TARGETED PUBLIC PRE-K & THE BROADER CHILD CARE LANDSCAPE IN ILLINOIS

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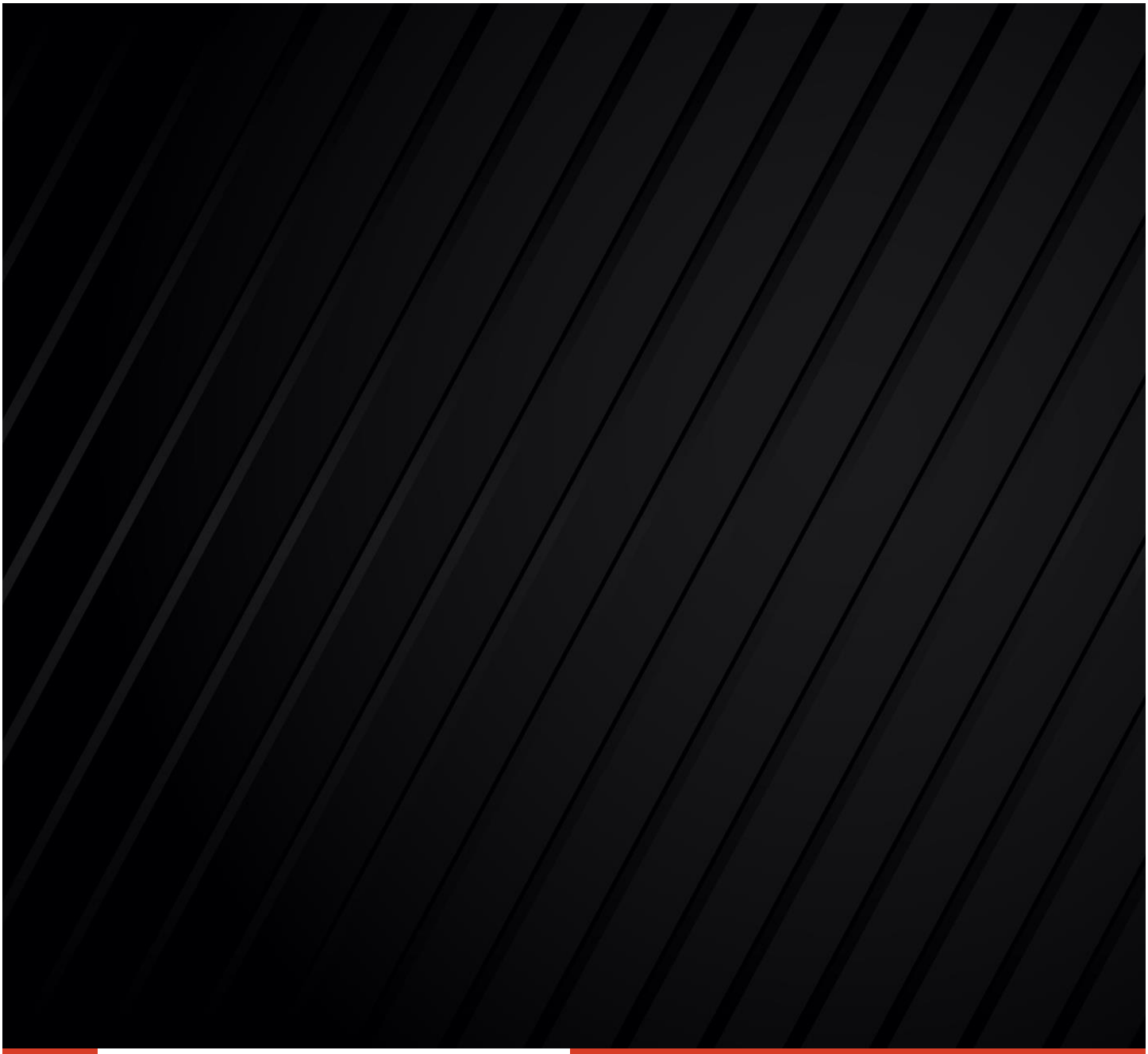

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SUMMARY

Government efforts to expand public pre-K are designed to increase the availability of affordable early childhood education (ECE) options for families. Indeed, new public pre-K initiatives may draw new providers into the market who did not offer ECE before, expanding the total number of ECE options available to families. However, public pre-K funds may go to established ECE providers—those already serving families with other sources of public funding (i.e., Head Start or child care subsidies) or private tuition dollars. If public pre-K funds go to established providers, these providers could expand their capacity and increase the number of slots for preschool-aged children, or established providers may instead use pre-K funding in lieu of other sources of funding (e.g., private tuition). In this latter case, ECE providers might serve the same number of children as before but through different funding streams. Another possibility is that established providers shift *how* they provide services (e.g., half- vs. full-day sessions) or to *whom* (e.g., preschoolers vs. infants) once they receive a public pre-K grant. Operational changes due to public pre-K funding could have positive or negative consequences for overall ECE availability. Finally, public pre-K funding could improve or reduce the odds that ECE providers stay in business, shaping the overall stock of ECE options available to families for better or worse.

This report summarizes findings from a research study on the effects of expanded public pre-K funding on individual ECE providers. It focuses on public pre-K expansion in Illinois in 2007 under the Preschool for All Initiative. The initiative increased funding for half-day pre-K services and awarded funds annually through a competitive grant process. Almost any public or private ECE provider could apply, but providers had to "target" services for children in low-income or otherwise at-risk families.

We uncovered two key findings in the study. First, Illinois' pre-K expansion funds went to very few new providers. Among public pre-K grant recipients, 75% were already established providers, in operation for 3 years or more before they were awarded funding. Second, among established providers, public pre-K funds increased the odds that providers remained in business, but it did not expand overall capacity (i.e., no increase in the number of slots available). **The results suggest that public pre-K funding mainly stabilized providers' operations and prevented closures; it did not substantially increase the number of available providers or their capacity to enroll children.**

FEATURES OF ECE IN ILLINOIS

When implemented, targeted public pre-K joins the wider set of ECE options eligible families have at their disposal. ECE options include private providers—informal arrangements with friends, relatives, or nannies, and more formal settings such as family child care homes or child care centers. Public ECE options outside of public pre-K include Head Start (a federally funded early education program for families in poverty) and the child care subsidy program (funded by the federal Child Care and Development Fund to cover some or all child care costs for low-income working parents). Yet, despite the array of options, many families still struggle to find available, affordable child care, as well as high-quality early educational settings (Malik et al., 2018; Parker & Wang, 2013).

Public Pre-K Expansion in Illinois—Preschool for All

In July 2006, Illinois Governor Rod Blagojevich signed the Preschool for All initiative into law. The new legislation called for a universal pre-K program intended to provide all 3- and 4-year-old children with access to early education. The initiative also came with $45 million in funding in its first year (Illinois State Board of Education, 2007). Preschool for All was designed to build upon an existing ECE program for at-risk children in Illinois called the Pre-Kindergarten At-Risk Program (established in 1986). The goal of the Preschool for All initiative, then, was to expand eligibility beyond at-risk populations and eventually serve *all* preschool-aged children.

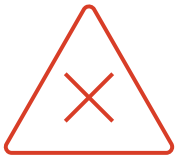
The initiative put Illinois on the map as a leader in early education services. The first full year of Preschool for All implementation occurred during the 2007–2008 school year.[1] That year, Illinois ranked 1st in terms of participation of 3-year-olds in state-funded pre-K and 11th in participation of 4-year-olds across the U.S. (Lloyd & Joseph, 2014).

Public pre-K expansion, signed into law July 2006

$45 million allocated for new public pre-K grants.

Pre-K grants awarded, FY2008–FY2010

Competitive awards made to providers to offer public pre-K.



No new applicants, FY2011–FY2017

Illinois freezes expansion of public pre-K; no new awards.

Universal pre-K coverage was not immediate, however. Initial grants were awarded “based according to both need and the ranking of applications using a competitive grant process,” (Illinois State Board of Education, 2007). Initial grants therefore required programs to enroll at least 51% of children experiencing socioeconomic risk factors, such as low family income, homelessness, foster care

[1] Preschool for All was signed into law in July 2006 and some programs were in fact funded in the 2006–2007 academic year. Limited data exist on grantees during this time. Full implementation is often considered to have occurred in the 2007–2008 academic year.

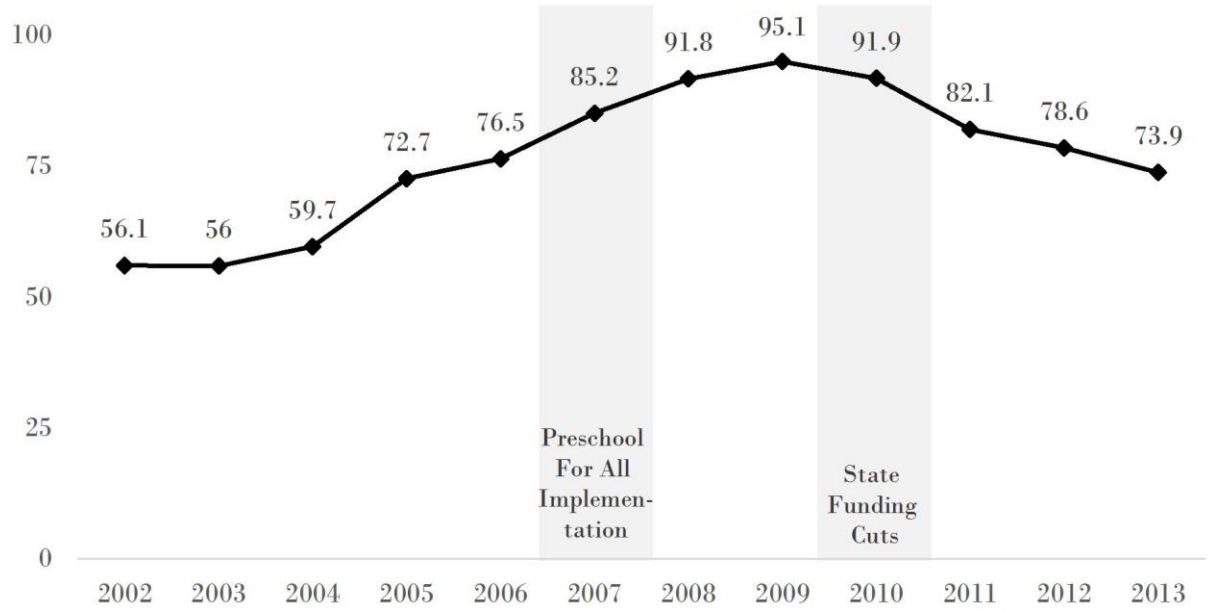
participation, home environments where English was not the primary spoken language, or parental disadvantage, including teen parenthood or low parental education. There were different requirements for Preschool for All programs in Chicago, however. As a result, the findings presented in this report focus on ECE and Preschool for All programs in Illinois but exclude those in Chicago.[2]

Almost any public or private ECE provider could apply for a Preschool for All grant. Eligible applicants included: public school districts, university laboratory schools, child care centers, regional offices of education, charter schools, community colleges, community organizations, private preschools, park districts, faith-based organizations, home-based child care networks, and other settings.

Illinois granted Preschool for All awards in fiscal years (FY) 2007–2008, 2008–2009, and 2009–2010. However, soon the Great Recession took effect, and the State of Illinois began scaling back the Preschool for All initiative. It cut funding for existing Preschool for All grantees by 10% in FY2010. In the years that ensued, from FY2012 to FY2017, no Preschool for All grants were given to new applicants.[3] New awards began again in FY2018.

Figure 1 shows aggregate trends in enrollment in all state-funded pre-K programs in Illinois. Increases in public pre-K enrollment correspond with the period when Preschool for All awards began, starting in 2007. Enrollment began to taper in 2010 at the same time as statewide budget cuts went into effect.

Figure 1. Number of Children Served in State-Funded Preschool in Illinois (in 1,000s)



Notes: Data come from the Illinois State Board of Education, presented in (Llloyd & Joseph, 2014). Enrollment reflects the number of children in *any* publicly funded pre-K program, including both Preschool for All and programs that pre-date the Preschool for All initiative. Enrollment numbers in 2013 are estimates.

[2] For programs located in Chicago, the public school system was allocated a portion of Preschool for All funds and awarded funds based in part on the share of students receiving free and reduced-price lunch (Thomas et al., 2011).

[3] In FY2011, the State also implemented a requirement that at least 80% of slots in Preschool for All programs be reserved for at-risk children. With these changes and reduced funding, some existing Preschool for All grantees opted out of the program in the 2010–2011 school year (Lloyd & Jospeh, 2014).

Public Pre-K Services—Preschool for All

From inception through the present day, Preschool for All funding has covered half-day care, guaranteeing children a minimum of 2.5 hours of preschool services per day for 5 days per week during the academic school year. Providers can blend Preschool for All funding with other sources of public and private funding to offer more comprehensive services, which state-level guidance encourages. A primer for prospective providers released in 2007 suggests applicants might use collaborative models such as embedding Preschool for All programs in full-day, full-year child care programs or combining Preschool for All with Head Start funding to serve children eligible for Head Start who also meet Preschool for All socioeconomic risk criteria (Illinois State Board of Education, 2007). This same primer, however, stipulated that "Funds provided for Preschool for All must supplement, not supplant, funds received from other sources for the same purpose" (Illinois State Board of Education, 2007), underscoring the policy goal to expand preschool services without crowding out existing services that providers already offer.

"Funds provided for Preschool for All must supplement, not supplant, funds received from other sources for the same purpose." **– Illinois State Board of Education (2007)**

EFFECTS OF OTHER PUBLIC PRE-K PROGRAMS

Studies show the introduction of public pre-K programs in Georgia and Oklahoma increased the odds that children attended pre-K, both in public and private programs (Cascio and Schanzenbach, 2013; Fitzpatrick, 2010). Public pre-K introduction in Georgia, Oklahoma, and Florida also grew the total size of the ECE sector (Bassok et al., 2014; Bassok et al., 2016). However, increases in the number of ECE options due to public pre-K were partially offset by reductions in the total number and capacity of child care providers, measured at the state level in Oklahoma and Georgia (Bassok et al., 2014), county-level in Florida (Bassok et al., 2016), and neighborhood-level in New York City (Brown, 2019). Roughly 60% of publicly funded pre-K in Georgia and 75% in Florida was offered by preexisting providers, suggesting public pre-K services supplanted preexisting care (Bassok et al., 2014; Bassok et al., 2016).

The introduction of public pre-K programs in other states and locales has also affected the availability of care for younger, ineligible children. In Florida, public pre-K (for 4-year-olds) led to fewer 3-year-olds enrolled in any form of child care (Bassok et al., 2016). In New York City, public pre-K introduction led to a decrease in the number of available seats for children ages 2 and younger in child care centers (Brown, 2019). Head Start programs appear to absorb some of this decline in ECE slots for children too young to attend preschool, with Head Start having served a greater share of children 3 years old and under in response to nearby public pre-K expansion in various states across the U.S. (Bassok, 2012). Some evidence also suggests that states faced an insufficient number of ECE staff after public pre-K was implemented (Bassok et al., 2014), and the quality of programs serving younger children—as proxied by inspection violations—declined (Brown, 2019).

What Evidence is Still Needed?

While current research begins to shed light on the impacts of public pre-K on the broader ECE landscape, gaps remain. First, it is unclear exactly which providers expand, contract, or go out of business. For example, a limited increase in the size of the total ECE sector could result from preexisting providers repurposing themselves into public pre-K providers. In this case, it would be the funded providers that respond directly to the entrance of public pre-K. Alternatively, reductions in the size of the total ECE sector could result from nonfunded providers going out of business when public pre-K opens nearby and offers services for free. Past studies do not differentiate between changes that occur among public pre-K-funded providers as a result of the new funding itself vs. those that come about due to competitive effects on nonfunded providers in the wider market.

Second, studies on public pre-K in Georgia, Oklahoma, Florida, and New York City provide evidence only on the effects of "universal" programs. Universal programs are those available to all families, regardless of their economic circumstances. Little to no evidence exists on the effects of "targeted" programs, those made available to children in low-income or otherwise at-risk families like the public pre-K program in Illinois. Universal programs may attract different types of providers to apply for funds and enter the market than targeted programs. In turn, the nature of the effects of universal programs on the overall ECE market may differ.

Questions This Study Answers

This report focuses on the expansion of targeted public pre-K in Illinois under the Preschool for All initiative. Analyses address the following questions:

1. **What proportion of public-pre-K-funded providers in Illinois were new to the ECE sector and what proportion already existed?**

2. **Did public pre-K funding receipt change preexisting ECE providers' operations?**
    - Did it change the likelihood that providers remained in business?
    - Did it expand providers' overall or pre-K-specific capacity to enroll children?
    - Did it change other types of ECE services (i.e., number of sessions per day or provision of other publicly funded care) or to whom they offered services (i.e., availability of infant/toddler or school-age care)?

STUDY METHODS

The main challenge in studying ECE providers that offer public pre-K involves linking child care data and public pre-K records. Typically, state-based data on child care providers remains separate from data on public pre-K. As a result, this study first matched records on child care providers in Illinois to corresponding records from the Illinois State Board of Education on providers that received public pre-K funding during the Preschool for All initiative.[4] Through this process, we obtained a list of ECE

[4] We are grateful to Joellyn Whitehead at Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) for providing us data on child care providers in Illinois. We are also grateful to the Illinois State Board of Education's response to a Freedom of Information Act (FOIA) request for Preschool for All grant records. To match records across these two sources, we relied on provider addresses. We used street address, city, zip code, county, and geocoded latitude/longitude coordinates to identify which records were common across the INCCRRA and Preschool for All databases.

providers that received public pre-K grants during the expansion years (FY2008-FY2010).[5] The state database on Illinois child care providers included licensed and license-exempt child care centers and licensed family child care homes in Illinois from FY2004 through FY2014. We used these records to identify whether public pre-K providers already existed before they received pre-K grants or whether they opened in the same year they received the grant. We then reported the portion of public pre-K providers that were new to service delivery vs. those that were already established.

Among the already established public pre-K providers, we used their corresponding longitudinal child care records to investigate changes in their propensity to remain open, the number of children they served, the types of funding sources they reported receiving, and other features of service delivery (e.g., infant/toddler care and number of distinct sessions). Specifically, the analysis compared changes in ECE providers before and after public pre-K funding receipt to changes over time in observably similar providers that did not receive public pre-K funding—identified using a propensity score matching approach. The providers without public pre-K funding approximate a "control group" that demonstrates what would have happened to public pre-K funded ECE providers had they not received public pre-K grants.[6] The control group included up to 10 providers for each public pre-K program, which meant a wider set of providers could be matched to look most like the public program. This approach ensured that a handful of poorly matched comparison cases, for example, would not drive the results.

FINDINGS

Was Public Pre-K in Illinois Offered by new or Preexisting Providers?

Table 1 shows descriptive statistics on the 227 providers that received Preschool for All funding from FY2008 to FY2010. The table includes the distribution of new vs. preexisting programs, the share of programs that are licensed or exempt, and the share that offer pre-K services in a center- or home-based setting. Recall, some public pre-K funded sites were not matched to the longitudinal state database on child care providers. These providers are labeled as "uncategorized" in Table 1 and constitute 16% of Preschool for All funded sites.

As shown in Table 1, very few Preschool for All providers were new to the ECE sector. Roughly 2% opened the year they first received public pre-K funding, and another 7% entered the ECE sector 1 to 2 years before they received the grant. In contrast, at least three-quarters of Preschool for All providers were already established according to the longitudinal state child care records and in business more than 2 years before they offered public pre-K. A remaining 16% of public pre-K providers were missing from the state database and may or may not be new to ECE service provision. Even if all uncategorized sites were new to the ECE sector, the overall pattern suggests a large share of public pre-K services took place in already established child care programs.

[5] Of the 227 distinct Preschool for All funded providers from grants between FY2008-FY2010, we matched 84% to corresponding child care database records. Of the unmatched Preschool for All sites, more than 80% are license-exempt and located in elementary schools. Public schools operate as license-exempt ECE providers and are not required to report to the state child care database. Therefore, they are often missing child care records.

[6] We restrict nonfunded comparison providers to those in census tracts without a new publicly funded pre-K option. In this way, we minimize the likelihood that comparison providers were affected by a nearby public pre-K program.

Table 1. ECE Providers in Illinois with Public Pre-K Funding, awarded FY2008–FY2010

	% of Preschool for All
Age of Program	
Newly opened (year of grant)	2.2
Recently opened (< 2y before grant)	7.05
Established (opened > 2y before grant)	74.89
Uncategorized (missing data)	*15.86*
Program Type	
Licensed	57.71
License-exempt	26.43
Uncategorized (missing data)	*15.86*
Program Setting	
Center-based	74.45
Family child care home	9.69
Uncategorized (missing data)	*15.86*
Observations	227

Notes: Table 1 presents descriptive statistics on child care providers with public pre-K funding through grants awarded under the Preschool for All initiative from FY2008 to FY2010. Newly opened sites are defined as those that appear for the 1st time in the state database during the 1st year of grant funding; recently opened providers appear only 1 or 2 years before, and established providers appear more than 2 years before. Of 227 Preschool for All sites, 36 (16%) do not match to entries in the state registry of child care providers. These are listed as "uncategorized (missing data)."

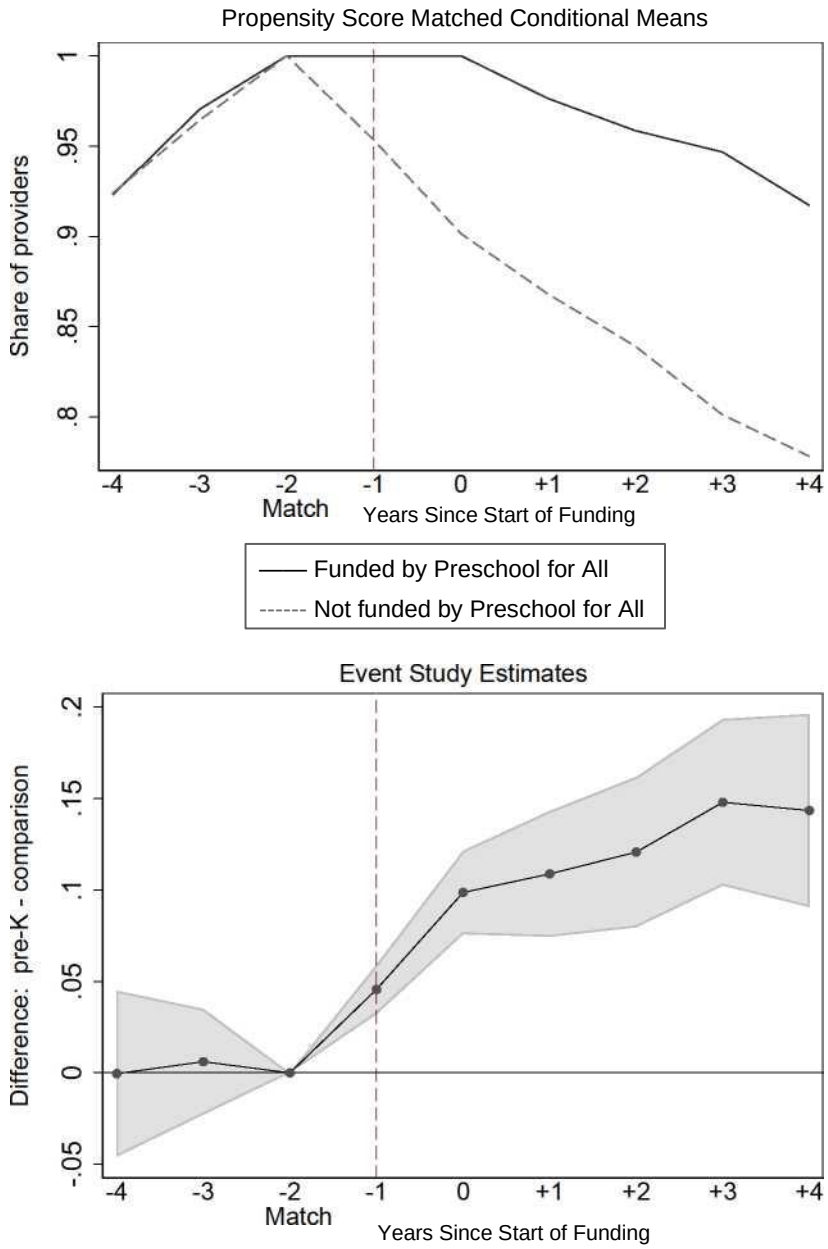
Table 1 also shows Preschool for All sites were a mix of licensed and license-exempt settings. License-exempt providers are most commonly public schools. More than half of public pre-K funded providers (57%) were licensed, suggesting they were in more traditional child care settings. In addition, nearly three-quarters of public pre-K funded providers were child care centers, as opposed to home-based or uncategorized settings.

Did public pre-K funding receipt change preexisting ECE providers' operations?

The next set of analyses focused on public pre-K funded ECE providers that existed at least two years *before* they received funding. This sample of preexisting providers allowed us to study changes in operations before vs. after pre-K funding receipt. We compared these changes to changes among the nonfunded ECE providers identified as similar to funded providers based on provider- and neighborhood-level characteristics.[7]

[7] Characteristics for matching included whether the provider reported any Head Start funding, state pre-K funding, was willing to accept child care subsidies, accepted vouchers from child protect services, was license-exempt, served children under age 3, served school-aged children. They also included providers' total licensed capacity, preschool-aged capacity, infant-toddler capacity, preschool-aged enrollment, infant-toddler enrollment, availability for part-time care only/full-time care only/both, number of child care sessions, and length of time in the database (years of operation since 2004). Neighborhood-level variables included county, census tract-level population, demographics of residents in the census tract, percent living in a rural area in the census tract, census tract median income, census tract average level of education, and percent living below poverty in the census tract.

Figure 2. Impact of Public Pre-K Funding on Whether Providers Remained in Business



Notes: Displays differences in outcomes between Preschool for All and matched comparison providers each year before and after public pre-K funding goes into effect at t = 0. The outcome is coded as 1 if providers appear in the state child care database and 0 if they do not. Matching occurs at t = -2, the time point 2 years before Preschool for All funding is awarded. Public pre-K funded providers are matched to up to 10 observably similar nonfunded providers based on provider- and neighborhood-level characteristics. Comparison providers are restricted to those in census tracts where no provider received Preschool for All funding. Standard errors from event study estimates are clustered at the provider level and included as shaded area representing a 95% confidence interval. The vertical dotted line at t = -1 reflects the start of possible impacts.

ECE providers were better able to stay in business when funded by Preschool for All.

Figure 2 presents analyses where the outcome is whether an ECE provider stayed in business. The panel on the top shows the average number of public pre-K funded providers that were in business during the four years leading up to their Preschool for All funding award and the four years after, as well as the same averages for nonfunded provider matches (the comparison group). The panel on the bottom plots the difference between each group's average outcomes, adjusted in a regression

framework. The grey shaded area shows the 95% confidence interval that indicates whether the differences between the funded and nonfunded providers are statistically different from zero.

Note, public pre-K funded providers were matched to nonfunded providers two years before receiving pre-K grant awards, so that we could use ECE providers' characteristics *before* the public pre-K program was in place to identify nonfunded providers that looked similar pre-policy.

At the time of the match, two years before a public pre-K grant award (t= –2), 100% of Preschool for All providers and matched comparison providers were, by definition, in business. Patterns in terms of propensity to be in business were nearly identical across the two groups three and four years before Preschool for All grants were awarded. We expected this to be the case since nonfunded providers were selected to be similar to Preschool for All providers before pre-K expansion began. Patterns in outcomes between the two groups diverged beginning one year before the public pre-K award and continued diverging for all subsequent years.[8] Four years after public pre-K funding went into effect, providers with the funding were 15 percentage points more likely to have remained open than providers in the matched comparison group. Based on these findings alone, Preschool for All funding expanded access to ECE services by virtue of preventing ECE programs that would have otherwise closed from doing so.

Given that public pre-K funded providers were more likely to stay in business, all subsequent analyses focused on changes in ECE providers' operations among providers that remained open for the four-year study follow-up period. This meant that pre-K-funded providers that remained open were re-matched to nonfunded providers that also remained open to ensure the most similar comparison group possible.

ECE providers' capacity to enroll children remained the same.

Next, we explored changes in ECE providers' enrollment capacity among those funded by Preschool for All grants and those in the matched comparison group without funding. We examined (1) providers' total capacity, or the maximum number of children they reported they could have in care at any one time, and (2) providers' preschool-aged capacity, which reflected the maximum number of preschoolers allowed to enroll in a single child care session. Both measures of average capacity among public pre-K funded and matched nonfunded providers appeared similar over time. It did not substantially diverge after pre-K funding went into effect. As such, the regression results (*available upon request*) showed minimal detectable change in the total capacity nor preschool-specific capacity to enroll children among providers that received Preschool for All funding.

ECE providers with public pre-K funding increased the number of child care sessions offered to preschoolers during the school day.

Analyses did reveal differences in the number of separate preschool-aged child care sessions offered within the school day among public pre-K funded providers relative to matched comparison providers. This outcome was equal to 1 for a provider that offered a single full-day session, for example, and 2 for a provider that offered 2 part-day sessions within a single school day. In other words, the outcome was a count of the number of sessions a provider offered to preschool-aged children. We documented growth in the number of child care sessions among public pre-K providers, which

[8] Preschool For All funding begins on the first day of the fiscal year (July 1) but state child care data are updated as of the last day of the fiscal year (June 31). As a result, it is possible that child care data will reflect changes related to public pre-K funding in the data collected in the fiscal year prior to the funding start. Descriptive evidence from state-based longitudinal child care data shows that providers often report state pre-K funding one year prior (suggesting they report it as soon as the award is known). Therefore, we consider two years prior to the start of Preschool for All funding as the best "baseline" year.

tracked funding requirements closely; Preschool for All funds covered 2.5 hours of pre-K services for children, suggesting part-day sessions would increase if they were not already in place. Notably, children could enroll in back-to-back part-day sessions, so offering more distinct sessions did not necessarily imply that children were in care for fewer total hours. However, families *could* have opted to receive care during only one part-day session. It is possible, then, that the increase in the number of sessions increased the odds that children spent less time in ECE but that providers served more total children across the school day.

ECE providers did not change other aspects of their services and operations.

We found no detectable changes in other areas of ECE service provision in response to public pre-K funding. Outcomes where we observed no impacts included: any care provided to infants/toddlers, capacity to enroll infants/toddlers (maximum number of children per session), number of child care sessions for infants/toddlers, any care for school-aged children, any funding from Head Start, and willingness to accept child care subsidies.

Conclusions from Public Pre-K Expansion in Illinois

Findings on the immediate impacts of public pre-K on directly funded providers begin to inform our understanding of how the ECE sector responds to public pre-K expansion, particularly a public pre-K program that offers part-day services to low-income and otherwise at-risk families. Advocates of public pre-K expansion often assume that increased funding will create new programs and expand ECE sector capacity. However, findings from this study suggest a more nuanced policy response in Illinois. Notably, public pre-K expansion largely funded existing providers. Among these providers, it helped families maintain access to care by preventing closures. Importantly, this finding occurred in the context of the Great Recession when job and income loss may have reduced families' ability to pay for child care out of pocket. Providers that did not receive public pre-K funding may have struggled to stay in business in the face of declining demand among private-pay customers during the recession. This finding demonstrates the importance of public investments during times of economic downturn. It also corresponds with recent findings from the COVID-19 recession. Publicly funded child care restoration grants in Illinois similarly stabilized provider operations and prevented closures (Salrin et al., 2022).

Two distinguishing features of Illinois' pre-K program—eligibility requirements and the half-day length of the school day—may have shaped service provision in unique ways. Results showed an increased number of distinct child care sessions, which was tightly linked to the part-day nature of the funding, rather than broad-based overall expansions in capacity. Thus, results may generalize best to public pre-K programs with similar program parameters, which are common across the U.S. More than half of state-funded pre-K programs (35 of 62) have an income requirement for eligibility, and nearly the same number (32 of 62) offer only part-day care (Friedman-Krauss et al., 2021).

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