



ECRC Advisory Council Meeting
March 19, 2024

1



Welcome

Please share your name, organization, title, and share what common task you often postpone.

Bienvenido

Por favor, comparte su nombre, organización, título y qué tarea común pospone con frecuencia.

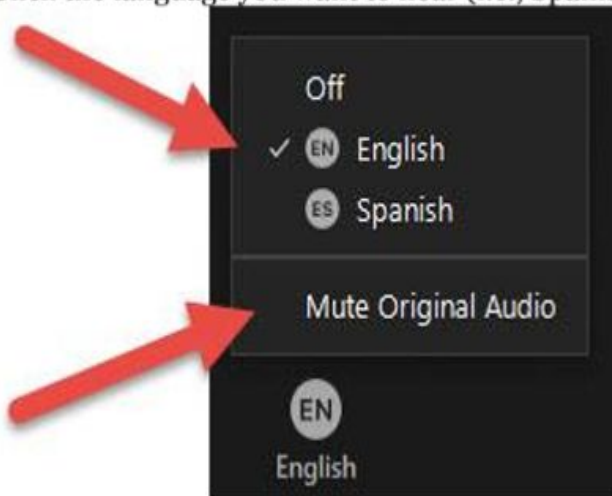


We Have Spanish Interpretation Tenemos Interpretación de Español

1. Click the **Interpretation globe** icon at the bottom of the screen.



2. Click the language you want to hear (i.e., Spanish).



3. Click "**Mute Original Audio**" to silence all other languages.

A Escuchar en Español:

1. Haga click el icono del globo
2. Elegir "Spanish"



Agenda

1. Welcome
2. ECRC Executive Committee Update
3. Partner Updates
4. Upcoming Events
5. Closing Remarks
6. Adjourn

ECRC Executive Committee



Recent activities:

- Participated in strategic planning workshops about the future focus of ECRC

What's up next...

- Review and share feedback on the draft strategic framework action plan for ECRC



Strategic Framework Timeline

Timeline	Action
February 29	Brainstormed key actions
March 2024	Review draft of actions & refine with the Executive Committee
April 2024	CoSpero to share draft strategic framework
May 2024	Executive Committee provides feedback on the strategic plan
May 2024	Final strategic plan delivered
June 2024	Final plan presented to Advisory Committee





Welcome New Executive Committee Members!



Marquinta Thomas

VP Community Impact
Illinois Action for Children



Cindy La

Director of Children & Youth Services
Chinese American Service League

Legislative Update

Jonathan Doster



March 2024

Spring 2024 Legislative Session

Illinois Policy Team





Today's Agenda



- FY25 Budget Overview
- Department of Early Childhood
- Advocacy Opportunities

**Send us your questions or
comments through email at
advocacy@startearly.org**

FY25 Budget Request - Advocates

- **Early Childhood Block Grant (ECBG) – ISBE**
 - \$75 million increase (11.1% over FY24)
- **Child Care – IDHS**
 - \$160 million increase (27.6% over FY24)
- **Home Visiting (HV) – IDHS**
 - \$5 million increase (21.8% over FY24)
- **Early Intervention (EI) – IDHS**
 - \$40 million increase (25.7% over FY24)

FY25 Budget Proposal – Pritzker Admin

- **Early Childhood Block Grant (ECBG) – ISBE**
 - \$75 million increase (11.1% over FY24)
- **Child Care – IDHS**
 - \$158.5 million increase (27.3% over FY24)
- **Home Visiting (HV) – IDHS**
 - \$5 million increase (21.8% over FY24)
- **Early Intervention (EI) – IDHS**
 - \$6 million increase (3.8% over FY24)

Additional FY25 Budget Requests

- **Early Childhood Access Consortium for Equity (ECACE)**
 - \$5 million in state General Revenue Funds (GRF)
 - Advocates asked for \$60m in GRF
- \$12 million proposal to establish a child tax credit for families currently eligible for the state's Earned Income Tax Credit (EITC) with children under the age of three
- **Department of Early Childhood**
 - \$13.2 million in state GRF for operational costs

New Department of Early Childhood

- **Executive Order 2023-09:** “Manage Preparation for the Consolidation of Early Childhood Education and Care Programs into a New State Agency”
 - Issued October 2023
 - Fully Operational: Fiscal Year 2027 (July 1, 2026)

SB1 (Lightford) and HB5451 (Canty)

- Bills to authorize the creation of the Department of Early Childhood

Ways to Engage with the Transition

- Transition Advisory Committee (TAC)
- Bimonthly Transition Update and Listening Session
- For more info: <https://oecd.illinois.gov/events/list.html>

Advocacy Opportunities

- Stay in touch with IPT
 - Join our email list: <https://give.startearly.org/secure/illinois-policy-email>
 - Follow the Illinois Policy Team Twitter: @EarlyEdIL
 - Email us: advocacy@startearly.org
- Stay in touch with Raising Illinois
 - Sign up at <https://www.raisingillinois.org/>
 - Follow @RaisingIllinois on Facebook and Twitter

#AdvocateECE on social media throughout Advocacy Day on April 16th

- Registration coming soon!

Birth to Five

Edna Navarro-Vidaurre



Every Child Ready Chicago

March 19, 2024

Edna Navarro-Vidaurre Regional
Council Manager– IA
enavarrovidaurre@birthtofiveil.com

Region I-A (City of Chicago)

Regional Council Manager: Edna Navarro-Vidaurre

Regional FACE Specialist: Jacquelyn Ledezma

Regional Administrative Assistant: Socorro "Coco" Hinojosa



Edna Navarro-Vidaurre



Jacquy Ledezma



Coco Hinojosa

Third Quarter Updates

- Family and Action Councils completed **Action Plan** based on 2025 Early Childhood Regional Needs Assessment.
- Focus areas:
 - Recommendation #1: Build upon the Chicago Early Learning centralized online application system to include and streamline all ECEC and related program offerings. In addition to the online platform, community hubs for in-person one-stop-shop services will be established including a plan to provide families coordinated intake support which will connect them to all the programs they are eligible for and provide "warm referrals" to comprehensive wrap-around services.
 - Recommendation #2: Create and advocate for comprehensive funding plans that will be shared with appropriate agencies with the goal of leading to an increase of 0-5 programming, increasing staff compensation, and ECEC (Early Childhood Education and Care) Community Collaborations.
- Launch Mental and Behavioral Health
- Next steps:
 - Wait for IDHS review and approval (TBA end of April/beginning of May 2024)
 - Community meeting (June 2024)
- Want to get involved in supporting implementation? Please email **enavarrovidaurre@birthtofiveil.com**

Fourth Quarter Goals

- Complete Chicago's Mental and Behavioral Health Landscape assessment and produce final Report (Council input, focus groups, interviews, etc)
- Disseminate the Action Plan during June's community meeting
- Recruit Action Council and Family Council members. Focus on partnerships on cross-systems that also support families (health, business, faith based, child welfare, etc.)
- Community Outreach (attend community events to raise awareness, facilitate presentations, etc)
- Support [Chicago Early Learning](#)'s Enrollment efforts
- Support [Every Child Ready Chicago](#)'s Strategic Planning
- Support Chicago's ECE Community Collaboration Research Initiative
- Support [EC – REACH](#) research agenda
- Support [CECIDS](#) data efforts
- Support Chicago's Early Childhood Block Grant RFP process (TBD)

Get Involved!

Stay in touch!

- Contact Edna enavarrovidaurre@birthtofiveil.com or 509-595-2552
- Sign up to receive newsletter: <https://www.birthtofiveil.com/regionla/#subscribe>
- Join our Facebook Group Birth to Five Illinois: Region 1- A& www.birthtofiveil.com/regionla

Resources:

- [Region 1-A Website](#)
- [Region 1-A Early Childhood Regional Needs Assessment](#)
- [Region 1-A Addendum](#)



We are reimagining a more equitable Early Childhood Education and Care system that respects family and community voice and works to ensure it is centered and prioritized at every level of decision-making in Illinois.



Edna Navarro-Vidaurre



Jacquelyn Ledezma



Coco Hinojosa

Region 1-A encompasses the City of Chicago.

Get Involved!

We want to hear from more community members in Region 1-A! Use the QR codes below to read our Early Childhood Regional Needs Assessment, sign up for our newsletter & join our Facebook group.



Report



Newsletter



Facebook Group



www.birthtofiveil.com/regionla



Q&A

Thank you!

Contact info:

Edna Navarro-Vidaurre

enavarrovidaurre@birthtofiveil.com

309-593-2552

3110 W. Armitage

Chicago, IL 60647





PARTNER UPDATE

Chicago Department of Public Health

Jennifer Cooper Facilitator

Alexandra Sontag Co-Facilitator



Understanding Measles For Schools

Chicago Department of Public Health
Youth Settings Team- Disease Control Bureau
March 2024

Last Updated: 3/19/2024

★ What is Measles?

- A highly contagious and acute viral disease. Outbreaks occur when unimmunized people become infected and infect others who are not immune.
- Also called rubeola.
- Spreads easily and can be serious, even fatal. 200,000 deaths per year occur, mostly children.
- **It can be prevented with the MMR vaccine.**



★ Signs and Symptoms

Because measles was declared eliminated in the US in 2000, many providers may never have seen measles in person. The disease generally progresses as follows:

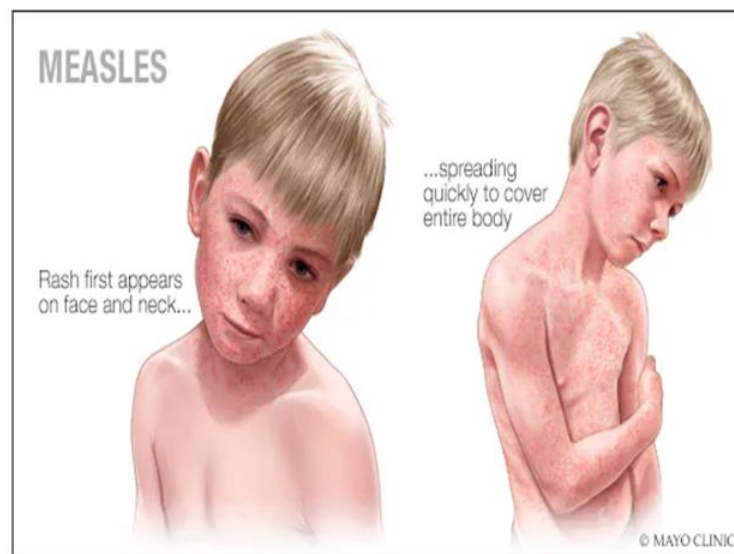
1. Fever (100.4°F or above) & 3 Cs (Cough/Coryza/Conjunctivitis)
2. 2-3 days later, **Koplik spots** (if they occur)
3. 3-5 days after first symptoms - Measles rash begins.
 - This a **flat red rash** generally begins at the hairline and spreads downward reaching the hands and feet last.
 - Rash occurs concurrently with fever, which may spike high near the time of rash onset.

Rash can appear like other childhood illnesses such as roseola, Fifth's disease, and Kawasaki disease



★ Transmission

- **Incubation period** : 11-12 days (average 14) but can last up to 21 days.
- **Contagious period**: from 4 days **before** until 4 days **after** rash onset.




 Contagious period is 4 days before through 4 days after rash onset.



Rash onset day



Infectious period

2024 MARCH						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12 	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

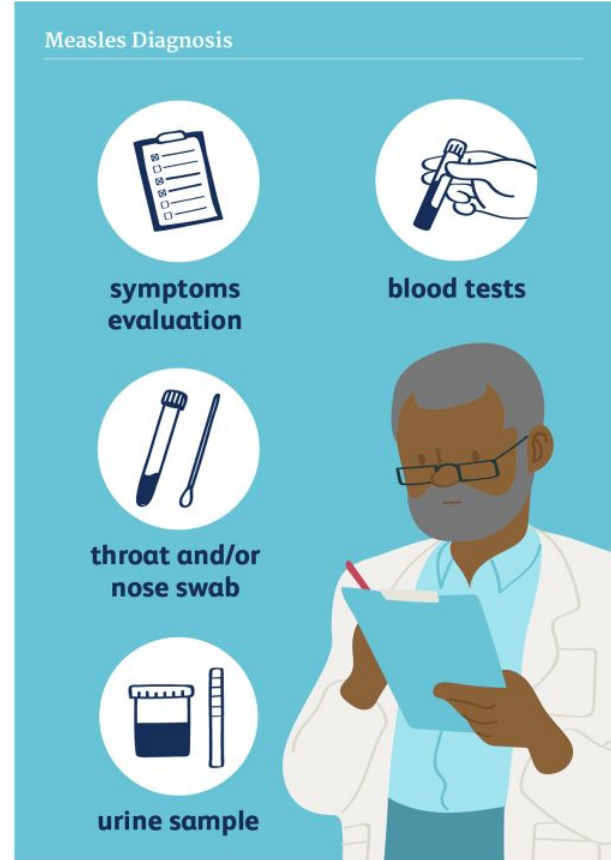
★ Transmission

- **Airborne** – measles virus can remain in the air for 2 hours after the infectious person has left the space.
 - Breathing small particles containing the virus floating in the air. When coughing and sneezing, the virus is spread into the air making anyone who is not vaccinated with the MMR vaccine susceptible to measles.
- Up to 90% of people exposed who are not immune will become infected.



★ Diagnosis

- Throat or nose swab for PCR testing
 - Ideally collected within 3 days of rash onset when patient has a fever
 - Testing should be done at a public health lab; it normally takes 24-48 hours to receive results.
- Serology (blood test) may also be used to confirm the diagnosis



Treatment

- No specific treatment
- Only symptom management, such as fever reducers
- Rest, fluids

Measles

IT ISN'T JUST A LITTLE RASH



Measles can be dangerous, especially for babies and young children.

Measles Can Be Serious



About 1 out of 5 people who get measles will be hospitalized.




1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.



1 to 3 out of 1,000 people with measles will die, even with the best care.

★ What Do I Do with a Lab-Confirmed Case?


- Exclude for **at least 4 days** after the start of the rash.
- **Notifications**
 - Do **not** send any notification to families until you have been directed to do so by CDPH
 - CDPH will need to verify the case before notifications are sent out
 - CDPH will share the notification letter to be sent by the school
- **Reporting**
 - **A single measles case is required to be reported as soon as possible and within 24 hours**
 - CDPH will work with school officials to respond



MEASLES

is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.

It is so contagious that if one person has it, **9 out of 10 people** of all ages around him or her will also become infected if they are not protected.



The infographic features a large red silhouette of a person on the left, representing the index case. To its right are two rows of smaller yellow silhouettes. The top row contains five figures, and the bottom row contains five figures, for a total of ten yellow figures representing those who become infected. In the top right corner of the infographic is the CDC logo.



Close Contacts- Post-exposure Prophylaxis (PEP)- *Timing matters!*

- People without immunity to measles, including infants six months or older, may be given the measles **vaccine within 72 hours of first exposure** to the measles virus to provide protection against it.
- **Immune globulin** can be given within 6 days of first exposure to people who meet specific criteria: under 12 months of age, susceptible people less than 66 lbs, severely immunocompromised people, susceptible pregnant people





Student Close Contacts–Exclusion Criteria

Susceptible contacts:

- Any exposed students that cannot prove immunity must be **excluded from school for 21 days** after exposure.



Proof of immunity to return to school:

- Documentation of **1 or more doses*** of measles-containing vaccine on or before their exposure
- Lab evidence of immunity (titer with positive IgG)
- Lab confirmation of previous infection

*Receipt of a second dose is highly encouraged and can be given 28 days after the first dose

EXCEPTION: Previously unvaccinated individuals can return to school if they can receive the vaccine **within 72 hours of their first exposure.**



What If I Suspect that a Student in School Has Measles?


- **Are all of the following true?**
 - Does the student have **fever AND rash** at the same time?
 - Has the student had a connection to a **known case of measles**?
 - Does the student **NOT** have documentation of **at least 1 dose** of MMR?
 - If they have any doses, please record the dates.
 - If a student has at least 1 dose of MMR, they do **not** need to be excluded but should be evaluated by a provider per standard return to school protocols.
- **What To Do Next:**
 - Immediately place the student in a private room with the door closed, and if possible, the windows open, while waiting for pickup. Mask the student, call parent for immediate pick up to follow up phone call to seek their healthcare provider.
 - Ensure that student supervision is performed by someone who has documented immunity against measles.
 - When the student leaves the building, they should be escorted to a side door as far away from the rest of the student population as possible, and especially as far away as possible from any high-risk students (such as hallways used by pre-K students or immunocompromised students).
 - Close the isolation room to the rest of the student population for a minimum of 2 hours after the ill student left. Perform routine disinfection protocols using an EPA-approved product.

Prevention

VACCINATION!


- MMR Vaccine
 - 1 dose on or after 1st birthday for pre-K
 - 2 doses required for all grade levels K-12.
- It is a live attenuated vaccine
- The measles vaccine is used to prevent measles at any age.
- The MMR vaccine works incredibly well—35 times less likely to get measles than someone with no immunity.
- This vaccine is **HIGHLY** effective (1 dose 93%, 2 doses 97%) in preventing measles.
 - Data shows that 3/100 fully vaccinated people can get measles if exposed though it is often a milder disease course.

Protect your child from measles



Measles is still common in many parts of the world. Unvaccinated travelers who get measles in other countries continue to bring the disease into the United States.

Give your child the best protection against measles with **two** doses of measles-mumps-rubella (MMR) vaccine:




1st dose at
12-15 months

2nd dose at
4-6 years

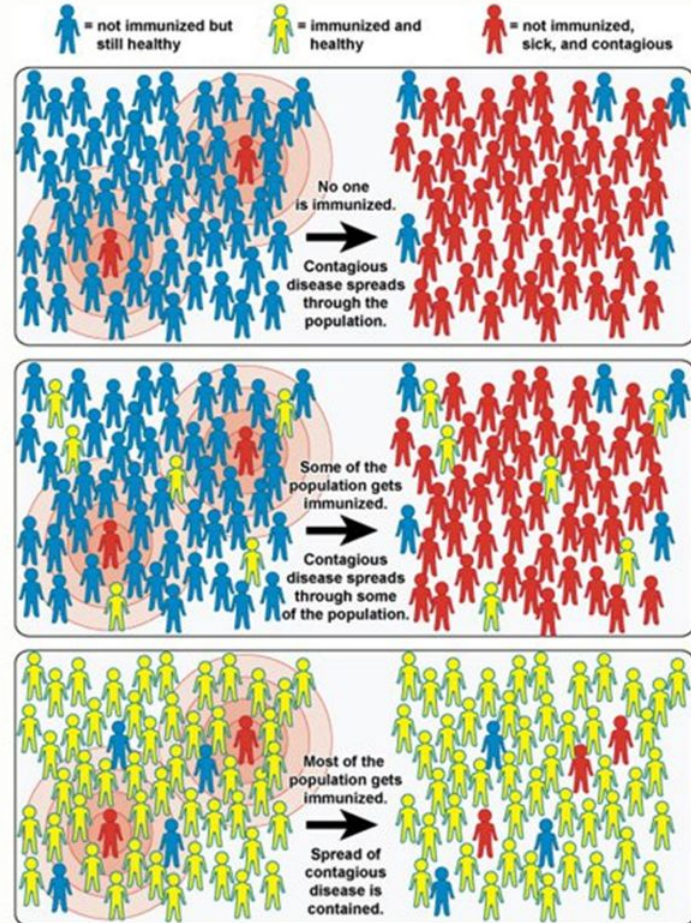
Traveling abroad with your child?

Infants 6 to 11 months old need 1 dose of measles vaccine before traveling abroad. Children 12 months and older should receive 2 doses before travel. Check with your pediatrician before leaving on your trip to make sure your children are protected.



Herd Immunity

- **Herd Immunity:** the indirect protection from an infectious disease that happens when a population is immune through vaccination or previous infection
- For measles, herd immunity is 95%
- **Having all eligible persons around a young infant be vaccinated with MMR is the most important measure to protect young infants and the immunocompromised from measles**



Where Families Can Access the MMR Vaccine

- Their healthcare provider
 - FQHCs:
Findahealthcenter.hrsa.gov
- Pharmacies (depending on age)
- CDPH Immunization Clinics
- VFC (Vaccines For Children Clinic)

Greater Lawn Immunization Clinic

4150 W. 55th Street

Monday - Friday

8:00 am - 3:00 pm

312.745.1477

Appointments:

- Walk-ins welcome, but registration is highly encouraged
- Create an account and register for an appointment at getvaxchi@chicago.gov or by calling 312.745.1477
- For assistance, email getvaxchi@chicago.gov.

Register

Uptown Clinic

845 W. Wilson Ave., 2nd level

Monday, Wednesday, and Friday

8:00 am - 3:00 pm

Tuesday and Thursday

9:00 am - 4:00 pm

312.742.3227

Appointments:

- Walk-ins welcome, but registration is highly encouraged
- Create an account and register for an appointment at getvaxchi@chicago.gov or by calling 312.742.3227
- For assistance, email getvaxchi@chicago.gov.

Register

Lower West Clinic

1713 S. Ashland Ave.

Thursday and Friday

8:00 am - 3:00 pm

312.743.1198

Appointments:

- Walk-ins welcome, but registration is highly encouraged
- Create an account and register for an appointment at getvaxchi@chicago.gov or by calling 312.743.1198
- For assistance, email getvaxchi@chicago.gov.

Register



Vaccination and Measles Resources

Vaccines

- [Vax Verify](#)
- [Vaccines For Children \(VFC\)](#)
- [VFC Illinois Provider Search](#)
- [CDPH Immunization Clinics](#)
- [FQHC Finder](#)

Measles Resources For Families

- [CDC-4 Things Parents Need to Know About Measles](#)
- [CDC-Measles FAQ](#)
- [CDC-Measles Educational Information and Posters](#)

★ General Infection Prevention

- Encourage people to **stay home when sick** and remain home until symptoms are improving and **fever-free for at least 24 hours** (without fever reducer)
- Encourage **good hand washing** and cough/sneeze hygiene
- **Increase ventilation** (open windows, go outside as much as possible)
 - Air filters
- Regular **cleaning and disinfection** of frequently touched surfaces
- Encourage students and staff to be up to date on all recommended **vaccines**



Thank You!



[Chicago.gov/Health](https://www.chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)

Illinois Action for Children

Marcia Stoll

HIGHLIGHTS: Research on Child Care for Children with Disabilities

Experiences of Families & Child Care Providers

Marcia Stoll

Assistant Director of Research, Illinois Action for Children



sylvia cotton
center for research
& policy innovation

powered by illinois **action** for children

Project Background

Problem: Families continue to face difficulties finding and keeping child care for their children with disabilities or developmental delays.

Project Goals:

- To better understand parent and provider experiences related to child care for children with disabilities
- To inform ways IL can invest in its child care system so children can access care regardless of their abilities

Method: Surveys of parents and child care home and center providers in Chicago or the Chicago area in summer 2023



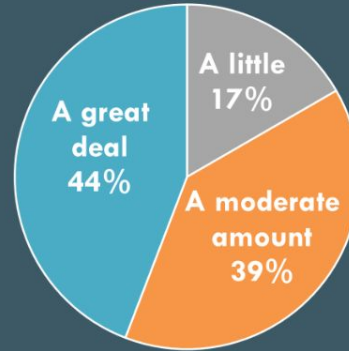
Who Responded to Our Parent Survey?

121 Parents:

- Most recruited through Illinois Action for Children's child care referral program
- 52% Chicago & 48% suburb
- 75% were single parents
- Child age:

0 to 2	19%
3 to 5	47%
6 to 12	34%

Amount of extra adult support their children need in daily life



Parent Experiences Finding Child Care

Parents' most recent search

- **85% said their child's disability made finding care more difficult**
- **Only 50% were able to find care**

Top problems with finding care:

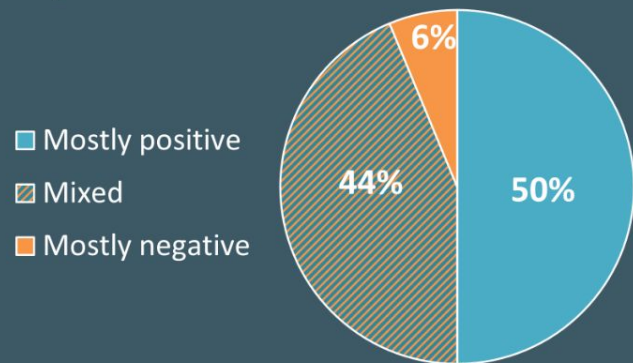
- Providers unwilling to enroll a child with a disability
- Providers do not have enough training
- Providers do not have enough staff
- Providers not equipped for specialized needs
 - g-tube feeding
 - older children in diapers
 - seizure medication
- Child was enrolled but asked to leave soon after

“Child care centers ghosted us after learning of my child's disability.”

“At [age] 4 no daycares wanted her with a diaper.”

Parent Experiences Using Child Care

Parent's Overall View of Child's Care Experiences



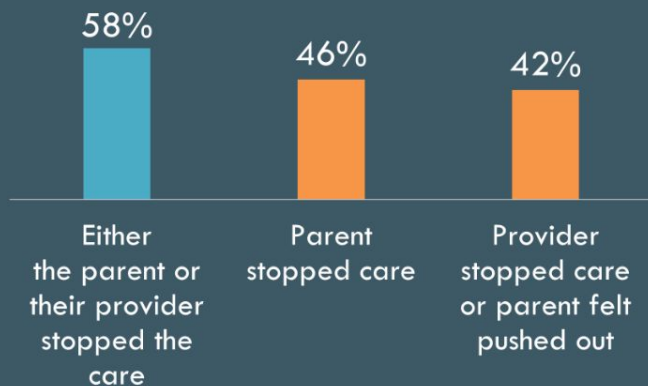
Parents valued providers who:

- Were caring & patient
- Were willing to try caring for their child even without having experience
- Helped their child integrate with other children
- Supported their child's development
- Had good communication with parent

"They don't get frustrated and don't give up on her."

"Our child has learned so much from being in day care, and can now read and communicates better, and even started eating more, which has been a challenge since birth."

Yet Many Parents Have Had Child Care Experiences that Did Not Work Out



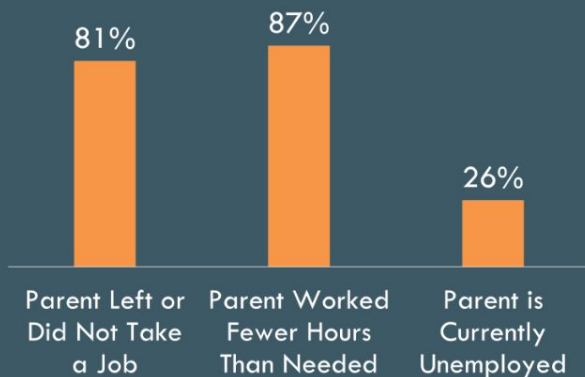
What parents wish was different about their child care

1. Providers better prepared
2. More patience and respect for their child
3. More staff

“When he struggled with sensory overload, feeding issues and such, they complained and were not compassionate.”

“I feel like he is just being babysat and they are not able to work with him on the things he struggles with.”

Impacts of Child Care Difficulties on Families



Financial Impact of Lack of Child Care

- Loss of income
- Inability to pay bills & do things they'd like for their children
- Homelessness (7 parents)

Other Impacts

- Parent stress & worry
- Poor physical health/ Lack of rest
- Stress on their marriage
- Children lost out on social opportunities

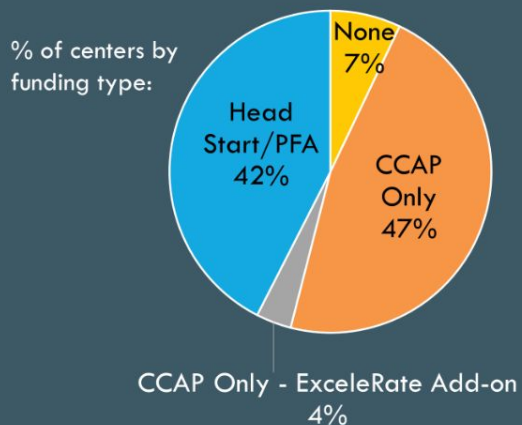
“Well we are homeless....I would get to work and they would be calling me to come and get him.”

“My son is affected because he makes friends and then later when he has an episode is removed from the programs.”

Who Responded to Our Provider Surveys?

98 Chicago Child Care Centers (21%)

Good mix in terms of size, for-profit status, location and funding



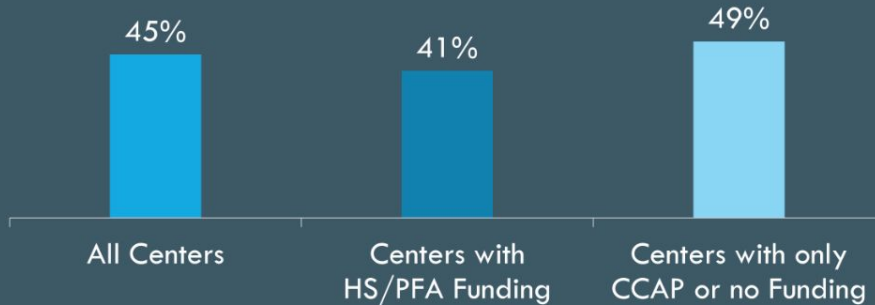
356 Chicago Licensed Home Providers (27%)

- 74% have at least one assistant
- 81% in the field for 10 years or more
- Most have CCAP kids; 10% receive ExceleRate/Head Start/PFA funds

Programs that said they could not serve a child

because unable to accommodate the child's needs

In the past year:



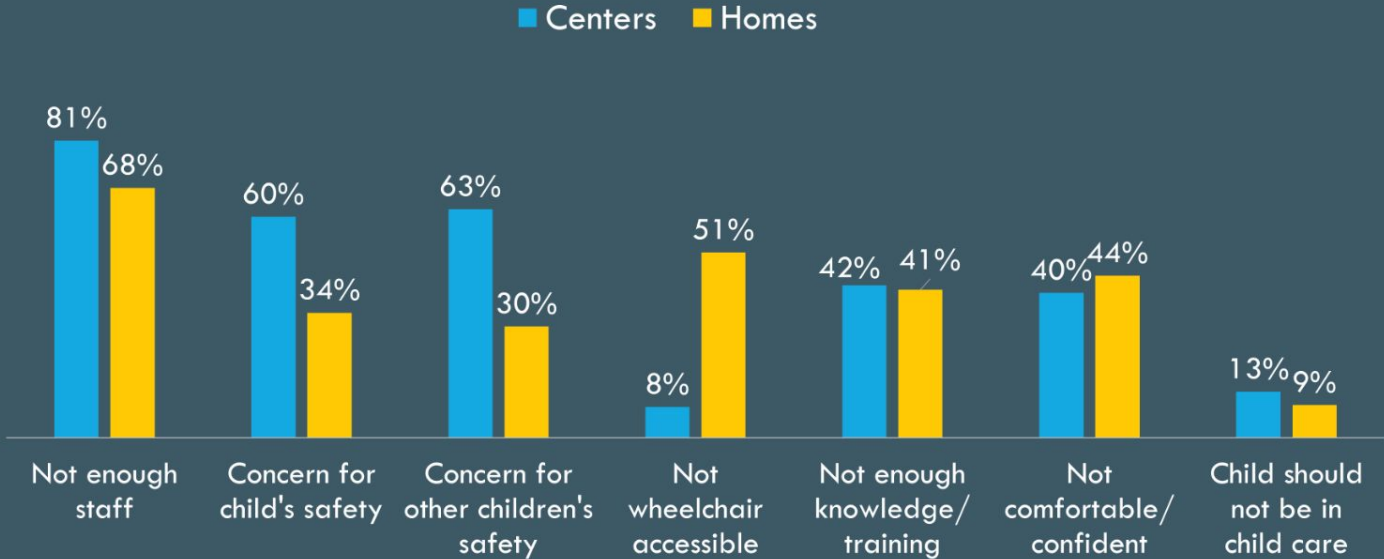
Ever:



“We are not equipped to do certain things like wound care for a wheelchair-bound child or tube feedings for the child.”

“The child required someone to always be with him...He would bang his head on the floor, run off, or hurt other children.”

Reasons Providers Could Not Accommodate a Child



Providers' Staffing Challenges

Impact of not having additional staff:

- Families are turned away
- Children not receiving optimal amount of support
- Providers burning out
- Some programs reducing number of children enrolled, which means less income

Providers wish they had:

- Enough staff to meet children's needs
- Staff with qualifications (which is even less affordable)
- Additional specialized staff: e.g. social worker, occupational therapist

"It can be overwhelming and tiring to assist children with behavior or special needs all day for long hours [and] not have proper consistent help."

"We need a person that has specialized training, especially with children with behavior issues. An extra set of hands is nice but not enough."

Providers' Training Challenges

Challenges

- Cost of training limits providers' options
- Cannot afford classroom substitutes
- Providers have different degrees of success in finding training
- Trainings not specific or practical enough

Option of on-site coaching or support appealed to providers

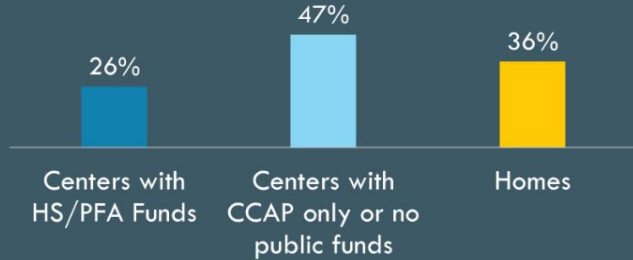
- More specific to the child and situation
- Better learning style for some caregivers
- Get real-time feedback
- Especially useful when a child first enrolls or is diagnosed

"...The difficulty comes in finding exact answers to the questions I need answered."

"...Having to figure out how to incorporate an actual plan with only the knowledge that you have from a video."

Providers' Ability to Afford Equipment & Facility Changes

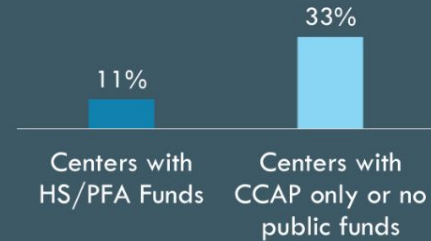
% of providers that could not purchase materials needed



Examples:

- Adaptive playground equipment & larger strollers
- Communication tools for non-verbal children
- Sensory tables/toys
- Weighted blankets, compression shirts, headphones
- Special seating

...that could not make facility changes



Examples:

- Adding ramps
- Adding wall rails
- Widening doorways
- Expanding physical space/ making classrooms larger

Provider Challenges with Connecting Children to Services

including Early Intervention and Early Childhood Special Education

- Parents not willing to get child evaluated or don't follow through with services.
- Families' long wait times for evaluations and services
- Providers need more information to refer a family
- Providers see EI and ECSE providers as resources & wish for improved collaboration
 - More sharing on child's progress and strategies
 - ECSE services delivered at their program

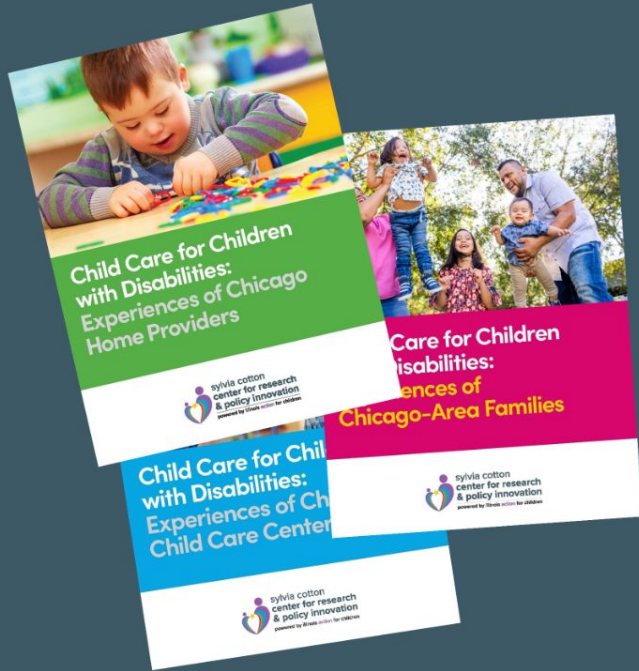
“Families are hesitant and afraid. They fear a child will be labeled. They may still be in the denial stage”

“They could send the service providers to our sites to conduct the services and share feedback with the child's teacher.”

Thank you!

Contact: Marcia Stoll
stollm@actforchildren.org

Reports will be released in early April at:
www.actforchildren.org/about/research-data/reports





Upcoming Events

- Chicago Early Learning Conversations with the Chief - **March 21, 4-5pm**
- Early Childhood Advocacy Day - **April 16**
- City-Wide Cross Training - **April 23**



Interested in State Updates?

The Transition Advisory Committee (TAC) supporting the development of the State Department of Early Childhood. These meetings are open to the public.

Next TAC Meeting: **April 16, 5:30-7:30pm**

Next bi-monthly Transition Update and Listening Session: **May 15**

Use this [survey](#) from the Governor's Office to share your thoughts and feedback about the transition process.

Find other upcoming events on the [GOECD website](#).



Next Steps

1. Our next ECRC Advisory Council meeting will be May 28th

Thank you for joining

Every Child Ready Chicago Advisory Committee Meeting.

Agency

Presenter

ECRC Executive Committee

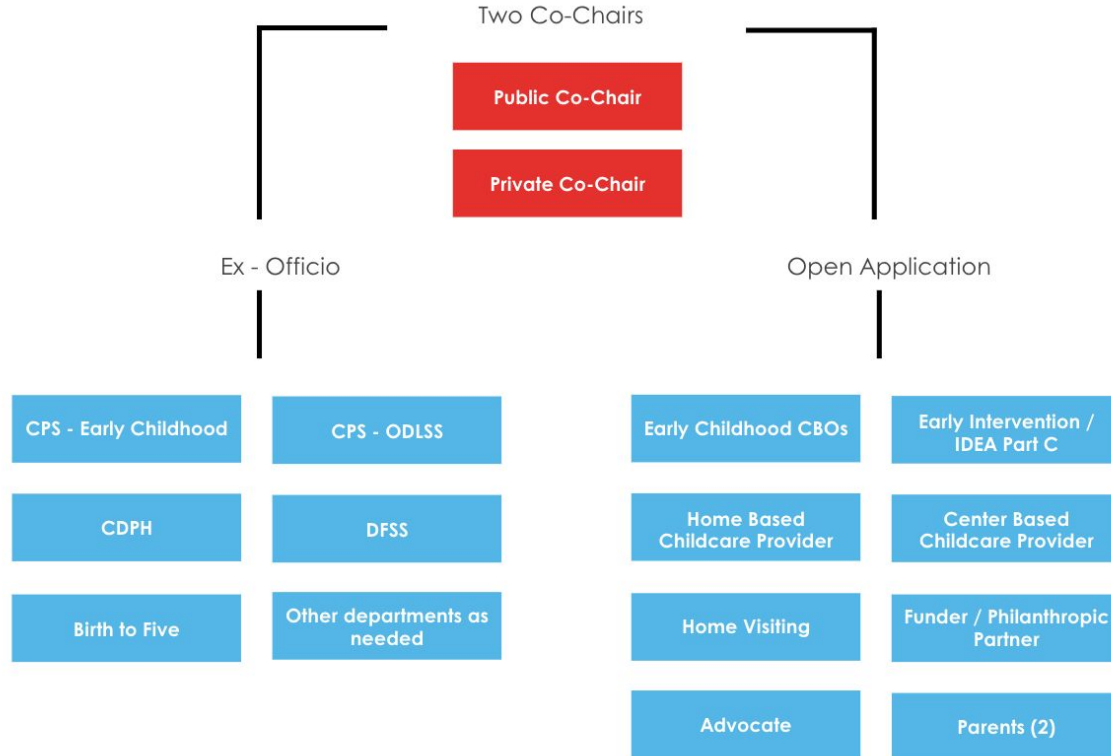
Executive Committee Members are responsible for stewarding the work of Every Child Ready Chicago (ECRC) forward.

The Executive Committee exists to provide strategic leadership and direction to ensure the sustainability of the ECRC Advisory Council and that it is meeting its purpose and role.





ECRC Executive Committee Structure





Eligibility Criteria

To be eligible to participate in the ECRC Executive Committee, one must:

- Have previous experience with ECRC or other early childhood related collective impact initiatives
- Live or work within the city of Chicago
- Knowledge of and/or experience with Chicago's early childhood programs and services





Member Responsibilities



Key responsibilities of the ECRC Executive Committee members are:

- Serve up to two renewable one year terms (average of 5-7 hours a month)
- Participate in community events and functions held or planned by the committee
- Regular attendance at all ECRC and Executive Committee's scheduled meetings
- Participate in succession planning activities



Selection Process

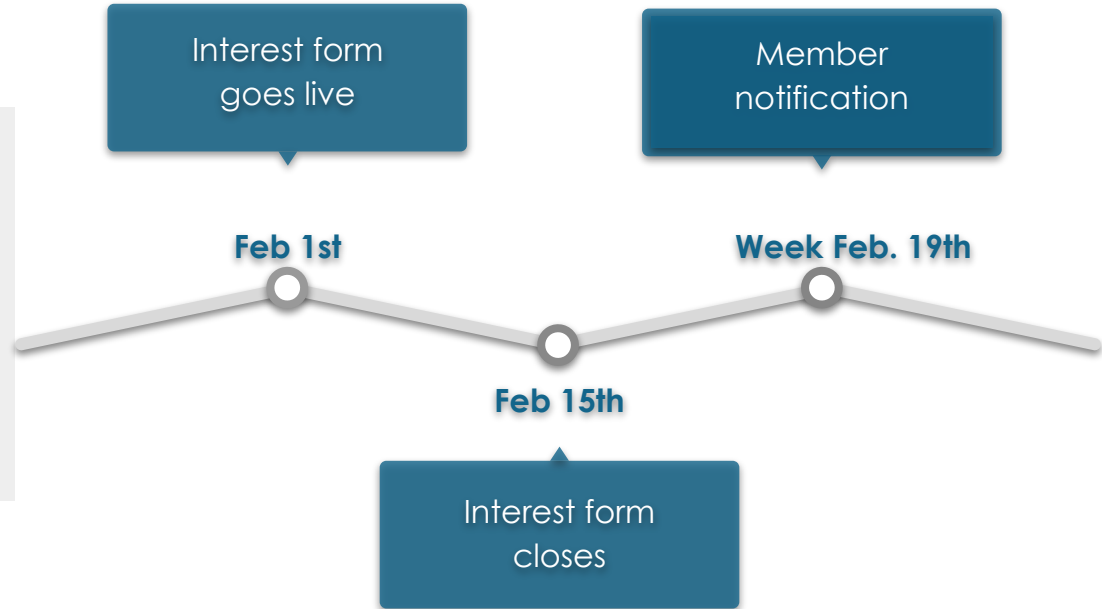
1. Submit interest form
2. If there are more applicants than available seats:
 - a. Co-chairs will make executive decision on who is selected **OR**
 - b. Create a “selection committee” of volunteers to rate applicants via rubric to identify final members



Current Openings & Timeline

Current Open Seats:

- 2 CBO's
- 1 Early/Head Start Recipient
- 1 Philanthropic Partner





Block Grant Listening Session

Action	Timeline
✓ Host first community engagement listening session	Dec 12 - 13
✓ Synthesize listening session findings	Dec 14 - Jan 10
✓ Share insight report with ECRC Exec Committee	Jan 12
✓ ECRC Exec Committee meet to discuss insights + surface questions/concerns	Jan 25
★ City of Chicago discuss findings & possible improvements	Jan 19 - 31
City of Chicago finalize funding administration decision	Feb 1 - 15
<i>Postponed – last community engagement session</i>	<i>TBD</i>