Illinois' Early Childhood Innovation Zones: A New Model for State Policy?

Bradford R. White, Carol E. Colaninno, Mimi Doll, and Holly Lewandowski

ABOUT THE AUTHORS

Bradford R. White is the Associate Director at the Illinois Education Research Council.

Carol E. Colaninno, PhD, is an assistant research professor at Southern Illinois University Edwardsville.

Mimi Doll is a consultant with the Illinois Education Research Council.

Holly Lewandowski is a consultant with the Illinois Education Research Council.

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Introduction

This report is an evaluation of efforts made by Illinois Action for Children (IAFC), with oversight from the Illinois Governor's Office for Early Childhood Development (OECD), to test, support, and facilitate innovations in the early childhood system in 11 communities across the state. The Early Childhood Innovation Zones (IZ) initiative, funded by Illinois' Race to the Top-Early Learning Challenge (RttT-ELC) grant from the U.S. Departments of Education and Health and Human Services, was designed to spur experimentation with new systemic strategies for increasing the number of children from priority populations enrolled in high quality early learning programs. As described in logic model in Figure 1, the IZ initiative provided support to organizations working with young children in underserved communities to build their capacity to implement systemic strategies for improving two primary outcome measures: 1) enrolling and serving more children (birth to kindergarten) from priority populations in ECE; and 2) increasing the participation in and ratings on the state's quality rating and improvement system (QRIS), ExceleRate Illinois, which measures quality of programs across four domains: teaching and learning, family and community engagement, leadership and management, and qualifications and professional development of staff.

Each IZ was directed by a lead agency and core team of local early learning professionals. IAFC worked with these teams to build capacity using an approach guided by decision theory, psychology of habits, change management, and implementation science. With training, coaching, and technical assistance from IAFC, each zone engaged in a systems change framework using small experiments and action learning cycles to develop community-wide strategies for reducing and eliminating obstacles and creating pathways for the advancement of these two goals.

Background

Illinois' early childhood system brings together early learning, health and mental health, and family support and engagement to improve outcomes for children and families. Early learning experiences include: family child care; center- and school-based early education services; home visiting; family, friend, and neighbor care; early intervention in natural environments; and special education services. The IZ initiative was designed to develop and test innovative models for seamless, high quality early childhood systems at the local level. Zones were challenged with weaving together multiple streams of early learning funds into a coherent system at the local level. These funding sources included federally-funded Head Start programs, state-funded Preschool for All programs, and the Child Care Assistance Program (CCAP), which provides low-income and employed families with assistance in accessing quality child care (Illinois Department of Human Services, n.d.).

The zones were also charged with targeting their work toward identifying and serving children from priority populations, those considered to be most vulnerable to multiple risk factors that may hamper future educational success. These populations were defined as: homeless children; children of teen parents; children in the state's Department of Children & Family Services (DCFS) system, including those children in foster care; children with disabilities; children in poverty and deep poverty; and children whose families are linguistically isolated and experience other effects of isolation based on language. Families and children from these groups tend to have limited information about benefits or accessibility of early learning programs, experience transportation barriers, work unpredictable hours conflicting with traditional childcare service hours, experience food and housing insecurity, and traditionally mistrust institutions or governments based on previous experiences (All Families Served Subcommittee, 2013).

Although these were the identified priority populations, not all zones had the objective or capacity to target children in each population. For example, one zone explicitly targeted families with children living in poverty and deep poverty, while another focused on families who are linguistically isolated. Furthermore, not all communities include children from every priority category, and many children may be categorized within multiple priority populations. For example, a child could be both homeless and linguistically isolated.

The Innovation Zones

Program development and implementation occurred in two rounds, referred to as cohort 1 and cohort 2. Cohort 1 began the program in fall 2013 and cohort 2 began their work in spring 2015. Cohort 1 included seven communities selected by OECD to serve as the initial communities for innovation, whereas those communities in cohort 2 were asked to submit proposals and were selected after applications were reviewed by IAFC in consultation with a group of state level reviewers.

The OECD invited and selected communities to serve as IZs. These communities were selected based on the number and concentration of high needs children, the quality and number of care providers, and the presence of established and emerging community collaborations centered on early learning (IAFC, 2015). Of the 11 communities selected to be IZs, five are in Chicago communities, including Altgeld-Riverdale, Austin, Englewood, North Lawndale, and Pilsen/Little Village. Four zones are in northern Illinois, but outside of Chicago, including the Cicero, Aurora, Elgin, and Thornton Township (the south suburbs of Cook County). Although each of these communities is unique, they can be characterized as densely populated neighborhoods, although some are experiencing episodes of depopulation. Zones in the greater Chicago area (the Chicago zones plus Cicero

IACF Supports and Activities

Provide all of the following supports in the context of the conceptual model for systems change (see framework elements in next column)

Make expectations clear at start of work (recruitment, orientation)

Train collaboration leaders on selected model and methods. Provide guidance on data collection and data use for planning & process improvement.

Facilitate peer learning to exchange goals, challenges & strategies

Coach leaders as they implement strategies. Coaching includes review of submitted reports and data

Find or provide outside resources to address specific needs (e.g., outside training, research, making connections

Elevate barriers found by the community to higher-level decision-makers

Short-Term Outcomes

Framework elements are implemented:

1. Diverse perspectives engaged to understand current conditions
   - Identify root causes, data analysis or system scan
2. Systemic thinking used
   - Make sense of data, prioritize for collective change, design strategies that are feasible, and match root cause of problem, design from the user's experience
3. Changes implemented effectively; incubate change
   - Small wins, small experiments, iterative cycles
4. Adapted quickly
   - Utilize continuous action learning, feedback loops, pivot or preserve

[Strategies themselves will be systems-changing to different extents, ranging from low (traditional outreach, pop-up preschools) to high (coordinated intake or enrollment pipelines)]

Intermediate Term Outcomes

Child Outcomes
Increased enrollment of children from priority populations

Program Outcomes
Improved program quality—ExeleRate (# Gold & # moved up)

Community Outcomes
Collaborations routinely use active learning cycles to solve emerging or new problems (i.e., framework for short-term outcomes becomes routine)

Systems Outcomes
Professionals work more collaboratively to accomplish their work and solve problems (e.g., collaborate for child recruitment, share waiting lists, participate in communities of practice)

Organizations change normal processes to achieve collective impact (e.g., improve referral systems, data systems, scripts for use with clients, etc.)

Long-Term Outcomes

Children begin kindergarten safe, healthy, eager to succeed and ready to learn (State vision)
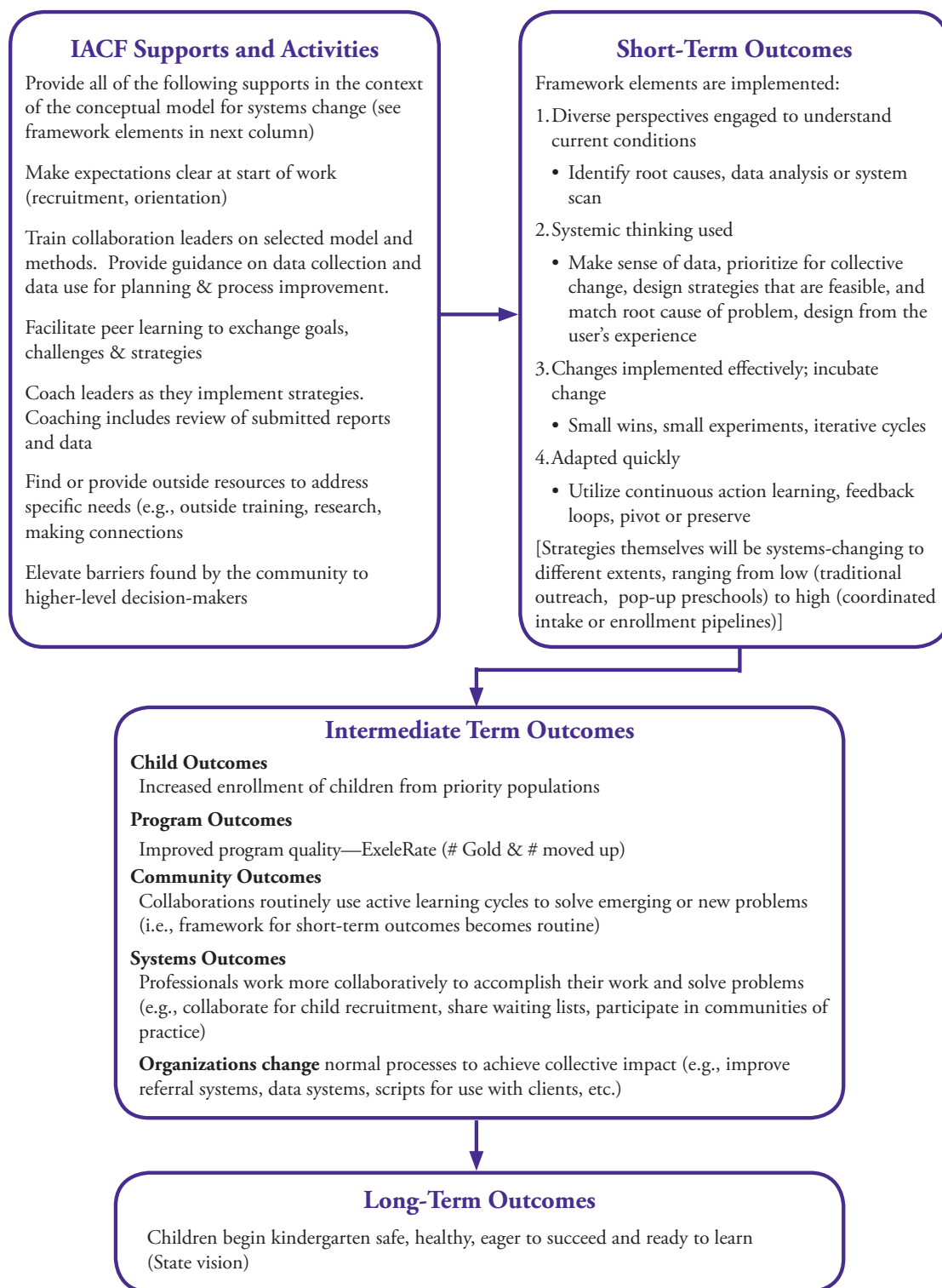
Figure 1. Innovation Zones logic model[1]

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[1] This model acknowledges that supports, including training, technical assistance, and coaching are ongoing.

and the South Suburbs) represent communities that are predominantly comprised of racial and ethnic minorities with median household incomes and per capita incomes below the state average (U.S. Census Bureau, 2015). Aurora and Elgin in northern Illinois have demographic profiles similar to the state's, along with areas of concentrated poverty. Two IZs are in the southern part of Illinois: Greater East St. Louis and Williamson County. Greater East St. Louis is in the St. Louis Metro East area and is largely a Black/African American community experiencing high levels of poverty with the median household income well below the state average (U.S. Census Bureau, 2015). The Williamson County IZ is the only zone encompassing an entire county and, unlike all of the other zones, residents in Williamson County are rurally located and often isolated from early learning services.

Most IZs started the project with some collaborations and partnerships in place, while others had no pre-existing partnerships. IAFC classified the initial degree to which communities had established collaborations prepared to begin IZ work, referred to in Table 1 as their collaborative preparedness, including those communities with: 1) new collaboration emerging having no prior partnerships; 2) developing collaborations where zone leadership built on some pre-existing partnerships; and 3) in place collaborations where communities started their IZ work with fully operational partnerships.

Policy context

The work conducted during the IZ project was clearly affected by Illinois' ongoing state budget impasse. Beginning in January of 2015, state lawmakers and the governorship faced an extended stalemate causing the state to operate without a budget from the start of the 2016 fiscal year (July 2016) to the publishing of this report. This period, during which the state operated without a budget, is referred to as the "budget crisis" or "budget impasse." As detailed in this report, this stalemate stifled the ability of the zones to fully operationalize some activities of the project. Although zones received federal funds associated with RttT-ELC awards, they encountered obstacles as they attempted to form partnerships and collaborations with those agencies and organizations dependent on state funds. The lack of certainty surrounding state funding created a sense of insecurity among many working in ECE, particularly among childcare centers dependent on state-allocated CCAP funds. To further complicate the early learning landscape, Illinois changed the eligibility requirements for families to receive CCAP funds during the grant cycle. This affected waiting lists, funds for mental health and special education services, and centers' abilities to move forward in their quality improvement plans (IAFC, 2016). This added yet another layer of uncertainty for both early learning programs and the priority population families and children they serve.

Table 1
Innovation Zone Characteristics

Zone Characteristics		Frequency
Cohort	1	7 zones
	2	4 zones
Focus on quality?	Yes	4 zones
	No	7 zones
Geographic Region	Northern Illinois (non-Chicago)	4 zones
	Chicago	5 zones
	Southern Illinois	2 zones
Collaborative Preparedness	New	3 zones
	Developing	7 zones
	In place	1 zone

Methodology

This mixed methods study is designed to help further the state's understanding of the functioning of the project's logic model and describe the relationships between stages in the theory of action. The analyses focus on identifying and describing the supports, capacities, strategies, and outcomes observed within each collaborative, as well as across collaboratives, to address three primary research questions:

1. Were there changes in capacity during the duration of the IZ initiative program and what do the collaboratives, and which supports do collaboration leaders and IAFC support staff believe helped them make those changes (and which did not)?

2. What strategies for improving enrollment and quality did the local collaborations implement, and which capacities, including those learned or strengthened through the IZ project, did collaboration leaders and IAFC staff believe were most (and least) helpful in implementing more systemic strategies and why?

3. What are the intermediate outcomes and which strategies or strategy prototypes did collaboration leaders and IAFC support staff believe were most (and least) helpful in improving outcomes and why?

Data & Analysis

Our analyses utilized qualitative data, including interviews with zone partners and state level program staff, and project documentation, along with quantitative data on enrollment and quality collected by each zone, and surveys distributed to all program participants.

Interviews. Interview items were designed around the goals and the objectives of this study, as well as themes identified in project narratives and feedback on draft questionnaires provided by program leadership at IAFC and the Governor's Office of Early Childhood Development.[2] The IZ final interview protocols focused on the major strategies tested by each zone, the impacts of these strategies, and barriers in program implementation. Questions also queried barriers to enrollment, strategies to increase enrollment, strategies to increase quality, the process of developing these strategies, and the support provided by program leadership. Interviewees were also provided an opportunity to share other thoughts and impressions regarding the IZ project and the work they did in their communities. The IAFC interview questions focused more explicitly on the conceptual framework and theory of action guiding the implementation of the program, as well as the training and technical assistance provided to the zones. The full zone and IAFC interview protocols are included as Appendices A and B, respectively, of this report.

The research team contacted each IZ lead to schedule interviews for a mutually agreed upon time. Zone leads were invited to include their core team members who also were active with the zone's development and implementation in these interviews. These in-depth interviews were conducted with all 11 zones, as well as the leadership team from IAFC, in May and June of 2016. Interviews were conducted either in person or via telephone and were digitally audio recorded. In general, interviews took between 60 to 90 minutes, depending on the number of core team members participating.[3] Immediately following each interview, the researcher conducting the interview completed a short debrief form to record enrollment and quality strategies that were highlighted and other

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[2] The IAFC team was not provided advanced knowledge of nor opportunity to provide feedback on the items included in their interview.

[3] Due to scheduling conflicts, Zone 7's Coordinator was interviewed separately from the remainder of their leadership team, both utilizing the full interview protocol. As a result, the combined duration of the Zone 7 interviews was approximately twice as long as that of the other zones.

notes, themes, and general impressions emerging from the interview, and shared these forms with the rest of the research team. Next, the digital interview recordings were fully transcribed, and upon receipt by the research team, reviewed for accuracy and to clarify segments of the recordings deemed inaudible by transcribers. The transcripts were then uploaded to Dedoose, a web-based application for mixed-methods research that provides an encrypted, collaborative environment for managing, coding, and analyzing transcriptions.

The research team used a deductive coding structure, whereby codes were constructed a priori, derived from the project's conceptual framework, research questions, and debrief forms, as well as prior IZ documentation. Next, transcripts were reviewed to identify emerging commonalities and themes not captured in the initial coding framework, and the framework was revised accordingly. The final coding framework included eight parent code categories: barriers for enrollment, strategies for increasing enrollment, strategies for increasing quality, strategies for capacity-building, supporting innovation, building sustainable innovations, obstacles to innovation, and impact. Each of these parent codes contained between three and seven child codes, with some also containing grandchild codes. The full coding scheme, including definitions for each code, is included as Appendix C of this report.

Prior to coding, all coders were calibrated for inter-coder reliability using Dedoose's calibration testing application. After all coders were calibrated, each interview was coded by one of two primary coders. The primary coder highlighted any excerpts that did not fit within the coding scheme, and the secondary coder reviewed all coded excerpts and noted any questionable code applications. The coded interviews were then reviewed once again by the primary coder to address any disagreements. This process was repeated until all coders unanimously agreed upon the coding application.

Document review. We augmented our qualitative analysis of the interview transcripts by coding additional project documentation shared by IAFC. These documents included quarterly progress reports submitted by each zone to IAFC, as well as summary documents compiled by IAFC that described ongoing program activities, supports, and challenges, along with notes on local context. We coded these materials with the same schema used to analyze the interview data.

Zone enrollment and quality data. Throughout the project, each zone was asked to collect enrollment data bi-annually and submit this information to IAFC. Zones choosing to focus on quality-building initiatives were also asked to submit information identifying programs participating in the state's ExceleRate system, their current Circle of Quality ratings, and their QRIS targets. Illinois Action for Children worked with the zones and others to create standardized forms and procedures for collecting these data and provided considerable support and technical assistance in these efforts, including cleaning and collating the data and reporting them back to the zones in aggregate form using graphs and charts for ease of interpretation. IAFC shared these data aggregated for each participating early childhood center with our research team for independent analysis, and all data submissions were merged into a single, continuous longitudinal data file for analysis. However, for programs within each zone, participation in these regular enrollment and quality data collection cycles was voluntary, and the number of programs submitting data varied (sometimes widely) over time and from zone to zone.

End-of-grant survey. Using information gathered from previous stages of this study, and in consultation with IAFC program management, the research team designed an end-of-grant survey focusing on the short-term and intermediate outcomes of the logical model, including implementation of framework elements, and child, program, community, and systems outcomes. The full text of the survey is available in Appendix D of this report. The survey was administered online using Qualtrics software between

January 30 and February 13, 2017. The survey panel included all individuals who participated in any of the four primary IZ training sessions, and rosters were distributed to each zone lead immediately preceding the survey to verify contact information and continued employment.

Discounting six individuals for whom our e-mail contact information was inaccurate, the final survey population included 117 individuals, with the number of recipients from each zone varying from five to 17. We received survey responses from 54 respondents, for a 46% response rate. In order to utilize all available information, partial responses were included in the analysis where available. That is, if an individual did not answer all survey items, we included his or her responses for those items to which he or she did respond, but we do not include these individuals as part of the sample for items to which they did not respond. Thus, sample sizes varied for each item and are displayed in each survey data table.

Unique identifiers embedded in the online survey allowed the research team to link individual respondents to their zones, which, in turn, provided information on other characteristics, such as cohort membership and collaborative preparedness. As displayed in Table 2, the end-of-grant survey sample is representative of the population with regard to membership and initial collaboration status. Zones focusing on quality and non-Chicago zones were slightly overrepresented in our responses relative to their share of survey recipients. We received at least one response from each zone, although Zone 6 was slightly over-weighted (representing 22% of respondents compared to only 15% of recipients) whereas Zone 4 was somewhat under-weighted relative to all survey recipients (representing only 2% of respondents compared to 9% of recipients). Our survey also included several items to help us classify responses, including role and level of involvement in the IZ project. Responses indicated that 18% of respondents identified themselves as IZ lead/coordinator, 51% as an IZ core member, 24% as IZ community partners, and 8% as other (including previous IZ core members or leads and a Parent Ambassador Coordinator). A third of respondents (33%) described themselves as "very involved" in the IZ project, 47% as "highly involved," and 20% "somewhat involved." None indicated that they were "not highly involved" in the project. Because of the overall levels of representativeness and familiarity in these responses, all data tables in this report present unweighted results with all responses included.

Table 2
Characteristics of Survey Recipients and Respondents

Zone Characteristics		Survey Recipients	Survey Respondents
Cohort	1	74%	78%
	2	26%	22%
Focus on quality?	Yes	37%	50%
	No	63%	50%
Geographic Region	Northern Illinois (non-Chicago)	29%	35%
	Chicago	48%	33%
	Southern Illinois	23%	32%
Collaborative Preparedness	New	37%	30%
	Developing	49%	48%
	In place	15%	22%
Zone #	1	6%	7%
	2	11%	9%
	3	6%	4%
	4	9%	2%
	5	16%	11%
	6	15%	22%
	7	9%	9%
	8	5%	9%
	9	10%	7%
	10	9%	9%
	11	4%	9%

Organization of this Report

The remainder of this report presents the findings emerging from our analyses of these data. The first section addresses innovations in capacity-building, technical assistance and other supports facilitated by IAFC, and describes the problem-solving and decision-making strategies introduced to the zones, as well as the obstacles to implementing the project framework. The next section provides information about barriers to enrollment in early learning programs, and an in-depth exploration of the strategies zones used to overcome these barriers and increase enrollment of priority populations. The third section of this report describes innovations for improving quality implemented by the four zones that chose this path. Numerous illustrative examples and quotes from participants are included throughout these first three sections, and the findings are summarized at the conclusion of each. The final section of results summarizes the qualitative and quantitative data regarding the impacts this project made on capacity, enrollment, and quality. The report closes with a discussion of key lessons learned and questions arising from this study, along with implications for future policymaking efforts.

The IZ program was rolled out in four phases: discovery, planning, implementation, and sustaining. IAFC reports that they chose these four steps based on research regarding the components vital to systems-level change in local communities. The initial discovery phase was designed to help each zone define priority populations in their communities, determine where within their communities these families live in relation to early childhood programs and other services, and conduct an initial root cause analysis to understand what aspects of the early childhood system was not working for users (IAFC, 2016). The discovery phase was an in-depth data review designed to help zones identify specific focal populations in their communities that are not accessing in early learning and what system barriers limited participation. As described in interviews with program leadership from IAFC, the discovery phase occurred over a three month period for cohort 1, whereas cohort 2 proceeded through the discovery phase in one month. At the end of the discovery phase, each zone submitted a discovery application to IAFC.

Following the discovery phase, the zones used these data to set their goals, define challenges, and describe the strategies they would use to reach their goals. These components constituted the planning phase. During this phase, each zone defined improvement strategies based on what they learned from the root cause analysis and worked with IAFC to create a logic model and corresponding work plan. These documents were designed to create intentionality behind tested strategies and to give each zone an outline for their implementation plan. Each zone also created measurable targets and identified collaborations and available resources in the community.

After the pilot plan was approved, strategy implementation and testing began. During this implementation phase, zones refined their work plans to test how these strategies affected the number of children from priority populations enrolled in quality early learning programs. Data on the number of children enrolled (and program quality, for those zone working to improve quality) was collected bi-annually. Zones also submitted quarterly implementation reports to the OECD to track strategies implemented and early evidence of impact.

The sustainability phase of the rollout was intended to analyze how the zones' efforts could be feasibly scaled-up. Zones evaluated how effective their strategies brought about change and how they continue to operate these strategies without future funding. Some zones also sought new and additional funding sources. Sustainability efforts were ongoing until funding ended. All zones submitted a sustainability plan at the end of the funding cycle.

Throughout all phases of the project, IAFC, with the guidance of OECD, offered several strands of support to help zones develop effective strategies to enroll and serve priority population children and to improve the quality of early learning programs. These included: (1) eleven capacity building training sessions between September 2013 and October 2016 totaling approximately 60 hours of training, including behavioral change theory, systematic thinking strategies to understand challenges and facilitators to enrollment and quality issues in ECE, use of learning cycles, use of other support tools, such as GIS mapping, performance measurement, and logic modeling, with a focus on scaling up successful strategies; (2) coaching/consultation with IZ staff; and (3) peer and one-on-one learning meetings for IZ staff.

Technical Assistance and Other Supports

Many zones expressed positive reactions to the training, conferences, and supports offered to enhance their capacity to implement community systems level change. As Zone 7 summarized, "I don't think there's ever a training that's not helpful… there's parts where it's more painful maybe… any training

you always get one nugget of new information or something else to try." Although some participants felt that there should have been a greater effort to bring training opportunities directly to the community geographically, in order to remove transportation barriers and include a wider range of stakeholders, others felt that program leadership sufficiently met this need. This critique may have been due to the fact that a minority of participants who indicated that a greater portion of training opportunities were available in northern Illinois, making it difficult for them to attend in person.

Overall, the zones also described the IZ conferences as positive experiences. Several indicated that conferences offered opportunities to network with others in their field, share information, and develop peer learning communities. A few zone members noted that, although the trainings were very thorough, both the content and the way it was presented were occasionally confusing. Others indicated that conferences often felt like a large amount of information to digest at once that only became clear as sites implemented the project. As Zone 8 noted, "It was like a four to five month long training process, very in-depth and overwhelming, but then it really hit home what we were doing and why we were doing it. That was beneficial."

However, some zones—particularly those from cohort 1—felt that coaching and training supports were too academic and theoretical. They felt that more participatory and practical approaches that embraced adult learning principles, drew on learners' personal experiences, and applied lessons to their professional duties, would have enhanced their capacity to learn and apply the frameworks. As a team member from Zone 7 said, "I think the disconnect for me with Illinois Action for Children in all of their coaching and mentoring has been [that] there isn't a relationship to the boots on the ground work we're doing. They're theoretical, what I call the academic world."

IAFC staff also noted that the first cohort's training and coaching process made it more difficult for participants to learn and apply the IZ framework, which led to more variable uptake of program

strategies as some sites became frustrated and abandoned these theories and strategies. They responded to this concern by utilizing more adult learning strategies and revised training for the second cohort. One IAFC interviewee described the changes in coaching and training from the first cohort to the second:

> That really came from feedback, both the feedback and the experience of the coaching itself. So, by having a harder way for people to learn and the higher expectation that they go to a training and understand how to do it, it ended up creating a harder coaching process. It was more fraught with emotion for some people because it felt very hard. People really wanted to do a good job, or other people just didn't try. The uptake ended up being more variable, I think, because of that first approach, and we got feedback that it was just really hard. When we had the chance to do it again, we just spent a lot more time using different facilitation techniques.

These changes carried over to conferences as well, where IAFC staff intentionally shifted the methods of their training, using a more inspirational tone and including activities that were more participatory.

Coaching and consulting. Zones generally appreciated the one-on-one nature of coaching and consulting, saying that it tailored supports to particular needs of their community. Progress reports indicated a wide range in the types of supports requested, but it should be noted that a large portion of the responses requested support for data collection and management. Specifically, technical assistance requests included: support for data collection, such as tool development and management of data systems, ways to streamline work efforts or add person-power to make the workload easier to accomplish, research or information on key content areas and strategies (e.g., understanding communities experiencing deep poverty, grassroots organizing), as well as some sites that did not request supports. Interview responses confirmed the variability in how much site staff utilized coaching support, depending on the developmental stage of each zone and the specific needs they faced. Respondents

also varied in the type of support they drew upon from coaches, ranging from specific information to relationship building and emotional support. Some respondents noted that they primarily used coaches as additional support to access specific information on local policies and resources relevant to their work, rather than purely deepening their skills. Others worked with coaches to facilitate communication between program decision-makers and community members. For example, a representative from Zone 10 noted, "One of the things they did was immediately connected us with the governor's office." Still others relied on coaches for emotional support, describing their coach as a "cheerleader" to support their work, people they felt connected to, and someone who could help manage initial feelings of being overwhelmed by the magnitude of the project.

IAFC staff designed coaching to teach specific strategies and technologies that would enhance enrollment, such as the pipelining strategy and using enrollment tracking software. They also indicated that as they developed a better understanding of each zone's unique strengths, challenges, and contexts, they differentiated coaching support to meet these unique needs. IAFC offered specific coaching support to IZ site leaders, noting the challenges specific to their role, and ensuring the development of an ongoing talent and leadership pool. One IAFC staff person described the type of leadership they were trying to promote:

> *Someone who, perhaps, has a little bit more experience and who can be a mentor, and then the mentee can become the mentor to somebody else so that you could actually create a pathway for continued bench-building of this work. If you keep growing the talent from within... it ends up becoming a culture shift of behavior change that this is just how we do what we do, and I think we have a hope that we could embed this work in the work of Illinois Action for Children.*

Zones also discussed some drawbacks associated with IAFC's coaching model. Individuals in a few zones expressed dissatisfaction that some community systems development strategies appeared to be pre-ordained by program leadership, rather than being allowed to

evolve organically from the community. For instance, a representative from Zone 1 said,

> *This was a huge topic of conversation among the new Innovation Zone this past summer that— just that we were all feeling really led along and micromanaged. I think micromanagement is a huge issue. . . . Back to the question of how we came up with [a specific strategy]—part of it was that we had already been talking about it, but part of it was also that we were really led down that path. . . . Anytime anybody raised something else, it sort of got just steered back . . . I think that IAFC didn't start with an open mind or a clean slate. I think they felt that they knew what was going to work, and that they steered us in that direction.*

Both IAFC and OECD noted that some zones needed more guidance and support than others, and they steered some zones away from less systemic strategies the state IZ teams did not believe would have been as impactful. These factors may have contributed to the increased sense of top-down control or decreased opportunity to offer genuine input in these communities. IAFC also points out that they tried to make these grant expectations more explicit in the scope of work for cohort 2 .

Peer networks increased professional community and created valuable opportunities to learn from others doing similar work.

Peer learning calls and networking. Zones voiced appreciation for the peer learning network calls, with many feeling that peer networks increased professional community and created valuable opportunities to learn from others doing similar work. They said this collaborative learning support provided a "judgment-free space" where team members could present challenges and address them collaboratively without negative repercussions. Interviewees also reported that network calls saved time and effort by allowing them to learn what worked or didn't work in other communities. As a representative from Zone 10 put it,

I'm learning from other communities what has already worked, what they're doing. Just being able to come together and network with other people, other communities, I think that's been the biggest for me. Just being able to listen and hear the stories. I'm a believer in we don't always have to reinvent the wheel. Sometimes something will work. Even though they may be different communities you may have to tweak it a little bit. However, just being able to network and hear what some of the communities are already doing that really work.

However, some participants noted that the more passive nature of peer learning calls could make them easier to skip or more difficult to make time for. Others indicated that call topics were not posted in advance. Although IAFC encouraged zone members to suggest discussion topics for peer learning calls, some member felt as though topics were not generated by peer group members themselves and caused them to call into question the extent to which this support strand was truly peer driven. As Zone 7 reported,

I think the topics aren't necessarily generated by the people on the call. Sometimes if we knew ahead of time what the topics were going to be that might make me more inclined to participate. I don't want to waste an hour of my time on a topic that we're not even implementing here in the community. I think just being mindful of what are the topics, sharing that ahead of time would have made it more effective.

Sponsored trainings. Participants also had access to sponsored trainings on a suite of topics, and IAFC staff reports that all zones participated in such training. Sponsored training topics included facilitation skills, motivational interviewing, and Pipedrive client/community partner relationship management software. Most respondents indicated these trainings had a positive impact on their practices, and no negative comments with regard to sponsored trainings were noted in either the interviews or progress reports. A leader from Zone 8 said,

The leadership conference that they sent us to was extremely helpful on both a personal and professional level. I don't know what to say other than we are able to see what tools they've given us. Plus, the process is ...more about what you need and what your community needs.

Strategies for Problem-Solving and Decision-Making

IAFC offered technical supports intended to build organizational capacity to effectively implement community systems level change and enhance access to high quality early learning programs. Participants noted several benefits to engaging in the IZ program and its supports as well as challenges to implementing the IZ framework. Zones discussed their experiences implementing each of the strands of IZ framework, including: behavioral science changes, systematic thinking, engaging in small experiments, and using data to inform their implementation and strategies to engage the community. The IZ framework encouraged experimentation as a means to develop best practices, and respondents were generally appreciative of the space this created for them to try out new ideas and strategies without suffering negative consequences. As IAFC summarized, "I think that once people start to understand it and practice it, once they begin to trust the process, they have enjoyed it because they feel freedom that they haven't had before in being able to take risk and to fail, so there is no failure, there's only learning."

Behavioral science changes. Respondents discussed how the use of project-supported behavior change theories, such as ABLe Change (Foster-Fishman & Watson, 2012); Build, Measure, Learn (Ries, 2011); and the Fogg Behavior Model (Fogg, 2009), enhanced their capacity by providing frameworks from thinking about and proactively addressing community and system level concerns. Through these models, zones were able to conceptualize community systems and analyze how they promote or inhibit change. Zones were also able to evaluate program processes and outcomes, and adjust future programming based on these findings. They provided intentional frameworks

for developing enrollment and quality enhancement interventions at a community systems level. Because many early childhood system stakeholders work at a program rather than at the systems level, this was seen as a value-added component that would promote a stronger infrastructure for youth and families. For example, when asked about the benefits of IZ trainings, a staffer from Zone 10 replied, "Being able to go to trainings like ABLe Change that gets you to thinking of a systematic way of bringing people together and thinking about system changes." The ABLe Change Framework, in particular, was viewed as helpful by several survey respondents, with one member from Zone 7 saying it was the "most important set of tools" and another from Zone 11 saying it was "especially helpful in helping us to better understand and facilitate meeting to understand root cause."

The Zones reported that these models also helped the communities strategize about changing behavior among stakeholders to promote positive intervention outcomes and addressing system level barriers and facilitators to enrollment. Thinking through these in a more structured way allowed the zones to focus their interventions where they could make the biggest impact.

Systematic thinking. The conceptual behavioral change models were coupled with a suite of strategies intended to help zones systematically analyze and address problems and capitalize on strengths. The zones report this allowed them to troubleshoot obstacles to partners' participation and, ultimately, improved enrollment of priority population children and early learning program quality. Respondents discussed a range of strategies utilized in the IZ program, such as "magic wanding," "starfishing," and "crispifyng." They also noted as a whole that these strategies helped teams break down large, complex problems into simpler, more attainable steps. Similarly, some of these strategies helped prevent the zones from becoming overwhelmed or paralyzed by the big picture. Instead, they expressed comfort in focusing on a smaller part of the whole to achieve their goals. For example, a representative from Zone 4 said,

There's a specific Innovation Zone lingo where we say things like "crisp" a lot, "make it crispy" . . . which means to make it as clear as possible. I remember when we were first starting, the director from [IAFC] gave us these magic wands, and she said, "If you could wave a magic wand and have anything that you wanted for children and families in the community, what would you wish?" The magic wand kind of takes all of the—it makes you ignore all the questions. When you have out there your big idea and you work backwards from that, if you have the capacity to do. I still keep my magic wand. Honestly, it sounds really corny but if I'm having a rough day sometimes I hold onto it.

Small experiments. Each zone conducted small experiments to test out ideas for intervention processes on a smaller scale before fully committing to this change or bringing it to full scale. In essence, they were pilot-testing new interventions. This experimental process allowed participants to learn from their own experience and, potentially, course correct or change strategies without a fear of failure and without committing greater resources to strategies that were not working. Zone 4 spoke to the benefits of this approach:

> While we were still in the very preliminary planning process, we decided to kind of snap test our programs or our strategies to see if they would work. We made some significant tweaks according to those. We did them really quickly. For example, we initially thought we were going to work with the head librarian in [town] around pre-K enrollment. I think by snap testing we realized—we did it for a week and we realized the head librarian, he's really too busy. It allowed us to shift another way.

A respondent from Zone 8 said that small experiments made the biggest impact in their IZ project, noting that these "have allowed us to try several different strategies and focus on the ones that seem to [be] having the biggest impact. We have limited staff and limited resources so we must focus."

IERC

Illinois' Early Childhood Innovation Zones: A New Model for State Policy?

Root cause analysis and logical planning.
Representatives from several zones discussed the benefit of root cause analysis as a way to systematically "drill down" to the etiology of a problem, allowing them to focus efforts and resulting in more effective interventions. For example, Zone 3 indicated that their focus groups showed that parents do not always feel sufficiently supported when transitioning from home visitation programs to early learning programs. Coupling root cause analysis with data collected from parents allowed zone staff to focus on strategies that support seamlessly transitioning families with young children from home visiting to early learning programs. In fact, one survey respondent from Zone 2 said that "identifying the root causes prior to moving forward with recruitment and service provision" was the single most effective strategy in their IZ work. Zone 10 described how root cause analysis encouraged them not to rely on assumptions made about communities but to better examine the source of the challenge:

> Sometimes we all are in this work and what we do is we see the problem or the issue or the project and what we do is we just move forward. We start making assumptions . . . why things are happening or what needs to be done. Really, looking at root causes has been really something because of Innovation Zone that I have really implemented in my everyday work.

Participants noted that starfishing, or a method that details each step of a strategy, was another technique that led them through a series of steps, not back to the root of a problem, but forward to addressing the problem and reaching solutions in a logical manner. Although several participants noted they did not enjoy the level of detail associated with this strategy, they often mentioned that they appreciated the benefits of engaging in this process For example, a participant from Zone 8 indicated, "We literally sat and thought out every single step to get through a process . . . that helped us become more organized and really think through the entire project instead of missing one glaring error." Other sites simply found this

level of detail demeaning, however. For example, a representative from Zone 1 noted, "It was really, really, really micro-stepped and micromanaged. I think all of us felt really patronized, as if we didn't know how to do that somehow."

Using data. Many zone members described how they used data to understand and make decisions about their interventions enhanced their strategy design. Zones often relied on data to inform the development and implementation of their interventions, including: testing hypotheses about communities' needs, plan strategies; monitoring implementation; and adjusting implementation based on findings and feedback. Several zones indicated that they now incorporate more data sources and examine data in a more systematic, thorough way to make data-informed program decisions and adjustments to operations. For example, Zone 5 noted that they analyzed data to determine if there were more children under four years old in their community than early learning slots available to meet their needs. Based on findings from such analyses this site was able to prioritize which youth should get invited to enroll in high quality early learning programs and when they should be invited, as well as strategies to engage families and enroll these youth. Other zones noted the benefits of regularly monitoring data to maintain smooth program operations. For example, by regularly examining data, Zone 4 detected a change in enrollment patterns and were able to respond to staffing turnover in a more efficient manner. Using data also allowed stakeholders to examine trends over time and plan in a more strategic, long-term fashion. For example, Zone 11 noted, "We can see the growth of the project. We can see the changes, we can identify which risk factors are coming up the most. We can see where the enrollment has most likely happening based on her referral to programs."

Data-driven decision-making also helped collaborations make better choices by ensuring programming was chosen based on systematic information rather than intuition or anecdote. For example, Zone 7 noted,

> People act out of fear often. I think you have to use data that busts some of the myths that they have around not enough kids, competition, collaboration and kids are getting services when they're really not. I think you have to say, "This is what the data is telling us."

> **D**ata-driven decision-making helped collaborations make better choices by ensuring programming was chosen based on systematic information rather than intuition or anecdote.

Some participants also noted that aggregated data and data visualizations helped stakeholders make more informed programming decisions and explain concerns or persuade key stakeholders.

Engaging the community. Zones also discussed how engaging the community in early learning efforts enhanced intervention outcomes. This involved getting out of one's typical setting to interact with the community and gain a genuine experience of clients' and partners' circumstances. IAFC staff referred to this strategy as simply, "Get out of the building." By interacting with and listening to community partners, zones could better understand the needs and strengths of the specific populations they served. They also emphasized a mindset of serving the "whole child," meaning a commitment to community youth that may extend outside the parameters of the IZ project. For example, a member of Zone 10 noted, "Actually trying to understand what it is that families needed, that was completely different from what we did before. We just kind of gave the information, here it is and didn't think about that whole process of why are they still not coming." Our end-of-grant survey asked for recommendations to improve similar future efforts, and a respondent from Zone 9 wrote, "Network!

Build as many relationships with your community as you can… Get out of the building and in touch with stakeholders, potential stakeholders, attend each others' meetings, keep spreading the word of the wonderful work that you do!"

Zone interviewees advised developing quality, reciprocal relationships to promote successful community engagement. Data gathered through our survey confirmed this finding, with one respondent noting that trusting, genuine relationships take time and effort to develop, but they are worth it. The effort required to develop relationships with a range of community stakeholders was necessary for zones to implement the various strands of systems level work such as recruitment and data collection that, by their nature, required collaboration. As a participant from Zone 10 put it,

> Not only relationship building, but looking at their needs. For example, when we first started . . . we needed to start making connections with school districts, childcare centers to the Social Service Agency and the MOU. What we found was a lot of the schools and centers were about to go through an audit or an "is being reviewed" visit. They needed those MOUs as well. We had built those connections, so guess what? We're going make these connections. We're going to give you something that you already need and you're going to give us something that we need. Building relationships and then looking at what people need and giving a role as much as getting… You may have to take what you've been taught and then sit back and think, look at your community and think what's best for your community, because going in and trying to have a model approach that works for everyone all the same way, that's just—that's not the case.

Zones also reflected on the importance of making the IZ efforts a community-owned affair in order to ensure buy-in and uptake for proposed strategies. This included providing regular opportunities for input on project planning, design, implementation, and materials to ensure that programs were relevant and acceptable to the community. Through this

engagement, the zones were able to gather diverse perspectives of clients and partners to plan initiatives tailored to their needs. For example, zone 8 discussed the benefit of community involvement in project planning:

> To go out and engage diverse perspectives. So we had 200 constituents of [community] weigh in on what the Innovation Zone should look like. We thought that was really powerful to not discount our typical partners, but it was also families and just regular community members, getting everyone's feedback to put together in order to find out what strategies we should focus on. Then, I think from there, people were able to see their voices in the strategies that we put forward.

A representative from Zone 9 elaborated on this on their end-of-grant survey:

> It's important to listen to what the community is saying . . . when they express their concerns, their needs, etc. They are the ones that know what is going on in their community and we are the ones that should help guide them to address those concerns and attain those needs. There is a need to take the time to educate parents about the importance of early education/elementary education community wide, not just in cells.

Respondents also specifically noted the need to engage parents in this process, because they have a vested interest in supporting their children and provide untapped potential as strong allies for the IZ initiative. Although parents of high priority children often have needs of their own, engaging in a reciprocal relationship helped both the children and their families to reach their potential. As one Zone 9 respondent indicated, "I would highly recommend engaging community parents that believe in and have had experience with early education. It is easier when the people that are advocating for your programming have that personal story to share." Zones also indicated that these engagement strategies allowed new stakeholders to participate in discussion and planning, resulting in a broader range of stakeholders.

Obstacles to Implementing the Framework

Zones noted several obstacles to implementing the IZ framework, including challenges related to funding and the state budget impasse, demanding project requirements, staff turnover, between-zone variation in readiness to implement community systems level change, and data sharing impediments.

Funding concerns. Zones expressed concerns about how financial challenges impacted their capacity to effectively carry out the program, both in terms of the state's budget impasse as well as the size of the IZ grant relative to the intensity of the work required by the grant. The state budget impasse generated a range of negative consequences for the IZ initiative such as inconsistent and lesser attendance of partner organization staff at collaborative meetings, reduced training schedules, and loss of coordinated intake efforts. As Zone 8 described it, "when the CCAP budget was cut drastically, a lot of our child care centers stopped participating in stuff, not because they didn't want to, but just because they couldn't leave their centers and get involved, so that's been a barrier."

Further, zone members commented on the difficulties of balancing the needs of their own organizations while concurrently meeting project needs, particularly in the context of the budget crisis and beyond the capacity of many participating agencies. Sites noted that when partner organizations had to decide between their own survival as an agency versus meeting the IZ project goals, survival of the organization took precedent. As a member of Zone 1 stated,

> I think we have to think about where we are in our state, right? We're in a state budget impasse, childcare providers also have to maintain their doors, and I know our strong advocates aren't at the table right now, but who they can serve and also keep their door open not knowing when payments are going to come in. I think there's a tension there.

Similarly, several participants noted that Illinois' current fiscal shortfalls skewed their enrollment numbers, and suggested that they programs may have enrolled more higher-income families to ensure payment, rather than relying on inconsistent CCAP reimbursements from the state. In particular, zones noted they needed sufficient and sustained funding to carry out the intensive work of enrolling priority populations into early learning programs. And they clearly indicates that funding was needed to complete additional requirements. As a representative from Zone 5 noted,

> [T]he organization is going to need more support. We need more funding for doing that outreach. That would be not for six months or two months, but longer, that we really can say we are serious about having to reach families. We have to do every single thing that we need to do that we are doing, but we need funding.

A portion of zone staff expressed dissatisfaction that IAFC did not clearly specify the award amounts or funding schedule at the outset of the project. IAFC stated that they wanted zones to first create strategies specific their community's needs and then funding would match those strategies. OECD reports that they felt that this issue was due, at least in part, to a lack of organization and clear communication between OECD, IAFC, and zone administration. But this ambiguity, coupled with the upfront work of planning that needed to occur prior to payment created feelings animosity. As a representative from Zone 1 said,

> We went through this entire six-month planning process being strung along from month to month sometimes even from week to week… [My] co-directors started saying, "Wait a minute. You've got to really cut back on the amount of time you're putting in here," which meant that I wasn't able to connect with the core team, and do trainings, and do meetings, and all of this as much as we should have been able to do. …All of that six months of planning that we put in, we're not getting compensated for. That's coming out of [my organization's] budget. We're a tiny startup struggling to stay alive.

Demanding requirements. Sites also reported challenges with the workload required to meet IZ project needs in addition to existing job duties. Zone members described IZ work as both labor and time intensive. A few zones noted the IZ project required a level of flexibility in members' schedules that was difficult to accommodate such as daytime meetings with teachers and childcare workers that necessitated removing them from the classroom and assigning substitute staff to cover their work. Although some participants linked the demanding nature of the work to funding cuts that required their organization to do more work with less staff, others simply felt the demands of the IZ project were quite rigorous on top of their present duties. As a representative from Zone 1 noted,

> I'll say, as an outside member of this collaborative, I think what we all struggled with is [that] we were doing this on top of our other jobs, right? We're committed to the ideas, and the concepts, and passionate about moving the needle forward, but for me to take five hours or a half of day, which is basically your whole day, away was just really hard. It's the same struggle that childcare providers have, right, to leave.

Some participants offered strategies to deal with the projects time and work commitments, including breaking training sessions into smaller sessions and hosting them at local venues rather than all day trainings in locations that required an overnight stay. Another suggestion was to capitalize on stakeholder roles that already fulfill IZ activities so the initiative could be viewed as aligning with existing duties, rather than compounding additional responsibilities.

Turnover. Participants also noted that staffing turnover at partner organizations often made it difficult to carry out project work in a consistent and coherent way. High turnover was blamed on a variety of sources, including state funding cuts. Not only did this make it difficult for organizations to implement change, it also had radiating effects in that organizations were less able to attend collaborative meetings and IZ project leadership needed to more intensely follow up with partnering organizations to keep all stakeholders

involved. The negative impact of turnover was sometimes magnified because partnerships could end with the loss of just one staff person. As a interview from Zone 7 revealed,

> I think some of it was staffing . . . especially in outside partners where they lost staffing so they had less time to come to a meeting. When they couldn't come to a meeting then it was like, okay, I got to figure out how I'm going to go to them or call them. Follow-up increased if they weren't attending the meeting. Just looping them back in on what was talked about because we didn't always have capacity to record minutes for meetings to keep them informed.

Variability in readiness. Interviews with IAFC indicated that the project was challenged by the varying readiness of partners to implement the project's community systems approach. As presented in Table 1, some zones had existing or emerging early childhood system collaborations prior to the start of the program. Variability in zone readiness posed challenges for the project management team at IAFC, making it important to differentiate the training and support best suited to the needs of each zone team, which presented additional challenges. Furthermore, this wide range of capacity among zones made it difficult to expect standardized outcomes across sites. As Zone 6 noted, "the training aspect is difficult because everybody's in a different place, and there's different communities with different assets, with different challenges." In essence the question became, how can IAFC program staff best help match community systems approaches to the capacity of each zone, as well as the strengths and weaknesses of the communities the zone serves? The Zone 6 representative continued,

> I think that [IAFC has] done a really good job with a lot of players from a lot of different backgrounds, with people all over the board in terms of where they are on the continuum, trying to develop an infrastructure and system to support that. I think that they've done a really great job and done the best job that anybody probably could in terms of that work.

Data limitations. Our analyses identified challenges in sharing, aggregating, and interpreting data that stymied zones' capacity to fully implement some components of the IZ project. Zone members noted that data for IZ reporting needed to be gathered from multiple programs and sources, requiring large investments of time and effort at multiple time points across the year. This concern was exacerbated for some participants dealing with different data management systems across partner organizations and made data aggregation more complicated. Additionally, zone leadership occasionally encountered partners unwilling to share data. As one Zone 7 member described their data collection efforts,

> We've got like . . . thirty programs, that's a lot. In fact, I mean, I kind of articulated last year how much time it took. This year, we were better at documenting how much time we spent collecting data. It was over 80 hours collecting data. . . . It took three or more attempts in follow-up to each program whether it was phone, email, onsite, going there, going through child files.

Still other interviewees noted that not all participating programs fully understood the value of data collection, which may have been a contributing factor to variable data reporting noted by participants. Zone 7 remarked, "Some programs have to have data and some don't. Some don't see the value of using it. I think that's a weakness of this profession is we don't use it." Other participants were discouraged by the volume of data requested, changes to data submission forms, or the lack of coordination between agencies requesting similar data. As a participant from Zone 7 said,

> We were asked to provide data and data and data. We would track it one way. It was all we could do as a program. Here's this data. [Name 1] would say, "I'm sorry. This is the form you need now." Then [name 2]. . . would then have to check our data and fit it into this form.

Enrollment Barriers

During the discovery phase of the project, IAFC tasked each zone to work within their communities and identify aspects of the early childhood systems that prevented priority population families from enrollment. Through this process, the zones identified three main barriers that blocked families from enrolling their children in high quality learning programs: (1) aspects of the early childhood system and enrollment process, referred to here as system barriers; (2) policies that prevent families from receiving or using funds to enroll their children, referred to here as policy barriers; and (3) social perceptions that lead families to believe that their children do not necessarily belong in or would not benefit from enrollment, referred to here as social barriers. The combination of these barriers often prevented early learning programs from fully serving the needs of families from priority populations. As one zone leader noted, "there are so many barriers, and so many challenges, and it's so complex." It should be noted that many zone members commented on the complexity of barriers inherent in the early childhood system as a whole and it is clear that no single entity in this system bears the burden of preventing children from receiving early learning services. These enrollment barriers detailed below were described by IZ members as some of the root causes preventing children from enrolling prior to the IZ itiviative.

System Barriers

Multiple zone representatives noted the complexity of the early childhood system, and its struggle to fit the needs of families and their children given that man early learning programs have limited funding and shrinking budgets. These barriers present themselves throughout the early childhood system, , at times placing burdens on programs or making it more challenging for families to get the services their children need. As leadership from Zone 7 noted, "It's all these system issues. They're complex. There's no one answer, one fix for it all."

Zone leaders noted two main systemic barriers that kept families from enrolling in early learning programs. First, in many communities, zone representatives encountered a lack of coordination among agencies, school districts, and childcare providers that serve children and families from priority populations. Some social service agencies working with children from priority populations may not even see the value of encouraging families to enroll their children in early childcare programs. For example, leaders in Zone 7 discovered that lack of coordinated screening could prevent some children with developmental delays from receiving referrals to important services. Their zone leadership noted that, in their community, there had historically been a lack of communication among organizations providing services to priority population families, and at times, competition between organizations. As reported in their quarterly progress reports, Zones 7 and 9 encountered additional enrollment barriers when key staff left their organizations. Zone 9 overcame this barrier by directly working with individual early learning programs to find those with available slots most appropriate for the families with whom they were working.

Second, families seeking high quality early learning programs were often unaware of the range of programs available in their community. Even upon deciding to enroll their children, many families did not know about eligibility requirements. Teams from several zones observed that families often had misunderstandings about eligibility or lacked information about available programs. As a members of Zone 6 described,

> There's still [a] real lack of knowledge about the early childhood system as a whole, the difference between what pre-K is funded to do, what Head Start is funded to do, what childcare, what each of its purposes are. Then, really, I think it's an issue that people don't learn a lot about it until, all of a sudden, they're faced with having to do it.

Similarly, Zone 2 conducted surveys, which revealed that many families did not know about early learning programs in their communities or how to enroll their children.

Families from priority populations often have a difficult time navigating the enrollment process. Enrollment forms may be lengthy and difficult to complete for families with very limited means. Families may not have access to required documentation such as birth certificates or medical records. Multiple teams also noted that programs had limited capacities to serve the needs of the community and children from priority populations. Centers were limited by their availability of slots, their ability to retain high needs families, and a misalignment with the needs of families.

> Families from priority populations often have a difficult time navigating the enrollment process.

Members from Zones 5 and 7 discovered that, in their communities, early learning programs did not have enough available slots to serve high priority families. According to a representative from Zone 5, "What we discovered is that we have a lot of zero to three children, and there are not enough spaces available for them, so we feel a little bit tied in our hands to what can we offer. We really would like to do more." Leaders of the Zone 7 team noted a similar situation. In their community, there were many more children aged one- to three-years old than there were slots available, and even fewer slots in ExceleRate-rated programs.

In addition, some early learning programs lacked training to serve those families from priority populations. For example, Zone 10 said, "What we found was that the childcare centers, once they receive these families, they're not equipped or not knowledgeable enough to know how to handle families to keep them in there."

Zone representatives reported that families struggled to adjust their schedules to those of early learning programs. Hours of operation for were often inconvenient to meet the needs of all families, especially those from priority populations who may work nontraditional hours and require that same flexibility from those providing childcare. As a leader from Zone 6 noted, "Many of these families, just the nature of their employment is more inconsistent. They work in retail, in fast food, in service industry jobs that tend to have changing schedules." Several other zones noted similar barriers related to the mismatch between families' work hours and available hours of early learning programs. For example, one zone representative noted, "[W]e found that maybe it was some who don't have [the ability] to pick up the children or they get home too late. Families from priority populations need greater flexibility in scheduling when seeking high quality childcare."

Additionally, early learning programs often operated for only half the day, requiring families to pick up their child in the middle of the day and find alternative care after the center closed. Such system barriers were especially challenging for families without secure transportation. Lack of transportation to and from early childcare programs emerged as a barrier preventing families from enrolling their children in eight of the 11 zones. Furthermore, many communities noted that quality early learning programs were not located in close proximity to where families lived. For example, representatives from Zone 2 noted that, "navigating from one end of the community to the other created challenges for the families." As a result, families had to find the means to transport their child over long distances to access early learning programs. The team from Zone 7 conducted three family surveys and in all three, transportation issues emerged as the number one barrier to enrollment.

Policy Barriers

Several zones found that policies for enrollment and CCAP qualifications frequently presented themselves as barriers for families. Navigating the CCAP system proved to be a major challenge for many parents, and some families faced barriers when applying for CCAP that kept them from enrolling their children. Further, during our study, CCAP payments from the state to early learning programs were delayed due to the state budget impasse, so some programs were unable to serve children whose families were not able to cover those costs in the interim. As noted by members of Zone 1:

> It's taking about three to four months for a CCAP application to be processed, which means that a lot of centers are saying to the families, "Okay, you filled out your application. Now, in three or four months, we'll let you know if you've been approved or not. Then you can come." In some cases, the centers are letting the kids go ahead and start. They're going ahead, and serving the kids, and taking a big risk at that.

During this period in limbo, many parents became dissuaded from continuing the enrollment process, which created a burden on early learning programs serving a large number of children with CCAP subsidies to maintain their current levels of operation. In a quarterly progress report, Zone 1 leadership noted that, in their community, some centers had the ability to open more slots for priority population children, but without CCAP payments from the state, they were unable to do so given the financial costs associated with providing services without timely reimbursement.

Families also faced complications and uncertainties over the state's CCAP income qualifications. For example, if a parent lost her or his job or took on additional employment opportunities, they could lose their ability to qualify for CCAP. The CCAP employment requirement also hurt families in communities that face rampant unemployment. Zone 7 leadership reported that one of the primary barriers to enrollment for children from their community

was their inability to qualify for CCAP because their parents or legal guardian were unable to find a job. Recent CCAP eligibility requirements have also narrowed eligibility for parents who are working towards obtaining a GED or enrolled in postsecondary education (Illinois Department of Human Services, n.d.). Members of Zone 1 noted that this policy does not work for or benefit families or their children. "Again, I'll go back to the larger systems that're really also working against the families we're trying to serve. If you want to go back to school, you actually don't qualify for childcare unless you're under 19."

Under CCAP, parents are required to show documentation that their children have received immunizations, a physical examination, and a dental screening. Leaders from Zone 1 described the burden these medical requirements place on families: "Dental appointments? We're in a desert for dental providers, right? There's long waits. A two-year-old needs a dentist ... but should that be a reason to deny someone?" As they explained, it can take over 60 days before families from their community can get into a dental office given the lack of local providers. Further, in some cases, parents who received subsidized care payments preferred to have friends or family care for their children. According to a representative from Zone 7, a lot of families wanted "friends, and neighbors to take care of their children, especially those who are receiving subsidized care payments because they want monies to stay within that family."

Social Barriers

Participants also identified a number of social norms and community conditions preventing families from enrolling their child. For instance, families classified as priority populations come from diverse backgrounds and may not have prior experience with early learning programs or they may have prior negative experiences. Zone 11 noted this barrier among many refugee families in their community who felt overwhelmed by the enrollment process and uncomfortable going out into their new communities to enroll in early childhood services. IZ members working in Zone 5,

a community comprised of many Latino immigrants, also noted that parents experienced language barriers when attempting to enroll their child or did not want to enroll their children due to their their immigration status.

Other families were hesitant to enroll their children because they did not trust early learning programs to safely care for them. Representatives from Zones 4 and 7 commented that some families had prior negative interactions with the early childhood system or had friends and families that did not have positive experiences, which prevented them from seeking services for their children. A representative from Zone 7 said that many community members feared "having a child in a program and not really knowing what's going to happen when you go to a child care programs." For this community, some of this fear may have derived from the fact that those delivering the service often did not look like the families and children they served. Team members working in Zones 3 and 5 also noted this mistrust. They believed that some families felt it was safer to have friends or families care for their children, rather than placing children in the care of someone they did not know. As leadership from Zone 3 described it, "a lot of things that they've seen is not having trust, really, in the [programs]. Not sure that they wanted to have their children being in these [programs] when they're not able to speak at such an early age, their priorities of safety."

Zone representatives also noted that many families and community members did not fully understand the nature of early learning. For instance, a Zone 9 representative noted,

> *I learned that many community members see early childhood as "play time" where children do not "learn." I believe that it is a cultural barrier that we have to break through: children learn through play, [but] our community, from generations back, [has] been "taught" that learning doesn't begin until the first grade where a structure is set.*

> "It is a cultural barrier that we have to break through: children learn through play, [but] our community, from generations back, [has] been 'taught' that learning doesn't begin until the first grade where a structure is set."

Many families in priority populations held strong cultural values for caring for their children on their own, and believed that childcare is a family responsibility. As members of the Zone 11 team observed, "We have a lot of stay-at-home moms in this community who believe that that's their role...to nurture their child, but not necessarily connecting that what they're doing . . . could be even further enhanced through these supports."

In addition, many families with multiple young children preferred to enroll all of their children in the same program for logistical reasons. However, some parents could not find programs with multiple slots available. Zone representatives also report that many families simply felt it was easier to leave their child at home under the care of a family member or friend, especially in communities experiencing high crime rates, where families had safety concerns when walking their children to and from early learning programs. A representative from IAFC commented that zone members reported that community violence hampered zone initiatives. These same incidents of community violence likely affected parent's decision to send their children outside their home for early learning programs.

These logistical problems and the choices that parents make present themselves as families decide how they are going to overcome the challenges of meeting their basic needs. Representatives of Zones 1, 3, 6, and 11 noted that many of their priority population families are simply overwhelmed by finding solutions to their most immediate needs, and that early learning is not a priority. For example, Zone 11 said that for their refugee population, "Their big priority is not really childhood education—it's getting a job, paying the

bills, getting and finding a home." The Zone 6 team underscored the point that families view early learning and development in a "hierarchy of needs," and that families may be more concerned about finding childcare that is affordable, convenient, and works for them, rather than programs that could be the most beneficial to their child's learning and development. As a representative from Zone 3 noted,

> *Families are struggling with more pressing issues such as mental illness, poverty, unemployment, violence, limited or no available transportation, etc. Sometimes these issues take more precedence in their lives than enrolling their child in early learning programs. We are supporting the parents by helping them locate available resources to overcome the barriers.*

Innovations in Enrollment

The zones developed and tested a number of strategies intended to increase the number of children from priority populations enrolled in high quality early learning programs. Strategies tested in each zone varied according to the identified and perceived barriers in the community. We organize these enrollment efforts into four broad strategies:

1. systems alignment (including cross-referral, shared intake, simplified intake);

2. developmental screening and follow-up

3. family and community outreach (including community engagement, technology, door-to-door, Parent Ambassadors, home visiting, and mobile preschools); and

4. expanding partnerships with organizations such as healthcare providers, school districts, and other local government agencies.

Most zones combined multiple enrollment strategies, rather than focusing on a single strategy. Although not all zones tested the same strategies, they all worked to create enrollment systems and early childhood systems that focused on the needs of families and children in priority populations.

System Alignment

As described by several zone members, the early learning system can be complex and difficult to navigate for families, as well as service and program providers. Several teams made efforts to ensure that everyone working in the early childhood system understood the types of programs offered in their community and that the people behind these programs made connections with one another. A member of Zone 7 described how they came to understand the lack of communication between programs and people in their community:

Really, how we discovered we needed to do something about it was [that] parents would tell us, "I'm going to Head Start, then I go to. . . . Preschool for All, and then I go to [a] childcare center. I fill out three different applications then I hope and pray in August I get into one of them." Now they come to one location. We basically did siloed work. We're working in collaboration. We didn't engage other partners, just those within our system in promoting the effort.

To align providers and agencies working with children from priority populations, representatives in Zones 7, 8, and 9 intentionally tried to create a dialogue among multiple agencies and organizations. Zones 7 and 8 both held community meetings to facilitate openness, sharing, and networking in their communities. Zone 7 leadership described ways they tried to facilitate communication among providers and agencies:

Every meeting we include an ice breaker or a mixer just so we get to know one another. We also had program spotlights on the meeting agenda. Some of it was also, not only do parents not know about each other's programs, but people working in programs don't know about each other's programs. We tried to do a monthly program spotlight to share information about enrollment.

In Zone 8, zone members held similar community meetings that included a speed-dating style, one minute conversation with everyone attending the meeting. During these one-on-one short conversations, each person introduced themselves and talked about their program, including the families they are best suited to serve. A representative from Zone 8 commented on how successful they felt these short conversations were in creating an awareness of the programs available in their community, "Even people who worked for the community 30 years said they still learned either one new face or one new fact about organizations that day, which is pretty successful."

Zone representatives also noted that within the early learning system, not all people and programs were on the same page. A member of the Zone 7 team noted that prior to the IZ work, "what was happening is everybody worked on their own. Everybody had their own effort. There wasn't anything coordinated." A member from Zone 4 stated that their work to align systems got everyone in their community working toward common goals, "Well, I think one of the really good things that the Innovation Zone did was get everyone on the same page, on the same framework." As a representative from Zone 7 noted, it took time to work with agencies and providers to find a common vision:

> [T]here was a whole layer that we spent two years on of talking to programs about what quality was, about how you work together as a team in the community so that everybody is on the same page so it doesn't matter where a child goes, we're all part of quality early childhood exposure for every child in need. There was a whole lot of energy and strategizing spent around coming together as a community that believed in the needs of every child.

A number of respondents noted that for the early childhood system to work, they had to develop collaborative relationships among childcare providers, and move away from the traditional competitive relationships that had existed in their communities for years. A member from Zone 7 noted how their work allowed programs to focus on supporting families, rather than competing for them:

> At one of the first [center] directors' meetings, one of the directors said, "I don't want my parents to go over to [another center] to get screened or to get a health form because they'll see that. They'll steal them, and I'll lose all my families." That was a really big consensus. Only because I think there was a lack of understanding that there were certain criteria that the school district had to meet or Head Start to meet. That wasn't understood between all of the program childcare providers, no one understood that. …[Now] they

have a better understanding. It's a continuous process.

Zone 7 representatives felt they saw a collaborative mind shift among programs, "It was a huge competition. I think it's changed it where we are supporting families and children now, versus everybody competing." In their community, zone 7 members felt that this shift not only helped increase enrollment, but also increased the quality of care children received "I think some of it has just been mindsets around getting past competition to collaboration. . . . I think trust in relationships was also a key strategy both in enrollment and quality."

"We are supporting families and children now, versus everybody competing."

A member of Zone 3 also noted a similar shift in their community:

> I think we're having a lot more collaboration and communication across agencies. It's breaking down silos. I think we have—agencies are working together. We are building that vision that it's not so much one agency has one set of kids, another agency has another set of kids. These are all our kids.

"We are building that vision that it's not so much one agency has one set of kids, another agency has another set of kids. These are all our kids."

Cross-referral strategies. Many members of the IZ teams found that, historically, there was little communication among programs providing early learning and development services. Zone representatives often described their local early childhood systems as "very siloed," and this lack of cooperation and communication among programs did not benefit children or their families. A member of Zone 9 detailed that in the past, if a child did not qualify for a particular program, that program would not refer them to another provider with the ability to enroll that child. Following the IZ work, providers

now make greater efforts to refer children to programs that better suit the needs of the child and family.

Zones 2, 3, 5, 7, and 9 supported cross referral strategies by gathering information about their community's available programs, the age ranges of the children they serve, the hours of service provided, and monthly or quarterly, the number of available slots in each program. This allowed those working in these zones to make more informed referrals. A Zone 2 representative detailed how cross referral worked in their zone:

> Just being a part of the Innovation Zone and making it uniform process that we follow for enrollment, and then everybody knew we're on the same page. "Hey, I have these slots, but this particular family may not meet my funded options, so I can refer you over to the next agency." Just that whole collaborative approach to outreach and enrollment of families. I think that's one of the things that work really well, in terms of changing some of our enrollment historically.

Zone 7 made "pocket directories" of their community's programs, and found that the cross referral system they developed to be effective, "I think [cross referral] has been very successful, ...we've had some [in the] communities that found that this pipeline strategy has been really helpful and that they reached full enrollment in their communities."

Shared-intake. Zones developed and tested enrollment strategies related to coordinating intake among agencies working with families from priority populations. Leadership from Zone 11 described their rationale for implementing this strategy and how they envisioned shared intake working among agencies in their community:

> Okay, so the reason that we chose the shared intake process is because we're understanding and we're hearing from families that the process of, for example, applying for WIC [Women, Infants, & Children], and then you apply for childcare assistance, and you apply for the next program

out there, they're just such similar questions, but yet so rigorous. The time they spend going from one office to the other really wasn't reaching any goals for them to get their child into a program in a timely way. Yet we hear agencies that say, "Well, gee, we gather the same information. How can we kind of get that in the best interest of the families to just fill out one application, and be able to identify what their needs are?" That's how that shared intake came about, so we wanted the opportunity, and we talked about it actually, even before Innovation Zones was introduced.

The process of developing a shared-intake system involved forming agreements with multiple agencies, including early learning programs, to share information about families and using that information collectively to help families decide which programs will work best for them. Zone 11 team members tested this approach and felt that shared intake worked well for some families because it provided more support through the entire enrollment process, from beginning to completion. A member from Zone 11 commented that shared intake allowed agencies to ". . . connect with families at the different locations where they already felt safe instead of making them jump through more hoops [that has made the biggest impact]. Engaging families at their comfort level as opposed to prescribing a one-size-fits-all system."

Zone 9 representatives used the process to coordinate enrollment through mobile preschool events and the outreach efforts of their Parent Ambassadors. These strategies, working in tandem, generated more referrals in Zone 9:

> We saw the struggle they were having, coordinated intake, going to different locations in [our zone], families reporting back, that was a challenge in connecting families and getting families. Bringing them on, oh my gosh, it made such a big difference. We had so many referrals they didn't know what to do with after we joined them into the [mobile preschools], and then collaborating with parent ambassadors who were also collecting referrals, turning them

in to us, and we in turn, turned them into the coordinated intake folks.

Members from Zone 10 felt that the partnerships formed through their work to develop coordinated intake created sustainability. They report,

> *We're using this time right now to build that relationship to establish that process so that next year we have these wonderful partnerships with all the community plans. Now it won't be as difficult when enrollment comes again, to connect with one another. That's the most important thing. Building relationships, it is working. That's the most important thing and we have to be able to sustain it. That's the only way I think this work will be able to continue.*

Members of Zone 7 were able to implement coordinated intake concurrently with their community-wide developmental screening campaign. This was only accomplished by working with a number of childcare centers, community-based organizations, and the local school district. Zone leadership noted that the process of organizing partners around a common vision, like coordinate intake, took many hours of group and individual negotiations and some groups had to make unwanted compromises. Zone 7 leadership noted that, "In the end, it was our commitment to our mutually reinforcing goals and shared decision-making process that allowed us to move forward with our shared purpose."

Although some zones reported positive outcomes associated with shared and coordinated intake strategies, others felt that this strategy was difficult to implement in their particular community. Members of the Zone 1 team initially were excited about forming a shared intake network, but eventually, they noted a level of frustration and struggled to get this strategy to work:

> *I have to say that the intake, the coordinated intake approach, I mean, it sounds like a good one. I mean, I don't have anything against the concept at all. The fact that it's taking so long, and I understand that there are statewide*

barriers that seem to be paralleling the process . . . I mean, I get all of that. I just still wonder if we missed the boat in describing what exactly the issue is in getting these kids in.

Representatives from Zone 6 also experienced some apprehension about implementing coordinated intake in their community and felt that their community did not have the trust to support coordinated intake:

> *We've talked a lot about this idea about coordinated intakes . . . It's a difficult [community] because you have a lot of for-profit childcare centers, so everything is on a continuum, and growth is on that continuum. People have to start building some trust before they start that next step, so I think that this has done a really good job of putting all people in the same room, building that trust, building an understanding. I think a lot of people have learned from one another that enrolling in these programs isn't always such a simple task.*

Simplified intake. Another system alignment strategy geared toward increasing enrollment was to simplify the intake process. Zone testing this strategy used a several unique approaches. Some zones were able to bring services closer to where the majority of priority populations live. For example, Zone 2 leadership noted that in their community, all the places to enroll are on the southern side of the city, but families are located throughout the community. Zone 2 representatives worked to bring "satellite spots" closer to the homes of those in priority populations so families could enroll their children more easily.

Zone 3 and 4 representatives described how they worked with families to break down the intake process into, "manageable parts" so it was easier for families to complete necessary forms. Zone 3 team members also helped families figure out each piece of the intake form. Zone 10 changed their intake forms to make them more user friendly, stating,

> *We also changed our enrollment and intake process forms to asking what we actually needed and not having it two, three pages long*

questionnaires for parents. Actually looking at making the process easier for families and more understandable and only getting to what we need. Instead of asking all these other things that would scare families away . . . you basically were trying to think about it from the families' perspective and make the intake form process kind of non-threatening.

Developmental Screening

Zones 2, 6, 7, and 11 focused on implementing developmental screening campaigns throughout their communities as a means to get children into the referral pipeline and on track to receive social services. Leadership from Zone 7 described their rationale for this approach:

We absolutely believed as we talked through it that if every child received a developmental screening, that there was a pipeline regardless of how they scored to a quality early learning program. If kids scored on target, above cutoff in their learning, we could refer to childcare. If a family hadn't enrolled, there could be that opportunity to the point of them referring kids with identified delays to Early Head Start, Early Intervention in the district. I mean that ultimately and then there's a gazillion strategies within that related to parent engagement.

Zone 7 representatives noted that this strategy was essential for their community because there had been a lack of coordinated screening, preventing children with developmental delays from receiving services. Previously, even when children scored below average on the developmental screening tests, they were not being referred to appropriate programs. In response, Zone 7 worked with service providers to increase their capacity to perform developmental screens. They worked closely with healthcare providers, such as pediatricians and childcare centers, to get staff trained to conduct screening. The leadership of Zone 7 described their discovery of how few early childhood centers conducted developmental screens and how they built their capacity to do so:

Through the data discovery process, we learned that only three of 15 early childhood centers were screening. That was part of the ramping up so that this was ongoing that every childcare center, everybody agreed that screening was better than no screening, but for those that weren't screening, everyone agreed to use the same tool. We were able to share professional development dollars, use [various] resources to offer training, hired an outside consultant to come in and do really one-on-one, hands on support, and tiered training for the childcare providers.

Zone 6 also focused on increasing capacity to provide developmental screening in their community. Zone leaders established a screening collaborative through formalized MOUs and developed protocols for referrals to Early Intervention and Special Education Districts. They worked closely with childcare centers to help standardize the developmental testing protocols used throughout their zone and to assist centers that encountered issues in implementing the instruments. Zone 7 leadership also noted the importance of working with childcare centers in implementing developmental screenings, stating that this strategy also helped increase the quality of the centers in their community, because screening is a component of ExceleRate. In this way, a Zone 7 leader commented, developmental screening "was like a double hit."

Zone 7 also attempted to make the most out of the developmental screening process by making enrollment referrals during screens. They report that they "used the screening tool to align the results page so that we could show that a referral could be made based on a screening result. We had all of the programs listed so that it became really systematic for whoever was doing [the] screening to be able to follow the same process and then report results to families." The Zone 7 team also noted that that many parents wanted enrollment referrals to be part of the screening process.

Although zone representatives noted some challenges in implementing and coordinating community-wide screening efforts, for example, the difficulty of having technology-challenged staffers use an online testing system, zones do appear to have had positive outcomes

from implementing these campaigns. The success of developmental screening campaigns was noted by zone representatives in the end-of-grant survey: four (of five) survey respondents from Zone 7 and four (of 12) survey respondents from Zone 6 identified developmental screening as the enrollment strategy that made the biggest impact in their community.

Referral follow-up. Representatives from Zones 3, 5, and 11 believed that a barrier preventing some families from completing the enrollment process was the lack of referral follow-up. Zone members also noted that parents grew frustrated when the enrollment process involved multiple organizations and people handling their intake forms. Through this process, zone representatives felt that parents lost trust in the system and also felt devalued. A representative from Zone 3 described the frustrations some families felt going through the referral process, "then, this person will talk to this person. I think that's where we've seen where we've lost [families]. When there's an immediate 'let me support you in this enrollment,' then that's where it's been more successful." She further describes the benefits of referral follow-up, "It's more personal [now], and I think it's demonstrated that we're listening to the parents, trying to address some of their issues." For example, a representative from Zone 11 described how important one-on-one referral follow-up and direct help could be, especially for families that have recently relocated to the United States and are not native English speakers. This strategy of referral follow-up and individualized advocacy was reported to be a positive approach for many families as they tried to enroll in high quality early learning programs.

Family and Community Outreach

Zones also used community and family outreach activities to try to increase enrollment of priority populations. In this section we describe six outreach strategies attempted by the zones: increasing awareness and engagement; technology; door-to-door canvassing; parent ambassadors; home visiting; and mobile preschools. In some cases, zones found success engaging families and communities through outreach, whereas other communities felt that selected outreach

strategies were ineffective. A member of Zone 2 noted the impact that outreach had in their community:

> *I would definitely say outreach [has made the biggest impact]. There were so many families with young children who were not connected to any early learning program. And those of us who were a part of the [name] Innovation Zone knew that if we targeted places where families were, then we would make an impact. And we definitely did!*

Although these outreach strategies will be discussed individually, some zones combined multiple outreach strategies. A member of Zone 8 noted the effectiveness of all their outreach strategies combined. She said, "the actual pilots of preschool in the park with Parent Ambassadors, website creation and [hotline] creation were high impact, but as a building point. We see higher impact coming with reviewing, revising, and expanding these pilots."

Community engagement. During the interviews, zone representatives from multiple communities commented on the lack of awareness regarding the availability and accessibility of high quality early learning programs. As such, many zones prioritized strategies to raise awareness of early learning, particularly among priority population families and those serving their needs. The particular outreach strategies employed varied by zone—some chose to test more traditional forms of family engagement, whereas others used technology to engage families and the community. A few IZ teams tested more traditional door-to-door and marketing campaigns, as some leveraged relationships with parent ambassadors to champion the importance of early childhood learning within their parenting network. Other communities demonstrated what high quality early learning could look like by holding outreach events.

Zones used several strategies specifically designed to engage families in early learning and development. Zones 3, 4, 5, and 7 held events to provide the public with information about early learning programs. For one such event, Zone 4 reported that they had over 400 people in attendance. Zones 3 and 4 held

open house events for parents to visit early childhood programs. As a member of Zone 4 described it,

> [W]e had each of the classrooms do an activity that they would do in a preschool classroom. We had lots of seats filled. We had games. We had posters and just lots of fun stuff up kind of like an indoor play place for kids and parents, and the teachers were able to talk to parents in a way that was really accessible for them. We had onsite enrollment. . . . Our goal primarily was to make it very easy for families to enroll, and to also make preschool programming really accessible, try to take some of the mystery out of it. For parents who thought, "Oh, they're just learning their letters. I could just do that at home." we want to show them exactly some of the things that are happening inside a classroom.

> "Our goal primarily was to make it very easy for families to enroll, and to also make preschool programming really accessible, try to take some of the mystery out of it."

Zone 7 conducted outreach to help connect families to centers that best fit the need of the family and child. Their intention was to raise, "awareness that there are programs near where [families] live that [families] could participate in that maybe they didn't know about." In some cases, zone staff would coordinate these outreach events along with other organizations and agencies working with families from priority population. For example, Zone 5 reported holding outreach events at health and immigration fairs, and organized an early learning enrollment fair designed to connect families with high quality early learning programs.

Numerous zones noted how complicated the enrollment process can be and provided extra support to help families get their children into high quality programs. As described by a member of Zone 10, "These are families that have really been through a lot. They have a lot on their plate. Once they continue to see that we're there to hold their hand through it, to make systems easy, I really think we'll get there." Zones

2, 4, 10, and 11 worked with families to make sure they had the information and resources to complete the enrollment process. These zones walked families, step-by-step, through the enrollment process when they needed assistance. A representative from Zone 11 also noted how important this step-by-step help was for families, as well as how important it was for early learning advocates to also understand the variability in enroll process among different centers.

> It helped me to learn the process, because every school and every daycare, and every program is different as far as their enrollment process and procedures and stuff. It's been very eye opening for me to be able to go to the different schools and say, "Okay, we did this and this and this," It took 20 steps to get this kid enrolled, or it took two. For them for the future, to be able to say to a family, "Okay, you're going to go to this school, and this is what you can expect." I think it's been learning on all sides for sure.

Other zones focused some of their outreach efforts on bringing the voice of the parent to the zone's work. Zone 7 hosted parent cafes so parents could provide input about outreach information and materials. This allowed them to evaluate the clarity and appropriateness of their outreach materials for families. Towards the closing of the IZ program, Zone 7 members noted that, "Family voice is more embedded in our work than it was before the Innovation Zone." Zone 3 implemented a similar strategy and a representative from this zone noted the importance of incorporating the view of the family in outreach efforts "I think really reaching out to the families themselves and having them be a part of the process in terms of hearing from them and what they think really needs to happen and what the barriers are."

Several zones used traditional and non-traditional marketing campaigns to spread the word about the importance of early learning. These included strategies to hire marketing firm consultants to design, develop, and implement an outreach campaign with families about the importance of developmental screening (Zone 6). The Zone 11 team designed a marketing campaign around their shared-intake

initiative. Both Zones 6 and 11 were intentional on where they distributed campaign materials in their respective communities. Zone 6 chose to distribute marketing materials through nontraditional venues that families might frequent such as churches, libraries, discount stores, and laundromats. Zone 11 used a data-informed approach to distribute their campaign materials. Using geospatial data they received from IAFC program leadership, they campaigned directly in those neighborhoods with high populations of children at the 50-100% below federal poverty level (FPL).

Other zones generated and distributed various outreach materials all designed to provide additional information about the importance of early learning and means to enroll. Zone 6 distributed over 1,700 kindergarten readiness calendars to families with 4-year-old children, whereas Zone 2 developed simple, palm-sized card that explains the enrollment process and provides important contact information. They also created outreach packets that included more detailed information about the enrollment process and information on community early childhood programs.

Technology. Members of Zone 8 focused on technology-based strategies that parents could use to access more information and support. The zone developed a toll free hotline that provided a single number for families to call to receive information about early learning services. Zones 6 and 8 team developed websites to host important enrollment information and forms, as well as educational activities parents could do with their children at home. The Zone 8 team felt that once this website was built, it could be an important, sustainable resource for families, childcare providers, and professionals in their community. However, this process included some frustration: "I would say our website is in the process. It's not going as fast as we would've planned or liked. ...It's more of a frustration of trying to get it. We were promised it would be up and going a month ago and it's not even full yet." In contrast, the Zone 6 team leveraged their partnerships to redesign an existing website to include more comprehensive and user friendly early learning content.

Zones 6, 8, and 9 reported using social media to distribute more information about early learning and broadcast event reminders. Representatives from Zones 8 and 9 both commented on the success of using social media, particularly Facebook, as an avenue to promote information and events, with a representative from Zone 8 noting, "We have a Facebook page that has exploded. We reach a lot of families through that. ...That's going to be our vehicle, for lack of a better term right now, to get a lot of our information out." The Zone 8 team added that using social media and other technologies for distributing information could be for helpful for the sustainability of their outreach efforts: "That to me is sustainable because I just think the world is going to get more technology involved than not, so for sustainability, I would say focus more on that, making it easier for families to be reached that way."

Door-to-door canvassing. Zones 1 and 5 launched door-to-door campaigns to bring early learning materials directly to parents living in neighborhoods where priority population families live. Zone 1 did not report negative experiences when going door-to-door to reach families, but Zone 5 representatives reported that this strategy was ineffective in increasing enrollment, particularly in the final year of the IZ program. A member of the Zone 5 team elaborated on why she felt this strategy did not work in their community:

> We had many [doors] closed. We couldn't even knock on the door. . . . We didn't go in because we felt scared. We had some instances where we felt like we were in danger, and we found out many houses had the "No Trespassing" signs, so we decided that we just wouldn't go in for respect and just to avoid any kind of problem. We had an apartment building, and it was hard to reach those unit because we didn't know where to knock on the door, if the door was on the front or on the back, and we had some people that even refused to hear what we had to say. They would say, "No, no. I don't want to hear. I don't have the time." Some didn't want to open the door…

many feel like we are intruders or they don't trust us. I think that those were many of the reasons we didn't have the response we expected.

Representatives from IAFC suggested that the effectiveness of door-to-door canvassing may have been limited by fears of violence and deportation in some communities.

Parent ambassadors. Several zones developed strategies that involved working intensely with trained Parent Ambassadors to help convey the importance of early learning to other families. Zones 3, 5, 7, 9, and 11 offered workshops or partnered with local organizations to recruit and train Parent Ambassadors. Representatives from Zone 5 commented on their rationale for pursuing this strategy:

> *The idea was that it would engage parents, help them feel a little bit more comfortable to be able to, one, become those Parent Ambassadors in their own community because they have relationships in the community. That got around some of those trust issues because they know people; people know them.*

In some zones, the Parent Ambassadors also helped to bring a parent's voice and point of view to marketing materials, outreach efforts, and policy discussions.

All zones who worked with Parent Ambassadors reported some level of success using this strategy. Both Zones 5 and 9 felt that the work done by Parent Ambassadors was a key piece helping convey the importance of early learning to other parents. As a leader from Zone 9 commented,

> *A real asset to this initiative is the Parent Ambassadors program that we have in the Innovation Zone. They're the ones who [provide] consistent outreach in the community. They're always speaking to the families. They're encouraging them to come visit the [mobile] preschools. They're asking questions [about] why their children are not enrolled in the program. They're trying to share their own testimonies of how they ended up [with] their children in the*

program, and how that benefitted them and their family.

A member of the Zone 9 team also noted how committed their Parent Ambassadors were towards making positive changes and improving conditions for the young children in their own community. She said, They are very rooted in their communities. They do believe in their community. They're in love with their community. I think that's one of the biggest assets that they have as parent ambassadors. ...I think the biggest, biggest thing is that they want to see their communities succeed. They don't want to see it in a negative light. I think that's one of the driving forces that pushes them forward to get children in early education and try to encourage parents and teach them about the importance of early education.

Zone 9 representatives commented on the unique ability Parent Ambassadors had to work with families at their level, noting that Parent Ambassadors knew the communities better than the IZ team. They also observed that Parent Ambassadors were better equipped to find families that were not being reached by zone members:

> *I find with the Parent Ambassadors, Parent Ambassadors go and meet families where they are. For example, at the park, at the libraries, sometimes the laundromats, or just out and about on the avenue. . . . Because they're from the community, they're already known in the community. . . . I think that gives them some leverage, if you will.*

Zone 9 felt that their Parent Ambassadors were successful partially because they had preexisting trust with members of the community. Parents, who may not want to work with people they do not know, were willing to work with Parent Ambassadors to learn about early childhood services that could benefit both them and their children. A Zone 9 representative said,

> *Because the ambassadors are so well-known in the community . . . it's easy for them, for the community to come up to them also. If it's not*

early education, they talk to them about other issues that they are having and asking for help in regards to maybe domestic violence. Anything that they might have. The ambassadors, one of the good things is that because they have so much knowledge of the community and they're so invested in it, they're walking resources.

Zone 7 also commented on the importance of working with Parent Ambassadors to help persuade families to bring their children to community screening events. A Zone 7 team member commented, "I think last summer was when we quickly learned that having them at set places wasn't working. Families really went out, and canvassed, and brought families to the screenings. That was that second layer of parents going out into the community."

Several zones also reported the value of working with Parent Ambassadors as liaisons during community stakeholders meetings centered on early learning and development. The Ambassadors were able to represent parents' voices when policy decisions were made. As Zone 5 leadership described the value of including parents in these meetings,

> *Now, about two or three parents . . . attend the meetings because we do want to make sure that all the voices are heard and I think the Innovation Zone, [names] were very helpful in terms of having all the stakeholder members and finding these parents and helping find a location and then opening up the meetings and making them accessible for the parents. That, in our eyes, worked very well.*

When asked on the post-project survey what enrollment strategies made the biggest impact in their communities, a Zone 9 team member replied,

> *In [our zone], I believe that biggest impact was done by the Parent Ambassadors. These dedicated few gave all their heart and dedication to what they truly believe in—early childhood education. Advocating for what is a passion for them was not easy, canvassing the neighborhood at first was not a welcoming task by community members. As time progressed, the ambassadors were able*

to gain trust and start engaging community members to our [mobile[preschools. Trust is a big issue in our community and the Parent Ambassadors were able to break that barrier in order to get higher enrollment into early education programming for our children.

Members of the Zone 7 team also commented on the success of the few dedicated Parent Ambassadors engaged in their zone: "The parents who did are unbelievably key to what's happened to [our zone]. Unbelievably key. We need to clone them and multiply them. They do it. They do everything." Zone 7 leadership also reported on their quarterly progress report that, "Parent-to-parent outreach and word of mouth referrals are the most effective type of outreach in our community especially when phones and cars are scarce in family households."

Home visiting programs. To further outreach efforts, leaders from several zones partnered with home visiting programs. Because many families in home visiting programs are from priority populations, working in conjunction with home visiting program seemed like a natural fit. Team members from Zone 2 noted that representatives from home visiting program were already providing early learning flyers to families, but were not actively encouraging families to enroll their children. So, they worked with home visiting representatives to emphasize the importance of enrollment. Zone 3 also found productive relationships with home visiting programs. They were able to track all three-year-old children in home visiting programs in their community and then follow-up with the families of these children to refer them to high quality programs. IAFC notes that one zone worked directly with home visiting teams from their school district to to shift from referrals at age three, to facilitated enrollment.

Mobile preschool. Zones 8 and 9 developed mobile or pop-up preschools. These strategies that involved bringing a preschool-like environment out into in the community, rather than placing the burden on families to visit programs. In these two communities, zone members felt that mobile preschools helped alleviate some of the misconceptions or apprehensions parents

felt about sending their children to school. A Zone 9 representative commented on the success of their mobile preschools:

> *The families . . . started seeing a [different] side from the professionals. Because it is a cultural difference or maybe just professional difference. Our culture sees them with respect and maybe a little bit of intimidation. "I don't speak their language. They're not going to speak my language." They saw them as just regular human beings that want to help them. I think that was one of the reasons why it was also very successful, because they started seeing them outside in the community, in events. They were familiar with them. They were more apt to go up to them and talk to them or receive the information or whatever they were giving.*

Mobile preschools also provided a sample of early learning which allowed parents to more fully understand the types of activities and learning their child would experience in early learning centers. As a member of Zone 9 commented,

> *I also learned that trust is a big issue for our community, it is hard for our parents to let go of a child, this is why I believe that the [mobile] preschool . . . was crucial. It gave parents the chance to be with the child but also learn on the how they learn through play; it gave the child the chance to learn what a classroom setting is like and the comfort and familiarity for when the parent is no longer there with them.*

Zone 9 also paired Parent Ambassador outreach with their mobile preschools, and found the combination to be an effective strategy. As noted by a member of Zone 9,

> *We had these referrals flowing left and right, because of Parent Ambassadors in the community . . . we embedded them into this pipeline that was proving successful for us. They didn't have to go out in the community where our Ambassadors were already making those connections.*

Zone 8 held preschool sessions in local community parks. During these "preschool in the park" sessions, children ages birth to 5 would receive free preschool services while parents learned more about the high quality programs in their communities and an opportunity to enroll onsite. Zone 8 was also exploring options and funding sources to start a mobile preschool classroom bus.

Zones that tested these mobile preschool outreach events felt that they had impacts on enrollment. For example, half of Zone 9 respondents on the post-project survey felt that pop-up preschools made the biggest impact out of all their tested activities.

Expanding Partnerships

Creating new partnerships and expanding existing one was a key strategy that all zones pursued to increase the number of children enrolled in early learning programs. Developing partnerships allowed zones to create a common, shared message among organizations serving families in priority populations. Zones were also able to work with partners that had already built trust and influence with families who might otherwise not trust early childhood advocates. State IZ program leadership believed that building partnerships eased certain barriers to enrollment. Zone leaders were able to leverage their IZ work by connecting with other initiatives in their community that furthered the goals of the project.

As shown in Table 3, not only did zones work with traditional partners to distribute this unified message, but they also formed new, nontraditional partnerships in an attempt to reach families at multiple points of contact in the community. Over the course of the project, zones worked with local school districts (74%), healthcare providers (63%), social services providers such as Women, Infants, & Children (WIC) offices (54%), libraries (48%), the faith community (46%), and governmental agencies (33%). Through these partnerships, zone leaders believed that more organizations and agencies were broadcasting the importance of enrolling in early learning programs.

IAFC program leadership noted that in those cases where zones expanded their networks to include nontraditional partnerships, they were "more deeply connected to the community." A representative from Zone 4 described the importance of developing nontraditional partnerships to disseminate information about early learning:

> *In our community, when you go to the library now or the health center, if the [partner] sees a parent with a kid that looks like they're preschool age, she will ask, "Is your child enrolled in preschool?" If their child is enrolled in preschool, it's like great, great job, just encouragement. If they are not enrolled in preschool, they get a whole resource packet. We take their information and the information is passed on to the school. Now, we then follow up and enroll the child.*

In the process of building openness and trust among organizations, these groups began to understand that every organization in the community can work together for the best interest of children. For example, Zone 2 described how trust and coordination in their community changed to create a greater sense of openness and cooperation among multiple agencies: "the Innovation Zone creates a trusting relationship

in order for these partnerships to work. ...I think that's the big piece, is that with the partnerships, it's a trusting relationship. It's built through the Zone."

> These groups began to understand that every organization in the community can work together for the best interest of children.

On the post-project survey, a member from Zone 7 recommended that communities continue to expand partnerships to form new and varied collaborations. She noted, "Collaboration amongst diverse organizations is important to make changes in communities and sometime you have to reach outside of your community for assistance." A Zone 1 member also felt that a key lesson learned from their IZ work was, "The critical importance of building strong relationships, both within our collaborative and with partners outside the collaborative."

Child care centers. Zones 1, 3, 10, and 11 found success reaching out to develop partnerships with a broader set of child care centers than were initially involved in their IZ efforts. This type of partnership created dialogue between Innovations Zones and those providing care to young children. Members

Table 3

Please indicate which of the following organizations collaborated in your Innovation Zone efforts at any time during the project (check all that apply): (N=54)

Head Start	83%
Preschool for All	83%
School district	74%
Early intervention programs	74%
Families/parents	74%
Community group/network	65%
Health/medical centers	63%
Social services (e.g., WIC, food pantry, homeless shelter)	54%
Library	48%
Faith-based organizations	46%
Businesses	35%
Government	33%
Immigrant/refugee groups	17%
Other (includes park district, police and fire departments, and universities)	9%

from Zone 3 noted that working with a broader array of child care centers allowed their team to more fully understand the support and assistance that small centers need, "really seeing that they needed support . . . for their enrollment and even needing some information to help equip them, support their children." Zone 11 commented on the importance of creating new relationships between child care centers and other organizations in the community. These new partnerships helped create alignment and coordination to best serve children, including a shared wait list, stating,

> We have, at the table, school districts, principals, childcare owners and directors, and home providers talking about what's best for children, what's best for our community. . . . Bring in the three entities, the childcare centers, the home providers and the school districts together and they're meeting at the table talking about, not about what my program needs, talking about how can we share a waiting list and how can we get the most of these families. That is a big accomplishment. That was the biggest accomplishment for [our] Innovation Zone, and that they're meeting outside of us being there. They're coming together.

> "They're meeting at the table talking about, not about what my program needs, talking about how can we share a waiting list and how can we get the most of these families. That is a big accomplishment."

Members from Zones 1 and 10 also felt that helping to connect centers with nontraditional partners in their community was one of the biggest impacts in their community. A Zone 1 team member recommended future work should, ". . . develop relationships with childcare and center based programs."

Healthcare providers. Almost every zone worked to form partnerships with local healthcare providers, building partnerships with a sector of the community that proved to be effective at reaching priority population families. For example, an IAFC

representative noted a health clinic in one zone added early learning referral to their electronic medical records to make this process more systematic. As a team member from Zone 6 noted, "A lot of those kids still do go to the health department to get their immunizations and with health assistance, and so we're forming more formal partnerships with them for sharing of information and recruitment."

All zones that partnered with hospitals, health departments, and clinics felt that these partnerships created a strong mechanism to promote early learning and help families get access to the services they need. IAFC felt part of the success of forging new partnerships with the healthcare sector was based in the trusts parents have for those professionals working in medical fields. Representatives of Zone 5 described how successful healthcare referrals worked in their community:

> What we have been reflecting in this group is that trying the partnership with the health center has been very useful because we have more referrals in a shorter period of time than other strategies, and we were thinking that might be because having a doctor—kind of like a prescription, that it's important to attend early learning programs, and having that endorsement from the health area has been important.

School districts. Many zones partnered (or attempted to partner) with their local school district. For example, Zone 10 partnered with Preschool for All and their local school district to develop a Preschool for All Expansion grant. Members from Zone 10 commented on the importance of bringing childcare centers, the school district, and representatives from the IZ team to work towards a common goal:

> Within that grant, school districts and childcare centers had to work together. . . . Innovation Zones were already there. Here comes this grant that comes in and now we have everyone at the table talking about system changes and not about, "I'm a childcare center so I don't want to talk to you because you're a school district or you're a school district and I don't want to talk about you."

Zone 6 commented on the value of partnering with their school district to develop programs that allow a more seamless transition between preschool programs and kindergarten, particularly for students with special educational needs:

> think that an area that I can really talk about that we've seen real changes was the Special Education District. There was really no clear connection, and so it has created new channels of communication and ways to work together. For instance, as children are screened in early childhood centers and they're identified for monitoring, and they're at that age now, they're working collaboratively with the Special Ed District to be able to have somebody come in and actually do a second tier of screening to see if they think referrals really need to be made.

Leadership from Zone 2 worked with their local school district to support outreach efforts in early learning. In this community, the school district was already reaching out to families to encourage enrollment in early learning, and those efforts provided a space for the zone to reach those families with young children. A Zone 2 representative noted that,

> Although [local public schools] have their own urban learning program, they also open it up for any other kind of early learning program to come and reach out to families that may come to them for enrollment days. The center has made it something that is really a good strategy in the community.

Zone 1 developed a similar strategy with their local school district. They focused on recruiting families to enroll in the district's preschool programs and provided support to families in completing the preschool enrollment process.

Zone 6 also found a productive relationship with the school district by partnering with kindergarten teachers to research which students were able to access early learning programs prior to kindergarten. Working with several of school districts in their zone, Zone 6 leaders developed a kindergarten registration survey to identify the percentage of children not served

in a formal setting, where children and families can be reached, and the best ways to reach them.

A leader from Zone 1 felt that one of their biggest impacts resulting from their work with the project was their newly formed partnership with the local school district. She noted that the, "[District] Pre-K registration drive helped us to get our foot in the door at [district]; our IZ Coordinator was able then to develop strong relationships with several elementary-school principals, and we expect this will pave the way for additional work with the schools."

Although some school district partnerships did foster positive collaborations that created shared initiatives and coordinated outreach, not all of these efforts went as smoothly. For instance, members from Zone 7 noted that working with their local school district had resulted in small changes, but the zone was often discouraged by the lack of the district's participation in the IZ community meetings. Zone 7 leadership was also discouraged by the lack of vision the district displayed regarding their role in promoting the benefits of early learning.

Despite these setbacks, Zone 7 was able to engage their local district and develop strategies that could help alleviate transportation barriers and create a system that is more supportive for families with children who may have developmental delays. Representatives from the zone identified transportation as a barrier preventing families from getting their children to and from early learning programs. At the time of their interview, Zone 7 leadership team was working with the local school district and Head Start to provide co-location services. These services could be provided at a center that has transportation, so that these transportation services could be used by more families. Zone 7 was also working with the school district to develop a screening referral system for those children, ages birth to five, that may have developmental delays. As the Zone 7 lead noted, "The school district, even though they don't [provide] care for children birth to five, there should be a plan in place that I can refer a family there and the kid gets screened. . . . They don't [have such a process in place] right now. We're working on it. We've filled that void in some regards."

WIC offices. Zones 1, 7, and 9 also tested partnerships with their local WIC offices to see how they could be helpful in engaging families who visited them. Zones 7 and 9 reported that these partnerships were successful. For example, Zone 7 leadership noted, "We did that for three months just to find out would families come, would this be interesting to them. . . . It's something that I would like us to sustain because we reached 60 kids in three months." Zone 9 representatives took a slightly different approach by sending Parent Ambassadors to visit their local WIC office weekly to talk with families about ECE. They reported that, on average, they were able to reach about 20 families each week using this strategy. Zone 1, on the other hand, was discouraged by their WIC partnership, saying, "It took me two years to get a linkage with the city's WIC office [in our zone]. There's still not buy in. I don't know what the right solution for [our zone] is."

Other government agencies. Developing partnerships with other local governmental agencies seemed to be promising strategies for reaching families and enrolling children in some zones. For example, Zone 7 partnered with local police departments for early learning outreach events and trained officers in developmental screening. State IZ leadership described the success of this partnership: "In [Zone 7], the police department ended up being there on some of their screening and outreach days, and it seems to really lend a lot of credibility to the work that they were doing." Zone 7 leadership also noted the success they found working with state government agencies, particularly, the Illinois State Board of Education (ISBE). ISBE helped zone leadership understand complex issues around Child Find and worked with the Zone, the local school district, and Head Start to identify children with disabilities and ensure their needs were met. Representatives from Zone 8 worked with their local park district to provide programming for younger children in parks with existing programs for older children. They also worked to broaden the range of programs offered in parks that did not offer programs for younger children.

Some other partnerships with local government agencies proved to be less successful, and perhaps hindered by the roles these agencies were allowed to fulfill. For example, Zone 4 developed a partnership with their local housing authority to enroll residents in pre-kindergarten programs. They distributed surveys in the housing authority program to investigate whether families with young children planned to enroll in early learnin. This information was designed to be used to assign caseworkers to support families through the enrollment process. Unfortunately, Zone 4 leadership discovered that this partnership could not produce the results they hoped because the housing authority became concerned with issues of privacy and consent.

Faith community. Zones 7 and 9 developed partnerships with faith groups in their communities. For example, Zone 9 reported that they were working with community churches to hold pop-up preschool events at local churches. Neither zones, however, reported on the success or strengths of working with their local faith community.

Innovations in Quality

The second major area where collaborations could choose to focus their IZ efforts was to increase quality. Quality, in this context, refers to increasing participation in or ratings on ExceleRate Illinois. Four Zones (6, 7, 10, and 11), all from cohort 1, opted to focus on quality goals. It is worth noting that these zones were not necessarily more developed collaborations (one was a new collaboration, two were solidifying, and one was established), nor did they necessarily feel like they had already fulfilled all of their enrollment goals. Instead, these zones offered several rationales for pursuing quality initiatives. Some were comfortable focusing on quality because they had a close relationship with their CCR&R or zone leadership had experience working as a training coordinator. Others felt like they needed to improve quality to justify trying to boost enrollment. Another zone clarified that they chose not to focus on quality because they felt like this was not an issue in their community, as all of their centers already had some level of quality accreditation.

The zones' efforts around quality focused on three broad strategies: outreach and incentives, establishing communities of practice, and professional development. Zones tended to use multiple approaches to quality rather than pursuing a single strategy. As a representative of Zone 7 noted, "We needed training, we needed incentives, we needed mentoring. The combination of all three of those. It took one-on-one contact where someone could call and say, 'What do I do about this?,' it took structured trainings, [and] people really like incentives." The remainder of this section describes and provides examples of these strategies, and a discussion of the barriers these zones faced in implementing their quality innovations. These quality innovations could be used or adapted in other communities across the state experiencing similar challenges.

Outreach and Incentives

An initial step for most of the zones working on quality innovations was an outreach campaign to inform early learning educators about the ExceleRate system. Zones 7 and 11 both discussed the importance of educating and engaging centers about the system and the steps needed to progress through ratings. Similarly, Zone 10 said that their initial outreach work was one of their highest impact activities:

> One of the things [IAFC] did was immediately connected us with the governor's office. . . . They were able to come out, we had many meetings with them where they actually talked to us about what was the survey about, what's quality about, what are we trying to do. Then having it at the very beginning. That made it a little bit easier on going out in the community. Not only did they talk to us, but we were able to invite the community out to hear the governor's office, to talk about quality and what is this new ExceleRate thing all about. That was very helpful for me.

However, zones also found that information alone was not sufficient, and that partners also needed to be recognized and rewarded for their progress toward quality, and all four of the quality zones (6, 7, 10, and 11) used some form of incentives to promote and sustain their efforts. As noted in the mid-term evaluation, throughout the grant, zones have "designed recognition events, including newscasts and placement of celebratory banners and recognition plaques for programs that improve their ratings and for staff who become credentialed within the Gateways credentialing system." (Fowler, Thomas, & Jones, 2015) For example, Zone 7 set—and achieved—the goal of "16 by '16," to help all 16 partners achieve an ExceleRate rating by 2016. They incentivized quality by supporting Gateways credentials and coordinating intake and referral for silver and gold rated programs.

Zone 6 implemented a system of incentives, including financial rewards and CCAP policy options, to increase and stabilize enrollment and funding. The zone was able to repurpose existing funding for program recognition and promotion into incentives for earning Gateways credentials, including plaques for individuals and banners for centers awarded by community leaders.

By publicly posting their quality ratings in their buildings, some centers have used the focus on quality as a form of marketing to create awareness of the importance of credentialing amongst parents. For example, Zone 6 worked to raise public awareness about quality in early learning by encouraging their centers to visibly display their QRIS ratings, saying "the idea is to create an awareness [in] parents about the importance of credentials, the importance of the Gold Circle of Quality." In addition, Zone 6 leadership noted, this is a "two-sided strategy: One is to recognize the program and/or the individual, and the other is to market the concept of quality to the public, parents."

Communities of Practice

Three zones (7, 10, and 11) utilized communities of practice models to address quality. This strategy involved collaborating across programs to share ideas and learn from local experience and expertise in order to improve ExceleRate ratings community-wide. For example, participants in Zone 11's Community of Practice shared that "hearing that their peers face the same obstacles in their work helps them to realize they aren't alone" and has "strengthened relationships between the participants" leading to " personal and professional growth."

Zone 7's Community of Practice hosted a monthly meeting for providers, directors, and owners. The meeting, by design, had no set agenda, but allowed participants to discuss their understanding of various ExceleRate quality standards and common challenges. As one participant said,

It was a chance for people to say, "I tried this and it worked for me. You might try this." It was kind of brainstorming of ideas and possibilities of building network capacity and leadership capacity. I mean they had the answers within themselves and within the group.

"By having that opportunity to share a network," one Zone 7 leader noted, "it just helped them to expand their relationships and to build the trust with one another." They report that this community of practice developed "cross-sector relationships" between Home Visiting, Early Head Start/Head Start, Preschool for All, and child care that "will sustain our work."

Zone 10 used another approach to cross-community collaboration, relying on a handful of its largest and strongest programs to mentor smaller centers who needed additional support. These five largest centers served as the core of the zones quality team and "cheerleaders" for quality throughout the community. Each of these "cheerleaders" was charged with reaching out to five smaller centers nearby and bringing them onboard the ExceleRate system. As IAFC describes it,

First, they got their core group, who were mostly NACC [National Association of Child Care] accredited, into goals, so they did a differentiated tier strategy. . . . Let's get the low hanging fruit at first and then have them go out and mentor licensed programs to show them, "Hey, this is easy. You could do this, too," to really do that peer support to transfer information and to help with that perception of ease.

The role of peer mentors or cohort mentoring centers in this strategy was twofold. First, they helped inform and engage other centers to secure their participation in the ExceleRate system. Then, they helped others through the process of meeting standards and obtaining a circle of quality. Owners of the large centers in Zone 10 were also willing to open their centers for tours and guidance, and to share time and resources with owners of smaller centers.

According to interviews from zones using communities of practice, peer or cohort mentoring was an important component of this strategy. As a leader from Zone 11 said,

> The mentor piece became really the key, because they could actually sit one-on-one with their mentor and . . . they could talk about their strengths, their challenges, what they want to work towards. It was more private, because that's really a part when you're ...a director and you're among your peers. . . . If they don't have some sort of leadership guidance, they weren't going to move forward.

As IAFC's project leadership team noted, "The peer learning and the mentorship, I think, has been really helpful because [centers] don't have time, the money, they don't have a lot of capacity to go out and get these learning opportunities." They also note that communities of practice helped centers build social capital that,

> In times that have been very hard, that they've actually added resilience to some of these programs that, otherwise, would've had to struggle alone. I think that that ends up reducing silos, which creates more encouragements and higher motivation . . . that resiliency to be able to apply and try something new.

Professional Development

All four of the zones focusing on quality (6, 7, 10, and 11) used professional development (PD) opportunities as a key component of their approach. However, these zones approached PD in several distinct ways, including coordinated PD efforts across the zone, utilization of quality specialists or coaches, distance learning, and outreach and incentives. These approaches were often used in combination with each other, or in coordination with the communities of practice approach. For example, Zones 7 and 11 used external experts alongside peer mentors to guide the work of cohorts to and through the ExceleRate Circles of Quality.

In addition, IAFC sponsored attendance at leadership development conferences and a year-long leadership training programs to build leadership capacity to improve ExceleRate ratings. They also funded two leadership pilots in the southern region of the state, one for early learning program leaders and one for cross-sector leaders working with young children.

Coordinated PD. Zones 6, 7, and 11 used community-wide PD to increase participation in ExceleRate and help meet their quality goals. For example, Zone 11 created an ExceleRate training plan and calendar to share with all centers, and Zone 6 offered two Teachers' Institutes each year that were open to all early childhood professionals in the area. This PD presented opportunities that were widely needed yet previously unavailable in many communities. A Zone 11 leader revealed that these new opportunities "introduced them to professional development things they knew nothing about that had been around for many, many years. . . . They didn't know about them. They're not using them. We introduced them to that world." As a representative from Zone 11 described, "those opportunities for trainings outside of the typical 'make and take' has really increased their awareness of what type of skills, education, keeping abreast of what's current in the field so that you're actually delivering good quality programming." Several interviewees also remarked that many of these opportunities now available to early learning centers were similar to approaches typically seen in public schools. These included professional learning communities (Zone 7), leadership training (Zone 11), individualized professional development plans (Zone 11), and attendance at large statewide conferences (Zone 11). As Zone 6 described their Teacher Institutes, "They're not conferences. They're not workshops. They're teachers' institutes. It's very similar to what happens in the public schools." Similarly, Zone 7's community-wide training "was the first time that that [had] ever happened, bringing the school district, Head Start, and child care center staff. . . . [Centers] closed early, which was the first time they'd ever even done that for their staff."

The coordinated approach also allowed centers to combine resources and leverage economies of scale. For example, Zone 7 combined centers' professional development dollars so they could hire an external consultant to provide one-on-one, hands-on support and tiered training for their child care providers. They were then able to collaborate with their CCR&R to develop print resources to map out a calendar of ExceleRate training in their community and partner with a local community college to provide credits for ExceleRate training.

Zone 11 communities expanded their partnership with several providers of PD and technical assistance and offered individualized professional development plans to guide center staff through the Gateways credentialing process. The zone formalized agreements with the Ounce of Prevention and the local community college to offer Lead.Learn.Excel training for centers at the Gold level of ExceleRate, as well as centers who were part of their recent Preschool Expansion grant. This training also provided the opportunity to bring together a more diverse group of participants than local PD had typically offered. Community-wide PD also allowed the zone to "broker relationships" with providers to offer more convenient local trainings. As one interviewee from Zone 7 noted,

> [Previously,] programs in this community would have had to travel to [other communities]. It wasn't as convenient or as accessible. . . . It wouldn't have been specific to this community. It would have been programs from any of seven counties that would have been invited. We found keeping things as localized as possible is what they appreciate.

Quality specialists. Experts such as quality specialists or coaches were used in Zones 7, 10, and 11 to support centers' participation in ExceleRate. The specialists were typically representatives from the local CCR&R who delivered onsite coaching and mentoring to assist professionals in their path to achieving a credential. For example, Zone 7's progress reports stated that their quality specialist conducted a minimum of one monthly visit to each program, offering individual technical assistance related to

ExceleRate and helping programs apply for grants and understand Continuous Quality Improvement Plans and self-assessments. According to a representative of Zone 7, the quality coach was vital because she was "the one who has the big picture of how all the pieces fit together. She could help to make those connections about grants and trainings and this program is doing this. She could bring it all together." Zone 7 was especially pleased with their quality specialist, saying "[She] became a personal coach and mentor to each of these people ... She went above and beyond." Our survey also revealed that the utilization of quality specialists has even expanded to IZs that are not, officially, focusing on quality. Zone 1 wrote that they are "spearheading a quality improvement initiative for child care centers in our community" in which they will "link each participating center with a quality specialist from our local CCR&R and with university-based subject matter experts, and together they work to ensure that the Center achieves a higher ExceleRate level."

Distance learning. As noted in the mid-term evaluation (Fowler, Thomas, & Jones, 2015) several zones used distance learning to facilitate their PD goals. Zone 6 developed and implemented "a technology infrastructure that will take the professional development system further into the 21st century, address barriers created by geography and time, maximize and create a collaborative community of learning." As reported in their planning phase report, Zone 7 also embraced distance learning, noting,

> There are many trainings now through ExceleRate that are available online which saves so many dollars versus sending folks face to face. . . . they provide an opportunity that folks didn't really have with the computers before. They could sit at work. They could sit at home and get the hours that they had to get to move up this thermometer so that they could get where they needed to be.

Zone 7 also cited that another advantage of distance learning was sustainability, especially in the face of diminishing funds for face-to-face training (Fowler, Thomas, & Jones, 2015).

Challenges to Improving Quality

Our interviews revealed several challenges to innovation in the area of quality. First, a few zones reported being somewhat overwhelmed, at least initially, by the requirements of the ExceleRate system. According to a representative from Zone 7, center directors would come to her and say, "This is overwhelming. I have no idea what my staff needs to do." In response, she said,

> We did everything we could to help them have a clue. The other thing was we were able to mediate with Illinois Network of Child Care Resources and Referral Agencies (INCCRRA) or CCR&R and say, "Too much. Stop. It's just too much. . . . These people are hanging on by a thread and you're pushing."

This challenge was exacerbated by resource limitations in the local early learning and development system. As IAFC described,

> I think one of the challenges . . . is that they are really working with centers that are very under-resourced. . . . They create one ExceleRate system, and . . . everybody's supposed to get into it, but the Innovation Zones have really been able to look at what does rollout, uptake, and ExceleRate mean for very vulnerable . . . centers?

These already limited resources were stretched even thinner by Illinois' state budget crisis. For example, in Zone 7, the state budget situation caused some scheduled trainings to be cancelled and may have contributed to credential application delays and declining participation in their community of practice meetings. As Zone 10 said, simply, "Here we are, we're talking about quality, but then child care centers were trying to figure out how they were going to keep their doors open."

Another challenge with quality initiatives, reported across several zones, was their tendency to be overly ambitious. For some centers, this meant trying to leap from licensed to Gold status in an unrealistically short period of time, which typically led to disappointment and discouragement. For this reason, many zone leaders recommended setting their sights on "small wins" and continuous, incremental improvement. As a representative from Zone 10 said,

> Quality is something that you're continuously working on. It's a continuous cycle. It's not a destination and you're there. . . . We were talking about centers that were barely meeting licensing requirements and telling them to go to gold. . . . We had to change our language and say to people ". . . Start with those small wins." Take your time and just meet the staff and the child care center where you're at and try to obtain gold, but be happy with going from—just be good. If you're going to go to bronze be good at bronze but try to get all the other steps. We call it . . . "You're going to 'crank it' for a day." You're going to be gold for that day and then that's it. This is something that has to continuously be working every day. I would change that whole strategy of how we started talking about quality. I would change the whole strategy of how we talk about it and how we get there. Not using the process of you need to be here. Start with the conversation of what's best: Why do you want to go here? Here's what you get for being here. Here's the reason you should want to be here. It's not because of the fact that the state says you need to be gold or anyone else says. It comes from the fact that you want to do what's best for children and for families.

Implementing more ambitious PD efforts also presented obstacles for some zones looking to improve quality. For example, Zone 11 initially planned to use a Leadership Academy model to spearhead their improvement efforts, but had to adjust their approach because it was not "clicking" with local center directors. In their words, "We started the Leadership Academy, but even then what we found out ...is that at the level that the information that was being shared through the Leadership Academy as a whole were even way above theirs. We really looked at it and scaled it down." Zones that utilized distance learning needed to find technology resources for staff to access online training.

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Illinois' Early Childhood Innovation Zones: A New Model for State Policy?

> Finding time for PD was a major concern for some zones, especially because early learning centers do not have staff development days built into their calendar like most schools.

Finding time for PD was another major concern for some zones, especially because early learning centers do not have staff development days built into their calendar like most schools. Furthermore, directors at smaller centers often work in the classroom and "can't get past the day-to-day details to 'see the big picture'" (Zone 6) and attend trainings or lead reform efforts. Zone 6 was able to leap this hurdle, though, by working with parents to schedule days to close centers for teacher training. In fact, Zone 6 found that parents were quite amenable to this arrangement, even volunteering to help out if backup child care options were needed, because "Parents seem to recognize the importance of their teachers being trained." In their planning phase report, Zone 6 also proposed a policy change allowing child care programs to close on PD days and still count them toward billing purposes if at least 80% of their staff attended training. Similarly, Zone 1 had difficulty getting buy-in from center staff to participate in their quality cohort activities, at least partially because they required too many days out of their buildings without offering financial incentives such as substitute pay:

> *The Zone got essentially unanimous feedback from administrators that they could not afford to be out of their buildings during normal working hours: not only could they not afford to hire subs, but also in many cases there simply are no other staff with the appropriate training and credentials to fill in for them when they are gone.*

In response, Zone 1 worked to arrange activities that met outside of normal business hours and offer some supports free of charge.

Innovations in Capacity Building

Behavioral change theories, combined with a suite of systemic thinking and community engagement strategies, allowed zones to conceptualize concerns at a system rather than program level and equipped zone members with the strategies and partners to address these systems-level concerns. In particular, zones noted that small experiments provided an opportunity to try strategies that could address local problems relating to early learning without the fear of negative consequences. Without this safety net, zones likely would not have attempted these experimental strategies. As a result, the IZ project established a climate where zones could pilot innovative strategies.

Using more sources of data and examining data more critically allowed zones to make more informed decisions about how to implement their strategies and monitor the success and fidelity implemented strategies. However, zone members expressed frustration with incomplete and inconsistent data collection and the difficulties this created when making informed decisions about programming and implementation strategies. Other key findings include:

- Zones indicated that successful implementation of community systems level solutions required *engaging the community* and *developing trusting, genuine relationships* with parents and a wide range of stakeholders. This empowered individuals to explain the challenges faced within their community regarding access to and quality of ECE. It also helped to generate more innovative and effective solutions to these challenges. These relationships and the acknowledgement of challenges allowed zone members to implement innovations solutions. Conversely, many zone members felt that when solutions were introduced in a "top down" manner they tended to be less relevant to the community and less successful at solving problems.

- IAFC provided zones with a range of technical assistance and supports including conferences, coaching, peer learning networks, and sponsored trainings. Overall, stakeholders noted the shift in conferences and coaching from an academic and theoretical orientation in cohort 1 to a more applied and practice oriented focus in cohort 2 helped sites implement supports more effectively. Coaching offered the opportunity to tailor support to zone's specific needs and context while peer learning networks allowed zones to develop collegial professional networks through which they could offer support to each other, problem solve, and coordinate services in a more effective manner.

- Zones indicated that the state budget impasse significantly limited funding to stakeholders. As a result, zones struggled to meet the demands of both existing work duties and IZ commitments, and the effects of staff turnover were magnified. Collectively, these changes led to more inconsistent participation in the IZ project.

Innovations in Enrollment

All zones developed and tested strategies to help increase the number of children from priority populations in high quality early learning programs. Zones implemented these strategies given the unique needs, demographics, and geography of their community. Zones focused on aligning components of the early childhood system, implementing developmental screening campaigns, engaging families and the community through outreach, and expanding partnerships. All zones used multiple approaches to increase enrollment, rather than pursuing a single strategy, and they often combined multiple strategies. Key findings include:

- Most zones believed that efforts towards aligning agencies that provide services to high needs families and their children helped families more easily enroll their children; however, some zones struggled to get all necessary agencies involved and other zones noted that often unwanted compromises had to be made when developing this strategy.

- Those zones that implemented developmental screening campaigns felt that this strategy worked to help families get the necessary services for their child, while also helping the zone to raise awareness and refer families to early learning programs.

- Zones explored a wide range of family and community outreach strategies to help raise awareness about early childhood services and educational programs available. Several zones coupled multiple outreach strategies such as combining the efforts of their Parent Ambassadors with mobile preschool events. Overall, zone representatives felt that their outreach efforts successfully increased awareness of available early learning options. Some zones noted that door-to-door outreach was not effective.

- All zones worked to foster and grow new partnerships in their community. Strong partnerships, especially those with non-traditional partners, helped zone representatives form a shared message about the importance of ECE. Although some partnerships were more easily formed than others, zones felt that developed partnerships helped reach and enroll more priority population children in their communities.

Innovations in Quality

Zones 6, 7, 10, and 11 opted to focus on quality by increasing participation in or ratings on the ExceleRate system. The zones' efforts around quality focused on three broad strategies: outreach and incentives, establishing communities of practice, and professional development. Zones tended to use multiple approaches to quality, rather than pursuing a single strategy. Key findings include:

- The zones began by implementing outreach campaigns to inform early learning professionals in their communities about the ExceleRate system. They promoted and sustained these efforts with incentives, such as public recognition.

- Three zones utilized communities of practice to improve quality, collaborating across programs to share ideas and learn from local experience and expertise. The remaining zone relied on a handful of its largest and strongest programs to mentor smaller centers.

- All four of the zones used professional development as a key component of their approach. Some coordinated their PD zone-wide, whereas others utilized quality specialists or coaches, distance learning, or other outreach and incentive programs.

- Our study revealed several challenges to implementing innovations in quality. Some zones were initially overwhelmed by the requirements of the ExceleRate system. Others tended to set overly ambitious quality goals. More ambitious PD efforts also taxed resources with regard to capacity, technology, and time.

Impacts & Outcomes

In this section, we discuss program outcomes and the impacts of zone collaborations. We organize our discussion of impacts into three components corresponding to the preceding sections of this report—capacity, enrollment, and quality. As with the other sections of this report, data for this section were gathered through interviews with zone and program leadership. Here, however, these qualitative data are supported by quantitative measures of impact collected through periodic data reporting from each zone and survey data collected by the evaluation team (see the Methodology section for more details on the survey).

Positive Effects on Capacity

A primary area in which the impact of the IZ project was felt came in new ways that communities collaborated and communicated around early childhood development issues above and beyond the strategies for improving enrollment and quality described above. These "mind shifts" and process impacts cited by participants generally fell into seven categories: increased collaboration amongst stakeholders; stronger partnerships with the community; stronger connections with state and local systems; increased prioritization of early learning and development; new approaches to working with families; new mindsets and problem-solving strategies; and improvements in data collection and utilization.

Increased collaboration amongst early learning professionals. Our interviews revealed that, prior to participating in the IZ project, it was common for organizations serving young children to work in relative isolation, and programs—even those working in the same community with similar populations—rarely communicated or coordinated their efforts. Participants noted that their IZ efforts led to increased collaboration among early childhood service providers, especially in discussing common obstacles and sharing best practices. As one Zone 6 participant said, "Practice has changed thinking. It's built bridges, has really helped to coalesce, solidify, break down barriers between the silos, and has been a bridge to, or has launched new dialog with, other partners like the medical community."

Our end-of-grant survey indicated that respondents strongly believed the IZ project increased the level of cooperation amongst early learning and development professionals and that organizations in their community have more of a shared vision for early learning and development (Table 4). More than 95% of the 45 respondents to each of these items indicated that these factors increased since beginning the grants, and none indicated that either had declined.

Table 4
Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project. (n=45)

	Much More	Somewhat More	No Change	Somewhat Les	Much Less
The level of cooperation amongst early learning and development professionals in your community	38%	60%	2%	0%	0%
The degree to which organizations in your community have a shared vision for early learning and development	49%	47%	4%	0%	0%

The IZ work also led to some stronger and more effective relationships with existing partners. For example, Zone 8 leveraged their IZ work to develop a partnership involving more than 40 community partners working to improve kindergarten readiness. As their leaders described the impact of their work,

> I think one great accomplishment is just the level of collaboration out there. We said at a meeting last week that people who work in this community for 30 plus years, they're finally seeing networks breaking down and true collaboration starting to happen. Just more and more pulling people together. Our Head Start program was traditionally very siloed, their way of doing things, and our school district was also very siloed. Now, in a couple of meetings, they're referring kids back and forth, so now it's a very lovely point of view. That's been a great accomplishment seeing some of that happening.

Stronger partnerships with the broader community.
The IZ efforts developed new partners and advocates, and expanded existing connections across all zones. The collaborations were quite diverse, but centered on improving early learning and development. For example, Zone 2 developed stronger relationships with the health sector, their district early childhood team, mental health providers, and other community-based organizations. These cross-system partnerships created an active referral network to connect families to quality programs. Zone 5 partnered with a local health clinic so their bilingual pediatric staff could refer parents to early learning programs and formalized a plan for outreach activities at the Mexican Consulate, churches, and their Chamber of Commerce. Zone 7's cross-

sector partners included organizations from education, home-visiting programs, municipal government, local churches, and parent ambassadors. They started working with their local WIC office, "just to find out, would families come, would this be interesting to them?" and found, "It's something that I would like us to sustain because we reached 60 kids in three months." Some zones were also able to use the IZ grant to forge inroads with partners that had previously been difficult to reach.

Slightly more than three quarters (76%) of our survey respondents said that they had more partners collaborating around early learning and development in their community compared to before the IZ project, with more than a third (35%) saying they now had substantially more partners (Table 5). On the end-of-grant survey, representatives from Zone 6 wrote that, "Walls can be torn down when others realize you are interested in the needs of the families/children instead of just what we can get out of this." Similarly, a respondent from Zone 5 said,

> The expanding awareness of early childhood and family support system networks impacted my work. It was amazing for me to hear from the various groups and organizations, realize our shared goals and start to discuss and imagine how we could work together.

While it is striking to observe that some respondents indicated they now had substantially fewer partners than before the IZ project, it is important to note that not all responses from within a given zone were consistent for this item. For example, though one respondent from Zone 2 reported that they now had

Table 5
How would you describe the number of partners collaborating around early learning and development in your community now compared to before the Innovation Zone project? (n=49)

Substantially more now	35%
Somewhat more now	41%
About the same	18%
Somewhat fewer now	2%
Substantially fewer now	4%

substantially fewer partners, three other representatives from the same community indicated that they had substantially more partnerships now.

When asked about specific collaborators (Table 6), participants identified growth across all partnerships, and especially among immigrant/refugee groups, social services organizations, and early intervention programs. Collaboration seemed to grow most slowly with faith-based groups and businesses, but increased nonetheless.

Stronger connections with state and local systems.
Many zones used their experience with the program to expand their relationships with state and local government agencies and contributed their expertise to improvement initiatives that reached beyond the participating communities. IAFC staff noted,

> *The Innovation Zones themselves are actually influencing change in the city and in the state, that their voice is being listened to and that they're being heard. . . . and they're providers, and they're parents, and it's a voice that has been underrepresented in policy making, and I think that's very powerful for making good policy.*

For example, Zone 10 worked with ISBE on data entry processes related to Preschool Expansion and piloted strategies designed to improve data collection. Chicago-area zones worked with Chicago Public Schools and the Mayor's Office Innovation Team to improve their online application process. Several zones have also created toolkits or artifacts that could help communities statewide work to improve enrollment of priority populations or quality of early learning services. The Zone 7 IZ team collaborated with other local stakeholders to submit proposals for the Early Head Start - Child Care Partnership and a Federal preschool capacity-building grant, and was appointed by their local collective impact group to develop community goals for children transitioning to kindergarten. They also worked closely with the Illinois Department of Human Services' Child Care Bureau to recommend CCAP policy changes to serve broader priority populations. Zone 6 received a grant to develop a comprehensive developmental screening initiative throughout their region and to work with healthcare providers to establish formal links between early childhood and medical communities.

Table 6
How would you describe the level of your collaboration with the following partners now compared to before the Innovation Zone project?

Partner	Much More Collaboration Now	Somewhat More Collaboration Now	No Change	Somewhat Less Collaboration Now	Much Less Collaboration Now
Immigrant/refugee groups (*n*=9)	67%	22%	11%	0%	0%
Social services (*n*=27)	44%	33%	19%	4%	0%
Early intervention programs (*n*=40)	43%	43%	13%	3%	0%
Health/medical centers (*n*=33)	36%	42%	21%	0%	0%
Library (*n*=25)	36%	48%	16%	0%	0%
Community group/network (*n*=35)	34%	51%	14%	0%	0%
Preschool for All (n=43)	33%	44%	23%	0%	0%
School district (*n*=39)	31%	51%	18%	0%	0%
Head Start (*n*=44)	30%	50%	21%	0%	0%
Child care centers (*n*=45)	27%	60%	13%	0%	0%
Government (*n*=17)	24%	41%	29%	0%	6%
Faith-based organizations (*n*=24)	17%	46%	38%	0%	0%
Businesses (*n*=19)	11%	47%	42%	0%	0%

Increased stakeholder prioritization of early learning and development. Our survey data indicate that the vast majority of zones reported that their communities have increased the prioritization of early learning and development, either "somewhat more" (58%) or "much more" (36%; Table 7).

In some zones, improved collaboration and stronger connections have increased other stakeholders' awareness of the work of early learning programs and the importance of ECE. For example, leadership from Zone 7 had similar comments, "I think people in the community know more now than ever about the community and the people who live here and the services in the community. Raising awareness." Zone 7 also reported,

> I think everyone has a better understanding now that what [they] do birth to five matters when [children] walk in the first door at kindergarten. I don't know that they had that awareness before. . . . Just early learning matters and their role in that. If kids are fed they can engage in learning. If they have their immunizations, they're safe and healthy, they have a screening, we catch them early and provide supports.

A leader from Zone 9 echoed these sentiments,

> I just think that it's very gratifying that . . . early education is at the forefront of [our community] now, because on a personal basis, I went to an education committee, which I'm part of, the people that are there, I don't necessarily talk to them about the early education piece. For some reason, we started getting into conversations. All of a sudden, they turn on. They're like, "Yeah, and the pop-up preschool initiative that you guys

are doing is awesome." . . . People are starting to know, people are starting to be aware of that.

Some zones made deliberate efforts to facilitate this type of community-wide growth. For example, Zone 11 trained their collaborators on the impact of poverty on young children. State IZ program management says that this "cross-learning" approach was typical: "I would say this is across the board, so as new partners came in who served priority populations, in most of our Innovation Zones, those folks would give a presentation at the meeting about what they do, so [others] would learn more about [it]."

> Participants spent at their desks and more time out in the community building relationships.

New approaches to working with families. Zone leadership often reported that participation in this project changed the ways they communicate with their constituents, resulting in less time at their desks and more time out in the community building relationships. Zone 10 in particular described substantial success with these efforts. They reported changing the ways they interacted with parents and efforts to make their services more user-friendly:

> One of the strategies that we developed when working with enrolling families was like a hands on approach. What we found was that just printing out a list of addresses and telephone numbers wouldn't work. The hands on approach was going, actually getting up from our office and going out and working with the social and health service agencies to talk about the families was one approach that we had, a strategy that we used.

Table 7

Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project. (n=45)

	Much More	Somewhat More	No Change	Somewhat Less	Much Less
The priority your community places on early learning and development	36%	58%	7%	0%	0%

As they summarized their progress:

> *We were in the office making phone calls and not building relationships. We're talking through the phone and using terminology that maybe family wouldn't quite understand. We thought about that whole process and thought about getting out of the office, building relationships, talking at parents' level, making seamless processes where that it would be easy for them and actually addressing problems by working with the Social Service Agency, by asking them, "What is it that your family will need?" Before, we didn't think about that.*

In addition, responses to our survey (see Tables 8 & 9) indicate that parents and families now have more input into planning and decision-making and have stronger collaborations with the early childhood community than before. For instance, a representative from Zone 9 noted, "It has made a difference not only in the children, also in [parents]. Now, they're encouraging other parents to have their children enrolled in early education."

Several zones reported changing how they communicated with parents, adapting language that is more commonly used and familiar to families, while also changing the ways they reached families, including increased utilization of social media. For example,

Zone 11 reported that their new Kid Info phone line connected five families to services in less than a month and that their Facebook page received over 40 "likes" within a month of launching, with one post viewed by over 700 people. Program leadership also believes that parents are now more closely involved in decision making than was previously the case, as the zones have worked more actively to solicit and act on community input.

New mindsets and problem-solving strategies.
On our end-of-grant survey, we asked a series of questions aimed at determining the extent to which IZ participants acquired and used various problem-solving and decision-making strategies. As displayed in Table 10, respondents' understanding of each strategy increased after participating in the program. The reported use of these strategies was a little more uneven though (see Table 11), and one respondent noted that it would have been helpful to "stick to one framework for systems change" because "too many things going on . . . diverted focus." Nonetheless, around three-quarters indicated that they had increased their use of each strategy. Interestingly the same three strategies emerged at the top for both increased understanding and utilization: implementing change effectively, using a systems approach, and using data to identify root causes.

Table 8
How would you describe the level of your collaboration with the following partners now compared to before the Innovation Zone project? (n=40)

Partner	Much More Collaboration Now	Somewhat More Collaboration Now	No Change	Somewhat Less Collaboration Now	Much Less Collaboration Now
Families/parents	40%	48%	13%	0%	0%

Table 9
Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project. (n=45)

	Much More	Somewhat More	No Change	Somewhat Les	Much Less
The input that families and parents have on planning and decision-making in your community	33%	62%	4%	0%	0%

Table 10
How has your understanding of the following decision-making and problem-solving strategies changed compared to before the Innovation Zone project? (n=49)

	Much Clearer	Somewhat Clearer	No Change	Somewhat Less Clear	Much Less Clear
Implementing change effectively (e.g., creating small wins, testing small experiments, using iterative cycles)	55%	33%	12%	0%	0%
Using a systems approach (i.e., considering how to change or better align systems)	51%	37%	12%	0%	0%
Using data to identify root causes	49%	37%	12%	2%	0%
Using continuous action learning and feedback loops to improve our work	49%	35%	14%	2%	0%
Engaging diverse perspectives to understand current conditions	45%	37%	18%	0%	0%
Designing strategies that match the root cause of the problem	39%	43%	18%	0%	0%
Designing strategies from the user's perspective	33%	45%	22%	0%	0%

Table 11
How frequently would you say that your collaboration uses the following practices now compared to before the Innovation Zone project?[4]

	Much More Frequently	Somewhat More Frequently	No Change	Somewhat Less Frequently	Much Less Frequently
Using a systems approach (i.e., considering how to change or better align systems) (n=46)	35%	46%	15%	2%	2%
Using data to identify root causes (n=47)	30%	49%	17%	2%	2%
Implementing change effectively (e.g., creating small wins, testing small experiments, using iterative cycles) (n=46)	39%	40%	17%	2%	2%
Designing strategies from the user's perspective (n=47)	32%	43%	21%	2%	2%
Engaging diverse perspectives to understand current conditions (n=47)	30%	45%	21%	2%	2%
Designing strategies that match the root cause of the problem (n=47)	28%	47%	21%	2%	2%
Using continuous action learning and feedback loops to improve our work (n=47)	28%	47%	21%	2%	2%

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[4] One respondent answered "much less frequently" to every item in this series, and another individual answered "somewhat less frequently" to every item.

Several zones specifically noted that participation in the IZ project helped them view their work as part of a larger system, rather than in narrow, programmatic terms, which contributed to increased cooperation and decreased competition. A leader from Zone 7 described the old mindset, typical of most communities,saying, "It was almost at a tug of war... this is my territory" and "Everybody worked on their own, everybody had their own effort. There wasn't anything coordinated." In contrast, here is how Zones 2 and 10, respectively, described the current paradigm: "We're more like a family, and we collaborate, and we don't compete. That's really something that, for me, is the greatest accomplishment because it's not easy" and "It has had a big impact. ...Now here we go from a community where it was about...a program focus and not about a system focus, going to thinking about systems." IAFC concurred, noting that, over time, stakeholders evolved and became savvier at using data to make programming decisions and the ways that they analyzed obstacles and developed solutions became more sophisticated and more oriented toward a community systems approach. They add,

> *This might be very lofty to say, but I feel like we're a movement, in a way, of people who really, really believe in increasing access and equity for the most vulnerable kids in our state in a way that works. I don't know how to say that. . . . There [are] 11 communities that are trained in thinking this way and changing the way they do what they do to…It's pretty powerful to see that shift that and in the way that they do the work, and it's making an impact for families.*

"I feel like we're a movement, in a way, of people who really, really believe in increasing access and equity for the most vulnerable kids in our state in a way that works."

Zone 8 points to a specific example:

> *One huge win this quarter was a meeting facilitated by [name] with our school district and local Head Start. There has been a competitive feel between the programs lately and this year,*

> *Head Start has been under-enrolled by two to three classrooms. Many feel like this was because of [another program]. As we met, both programs began to collaborate and share what type of child they could best serve. They have begun to cross-refer and think of overall best placement prior to enrolling the child. The executive director was amazed at the willingness of the community to take them in as an equal partner and it cut down a lot of the tension between organizations. This conversation should lead to more classrooms being filled in the new year.*

This new mindset has been accompanied by changes in the way collaborations develop solutions to obstacles and problems. Zones reported using strategies such as seeking input from the community rather than assuming they knew the problem, and testing and adjusting solutions using small experiments. State program leaders explained,

> *The stuff that they've put in the initial proposal versus what they show in the obstacles now are very, very different. How they think about what obstacles are has evolved. I think that looking at data—they showed me the data, you could see the connection, and now they're making these connections more quickly. . . . Our traditional answer when programs are in one spot and families are in another spot is to ask for transportation. I think our Innovation Zones are much more consistent in saying "it's not about transportation. It's about location of programs and locating programs in those pockets of poverty rather than asking for transportation." That's just one example, but it's the nuance of the system itself, being part of the solution.*

And they believe that changes have put the zones in a good position to tackle future challenges: "[The zones] are already operationalized to be able to take on extra work now and use this process, use these mechanics or technology, to apply it to other problem solving."

Improvements in data collection and utilization. As a survey respondent from Zone 10 wrote, "I have personally learned when planning for systemic

change . . . data should be used as a blueprint to drive fundamental change." Interviewees report that the project brought about massive change in their use of data, including new or improved data systems, more regular and standardized data collection, increased data sharing, and more frequent use of data to inform decision-making and programming. Zone 2 was even able to secure financial support to hire a staffer to collect and organize data from the community who analyzed and disseminated finding to zone partners. Zone 3 reports that they developed three new memoranda of understanding in one quarter to assist with referrals. Zone 7 distributed a satisfaction survey to their Screening Leaders and used the IZ program's regular data collections to measure the progress of individual programs. Zone 9 developed an attendance roster to capture the progress of their pipeline efforts, including initial and follow up contacts, invitations, attendance at events, and referrals. A representative from Zone 4 summarized these impacts:

> I think that we have a defined process in which we do do things and critique and plan for our work. Before, it was a little bit more organic where we were just figuring things out as we went along—not that we were doing things haphazardly, but we were certainly, we didn't have a different protocol for how we try something, evaluate it, and then change. Now we do. That's really a big deal for us. We also look at a lot more data to manage our work. . . . Prior to becoming an Innovation Zone . . . we never looked at our enrollment data in the same way, because there's specific times where we have to get enrollment data from the schools. What we do is we take that data and then make changes based on that.

Several zones collected data to help gain a better understanding of their own community, especially to locate areas where children lacked access to vital services. For example, Zone 5 developed an action learning cycle to analyze data about children not currently enrolled in their system to inform outreach efforts and adapt their strategies for engaging those families.

Enrollment Outcomes

In this section, we summarize data from our interviews and the progress reports describing reported impacts of IZ initiatives on enrollment of students from priority population. These data suggest outcomes around four areas of enrollment: Increased screening and referrals; increased enrollment capacity; enrollment growth; and an increased focus on priority populations.

Increases in screening and referrals. In interviews and on progress reports, many zones reported increases in the number of children screened and referred for services. For example, between the start of the IZ project and March 2016, Zone 11 completed intakes for 176 children from 134 families, 53% of whom received a referral to early childhood services and programs. Similarly, on one progress report, Zone 7 reported screening 306 children between April and August 2015, refering 19 to early intervention or the school district, and identifying 44 for further monitoring, and re-screened within two months. The scope of these screening efforts varied widely by zone. Zone 6 screened more than 1,500 children one quarter and were on pace to meet their goal of screening 65% of their community's three and four year olds and 30% of all children aged birth to five by December 2016. Zone 11, on the other hand, held two community-wide screening events screening a total of 52 children in one quarter.

Other zones noted increases in attendance at particular events or outreach by particular groups. For example, Zone 9's pop-up preschools served 48 children in Q2 FY15, over 100 families by Q3 FY15, and 187 by Q1 FY16. Two zones in particular reported increasing the number of partners who could administer developmental screenings, focusing on building capacity within child care centers to do this themselves. Between July and December 2015, Zone 7 trained 25 new partners to administer developmental screening tools, and 150 children were screened by these programs, representing 45% of all children screened during that time period. Initially, only two of the 12 centers participating in Zone 7 administered screenings, and now 100% can do so. Zone 6 also reports that eight child care centers, two Head Start

programs, and all 13 sites from their Zone Screening Collaborative are able to conduct developmental screenings. Zone 2 trained staff from their local home visiting program, which they report resulted in hundreds of new enrollments. These increased outreach efforts and screenings appear to have made an impact in some zones. For example, Zone 7 reported:

> The qualitative data is we're hearing the parents say, "didn't know this program existed. I didn't know if I didn't work I could get into a program. I didn't know my child was special needs, could go to school." I mean some of the things we think are givens, parents didn't know.

Increased focus on priority populations. IZ project leaders reported observing changes not just in the number of children enrolled, but in the types of children communities serve, as their focus has shifted to reaching high priority populations. Almost all (96%) of our survey respondents indicated that their communities now place more importance on serving priority populations than they did before the grant (Table 12). Zone 10 reports, "The process is something new that I would say in [our zone], where here's an agency coming out talking about how can we really serve the highest needs families and children and how can we really be part of and build this relationship." Similarly, Zone 11 says, "What's the common denominator is this mind shift that they can. It's helping agencies, individuals think about that it's possible to serve the most at risk. That possibility comes from collectively working together and thinking outside the box."

Increased enrollment capacity. Several zones reported increasing the overall enrollment capacity throughout their communities, or the number of slots available for

specific populations. For example, by Q1 FY16, Zone 7 had added a total of 260 new preschool slots in the community, and received a Federal grant to open two new classrooms to serve 40 additional four year olds. Through the CCAP pilot, Zone 6 was able to enroll 136 additional children in Silver or Gold rated centers. Zone 11 helped one center to receive a private grant allowing them to add 20 additional, free slots in high quality programs for high needs children ages 3-5. It may be important to note here that each of these zones (6, 7, and 11) was also pursuing the quality goals of the IZ grant. In addition, all of the city of Chicago zones plus five others received Preschool Expansion Grants to facilitate expansion of their capacity. However, it is important to remember that this metric does not take into account the possibility that the overall number of slots may not be sufficient to serve the community. That is, it is possible for slots to be completely filled in a community, while a substantial number of children from priority populations lack access to needed services.

Enrollment growth. Of course, the big question is whether increases in screening coupled with increased capacity in some zones translated to higher enrollment figures across the zones. Were larger proportions of each community's priority populations enrolling in quality programs, and were more students receiving the services they need? These questions proved more elusive for the zones to answer. As a representative from Zone 7 noted, "I think it's increased the number of children enrolled. ...Certainly, we have data that increased number of screenings done. … I'm just saying I don't know that we have hard data to say this is exactly the number of kids it has increased enrollment." Or, as a Zone 6 leader put it simply, "It's hard to say from screenings what kids have gotten

Table 12
Indicate the degree to which the following factors have changed compared to before the Innovation Zone project. (n=45)

	Much More	Somewhat More	No Change	Somewhat Less	Much Less
The importance your community places on serving priority (high needs) populations	42%	53%	4%	0%	0%

more services or have been enrolled in high [quality] early learning programs." Zone 11 echoed these sentiments:

> We can see the growth of the project. . . . We can see where the enrollment is most likely happening based on her referral to programs. That's very much what we're very interested in to see if the project itself is useful and successful for our community.

Nearly all (98%) participants responding to our survey indicated that it was now somewhat or much easier for parents to get their children the services they need relative to before the IZ work (Table 13). Our survey data also suggest that the vast majority (93%) of respondents believe that more children from their communities are now enrolled in early learning programs, and that more children from priority populations are receiving needed services.

In interviews, however, zones tended to speak of the impact on enrollment in more qualitative terms, and the general consensus was that their efforts have been successful even if they did not have as large of an effect as they had originally envisioned. As a leader from Zone 10 said,

> We have not reached the enrollment number that I would have thought we would by doing these strategies. However, I'm still not going to say it's a loss because we have enrolled some families. . . . I think with us continuing to educate, to continue

to show our face, to continue to be out, our numbers will get better. At this point we're still— it's a small win right now. We're still working on getting our numbers to get stronger.

Some zones were more positive in their assessments. For example, a representative from Zone 9 said,

> We have seen enrollment and we have seen success. A lot of the parents where the children end up going to a preschool program or even a home visiting. Kids come up to us and thank us, say that it has made a difference.

Similarly, Zone 7 reports,

> I can tell you I know through ISBE and through Early Intervention, we've just had systematic check-ins about how enrollment is doing. There's been an increase in 3-5 [year olds], consistent increase in referrals made for early childhood special education through the process, like a dramatic jump that first year we did screening.

Zone 2 was able to track the conversion from referral to enrollment. In Q2 of FY16, they screened 13 children at a licensed home-based provider, referred nine children to early learning programs, and enrolled three children. In Q3 of FY16, they referred 83 children, 21 of whom confirmed enrollment in early learning programs. Zone 2's initial goal was to have 100 children placed by October 2015 and, as of their progress report just prior to that date, 92 children

Table 13
Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project.

	Much More	Somewhat More	No Change	Somewhat Less	Much Less
The ease with which parents in your community can get their children the services they need (*n*=45)	29%	64%	7%	0%	0%
The number of children in your community who are enrolled in early learning and development programs (*n*=44)	30%	64%	7%	0%	0%
The number of children from priority populations who receive the services they need (*n*=45)	31%	67%	2%	0%	0%

were enrolled with five pending. Zone 2 reported that all of their local pre-K slots were full at the beginning of the 2015-16 school year, and that they have been commended for their efforts:

> *Our big plan was that last year there was 100% enrollment on the first day of school in the history of [our community]. . . . We received the information from [the school district] and people from the mayor's office saying that [they] really attributed it to the partners and the community in [our Zone]. We were really excited about that.*

Interviewees also pointed out that it was important to put enrollment gains—even small gains—in the proper context. As a leader from Zone 4 noted,

> *We've received 30 enrollments through the system. . . . I don't know if you know a lot about preschool enrollment in the state of Illinois or the city, but having 30 enrollments in eight weeks for a community of this size is actually a really big deal. We have really small programs. We have less than 300 slots in this community. We were already, I think minimum 85% enrolled across our community.*

Quantitative Enrollment Metrics

The project management team at IAFC received data collection forms from participating early learning programs to track changes in enrollment across four points in time: fall 2014, fall 2015, spring 2016, and fall 2016. Tables 14 and 15 report enrollment growth for those programs where data were available for both time periods measured, and the number of centers meeting these criteria is listed in the "n" row. That is, the column labeled "Fall 2014 to Fall 2015" only includes centers that reported enrollment data in both fall 2014 and fall 2015. However, these same programs may not be included in the "Fall 2015 to Spring 2016" column if they did not report data in spring 2016. Further, it is not clear how many centers

in each zone did not report data for a given period, or whether those centers that did submit information were representative of those that did not. Thus, these outcomes should be interpreted with some caution.

Our enrollment analyses focus on proportional growth (or decline) between time periods rather than overall enrollment status to help mitigate population size differences between zones (and protect zone anonymity). We focus zone-wide rather than by center for two reasons: 1) to account for shifts in populations between various programs (potentially without any net gain or loss), and 2) to reflect a goal of the IZ initiative to shift from a program focus to a systems focus, that is to increase access to quality early learning and development programs throughout a community. Table 14 presents priority population enrollment change over time for each zone as a proportion of the priority population at the initial time period.[5]

Table 14 shows that overall, across all zones, priority population enrollment increased by 1% from fall 2014 to fall 2015, increased another 3% from fall 2015 to spring 2016, and declined by 7% from spring 2016 to fall 2016. Measuring throughout the duration of the grant (and noting that beginning periods varied by zone based on whether they were part of cohort 1 beginning in 2014 or cohort 2 beginning in 2015), overall priority population enrollment across all zones grew by 12%. No zones experienced priority population growth across all time periods (Zone 8 remained the same for one period and grew the other), but seven of the 11 zones increased priority population enrollment over the duration of the grant, in some instances considerably—Zone 6 by 84%, Zone 8 by 32%, Zone 9 by 52% and Zone 10 by 42%.

Only Zone 1 experienced priority population declines across all years, though only two centers from that community consistently reported enrollment figures. Zones 1 and 11 reported substantial priority population enrollment declines over the duration of the grant, falling 42% and 54% respectively. It is also

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[5] E. g., if a zone reported enrolling 100 priority population students in fall 2014 and 150 in fall 2015, we would say their priority population grew by 50% [(150-100)/100]. Conversely, if those numbers were reversed and the zone's priority population fell from 150 to 100, we would say their priority population growth was -33% [(100-150)/150].

important to note that several zones (such as 7 and 11) reported quite wide, but inconsistent priority population enrollment changes from one year to the next.

As noted in our qualitative analysis, one impact of the IZs project was a shift from serving perhaps easier to reach populations toward a focus on serving students who were the most in need, perhaps hardest to reach, and who had previously gone underserved—the priority populations. For this reason, we also analyzed whether there was a shift in the types of students enrolled in programs, even if overall enrollment numbers remained consistent. To explore this question, we measured changes in the concentration of priority population students (relative to non-priority overall enrollment) served in each zone over time. As with the previous analysis, we also included changes from the beginning of the project (fall 2014 for cohort 1 and fall 2015 for cohort 2) to the end of the grant in fall 2016 for all zones. These findings are displayed in Table 15 and indicate that most zones increased the proportion of priority population students enrolled. Most increases were quite modest

however, and were somewhat limited because, from the outset, priority populations generally represented a substantial proportion of total enrollment in most of the participating centers. Aggregating across all zones (see the bottom row of Table 15), the concentration of priority population students increased slightly, from 89% upon beginning the project to 93% by fall 2016 (for centers that reported at both the first and last reporting periods). Zone 6 reported substantial growth in the concentration of priority population students during their first year of the grant, increasing from 57% in fall 2014 to 100% in fall 2015 among the 18 centers that reported both total enrollment and priority population enrollment for those periods.

Quality Outcomes

Illinois' ExceleRate system is designed to help parents identify program quality and to provide a framework of quality standards to guide centers' improvement efforts as they progress through four Circles of Quality (in ascending order), licensed, bronze, silver, and gold. ExceleRate also offers Awards of Excellence for distinguished achievement in specific areas (preschool

Table 14

Zone-wide Priority Population Enrollment Change (as % of prior year priority population enrollment)[6]

Zone	Fall 2014 to Fall 1015	Fall 2015 to Spring 2016	Spring 2016 to Fall 2016	First Reporting Period to Fall 2016
1	—	-9%	-37%	-42%
2	+0%	+11%	-11%	+5%
3	—	-11%	+10%	-6%
4	—	+15%	-6%	+6%
5	+8%	+13%	-9%	+12%
6	+71%	+5%	-12%	+84%
7	-25%	-5%	+21%	-8%
8	—	0%	+12%	+32%
9	+11%	-1%	-2%	+52%
10	+3%	—	—	+42%
11	+38%	+6%	-46%	-54%
OVERALL	+1%	+3%	-7%	+12%

_____

[6] n= # o centers reporting priority enrollment data for both collection dates.

teaching and learning, infant and toddler services, family and community engagement, inclusion of children with special needs, and linguistically and culturally appropriate practice) after achieving gold level. The four zones that focused on quality (6, 7, 10, and 11) reported outcomes along two major fronts: 1) to changes in training and professional development, and 2) to participation in and ratings on the ExceleRate Circles of Quality.

Improved staff qualifications. For these zones, the IZ work resulted in increased opportunities for professional development and engaging more staff in ExceleRate training. For instance, forty center administrators from Zone 11 participated in Lead. Learn. Excel. training in November 2015. Zone 7 held four Child Care Resource and Referral (CCR&R)

education sessions and 18 ExceleRate trainings with 142 participants between July and November 2015, with 26 directors completing the ExceleRate Orientation. In Zone 6, 113 pre-K and child care teachers attended their Cross-Sector Teacher Institute and 70 educators received credentials between July 1, 2014 and April 30, 2015, more than doubling their goal for the Class of 2015. According to their zone leadership, "The number of people that got credentials, the number of credentials that have been awarded has been huge. . . . I would say that's a big accomplishment."

Increasing center quality. In interviews, all four zones focused on quality also reported increases in ExceleRate ratings or the number of centers participating in ExceleRate over the course of the

Table 15

Change in % of total enrollment that is from priority populations[7]

Zone	Fall 2014 to Fall 2015	Fall 2015 to Spring 2016	Spring 2016 to Fall 2016	First Reporting Period to Fall 2016
1	—	-14	+14	0
2	+3	0	+2	+6
3	—	0	-3	-4
4	—	+7	+2	+5
5	+2	-6	+3	-1
6	+43	0	0	+40
7	+1	-4	+2	0
8	—	+10	-6	0
9	+5	-20	+5	+3
10	+6	—	—	+3
11	+1	0	+16	-6
OVERALL	+10	-2	+3	+4

Table 16
Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project. (n=45)

	Much More	Somewhat More	No Change	Somewhat Less	Much Less
The number of high quality early learning and development programs in your community	40%	49%	9%	2%	0%

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[7] n= number of centers reporting both total enrollment and priority enrollment data for both collection dates.

grant. Survey data represent similar beliefs, with 89% of respondents (40% "much more" and 49% "somewhat more") indicated that the number of high quality early learning and development programs in their communities had increased (Table 16).

Program leadership at IAFC attributed some of this success to setting ambitious, but reachable goals for quality improvement, saying "I think that most of them had very high, ambitious goals, and I think that they've been pretty successful at getting them." Zone 7's goal, dubbed "16 by '16" was to have all 16 of their participating programs rated by ExceleRate by the end of the grant in 2016. Though only four programs had an ExceleRate rating when they began their IZ work, their most recent data indicates they are now up to 14, including two Gold-rated centers and three Silver. Further, Zone 7 leadership reported that two-thirds of all early learning programs in the community have earned an ExceleRate Circle. Zone 6's goal was to have at least 65% of children living in poverty enrolled in a high-quality center (Gold Circle of Quality or higher). As of their most recent data collection (Q2 FY16), 47% of such children met this criterion. Further, according to zone leadership, "More than 50% of our child care programs have exceeded our goals for programs being rated in ExceleRate. We [have] five Gold programs, the Silver program, Bronze program, so I think that we've met our targets." Zone 10 reported that each of their six core team participants are Gold-rated, with one center achieving the Award of Excellence, and that 64% of all center-based programs in the community have an ExceleRate rating. Their goal now is to support all Gold-rated centers to reach the Award of Excellence and, for those that are not at Gold, "we have them moving to bronze and silver, [and] the ones that are still licensed, we've seen that they're not giving up, they're still working towards some type of Circle of Quality." As of the end

of 2015, half of the licensed child care centers in Zone 11 were participating in the ExceleRate system, and, of the sixteen programs participating in their cohorts, two were rated Gold, two provisional Silver, and 12 were working towards various Circles of Quality.

Quantitative Quality Metrics

Quality outcomes were measured by tracking programs' achievement of ExceleRate Circles of Quality and the improvements in these ratings made by each programs over time. Zones reported quality data to IAFC at five points during the project: fall 2014, spring 2015, fall 2015, spring 2016, and fall 2016. Figure 1 shows the distribution of quality ratings overall and by zone for the three zones participating in the quality initiative who reported sufficient data. As with the enrollment data collection, the number of centers reporting fluctuated each period and we only report those programs that submitted data for both time periods measured.

Figure 1 indicates that quality ratings increased across all zones and within each zone over time. Looking first at the 50 centers across all zones that reported data every time period, we see that in fall 2014, 50% of programs were Licensed, 16% rated Silver, and 34% Gold. By fall 2016, 28% were Licensed, 14% Bronze, 14% Silver, 40% Gold, and 4% received an Award of Excellence. The largest quality gains were seen in Zone 7, where the proportion of Gold rated centers nearly doubled from 13% in fall 2014 to 25% in fall 2016,

> Quality ratings increased across all zones and within each zone over time.

and in Zone 11, where the proportion of Gold and Award of Excellence rated centers grew from 15% to 38% over the same time period. Zone 6, on the other hand, had a considerable proportion (62%) of centers rated Gold initially, and maintained these ratings while increased the proportion scoring Bronze and Silver.

Differences by Cohort

To help understand differences in impacts across zones, we also investigated whether there were any relationships between certain characteristics of zones, including initial collaboration rating and cohort start date, and various impacts. In doing so, it is first important to note the correlation between initial collaboration rating and cohort—whereas

cohort 1 had three collaborations rated as "new," three as "developing" and one as "in place," all four of the collaborations from cohort 2 were deemed "developing." Because of this, some differences that were apparent by collaboration rating may in actuality be attributable to differences by cohort, and vice versa, but the preponderance of evidence suggests that there were large differences in impact by cohort, with cohort
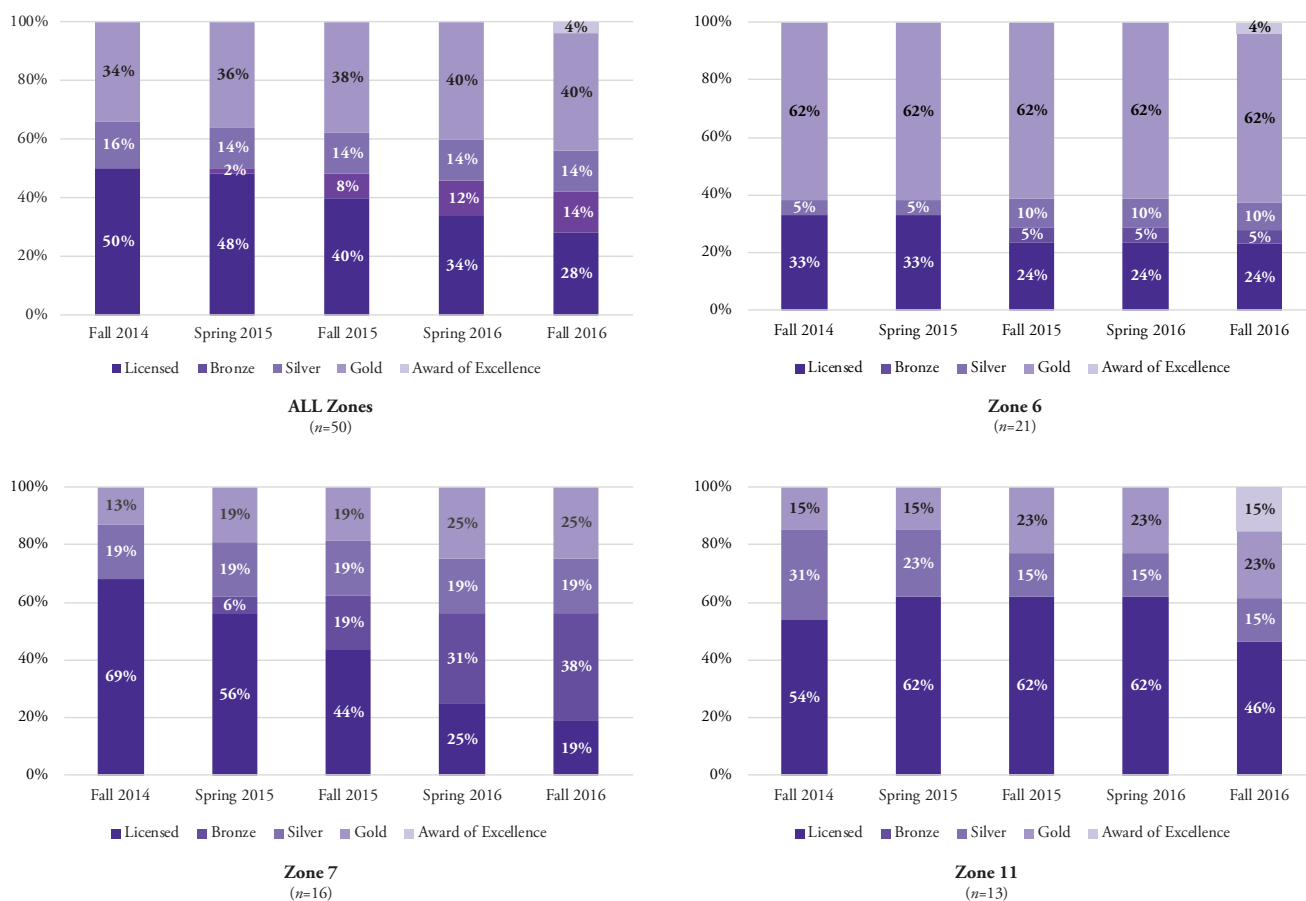

Figure 1. Distribution of quality levels by zone and reporting period.

Table 17
Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project.

	Cohort 1 (*n*=36)		Cohort 2 (*n*=9)	
	Much More	Somewhat More	Much More	Somewhat More
The level of cooperation amongst early learning and development professionals in your community	47%	53%	0%	89%
The degree to which organizations in your community have a shared vision for early learning and development	61%	39%	0%	78%

1 (Zones 2, 5, 6, 7, 9, 10, and 11) generally reporting substantially larger impacts than cohort 2. For example, large proportions from cohort 1 indicated that they now experience much more cooperation (47%) and shared vision (61%) in their communities, compared to no respondents (0%) from cohort 2 (Table 17).

Zones from the first cohort also reported more growth in partnerships than zones from the second cohort (Table 18). For instance, 42% of the 38 respondents from cohort 1 indicated that they now had substantially more partners than before their IZ work, compared to only 9% from cohort 2. Nonetheless, still almost two-thirds (64%) of respondents from cohort 2 indicated that partnerships had grown either somewhat or substantially.

Similarly, Table 19 shows that zones from the first cohort reported more progress in understanding and implementing the IZ strategies, and said they would "definitely use" strategies at a higher rate than zones from cohort 2. These findings held for all three survey items and across all strategies.

Finally, zones from cohort 1 reported larger impacts in cooperation, shared vision, family input, community prioritization of early learning and priority populations, access to and receipt of services, and improvements in quality (Table 20).

The differences between cohorts are noteworthy because, as described earlier in this report, IAFC shifted their approach to support between the first and second cohorts. In discussing the differences, IAFC staff noted,

> I do like how the second cohort has rolled out a lot. It's been very—it's been a lot easier, and the uptake on the models has been more consistent in the use of the tool—even their own ability to just move on. If the idea is to teach a man to fish, they're able to embed the practice much more quickly because they understood it more easily from the very beginning. I would keep that.

These perceptions suggest that outcome differences between the cohorts are more likely related to "dosage effects," or the different duration each cohort spent

Table 18
How would you describe the number of partners collaborating around early learning and development in your community now compared to before the Innovation Zone project?

	Cohort 1 (*n*=38)	Cohort 2 (*n*=11)
Substantially more now	42%	9%
Somewhat more now	37%	55%
About the same	16%	27%
Somewhat fewer now	0%	9%
Substantially fewer now	5%	0%

Table 19
Differences in understanding, use, and likelihood of using strategies in the future, by cohort

	% Indicating "Much Clearer" Understanding		% Using "Much More Frequently"		% Indicating "Definitely Will Use" in the Future	
	Cohort 1	Cohort 2	Cohort 1	Cohort 2	Cohort 1	Cohort 2
Engaging diverse perspectives to understand current conditions	50%	27%	32%	20%	65%	50%
Using data to identify root causes	58%	18%	35%	10%	73%	60%
Designing strategies that match the root cause of the problem	47%	9%	30%	20%	70%	60%
Designing strategies from the user's perspective	37%	18%	38%	10%	69%	44%
Using a systems approach (i.e., considering how to change or better align systems)	63%	9%	36%	30%	70%	40%
Implementing change effectively (e.g., creating small wins, testing small experiments, using iterative cycles)	61%	36%	42%	30%	73%	40%
Using continuous action learning and feedback loops to improve our work	58%	18%	30%	20%	70%	40%

Table 20
Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project. (% indicating "Much More")

	Cohort 1 (*n*=36)	Cohort 2 (*n*=9)
The level of cooperation amongst early learning and development professionals in your community	47%	0%
The degree to which organizations in your community have a shared vision for early learning and development	61%	0%
The input that families and parents have on planning and decision-making in your community	39%	11%
The priority your community places on early learning and development	44%	0%
The importance your community places on serving priority (high needs) populations	47%	22%
The ease with which parents in your community can get their children the services they need	33%	11%
The number of children in your community who are enrolled in early learning and development programs	33%	13%
The number of children from priority populations who receive the services they need	36%	11%
The number of high quality early learning and development programs in your community	50%	0%

working on the project, than on changes to IAFC's approach to program implementation. That is, cohort 1 may have perceived greater progress than cohort 2 because they spent more time implementing the project (two years for cohort 1 compared to one year for cohort 2). However, additional research would be required to disentangle these effects with more certainty.

Data Limitations and Other Challenges to Assessing Impacts

Overall, the impression across the zones was that they were making progress in many areas, but were generally underwhelmed by the impact they were able to make, especially in terms of increasing enrollment of priority populations. As Zone 3 leadership put it simply, "I think we've made some progress. I think we would always like to have seen it be more." Even Zone 7, which many considered among the most successful zones, admitted struggles. Leaders there report, "Every single program still has openings in the community. Whatever we're doing still isn't working. It's better than it was, but it's still not working." and "We're still at the point of building relationships in the community. We're trying to get people to understand birth to five counts. We're trying to get them to understand everybody should be screened. I think we took a step back." Nonetheless, most zones remained optimistic that outcomes would continue to improve over time, given time. For example, representatives from Zone 10 said,

> Our numbers have not gone to where I want them to be. However, I think with time we'll get there. . . . I think with us continuing to educate, to continue to show our face, to continue to be out, our numbers will get better. At this point we're still—it's a small win right now. We're still working on getting our numbers to get stronger.

Some participants attributed these difficulties to continued challenges coordinating efforts zone-wide (Zone 1: "Everyone's doing their own thing. We're

probably bumping heads a little."), while others noted that enrollment figures were strongly affected by the state budget impasse (Zone 7: "It didn't increase as much was we wanted. That had a great deal to do with the State of Illinois."). Further, our interviews, progress reports, and program data identified several barriers to assessing the impact of the IZ projects at this time, including issues with data systems, measurements, and attribution.

First, collecting local program-level data presented challenges across most zones. Illinois Action for Children's FY16 mid-year memo reports that some centers were unaccustomed to tracking student enrollment and demographic information in longitudinal databases, or did so using multiple systems that could not work together to allow easy access to unduplicated counts of priority populations (IAFC, 2016). The memo adds that,

> Without a more formal system, or common alignment from state and city policy leadership, the Innovation Zone data is largely self-reported. It reflects participating partners who had capacity to enter data at the given point-in-time. Child care data is manually collected, as the Department of Human Services, and the Department of Child and Family Services do not require collection of demographic data from program participants. Fidelity of data entry by local site can, therefore, be a barrier and the data collected is not always the data requested.

Zone leads also voiced frustrations with obtaining the data they needed to execute their projects, and the quality of the data they did receive. Specifically, respondents noted that because data reporting was not required across time points, it was difficult to understand which changes were due to variations in reporting versus actual changes related to implemented strategies. They also noted current data tracking practices made it difficult to clarify which outcomes were due to the IZ program rather than other interventions or impediments. Without an appropriate standard of data quality and completeness, zones expressed concerns about their capacity to accurately

describe enrollment numbers and patterns and intervene appropriately to shape enrollment. As Zone 11 discussed,

> I worry, from my point of view of, once—and so if that data, using the form that we receive from Action for Children, it wasn't mandatory. It could show our numbers from zero to 200. It could change, and there wasn't this consistency. Nor can I see that Head Start's enrollment change from one reporting period, because Head Start may choose to not report one period, and choose not. I'm looking for credible data, consistent data that shows growth changes, etcetera, and I think that's the struggle with that, it's—we can't get that.

A representative from Zone 6 noted similar concerns, writing in one progress report,

> We are only using poverty as a measurement since currently our data is only by zip code not by child and duplicates cannot be measured. We feel we need to get a better handle on how to track the actual number of children enrolled in each program and determine a method to avoid any duplication to best assess our ability/ progress in meeting this goal. Data collection by child may give us a more accurate measurement of how we are meeting this goal.

Wide variation in both reporting and outcomes also made it difficult to generalize about project progress. These discrepancies occurred within zones as well as between zones. For example, Zone 6 reports, "I think we can say we've increased [enrollment] in the child care. I don't know what impact we've had on pre-K or Head Start. It's hard for us to tell." And IAFC acknowledged:

> There are probably two, three [zones] that are on this side of, like, not 100 percent there,

and then one maybe in the middle, and then everybody else on the other side—that would be seven totally in, going for it, having a lot of fun with it. One who's like, "Eh, we just have a lot of dynamics in our community that make things really hard for us," and then on the next scale, it's like, "Yeah, we like it. We don't love it. We're going to play around with it a little bit," and the one, it's like, a couple, "We just can't try."

In addition, measuring enrollment and capacity within a zone often proved difficult because these figures frequently fluctuate. Throughout the course of the grant, centers opened and closed, expanded and contracted, participated and stopped participating in data collection. Furthermore those slots available to various populations increased and decreased based on the ebb and flow of funding, students aging in and out of the system or entering and leaving due to changes in eligibility, and decisions made by school districts and other agencies, often quite unpredictably. Enrollment figures could swing wildly from center to center within a zone, without any net change in enrollment zone-wide, as the same population of children moved from one program to another. For instance, Zone 7 created

> "Relationships are the key element to bringing about change. And relationships take time to build."

260 new, free preschool slots one year and, perhaps as a result, their Head Start and Early Learning Readiness programs experienced low referral and enrollment, all while their school district was uncertain if they would be able sustain Title I funding to serve their youngest students. Similarly, Zone 3 received referrals for 29 children one quarter, but most enrolled in home visiting or community-based programs, because school-based slots were all full.

Participants also pointed out that taking a short-term view of the grant's impact could obscure effects that might take longer to develop. As a participant from Zone 7 noted on the survey, "Relationships are the key element to bringing about change. And relationships

take time to build." IAFC hypothesizes that it may take several years for these long-term outcomes to be observed, and that "funders, state agencies have to be patient because they're not going to see the results as quickly as they might like. There's certainly small wins along the way but sometimes they're anecdotal. You're not going to have hard numbers data to prove that." Many zones were of the same mindset. For example, Zone 1 states:

> If we had two or three years to implement this, we would be able to list . . . a lot of successes in spite of all the barriers that we've been encountering. I think even by December, when our funding actually runs out, we're going to be able to tell you some successes.

A final concern in terms of linking grant strategies and outcomes was one of attribution. As is the case with most policy initiatives, IZ implementation did not occur in isolation, and most of zones were concurrently involved with other, similar programs with complementary and parallel goals. For example, program leadership reports that in Zone 9, the All Our Kids (AOK) Network is more responsible for engagement of partnerships than their IZ team. Similarly, a representative from Zone 6 stated,

> I think it's hard for me, on the quality side, to really attribute it a lot, necessarily, specifically to Innovation Zone work because the [other program in our zone] works on quality so much. That's probably why I hesitate because the line between what's [the other program] and what's the Innovation Zone on the work is, you know what I mean, soft.

Or, as a leader from Zone 3 stated simply, "I do think we are increasing the awareness of early childhood in the community. I would not say it's totally from an Innovation Zone." This is particularly noteworthy because many of the IZ communities were simultaneously participating in other early childhood system initiatives. Our survey data indicate that 46% of respondents said their zone was also participating in preschool expansion, 28% in the ABLe Change pilot, 26% were members of the AOK Network, and 20% were participating in Maternal, Infant, and Early Childhood Home Visiting programs (MIECHV).

Sustainability of Innovations

All zones focused on developing sustainable strategies, especially with the knowledge that grant funding would end in December 2016. IAFC staff noted the IZ model is not merely a program to be maintained but a community systems development initiative designed to build communities' capacity to enroll children most in need of high quality early learning and to enhance the quality of community-based early learning programs—a way of operating that could be embedded in early learning advocates' everyday practices. IAFC also noted that while their sustainability framework was tailored to each zone's needs, it included three strands: private funding, such as grants from foundations, to support the work; public funding, such as government grants, to support the work; and 3) private training. On our end-of-grant survey, almost all respondents indicated that they would probably or definitely continue using the IZ capacity-building strategies after the grant ended (Table 21). As a respondent from Zone 1 explained,

Although our funding period was relatively brief, the IZ funding and technical support have given us the opportunity to establish structures and programs in [our community] that will outlive our IZ funding. We are confident that we will be able to build a thriving network for identifying and serving the highest-need families, and that we can continue to utilize our strong network of subject-matter experts to support child care centers and home-based providers in their quality improvement efforts.

Zones' affirmative responses to survey items about the likelihood of continuing to use IZ-sponsored systemic thinking, analysis, and community engagement practices such as "Designing strategies that match the root cause of the problem" or "Using continuous action learning and feedback loops to improve our work" indicate these practices are sustainable of these practices. For each strategy, at least 62% of respondents indicated they "definitely will use" these

Table 21
How likely are you to continue using the following practices in your community after the Innovation Zone project is complete?

	Definitely Will Use	Probably Will Use	Probably Will Not Use	Definitely Will Not Use
Using data to identify root causes (*n*=47)	70%	30%	0%	0%
Designing strategies that match the root cause of the problem (*n*=47)	68%	32%	0%	0%
Designing strategies from the user's perspective (*n*=45)	64%	36%	0%	0%
Engaging diverse perspectives to understand current conditions (*n*=47)	62%	38%	0%	0%
Implementing change effectively (e.g., creating small wins, testing small experiments, using iterative cycles) (*n*=47)	66%	32%	2%	0%
Using continuous action learning and feedback loops to improve our work (*n*=47)	64%	34%	2%	0%
Using a systems approach (i.e., considering how to change or better align systems) (*n*=47)	64%	30%	6%	0%

strategies in the future, even after the IZ project is over. Ninety-four percent or greater of participants endorsed that they will either "definitely" or "probably" continue to use these strategies after the end of the grant.

Focusing on sustainability from the outset. In interviews, zones were asked how they planned to make innovations sustainable after project funding ended. Several sites discussed their intention to only design and implement strategies that could be sustained over time. In so doing, they would not have to eliminate services or resources dependent on grant funding. To be successful at sustaining innovations, zones prioritized those initiatives most feasibly maintained over time that potentially could make the strongest impact in their community. As survey respondent from Zone 6 wrote, "Our IZ always remembered that these changes should be sustainable, so we looked for low cost ways to keep these changes permanent." Conversely, trying to implement too many initiatives, too quickly led to diluted efforts and loss of stakeholder engagement. As Zone 7 noted,

> You always have to ask that question, is this something we can sustain over time? It really shouldn't be in their plan if it's not. Like the pop-up preschool is a great example. I don't know how communities are going to sustain that part. We just didn't go down that path because we knew we couldn't do it. I think the other thing is prioritizing. I mean when you're working in high needs communities, I mean there [are] a hundred things to do. Of those hundred things which are most feasible, which are most powerful that could have the greatest impact? As a community you have to be reflective and prioritized. You can't do it all. I think sometimes we tried to do too much, too fast, too soon, too long. That could be another reason why we lost people is because it was just go, go, go.

Embedding innovations into everyday practice. In their discussion of sustainability, zones also mentioned embedding IZ strategies into their everyday practice to ensure that they would be carried out over time. This was noted in three primary ways: IZ program

initiatives that sites had positive experiences with and plan to continue, such as mobile preschool and kindergarten readiness programming; promising behavior and practice changes; and infrastructure development that zones will maintain, such as partnerships and pipelines between early learning programs and health and social services. Zones who mentioned behavioral changes also noted that they tried to enhance the capacity of the early childhood system and those professionals working in the system to make positive changes to both enrollment and quality. Examples of behavior change included collaboration and data sharing across systems, as well as coordinated intake processes. All behavior change interventions appeared to be aimed at enhancing collaboration in such a way that would increase efficiency and reduce duplicative efforts across community based service providers (e.g., multiple intake processes for families that utilize various social and educational services). Further these behavior changes were intended to be practices that could be shared and maintained across collaborating partners over time. As IAFC staff noted,

> From the very beginning, we were trying to create something that wasn't a program that would just end when the grant ended, but it would be changing practice, changing behavior. The last piece that we really had in there was the behavior science and behavioral economics, and then that comes from my academic background studying decision theory.

Similarly, zones discussed the importance of building zone infrastructure and staff capacity through the investment in equipment, materials, and staff training that would remain well after the close of the IZ program funding period. For example, zones focused on building data tracking systems, increasing staff training, funding for critical staff positions, purchasing client screening materials, building enrollment pipeline software, and training in best practices. As Zone 7 stated,

> For developmental screenings, purchasing all the equipment and materials, we build the capacity so that they had supports for three years. Then we

should be able to walk away because they had the tools that they needed to implement it. Initially if it wasn't something we could do all along we didn't put it in the plan.

Leveraging funds and accessing additional funding. Many zones wanted to maintain aspects of the IZ programming and key positions that they felt were necessary to enroll and support families, even after the formal program period ended. Mid-year reporting on the IZ project noted that several sites received grant funding to support enrollment and early learning programming, for example six zones received Preschool Expansion grants to increase the number of early learning slots available and extend to full day services; Zone 6 received a grant to expand their developmental screening work and develop formal linkage between early childhood and health services across a multi-county region. In interviews, many of the IZ teams noted the need to secure funding to maintain programming and staff positions as a genuine concern of their organizations, but a concern they felt capable of meeting. Zone members believed that roles such as project directors, responsible for coordinating activities and communicating with stakeholders, as well as parent engagement specialists, responsible for engaging hard to reach families, were critical positions to maintain. As Zone 7 noted,

> *We had a person paid for by a grant before who held that group together and kept driving forward . . . We all came to the realization it's very hard to do that without that [person]. These consultants are supposed to help us find a way that we create some model that either internally or externally makes that happen. Who calls the meetings? Who contacts people? Who sets the agenda? Those kind of things.*

Some zones pooled resources with partners to achieve their programming goals, such as the acquisition of a community website and shared professional development, while other zones noted the benefit of interns as a reciprocal learning opportunity in which interns and staff both learned from each other while interns earned course credit and sites met their staffing needs at an affordable payment rate. Zones also noted

a range of funding sources they plan to tap in the near future such as foundations, grants, and scholarships.

Building community relationships. In addition to maintaining project initiatives and zone capacity, participants also described the ways they would sustain community relationships and collaborative work efforts. Zones noted the importance of deepening relationships with and among community partners as a means of sustaining IZ related work over time, particularly after funding ended. They also described being a genuine and regular presence in the community versus being present only when one needs something. Interviewees also discussed the importance of including all stakeholder voices at the table when making decisions about program initiatives.

Finally, some zones discussed strategies for formalizing their collaborative group and sustaining relationships over time, including strategic planning to set collective priorities, distributing project assignments across work groups, and holding people accountable for completing tasks. As Zone 7 indicated, "There [are] lots of strategies within our work plan that are the functions of partners at the table. Now it will just be a matter of them leading the work, those programs, those agencies, leading the work and we holding them accountable for it."

On our survey, a participant from Zone 5 also recommended that there should be attempts to keep the IZ community together even after the grant, to aid sustainability and expand relationship to other communities.

Discussion & Policy Implications

There has been intense interest in the IZ project throughout Illinois, as well as nationally, in hopes of demonstrating lessons that can be applied to similar statewide policy initiatives and models to serve as blueprints for other communities. IAFC has documented many of their initial findings and implications in their FY16 mid-year memorandum (IAFC, 2016), including:

- lessons learned for coordinated intake and referral;
- improving requirements for transition planning from preschool or home visiting;
- creating universal or shared eligibility for greater alignment across early childhood programs;
- aligning IZ strategies with the work of the AOK Network and other community collaborations;
- create a single point of entry for social services;
- using IZ processes to align the early childhood system with a state vision;
- providing increased paid opportunities for parents in community collaborations; and
- incentivizing referrals and navigation to support early learning program enrollment.

IAFC has also published series of supplemental reports to document their work and aid similar efforts, including system memos and impact stories, a case study, and customized sustainability planning frameworks. They have also produced electronic toolkits, quick start guides, and on-demand webinars on system-building strategies such as "Building a Pipeline" and "Moving to Enrollment."

Staff from IAFC and several zones have worked closely with Early Intervention systems in Illinois to apply these lessons as they work together on a state system improvement plan. IAFC staff also worked closely with ISBE to apply these lesson to their successful Preschool Expansion grant and as they roll out the new early childhood block grant. They have also networked with other RttT-ELC states implementing similar projects to discuss their progress and strategies for addressing common challenges.

For these reasons, rather than discussing recommendations for programs and practice geared toward early learning professionals, we focus on implications at the policy level. We organize our discussion around three key issues—implementation, data, and human capital—that we see as cutting across many components of the IZ initiative and where lessons learned from the program might have broad applicability beyond the early learning community.

Implementation

The IZ initiative marks a new approach to delivering statewide early childhood policy. It emphasizes capacity-building and locally-developed strategies for increasing enrollment and improving quality. The IZ theory of action posits that providing support and technical assistance can build capacity among zones which will lead to system level changes spurring new, context-sensitive strategies to boost enrollment among priority populations and enhance quality of ECE. Such a model requires attendant state-level policy that is flexible enough to allow for variations in local capacity, but sufficiently well-defined to achieve the intended outcomes for Illinois' children.

Capacity-building strategies that challenged zones to conceptualize solutions at the systems level, rather than program level, provided members with the background and skills to address concerns at a more "upriver" level where they could have a greater impact on early learning in their communities. As zone staff tested strategies and theoretical frameworks, they were given the freedom to implement small experiments in their

communities—and even to fail at these experiments—as long as they incorporated learning into continuous improvement. Zones reported that this "permission to fail" was incredibly freeing. This allowed them to try strategies they might not have otherwise. In addition to promoting creative solutions to common problems, this played out as an important method for allowing context sensitive strategies within a larger state-level policy framework. Thus, the freedom to try (and fail) provided a testing ground where innovative strategies could be piloted and successful initiatives could be brought to scale. Moreover, by being responsive to differences in local context across zones, coaches could tailor assistance to a community's unique strengths and challenges.

The zones also benefitted from peer-based learning opportunities, which allowed them to develop professional networks to better coordinate service delivery, minimize competition, reduce redundancies, and provide a vehicle for more efficient communication. These networks can be further supported by additional state-level policies that require system-wide collaboration, and these communities will be well-positioned to implement such systemic policies.

However, as would be expected with such a radical departure from typical state policymaking efforts, project leadership struggled at times to calibrate the amount and type of supports delivered to each zone such that they felt supported, but not micro-managed. Tensions often arose between being prescriptive and allowing for local variation, and balancing guidance with flexibility. For example, to what extent should all sites be required to focus on both enrollment into early learning programs as well as the quality of these programs? To some extent, respondents felt this depended on the local context of early learning in implementing regions. For example, if the quality of early learning was poor in a given community, it seemed to make little sense to increase enrollment into poor quality programs and the focus should first be on improving quality. Conversely, regions that have a high number of quality early learning programs but may not be attracting sufficient high risk children

and could be better served by allocating resources to enrollment.

Further, some zones questioned the extent to which their feedback about various components of implementation was heeded. They noted that although community involvement and feedback were key components of implementation at the zone level, they were not clearly built into the project design at the state level. These zones expressed disappointment that some IZ strategies seemed to foisted upon them in a more "top-down" manner that did not allow for genuine community-driven choice. These stakeholders also noted that such top-down interventions ran the risk of only superficially addressing local needs. As one survey respondent recommended: "truly learn the problem and design a solution that addresses the root of the actual problem." Moving forward, policymakers will need to consider how feedback loops can be built into statewide initiatives to ensure that strategies are responsive to local context, while simultaneously building on state capacity and existing research regarding best practices.

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Both zone staff and program leadership acknowledged that sites varied widely in their readiness and ability to implement systems-level change. Some of this variation stemmed from local differences in experience with community-wide collaboration, but unique community contexts also played a role in supporting (or impeding) IZ implementation. Additionally, several zones already had organizations in place that were able to integrate the demands of the project with existing duties. These disparities became more obvious as the budget impasse precipitated uncertain funding and staffing cuts, all of which contributed to some degree of turmoil within the early childhood system statewide. Further, such findings highlight the need for

policy initiatives to consider variations in local capacity in their efforts to balance autonomy with support. Policymakers will also need to consider the extent to which project activities can be sustained over time given variations across communities based on factors such as geography, organizational capacity, and other local resources.

Finally, stakeholders observed that IZ efforts often overlapped with other state-level early learning and development initiatives being implemented in their communities, such as AOK Networks, MIECHV, and other RttT-ELC programs. If these initiatives are coordinated in such a way that they complement one another and work together strategically, they can have multiplier effects for local communities. However, if not well-coordinated, such initiatives often wind up stepping on one another's toes, leading to redundancy and confusion among stakeholders and targeted populations. As a result, policymakers need to be aware of the range of initiatives being implemented across a given policy and geographic space, and consider how they can align and leverage these resources in the most efficient and effective manner.

Human Capital

Throughout the IZ project and across zones, the importance of human capital was a central theme of improvement strategies and a consistent challenge to innovation. This was particularly true in those zones focusing on quality initiatives, where much of the efforts hinged on professionalizing the early learning workforce and bringing early childhood educators more in line with the PK-12 sector through efforts to improve qualifications, professional development, and opportunities for collaboration. However, the early childhood system lacks a centralized support structure analogous to the PK-12 school district that could help coordinate such efforts. Further, as several zone experienced, this work is often hamstrung by the realities of compensation, working conditions, and turnover that have long plagued the early learning profession.

It has been well-established in the research literature that high quality teachers are the single most

important resource that schools can provide (Rivkin, Hanushek, & Kain, 2005; Sanders, Wright, & Horn, 1997). This same notion holds for ECE, and the current consensus is that early childhood educators with four-year degrees and training in child development are most effective for improving the social, emotional, linguistic, and cognitive growth of young children (Barnett, 2004; Workman & Ullrich, 2017). Similarly, studies have found that early learning and development programs with more teachers who have at least a four-year degree tend to be most effective (Barnett, 2004). So, while state licensing standards may be enough to prevent harm, current regulations are insufficient to meet the comprehensive needs of young children (Workman & Ullrich, 2017). As the recent landmark study from the Institute of Medicine and National Research Council (2015) concludes: if we want preschool to be high-quality, we need preschool teachers to have four-year degrees and specialized training. Illinois already has already embarked on several initiatives to improve and align the preparation of early childhood educators through a series of stackable postsecondary credentials and degrees., including the Early Childhood Educator Preparation Program Innovation grants (Bernoteit, Darragh Ernst, & Latham, 2016; White, Baron, Klostermann, and Duffy, 2016;) and the Gateways to Opportunity system (http://www.ilgateways.com/). Nonetheless, many early childhood educators are not adequately prepared to be effective in aiding the development of young children. Current estimates suggest that less than half of all early childhood educators hold a four-year degree (Whitebook, Phillips, & Howes, 2014). Further, children from priority populations typically have even less access to these teachers, even though evidence suggests they would likely benefit the most from their instruction (Barnett, 2004).

Although improving human capital is typically viewed as a key concern for communities implementing quality initiatives, increasing the number of qualified early childhood educators is also an important component of improving all children's access to high quality early learning, not only because programs need to be staffed at appropriate ratios, but also because

most communities need to drastically increase the number of high quality programs in order to serve all children who need them (Workman & Ullrich, 2017). For example, a recent student from the Center for American Progress (Mailk, Hamm, Adamu, & Morrissey, 2016) suggests that five out of six children in Chicago under the age of five with working mothers live in "child care deserts" lacking sufficient access to quality center-based care. Further, they find that low-income children in general, and Chicago Hispanics in particular, are the least likely to have access to high quality care. Although center-based care is generally associated with higher quality ratings and better cognitive and linguistic outcomes than home-based care, Illinois data suggest that fewer than one in six child care centers in the state have earned a high quality rating on ExceleRate system (Mailk, et al., 2016). As one participant in our study noted, it is difficult to justify efforts to increase enrollment without first making sure children have access to high quality care.

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Beyond increasing the supply of qualified teachers, early learning programs also need improved access to effective leadership. As in the PK-12 sector, effective early childhood administrators must master a broad range of competencies, including child development, instructional leadership, and organizational management (Workman and Ullrich, 2017). This is especially the case for efforts such as the IZ project because, as a representative from Zone 7 observed,

> *It's a unique set of skill sets that are required to do this work. You can't just take somebody doing early childhood work and say, "You're now going to do community systems work," without either proper training, supports and building the capacity within the person leading the work in the community.*

In fact, many participants in our study singled out the importance of zone-level leadership in carrying out the IZ initiative. For example, a Zone 1 representative noted that the biggest impact of the program was "having a coordinator to collect data and to coordinate round table discussions." The Zone 7 team added, "the lead staff person did a phenomenal job though likely shouldered way too much. The work is vast and complex. A greater amount of resources is needed to truly facilitate the type of systems change we desire."

However, as scholars have noted, the current early learning system, in Illinois and elsewhere:

> *falls far short of placing enough value on the knowledge and competencies required of high-quality professionals in the care and education workforce for children birth through age 8, and the expectations and conditions of their employment do not adequately and consistently reflect their significant contribution to children's long-term success (Institute of Medicine and National Research Council, 2015, p. 483).*

That is, the low pay and de-professionalization of the early learning workforce have made it difficult to attract and retain qualified educators. If quality-improvement strategies require early childhood educators to meet expectations similar to their PK-12 counterparts, as suggested, then these roles will need to provide similar levels of compensation. As Workman and Ulrich (2017) write,

> *The early childhood workforce needs compensation that reflects the importance of their work and the expertise necessary to educate the nation's youngest children. Providing professional compensation and benefits, comparable to kindergarten teachers, helps recruit and retain effective and educated teachers and promotes a stable healthy learning environment for children. (p. 7)*

This is far from the case today. Recent data show a median salary of $21,830 for child care workers in Illinois and $28,670 for preschool teachers, compared to $48,710 for kindergarten teachers and

$55,320 for elementary teachers (US Department of Education, 2016). Taken together, Ullrich, Hamm, and Herzfeldt-Kamprath (2016) find that preschool teachers and child care workers rank in the bottom 20th percentile for mean annual salaries. These disparities hold even after controlling for education level. Child care workers with bachelor degrees average $14.70 per hour, nearly half the average earnings overall of those with a bachelor degree ($27 per hour; U.S. Department of Education, 2016). Whitebook, Phillips, and Howes (2014) describe "the exceedingly low premium that is placed on bachelor's degrees within the early care and education field, relative to degreed teachers in K-12 education and in the civilian labor force as a whole." (p. 20) They find that pre-K teachers with bachelor's degrees earn 80% of Kindergarten teachers and 75% of women in other sectors, with bachelor's degree holders in center-based and Head Start programs, or those working with infants and toddlers faring even worse.

These issues are not lost on those in the field. As a participant from Zone 11 noted,

> Many of the things I was aware of such as the implications of low pay and areas within our community that continue to struggle finding and keeping well educated early learning professionals, that we still have few quality programs. …We need to create a system that will meet the care and education needs of families but a system that does not cause the professionals providing the service to be in poverty or low income situations themselves.

Striking a similar chord, Whitebook, Phillips, & Howes (2014) conclude,

> It is time to confront the low premium that is placed on educational attainment within the early childhood teaching workforce. This is both a matter of equity and essential to attracting the next generation of early childhood teachers from the ranks of current undergraduates and recent graduates seeking meaningful and economically viable employment. It is essential that we promise them a fulfilling career that rewards their skill,

> talent, and education, and allows them to support their own families. (p. 82)

These compensation issues often contribute to low job satisfaction among early childhood educators and make it difficult for the field to attract and retain highly qualified teachers and leaders, leading to high turnover rates, which bring additional costs, financial and otherwise (Ullrich, Hamm, and Herzfeldt-Kamprath, 2016). Though early childhood teacher departure rates have declined considerably in recent years (Whitebook, Phillips, & Howes, 2014), non-public early learning programs in particular often face difficulties attracting and retaining bachelor degree holders who can earn much higher wages in public pre-K programs or in other fields. Again, these challenges are not lost on those in the field. For instance, several zones from our study noted that turnover led to decreased commitment to the IZ project and lower attendance at IZ meetings. In addition, low wages for some state- and privately-funded IZ collaboration coordinators resulted in entry-level staff leading complex work in high needs communities. IAFC reports that although RttT-ELC was able to provide a more generous wage than other state-funded collaboration coordinator work, IZ wages did not rise to the level commensurate with the advanced level of work required for the role.

Moreover, because staff wages comprise the largest component of center budgets (U.S. Department of Education, 2016), innovative policies are needed in order to improve teacher compensation while still keeping early learning affordable for families. Several solutions have been offered to this dilemma. Whitebook, Phillips, and Howes (2014) describe ongoing initiatives to increase base salaries or provide stipends without increasing child care costs, while also emphasizing quality. For example, San Francisco's C-WAGES initiative contributes local funds to wages and benefits for teachers in nonpublic programs that serve high poverty populations and agree to participate in the state's quality rating system. The WAGE$ program developed by T.E.A.C.H. Early Childhood offers stipends to teachers for achieving defined educational benchmarks, similar to Illinois' Gateways

to Opportunity framework. And the Center for American Progress (Mailk, et al., 2016) has proposed a "high-quality child care tax credit" to help low-income families afford high-quality care.

Data

The IZ theory of action depended on systemic thinking driven by data, rather than intuition or assumptions. Zone coordinators were asked to quickly adapt strategies using action learning and feedback loop processes that are dependent on data. The IZ framework required leadership to use data effectively when designing enrollment and quality improvement interventions, as well as assessing the effectiveness of those strategies when deciding whether to persist or pivot. As detailed in the Obstacles to Implementing the Framework section of this report, some zones described frustration in the process of collecting data, the lack of quality data, and the frequency in which they encountered incomplete and inaccurate datasets. Given the centrality of data to the IZ initiative, further discussion about the use, understanding, and limitations of data is warranted.

During the planning phase, zone teams used a number of data sources to make informed decisions about the barriers in their community preventing priority population families from enrolling their children in high quality programs. Although zone teams and program leadership identified a number of usable databases, they also found problems with these data sources. For example, the various ways data were aggregated became an issue for some zones. In some communities, zone boundaries do not conform to zip codes and county lines, whereas data sources lacked the spatial flexibility to accommodate unstandardized boundaries. Zone members often needed access to particular data fields, such as the number of homeless families in their communities, but existing databases were unable to capture these numbers or did not have all the fields needed.

Despite these challenges, zone members still found this process beneficial to their work. A Zone 5 member stated:

I think in bringing all the stakeholders, all the parents who were involved, bringing in the information, I think that that was one of the bigger strategies that, in my experience, was a very positive impact on bringing everybody together and unifying everyone together and bringing the database that everybody can try to reach those parents.

Zones also relied heavily on data during implementation phase of the project. Zones tested the impacts of their strategies on the number of children from priority populations enrolled in early learning programs, and those working on quality also focused on the number of programs participating in the state's ExceleRate system. During this phase, IAFC worked with zones, and zones worked with centers, to support data collection, but the process became time consuming for each of these groups. Although zones struggled to get programs to collect data needed for reporting, there were no requirements placed on early learning programs to collect IZ data. Many centers did not have the staff to compile these data and, in some cases, this left the burden on zone members, or they were left to settle for incomplete and inconsistent data. IAFC noted that in many cases, zone staff had to redirect their time as data collection deadlines approached. And once the data were forwarded to IAFC, it took their staff an average of three months to clean, compile, merge, and confirm these data, according to a memo composed by IAFC to the Governor's Office. The intensive time commitment required for collecting data was also noted in our post-project survey: "There has been a lot of data collected re: implementation of IZ work. It has been a strain on us at times to collect this data especially given often short timelines." Although there are benefits in using data-informed decision making, the current data system renders the process time-intensive and costly.

As a result, zones often had to work with inconsistent datasets. In many communities, early learning programs had little desire or incentive to share their data. Because they did not perceive any benefits for participating, some centers elected not to. Other programs had policies preventing them from sharing

data about the children enrolled or their families. The lack of complete information may have led to misrepresentation of the effectiveness of implemented strategies. If zones designed strategies to increase enrollment throughout the community, only having a select number of centers participating in data collection may have under- or mis-measured the impact of these interventions.

Leadership from some zones also noted frustration with only collecting two key data fields for the project: the number of children from priority populations enrolled in early learning programs; and the number of programs increasing participation in or rating of the state's ExceleRate system. To these zones, these two data fields did not capture their specific efforts to facilitate the enrollment of more children from priority populations. As one zone member detailed in our end-of-grant survey, "The data collection did not focus on collecting information to determine the effect of the chosen project/ initiative. Collecting data on enrollment from all EC programs, does not determine if [our initiative] was making an impact on enrollment into EC programs." This respondent also noted that it was important to track data on how children become enrolled in order to document whether specific strategies reached children and facilitated enrollment. This echoed concerns voiced by several participants that changes in the number of children enrolled do not specifically reflect the effects of strategies implemented by the zones.

This point also raises concerns about relying so heavily on these two lines of evidence to evaluate and guide strategies designed to affect change within the complex system of ECE. Over the duration of the grant, numerous internal and external factors affected the ability of children to enter the system, as well as the number of priority population children the system could support. For instance, early learning programs were forced to refocus their efforts when the state changed CCAP eligibility criteria, and the state budget stalemate hindered centers' operations, leading to a re-evaluation of efforts to enroll children from priority populations. These external influences surely affected the number of children enrolled in programs,

but zones working at the local level lacked any direct ability to make the policy changes at the state level needed to ease these burdens. Furthermore, zones lacked the ability to discriminate the effects of their efforts from those of outside factors, making it difficult to utilize action learning and feedback loops when deciding to continue or change strategies. In short, and as several observers have noted, the early childhood system is simply not set up to measure many of the very things it hopes to accomplish.

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In the end, zone members appeared to understand the benefits of using data to make and evaluate their decisions, but they were also keenly aware of the need for better data that could accurately measure the impact of their efforts. As a representative from Zone 11 noted,

> *Understand what you are measuring before you start and make sure it is valuable. Don't track a number just because it made sense at the beginning but now no longer applies. Be flexible in adapting your measurements if they were not clear or appropriate at the beginning.*

As communities coalesce around a common agenda, the ability to share quality data becomes critical, and this will become even more important as community change strategies shift from isolated interventions to a multi-sector, coordinated approach (Hanleybrown, Kania, & Kramer, 2012; Kania & Kramer, 2011).

Concluding Remarks

The IZ project was successful in building capacity in 11 high need communities throughout Illinois. The zones experienced many "small wins" over a fairly short timeframe, most notably in helping communities move from a climate of working in isolation, or even competition, to a new collaborative mindset within the local early childhood system. The project provided an opportunity for the early community to test new approaches to conducting their work and innovative strategies for solving complex and persistent problems in the early childhood system. In addition, IAFC is to be commended for their willingness to model continuous improvement and modify their approach to capacity building in light of evidence. The challenge for the zones now is to not just sustain but advance these efforts, without this additional support, and not revert back to their comfortable silos.

The IZ project represents a bold and audacious experiment for improving the early childhood system in Illinois—a state-level capacity-building policy process that sets forth broad goals, yet defers to (and relies heavily on) local expertise for creating local solutions to local problems using local resources. In doing so, it attempts to overcome some common criticisms of state level policymaking—namely, trying to force one-size-fits-all solutions to widely varying contexts and over-emphasizing program fidelity, perhaps at the expense of effectiveness and sustainability. Of course, there are trade-offs inherent in this approach as well, especially given that it is new and relatively untested. This project's focus on local fit over program fidelity runs the risk of sliding into an emphasis on process over product, de-emphasizing the "program" to the point that we become agnostic about the improvement strategies being implemented or reforms being tested, potentially disregarding the bulk of institutional learning and research evidence accumulated over the years. That is, although the typical programmatic approach to statewide policy-making certainly has its faults, it has also helped us learn something about the characteristics of more (or less) successful interventions that could and should be used to inform local decision-making. Further, as we

note, informed local decision-making requires access to timely and accurate data, and adequate human capital (and other resources) to successfully implement any reform strategies that emerge from this process. The challenge for the IZ project, and similar initiatives in the future, will be trying to find the balance between prescriptiveness and flexibility, support and autonomy, that promotes solutions that fit local needs and are effective at meeting shared goals. It is our hope that this report contributes to efforts to meet this challenge.

References

All Families Served Subcommittee. (2013, September). R*ecommendation to the Early Learning Council regarding highest need families*. Retrieved from https://drive.google.com/drive/u/0/search?q=AFS.

Barnett, S. (December 2004). *Better teachers, better preschools: Student achievement linked to teacher qualifications*. New Brunswick, NJ: National Institute for Early Education Research.

Bernoteit, S. A., Darragh Ernst, J. C., and Latham, N. I. (Eds.). (2016). *Voices from the field: Collaborative innovations in early childhood educator preparation*. Edwardsville, IL: Illinois Education Research Council at Southern Illinois University Edwardsville, and Springfield, IL: Illinois Board of Higher Education.

Fogg, B. J. (2009, April). *A behavior model for persuasive design*. In Proceedings of the 4th International Conference on Persuasive Technology (p. 40). ACM.

Fowler, S. A. , Thomas, D. V., & Jones, A. (2015, August). *Midterm evaluation report on progress of Illinois Innovation Zones Project*. Urbana-Champaign, IL: Early Childhood and Parenting Collaborative, College of Education at University of Illinois.

Foster-Fishman, P. G., & Watson, E. R. (2012). The ABLe change framework: A conceptual and methodological tool for promoting systems change. *American Journal of Community Psychology, 49*(3-4), 503-516.

Hanleybrown, F., Kania, J., & Kramer, M. (2012, January 26). *Channeling change: Making collective impact work*. Stanford Social Innovation Review. Retrieved from https://ssir.org/articles/entry/channeling_change_making_collective_impact_work.

Illinois Action for Children (IAFC). (2015, September). *Innovation Zones-frequently asked questions*. Retrieved from https://drive.google.com/open?id=0B9cAFs3blOoVdlBTZzRJMmY5bW8.

Illinois Action for Children (IAFC). (2016, June). *FY 2016 Mid-year Innovation Zone update* (July 1, 2015 to December 31, 2015). Illinois Action for Children submitted to the Governor's Office. Retrieved from https://drive.google.com/drive/u/0/folders/0B8gbRF8P7oeCTUlOd2ZQQzJtaUU.

Illinois Department of Human Services. (n.d.). *Child Care Assistance Program* (CCAP). Retrieved from http://www.dhs.state.il.us/page.aspx?item=30355.

Institute of Medicine and National Research Council. (2015). T*ransforming the workforce for children birth through age 8: A unifying foundation*. Washington, DC: The National Academies Press.

Kania, J., & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review, 9*(1). Retrieved from http://ssir.org/articles/entry/collective_impact.

Mailk, R., Hamm, K., Adamu, M., & Morrissey, T. (2016, October). *Child care deserts: An analysis of child care centers by ZIP code in 8 states*. Washington, DC: Center for American Progress.

Ries, E. (2011). The lean startup: *How today's entrepreneurs use continuous innovation to create radically successful businesses*. Danvers, MA: Crown Business.

Rivkin, S. G., Hanushek, E. A., & Kain, J. F. (2005). Teachers, schools and academic achievement. *Econometrica, 73*(2), 417-58.

Sanders, W. L., Wright, S. P., & Horn, S. P. (1997). Teacher and classroom context effects on student achievement: Implications for teacher evaluation. *Journal of Personnel Evaluation in Education, 11*(1), 57–67.

Ullrich, R., Hamm, K., & Herzfeldt-Kamprath, R. (2016). *Underpaid and unequal: Racial wage disparities in the early childhood workforce*. Washington, DC: Center for American Progress.

U.S. Census Bureau. (2015). *Quickfacts*. Retrieved from https://www.census.gov/quickfacts/table.

U.S. Department of Education. (2016). *High-quality early learning settings depend on a high-quality workforce*. Washington, DC: U.S. Department of Education, U.S. Department of Health and Human Services.

White, B. R., Baron, D. M., Klostermann, B. K., & Duffy, D. Q. (2016). *Innovations for high quality, aligned early childhood educator preparation* (IERC 2016-3). Edwardsville, IL: Illinois Education Research Council at Southern Illinois University Edwardsville.

Whitebook, M., Phillips, D., & Howes, C. (2014). *Worthy work, STILL unlivable wages: The early childhood workforce 25 years after the National Child Care Staffing Study*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.

Whitebook, M., McLean, C., & Austin, L. J. (2016). *Early childhood workforce index: 2016 executive summary*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.

Workman, S., & Ullrich, R. (2017, February 13). *Quality 101: Identifying the core components of a high-quality early childhood program*. Washington, DC: Center for American Progress.

Appendix A: Innovation Zone Interview Protocol

Section 1: Context

1. To begin, can you tell me a little bit about how you became an Innovation Zone?

2. Who are the priority populations in your community? (Who are you targeting for increasing enrollment in early care and education?)
   a. Have you changed your priority populations since the beginning of your Innovation Zone work? If so, how and why?
3. Why are some of these families not participating in high quality early learning programs? What barriers do they face to enrollment? How do you know?

Section 2: Innovations in Enrollment

1. Please describe the strategies you have developed and implemented while participating in the IZ to increase enrollment of priority population families.
   a. How did you decide which strategies to use?
   b. How do these differ from strategies you used previously?
   c. How have you targeted the priority population families in particular?
   d. How do these differ from any approaches you may have used previously?
2. Which strategies or innovations have worked best for enrolling high needs children in early learning programs?
   a. Why do you think these strategies succeeded while others did not?
3. Did you have any strategies or innovations that didn't work well? If so, what were they? Or did you encounter any barriers in implementing your strategies? Can you give us an example?
   a. What did you change or do when you realized it wasn't working? In what ways did you need to modify your strategies?
4. Please describe the data tracking system you use for counting the enrollments of the priority children.
5. Now that you've been implementing your strategies for some time, could you describe the impact of these strategies on enrollment of children from the priority population? Have you made the progress that you expected in increasing enrollment of children from priority populations? Why or why not?
6. Looking back, do you think you chose the right strategies to identify and enroll priority populations?
   a. Is there anything you would've done differently? If so, what?

Section 3: Innovations in Quality (if applicable)
1. Please describe the strategies you have been using to work with the programs to attain the ExceleRate Circle of Quality.
   a. How do these differ from strategies you used previously?
2. Which strategies or innovations have worked best for programs in working toward ExceleRate Circle of Quality?
   a. Why do you think these strategies succeeded while others did not?
3. Did you have any strategies that didn't work well or any barriers you encountered in working toward ExceleRate Circles of Quality? Can you give us an example?
   a. What did you change or do when you realized it wasn't working? In what ways did you need to modify strategies?
4. Now that you've been implementing your strategies for some time, could you describe the impact of these strategies on improving the number of programs working toward (and attaining) an ExceleRate Circle of Quality?
   a. Have you made the progress that you expected? Why or why not?
5. Looking back, do you think you chose the right strategies to address quality?
   a. Is there anything you would've done differently? If so, what?

Section 4: Innovations in Capacity Building
1. Tell us how your work has changed as a result of being a part of Innovation Zones. What are you doing differently now as a result of your participation in the Innovation Zone?   *[Probe on elements of the theory of change, such as using data in planning and implementation, engaging diverse perspectives to look at root causes, thinking systematically, conducting small experiments to test, using action learning and feedback loops, etc.]*
2. Are there any elements of the Innovation Zone framework and process that have been particularly effective in helping your Zone to meet the project goals?
3. We know one of the key concepts in Innovation Zones is using a model of "small learning cycles." Have you been able to use that model in your everyday practice? Can you give some examples?
4. Are there any elements of this process that you would recommend for other communities attempting similar initiatives?

Section 5: Innovations in Support
1. Please describe any training, supports, and technical assistance you received from the IAFC Innovation Zone team. *[Probe on orientation, coaching/consultation, conferences, and facilitated peer learning network, and IAFC-sponsored training]*
2. What are you doing differently now as a result of the training and supports you received from IAFC, or from training and supports sponsored by IAFC or from connections made through your IZ involvement?
3. Did you use any other sources of training, support, or technical assistance that you sought out through your personal networks or through your local agencies?
   a. If so, what are you doing differently now as a result of that self-identified training or support?
4. What training, support, or technical assistance had the biggest impact on your work on increasing enrollments over the past year?

a. What would you recommend for other communities attempting similar initiatives to receive?
5. *(Where appropriate)* What training, support, or technical assistance had the biggest impact on your work on increasing program quality over the past year?
a. What would recommend for other communities attempting a similar initiative to receive?
6. Was there any training, support, or technical assistance that was less effective? If so, what distinguished helpful support from that which was less helpful?
7. Overall, what would you say were the most effective supports provided by IAFC?
8. Looking back, is there any training, support, or assistance you needed that you did not receive? If so, what?

Section 6: Innovations in Partnership
1, With whom have you partnered and collaborated in your Innovation Zone?
a. How have your partners or collaborators changed since your Innovation Zone work started?
b. How have your strategies for working with partners/collaborators changed since your Innovation Zone work started?
2. What factors influenced potential partners' willingness and ability to collaborate?
a. What barriers inhibited collaborations and what strategies or resources were helpful in overcoming those barriers?
3. How did your partnerships/collaborations with organizations in your local community have an impact on opportunities for children and their families to access high quality early care and education?
4. To what extent have you been able to identify and collaborate with local, state, or national partners outside of your IZ to support this work?
a. Are there any collaborators or partners that you would particularly recommend to other communities?

Section 7: Sustainability
1. To what extent has your work with the Innovation Zones project become a part of your organization's everyday practice? Which components will you be able to sustain without additional funding?
2. What are your plans for sustaining the progress made during the Innovation Zone funding? What efforts might take additional planning or support?
3. What steps would you recommend other communities take to make sure similar efforts are sustainable in the long term?

Section 8: Lessons Learned
1. Now that funding is coming to a close, what do you think your greatest accomplishments have been? [Probe on partnerships, enrollment and, if applicable, quality]
2. What recommendations do you have for other communities who are trying to ensure more high needs families have access to high quality early childhood care and education?
3. Is there anything we didn't ask about that we should have, or anything else you would like to add?

Appendix B: IAFC Interview Protocol

Context & Process
1. To begin, can you tell me a little bit about your conceptual framework and theory of action for your work with the Innovation Zones?
    a. How did you go about choosing this approach?
    b. How is this approach working? What are the benefits and drawbacks?
    c. Has your approach changed over time? If so, how?
2. How did you go about working with the Zones to introduce them to this conceptual framework/theory of action and the processes you wanted them to employ?
    a. Which components do you consider to be core elements to your approach, and which varied across Zones or over time?
3. How comfortable do you think each of the IZs are with this framework/process (i.e. to what extent do they buy in to the process)? [Probe on differences by Zone]
    a. Have you seen any connection between buy-in and success?

Innovations in Enrollment
1. Please describe the training and technical assistance you have provided to improve the identification and referral of children from priority populations to high quality early learning and development programs.
    a. How did you decide which training, support, and technical assistance would be most beneficial to help increase identification and enrollment of priority populations? [Probe on differences by Zone, differences over time]
2. In general, how would you describe the progress of each of the Zones in their efforts to increase enrollments? [Probe on differences by Zone, differences over time]
3. What innovations, strategies, or supports have been the most effective for increasing enrollments?
    a. Why do you think these approaches worked where others did not?
    b. What role does local context play in this assessment?

Innovations in Quality
1. I understand that some Zones chose to pursue work on attaining the ExceleRate Circle of Quality while others did not. Can you explain your rationale behind making this goal optional?
    a. Why did some Zones choose to pursue this work while others did not?
2. Please describe the training, or technical assistance you have provided to support the Zones in attaining the ExceleRate Circle of Quality.
    a. How did you decide which support, training, or technical assistance would be most beneficial to improving quality of early learning and development programs? *[Probe on differences by Zone, differences over time]*
3. In general how would you describe the progress of the Zones in their efforts to attain the ExceleRate Circle of Quality? *[Probe on differences by Zone, differences over time]*
4. What innovations, strategies, or supports have had the biggest impact on attaining the ExceleRate Circle of Quality?
    a. Why do you think these approaches worked where others did not?
    b. What role does local context play in this assessment?

Innovations in Partnerships & Collaboration
1. Please describe the training/technical assistance you have provided to support the Zones in building partnerships and collaborations with their community and their stakeholders.
2. In general, how would you describe the progress of each of the Zones in their efforts to build partnerships and collaborations? *[Probe on differences by Zone]*
3. What innovations, strategies, or supports had the biggest impact on improving partnerships and collaborations around this work?
    a. Why do you think these approaches worked where others did not?
    b. What role does local context play in this assessment?
4. Did you partner with other regional, state, or national organizations to support your work with this project? Whom?
    a. Are there any collaborators/partners or resources that you would recommend to other states/organizations doing similar work?

Sustainability & Lessons Learned
1. How has your work changed as a result of the Innovation Zones project? What are you doing differently now?
2. To what extent will you be able to continue these efforts after the grant ends?
    a. What resources or strategies are needed to help sustain this work?
3. How did your work from the first year of the project with the initial cohort inform your work in subsequent years? How did your approach evolve and what adaptations did you make?
4. What are the most important lessons you have learned from this project thus far? *[Probe on partnerships, process, technical assistance, enrollment, and quality]*
5. Which lessons, strategies, or innovations do you think can be scaled up statewide?
    a. Why or why not?
6. What features or characteristics of the IZs do you think were most influential in their success in this initiative? That is, are there certain community features or preconditions that must be in place for this approach to work, or some characteristics that might be predictive of success or challenges?
7. Overall, how would you assess the impact of the support, training, and technical assistance you provided to the IZs?
    a. Which of your activities would you say has made the biggest impact?
    b. What have been the project's greatest accomplishments so far?
8. If you were talking to other states, communities, or organizations attempting a similar initiative, what would be your recommendations?
9. If you had it to do all over again, what would you do differently?
10. Is there anything we didn't ask about that we should have, or anything else you would like to add?

Appendix C: Innovation Zones Interview Coding Schema

Barriers to Enrollment

- **Early Learning Limitations**
  - **Hours:** Provides child care during traditional 9-5 hours, but does not provide care flexibility for families working non-traditional hours.
  - **Limited high needs training/knowledge:** Centers are accustom to working with traditional children and families but are not trained to work with families and children with many risk factors. Centers cannot provide the adequate support to keep these children in care centers.
  - **Lack of quality:** There are too few QRIS-rated EC programs available in the community.
  - **Limited slots:** There are not enough slots available for high priority children.
- **System Limitations**
  - **Lack of coordination between agencies:** Children are not able to make the transition between programs.
  - **Lack of information:** Parents and families do not know about child care, early learning programs, and/or early learning services.
  - **Transportation:** There is no means for parents to get their children to centers and centers do not provide transportation.
- **Policy Limitations**
  - **CCAP eligibility:** Families lose or do not qualify for CCAP because they are not employed and are not going to school.
  - **CCAP in the family:** CCAP money is used to support family care—the money is kept in the family
- **Family Preferences and Barriers**
  - **Linguistically isolated:** Families do not speak English and are not comfortable in an English-speaking world.
  - **Mistrust of system:** Families do not trust child care providers.
  - **Cultural traditions:** Families have the cultural tradition to keep child care in the family. It is seen as the family's responsibility. Part of the cultural understanding of child care and families.
  - **Keeping kids together:** Parents with multiple children under the age of 5 want to keep all their children together in one care center. If that center does not have enough slots for all the children, the parents will keep the children at home or within FFN
  - **FFN is easier:** It is easier for parents to work with FFNs that offer more flexible hours and easier location access.
- **Dangerous communities:** Parents have to walk their children through dangerous areas to get their children to ECE

Strategies for Increasing Enrollment:

- **Community alignment strategies:** Changes in the system alignment and coordinated policies, support, and services to increase the number of high priority children in early learning programs.
  - **Cross-referral strategies:** Align those agencies, institutions, and organizations that serve children in priority populations to refer families to early learning programs."Enrollment pipeline"
  - **Data sharing:** Agreements among agencies, institutions, and organizations to share and review information about children and families.
  - **Policy change:** Changes in the system that address registration and enrollment barriers
  - **Shared-intake:** A single set of application forms to get parents information to enroll their children in ECE.
  - **Simplified intake:** Modifying intake forms to make them simpler and easier for families to complete
- **Outreach:** Community and Families: Activities in the community to raise awareness and support of early learning and bring about community/cultural perception changes about ECE.
  - **Technology:** Website, phone line, or other technological means to reach families in the community and help them look for early learning or have the families reach out to agencies that can refer families to ECE.
  - **ECE Resources:** Providing informational resources to families in the community.
  - **Door-to-door:** IZ staff or parent ambassadors reach families by going door-to-door to find them.
  - **Family engagement:** IZ and partners engaging with families
  - **Parent ambassador:** Parents engaging with families on behalf of IZ
  - **Referral follow-up:** Staff follow-up with parents shortly after they have been referred to ECE.
- **Developmental screening:** Efforts to engage families by evaluating their child's social, behavioral, and emotional development to get families enrolled in early learning that best fits the needs of the child and family.
- **ECE Accessibility:** Efforts that bring children to early learning or brings early learning to families that have transportation or a safe means to get their child to ECE.
  - **Transportation:** Providing transportation to EC for those families who cannot get their children to EC.
  - **Mobile preschool:** Preschool that is not physically located, but able to come to communities where it is needed. Example: pop-up preschool, Preschool in the Park.
- **Partnerships:** Establishing partnerships in the community to have methods directed and dedicated to early learning, enrollment, and quality of care.
  - **Home visiting:** DFCS
  - **Hospitals/doctors/healthcare providers**
  - **Housing authorities**
  - **Child Care Centers**
  - **Governments:** Local (city), state, and federal agencies
  - **School district**
  - **Community spiritual leaders**
  - **WIC Office**

Strategies for Increasing Quality:
- **Reward QRIS progress and attainment:** Incentivize those EC providers that demonstrate progress through ExceleRate.
- **Cohort mentorship:** Establish a cohort model of lead mentors to help guide others through the QRIS process.
  - **Cheerleaders:** Centers encourage other centers to increase quality.
  - **Peer-to-peer center mentoring:** Peer-mentoring among center directors to discuss issues, barriers, and success in quality advancement.
- **EC Outreach:** Outreach to support, develop, strengthen, and recruit providers through ExceleRate
- **Quality Specialist/Coach:** Dedicated staff to help providers increase quality.
- **Connect centers and community:** Bring a demand from the community to have QRIS-rated child care providers.
- **Coordinate QRIS professional development:** Coordinate professional development opportunities across systems and implement scheduled, professional development at the same time as K-12.
- **QRIS distant learning:** Develop and implement a technology infrastructure to foster distance learning opportunities across the county

Strategies for Capacity-Building:
- **Behavioral Science Changes**
  - **ABLe Change:** A model designed to help communities more effectively address the significant social issues affecting children, youth, and families. Engage diverse perspectives, think systemically, incubate change, implement change effectively, adapt quickly, and pursue social justice (http://ablechange.msu.edu/).
  - **Build, measure, learn:** "The Lean Startup" approach that drives a start-up, develops a start-up steering strategy, informs pivoting with the strategy, and/or strategy preservation and grow (http://theleanstartup.com/principles).
  - **Fogg Behavioral Model:** Model that identifies three elements that must converge at the same moment (motivation, ability, and triggers), to bring about behavioral change http://www.behaviormodel.org/).
  - **Systematic Thinking**
  - **Action learning cycle:** Reevaluate strategies that may or may not be working—the ability to pivot to bring about more effective change.
  - **Magic wanding:** Probing strategy. Asking people if they had a magic wand and could do one thing despite all the barriers, to get children in high needs communities enrolled in ECE, what would that one thing be. Then try to make that one thing happen within the confines of barriers and policies.
  - **Root causes:** Looking at the root causes of issues limiting enrollment and quality. This should help identify system challenges and why families, centers, and the community operates the way they do.
  - **Simplify:** Make things simpler for families enrolling their children in early learning and for providers attempting to increase quality.
  - **Small experiments:** Test the effectiveness of small changes before scaling up to larger changes.
  - **Starfishing:** Detailing every step of the process to implement the strategy.
  - **Using data:** Understanding the communities IZs are working in; not making assumptions, but listening to the communities and using data to understand the communities.
- **Engage the community:** Bottom-up approach to ask partners, stakeholders, and families what the barriers are to increasing enrollment and quality.

Supporting Innovation:
- **Coaching and consulting:** Phone and email communication between IZs and IFAC
- **Conferences:** Organized face-to-face conferences held by IAFC
- **Funding:** Funding that supports aspects of the innovation zone such as salary for staff position.
- **Literature/book readings:** Suggested sources by IAFC to help support new and innovative ways of thinking among the IZ team
- **Peer-learning calls and networks:** IZ to IZ learning facilitated by IFAC
- **Sponsored training:** Trained, not held by IAFC, but sponsored by IAFC
- **Webinars:** Organized, online information session held by IAFC

Building Sustainable Innovations:
- **Everyday practice:** Practices that have changed or have been added that are now incorporated as part of what you do every day.
- **Leveraging funds:** Leveraging existing funds to do this work.
- **Additional funding:** Finding additional funding to do this work.
- **Community demand and support:** Making the work visible in the community to have a great community buy-in to keep the working going.
- **Sustaining relationships:** Maintaining partnerships to keep communication happening among organizations.

Obstacles to Innovations:
- **Limitation of Funds**
  - **Funds cuts:** Funds in early learning cut or not allocated due to budget impasse. Focus is on staying open and not increasing enrollment or quality.
  - **State Budget:** Illinois does not have a budget.
  - **No funds:** Participation in the IZ did not include additional funding support, but required many person hours to conduct the work. Work not compensated for by IAFC. **Note
- **Demands of Operationalization**
  - **Data sharing impediments:** ECEs do not have the staff to participate in the IZ data collection
  - **Demanding requirements:** Participation as an IZ stressed resources (time and staff) given the requirements placed on participation
- **Turnover:** Staffing at IZ lead organizations and participating partners have seen staff turnover.

Impacts:

- **Increases in enrollment:** Those strategies and increases in capacity that interviewees noted with increases in the number of children enrolled in high quality early learning programs.
- **Increases in quality:** Those strategies and increases in capacity that interviewees noted with quality improvements of early learning programs.
- **Outreach:** New approaches of reaching priority population families that considers best practices in communicating.
- **Community and agency alignment:** System change alignment among agencies resulting in better service for priority population families and their children.
- **Partnership and interagency communication:** Forging new partnerships with a shared vision communicate and support early learning for priority populations.
- **Mind shifts:** Changes in the way Innovation Zone leaders and staffers understand and discuss the complexities of early learning that evidence systematic thinking.

Appendix D: Innovation Zones End-of-Grant Survey

Please describe your role with the Innovation Zone project:

() IZ lead/coordinator   () IZ core member

() IZ community partner   () Other: _____

How would you characterize your level of involvement with the Innovation Zone project:

() Very highly involved   () Highly involved

() Somewhat involved   () Not very involved

Please indicate which of the following initiatives you or your organization was also involved in while they were participating in the Innovation Zone: (check all that apply)

() All Our Kids (AOK) Network   () MIECHV

() ABLe Change Pilot   () Healthy Start

() Preschool Expansion   () Other: _____

() None of the above

How would you describe the number of partners collaborating around early learning and development in your community now compared to before the Innovation Zone project?

() Substantially fewer now   () Somewhat fewer now

() About the same   () Somewhat more now

() Substantially more now

Please indicate which of the following organizations collaborated in your Innovation Zone efforts at any time during the project: (check all that apply)

() School district   () Child care centers

() Head Start   () Preschool for All

() Early intervention programs   () Library

() Social services (e.g., WIC, food pantry, homeless shelter)   () Health/medical centers

() Immigrant/refugee groups   () Families/parents

() Businesses   () Faith-based organizations

() Government   () Community group/network

() Other: _____

How would you describe the level of your collaboration with the following partners now compared to before the Innovation Zone project?
<Much More Collaboration Now, Somewhat More Collaboration Now, No Change, Somewhat Less Collaboration Now, Much Less Collaboration Now>

() School district   () Child care centers

() Head Start   () Preschool for All

() Early intervention programs   () Library

() Social services (e.g., WIC, food pantry, homeless shelter)   () Health/medical centers

() Immigrant/refugee groups   () Families/parents

() Businesses   () Faith-based organizations

() Government   () Community group/network

() Other: _____

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Illinois' Early Childhood Innovation Zones: A New Model for State Policy?

How has your understanding of the following decision-making and problem-solving strategies changed compared to before the Innovation Zone project?

<Much Clearer, Somewhat Clearer,, No Change, Somewhat Less Clear, Much Less Clear>

() Engaging diverse perspectives to understand current conditions

() Using data to identify root causes

() Designing strategies that match the root cause of the problem

() Designing strategies from the user's perspective

() Using a systems approach (i.e., considering how to change or better align systems)

() Implementing change effectively (e.g., creating small wins, testing small experiments, using iterative cycles)

() Using continuous action learning and feedback loops to improve our work

When responding to this series of items, think of how your collaboration set goals and solved problems before the start of the Innovation Zone compared to how it sets goals and solves problems today. How frequently would you say that your collaboration uses the following practices now compared to before the Innovation Zone project?

<We Do Not Use This Practice, Much Less Frequently, Somewhat Less Frequently, No Change, Somewhat More Frequently, Much More Frequently>

() Engaging diverse perspectives to understand current conditions

() Using data to identify root causes

() Designing strategies that match the root cause of the problem

() Designing strategies from the user's perspective

() Using a systems approach (i.e., considering how to change or better align systems)

() Implementing change effectively (e.g., creating small wins, testing small experiments, using iterative cycles)

() Using continuous action learning and feedback loops to improve our work

How likely are you to continue using the following practices in your community after the Innovation Zone project is complete?

<Definitely Will Not Use, Probably Will Not Use, Probably Will Use, Definitely Will Use>

() Engaging diverse perspectives to understand current conditions

() Using data to identify root causes

() Designing strategies that match the root cause of the problem

() Designing strategies from the user's perspective

() Using a systems approach (i.e., considering how to change or better align systems)

() Implementing change effectively (e.g., creating small wins, testing small experiments, using iterative cycles)

() Using continuous action learning and feedback loops to improve our work

Please indicate the degree to which the following factors have changed compared to before the Innovation Zone project.

<Much More, Somewhat More, No Change, Somewhat Less, Much Less>

What Innovation Zone strategy or activity would you say made the biggest impact in your community?

[   ]

What recommendations would you make to other Race to the Top-Early Learning Challenge states implementing similar projects?

[   ]

What is the most important thing you learned as a result of your participation in the Innovation Zone project?

[   ]

Please feel free to add any additional comments you have regarding the Innovation Zone project in the space below.

[   ]

Appendix Tables 1 and 2

Appendix Table 1
Sample sizes for Table 14

Zone	Fall 2014 to Fall 1015	Fall 2015 to Spring 2016	Spring 2016 to Fall 2016	First Reporting Period to Fall 2016
1	—	2	2	2
2	2	5	5	2
3	—	2	2	3
4	—	5	6	5
5	3	4	5	4
6	18	29	25	16
7	17	19	15	13
8	—	7	5	6
9	3	3	11	13
10	3	0	0	3
11	2	3	4	2
OVERALL	48	79	80	69

Appendix Table 2
Sample sizes for Figure 1

Zone	Fall 2014 to Fall 2015	Fall 2015 to Spring 2016	Spring 2016 to Fall 2016	First Reporting Period to Fall 2016
1	—	2	2	2
2	2	5	5	2
3	—	2	2	3
4	—	5	6	5
5	3	4	5	4
6	18	29	25	16
7	16	18	15	13
8	—	6	5	6
9	3	3	11	13
10	3	0	0	3
11	2	3	4	2
OVERALL	47	77	80	69

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