:

Preserve and increase access to evidence-based home visiting services to meet the needs of all eligible expecting and new families who want to participate.

#### **Objectives:**

- Strengthen cohesion, coordination, and alignment across established home visiting models and funding streams, including doula services.
- Plan, operationalize, and scale innovative home visiting models that are responsive to the needs of key priority populations (as defined by the Early Learning Council).
- Facilitate awareness, connections, and referrals for both families and providers across other PN3-serving systems, including early childhood education and care, Early Intervention, maternal and child health, and child welfare.
- Recruit and retain a qualified, culturally responsive, representative, and adequately compensated home visiting workforce.

Home visiting services suffer from "a lack of training, lack of staff support, unfair wages, and overworked [staff] with high-need caseloads . . . [and] misaligned expectations [across models]."

-Raising Illinois Survey Respondent

4. Lowe-Fotos, A., Goldfarb, K. (2023). Illinois Home Visiting Caregiver and Provider Feedback Project. Chicago, IL: Start Early.

## 2. HIGH-QUALITY EARLY EVELOPMENT AND EARNING

## A. EARLY CARE AND LEARNING

"There is a clear shortage of infant-toddler care and learning options-both in home-based and center-based settings. Waitlists are long, particularly for infants, and families are often forced to travel significant distances or piece together care from multiple sources. This scarcity puts an incredible strain on working parents and often impacts their ability to maintain stable employment." -Raising Illinois Survey Respondent

Our economy depends on working parents and caregivers having adequate access to child care. Yet, for many families in Illinois, infant-toddler care is simply out of reach, with enough spots statewide for only one in five children. Even when a spot is available, it is often unaffordable, with costs reaching a staggering \$16,373 per year—over a third more expensive than preschool and even 6.6% higher than in-state tuition at Illinois' public universities. These first three years are the most critical developmental period in the entire human lifespan, but we are shortchanging our children and their families exactly when the potential benefit is greatest.

#### Goal:

Provide a continuum of affordable, inclusive, and high-quality early childhood programs that meet the needs of every family with an infant or toddler.

#### **Objectives:**

- Safeguard and expand dedicated state and federal funding for infant-toddler care and learning programs.
- Improve the supply and quality of infant-toddler care and learning programs statewide in both home- and center-based settings by strengthening support for providers.
- Lower the costs of infant-toddler care and learning for both families and providers through expanded eligibility for the Child Care Assistance Program, increased reimbursement rates, and other system improvements.
- Recruit and retain a qualified, culturally responsive, representative, and adequately compensated infant-toddler care and learning workforce.

<sup>5.</sup> Illinois Early Childhood Asset Map. Retrieved from: https://iecam.illinois.edu/.

<sup>6.</sup> Child Care Aware. "Price of Care: 2023." Retrieved from: https://info.childcareaware.org/hubfs/2023\_Affordability\_Analysis.pdf.

# B. EARLY INTERVENTION

"Many children are waiting for [Early Intervention] services for a long time and may age out of EI having never received the services. Medical providers have stopped referring to EI due to these problems, but this further exacerbates problems because children with private insurance then go to private providers who don't take Medicaid, and it furthers the inequities in the system and providers leaving EI due to poor reimbursement. This is a statewide problem."

-Raising Illinois Survey Respondent

Services provided under Part C of the Individuals with Disabilities Education Act (IDEA), also known as Early Intervention (EI), are critical for infants and toddlers who have or are at risk for significant developmental delays or disabilities. The expected prevalence rate for EI eligibility is 13%, yet Illinois only serves approximately 5% of children under age 3 and, even more alarming, only about 1% of babies under age one. Too many children found eligible and entitled to receive services are not able to get those services in a timely manner, in no small part due to our state's EI workforce crisis.

#### Goal:

Deliver timely and high-quality Early Intervention services to all eligible infants, toddlers, and their families.

#### **Objectives:**

- Preserve and increase state and federal funding to improve Early Intervention
   (EI) service delivery by identifying eligible children in a timely manner and
   reducing waiting lists, with particular attention to disparities in family access
   and participation.
- Facilitate awareness, connections, and referrals for both families and providers across other PN3-serving systems, including early childhood education and care, home visiting, maternal and child health, and child welfare.
- Promote the use of safeguards, protections, and dispute resolution methods to empower families and support timely El service delivery.
- Recruit and retain a qualified, culturally responsive, representative, and adequately compensated El workforce.

<sup>7.</sup> Rosenberg, S.A., Zhang D., and Robinson C.C. (2008). "Prevalence of developmental delays and participation in early intervention services for young children." Retrieved from: https://pubmed.ncbi.nlm.nih.gov/18504295/.
8. Illinois Early Childhood Asset Map. Retrieved from: https://iecam.illinois.edu/.

# 3. STABLE WORKFORCE AND THRIVING FAMILIES A. CROSS-SYSTEM WORKFORCE

"There are so many incredible providers in my community but, overall, it is clear that they do not have sufficient professional development support or compensation to do this crucial job in a sustainable way."

-Raising Illinois Survey Respondent

We cannot achieve our vision for Illinois without investing in the tireless professionals who serve expecting families, infants, and toddlers across the relevant systems of care. However, early childhood pipelines, pathways and professional competencies are often outdated, inaccessible or lack adequate incentives.

#### **Goal:**

Enhance the higher education, professional development, and consultation opportunities available to support, train, upskill, and retain both new and incumbent professionals who work with expecting families, infants, and toddlers across all PN3-serving systems.

#### **Objectives:**

- Preserve, expand, and promote accessible and affordable higher education and career advancement pipelines and pathways for the PN3 workforce, including through apprenticeships, scholarships, and loan forgiveness.
- Coordinate efforts to retain the incumbent PN3 workforce by strengthening compensation, paid time off, health care benefits, retirement options, and other supports.

9. Main, C., & Yarbrough, K.W. (2018). "Transforming the Early Childhood Workforce: A Call to Action for the State of Illinois." Retrieved from: https://idec.illinois.gov/content/dam/soi/en/web/idec/documents/unsorted-documents/transforming-the-early-childhood-workforce-il-report.pdf.



- Align and integrate accessible professional development opportunities for the prenatal-to-age-3 workforce to support cross-training across the various systems of care.
- Deepen statewide cross-agency governance, coordination, and utilization of Infant/Early Childhood Mental Health (I/ECMH) Consultation to promote children's mental health by supporting the professional capacity of the PN3 workforce.

"The work has really changed. Children and caregivers have some serious needs and we [providers] rarely receive enough support to meet those needs. Don't tell me to relax in the bath. We don't need self-care, we need support."

-Raising Illinois Policy Work Group Contributor





**B. ECONOMIC SECURITY** 

"The economic pressures are only increasing on working families in my community. More support is needed and that support must be offered in an accessible, coordinated, non-stigmatized way. Unfortunately, with the current context, my community members are even more convinced that no help is coming."

-Raising Illinois Survey Respondent

Children under age 3 are more likely than any other age group to experience poverty. Far too few parents and caregivers of infants and toddlers are able to access income supports and other public benefits to meet their families' needs. For example, only 36.3% of eligible families in Illinois participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in 2021. Caring for a sick child or going to the doctor often comes at the expense of work stability, with 40.5% of working parents in Illinois lacking any family or medical leave, even unpaid. Families deserve a stronger social safety net in order to thrive.

#### Goal:

Strengthen the social safety net available so all expecting and new families have the resources and supports necessary to successfully fulfill their personal and professional needs.

#### **Objectives:**

- Promote family access, uptake, and improvements to existing nutrition assistance, income supports, and tax credits, including the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), Medical Debt Relief Pilot Program, Earned Income Tax Credit, and Child Tax Credit.
- Establish and expand multimodal approaches to other forms of resource assistance, including housing and homelessness, guaranteed income, and diaper benefit programs.
- Ensure paid time off, and establish a paid family and medical leave insurance program with adequate wage replacement, for employees statewide.



10. Jiang, Y., Granja, M.R., & Koball, H. (January 2017). "Basic Facts About Low-income Children Under Three." Washington, D.C.: National Center for Children in Poverty. Retrieved from: http://www.nccp.org/publications/pub\_1171.html.

11. U.S. Department of Agriculture Food and Nutrition Service. (2025). "National and State Level Estimates of WIC Eligibility and Program Reach in 2021." Retrieved from: https://www.fns.usda.gov/research/wic/eligibility-and-program-reach-estimates-2021.

12. diversitydatakids.org. 2023. "FMLA eligibility and affordability: By sex." Retrieved from: https://www.diversitydatakids.org/research-library/data-visualization/fmla-eligibility-and-affordability-sex.

# IV. APPENDICES A. IMPACT TARGETS

HEALTHY PARENTS AND BABIES		
GOAL	MEASURABLE INDICATOR	
Perinatal Supports	UNSS; # visits offered (sum of Family Connects Chicago, Stephenson, Peoria, and any other expansion)	
Perinatal Supports	UNSS; # visits completed (sum of Family Connects Chicago, Stephenson, Peoria, and any other expansion)	
Perinatal Supports	UNSS; # hospitals participating (statewide)	
Perinatal Supports	Doula services; # people served (sum of HFI, MCHV, and PI-HV)	
Perinatal Supports	Lactation support services; # people served (HFS)	
Perinatal Supports	% Medicaid-financed births, FPL <138%	
Perinatal Supports	% Medicaid-financed births, FPL 138%-213%	
Home Visiting	# children served, 0-2 only (sum of HFI, MCHV, MIECHV, and PI-HV)	
Home Visiting	# home visiting professionals	

#### HIGH-QUALITY EARLY DEVELOPMENT AND LEARNING

GOAL	MEASURABLE INDICATOR
Early Care and Learning	CCAP; # children enrolled, 0-2 only
Early Care and Learning	Child care capacity (sum of slots, 0-2 only, across licensed centers and homes, all circles of quality)
Early Care and Learning	ECBG PI-CB; # children enrolled
Early Care and Learning	EHS; # children enrolled
Early Intervention	El services, total # children with active IFSPs
Early Intervention	El services, % all children (0-2 only) with active IFSPs
Early Intervention	EI services, # children, <age 1="" active="" ifsps<="" only,="" th="" with=""></age>
Early Intervention	El services, % all children, <age 1="" active="" ifsps<="" only,="" th="" with=""></age>
Early Intervention	El services, # children found auto-eligible
Early Intervention	El services, % children with service delays
Early Intervention	# El providers

STABLE WORKFORCE AND THRIVING FAMILIES		
GOAL	MEASURABLE INDICATOR	
Cross-System Workforce	ECACE; # enrolled	
Cross-System Workforce	ECAP; # enrolled	
Cross-System Workforce	HSPLRP; # recipients working in PN3	
Cross-System Workforce	I/ECMHC; # in registry	
Cross-System Workforce	Gateways Infant Toddler Credential (ITC); # providers	
Economic Security	WIC; coverage rate, pregnant only	
Economic Security	WIC; coverage rate, sum of non-infant ages 1 and 2	
Economic Security	GI; # families participating in any publicly funded model	
Economic Security	State CTC; uptake rate	
Economic Security	PFML; % working parents with access to paid leave	

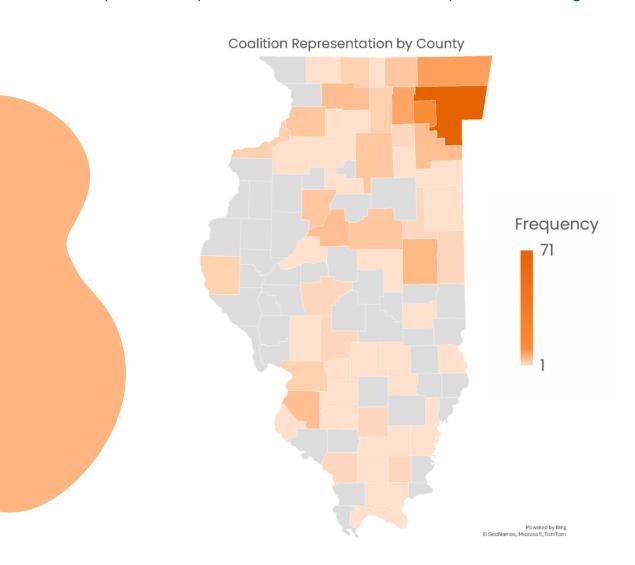
## B. COALITION DEMOGRAPHICS

What started in FY 2020 as a convening of just over 100 stakeholders has today grown by 1,813% to include public and private representatives from across Illinois' early childhood system and other child-and family-serving programs, as well as parents, caregivers, providers, educators, elected officials, researchers, funders and advocates. As of June 30, 2025, Raising Illinois had a total of 1,913 supporters (15.73% growth over FY2024).

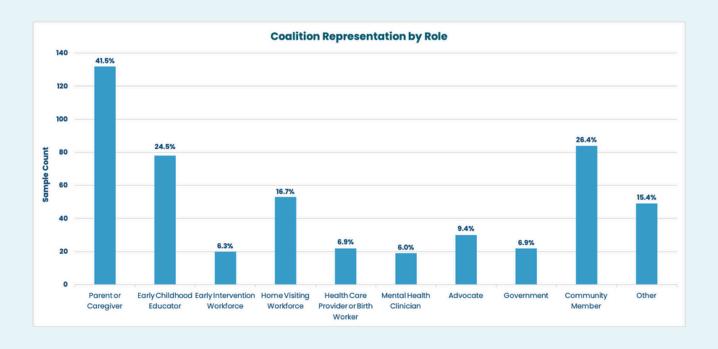
Raising Illinois conducted a coalition-wide survey from March through June 2025. The survey received 318 responses (Confidence Level = 95%; Margin of Error = 5%).

#### **Geography**

Survey respondents reside in 58 of 102 counties in Illinois (56.86% of all counties). Nearly 80% of respondents reside in a community outside Chicago.

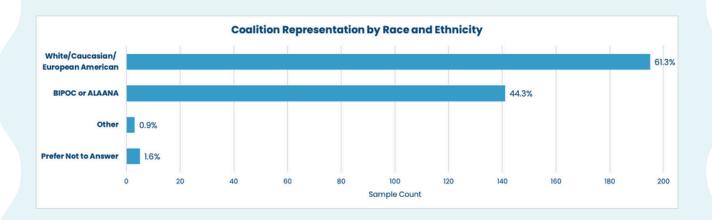


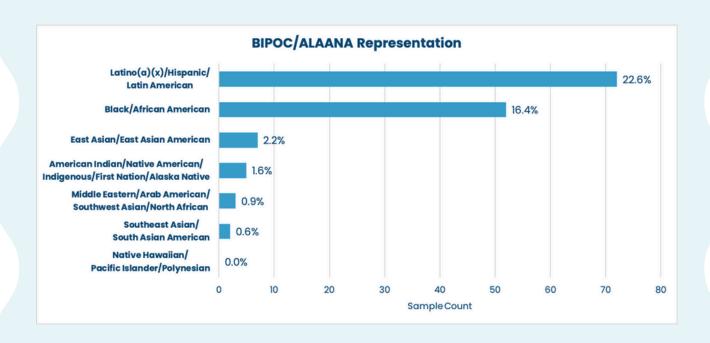
Survey respondents represent a variety of roles, including parents and caregivers (41.5%) and all provider types (60.4%).



#### **Race and Ethnicity**

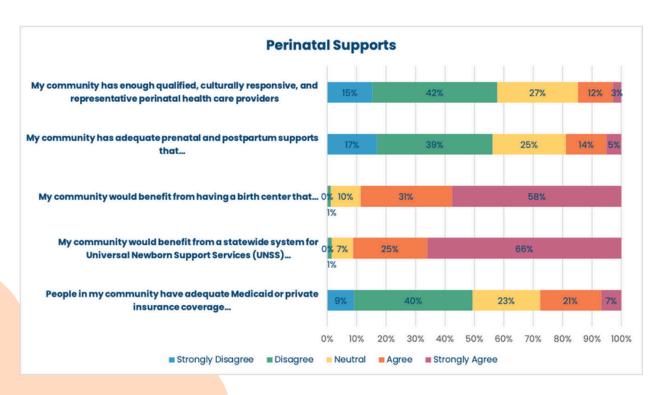
Survey respondents were 61.3% White/Caucasian/European American and 44.3% Black, Indigenous, People of Color (BIPOC) or African, Latinx, Asian, Arab, and Native American (ALAANA).

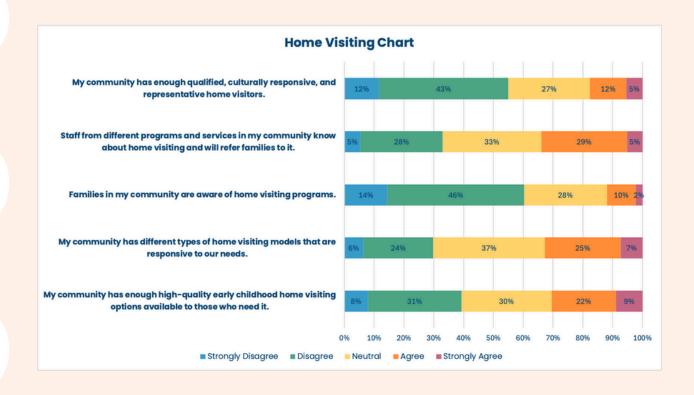


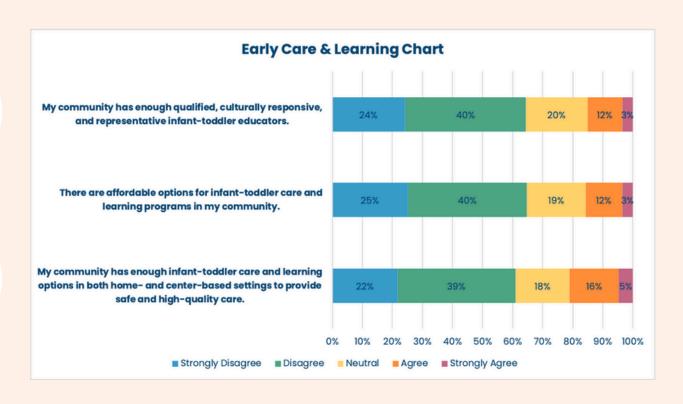


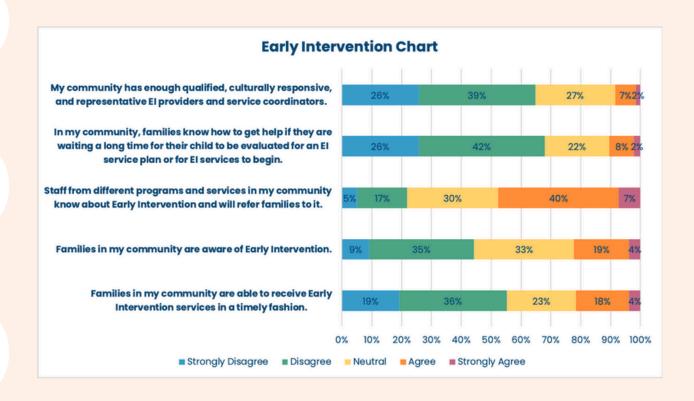
# C. QUANTITATIVE REFRESH FEEDBACK

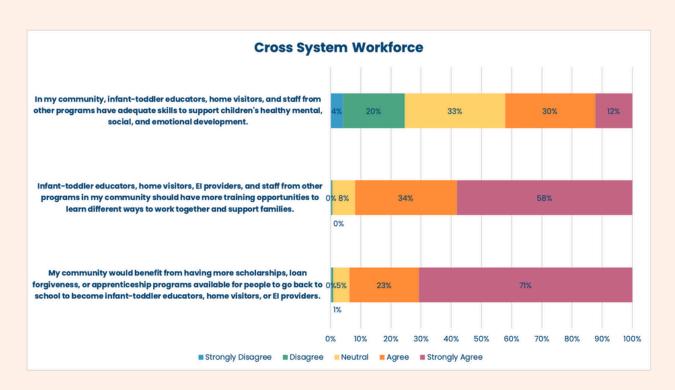
The statewide survey asked respondents to rate relevant statements for each policy area according to a Likert scale:

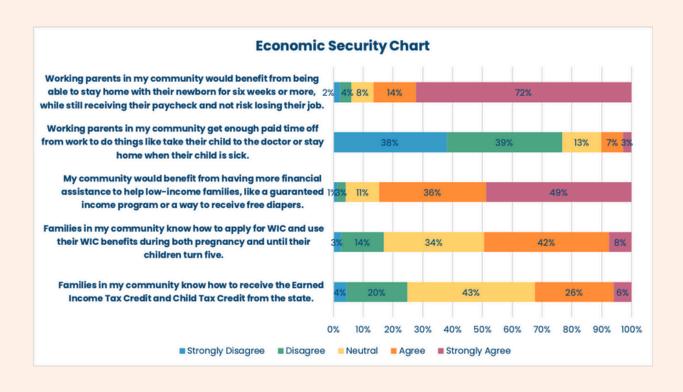












## D. QUALITATIVE REFRESH FEEDBACK

For a more detailed view of the comments we received during the Community Conversations we held as part of our Prenatal-to-3 Agenda refresh process, visit the link or scan the code below:



https://bit.ly/PN3-agenda-feedback



