

2019

***Community
Assessment***



Decatur, IL

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INTRODUCTION

EXECUTIVE SUMMARY

This document is a Community Assessment for the Baby TALK programs conducted by Baby TALK inc. in Decatur, IL. This report finds that Baby TALK services are aligned with the greatest community needs identified. Parent surveys revealed that, overall, parents are highly satisfied with the services provided by Baby TALK.

The Baby TALK agency is undergoing various transitions.

- Baby TALK has been gifted a new facility by the Howard G. Buffet Foundation to be completed in the fall of 2020. The new facility will include 16 infant-toddler classrooms (128 children), four natural playscapes, offices for Home Visitors and Family Engagement Specialists, two gross motor rooms, wellness office, and adult education space.
- The Baby TALK organizational chart has been changed to reflect service delivery rather according to funding streams.
- Due to new funding streams the cost allocation of all grants will reflect services provided.
- Additional home visiting services are provided to Argenta-Oreana School District, Central A & M School District and Moultrie County Beacon.

This report conducts an environmental and demographic scan of Baby TALK's service delivery area which includes Macon, Moultrie and Shelby counties. Nearly one-fourth of children ages 0-3 live in households that subsist below the federal poverty line, and in certain census tracts this proportion approaches one-half.

This report finds that there is a shortage of high quality childcare slots for children under the age of 3 in Macon County, particularly for low income families. Baby TALK's center based program consistently maintains a waiting list of over 50 families, many of which are high school students needing childcare or working families with little support and resources.

Baby TALK engages and serves many pregnant and parenting teens. This report shows that Baby TALK served almost 200 teens during fiscal year 2019. This trend of a high percentage of teens who are parenting remains high. Baby TALK will seek to create a unified system within the agency in order to cohesively serve teens as they transition through educational environments.

Due to the extremely high statistical data on children involved in child welfare, a specialized effort will be made to serve families with DCFS involvement. In 2015, Macon County had 784 children under the age of 18 indicated for child abuse and neglect. The rate in Macon County was 31 per 1000 children which was second highest in the state. Collaborations are being strengthened with child protective providers in order to facilitate referrals of families in order for Baby TALK to serve this high risk population.

Baby TALK has two major funding streams to serve center based and home based children and families.

- An existing Early Head Start grant provides funding for 26 home based children and 48 center based slots.
- BTEHS submitted a proposal to the Office of Head Start in November of 2018 to expand Early Head Start services in Macon County and was approved. As of October 2019 Baby TALK will add 72 home based slots until the new center is built. Once the new facility is open, the new award will provide an additional 48 slots and 8 home based slots to be served at the Women’s Correctional Center, which has a mother’s ward.
- Baby TALK receives an Illinois State Board of Education, Prevention Initiative grant to serve 211 children in the Decatur region.

PURPOSE

This report is prepared for and directed to the Baby TALK Organization in Decatur and Macon County, Illinois. Baby TALK is a grantee agency of Early Head Start, recipient of an Illinois State Board of Education Prevention Initiative grant, Illinois Secretary of State Family, and other grant awards. The report has two major purposes:

- First, this report looks at Baby TALK’s participation in the emerging community effort to prepare families for the future--for children: academically, emotionally and socially—for whole families: the knowledge and confidence to locate resources to meet their family’s needs and advocate for their children. Baby TALK services and supports play critical roles in engaging families around the creation and completion of their family and child’s goals and achievements.
- Second, it fulfills a requirement of the Administration on Children and Families (ACF), a division of the U.S. Department of Health and Human Services. As primary funder for Head Start programs nationally, ACF requires that each program conduct a triennial Community Assessment to determine the extent and nature of need for Head Start locally.

PROCESS

This report was prepared with the assistance of many community agencies, program staff and stakeholders.

Data Collection. Once the scope of the project was determined, the data collection began. The Management Team gathered data from many sources. The report refers to information from the following sources:

- Prior Head Start Community Assessments
- Local reports and studies
- Anna Waters Head Start
- City of Decatur
- Child Care Resource Service of East Central Illinois
- Community Foundation of Decatur and Macon County
- Decatur Public School District #61
- IECAM (Illinois Early Childhood Assess Map)
- Illinois Department of Children & Family Services
- Illinois Department of Human Services
- Illinois Department of Public Health

- Illinois Environmental Protection Agency
- Illinois State Board of Education
- Macon County Mental Health Board and Child & Family Connections #19
- Macon County Education Coalition
- Macon County Health Department
- Macon County Homeless Council
- Macon-DeWitt Workforce Investment Solutions
- Macon-Piatt Regional Office of Education
- Macon-Piatt Special Education District
- Macon Resources (Bright Start)
- Richland Community College
- United States Census (2010)
- United Way of Decatur

Parent Surveys. Baby TALK staff administered surveys to enrolled families in spring of 2019 in order to inform the community assessment process. Families enrolled in the center located at 710 W. Macon participated in a survey specific to center-based services: The Parent Satisfaction Survey. Families enrolled in ISBE Prevention Initiative home visiting completed the ISBE issued Parent Questionnaires. Results of the surveys are shared later in this report.

Organization of Report. This report is organized into five chapters.

- The first chapter describes the current Baby TALK Programming operated in the Decatur area. It leans heavily on documents provided by the staff, the parent survey, program self-assessments, program improvement plans and the Program Information Report submitted to ACF.
- The second, third and fourth chapters look at the community demographics, education and training statistics and opportunities as well as the social context of the region specifically examining children and families living in poverty. It relies on census data and state and local studies.
- The focus of the fifth chapter is information on specific age groups of children in poverty, specifically devoted to children from birth to 36 months.
- The the sixth chapter takes a closer look at the child care system.
- The final chapter includes findings and recommendations. Following this section is the bibliography.

1. BABY TALK PROGRAM DESCRIPTION

BACKGROUND

Baby TALK, Inc. has been “coming alongside” families with children under the age of 3 years in Decatur, Illinois since 1986. Baby TALK, Inc. is an organization that manages several programs to support families with children under three years of age in Macon County. Baby TALK has also developed a Community Approach model for programs that ensures identification of the neediest families in the community. Baby TALK has a staff of 71, and its services reach an average of 1903 families per year in Macon County.

PERSONS SERVED

Baby TALK serves families in center-based and home-based services through various funding streams. The following statistics of the children served are according to Baby TALK's two main funding streams.

Enrollment and Capacity.

Early Head Start: As of January 1, 2019, the Baby TALK Early Head Start program enrolled 74 students, filling 100.0% of its 74 approved slots along with 55 children on the waiting list.

Age, Race and Income.

Race/Ethnicity Breakdown as of February 2019

<u>Race/Ethnicity Categories</u>	<u>Black</u>	<u>White</u>	<u>Hisp</u>	<u>Multi- /Bi- Racial</u>	<u>Indian/Alaska</u>	<u>Pacific Islander</u>	<u>Asian</u>	<u>Other</u>	<u>Total</u>
	41	20	0	13	0	0	0	0	74

Age Breakdown as of February 2019

<u>Age Categories</u>	<u>0-6</u>	<u>6-12</u>	<u>12-18</u>	<u>18-24</u>	<u>24-36</u>	<u>Parents 2B</u>	<u>Total</u>
	7	10	14	11	20	12	74

Income Breakdown as of February 2019

<u>Eligible 0-100%</u>	<u>101- 130%</u>	<u>Over Income</u>	<u>Foster Child</u>	<u>Homeless</u>	<u>Public Assistance</u>	<u>TANF</u>			<u>SSI</u>		<u>WIC</u>	
						<u>Yes</u>	<u>No</u>	<u>Former</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
56	0	2	3	7	6	13	58	3	6	68	29	45

Annual Income Breakdown as of February 2015

<u>\$0 to \$2999</u>	<u>\$3000 to \$5999</u>	<u>\$6000 to \$8999</u>	<u>\$9000 to \$11999</u>	<u>\$12000 to \$14999</u>	<u>\$15000 and Over</u>
54	2	4	2	1	11

Enrollment and Capacity. As of June 30, 2019 Baby TALK Prevention Initiative program enrolled 230 families with the following demographics:

<u>Race/Ethnicity Categories</u>	<u>Black</u>	<u>White</u>	<u>Hisp</u>	<u>Multi- /Bi- Racial</u>	<u>Indian/Alaska</u>	<u>Pacific Islander</u>	<u>Asian</u>	<u>Other</u>	<u>Total</u>
	153	30	0	15	0	0	32	0	230

Residence. Baby TALK screens families from all of Macon County, parts of Shelby County and parts of Moultrie County. The catchment areas will be referenced as the Decatur region in this report.

Registration and Enrollment Process:

Coordinated Intake for at-risk families is a community wide partnership between service providers. The Macon County Early Childhood Collaborative provides coordination of referrals into home visiting programs and referrals to resources. Baby TALK staff are members of the Leadership team of the Macon County Early Childhood Collaborative.

Universal screening of families takes place through Baby TALK's Newborn Encounters. Newborn Encounters occur at both Macon County Hospitals 6 days per week where between 95% and 98% of families are reached. At every Baby TALK newborn encounter, the professional connects with the family over their shared interest in the baby promoting these four goals:

- To "join" families in the beginning
- To discover babies together with parents
- To learn of the family's needs
- To offer supportive services and programs

Newborn Encounters serve as a screening process to determine family need in order for families to access needed community resources. It is discovered that many families have need of Baby TALK resources and so are then connected to Baby TALK's coordinated intake staff.

In order to simplify the registration and enrollment process for families the internal systems for Coordinated Enrollment are under revision. The newly named Coordinated Intake and Outreach Coordinator will lead the development of the referral, registration and enrollment systems. An in-person appointment will be scheduled for parents to meet with Coordinated Intake staff where the various programming options are explained to the family. This will ensure the family will receive the most appropriate services according to their family's need. The required documentation (Social Security cards, proof of income, health records, and child's birth certificate) will be provided by the family and they will be assisted to complete all registration forms. Assistance will be provided to the family to secure any missing documents. In order to ensure families with the most need are served, data is recorded on the Selection Determination Form. Families are ranked and are enrolled into programming according to their score, with the families having the highest score having priority enrollment. The waiting list is also ranked by points.

When a child is selected to participate in the center based program, the enrollment process begins. The parent or guardian is contacted and asked to come in and complete enrollment paperwork and meet the teacher. The enrollment paperwork consists of a CACFP enrollment form, drop off/pick up policy, transportation policy, if needed, and they receive a DCFS Licensing Standards Summary booklet and a BT Center Based Parent Handbook.

When a family chooses to participate in home visiting services an appointment will be made for the family to meet their home visitor and will receive information specific to home visiting services.

PROGRAMS AND SERVICE DELIVERY

The Baby TALK Model is based on: Build a System, Screen Every Family, Identify the Need and Deliver Appropriate Services. Through community collaborations, gaps in community services have been identified and programs have been developed in order to directly meet specific needs of families. A variety of programs and services are provided by Baby TALK to families

with young children in order to ensure family needs are met and appropriate services are offered to families. The majority of programs are designed to support families and children with risk factors. Below is a description of Baby TALK programming.

Center-Based Program Option: The current Baby TALK Early Childhood Center is located at 710 W. Macon where 48 children are served in DCFS licensed care. The center has six full time classrooms which begin at 7:30 am and end at 3:30 pm Monday through Friday. Each class has 8 students with an age range from 6 weeks to 3 years old. There are two teachers per classroom, each assigned 4 students. Teachers practice attachment caregiving in which the students remain with the same teacher for their entire time in the program to ensure continuity of care. This also promotes social connections and friendship bonds by keeping the same children together during their time at the facility. Attachment caregiving also promotes the trustworthy relationship between the family and teaching staff. A Family Engagement Specialist provides twice a month home visits to enrolled center-based families.

The center bases its calendar on those of Decatur Public School District 61 and Futures Unlimited, given that many families served attends high school at one of these programs. The center closes over the summer and these families are served in the Home-Based Option for the months of June and July. Teachers and/or Family Engagement Specialists provide home visits for each student once a week for 1.5 hours during the summer when the facility is not open. Socializations are also provided during the summer months.

Home-Based Program Option: Two Early Head Start awards and an Illinois State Board of Education Prevention Initiative (PI) grant fund an extensive home visiting program. The original EHS grant funds 26 home visiting slots. PI funding provides 211 home visiting slots for Decatur and the surrounding areas. 48 of the 211 PI home visiting slots are co-served in the Baby TALK Early Childhood Center and so are co-enrolled in EHS and PI. During the summer of 2019, an additional EHS award was granted. The original award was to provide much needed center-based services to the Decatur area. Since the completion of the new child care facility won't take place until the fall of 2020, 72 home based slots are now available to families until the center is complete.

The advantage of having two funding streams allows Baby TALK to “deliver appropriate services” to families according to their need. In compliance with EHS standards, some families receive weekly, 90 minute home visits and twice per month socializations. Families enrolled in PI home visiting receive at a minimum of an hour long, twice a month home visits. Monthly socializations are offered

Specific home visiting populations to be served are as follows:

Parents 2B (P2B): Expectant mothers are contacted by a Home Visitor at least 3 times per month and are invited to Home-Based Socializations. Supports and communications provided include health care, wellness, and preparing for the birth of the baby.

Teens: Pregnant and parenting teens who are not being served in another Baby TALK program can be served through home visiting. Weekly groups take place in local high schools and parent-child groups occur monthly.

Fathers: A male home visitor is on staff to provide specific home visiting supports to fathers.

Women's Correctional Center: Decatur is home to the Decatur Women's Correctional Center where on the E-Wing, mothers and their baby live together. Baby TALK provides “home visiting” services to that special population.

Child and Family Protective Services: Collaborations have been built with DCFS providers to offer home visits to families with DCFS involvement. Families volunteer to participate in home visiting programs.

Community Based: Families from the community who demonstrate a need will be ranked for enrollment according to the screening for eligibility process.

STEPS: Baby TALK STEPS (Success Together Experiencing Play and Stimulation) is a program which provides family-centered Early Intervention services in a center based setting. STEPS provides a blend of educational and therapy services within the context of a developmentally appropriate curriculum as families are supported in building nurturing relationships with their young children. This program includes physical therapy, occupational therapy and speech therapy (provided by a local providers) as well as developmental therapy and parenting provided by Baby TALK.

Curricula: The Baby TALK evidence-based model, approach and curriculum serve as an overarching methodology in the relationship-based work which occurs with families.

Center-based: The Baby TALK Early Childhood Center utilizes multiple tools for developing a comprehensive program. One of these tools is *The Creative Curriculum for Infants, Toddlers, and Twos*. Creative Curriculum presents 38 research-based objectives for developmentally appropriate practices. It focuses on responsive care while incorporating objectives that enable teachers to focus on teaching practices aligned with state learning standards and school readiness goals. The Creative Curriculum is broken down into 3 volumes:

Volume 1: The Foundation, which outlines the research behind the curriculum and discusses the five central components of nurturing care and teaching. Volume 2: Routines and Experiences, which discusses the five routines and eight experiences that are essential to the development and learning of children birth to age 3, explaining how to plan intentionally while maintaining the flexibility to respond to the changing interests and abilities of young children. Volume 3: Objectives for Development & Learning: Birth Through Kindergarten, which explains the skills, knowledge, and behaviors that matter most to the continuing development and learning of very young children. A tool to help teachers observe children effectively. ([https:// creative-curriculum-infants-toddlers.cfm#product_overview](https://creative-curriculum-infants-toddlers.cfm#product_overview)).

The program also makes use of Conscious Discipline for classroom management. It is based on current brain research, child development information and developmentally appropriate practices. Conscious Discipline focuses on the adults consciously making choices that correspond with the children's need for a sense of safety, to make connections, and have stability in their lives. It focuses on making relationships as a classroom family.

Along with Creative Curriculum and Conscious discipline, Baby TALK Early Head Start employs the Baby TALK Model as a curriculum and approach.

Baby TALK (Teaching Activities for Learning and Knowledge) is a community family support model which provides the framework to guide parent educators, teachers, social workers, family support specialists, nurses, physicians, librarians and city leaders in nurturing school readiness and optimal child development by supporting infants and toddlers and their parents.

- *The model provides a framework for community-based interventions through universal access beginning with a universal screen of families using a relationship-based approach at a newborn encounter. Through these encounters, professionals can identify families who are most at-risk and who may qualify for intensive home visiting programs such as Early Head Start.*

- *The model provides a curriculum for intensive home visiting and early childhood programs with foundational developmental information from the perspective of the child, the parent and the professional who will come alongside this family supporting the parent/child relationship.*
- *The model provides a relationship-based approach to working with families through the implementation of Critical Concepts and age-specific Protocols which are designed to create a framework for each Personal Encounter.* (<http://www.babytalk.org/our-model>)

Natural Playscape: The Natural Playscape is an Outdoor Classroom that offers a wide range of learning opportunities, including art, building, music and movement, sensory, gardening and gross motor. There is also design components allowing for caregiving, including diaper changing and bottle-feeding, to take place on the playscape. The children at the center will spend several hours a day outdoors, weather permitting, in order to gain the natural benefits the outdoors provide.

Home-based: The home visiting program uses the Baby TALK Home Visiting Curriculum. The Baby TALK Home Visiting Curriculum is designed to be used by professionals who have been trained in the Baby TALK's 4-day Core Professional Training. The curriculum provides perspectives of the child, parent, and professional for each month 1-36. This development based curriculum serves as an opportunity for discussion and anticipatory guidance with the family. Curriculum for prenatal visits and parenting teens is also included. Parent and child activities, specific to each month of age, are aligned with the Illinois Early Learning Guidelines. The curriculum also includes trauma-informed resources for professionals

Developmental and Behavioral Screening: Baby TALK uses the Use Ages & Stages Questionnaires, *Third Edition* (ASQ-3™) for developmental screening and ASQ: Social-Emotional (ASQ: SE) as a social-emotional screening tool. This is completed by the parent within the first 45 days after entering the program.

Assessments:

Child: Teachers and home visitors use the Hawaiian Early Learning Profile (HELP) to assess each child in their care or caseload. According to the website for HELP:

“HELP 0-3 is widely recognized as a comprehensive, on-going, family centered curriculum based assessment process for infants and toddlers and their families. It contains 685 developmental skills and behaviors (0-3) provide a comprehensive framework for ongoing assessment, planning and tracking progress. HELP domains include Cognitive, Language, Gross Motor, Fine Motor, Social-Emotional, and Self-Help. It supports Federal Requirements for Part C of IDEA, and, Early Head Start programs. HELP domains and Strands are aligned with OSEP outcomes and Head Start five essential domains and school readiness goals. HELP 0-3 products are cross-referenced through skill ID #'s for easy linking between assessment and curriculum materials. Data Reporting for Early Head Start: Comprehensive progress reporting system through KinderCharts measures developmental progress in essential domains and school readiness goals.” (<http://www.vort.com/HELP-0-3-years-Hawaii-Early-Learning-Profile>. 2005-2015 VORT Corporation)

The HELP is used to assess the children's developmental three times per year to ensure each child is developing appropriately for their age. The HELP, the ASQ, and ASQ-SE are used to detect any developmental delays. These tools are used to promote connections of services for children that are falling behind on their developmental skills Children's developmental goals are

set in partnership with the parents. Teachers and home visitors use the HELP to develop activities and interventions that are then used to promote development.

The data is collected to assess the entire program. The aggregate data is used to analyze multiple sub-populations' progress in each of the five domains:

- Communication, language and emergent language skills
- General cognitive skills
- Positive approaches toward learning, including improved attention skills
- Social behavior, emotional regulation and emotional well-being
- Physical health and development

The sub-populations include individual classrooms, age groups, children with existing IFSPs (due to identified developmental delays) and gender, as well as populations that have existing risk factors, including homelessness, unstable housing, parents with less than a GED or HS Diploma, parental incarceration, etc. This data can be used to understand areas of improvement in staff professional development, community or personal support of families and individualized need of referral for assessment to receive services such as therapy. If intervention is needed, a staff member obtains permission from parents to refer the child to Child & Family Connections #19 for assessment.

Center-based classrooms: Each classroom performs an environmental assessment of their classroom using the Infant/ Toddler Environmental Rating Scale (ITERS-R) twice a year. The Child Development Coordinator works with the teachers to evaluate their classroom's personal care routines, furnishings, language, fine- and gross-motor activities, creative activities, social development and adult needs. ITERS-R focuses on the strengths of the classroom, as well as the areas that need improvement.

Baby TALK's School Readiness Goals: The School Readiness Goals are program goals that offer context and purpose to the services offered. Data is collected quarterly from the HELP Assessments and aggregates the data as described above. This information is distributed quarterly to the Board and Policy Council, it is posted in the Center and provided to parents, and the full report is also available on the Baby TALK webpage at babytalk.org. The Baby TALK School Readiness Goals are aligned with the Early Head Start Framework, the Illinois Early Learning Guidelines and the HELP Assessment.

Ancillary Services:

Hearing, Vision, Mental, Dental Screenings and Referrals: Baby TALK makes referrals for medical, dental and mental health related services at the request of parents. Within 45 days of enrollment, each child must have a vision and hearing screening. The Wellness Director or Coordinator completes these using a Functional Vision Screening and OAE (Otoacoustic Emissions Evaluation) on each child. Children that receive the digital message "refer results" on the second OAE are referred back to their primary medical provider. Referrals can also be made to Macon Piatt Audiology for further testing. Some children that are referred initially to their primary care physician, will be referred by their provider to the local ENTA office. Follow up documentation is received for the results of that visit to go in their chart.

Medical Services: Within 90 days of entry families must submit a completed physical from their medical provider. Children without a medical provider are referred to one of the Federally Qualified Health Centers (Crossing Healthcare or SIU Family Medical Care) in Decatur for a medical home or another physician of their choice. Those without medical insurance are asked

to call the medical card provider hotline to pick which insurance provider they desire. Follow up is also completed to make sure all children receive their age appropriate EPSTD appointments and immunizations. Reminders are given to the parents to call their medical provider for these appointments. Transportation to appointments may be provided if it is a barrier to accessing medical services.

Dental Services: Dental exams are required for those over two years of age and recommended within 6 months after the eruption of the first tooth. Macon County is fortunate to have dental providers that will take public insurance cards at the Macon County Health Department. They can also provide more intense dental treatment at a local hospital that may require the child be put to sleep. Familia Dental Clinic will also see children at their office, plus they bring a mobile dental clinic here twice a year. Dental exams are given at the center for those children whose parents complete the forms and are not receiving care elsewhere. Fluoride treatments are also applied as appropriate.

Mental Health Services: Multiple options are available for families to access mental health services. Crossing Healthcare has increased their services to children and families needing mental health services. Children and families who receive care at Crossing Healthcare complete an Adverse Childhood Experiences Questionnaire in order to learn more about the past trauma experienced. Baby TALK has contracted with Brooke Hyden to provide triage counseling therapies to individual families and to promote mental wellness in parent group settings. She will also offer support to the staff by meeting with teaching teams and individual staff members, and offering whole-staff team-building activities and trainings.

Children have access to mental health services. Services are defined as a collaborative effort between the consultant, teacher, Home Visitors, Family Engagement Specialist, Wellness staff and parents to assist children who are having difficulties (including, but not limited to: academic, socio-behavioral and developmental difficulty) in a classroom setting or home environment. An Infant and Childhood Mental Health Consultant, Chris Stanek observes the children in each classroom twice a year and also observes two home-based socializations. Emphasis is placed on conducting classroom observations; providing recommendations and classroom interventions, assisting in formulating and implementing behavior management/ modification plans, and supporting the teaching staff. She meets with each classroom teacher and discusses concerns of the teachers and suggests alternative methods for the teachers. Consultation is an indirect service. The consultant does not personally provide intervention but works with the Wellness Coordinator to make referrals to community providers.

Disabilities Services: Enrolled children who score below their chronological age on their HELP or ASQ will be referred to Early Intervention (EI). Those meeting Early Intervention requirements will receive therapy either at the center or in the home. Many children enrolled at the Baby TALK Early Childhood Center receive Developmental Therapy, Speech Therapy or other specialized therapies from EI. BTEHS is required to maintain 10% of its enrollment with children who have an IFSP. Currently, the minimum number of Early Head Start children with an IFSP required to be enrolled is 11 out of 74. STEPS is another program option for families with a child eligible for EI services. See description of STEPS above.

WIC: Women, Infants and Children (WIC) office is located at the Macon County Health Department. WIC is a Department of Agriculture program that provides nutritional education and supplemental food for income eligible pregnant women, infants and children up to age 5. Families are encouraged to enroll in WIC in order to provide supplemental nutrition for their children. WIC completes growth assessments on the children every 6 months and chooses

appropriate food packages based on nutritional needs. WIC completes yearly hemoglobin testing on children and the Macon County Health Department completes yearly leads on those children that come in for WIC.

Family Services:

Family Engagement: The goal of parent and family engagement is to build strong and effective partnerships with families that can help children and families thrive. The Baby TALK model and approach supports family engagement and partnerships. These partnerships are grounded in positive, ongoing and goal-oriented relationships with families. Positive goal-oriented relationships are based on mutual respect and trust. Relationships are developed over time, through a series of interactions between staff and families. Successful relationships focus on families' strengths and a shared commitment to the child's well-being and success. As relationships between staff and families are strengthened, mutually respectful partnerships are built. Strong partnerships with families contribute to positive and lasting change for families and children.

Positive relationships support progress for children and families. These relationships contribute to positive parent-child relationships, a key predictor for success in children's early learning and healthy development. Through positive interactions with their most important caregivers, children develop skills for success in school and life. They learn how to manage their emotions and behaviors, solve problems, adjust to new situations, resolve conflicts and prepare for healthy relationships with adults and peers.

Family Partnership Agreement/Individual Family Goal Plan: Families are supported and encouraged to set and reach family goals. The Family Engagement Specialist or Home Visitor supports the families on their case load to complete a Family Resource Assessment. This tool provides families the opportunity to evaluate all of their current resources, strengths and assets. This strengths based process assists parents to create goals for themselves, their family and children. The Family Partnership Agreement/Individual Family Goal Plan is created by the parents to set SMART goals- specific, measurable, achievable, relevant, and time-based goals. Needed resources are identified and accessed. Goals are reviewed every 6 months to note the steps made to goal attainment.

Policy Council: The Policy Council is comprised of current parents from the center-based option, home-based option, and community members. All parents are given information on attending policy council meetings and asked to consider becoming a member of Policy Council. All members are elected at the September Parent Meeting. Those who join after September are voted on to the Policy Council by current Policy Council members. The Policy Council makes decisions regarding all areas of the Baby TALK programming, policies and hiring. The Policy Council meets once a month unless an emergency meeting is needed. The parents on the Policy Council also hold positions such as Chairperson, Vice Chairperson and Secretary.

Parent Meetings: Parents are encouraged to attend monthly parent meetings. The parent meetings sometimes consist of speakers that speak on a topic of interest to the parents. Some of the past topics have been reading to children, budgeting, housing information and health related topics. During the meetings the parents discuss other topics or information they would like presented. The parents also discuss different activities that they would like to participate in and or see held at Baby TALK.

Family Fun Events: Approximately 5 to 6 times a year Baby TALK hosts a Family Fun Day for parents, children and staff. Family Fun Events focus on topics related to health, mental health, education, child and family literacy, etc. Examples of past Family Fun Days include: Cardboard Challenge, Lullaby Concert, International Mud Day, Water Play Day and Family Holiday Party.

Father and Male Involvement: Father and Male Involvement is a priority at Baby TALK. The program staff members strive to be male-friendly and Baby TALK encourages the fathers and the significant males in the lives of the children to come in and be participants of the program. Each year a specific event is held to engage father and male involvement. Baby TALK has employed a male Fatherhood Engagement Specialist who hosts fatherhood groups and provides home visits to dads.

Grandparents and Extended Family: Baby TALK recognizes that many families live in multi-generational homes and are provided support through their extended families. Grandparents and extended families are continually included in supports provided to the family. A special Grandparents Day is hosted at the center each year where classroom activities are provided for the extended family and the child. Home visitors also include grandparents and extended family members in home visits and in socializations as appropriate.

Parents as Volunteers: Parents are encouraged to volunteer in their child's classroom as often as possible. Parent engagement is a very important part of all Baby TALK programs. Each year different volunteer activities are held to provide opportunities for parents to volunteer and contribute to the education of their child.

Family Outcomes: Baby TALK collects quarterly information from enrolled families to gauge progress toward reaching family outcomes. The information collected is aligned with the Head Start Framework for Parent/Community Engagement. The information is entered into KinderCharts and aggregated by applying the same filters listed in the Assessment section above. These surveys have revealed the outcomes that are most difficult for parents to attain are an income that satisfies all of their families' needs and desirable employment.

Parents who are Teens: Historically, Baby TALK has had a strong commitment to serving teens who are pregnant or parenting.

Baby TALK Early Head Start was originally designed to serve only teenage parents who were in school. The program still heavily recruits this population and serves many parents who are in high school and college, but it is no longer the exclusive population served.

Teens who are pregnant and parenting living in Decatur attend one of two local high schools: Eisenhower or MacArthur high schools. Alternative education options for mothers are Futures Unlimited or Foundations. Many teens attending traditional high school or Futures Unlimited choose to enroll their child in the Baby TALK Early Childhood Center for their child care needs. Foundations is a collaborative educational opportunity between the Macon/Piatt Regional Office of Education and Baby TALK. Academic education and child education take place at one location, Central Christian Church. All enrolled teens receive home visits, medical and wellness supports, parenting groups, and case management.

Many teens also receive adult education through a Family Literacy collaboration between Richland Community College and Baby TALK. Richland Community College provides GED classes and Baby TALK provides wrap around services to the family to include: early care and education, transportation, home visiting and case management services.

Transportation: Baby TALK provides transportation the most vulnerable families: children receiving Early Intervention therapies at the center and for families who are pursuing their GED or high school education. At this time, Baby TALK can only provide transportation for the above listed populations due to budget constraints, limited space in the vehicles, and the aging fleet of vehicles.

LOCATIONS

Current locations of Baby TALK services are as follows:

- The Baby TALK Early Childhood Center program operates at 710 W. Macon St. in Decatur, IL.
- Prevention Initiative Home Visitors are located in the public housing area, Wabash Crossing at 631 E. Leafland in Decatur. This office is located in a neighborhood where many enrolled families live and allows Baby TALK to “go where families are”.
- Foundations, Family Literacy and STEPS Early Intervention are located at Central Christian Church, 650 W. William, Decatur, IL.
- Central A&M Home Visiting is located at Central A&M Elementary School, 229 E Pine, Moweaqua, IL
- Argenta-Oreana Home Visiting is located at Argenta-Oreana School District in Oreana, IL.
- Moultrie County Beacon Home Visiting is located at 203 S. Graham St, Sullivan, IL.
- Baby TALK Administrative Offices are located at 500 E Lake Shore Dr. in Decatur, IL. The offices of the Baby TALK Executive Director, as well as the Business Director and HR/Fiscal Assistant are housed at this location.

Baby TALK has been gifted a new facility by the Howard G. Buffet Foundation to be completed in the fall of 2020 at the Community Care Campus. The new facility will include 16 infant-toddler classrooms (128 children), four natural playscapes, offices for Home Visitors and Family Engagement Specialists, two gross motor rooms, wellness office, adult education space and administration offices. Once this space is completed all Decatur locations will move to the centralized location.

STAFFING

Class Size and Number of Adults. Each classroom has two Early Head Start Teachers responsible for the care of 8 infants, toddlers, and two year olds. In addition, there is sometimes an educational aide, volunteers, a Foster Grandparent and a Family Engagement Specialist present.

Home visitor and Family Engagement Specialist Caseloads. Caseloads are determined according to funder requirements, model specifications and the frequency of home visits needed

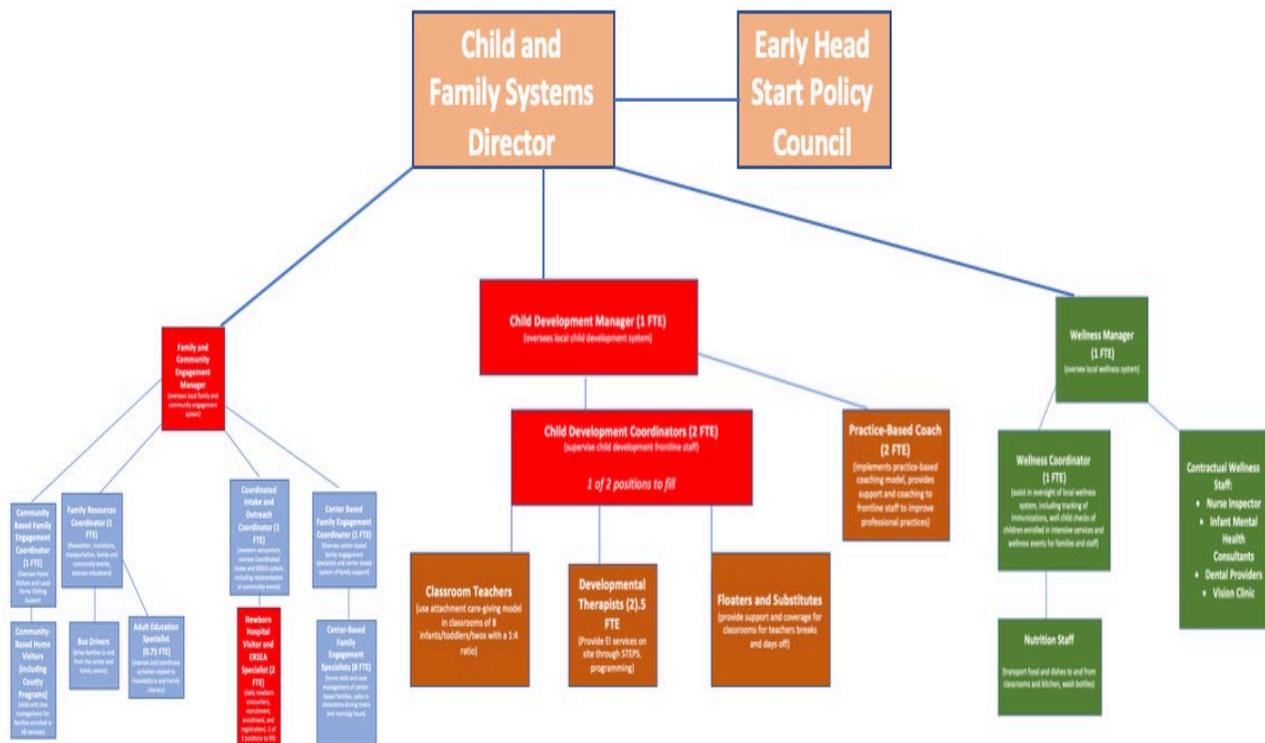
per family. Attention will be made on the number of children on staff caseloads to ensure each family receives quality services.

Staff Overview.

Baby Talk Staff employs 71 staff members including 1 Executive Director, 4- Directors, 7 - Coordinators, 3-Managers (Learning Institute, Office Manager and Family Literacy), 4- Admin Assistants, 15- Classroom Teachers, 6- Teacher Assistants, 2- Substitute Teachers, 1- Data Entry, 2- Assistants, 2- Specialist (Family Engagement and Infant/Toddler), 5- Housekeeping/Kitchen, 7- Home Visitors, 1- Newborn Encounter, 1- Home Visitor Supervisor, 5- Training and Technical, 2- Van Drivers, 1- Developmental Therapist and 2 BT Times . An organizational chart follows.

Figure 1 displays the organizational structure of Baby TALK. The organization chart was rolled out in August 2019 and will be implemented over the next 12 months and as funding allows.

Figure 1: Staff Organizational Chart



Education Staff Qualifications: It is a priority that Baby TALK hire and employ highly qualified staff. All staff hired meet the minimum qualifications required by the funder. The Administration on Children and Families requires that Early Head Start Teachers have a minimum of an Infant/Toddler CDA or Equivalent and that Assistant Teachers have a minimum of a high school diploma or GED. Many Baby TALK classroom teachers hold Bachelor’s degrees in Early Childhood Education. Home Visitors and Family Engagement Specialist must either hold a Bachelor’s degree in education, human services or a related field or a CDA.

PEER REVIEW

In May of 2018 BTEHS received a Peer Review conducted under the auspices of the Administration on Health and Families of the United States Department of Health and Human Services. This report found that the BTEHS program was in compliance with all of the Head Start Performance Standards and regulations from the Head Start Act.

DCFS LICENSE

The Baby TALK Early Childhood Center maintains a DCFS daycare license. An annual review occurs by DCFS. The current license is in effect from February 2017 through February 2020.

ADMINISTRATION AND FINANCES

All grants and awards to include: Early Head Start, ISBE Prevention Initiative, Illinois Secretary of State Family Literacy, are administered by Baby TALK, Inc. The agency has 71 full and part-time staff members and manages several other local programs serving Macon, Shelby and Moultrie counties. Baby TALK also is a provider of a Family Engagement model, approach and home visiting curriculum. Baby TALK trains and provides technical assistance to professionals from all across the mid-west.

PARENT SURVEY

DESIGN AND ADMINISTRATION

As part of the 2019 Community Assessment, BTEHS Management Team developed a survey to gauge parent satisfaction with BTEHS.

The survey design was anonymous and was designed to capture feedback in 5-10 minutes. It had four sections:

1. **About You** – Basic information: Assigned teacher/home visitor
2. **About Baby TALK Early Head Start** – Feedback about the Head Start program and opportunities for parent involvement
3. **About Your Family and Home** – demographics (age, family composition, race, income, education, training)
4. **Additional Feedback and Name/Contact Information if the parent wished to share**

RESULTS

21 families responded to the survey and the results are shown below:

About BTEHS

Please rate the following areas of BTEHS Services. Select one box per line. If you don't know, select the last box (N/A).

	Poor	Could Be Better	Good	Excellent	N/A
a. How was the application process?		1	4	16	

b. How was the enrollment process?		1	4	16	
c. What is the quality of learning opportunities?			6	15	
d. What is the quality of The Family Fun Days and other Special Events?		2	6	13	
e. What is the quality of the Parent Meetings?		2	5	12	2
f. What is the quality and professionalism of the teachers and other staff at BTEHS?		1	3	17	
g. How well does BTEHS staff communicate with you about your child's development?		1	3	17	
h. How well does BTEHS Staff communicate with you about your child's behavior?			4	17	
i. How good is the BTEHS facility in terms of space?		1	10	10	
j. How good is BTEHS facility in terms of conditions?			8	13	
k. How good is the location of BTEHS for your family?	1	1	7	12	
l. How good is BTEHS transportation?	1	1	3	9	7

What do you like about BTEHS? Please circle your answer(s) below. Circle as many as you like.

Center Hours 8	Volunteering at the Center 2	Referrals to other agencies for needed services 5	Home Visits/Parent Conferences 7
Calendar 6	Bus Service 4	Free cost of diapers and food during center hours 12	Home Visits During the Summer Months 6
Family Fun Days 7	Your Relationship with your Child's Teacher/Home Visitor 11	Reminders about my child's health and safety 9	Workshops/Trainings 5
Parent Meetings 6	Friendly Environment 14	Opportunities to Socialize with other BTEHS Parents 5	Other: _____ _____
Policy Council Meetings 2	Center Security 7	Updates on the BTEHS Facebook Page 6	Other: _____ _____

Please check yes or no for the following questions:

	Yes	No
10. Are you currently enrolled in an education or training program?	6	15
11. Are you currently employed?	14	7
12. Do you have a family doctor?	19	1
12. Do you have a dentist?	14	6
14. Do you have children over the age of 3?	11	9
15. Do you own a car or have access to a vehicle?	15	5

16. Do you live close to a city bus line?	17	3
17. Do you ever use public transportation?	9	11

All families enrolled in Prevention Initiative home visiting and center based in 2019 completed the ISBE Parent Questionnaire. Results are as follows:

	Strongly disagree	Disagree	Agree	Strongly Agree
1. I feel good about myself as a parent	2	4	67	112
2. I understand how my child grows	2	3	71	109
3. I know about how to help my child stay healthy	1	3	58	123
4. I take my child to the doctor regularly	2	7	51	125
5. I know how to get my child interested in appropriate play activities	1	2	79	103
6. I am able to respond appropriately to my child even when I am upset	1	3	73	108
7. I am able to keep my child safe	1	1	47	136
8. I encourage my child to move around, explore and play	1	1	58	125
9. I am able to parent even though it can be challenging	1	3	63	118
10. I am able to set appropriate limits for my child	1	2	63	119
11. I know how to show my child love, physical closeness and positive feelings	1	1	45	138
12. I know different ways to respond to my child's needs, emotions and behaviors	1	2	63	119
13. I do activities that promotes brain development (sing, nursery rhymes, toys)	1	1	64	119
14. I know how to get support for me and my child	1	4	73	107
15. I know how to find community resources for me and my child	0	6	76	103
16. Participation in this program has helped me become a better parent	1	5	68	111

The overall results of both surveys demonstrate that Baby TALK services are held in high regard, parents are pleased with what is being currently offered and are benefitting from Baby TALK supports.

2. THE COMMUNITY CONTEXT

This chapter explores the Decatur community, and views it largely from the perspective of young families living below the poverty line. It includes sections on demographics, geographic distribution of low-income households, education/employment/training, and the social context.

DEMOGRAPHICS

ECONOMIC CLIMATE OF DECATUR AND MACON COUNTY

Decatur sits near the geographic center of Illinois. As a city with a history of manufacturing and heavy industry, Decatur’s population has declined steadily over the past two decades, from 94,081 in 1980 to 81,860 in 2000. The population of Macon County has similarly declined, from 131,375 in 1980 to 114,706 in the 2000 Census¹, and to 110,768 as of June 2010 census.² This decrease has been precipitated by the loss of manufacturing jobs and the general aging of the population.

Economic Base. The area’s largest employer is Decatur-based Archer Daniels Midland Company, with 4000 local jobs. The county’s top ten employers in 2019 were as follows:

Table 3: Major Employers³

Firm	Industry	No. Employees
Archer Daniels Midland Co	Agriculture manufacturing	4,000
Caterpillar	Mining	3,100
Decatur Memorial Hospital	Health Care	2,300
Decatur Public Schools	Education	1,800
St. Mary’s Hospital	Health Care	900
Ameren	Utility	650
Tate & Lyle	Agriculture manufacturing	600
Akorn	Manufacturing	500
Mueller	Manufacturing	500
Macon County	City government	500
City of Decatur	City government	500

NOTE: Unless otherwise noted the information reported in the following section is based on data tables from the 2010 United States census report. It is mostly repeated verbatim from that report.⁴

Race and Ethnicity. The population of Macon County is about 84% white and 14% African American. The third largest group is those who identified with two or more races, accounting for less than 2% of the total population. The Asian American and Hispanic/Latino populations are growing, but each group still accounts for less than 1% of the area’s census total.

Table 4: Population by Age and Race⁵

¹ Illinois Department of Commerce and Economic Opportunity.

² <https://www.decaturedc.com/wp-content/uploads/2019/02/Macon-2010-Census-Profile2.pdf>

³ <https://www.decaturedc.com/resources/>

⁴ Detailed tables from the 2010 Census are included in an appendix.

⁵ Tables 4-18 and data analysis in this chapter are based on 2010 U.S. Census tables, except where otherwise noted. Table 4 provides the actual (100%) data in the top row. Aside from that row, all of Tables 4-18 use Sample Data from Summary Files 3 and 4. Sample Data is less accurate than 100% data but it reaches a level of detail needed for this analysis. Also, because the Census makes Hispanic and Latino persons identify with racial groups, the sums for racial groups do not always match the total. In these tables, the term “Latino” includes Hispanics and Latinos, and “Asian” means Asian Americans. Because

	Total	White	Black	Multiracial	Asian	Other	Latino
Actual 100% Data	114,706	95,760	16,130	1,558	657	601	1,120
Sample Data:							
Under 5 years	7,166	5,142	1,482	436	64	41	154
5 years	1,454	1,013	340	88	10	0	0
6 to 11 years	9,639	7,176	2,039	306	79	15	119
12 to 17 years	9,462	7,453	1,702	195	50	58	106
18 to 64 years	66,724	56,868	8,501	631	501	128	592
65 to 74 years	9,004	8,232	721	36	9	6	21
75 years and over	7,623	7,152	428	16	6	21	32
Totals	111,072	93,036	15,213	1,708	719	269	1,024

CHILDREN IN POVERTY

The face of poverty in Decatur is that of young families. Most of these families have female heads of household. An analysis of data from the 2010 U.S. Census demonstrates that in Macon County, poverty strongly correlates with youth. Table 5 illustrates this fact. The overall poverty rate for all age groups is about 15.7%. It is highest (nearly 24%) for children under age 5, and it steadily declines, reaching a low of less than 7% for those ages 65-74 before increasing to nearly 10% for those 75 and older. Clearly, the younger a person is, the more likely that person is to be low-income.

Table 5: Poverty by Age Group

	Below Poverty	Above Poverty	Total	Poverty Rate
Under 5 years	1,699	5,467	7,166	43.3%
6 to 11 years	1,815	7,824	9,639	34.9%
12 to 17 years	1,493	7,969	9,462	25.0%
18 to 59 years	7,623	59,101	66,724	21.9%
60 to 74 years	618	8,386	9,004	9.9%
75 years and over	739	6,884	7,623	12.2%
Total	14,316	96,756	111,072	12.9%

The percentage of the overall population below the poverty line in 2010 was 12.9%, and the percentage of population of those under age 18 who were below the poverty line was 19.2%.⁶ In the 2000 Census, these percentages were only slightly lower: 12.7% for the overall population and 18.9% for those under age 18.⁷

Grandparents are raising a number of young children. The precise number of children in this situation is unknown. The Census reported 1,888 grandparents in Macon County living with grandchildren, of whom 908 were responsible for their grandchildren. Of these, 367 had been responsible for their grandchildren for three or more years. Unfortunately, the data do not disclose how many children were in these homes.

Head Start serves a number of 5 year-old children, most of the tables in this report collapse data for all 0-5 year-old children.

⁶ Based on 2010 income.

⁷ The 2010 figures are from the Illinois Department of Public Health's Illinois Project for Local Assessment of Needs (IPLAN) website at <http://app.idph.state.il.us/data/countyLevel.asp?menu=1> (hereinafter cited as IPLAN).

Gender. There is also a gender gap. Females tend to have lower incomes than males. As we shall see later, this is particularly true when comparing male-headed single-parent households to female-headed single-parent households. But it is also true in the absolute sense: Regardless of family makeup, females are more likely to be low-income than males. Table 6 demonstrates that, with the exception of two age groups, females made up a majority of those in poverty.⁸ Overall, almost 59% of those in poverty – about three of five persons – were female.

Table 6: Poverty by Gender and Age

	Male	Male Pov Rate	Female	Female Pov Rate	Gap
Under 5 years	845	49.7%	854	50.3%	0.5%
5 years	142	43.2%	187	56.8%	13.7%
6 to 11 years	918	50.6%	897	49.4%	-1.7%
12 to 14 years	394	46.5%	454	53.5%	7.1%
15 years	98	39.8%	148	60.2%	20.3%
16 and 17 years	228	57.1%	171	42.9%	-14.3%
18 to 24 years	835	34.8%	1,565	65.2%	30.4%
25 to 34 years	643	41.7%	898	58.3%	16.6%
35 to 44 years	652	37.2%	1,102	62.8%	25.7%
45 to 54 years	538	44.8%	664	55.2%	10.4%
55 to 64 years	252	34.7%	474	65.3%	30.6%
65 to 74 years	196	31.7%	422	68.3%	36.6%
75 years and over	166	22.5%	573	77.6%	55.1%
Total	5,907	41.3%	8,409	58.7%	17.5%

Race. Age and gender correlate with poverty status, but race is perhaps the strongest factor. Although the majority of low-income people are whites, African-Americans are far more likely to be low-income than whites. The following set of tables looks at poverty status in terms of both race and age.

For example, Table 7 shows that whites made up the majority (55.1%) of persons in poverty in the county (there were 7,923 whites below the poverty line, as compared with 5,775 African Americans, 458 multiracial persons, 138 Hispanics or Latinos, and 80 Asian Americans). Yet while blacks made up 40.18% of those in poverty, they constituted less than 10% of those above the poverty line (Table 8). And, overall nearly 38% of African Americans were low-income, as compared with 8.5% of whites, 27% of multiracial persons, 13% of Hispanics and Latinos, and 11% of Asian Americans.

Table 7: Poverty by Race and Age⁹

Below Poverty	White	Black	Asian	Latino	Multiracial	Total
Under 5 years	688	826	0	0	185	1,699
5 years	124	164	0	0	41	329
6 to 11 years	813	917	0	25	68	1,823
12 to 17 years	672	745	15	15	40	1,487
18 to 64 years	4,654	2,759	65	91	110	7,679

⁸ Here is the first of two inexplicable anomalies in the raw census data. In the 16-17 year-old group, males made up 57% of those below the poverty line, while in adjacent brackets they made up only 34-40%.

⁹ These tables include the second inexplicable anomaly. Of the 80 Asian Americans and 138 Hispanic/Latino persons who are below the poverty line, not one of them is age 5 or younger, according to the U.S. Census Bureau.

65 to 74 years	371	238	0	0	9	618
75 years and over	601	126	0	7	5	739
Total	7,923	5,775	80	138	458	14,374
Pct	55.1%	40.2%	0.6%	1.0%	3.1%	
Above Poverty	White	Black	Asian	Latino	Multiracial	Total
Under 5 years	4,454	656	64	154	251	5,579
5 years	889	176	10	0	47	1,122
6 to 11 years	6,363	1,122	79	94	238	7,896
12 to 17 years	6,781	957	35	91	155	8,019
18 to 64 years	52,214	5,742	436	501	521	59,414
65 to 74 years	7,861	483	9	21	27	8,401
75 years and over	6,551	302	6	25	11	6,895
Total	85,113	9,438	639	886	1,250	97,326
Pct	87.5%	9.7%	0.7%	0.9%	1.3%	

Table 8 looks at the percentage of people who were low-income in every age subgroup and racial group. The highest percentage (55.7%) was among African American children under age 5. The next highest group, at 48.2%, was 5-year-old African American children. By stark contrast, the lowest percentage of poverty was among white persons age 65 to 74, with 4.5% (less than one person in 20) living below the poverty line.

Table 8: Percentage of Demographic Group Below Poverty

	White	Black	Asian	Latino	Multiracial	Total
Under 5 years	13.4%	55.7%	0.0%	0.00%	42.4%	23.3%
5 years	12.2%	48.2%	0.0%	N/A	46.6%	22.7%
6 to 11 years	11.3%	45.0%	0.0%	21.0%	22.2%	18.8%
12 to 17 years	9.0%	43.8%	30.0%	14.2%	20.5%	15.6%
18 to 64 years	8.2%	32.5%	13.0%	15.4%	17.4%	11.5%
65 to 74 years	4.5%	33.0%	0.0%	0.0%	25.0%	6.9%
75 years and over	8.4%	29.4%	0.0%	21.9%	31.3%	9.7%
Overall Pct.	8.5%	38.0%	11.1%	13.5%	26.8%	12.9%

The next few tables look at children from birth to age 5 regardless of income. In the 2000 Census, Macon County had 8,729 persons age 5 and under. Of these, 2,028 were below the poverty line and hence income-eligible for Head Start and programming for at-risk children. The following table looks at the racial identity of all 8,729 children age 5 and under. Slightly over 70% of all children age 5 and under were white, and over 20% were African American. Multiracial children constituted 6% of the total, with the two other groups accounting for less than 3% combined.

Table 9: Children 0-5 by Race

	Number	Pct of total
White	6,155	70.5%
Black	1,822	20.9%
Hispanic or Latino	154	1.8%
Asian	74	0.0%
Two or more races	524	6.0%
Total	8,729	

Table 10 looks at the poverty status of children by race. It shows that those identified as “Black” are the largest group of young children in poverty, but they do not make up a majority of persons below the poverty line in the age group. Of the 2,028 children age 5 and under in poverty, 990 (about 49%) were African American, 812 (40%) white, and 226 (11%) multiracial. According to the 2010 Census, the county had no Hispanic/Latino or Asian American children below the poverty line.

Table 10: Children Age 0-5 in Poverty by Race

Below Poverty	Number	Pct of Pov	Pct of total
White	812	40.0%	9.3%
Black	990	48.8%	11.3%
Hispanic or Latino	0	0.0%	0.0%
Asian	0	0.0%	0.0%
Two or more races	226	11.1%	2.6%
Total Below Poverty	2,028		23.2%

Above Poverty	Number	Pct of Pov	Pct of total
White	5,343	79.7%	61.2%
Black	832	12.4%	9.5%
Hispanic or Latino	154	2.3%	1.8%
Asian	74	1.1%	0.9%
Two or more races	298	4.5%	3.4%
Total Above Poverty	6,701		76.8%
TOTAL	8,729		

FAMILIES

The next group of tables looks at **family composition** of households below the poverty line who have at least one child age 5 and under. Table 11 presents data on the family status of children in poverty by race. It presents three types of families:

- Family headed by married couples (These are called “Married Families” by the Census Bureau)
- Single-parent families headed by men (“Families headed by male without wife”)
- Single-parent families headed by women (“Families headed by female without husband”)

Table 11: Family Status by Race of Children in Poverty Ages 0-5

	White	Black	Multiracial	Total	Pct
In married families	296	49	54	399	19.7%
In families headed by male without wife	106	50	0	156	7.7%
In families headed by female without husband	410	891	172	1,473	72.6%
Total	812	990	226	2,028	

This table shows that of the 2,028 children below the poverty line, 1,473 (72.63%) lived in **single-parent families headed by women**. By contrast, fewer than 20% lived in homes headed by married couples, and fewer than 8% lived in single-parent homes headed by men. Of the 990 African American children who were low-income, 891 (90%) lived in single-

parent homes headed by women. By contrast, of the 812 white children who were low-income, only about half (410) lived in single-parent homes headed by women.

Table 12 looks at the same phenomenon from the perspective of the family rather than the child. While the above table counted children, the table below counts **families**. It considers only white and black families. All these families are eligible for Baby TALK at-risk programming on the basis of poverty and having children age 5 or younger.

Table 12: Makeup of Poverty Families with Children Ages 0-5 by Race

	White	Black	Total	Pct
Married-couple family:	175	41	216	19.4%
Male householder, no wife present:	61	15	76	6.8%
Female householder, no husband present:	322	501	823	73.8%
Totals	558	557	1,115	

Interestingly, this table shows that the area had an almost equal number of white and black families in poverty with children ages 0-5 (558 white households and 557 black ones). Of the 557 African American families, 501 (90%) were single-parent homes headed by women. For whites, 59% of the poverty-level households (322 of 558) were single-parent homes headed by women. For both races, single-parent homes headed by men made up a small but significant group: 11% of whites, 3% of blacks, and nearly 7% combined.

Table 13 looks at the makeup of Head Start eligible families without regard to race. The raw total of 1,137 families is slightly higher than the total of 1,115 families in the above table, due to inclusion of 26 families who did not identify as all white or all black.

Table 13: Makeup of Families in Poverty with Children Ages 0-5¹⁰

	Number	Pct.
	29,810	
Total Families:		
Income in 1999 below poverty level:	2,883	
Percentage of families below poverty level	7.3%	
Of families below poverty with children ages 0-5		
Total number	1,137	
Married-couple family:	216	19.0%
Under 5 years only	95	
Under 5 years and 5 to 17 years	121	
Male householder, no wife present:	76	6.7%
Under 5 years only	41	
Under 5 years and 5 to 17 years	35	
Female householder, no husband present:	845	74.3%

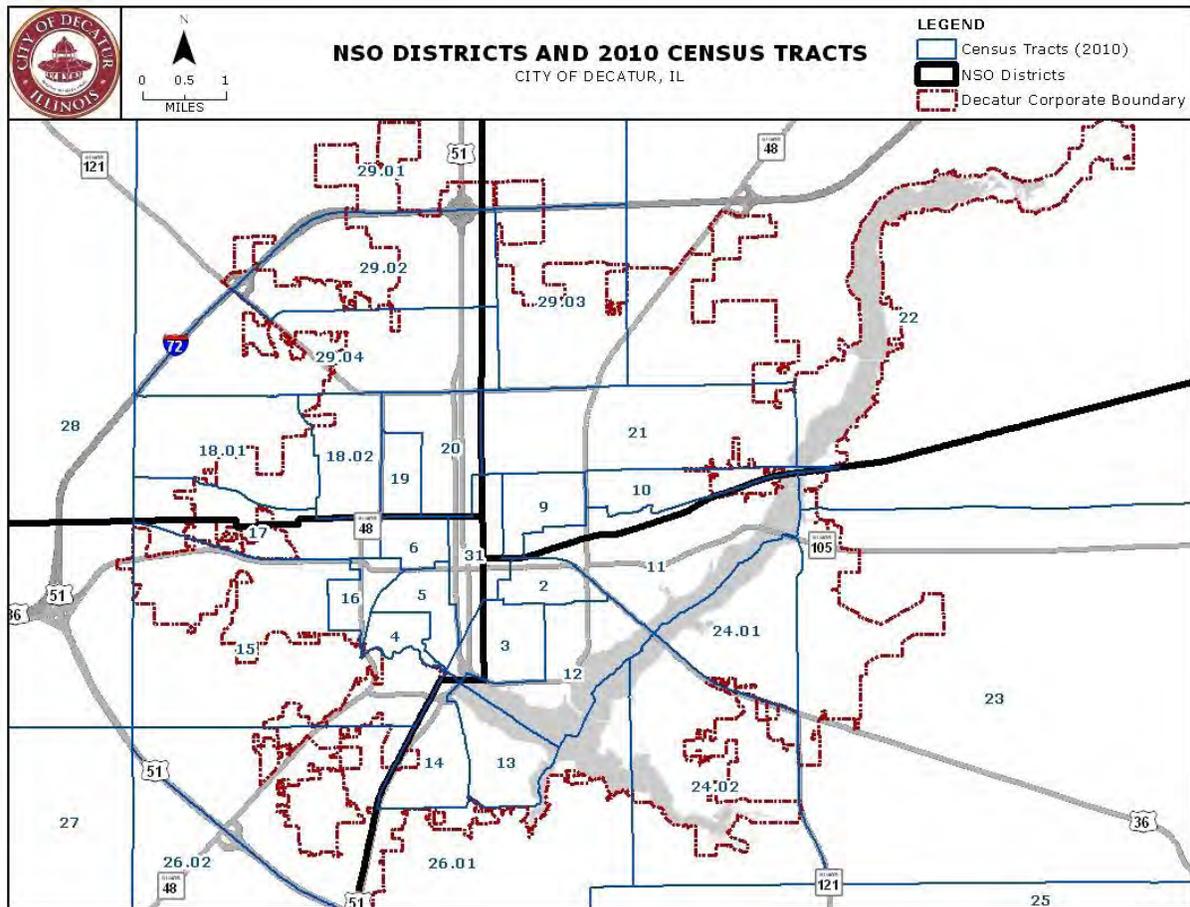
¹⁰ Due to a quirk in the way census data is recorded and tabulated, the above table shows two categories of children's ages for each family type: (1) those whose child or children are all under age 5; and (2) those who have at least one child age 4 or under and at least age 5 or over. Including both categories is the only way to get an accurate count of families with some children age 5 and under. In any event, these categories are summed for each family type. For example, there were 216 married-couple families below poverty who had at least one child age 5 or younger. Of these 216 families, 95 had one child age 4 or younger or all children age 4 and under, and 121 had at least one child age 4 or younger and at least one child age 5 and older.

Under 5 years only	415
Under 5 years and 5 to 17 years	430

This table reinforces the data from the previous tables. Nearly three-fourths (74.3%) of Head Start eligible families were single-parent homes headed by women. About one in five homes (19.00%) was headed by a married couple, and the remaining 6.7% were single-parent homes headed by men.

Note: Figure 3 shows Census tracts for the city of Decatur. It is useful for understanding the next section of this report.

Figure 3: Census Tract Map



GEOGRAPHIC DISTRIBUTION OF CHILDREN IN POVERTY

The next set of tables looks at the geographic location of eligible families. Table 14 (next page) provides the raw number of poverty-level children in each Macon County census tract. For each tract, the table gives the following data:

- First Column: Census tract number
- Second Column: Total population in the tract
- Third Column: Number of persons below poverty
- Fourth Column: Number of persons under age 5 below poverty
- Fifth Column: Number of persons age 5 below poverty
- Sixth Column: Number of persons above poverty
- Seventh Column: Number of persons under age 5 above poverty
- Eighth Column: Number of persons age 5 above poverty

Table 14: Poverty by Census Tract

Tract No.	Total	Below pov	Under 5	5 years	Above pov	Under 5	5 years
Census Tract 1	329	173	21	16	156	9	0
Census Tract 2	3,026	739	111	4	2,287	142	24
Census Tract 3	3,952	979	121	16	2,973	144	31
Census Tract 4	1,351	281	8	7	1,070	74	16
Census Tract 5	3,906	1,544	151	13	2,362	113	21
Census Tract 6	2,413	1,005	98	19	1,408	105	28
Census Tract 7	288	167	10	0	121	7	0
Census Tract 8	1,488	898	196	28	590	73	0
Census Tract 9	2,386	945	111	35	1,441	125	29
Census Tract 10	1,425	308	52	7	1,117	56	11
Census Tract 11	3,801	518	57	33	3,283	211	29
Census Tract 12	2,919	315	14	12	2,604	198	50
Census Tract 13	2,464	85	6	0	2,379	86	60
Census Tract 14	2,433	168	30	5	2,265	117	31
Census Tract 15	4,172	326	50	19	3,846	211	35
Census Tract 16	1,912	315	15	10	1,597	95	19
Census Tract 17	2,308	152	0	0	2,156	136	0
Census Tract 18.01	2,415	28	0	0	2,387	82	32
Census Tract 18.02	2,488	284	26	3	2,204	164	52
Census Tract 19	2,601	537	109	8	2,064	134	15
Census Tract 20	4,233	883	70	15	3,350	127	47
Census Tract 21	2,514	570	91	19	1,944	159	50
Census Tract 22	5,651	312	21	17	5,339	332	93
Census Tract 23	2,687	151	4	0	2,536	147	15
Census Tract 24.01	2,735	86	0	0	2,649	112	12
Census Tract 24.02	5,215	243	51	0	4,972	214	17
Census Tract 25	6,356	247	55	6	6,109	326	71
Census Tract 26.01	4,155	112	5	0	4,043	190	44
Census Tract 26.02	2,000	99	14	2	1,901	85	23
Census Tract 27	2,328	132	4	5	2,196	136	23
Census Tract 28	4,603	231	22	10	4,372	261	43
Census Tract 29.01	2,961	81	0	2	2,880	166	33
Census Tract 29.02	4,809	279	44	0	4,530	242	54

Census Tract 29.03	4,165	597	79	0	3,568	238	34
Census Tract 29.04	5,143	397	52	18	4,746	250	53
Census Tract 30	3,440	129	1	0	3,311	200	30
	111,072	14,316	1,699	329	96,756	5,467	1,125

Most at-risk eligible families – more than 90% of them – live in Decatur, and most of them reside in the 14 tracts that have more than 15% concentration of poverty. This is illustrated in Table 15.

Table 15: Poverty in Selected Census Tracts

	Total	Below pov	Pct	Under 5	5 years	Above pov	Under 5	5 years
Census Tract 1	329	173	52.6%	21	16	156	9	0
Census Tract 2	3,026	739	24.4%	111	4	2,287	142	24
Census Tract 3	3,952	979	24.8%	121	16	2,973	144	31
Census Tract 4	1,351	281	20.8%	8	7	1,070	74	16
Census Tract 5	3,906	1,544	39.5%	151	13	2,362	113	21
Census Tract 6	2,413	1,005	41.7%	98	19	1,408	105	28
Census Tract 7	288	167	58.0%	10	0	121	7	0
Census Tract 8	1,488	898	60.3%	196	28	590	73	0
Census Tract 9	2,386	945	39.6%	111	35	1,441	125	29
Census Tract 10	1,425	308	21.6%	52	7	1,117	56	11
Census Tract 16	1,912	315	16.5%	15	10	1,597	95	19
Census Tract 19	2,601	537	20.7%	109	8	2,064	134	15
Census Tract 20	4,233	883	20.0%	70	15	3,350	127	47
Census Tract 21	2,514	570	22.7%	91	19	1,944	159	50
	31,824	9,344	0	1,164	197	22,480	1,363	291
% of total population		29.4%		3.7%	0.6%	70.6%		
% of total in age group				46.1%	40.4%			
% of total 0-5 age				45.1%				

In these tracts, nearly 30% (29.4%) of the total population was low-income, and **nearly half (45.2%) of the children were low-income**. Not surprisingly, these tracts encompass most of the older central city of Decatur.

The first column of Table 16 lists all census tracts. The second column identifies each tract by general location. The third column gives the number of children ages 0-5 below the poverty line who resided in that tract. The fourth column gives the percentage of low-income children in each tract. The fifth column applies that percentage to current Head Start enrollment. That is to say, for Head Start enrollment to be consistent with the geographic location of eligible children, one would expect to find about seven Head Start students from Tract 1, about 21 from Tract 2, etc.

Table 16: Geographic Distribution of Head Start Eligible Children

	Location	Below Pov 0-5	Pct	Head Start Balance
Census Tract 1	Decatur Downtown	37	1.82%	7
Census Tract 2	Decatur Near SE	115	5.67%	21
Census Tract 3	Decatur Near South	137	6.76%	26
Census Tract 4	Decatur Near SW	15	0.74%	3
Census Tract 5	Decatur Near West	164	8.09%	31
Census Tract 6	Decatur Near NW	117	5.77%	22

Census Tract 7	Decatur Near North	10	0.49%	2
Census Tract 8	Decatur Near North	224	11.05%	42
Census Tract 9	Decatur Near NE	146	7.20%	27
Census Tract 10	Decatur East/Brush College	59	2.91%	11
Census Tract 11	Decatur Near East to Lakeview	90	4.44%	17
Census Tract 12	Decatur SE	26	1.28%	5
Census Tract 13	Decatur South Shores	6	0.30%	1
Census Tract 14	Decatur South Shores	35	1.73%	7
Census Tract 15	Decatur Far West	69	3.40%	13
Census Tract 16	Decatur Near SW	25	1.23%	5
Census Tract 17	Decatur NW	0	0.00%	0
Census Tract 18.01	Decatur NW	0	0.00%	0
Census Tract 18.02	Decatur NW	29	1.43%	5
Census Tract 19	Decatur North	117	5.77%	22
Census Tract 20	Decatur North	85	4.44%	17
Census Tract 21	Decatur NE	110	1.28%	5
<u>Census Tract 22</u>	<u>Oreana, Oakley</u>	<u>38</u>	<u>1.87%</u>	<u>7</u>
<u>Census Tract 23</u>	<u>Long Creek</u>	<u>4</u>	<u>0.20%</u>	<u>1</u>
Census Tract 24.01	Decatur SE/Airport	0	3.40%	13
Census Tract 24.02	Decatur SE/Lost Bridge	51	2.51%	10
<u>Census Tract 25</u>	<u>Mt. Zion</u>	<u>61</u>	<u>3.01%</u>	<u>11</u>
Census Tract 26.01	Decatur South	5	0.25%	1
<u>Census Tract 26.02</u>	<u>Macon</u>	<u>16</u>	<u>0.79%</u>	<u>3</u>
<u>Census Tract 27</u>	<u>Blue Mound</u>	<u>9</u>	<u>0.44%</u>	<u>2</u>
	<u>Niantic, Harristown,</u>			
<u>Census Tract 28</u>	<u>Warrensburg</u>	<u>32</u>	<u>1.58%</u>	<u>6</u>
<u>Census Tract 29.01</u>	<u>Forsyth</u>	<u>2</u>	<u>0.10%</u>	<u>0</u>
Census Tract 29.02	Decatur Far NW	44	2.17%	8
Census Tract 29.03	Decatur Far North	79	3.90%	15
Census Tract 29.04	Decatur Far NW	70	3.45%	13
<u>Census Tract 30</u>	<u>Maroa, Argenta</u>	<u>1</u>	<u>0.05%</u>	<u>0</u>
		2028	100%	376
<u>Non-Decatur Census Tracts</u>		<u>163</u>		<u>30</u>

The priority groups for Baby TALK intensive services programming are Homeless, Teens DCFS involvement, Developmental Delays, SSI, Individual Health Plan, Dual enrolled, and (TANF) below poverty guidelines.

DISABILITIES

The Census does not track disability status for persons under age 5. However, the 2010 US Census reports that about 8% of Macon County citizens age 5-15 had a disability, and over 23% of those between 16 and 20 had a disability.

Table 17: Prevalence of Disabilities by Age and Sex

	Male	Female	Total	Pct
5 to 15 years:	8,855	8,691	17,546	
With a disability:	888	498	1,386	7.9%
Income in 1999 below poverty level	186	145	331	1.9%
Income in 1999 at or above poverty level	702	353	1,055	6.0%
16 to 20 years:	3,587	3,360	6,947	

With a disability:	545	411	956	13.8%
Income in 1999 below poverty level	131	102	233	3.4%
Income in 1999 at or above poverty level	414	309	723	10.4%

Of those with disabilities, the majority were above the poverty line. In the 5-15 age bracket, 1,055 of 1,386 were above poverty, and in the 16-20 age bracket, 723 of 956 were above poverty. More information about disabilities can be found in Chapters 3 and 4.

3. EDUCATION, TRAINING AND EMPLOYMENT

This section looks at educational achievement of BTEHS parents, compared to the adult population as a whole, and then focuses on the schools that graduates will attend in terms of their recent results on academic achievement tests and high school dropout rates.

EDUCATIONAL ACHIEVEMENT OF PARENTS

Table 18, adapted from the US Census, 2010 summarizes educational achievements for the adult (age 25+) population of Macon County by gender.

The following chart shows the educational breakdown of the families enrolled in the Early Head Start grant in 2018-2019. 84% of parent have a high school education or below.

Bachelor's Degree or Beyond	Some College/Associates	High School Diploma or GED	< High School
7	10	57	33
7%	9%	53%	31%

Table 18, adapted from the US Census, summarizes educational achievements for the adult (age 25+) population of Macon County by gender.

Table 18: Educational Achievement of Macon County Adults (General Population)

	Male	Female	Total	Pct
8 th grade or below	1,546	1,710	3,256	4.3%
9 th grade	807	818	1,625	2.2%
10 th grade	1,222	1,477	2,699	3.6%
11 th grade	1,066	1,471	2,537	3.4%
12 th grade, no diploma	1,087	1,448	2,535	3.4%
High school degree or GED	12,955	15,656	28,611	38.0%
Some college, less than 1 year	3,137	4,034	7,171	9.5%
Some college, 1 or more years, no degree	4,758	5,118	9,876	13.1%
Associate's degree	1,733	2,430	4,163	5.5%
Bachelor's degree	4,390	4,158	8,548	11.4%
Master's degree	1,342	1,466	2,808	3.7%
Professional school degree	585	385	970	1.3%
Doctorate degree	273	123	396	0.5%
Totals	34,901	40,294	75,195	100.0%

ADULT EDUCATION

There are two main providers of adult education programs in Decatur which support students to increase their education and improve their employability: Macon Piatt Regional Office of Education and Richland Community College

- Heartland Technical Academy is the technical program in Macon County provided through the Macon Piatt Regional Office of Education. The program serves 14 area high schools. It offers career-oriented training in such areas as auto body repair, building trades, early childhood education, cosmetology and culinary arts, as well as short-term vocational programs to high school students.
- Richland Community College (RCC) operates the largest Adult Education program in the area. RCC offers GED and ESL classes on campus and at satellite sites throughout its catchment area to include the Baby TALK Family Literacy class.

TRAINING PROGRAMS

The primary link to job training programs is the Macon-Dewitt Workforce Investment Solutions program (WIS), the local arm of the federal Workforce Investment Act. Enrollment in WIS training programs is limited to persons who meet qualifications established by federal guidelines, such as displaced workers and low-income youth. Workforce Investment Solutions resources continue to be a viable resource for individuals needing employment training and assistance. Their resource room has 25 computers: resume writing assistance, funding for continued education: copier/fax/phone and labor market information.

JOBS

Unemployment is on the incline in Decatur. The Decatur SMA unemployment rate for August 2012 was 10.5%. In the same month the state rate was 10.0%, and the national rate was 9.5%. In 2007, the Decatur unemployment rate was 7.2%, while the state rate was 4.8% and the national rate was 4.3%.¹¹ Clearly unemployment is increasing fairly rapidly in the nation, a trend echoed in Illinois and Macon County. Many manufacturers, including the large Caterpillar Decatur plant, have adopted tiered wages. A tiered wage structure pays new employees on a lower scale than those working before tiered wages were implemented.

In general, there are fewer opportunities for people to make a living wage and climb above the poverty line. Lower-income adults can look to three areas for job growth, according to the Macon-DeWitt Workforce Investment Board:

- **Health care.** Like most of the nation, central Illinois will experience steadily increasing demand for health care as its population ages. RCC has a robust Allied Health Sciences facility to train students for health careers. Registered Nurses are in extremely high demand, but there is also a need for practical nurses and certified nurse assistants. Outside of the nursing field, openings are anticipated for medical coding specialists and surgical technicians.

¹¹ Bureau of Labor Statistics at www.bls.gov.

- Manufacturing.** Thousands of manufacturing employees are due to retire in the next 5-10 years, creating openings for new workers. Caterpillar has been hiring for the past two years, and openings are also common at ADM and Tate & Lyle. Although many manufacturing jobs have disappeared, many others remain, and the growth areas are in positions requiring technical training beyond a high school diploma or GED certificate. Richland Community College (RCC) provides technical training, and it reports that good jobs are often available for those who complete two or three years of training.
- Transportation and Logistics.** A third area of potential growth includes transportation and logistics. There is an ongoing demand for over-the-road truck drivers, and CDL training can be completed in a matter of months. However, many students are unable to adjust to the long hours and solitarily nature of the work.

ILLINOIS SCHOOL REPORT CARDS

Table 21: 2018 Illinois School Report Card Scores for Macon County Public Schools

ELEMENTARY SCHOOLS

School	Students	% low-income ¹	ISAT (percentile)	rank ²
Warrensburg-Latham Elementary School Warrensburg	475	44.4	 (77.7% meet/exceed)	
Mt Zion Intermediate School Mount Zion	564	20	 (77.2% meet/exceed)	
Mt Zion Elementary School Mount Zion	359	19	 (75.1% meet/exceed)	
Maroa-Forsyth Grade School Forsyth	519	28	 (72.7% meet/exceed)	
Argenta-Oreana School Oreana	964	47	 (67.1% meet/exceed)	
Johns Hill Magnet School Decatur	475	47	 (66.7% meet/exceed)	
Garfield Montessori School Decatur	357	38	 (65.3% meet/exceed)	
Meridian School Blue Mound	456	99.6	 (57.7% meet/exceed)	
Dennis Elementary School Decatur	466	47	 (52.0% meet/exceed)	
Mary W French Academy Decatur	298	77.9	 (57.7% meet/exceed)	

School	Students	% low-income ^e	ISAT (percentile)	rank ^f
			(48.0% meet/exceed)	
Muffley Elementary School Decatur	393	60	 (45.4% meet/exceed)	
Michael E Baum Elementary School Decatur	320	72	 (44.4% meet/exceed)	
Stevenson Accelerated School Decatur	265	77	 (41.6% meet/exceed)	
Oak Grove Accelerated School Decatur	278	73	 (40.5% meet/exceed)	
South Shores Elementary School Decatur	298	69	 (37.6% meet/exceed)	
Parsons Accelerated School Decatur	323	59	 (37.3% meet/exceed)	
Enterprise Elementary School Decatur	263	66	 (33.3% meet/exceed)	
William Harris Elementary School Decatur	256	93.8	 (22.9% meet/exceed)	
Hope Academy Decatur	519	83	 (22.3% meet/exceed)	
Durfee Elementary School Decatur	369	69		
McGaughey Elementary School Mount Zion	396	25.3		

DROPOUT RATES

For Decatur Public Schools, the 2018 4-year dropout rate is 26% and the 1-year dropout rate is 3%.

4. The Social Context

HOUSING

Table 23 provides data on housing conditions of the eligible target population.

The age of housing is a factor to consider. In general, rental housing tends to be older than owner-occupied properties. Low-income people tend to rent older homes than the general population, although the pattern is not as pronounced as one might expect.

Table 23: Age of Rental Housing

	<u>Families below Poverty</u>		<u>Families above Poverty</u>	
	<u>No.</u>	<u>Pct</u>	<u>No.</u>	<u>Pct</u>
Built 1999 to March 2000	0	0.0%	5	0.1%
Built 1995 to 1998	210	5.6%	270	2.9%
Built 1990 to 1994	67	1.8%	203	2.2%
Built 1980 to 1989	416	11.1%	1,121	11.9%
Built 1970 to 1979	574	15.3%	2,176	23.1%
Built 1960 to 1969	537	14.3%	1,356	14.4%
Built 1950 to 1959	530	14.2%	1,412	15.0%
Built 1940 to 1949	491	13.1%	993	10.5%
Built 1939 or earlier	920	24.6%	1,901	20.1%
Total	3,745		9,437	

HOMELESSNESS

The number of families with children led an increase in the number of homeless people counted in Macon County during the annual Point-in-Time Survey in January 2018.

Overall in Macon County, 161 people were counted as homeless this year (2018), compared to 130 in 2017, a 23 percent increase. Of those, 21 were living on the street and the others were in either a shelter or transitional housing. In 2017, there were 20 people counted among homeless families with children, but in 2018 there were 60. These numbers demonstrate a remarkable increase of homelessness in families.

Prevention. A number of programs assist in preventing homelessness.¹² DMCOOC provides assistance with rent, mortgage and utilities. Several other agencies including Dove, Our Lady of Lourdes Catholic Church, Salvation Army, Southern Illinois HIV Care Consortium and St. James Catholic Church, offer similar emergency help. Counseling and advocacy are provided by the Community Investment Corporation’s Housing Counseling program, Growing Strong Sexual Assault Center, Heritage Behavioral Health Center, New Life Pregnancy Center, and the Macon County Veterans Assistance Commission. Three agencies offer legal assistance and representation, Land of Lincoln Legal Assistance Foundation, Dove and Growing Strong.

Shelters, Transitional Housing and Permanent Supportive Housing. The community has 88 emergency shelter beds, 75 beds in transitional housing, and 74 beds of permanent supportive housing. Since the 2004 Community Assessment, the community has added 37 permanent beds, but it has lost 16 shelter beds and 14 transitional beds. According to the Macon County Homeless Council, the community needs another 180 emergency shelter beds, 90 transitional beds and 42 permanent supportive housing beds. There are eight sources of emergency shelter:

¹² Information in the next two paragraphs is adapted from the *2007 Continuum of Care Consolidated Application* of the Macon County Homeless Council.

- Decatur Rescue Mission
- Decatur Family Refuge
- God's Shelter of Love
- Salvation Army
- Water Street Mission
- DMCOE Emergency Houses
- Dove Domestic Violence Program
- Homeward Bound
- Oasis Day Center

Dove manages all transitional housing through Homeward Bound. Homeward Bound is a collaborative interagency project that serves as the focal point of the countywide homelessness continuum of care system. DMCOE is one of the seven partner agencies that oversee Homeward Bound. The others are the City of Decatur, Community Investment Corporation, Decatur Housing Authority, Dove, Heritage Behavioral Health Center, and Neighborhood Housing Development Corporation.

Child Welfare

The Decatur region has a statistically higher percentage of children in DCFS care than state averages.

According to fosteringcourtimprovement.org, 1.5% of children in Macon County (39 out of 24,506 children) in September 2015 were in Foster Care, compared to the state rate of .5%

The 2012 IECAM data of children under the age of 21 were in foster care, 251 in Macon County, 10 children in Douglas County and 15 children in Moultrie County as compared to 15,099 children statewide in care.

The 2015 IECAM data for Macon County, 784 unique children age 17 and under were indicated for child abuse and neglect. The rate was 31 per 1000 children age 17 and under which was the second highest in the state. The BSA, Douglas County 30 children with a rate of 5.8 per 1000 children and Moultrie County had 37 children at a rate of 10 per 1000 children as compared to the state rate of 9.7 per 1000 children.

Health Care

Access to care has been a significant issue for Macon County for some time. However, there are many healthcare organizations and providers that have worked and continue working diligently to address this issue and improve the health the community

Crossing Healthcare is a federally qualified health center that provides primary outpatient healthcare. Since 1972, they have been operating as a non-profit organization serving Decatur and Macon County and striving to make our community a healthier one. Crossing Healthcare provides medical care to men, women, and children of all ages with and without health insurance. They offer different payment options and assistance programs available to better serve those with the greatest need. Crossing Healthcare employs more than 100 people and treats over 17,000 people each year. Over three-fourths of Crossing's patients

(76%) have incomes at or below the federal poverty line, and 100% have incomes within double the poverty line. Closely reflecting local demographics for people in poverty, 49% are African American, 49% Caucasian, 1% Hispanic and 1% Native American and other.

The Macon County Health Department collaborates with Baby TALK for lead, physical, vision and hearing, dental, TB, and hemoglobin screenings.

SIU Center for Family Medicine is another FQHC in Decatur. A wide variety of medical services are provided including prenatal care, pediatrics and family medicine.

Dental Care: Access to dental care for low-income families has been a longstanding challenge in Macon County. A dental clinic at the Macon County Health Department accepts the Illinois medical card. The Health Department refers cases requiring follow-up care and oral surgery to Springfield as of now. In October 2012, Familia Dental Clinic opened in Decatur. They also accept the Illinois Medical Card and partner with Baby TALK. Familia Dental comes on site at least twice a year to offer dental cleanings and exams for all enrolled children and siblings.

AIR AND WATER QUALITY

The environment plays an important role in the health and well-being of our youngest citizens. While by some measures Decatur's environmental quality is improving, by others it lags behind. The Illinois Annual Air Quality Report listed Macon County in three categories:¹³

- The annual reports include air quality data on the six criteria pollutants: particulate matter, ozone, sulfur dioxide, nitrogen dioxide, carbon monoxide and lead, plus heavy metals, nitrates, sulfates, volatile organic and toxic compounds. National Ambient Air Quality Standards (NAAQS) have been established for each criteria pollutant, which define the maximum legally allowable concentration. The 2013 Annual Air Quality Report reflects relatively typical weather conditions compared to the extraordinary weather experienced in 2012. As explained in the executive summary, ozone levels in 2013 never reached the "unhealthy" (red) category, compared to 11 in 2012. **Sulfur Dioxide.** The Primary Annual Standard is 0.03 ppm (parts per million). The Decatur sampling station had highest quarterly samples ranging from 0.016 to 0.033, and an annual arithmetic mean of 0.002. **Particulate Matter Speciation.** The components of fine particulate matter were found to be inorganic elements, ammonium, nitrate, sulfate, elemental carbon and organic carbon.

The county does well with fluoridation of water, with 87.9% of the population using optimally fluoridated water, significantly higher than the state average of 45.6%.¹⁴ The City of Decatur's 2009 Water Quality Report indicates that the water complies with all state and federal drinking water requirements. In June 2002 the City installed a nitrate facility, which was designed to keep nitrate contamination under 10 ppm (parts per million), which is the maximum allowable contaminant level. In 2002, Decatur's level was 11.70 ppm with a range from 1.05 to 13.9. By 2009, the city had reduced its level to 2.5 ppm with a range from 0.11 to 5.0.

¹³ Illinois Environmental Protection Agency, *Illinois Annual Air Quality Report 2012*. September, 2012.

¹⁴ IPLAN (2009 statistics, most recent available).

PUBLIC TRANSPORTATION

The Decatur Public Transit System (DPTS) operates 15 bus routes and a downtown trolley route on a pulse system with buses departing the downtown Transit Center at 15 and 45 minutes past each hour, 7 days a week with varying, convenient hours. Additionally, DPTS provides “Operation Uplift”, a door-to-door paratransit service for individuals who are unable to use the fixed bus system due to a disability. With affordable fees and access for disabled passengers, DPTS allows for a convenient and affordable transportation option. Many persons, especially low-income persons, students and people with disabilities, depend on public transit for basic transportation. The system operates Monday through Friday 5:30 a.m. to 7:15 p.m. and Saturday from 6:15 a.m. to 7:15 p.m. No service is provided on Sundays or major holidays. Fares are \$1.00 for adults, 80 cents for students, and free for seniors, children (under 5) and persons with disabilities. Riders can purchase 20-ride punch cards (\$18.40 adult, \$14.70 student, and \$9.20 seniors/disabled) or monthly passes (\$36.80 adult, \$29.45 student and \$18.40 disabled).

All bus routes radiate from the central business district. Bus stops are located on arterial streets in all neighborhoods of concentrated poverty. Every inner-city address is within three blocks of a bus line, according to the DPTS route map (see appendix). Bus routes run to all major grocery stores, health care facilities, government offices and shopping districts, including the Hickory Point Mall in suburban Forsyth. Free transfers are issued for connections. Transfers are issued only when a fare is paid and are valid only at points where routes intersect. In addition to fixed route service, the City of Decatur also provides Para Transit services to individuals who are unable to access the fixed route system. This service consists of four wheelchair accessible vans and a subsidized taxicab program. ParaTransit service is available during the same hours of operation as the fixed route system. This service operates on a demand-responsive basis.¹⁵

FOOD AND ACCESS TO FOOD

Macon County has eight large grocery stores. The local market is dominated by two chains – Kroger (three stores) and Wal-Mart (two stores plus a Sam’s Club). Of the eight large food stores, three are discount stores.

- | | |
|-----------------------------|--------------------|
| • Aldi Pershing Road | Census Tract 20 |
| • Aldi Airport Plaza | Census Tract 24.02 |
| • Kroger Brettwood Village | Census Tract 29.04 |
| • Kroger South Shores | Census Tract 14 |
| • Kroger Airport Plaza | Census Tract 24.02 |
| • Save-A-Lot | Census Tract 11 |
| • Wal-Mart North/Sam’s Club | Census Tract 29.02 |
| • Wal-Mart Airport Plaza | Census Tract 24.02 |

Several smaller convenience stores are scattered throughout the city and county, including gas stations, liquor stores and chains such as Casey’s. Most inner-city residents are considered to live in a food desert since transportation is required to get to large grocery stores. Families do not have easy access to fresh food or produce.

¹⁵ Decatur Public Transit System (http://www.ci.decatour.il.us/?/dpts/route_schedule.htm).

Lower-income households receive food stamps using the Illinois Link Card, an electronic benefits transfer system that was implemented in 1997. In Macon County, 4389 households received food stamps and 14,753,960 households in the state.¹⁶

Nine emergency food pantries and one soup kitchen serve the area. Of the food pantries, five are located in or near areas of poverty. Three are in Census Tract 1 (downtown), another (Ambassadors for Christ) is in a near northwest neighborhood, and United Harvest is in the Torrence Park area. The four other food pantries are in areas of relative affluence:

- Ambassadors for Christ Census Tract 18.02
- Catholic Charities Food Pantry Census Tract 1
- First Church of the Nazarene Census Tract 29.01
- Good Samaritan Inn (soup kitchen) Census Tract 1
- Harristown Food Pantry Census Tract 28
- Moundford Free Methodist Church Census Tract 29.03
- New Beginnings Church of God Census Tract 29.02
- Northeast Community Fund Census Tract 1
- Salvation Army Food Pantry Census Tract 1
- United Harvest (Reasonable Service) Census Tract 9

5. CHILDREN IN POVERTY (BIRTH TO 36 MONTHS)

The needs of children under age 3 are qualitatively and quantitatively different from older children and adults. In response to concerns for those in their first three years of life who live in poverty, this assessment takes a closer look at their circumstances and needs. This chapter looks at three aspects: Education and Development, Health, and Behavioral Health.

EDUCATION AND DEVELOPMENT

The Decatur area has five agencies/programs that focus on early childhood educational and developmental needs of children who are at risk: Baby TALK, Early Beginnings, Bright Start, MIECHE/igrow and Child & Family Connections.

Baby TALK. Founded in Decatur in 1986, Baby TALK is a nationally recognized model, approach and curriculum focusing on families of very young children. Baby TALK supports the parent-child relationship by “coming alongside” parents in the task of raising their children. Baby TALK is a research and evidence-based model and has been implemented by many Head Start and Illinois state funded programs.

The Decatur based Baby TALK program provides multiple intensive educational experiences for educationally at-risk children and families. All programs monitor the development of children and in collaboration with the family a developmental goal plan is created. Activities and interventions occur so the child has optimal opportunity for development.

Center-based programming:

¹⁶ <https://www.livestories.com/statistics/illinois/macon-county-snap-food-stamp-households>

- Early Intervention services are provided to infants and toddlers with disabilities and delays through STEPS (Success Together Experiencing Play and Stimulation), which includes center-based education, family-oriented activities, therapy (physical, developmental, occupational and speech) and parenting. Sessions are held 2 mornings per week.
- Baby TALK Center-Based education is provided to the most vulnerable families. Enrolled families include those who are homeless, have a parent or child with a disability, is a teen, has experienced substance abuse or has DCFS involvement. Classes are full day, full week during the school year. Home visits occur 12 months per year.

Two-generational programming:

- Foundations Teen Parent Alternative School provides secondary education, parenting, early childhood education, home visiting, mental health services and physical health services to pregnant or parenting young women who are at risk of dropping out of high school.
- Family Literacy provides GED adult education classes to families who have not earned their high school diploma, early childhood education, home visiting, parenting, mental health services and physical health services.

Home-based programming:

- Home visiting takes place in a variety of settings and frequencies all according to the need of the family. The frequency of home visits varies from weekly to twice per month and from 60 to 90 minutes in length. Families participate in case management services, family goal setting and socializations. Populations served include fathers, teens, incarcerated mothers, parents with DCFS involvement, homeless and those with a disability.

Early Beginnings, Bright Start and MIECHV. The three listed programs support vulnerable children and families from birth to age 3 through home visiting programs. The Decatur Public School District operates Early Beginnings, which can serve any family residing within district boundaries. Macon Resources Inc. operates Bright Start, which can serve any family in Macon County, including those in the Decatur Public School District. MIECHV operates out of the Macon County Health Department

The programs are virtually identical in nature. Families are enrolled based on a combination of academic risk factors indicating that the child could encounter difficulties when entering the school system. The programs offer home visits each month, parent-child playgroups, screenings and assessment, parenting supports and classes as well as facilitation of other community services. Over 350 families are served in home visiting in Decatur and the Macon county area.

Child and Family Connections #19. Children who are suspected of having a delay in development are assessed by Child and Family Connections to determine if the child qualifies for therapies and services. A Service Coordinator at CFC works with the family to determine which therapies the child will access and the location of the therapies. Services available to the child are speech, occupational, physical and developmental therapies and case management. Some families choose to receive therapies at the Baby TALK STEPS program or on-site at the Baby TALK Early Childhood Center.

HEALTH

In general, parents and children in Macon County are at somewhat higher risk of health problems than others in the state of Illinois. The Illinois Department of Public Health collects a

large number of statistics measuring health and access to healthcare for mothers and young children. In several scales Macon County numbers are compared to statewide norms.¹⁷ This report presents the statistics in three categories: prenatal, birth and infancy.

PRENATAL

Statistics. Among the most significant findings are these:

- The most current statistics available on smoking in pregnancy Macon county vs. Illinois²¹

Smoking During Pregnancy, Macon County and Illinois (2006)

Factor	Macon County	State of Illinois
Total	22.1%	8.6%
Black	18.3%	10.1%
White	23.4%	8.7%
Other	19.4%	1.5%

State of Illinois, Illinois Department of Public Health, IPLAN Data System

Teen Parents. Illinois Department of Public Health 2015 data shows the Macon County 8.8%, Douglas County 5.5%, and Moultrie County 6.2% rate for teen pregnancies is compared to a state of Illinois rate of 5.6%. *Macon County was ranked in the top 10 counties with the highest teenage pregnancy rates according to the same source in 2007-2008 data.*

The following chart shows statistics of parents ages 19 and under in Fiscal Year 2019.

Number of teen births to teens in Decatur hospitals	Number of Teen Parents Baby TALK served through home visiting or center-based services
125	198

Services. The Macon County Health Department offers free pregnancy testing by appointment. Positive findings result in determinations for eligibility for WIC (Women, Infants and Children) and the Family Case Management Program.

WIC initiates services to women at pregnancy and continues for six months to a year. Children are eligible up to age 5. Eligibility is based on poverty guidelines. The Family Care Management Program serves at-risk persons from pregnancy up to one year after birth. For pregnant women, Family Case Management services include finding physicians, holistic assessments, prenatal education, counseling and referrals. Through its Lead & Genetics Program, the Health Department offers genetic counseling to high-risk clients.

¹⁷ Information in this section is from The St. Mary's Hospital Community Health Needs Assessment 2018

Prenatal care can be obtained at Crossing Healthcare and at SIU Center for Family Medicine. The Macon County Health Department also serves pregnant teens through intensive home visiting.

New Life Pregnancy Center offers parenting classes, free pregnancy tests, and counseling, and a thrift store (Blessings Boutique) that sells items for families with young children such as diapers, infant clothes, bassinets, etc. Families can earn “Care Cash” for attending classes at New Life and use it as currency in the Blessings Boutique.

BIRTH—INFANT MORTALITY RATES

According to the latest IPLAN information for Macon County, there were 1,445 live births in 2006. Of those live births, 73.3% were white, 24.6% black, 1.3% Asian, and .8% other. In the same year, 6.4% of births were to mothers under the age of 18 years old (compared to 3.5% state average). The 2006 infant mortality rate for Macon County (13.1 per 1,000 live births) was nearly double the infant mortality rate for the state of Illinois (7.4 per 1,000 live births). Low birth weight (<2,500 grams) and very low birth weight (<1,500 grams) births are comparable for Macon County and the state of Illinois. However, as shown in the table above, the percentage of mothers who reported smoking during pregnancy is much higher among mothers residing in Macon County than the state average²¹

INFANT HEALTH

To gauge the health of infants and toddlers, the Illinois Department of Public Health maintains statistics in numerous categories, including infant’s positive for cocaine, congenital anomalies, lead blood levels, low birth weight, and low weight for eight.

- In 2001, the most recent year for which statistics are available, Macon County exceeded the state rate for infants who test **positive for cocaine**. The rate measurement is incidence per 10,000 live births. IDPH reports five-year average rates and the average number per year. For the 1991-1995 period, Macon County was much lower than the state, with a rate of 23.8 for the county vs. 93.9 for the state. But for 1997-2001, the Macon County rate rose to 61.7, while the state rate dropped to 44.5.
- Macon County experiences a consistently high rate of **congenital anomalies**. These are also measured per 10,000 live births and reported in five-year averages. For the 2000-2004 period, Macon County’s rate was 563.2, contrasted with the state rate of 397.6. For the 1999-2003 period, Macon County experienced a rate of 516.0, and the state rate was 346.8. The rates of congenital anomalies are increasing; in the 2004 Community Assessment, Macon County’s rate was 535.4.
- Macon County children also experience high **blood lead** levels. The Table 27 shows the Blood Levels in Children from 2015 in Macon County. Deteriorating paint is the primary source of lead poisoning and over two million pre-1978 housing units are estimated to have lead-based paint. Lead exposure routes include: ingestion, inhalation, milk, skin, placenta, and endogenous exposure. The irreversible health effects of lead poisoning include learning disabilities and behavioral problems. According to the Illinois Lead Program 2014 Annual Surveillance Report, “there was an estimated 1.13 million Illinois children ages six years of age and younger” whom tested positive. The blood levels of these children testing positive averaged 2.4 ug/dL; 53% were males and 47% females;

52% were younger than three years of age. Of these children, “82% benefited from programs administered by Medicaid.”

Table 27: Blood Lead Levels in Children (IECAM)

Estimated population of children under age 6 (2010)	Children tested 2011 (see notes for age)	Number of children with elevated BLL (equal to or greater than 10 microg/dL)	Percent of children tested who have elevated BLL (equal to or greater than 10 microg/dL)
9235	1828	35	1.90%

- Macon County has a marginally higher rate of **low-birth weight** infants than the state as a whole. The county had 8.9% low-birth weight infants in 2006, compared with a state rate of 8.6%. Over a five-year period ending in 2006, the statewide percentage of low birth weight ranged from 8.0% to 8.4%, while Macon County’s rate ranged from 9.2% to 10.1%. Macon County also experiences a higher proportion of “Very Low Birth Weight” incidences than the state as a whole: with a range of 1.5% to 2.3% for the county in 2002-2006, against a much narrower range of 1.6% to 1.7% for the state.
- The most recent report for **low weight for height** was for 1996. For the seven year period from 1990 to 1996, Macon County consistently was better than the state average. In 1996, the percentage for Macon County was 2.0%, and for the state it was 2.3%. For the multiyear period Macon County was under the state rate every year by up to 1.8 percentage points.

Services. The Health Department offers a range of services to promote infant health, including programs that start during pregnancy:

- WIC
- Family Case Management
- Lead & Genetics (environmental home assessments following high blood lead findings)
- Healthy Families Illinois

Health Department programs that initiate services after birth include:

- Immunization clinic
- Vision and Hearing Screening (up to age 6)
- Healthworks (medical case management for children in state custody)
- AOK Birth-5 Early Childhood Network (information and referral)
- Car Seat Fitting Station (up to age 8)
- Dental Clinic (by appointment)
- KidCare enrollment (state children’s health insurance plan)
- TB Testing
- WIC
- MIECHV/igrow Home Visiting

Disabilities

The Macon County Mental Health Board assessment identified and ranked five needs for children age 0-3 with developmental disabilities:¹⁸

Estimated Type Need Cost

E1 Increase in Therapy Services \$336,352

E2 Increase in Parent Engagement and Support \$109,665

E3 Increase in Child Care for Children with \$614,497 Special Needs

E4 Increase in Respite Care \$130,452 N5 Initiate Transition Assistance for the \$122,168 “Gap Period”

A. **Social/Emotional** (includes art, music and play therapies): There are currently no County-based therapists providing this service. The Committee estimated that 1 FTE Master’s level therapist is needed to address this need at an expense of \$69,329.

B. **Occupational therapy** that focusses on sensory/spatial needs: The Committee estimated that 1 FTE Master’s level therapist would alleviate some of this need at an expense of \$69,329.

C. **Speech/Language**: The Committee estimated that 1 FTE Master’s level therapist would be helpful in meeting this need at an expense of \$69,329.

D. **Feeding/Nutrition**: The Committee determined that .5 FTE Master’s level therapist specifically trained for this type of therapy is needed. The expense is estimated at \$34,665.

E. **Physical**: The Committee estimated that .5 FTE doctoral level therapist would be a good step towards meeting the unmet need in Macon County. The expense of this therapist would be \$88,700. F. **Developmental**: The Committee concluded that there are enough providers to meet the needs of this age group.

The projected cost of meeting these needs was \$1,175,850.

Breastfeeding Support Group: A monthly breastfeeding support group is held at the Baby TALK location at 500 E. Lake Shore Drive in collaboration with St. Mary’s Hospital.

BEHAVIORAL HEALTH

The FY2015, FY2016, FY2017, FY2018 Macon County Mental Health Board (MCMHB) is an extensive community needs assessment to identify and rank the unmet behavioral health needs of Decatur and Macon County. The needs are arranged by age groups and in three fields: Developmental Disabilities, Mental Health/Mental Illness, and Substance Abuse. For the developmental disabilities area, the MCMHB study has a 0-3 age group. In the other areas, the youngest age group is 0-12.

Developmental Disabilities. The MCMHB assessment identified and ranked five needs for children age 0-3 with developmental disabilities:¹⁹

¹⁸ Macon County Mental Health Board, 2015-18.
Macon/Piatt County Special Education District
<https://www.mpsed.org>

Estimated Type Need Cost

E1 Increase in Therapy Services \$336,352

E2 Increase in Parent Engagement and Support \$109,665

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E. **Physical**: The Committee estimated that .5 FTE doctoral level therapist would be a good step towards meeting the unmet need in Macon County. The expense of this therapist would be \$88,700. F. **Developmental**: The Committee concluded that there are enough providers to meet the needs of this age group.

The projected cost of meeting these needs was \$1,175,850.

Mental Health/Mental Illness. MCMHB ranked ten needs in the area of Mental Health/Mental Illness for the age 0-12 bracket.

Estimated Type Need Cost

E1 Increase in Diagnostic Services \$1,657,100

E2 Increase in Psychiatric/Psychological Services \$521,534

E3 Increase in Family Support \$1,143,121

E4 Increase in Screening and Assessment in \$100,000 Community Settings

E5 Increase in Education, Prevention and Public \$270,286 Awareness

E6 Increase in Therapeutic Services for Victims \$169,329 of Sexual Abuse

E7 Increase in Residential Respite \$181,934

Total **\$4,043,304**

6. CHILD CARE

The Child Care Resource Service (CCRS) is the primary source of data on child care needs. Affiliated with the University of Illinois, CCRS administers state subsidies and tracks child care in six east central Illinois counties (Champaign, Douglas, Macon, Piatt, Iroquois and Vermillion)..

¹⁹ Macon County Mental Health Board, 2015-18.
Macon/Piatt County Special Education District
<https://www.mpsed.org>

The CCRS statistics sort child care providers into two categories:

- Child care centers (called “Centers”). Centers include preschools, school-age programs, park/recreation programs, Head Start, Pre-K and Special Needs programs.
- Family Child Care homes (“FCC’s”)

PROVIDERS AND CAPACITY

Macon County has 39 Centers and 53 FCC’s.²⁰ As could be expected, most of these facilities are in Decatur. Just 10 Centers and 6 FCC’s are in rural Macon County. By comparison, Champaign County, with a population 57% larger than Macon, has 104 Centers and 377 FCC’s, or 4.5 times the number of providers. And Vermillion County, which has a population 73% the size of Macon, has nearly double the number of providers, at 176.

Macon County’s providers have a combined capacity to serve 4,009 children, ages birth to 9 years. Of these spaces, 3,570 are in Centers, and 439 in FCC’s. Table 29 shows the distribution of capacity across the six counties served by CCRS.

Table 29: CCRS Spaces by County

County	FCC Spaces	Center Spaces	Combined Capacity	Pct. of Total
Champaign	3,058	9,037	12,095	53%
Douglas	286	260	546	5%
Iroquois	394	472	866	7%
Macon	439	3570	4009	11%
Piatt	294	317	611	4%
Vermillion	983	1,892	2,875	20%
Total	5,454	15,548	21,002	100.0%

COSTS

The average full-time weekly rate in Centers in Macon County is \$161 for infants and \$117 for preschoolers. The average full-time rate in FCC’s is \$109 for infants and \$100 for preschoolers. The highest average rates in the six-county CCRS region are \$200 for infants in Champaign County Centers, and the lowest average rates are \$83 for preschoolers in Vermillion County FCC’s.

The Illinois DHS has reported that the funds for CCRS are now at a \$300 million deficit and the state has not come up with a solution to find another source of funds to keep regular CCRS payments going out to childcare providers across the state. Without subsidies, child care would be impossible for families in poverty, as illustrated by the following example, based on a family paying for one child at the average rate for infant care in a full-time child care center in Decatur.²¹

Table 32: Child Care Costs as a Percentage of Income

	Annual Income	Weekly Income	Child Costs	CarePct of Income
Family of 4 at 100% of Poverty Level	\$20,650	\$397	\$160	40.3%
Family of 4 at 50% of Poverty Level	\$10,325	\$199	\$160	80.4%

²⁰ Information in this section is taken from the *2012 Annual Report* of the Child Care Resource Service.

²¹ 2009 poverty guidelines are from the U.S. Department of Health and Human Services at <http://aspe.hhs.gov/poverty/10poverty.shtml>

Family of 2 at 100% of Poverty Level	\$13,690	\$263	\$160	60.8%
Family of 2 at 50% of Poverty Level	\$6,845	\$132	\$160	121.2%

Obviously, none of the above families could afford child care. Even in the “best” situation, the family of four living at the poverty level would pay more than two-fifths of their income for child care. And in the worst case, that of a single parent with a child living at 50% of the poverty line, the cost of child care alone exceeds the total household income by \$28 per week.

SUBSIDIES

Subsidies from DHS make child care possible. Child care subsidies are administered by CCRS under contract with DHS. Parents can receive sliding scale subsidies for child care if they meet certain income guidelines. Child care can be subsidized for work hours and time needed for transportation. Families can receive subsidies even though they are well above the poverty line. For example, a family of four can make up to \$36,192 per year, or 175% of the poverty line.

In addition to income restrictions, the program has other categories of eligibility: Parents who are in certain training and education courses can receive subsidies if DHS approves the coursework or it falls within DHS guidelines. College students must work 10 hours per week or have 20 hours of fieldwork.

The maximum subsidy is based on the age of children, level of care, location of care, and hours of care per week:

- DHS pays more for children under 30 months of age.
- DHS has three levels of care: *Licensed and Licensed Exempt Day Care Centers* (“Day Care Centers”) *Licensed Day Care Homes and Licensed Group Day Care Homes*, (“Day Care Homes”), and *Licensed Exempt Day Care Homes, Non-Relative in Child’s Home, and Relative* (“Others”). Centers receive higher subsidy payments than FCC’s.
- DHS pays more in urbanized counties. Rates in the 6-county Chicago area are highest, up to 39% higher than Macon County. The next highest are a group of 17 counties, most – but not all – of them larger than Macon County. Macon County is in the lowest-paid group, which consists of the other 79 counties in the state.
- DHS pays exactly twice as much for full-time care as for part-time care. Part-time care is defined as less than five hours per day, and full-time care is defined as 5 to 12 hours per day. For 12 to 17 hours, DHS pays 1.5 times the full-day rate, and for 17 to 24 hours it uses double the full day rate.

The maximums are subject to a required co-payment by parents. This co-payment varies with family size, number of children in child care, and income. The minimum co-payment is one dollar per week for one child in care for a family with annual income of about \$4,000, and the maximum is \$88 per week for a family of seven earning \$48,000 per year with six children in care. If a parent chooses a provider that charges above the state’s authorized rate, the parent is responsible for paying the difference.

IDHS is considering making changes to the way CCRS money is distributed. The state of Illinois currently has a \$30 million deficit in CCAP funding and has not reached a solution on

how to pay out existing charges. Some suggested changes include no longer funding childcare for children over 6 years of age, or no longer funding childcare for parents who are in school.

ExceleRate Illinois ExceleRate Illinois is a statewide quality rating and improvement system designed to make continuous quality improvement an everyday priority among early learning providers. The program establishes standards for helping infants, toddlers and preschool age children develop intellectually, physically, socially and emotionally. It provides a framework for early learning professionals to identify opportunities for improvement, increase their skills and take steps to make positive changes. Early learning providers can earn recognition for their quality by being assigned either a Green Circle of Quality (DCFS Licensed Only), A Bronze, Silver or Gold Circle of Quality based on the number of criteria a program meets.

7. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

The data in this report lead to six major conclusions:

1. Baby TALK programming fills an important role in the community and it will be needed far into the future.
2. Baby TALK has done a remarkable job of developing systems that promote best practice and exceed all expectations outlined in the Head Start Performance Standards, the Head Start Act, DCFS Daycare Licensing Standards, Illinois Early Learning Standards and ISBE Prevention Initiative Standards.
3. Baby TALK programming makes a special effort to form trusting relationships with families, to “come alongside” families and has been very thoughtful in how to engage and connect with a population that is traditionally very difficult to serve.
4. There continues to be a tremendous need for additional high-quality developmental programs for children under the age of 3. The need is greatest for additional for center-based slots.
5. Parenting and pregnant teens continue to be a population in need of support and resources.
6. Systems will be created in order to serve the increasing populations of families with DCFS involvement.

NEED FOR BABY TALK PROGRAMMING

The information gathered in this report confirms that Baby TALK programming, resources and supports are needed in the Decatur region to serve families with the greatest need. Its staff shows dedication and passion for the families served and Baby TALK has been successful in recruiting and serving the neediest families. Baby TALK is held in high regard by the parents enrolled in programs and Baby TALK, Inc. has a great local reputation for the high quality services it offers.

RECOMMENDATIONS

Based on the data and findings, the following recommendations are offered:

- Baby TALK continues to offer the high level of quality services to families in the Decatur region.
- Baby TALK continues to seek additional funding to expand services to vulnerable families in the Decatur areas.
- Baby TALK will increase targeted efforts to recruit families with parents who are less than 19 years old and with families with DCFS involvement.
- Baby TALK will unify services provided to pregnant and parenting teens so that families remain engaged and receive the resources needed.

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