

# Child Care and Development Fund (CCDF) Plan For Illinois FFY 2019-2021

---

## 1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

### 1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

#### **1.1.1 Which Lead Agency is designated to administer the CCDF program?**

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Illinois Department of Human Services

Street Address: 100 South Grand Ave East, Harris II, Third Floor

City: Springfield

State: IL

ZIP Code: 62762

Web Address for Lead Agency: [www.dhs.state.il.us](http://www.dhs.state.il.us)

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: James

Lead Agency Official Last Name: Dimas

Title: Secretary

Phone Number: 217-557-1602

Email Address: [James.T.Dimas@illinois.gov](mailto:James.T.Dimas@illinois.gov)

### 1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Nakisha

CCDF Administrator Last Name: Hobbs

Title of the CCDF Administrator: Associate Director I, Office of Early Childhood

Phone Number: 312-793-1594

Email Address: Nakisha.Hobbs@illinois.gov

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: 401 S Clinton

City: Chicago

State: IL

ZIP Code: 60607

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Olga

CCDF Co-Administrator Last Name: Torres

Title of the CCDF Co-Administrator: CCDF State Plan Coordinator

Description of the role of the Co-Administrator: Day to day management of the Child Care Assistance Program (CCAP)

Phone Number: 217-558-2458

Email Address: Olga.Torres@illinois.gov

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

## 1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

**1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.**

- All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. Eligibility rules and policies (e.g., income limits) are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

- Other.

Describe:

2. Sliding-fee scale is set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

3. Payment rates are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

### **1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply**

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments

- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

b) Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

c) Who issues payments?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

**1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note : The contents of the**

written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

*Annual contracts with CCR&R include the following requirement: "Consumer Education and child care referrals to parents/guardians, including but not limited to offering information on child care options, quality care indicators, costs, and referrals to child care providers and basic information on other support services, specifically Publicly funded services." The CCR&Rs are required to submit quarterly program reports, monthly expenditure reports, and are monitored by the Lead Agency once every three years. CCR&Rs are also contracted to manage Child Care Assistance Program (CCAP) cases including but not limited to eligibility determination (initial and redeterminations), updates due to reported case or provider changes, pre-payment entry, and communication with clients and providers in their Service Delivery Areas (SDAs). There are contracts with child care licensed child care centers located throughout the state known as Site Administered Child Care Providers (Sites) who also perform CCAP eligibility determinations and case management for families attending their centers. The City of Chicago Family Support Services (FSS) is also contracted by the lead agency to provide CCAP eligibility determination and case managements for families that utilize on of nearly 200 delegate licensed child care centers located throughout the city. Monitoring is conducted on all these contractors through on-site visits and through the on-going quarterly reports mentioned above. Visits include entry and exit interviews with the contractor's management, a review of a statically significant sampling of CCAP case to determine case action accuracy as well as other contract required activities. Budgets are submitted and reviewed according to GATA guidelines for all contracted agencies. Contractors are given a draft report of findings as well as corrective actions to address negative findings.*

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their

use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

**N/A**

**1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).**

**Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.**

***IDHS Policy 07.01.01 – Confidentiality, states: The Illinois Department of Human Services, Bureau of Child Care and Development, considers all information contained in a child care case record confidential. The use of or disclosure of parent or provider information for commercial, personal, or political purposes is strictly prohibited. All contracted staff are required to take State-developed trainings on HIPAA and computer security to help ensure understanding of what constitutes protected information and best practices to ensure its security.***

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

#### Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

### 1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

***The Plan in a draft form is presented based on the work done by the Lead Agency's Child Care Advisory Council (CCAC), Illinois Early Learning Council, the Professional Development Advisory Council (PDAC), the CCR&R Directors System Council, and the DCFS Child Day Care Licensing Advisory Council. Each of these advisory bodies includes representatives from state and local agencies focusing on education, public health, child welfare, etc. Specific examples include but are not limited to: Head Start agencies, Chicago Public Schools, Chicago Department of Family and Support Services, the Illinois State Board of Education (including the McKinney-Vento representative), the Illinois Division of Specialized Care for Children (state's Title V of the Social Security Act agency), Regional Offices of Education, and county/local public health departments.***

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

***The draft Plan was presented to the Early Learning Council (the state advisory council authorized by the Head Start Act) and to the Child Care Advisory Council (which includes parents and providers) prior to final submission. Input from these bodies was reviewed and incorporated as appropriate.***

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

**N/A**

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

**N/A**

### **1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).**

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 05/22/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a).  
05/02/2018

*Reminder:* Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

***The Public Hearing announcement was emailed to the Child Care Advisory Council, the Early Learning Council, and the Professional Advisory Council. The announcement was also posted to the State's website which is ADA compliant.***

<http://www.dhs.state.il.us/page.aspx?item=105776>

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Hearing was held in person in the central part of the state and via webinar to reach statewide audience.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The draft Plan was posted to the Lead Agency's website and was also sent via email as described in (b) above

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Comments and questions received from the public are discussed internally by the Lead Agency (State Child Care Administrator and program staff) first. The conversations are taken to the Lead Agency's advisory bodies, if necessary. Appropriate changes are made to the State Plan.

**1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)**

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<http://www.dhs.state.il.us/page.aspx?item=105552>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

***The draft plan was shared with the Lead Agency's Child Care Advisory Council (PDAC), the DCFS Child Day Care Licensing Advisory Council, and made available on the Lead Agency's website prior to the Public Hearing.***

Working with child care resource and referral agencies.

Describe:

***N/A***

Providing translation in other languages.

Describe:

***N/A***

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

***N/A***

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

***The draft plan was made available on the Lead Agency's website prior to the Public Hearing .***

Other.

Describe:

***N/A***

## 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

### **1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).**

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

extending the day or year of services for families;smoothing transitions for children between programs or as they age into school;enhancing and aligning the quality of services for infants and toddlers through school-age children;linking comprehensive services to children in child care or school age settings; ordeveloping the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settingsCheck the agencies or programs the Lead Agency will coordinate with and describe all that apply.

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;

- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

- (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

***The Illinois Child Care Assistance Program (CCAP) is operated by the State. The Lead Agency works with a variety of local early childhood programs to coordinate child care services. These entities are part of a variety of stakeholder groups, including the Child Care Advisory Council and the Illinois Early Learning Council. The lead agency participates in meetings with these and other local government stakeholders throughout the year and no less often than quarterly. These and other partners work towards many goals including planning and coordination on how services can be made available to those who need them and how to utilize funding to serve families and coordinate how funding can be used to provide the most comprehensive services that families are eligible for. The list includes but not limited to: Head Start, Chicago Public Schools, Chicago Department of Family and Support Services, and the Illinois State Board of Education, Regional Offices of Education.***

- (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

***The Illinois Early Learning Council (IELC) is the state advisory council authorized by the Head Start Act. Its goal is to collaborate with child- serving***

**systems and families to meet the needs of young children, prioritizing those with the highest needs. The CCDF State Child Care Administrator serves on the IELC and the IELC Executive Council, which meets approximately every other month. CCDF Lead Agency staff participates in various IELC committees which conduct ongoing meetings between Executive Council Meetings.**

Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

(REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

N/A-There are no Indian tribes and/or tribal organizations in the State.

(REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and and Part B, Section 619 for preschool).

Describe the coordination goals and process:

**The Lead Agency administers the Early Intervention program (Part C of IDEA) and the Illinois State Board of Education (ISBE) administers Part B of IDEA. These offices meet throughout the year to coordinate efforts and resources for serving families with special needs children including how to best utilize funding and coordinate community-based organizations and programs.**

(REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

**The Lead Agency hires the Head Start collaboration director and works closely with the Illinois Head Start Association to coordinate extending day or year of services, smoothing transitions for children between programs ensuring that comprehensive services are available to all children and especially for vulnerable populations. The current method of fostering collaboration will be the main goal moving forward as many of the elements are becoming standard for all cases due to the CCDBG Reauthorization changes to the assistance program.**

- (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

***The Lead Agency works with the Illinois Department of Public Health and the Illinois Department of Children and Family Services as needed due to current projects and to resolve both on-going issues and to address changes needed due to the CCDBG reauthorization, such as providing immunization grace periods in licensed child care programs for children experiencing homelessness.***

- (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

***The Lead Agency is responsible for employment services/workforce development for the TANF and SNAP participants. The Department of Commerce and Economic Opportunity is responsible for Workforce Investment & Opportunity Act (WOIA) programs. The lead agency coordinates with these agencies throughout the year with a goal of reducing barriers to employment for families receiving benefits. Enhance child care referrals and matching families with employment opportunities with contracted agencies are some of the methods used in this effort.***

- (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

***The Illinois State Board of Education (ISBE) is responsible for public education, including prekindergarten. The Lead Agency and ISBE work in coordination to implement: use of the Illinois Early Learning Development Standards (IELDS) and the Illinois Early Learning Guidelines (IELG) in child care settings.***

- (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

***The Lead Agency works in collaboration with DCFS to maintain state health and safety licensing standards and meets on an ongoing basis as well as through***

***the IELC and CCAC. Goals of this work include ensuring that DCFS's licensing regulations follow the new CCDBG regulations. DCFS is also contracted by the lead agency to coordinate all provider background checks, including those for providers that are exempt from licensing.***

- (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

***The Illinois State Board of Education (ISBE) is responsible for the Child and Adult Care Food Program and works closely with the Lead Agency to include license-exempt child care providers serving CCDF children. The lead agency provides confirmation that home-based child care providers who are applying for the CACFP are currently receiving CCAP funding, which is an eligibility criteria for home providers. This is done on a continuous basis as providers apply for the CACFP .***

- (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

***The Lead Agency coordinates with McKinney-Vento state coordinator (ISBE) on serving homeless families. The McKinney-Vento state coordinator is a member of the Child Care Advisory Council . The lead agency participates on the Cooperative Agreement to Benefit Homeless Individuals task force which includes the McKinney-Vento coordinator with the goal of reducing barriers to child care services and providing resources to community-based organizations on obtaining qualified providers and assistance paying for them.***

- (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

***The Lead Agency for CCDF is also the lead agency for TANF. The Child Care Assistance Program coordinates with TANF office as needed to ensure that information on clients that are participating in both programs is coordinated to ensure needed services are available and appropriate with the goal of family***

**self-sufficiency. CCAP uses a substantial amount of TANF funding so many policies of the two programs are developed with coordination in mind, including setting a new exit income level for child care assistance based on TANF income guidelines to ensure TANF funding can still be used.**

- (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

**The Lead Agency works closely with the Department of Healthcare and Family Services (HFS), the Illinois agency responsible for administering Medicaid and Children's Health Insurance Program. Lead agency contractors work closely with the CHIP program, with many serving as application intake points within their communities. Co-training between the State's CHIP programs and CCAP have occurred in the past to ensure all contractors for both programs are aware of services that are available for the families that they serve.**

- (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

**The Lead Agency is responsible for Mental Health services. The Caregiver Connections Mental Health Consultants (MHC) provides TA, training and consultation related to infant/toddler social/emotional development and mental health to providers and the families they serve .**

- (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals and process:

**Contracted agencies (Child care resource and referral agencies - CCR&R- as well as the Illinois Network of Child Care Resource and Referral Agencies - INCCRRA) are responsible for implementing CCAP and Quality programs for child care providers, parents, and communities. This includes services such as: consumer education and child care referrals for parents, training, technical assistance for providers, and grants for child care providers. The CCR&Rs are permanent and local adaptable structures through which public and private groups can work together to enhance and improve the accessibility, quality and**

**availability of child care, and coordinate diverse child care activities in each regional community in Illinois .**

- (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

***The Lead Agency contracts with the Illinois Afterschool Network to provide professional development activities for school age practitioners and programs.***

- (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

***The Lead Agency coordinates with the Illinois Emergency Management Agency (IEMA) to ensure the state and its citizens, including child care providers, are better prepared to deal with natural, manmade and technological disasters, hazards or acts of terrorism .***

*The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.*

- State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

***City of Chicago Family Support Service.***

- State/territory institutions for higher education, including community colleges

Describe

***Several institutions of higher education, including community colleges, work very closely with the Professional Development Advisory Council (PDAC) through the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), Lead Agency's contracted agency.***

- Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

**N/A**

- State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

***The Governor's Office of Early Childhood Development (OECD) works with the Lead Agency and other public and private agencies to coordinate Maternal and Child Home Visitation programs grant activities .***

- Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

***The Department of Healthcare and Family Services is responsible for EPSDT .***

- State/territory agency responsible for child welfare.

Describe

***The Illinois Department of Children and Family Services (IDCFS) is the agency responsible for child welfare .***

- State/territory liaison for military child care programs.

Describe

**N/A**

- Provider groups or associations.

Describe

**N/A**

- Parent groups or organizations.

Describe

**N/A**

- Other.

Describe

**N/A**

## 1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

### Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start ' Child Care Partnerships:

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)  
).

**1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?**

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

***The Child Care Assistance Program (CCAP) and the Quality Improvement Programs include funding from four sources to support the state's programs.***

b) Which funds you will combine

***1) State General Revenue Fund, 2) TANF, 3) CCDF, and 4) Title XX. The Child Care Collaboration Program, administered by the CCDF Lead Agency, encourages the collaboration and blending of funds for improved coordination of services among child care programs, Head Start programs and Preschool for All programs. The program allows for bridging the differences among child care, Head Start, and Preschool for All programs which results in children and families receiving seamless services with increased access to quality child care***

c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

***The Lead Agency combine funding in an effort to secure services to the most vulnerable populations and to ensure the elimination of wait lists. The vulnerable populations targeted are: TANF, teen parents in school, children with special needs, homeless children, families in education and training programs, and children in protective services .***

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

***Multiple sets of funding are combined at State level to cover CCAP program expenses.***

e) How are the funds tracked and method of oversight

***The four funds described under b) are monitored through both internal and external audits. Specifically, the Lead Agency's Bureau of Child Care and Development staff audit each contractor on-site at least once every three years. In addition, the Lead Agency's Office of Contracts Administration audits child care providers. Quality activities contractors submit quarterly reports with activity data, which is tracked for completion of contract deliverables. The Lead Agency annually performs internal accounting and administrative controls to ensure compliance with requirements of the Fiscal Control and Internal Auditing Act (FCIAA). In addition, the Lead Agency has centralized federal reporting to one Bureau in order to provide checks and balances across funding streams. The Bureau of Revenue Management & Federal Reporting is responsible for financial reporting and the related functions of cost allocation, random moment sampling, cash draw down and cash management, Cash Management Improvement Act (CMIA) calculations, and State reporting requirements. The Lead Agency complies with 2CFR Part 200, audits of State, Local Governments & Non-Profit Organizations. Fiscal controls are also ensured through multiple approval levels and segregation of duties for approvals and voucher entering.***

**1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?**

Note:

The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must

certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- N/A - The territory is not required to meet CCDF matching and MOE requirements
- Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

-- If checked, identify the source of funds:

**GRF**

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 300 Million approximately

- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

-- If checked, are those funds:

- donated directly to the State?
- donated to a separate entity(ies) designated to receive private donated funds?

-- If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$

- State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent):

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

No

Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

-- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF

expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

**1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).**

***Key Lead Agency Partnerships include the following entities: Governor's Office of Early Childhood Development (GOECD): One of the goals of the partnership with the Governor's Office of Early Childhood Development is to ensure that ExceleRate Illinois – the State's quality recognition and improvement system – continues to support quality improvement as an ongoing priority among early learning and development providers by providing a framework to identify opportunities for improvement and continuous growth. In addition, GOECD coordinates the Inter-Agency Team (IAT), comprised of the State agencies with early care and education responsibilities, including the Illinois State Board of Education (ISBE), the Illinois Department of Children and Family Services (IDCFS), the Illinois Department of Public Health (IDPH), the Illinois Department of Human Services (IDHS, the Lead Agency), the Illinois Board of Higher Education (IBHE), and the Illinois Head Start Association. (That team aligns policy and rules across departments and helps set overall state direction for serving young children and their families).***

***Head Start State Collaboration Office: The CCDF Lead Agency's Head Start State Collaboration Office (HSSCO) updates its statewide collaboration needs assessment and strategic plan annually. Plans are aligned with the Child Care Advisory Council's (CCAC) and IELC's strategic plans. The Child Care Collaboration Program, administered by the CCDF Lead Agency, encourages the collaboration and layering of funds for improved coordination of services among child care programs, Head Start programs and Preschool for All (PFA) programs. The program modifies CCAP policy for approved collaboration providers, allowing the differences among child care, Head Start, and PFA programs to be bridged. This, in turn, results in children and families receiving seamless services and increased access to quality child care.***

**Early Childhood Block Grant/Preschool for All (Illinois State Board of Education):** CCR&R agencies continue to assist with training and technical assistance to child care providers participating in the program. The results of the initiative are an increase in the number of child care providers applying for Preschool for All funding.

**Gateways to Opportunity: Illinois Professional Development System: The CCDF Lead Agency contracts with INCCRRA to administer Gateways to Opportunity (Gateways).** Gateways has been developed by the Professional Development Advisory Council (PDAC). Funding for this system is the result of private/public partnerships, including the Lead Agency. Information about Gateways is available on [www.ilgateways.com](http://www.ilgateways.com).

**Illinois Children's Mental Health Partnership (ICMHP):** The Lead Agency participates in the ICMHP, which is dedicated to improving the scope, quality and access of mental health programs, services and supports for Illinois children. A current planning initiative is the Infant Early Childhood Mental Health Consultation (I/ECMHC) model: a group of private and public stakeholders developing recommendations for an Illinois cross-sector model of Infant Early Childhood Mental Health Consultation (I/ECMHC) with recommendations that include strategies for cross-sector program alignment and collaboration.

## 1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of

child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

#### 1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R system. If yes, describe the following:
  - a) What services are provided through the CCR&R organization?

***The Community Services Agreements between the Illinois Department of Human Services and the Local Child Care and Referral Agencies includes criteria pertaining to fiscal responsibility and reporting requirements,***

**administrative requirements, service deliverables, performance measures and standards as well as linguistic and cultural competence. Specifically, the scope of services state that the CCR&R agencies will: 1) Assist parents, guardians, families by offering information on the child care assistance program (CCAP) and providing eligibility determination for the CCAP. 2) Assist child care providers by offering technical assistance, training and consultation relevant to the early childhood field and to provide quality child care services, process provider reimbursement for the CCAP. 3) Assist communities and policy makers by providing comprehensive data on child care supply and demand, participate in and/or assist community collaboration groups to provide coordinating services for families.**

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?

**Each of the 16 CCR&Rs is a standalone entity which varies from a YWCA organization, to a community college, to a public university. The statewide network is coordinated by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). CCR&R shall administer the CCAP on behalf of the Lead Agency to determine family eligibility and process child care provider payments for those eligible families. This includes, but is not limited to, offering information on the CCAP, the initial and on-going eligibility determination process, on-going case management, case problem resolution actions, case status and action research (as requested), community education and outreach. In addition, CCR&Rs assemble and maintain a child care provider database, provide consumer education and child care referrals to parents/guardians, provide training and technical assistance to child care providers, perform recruitment and retention activities for child care options, and conduct monitoring visits to License Exempt providers .**

## 1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

**1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:**

***The Plan was developed by the IDHS Office of Child Care, IDCFS Office of Licensing and INCCRRA with the assistance of many stakeholders on federal, state and local levels of emergency management and child care services to Illinois families. The list of members of the Child Care Emergency Preparedness Task Force that labored to provide a well-constructed Plan: ACF Office of Emergency Preparedness and Response, Region V; ACF Office of Child Care, Region V American Red Cross; Chicago Department of Family and Support Services; Chicago Department of Public Health; Federal Emergency Management Agency; Illinois Action for Children Child Care Resource and Referral; Illinois Chapter of American Association of Pediatrics; Illinois Department of Children and Family Services; Illinois Department of Human Services; Illinois Emergency Management Agency, Illinois Emergency Medical Services for Children; Illinois Department of Public Health; Illinois Network of Child Care Resource and Referral Agencies; John A. Logan Child Care Resource and Referral Agencies; Joliet Child Care Resource and Referral; The Ounce of Prevention Fund; University of Illinois Chicago. All participants brought experience, knowledge***

*and skills to the table that were up to date and well-thought out concepts from the field of disaster preparedness. Two meetings were held that were face to face. These meetings were to review the guidelines and checklist for the writing of the plan. Following the first meeting communication was through email and teleconference calling. The telephone conferences were usually held at least monthly. The Disaster Coordinator at IDHS, took the lead on drafting the plan. Information from the last Plan was reviewed with some materials being incorporated into the latest draft plan. The draft was sent to members. Once the draft was written, the information was reviewed by the members and they in turn added, deleted and rewrote the text. These changes were sent to the coordinator who compiled the information and sent out to the members for another review. This was done section by section until the plan was completed. The group followed the Emergency Preparedness Checklist for Child Care and Development Fund Administrators and the US Department of Health and Human Services Child Care and Development Fund (CCDF) Emergency Preparedness and Response Planning for Child Care. In addition, those representatives from licensing/regulatory agencies such as the Illinois Department of Children and Family Services, Illinois Department of Public Health, and others stated that similar licensing/policies within their agency needed to be included in the development of the Plan. Several Drafts were sent out to the body with the final and complete Plan being sent to the Planning Membership, some child care centers and homes. The Early Learning Council was not included in the development of the Plan.*

**1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:**

*Continuity of Operation Plan (COOP)- the lead agency will implement the COOP to continue operations that address IDHS vital child care services and interdependencies with IDCFS, implement continuity plans for child care subsidy payments and authorizations, and approval of child care providers during a disaster. The lead agency will ensure to keep data systems working and vital records secure and use a back-up system as needed. IDHS will implement the child care COOP to continue*

***operations that address IDCFS vital child care services and interdependencies with IDHS to continue plans for licensing functions during a disaster, keep data system working, vital records secure and use a backup system as needed. INCCRRA/CCR&Rs will implement the plan to continue with child care referrals, provider support, CCAP functions, keep data systems working, vital record secure and use a back-up system as needed. In a disaster, the American Red Cross (ARC) may provide a mass care response, including temporary sheltering, mass feeding, water, and emergency supplies. ARC does not generally allow formal child care in its shelters, but does allow informal or “respite” care, where parents are either on the premises or have consent to another shelter member to look after their children.***

### **1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:**

***Child care may be needed in a variety of settings post-disaster, including, but not limited to: a) Temporary shelter sites, such as American Red Cross Shelters, for children accompanied by parents or legal guardians only. b) New, temporary child care location outside of the disaster zone, both center and home- based care. Non-profit voluntary organizations, including Church of the Brethren Disaster Services, Southern Baptist, and Save the Children may be called upon to provide respite care for children in shelters, where a section of the shelter is designed for children only and supervised by volunteers who have had background checks. In an emergency, the Bureau of Child Care and Development can provide technical assistance to agencies that may be brought in to augment needed child care and, if necessary, help them through the licensing process. New, temporary child care locations outside of the disaster zone, both center and home-based care may be provided.***

### **1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations;**

and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

**05.01.03 CCAP Provider Health and Safety Standards Requirements: Child care providers must be able to plan, recognize and handle emergencies and hazards. Emergency preparedness includes the setting's response to shelter-in-place emergencies that addresses violence, shootings and bombings in addition to natural disasters. From the date care is provided a timely method of communication must be established and agreed upon (phone, email, text, etc.) between the parent/guardian and the child care provider. Emergency contact information must be posted and accessible to relevant staff (if applicable). The child care provider must maintain a written record on each child that includes the name(s) of the child's parent(s); the telephone number(s) and/or alternate agreed upon method of communication at which the parent(s) can be reached during the hours the child is in care; an emergency contact in the event the parent(s) cannot be reached; and the number of hours each child is served. Providers must ensure that records are maintained and disposed of in a manner that protects privacy and confidentiality. The Emergency Preparedness Plan include the procedure for the following situations: 1) Lock-down: the director or designee will notify local emergency services (911) and initiate the lock-down procedure by announcing it over the public address system, all children are kept in classrooms or other designated safe area locations, staff members should put their cell phones and/pagers on silent mode, staff members are responsible for ensuring that all children are counted, maintenance personnel should secure building entrances, staff and children remain in the classroom or other designated safe area until "all clear" is announced, 2) evacuation: onsite: move children to a designated safe staging area on the site; offsite: move the children off the premises to a designated shelter or relocation area, 3) children with special health care needs: ensure the emergency supply cache has equipment, food medications and other items the child may need, ensure that additional equipment that may be needed is available to safely transport the child, ensure the Emergency Information Form is up to date and included with other important documents, 4) reuniting children with parents: before the disaster ensure there are multiple phone numbers for family members, inform parents/guardians in advance where the children will be taken if an evacuation is required, ensure there is a phone number of a family member or trusted friend out of the area who can be contacted to locate the parents/guardians, establish an emergency number for the child care location, take and maintain a current digital**

***photo of each child enrolled that can be posted to aid in reunification and become familiar with national and local registries that are in place to assist with family reunification during a disaster.***

**1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):**

***Disaster Preparedness Training is available online for child care providers, CCR&R staff through The Gateways Registry iLearning website. Successful completion of this training is tracked by the Gateways Registry and it will be listed on the provider's Professional Development Record. INCCRRA will assist the local CCR&Rs with the required materials, etc. INCCRRA will annually review and update an online EPR curriculum for child care providers.***

**1.8.6 Provide the link to the website where the statewide child care disaster plan is available:**

***<https://courses.inccrra.org/mod/resource/view.php?id=13644>***

## **2 Promote Family Engagement through Outreach and Consumer Education**

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to 'promote involvement by parents and family members in the development of their children in child care settings' (658A(b)). Lead Agencies have the

opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

## 2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

### **2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.**

- Application in other languages (application document, brochures, provider notices)

- Informational materials in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other.

Describe:

**2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.**

- Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- Caseworkers with specialized training/experience in working with individuals with disabilities
- Ensuring accessibility of environments and activities for all children
- Partnerships with state and local programs and associations focused on disability-related topics and issues
- Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- Other.

Describe:

## 2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16; 98.32).

### **2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:**

***IDCFS has the primary responsibility of protecting children through the investigation of suspected abuse or neglect by parents and other caregivers in a position of trust or authority over the child. Individuals who believe a child is in immediate danger or harm are encouraged to call the local police or 911. For non-emergency reporting, the Child Abuse and Neglect Hotline toll-free number (1-800-252-2873) is widely publicized on the internet and on posters distributed around the state. IDCFS also maintains an on-line reporting system (<https://dcfs.partner.illinois.gov/OnlineReportingSite/SitePages/Index.html>). Complaints about possible licensing violations can be reported to IDCFS's Day Care Information Hotline at 1-877-746-0829. Callers are instructed to ask for the name and number for the licensing representative assigned to the provider in question. Callers may then call the licensing representative or his/her supervisor and discuss their concerns. IDCFS will conduct a visit to the provider's location and/or contact local law enforcement to determine if violations are being committed and/or if children are in harm's way. Providers may have their license placed in a Protective status while the provider addresses issues, be suspended or revoked, depending on the violation and its severity. IDCFS will post finding through the Illinois Sunshine project web site. Parents that have concerns or complaints about how their provider is operating within the Child Care Assistance Program may contact their local CCR&R, the IDHS Bureau of Child Care and Development or the IDHS Webmaster. IDHS maintains and***

***publishes phone numbers for both their Springfield and Chicago offices as well as maintains general email accounts that parents may report provider complaint or ask questions about the program or the care they are receiving. Staff receiving complaints that concern licensing or possible abuse and neglect are instructed to contact IDCFS directly through the outlets described above. Complaints received by IDHS about how the provider is operating within the assistance program are researched through the programs management systems and consultation with CCR&R staff as appropriate to determine if any actions are needed. IDHS staff will communicate with the CCR&R to enact any needed actions to the case. If the provider is accused or suspected of child care assistance fraud, the caller's information is forwarded to the Program Integrity unit who may conduct a monitoring review or contact investigators as needed. CCR&R staff who receive calls about providers must attempt to resolve all complaints. If supervisory staff is not available to resolve the issue, complainants may be directed to call the Bureau of Child Care and Development or email <http://www.dhs.state.il.us/page.aspx?item=10582>***

**2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:**

***The Department of Children and Family Services (IDCFS) is responsible for investigating all complaints of licensing violations against licensed child care providers and making certain information available upon request. Complaints regarding child care providers can be made to local IDCFS licensing offices, in person, by telephone, fax, e-mail, or through the IDCFS Toll Free Day Care Information Line or online through the Office of Child and Family Policy Mailbox. An IDCFS day care Licensing Representative has 2 business days to begin the complaint investigation once the complaint is assigned to them. A complaint is initiated by an unannounced visit to the center or home. During the complaint investigation, the licensing representative will gather evidence to make a determination regarding the specific allegations from the complaint. If other violations are observed, these will be added to the complaint. If any violations are found, and have evidence to support a violation of the Child Care Act or licensing standards related to the licensing or***

***operation of child care programs or facilities, the complaint will be “substantiated” and a corrective plan will be developed. If the substantiated violations are serious, numerous, or a repeat of previous-cited violations, the licensing agency may choose to pursue enforcement action, up to and including a recommendation to revoke the license. Most complaints on licensed providers can be finished in 30-60 days. Complaints on all types of providers, including license-exempt alleging abuse or neglect are investigated concurrently by IDCFS Division of Child Protection (DCP) and, when a licensed provider is involved, the Day Care Licensing unit. DCP investigations may result in indicated findings of abuse or neglect against the facility or its staff. These findings are separate and apart from licensing violations which may have taken place because of the abuse and/or neglect incident or that has been observed during the concurrent investigation visits. In addition to the IDCFS complaint processes, each local CCR&R establishes policies and procedures for parent complaints in connection with the Child Care Assistance Program. CCR&Rs and Site Administered staff must attempt to resolve all complaints received concerning license-exempt providers following the proper chain of command within the agency. CCR&R agencies respond to complaints within 10 working days, document complaints and steps taken, and communicate with the Lead Agency. Site Administered Providers must provide the Lead Agency with written notification of negative incidents involving or impacting children within 48 hours. When complaint calls are received at the lead agency or its contractors concerning abuse, neglect or licensing violations, the callers are also instructed to contact the proper agencies (law enforcement, neglect and abuse hot line and/or licensing agency so that a first-hand reporter is on record as opposed to a second-hand report. All CCR&R and Site Administered staff members are trained on the policy and procedures. Complaints may be directed via call or email to IDHS Bureau of Child Care and Development as well. For those who do not speak English, translation services or bilingual staff will be made available to assist with the complaint process. The Lead Agency has contracted with an Over-the-Phone Language interpreting service. There are 81 available languages for non- English-speaking clients. Lead Agency staff are approved to use the Propio interpreter service for on-demand language interpretation when necessary.***

**2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:**

*When complaint calls are received at the lead agency or its contractors concerning abuse, neglect or licensing violations on non-CCDF providers, the callers are also instructed to contact the proper agencies (law enforcement, neglect and abuse hot line and/or licensing agency so that a first-hand reporter is on record as opposed to a second-hand report. The lead agency is not involved in these investigations. The Department of Children and Family Services (DCFS) is responsible for investigating all complaints against child care providers and making information available upon request. Complaints regarding child care providers can be made to local DCFS licensing offices or the Central Office of Licensing. A DCFS day care Licensing Representative has 2 business days to begin the complaint investigation once the complaint is assigned to them. A complaint is initiated by an unannounced visit to the center or home. During the complaint investigation, the licensing representative will gather evidence to make a determination regarding the specific allegations from the complaint. If other violations are observed, these will be added to the complaint. If any violations are found, and have evidence to support a violation of the Child Care Act or licensing standards related to the licensing or operation of child care programs or facilities, the complaint will be "substantiated" and a corrective plan will be developed. If the substantiated violations are serious, numerous, or a repeat of previous-cited violations, the Department may choose to pursue enforcement action, up to and including a recommendation to revoke the license. Most complaints can be finished in 30-60 days. CCR&R and Site Administered staff who receive calls about providers must attempt to resolve all complaints or instruct the caller to report the complaint to local law enforcement or IDCFS as appropriate. Provider complainants may be directed to call or email the Bureau of Child Care and Development for additional assistance. Substantiated violations of licensed non-CCDF providers will be posted on the Sunshine Project website, which can be accessed through a link on the lead agencies consumer website.*

#### **2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:**

*The Lead Agency partners with the Illinois Department of Children and Family Services (IDCFS) which is responsible for investigating all complaints against child care providers and making information available to the public upon request. The Lead Agency requires records to be maintained for five years. Complaints regarding child care providers can be made to local IDCFS Advocacy Office, or to the statewide office toll free. Allegations of abuse or neglect are should be made to the toll –free Child Abuse Hotline (1-800-252-2873). IDCFS’ licensing records are maintained for nine years after a child care provider closes. Further information about of child care complaints may be obtained by filing a FOIA (Freedom of Information Act) request. Instructions on how to file a FOIA can be found at [https://www2.illinois.gov/dcf/aboutus/pages/com\\_communications\\_foia.aspx](https://www2.illinois.gov/dcf/aboutus/pages/com_communications_foia.aspx) Records are posted by IDCFS at <https://sunshine.dcf.illinois.gov/Content/Licensing/Daycare/Search.aspx>. A complaint log is maintained by the IDHS Child care Assistance Program Policy Unit of all complaints on license-exempt providers.*

#### **2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:**

*The IIDCFS Sunshine Project: Illinois Accountability Project allows individuals to check on the status of any licensing violations in child care centers and family child care homes. While there are links to this site on the IDCFS website, it will also be available on the official website of the State. Licensing compliance information on currently licensed day care homes, group day care homes and day care centers can be found at <https://sunshine.dcf.illinois.gov/Content/Licensing/Daycare/MonitoringReports.aspx> . Substantiated parental complaints regarding license exempt providers will be available in the Lead Agency’s consumer website. The link will be posted to the lead*

**agency's consumer website.**

## **2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints:**

**Site Administered providers and CCR&RS staff must attempt to resolve all complaints received following the proper chain of command. If supervisory staff is not able to resolve the issue, complainants may be directed to call the Bureau of Child Care and Development at 217-785-2559 or email [DHS.CCAP.Policy@illinois.gov](mailto:DHS.CCAP.Policy@illinois.gov). CCAP Policy 04.05.01 Complaints.**

## **2.3 Consumer Education Website**

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

**2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:**

*IDHS is the agency responsible for maintaining the consumer education website. Sections dedicated to providers and to parents are clear and comprehensive including linkages to the required information, ensuring the information posted is always accurate and updated. The consumer education website is in plain language, not overloaded, (the information provided is in short, and simple sentences) with links that will take the audience directly where the information is located. The composition of the website has taken into consideration in a way that the consumer will find at first glance, as quickly as possible, information about child care, developmental screenings and other services available. The Lead Agency is committed to regularly review (and update if needed) its website in an effort to ensure it is consumer-friendly and integrated, where families can access complete information that also connects them to other early learning and family support services.*

**2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):**

*The Lead Agency includes the Office of Hispanic/Latino Affairs whose job is to ensure the adequate delivery of services to meet the needs of the Department's Limited English Proficient (LEP) customers. The Lead Agency's website includes Spanish translations of its most relevant sections.*

**2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:**

*The Consumer website provides information and linkage to services available for persons with disabilities. The Illinois Technology Accessibility Act (IITAA) requires Illinois agencies and universities to ensure that their websites, systems, and other*

**information technologies are accessible to people with disabilities. While the Americans with Disabilities Act and Section 504 of the Rehabilitation Act require the State to address accessibility in general, the IITAA requires the State to establish and follow specific, functional accessibility standards to address accessibility proactively. As required by the Public Act 095-0307, The Illinois Department of Human Services worked with a broad range of experts and stakeholders to establish standards that are effective, practical, and aligned with existing federal and international standards.**

### **2.3.4 Lead Agency processes related to child care.**

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

<https://sunshine.dcf.illinois.gov/Content/Licensing/BecomeLicensed.aspx>

**For facilities and programs exempt from licensure**

[https://www2.illinois.gov/dcf/aboutus/notices/documents/rules\\_377.pdf](https://www2.illinois.gov/dcf/aboutus/notices/documents/rules_377.pdf) ;

<http://www.dhs.state.il.us/page.aspx?item=87064>

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

<https://sunshine.dcf.illinois.gov/Content/Reports/MonitoringProcess.aspx>

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

<http://www.dhs.state.il.us/page.aspx?item=47400>

**and**

<http://www.dhs.state.il.us/page.aspx?item=10592>

### 2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a) Provide the website link to the searchable list of child care providers:

***For contracted Site Administered (Licensed) child centers***

<http://www.dhs.state.il.us/page.aspx?item=10153>

<http://www.excelerateillinois.com/provider-search>

<http://sunshine.dhcs.illinois.gov/Content/Licensing/Daycare/ProviderLookup.aspx>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other.

Describe

***N/A***

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

**N/A**

#### License-Exempt, non-CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

**N/A**

#### License-Exempt CCDF Center Based Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports

Other.

Describe:

**N/A**

#### License-Exempt CCDF Family Child Care

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

Quality Information

Monitoring Reports

Other.

Describe:

**N/A**

#### Relative CCDF Providers

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

Quality Information

Monitoring Reports

Other.

Describe:

**N/A**

Other.

Describe:

**N/A**

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

**N/A**

**2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.**

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- School-age standards, where applicable
- Other.

Describe

**N/A**

b) For what types of providers are quality ratings or other indicators of quality available?

Licensed CCDF providers.

Describe the quality information:

***Tells if a program has met state licensing standards for quality, recognizes the qualifications of program staff, a program meets or go beyond quality standards in three areas: learning environment and teaching quality, administrative standards, and training and education.***

Licensed non-CCDF providers.

Describe the quality information:

***Tells if a program has met state licensing standards for quality, recognizes the qualifications of program staff, a program meets or go beyond quality standards in three areas: learning environment and teaching quality, administrative standards, and training and education.***

License-exempt center-based CCDF providers.

Describe the quality information:

***N/A***

License-exempt FCC CCDF providers.

Describe the quality information:

***There are three tiers of training to achieve for the Illinois Quality Counts Quality Rating System (QRS); each Tier includes modules that cover health, safety, nutrition, child development, and more.***

License-exempt non-CCDF providers.

Describe the quality information:

***N/A***

Relative child care providers.

Describe the quality information:

***N/A***

Other.

Describe

**N/A**

**2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.**

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

***Plain language is clear writing designed to ensure the reader understands as quickly and completely as possible. Plain language strives to be easy to read, understand, and use. It avoids verbose, convoluted language and jargon. Prior to launch and post the reports in the website, the lead agency will conduct a focus group including parents and people from the community to have a feedback about readability of reports.***

b) Are monitoring and inspection reports in plain language?

If yes,

include a website link to a sample monitoring report.

If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

***If a violation has occurred, the monitor will write on the report the unmet standard item, on plain language, will write the findings, will write a corrective action plan with a date to be completed. Then the monitor will visit the provider and will indicate on the report the follow up results.***

Corrective action plans taken by the State and/or child care provider.

Describe

***The license exempt monitor will discuss with the provider why the standard was not met, establish the timeframe in which the standard must be corrected, plan the follow visit, if the unmet standard has not been corrected, a 10-day provider closeout notice will be sent. License facilities that are cited for licensing violations are often subject to unannounced monitoring to assess progress on making corrections and insure that violations are not repeated. Following monitoring will be conducted to insure on-going compliance.***

d) The process for correcting inaccuracies in reports.

***Inaccuracies may be reported by the licensee to their assigned licensing representative or supervisor by phone, email, in person, fax. Licensed exempt providers must communicate with their License Exempt Monitor by phone or email to report inaccuracies.***

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of

any violations from the website determined on appeal to be unfounded.

***Upon being cited, the licensee is provided with a document that gives instructions and time frames for appealing a citation through the IDCFS Supervisory Review process. License-exempt providers are requested to sign the Monitoring Report at the end of the monitoring visit. Signature indicates that the report, any non-compliance standard and corrective action plan were discussed and that provider agrees to the action plan. The monitoring report provides space for the provider to disagree with findings. In that case, the report is reviewed by the monitor's supervisor and if necessary, Lead Agency staff.***

f) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken

***Violations of IDCFS Day Care Licensing Standards are posted to the Sunshine website within 24-48 hours of being entered into the DCFS mainframe computer system. Additionally, IDCFS is adopting a mobile monitoring application which will increase efficiencies and upload cited violations to the mainframe within 24-48 hours of supervisory approval of the monitoring visit. The final Monitoring Report from license exempt providers will be posted on the Lead Agency's website no later than 90 days from the time the monitoring visit took place.***

g) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

***Licensing violations and status information is provided from 2010 to the present. License exempt monitoring reports will be posted for three (3) years. IDCFS currently has no policy regarding a limited time-frame for reporting violations. Corrected violations are noted as such. Monitoring reports for license-exempt providers are removed after 3 years of being posted on the website .***

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports

posted on their consumer education website.

- License-exempt non-CCDF providers
- Relative child care providers
- Other.

Describe

***Relative CCDF provider serving children ages 0-5***

**2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.**

Certify by providing:

a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

***IDCFS. Lead agency obtains this information through the Illinois Sunshine Project website.***

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

***An indicated finding on a IDCFS Child Protective Investigation where abuse or neglect has been alleged. "Indicated" means there was sufficient, credible evidence to uphold the allegation.***

c) The definition of "serious injury" used by the Lead Agency for this requirement.

***An injury which required treatment or the attention of a medical or healthcare professional (more than just a goose egg from playground collision or a scrape from falling off a tricycle, etc.).***

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

***Licensed Facilities***

<https://sunshine.dcf.illinois.gov/Content/Licensing/Daycare/AnnualReports.aspx>

***License Exempt providers***

<http://www.dhs.state.il.us/page.aspx?item=110662>

**2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:**

***A disclaimer at the bottom of each page of the consumer website (<http://www.dhs.state.il.us/page.aspx?item=30355>) will state to contact their local CCR&R if help is needed to navigate the pages. Parents will be able to search their local CCR&R by dialing a telephone number that will be provided or by using the link <https://www.inccrra.org/about/sdasearch>***

**2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:**

***Information about other programs provided by the Lead Agency will be included and the links to reach and obtain more information about those programs. Also, parents will be able to contact their local CCR&R to better understand any of the information that will be included on the website. <http://www.dhs.state.il.us/page.aspx?item=30355>***

**2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.**

<http://www.dhs.state.il.us/page.aspx?item=30355>

**2.3.12 Other. Identify and describe the components that are still pending per the instructions on CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.**

***The Lead is in the process of obtaining the approval for the monitoring report for license exempt providers and the process for monitoring license exempt providers.***

## 2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

**2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care**

services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

*Consumer education materials about child care are available through the Child Care Resource and Referral Agencies, Family Community Resource Centers and will be through the Lead Agency's Consumer Education Website. The local CCR&R staff share consumer education materials and referrals to providers with the families who have not selected a provider at the time of CCAP application. Consumer education and referral services are available to all Illinois families who contact the CCR&Rs and through the Family Community Resource Centers throughout the state. In addition to information about child care services, TANF, SNAP, as well as the ExceleRate Illinois website which hosts the State's quality program content is provided to the parents. The methods used by CCR&Rs to have parents informed are: Direct electronic/postal mailing, targeted phone calls, written materials distributed in person and electronically, social media communication and mass text messaging (when opted in). Focused information about the assistance program for parents can be found in the lead agency's Parent Guide pamphlet. Specifics about how child care providers can access and operate within the assistance program can be found in the Provider Guide pamphlet. The "What Is CCAP?" training is tailored for providers and explains the entire process and all provider responsibilities. This training is available online and in person and is required for all providers receiving CCAP, other than license-exempt providers caring for only relative children.*

#### **2.4.2 The partnerships formed to make information about the availability of child care services available to families.**

*The Lead Agency partners with the Child Care Resource and Referral agencies and Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). CCR&Rs Core team works together to develop new child care and retention resources for the communities within the service delivery area. Through targeted recruitment and often in collaboration with partner agencies, community engagement and retention and recruitment occur through a variety of strategies including but not limited to education sessions at association meetings, informational workshops and*

*orientations, play and learn events, distribution of printed and electronic materials, and startup/welcome packet distribution.*

**2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.**

**Temporary Assistance for Needy Families program:**

*The Lead Agency's website provides basic information about the purpose of this service, who can receive the service, what services are offered and how to apply. This information is available online, over the phone, at CCR&Rs and at Family Community Resource Centers throughout the state. Staff is bilingual English/Spanish and has access to multilingual interpreters and translators.*

**Head Start and Early Head Start programs:**

*Link is provided for clients to contact the corresponding office for information and assistance.*

**Low Income Home Energy Assistance Program (LIHEAP):**

*Only a link is provided for clients to contact directly the corresponding office for information and assistance.*

**Supplemental Nutrition Assistance Programs (SNAP) Program:**

*The Lead Agency's website provides basic information about the purpose of this service, who can receive the service, what services are offered and how to apply. This information is available online, over the phone, at CCR&Rs and at Family Community Resource Centers throughout the state. Staff is bilingual English/Spanish and has access to multilingual translators.*

**Women, Infants, and Children Program (WIC) program:**

*The Lead Agency's website provides basic information about the purpose of this service, who can receive the service and what services are offered. This information is available online, over the phone, and at IDHS offices and service providers throughout the state. Staff is bilingual English/Spanish and has access to multilingual translators*

**Child and Adult Care Food Program(CACFP):**

*The Illinois State Board of Education administers the Child and Adult Care Food program. Information about this program is provided through the CCR&Rs.*

**Medicaid and Children's Health Insurance Program (CHIP):**

*The Lead Agency's website provides information about Health and Medical, overview of services, and a link to apply. This information is available online, over the phone, at CCR&Rs and at Family Community Resource Centers throughout the state. Staff is bilingual English/Spanish and has access to multilingual translators.*

**Programs carried out under IDEA Part B, Section 619 and Part C:**

*The Lead Agency supports children with developmental delays and disabilities through the Early Intervention Services System. IDHS houses IDEA Part C and supports eligible children until the child is 36 months of age and, if still eligible for services under IDEA, transitions the child to IDEA Part B, Section 619 to the Illinois State Board of Education. Local system points of entry for Early Intervention support Child Care Resource & Referral agencies through cross-training. Individual Child Care centers and agencies also participate in cross-training offerings as well as support the inclusive services of Early Intervention in their centers and agencies.*

**2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.**

***Parents and providers can access information about child development on the Lead Agency's website <http://www.dhs.state.il.us/page.aspx?item=30355> . These resources help to explain the science behind how brains develop and what happens to children as they grow physically, intellectually, socially and emotionally during the first five years. There is also information about engaging with your child to promote healthy learning, and choosing an early learning provider. Also, CCR&Rs during intake, refers parents and providers through listening for triggers on when a parent or provider may need additional support. Examples of resources of referral are: Mental Health Consultants, Healthy Food Programs, and Infant Toddler Specialists. There is also information about engaging with your child to promote healthy learning, and choosing an early learning provider. The CCR&RS have enhanced referral programs; the specialized early care educations referral include consultation on how to identify and select a quality early learning program, available child care options, how to enroll, paying for childcare (CCAP) and follow-up services. Additionally, families are provided with educational materials on the benefits of enrolling their children in early learning programs, child development and other supports as needed. The information provided includes age appropriate develop materials. Also through the federal Child and Adult Care Food Program (CACFP) the Healthy Food Program supports home-based Family Care Providers in stretching food dollars while serving nutritious foods to children in their care. The Healthy Food Program's staff provides training materials, nutritional education, sample menus and easy recipe ideas. The Early Childhood Mental Health Consultants provides consultation on children's behavior, social emotional development, overall development, general inquiries about young children's mental health, and engaging parents. The Infant Toddler Specialist provides support by helping providers to design environments for infant and toddlers (safety, space & materials), create activities for infants and toddlers that support***

**development, ease transitions (e.g., drop off and pick-up time), develop relationships and communicate with families, staff development or services for Infant-Toddler teachers in centers, reinforce positive discipline and challenging behaviors, and provide referrals to other resources based on the need.**

**2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.**

***To Parents: Caregiver Connections, the Statewide Early Childhood Mental Health Consultant (MHC) program, addresses the mental health needs of young children (targeting children birth - age 5) in child care settings. The families served at these child care settings can receive training, technical assistance, consultation and referrals from the MHC. Topics are based on parent need but can include how to address behaviors such as biting, tantrums, hitting/attacking, bullying, social and emotional concerns such as dealing with trauma and interactions, etc. MHCs also provide developmentally appropriate written materials for families.***

***Providers: Caregiver Connections, the Statewide Early Childhood Mental Health Consultant (MHC) program, addresses the mental health needs of young children (targeting children birth - age 5) in child care settings. The MHC supplies training, technical assistance, consultation and referrals to providers they serve in the CCR&R system. Licensing standards for child care centers require health screenings and annual vision/hearing screening. In addition, providers are encouraged to do, or have access to, developmental screenings. The Illinois Trainers Network (ITN) Developmental Screening Training is an 8-hour session on the basics of conducting development screening and making suitable referrals to access services appropriate to children's needs. ExceleRate Illinois requires providers to have access to or conduct developmental screenings and child assessment at the higher levels of quality.***

**General Public: Illinois State Board of Education (ISBE) is responsible for Illinois Early Learning & Development Standards. These include information on standards and skills for children birth through age five regarding social and emotional learning. A representative from ISBE serves on the Child Care Advisory Council.**

**Illinois is now a Pyramid Model state, and envisions an integrated system of professional development with Head Start, Child Care, and Public Schools in partnership with the Governor's Office of Early Childhood Development to provide training to all birth to five early childhood practitioners on the Center for the Social and Emotional Foundations for Early Learning (CSFEL) conceptual framework and the Pyramid Model, using implementation science of the Teaching Pyramid Observation Tool (TPOT) to assess and obtain reliability, knowledge, skills and attitudes, and supports necessary to nurture all young children's social-emotional development within their family, culture and community. The Pyramid Model Illinois State Leadership Team has a communication work group that is developing a plan to communicate resources to a variety of audiences. Additionally, Illinois has passed Public Act 100-0105, which concerns early childhood suspension and expulsion. The goal of this legislation is to ensure early childhood programs engage in best practices in their disciplinary actions by prohibiting expulsions of young children due to child's behavior.**

**2.4.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.**

**On 1/1/2018, Public Act 100-0105**

**<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0105&GA=100> became law in the State of Illinois to address the prevention of suspension and expulsion of children. Currently, policies are under development by Interagency Team of sister agencies. Illinois is a Pyramid Model state and is currently working on an integrated and comprehensive training for birth to five practitioners that includes CSFEL, child development and the Pyramid Model, and on a communications plan to communicate and share resources to a variety of audiences. The Lead Agency will ensure these**

**resources and training can be found on its consumer website.**

## 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

### **2.5.1 Certify by describing:**

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

***The Lead Agency's Consumer Website will provide resources to the public about the importance of developmental screenings and links where more information and partners who work around developmental screening initiatives. It will be encouraged to contact their local CCR&R to be connected with the local Child and Family Connections office to find out about other community screenings available in their area .***

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C.

1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

**Early and periodic screening, diagnostic and treatment procedures are located online. There are a number of partner who work around developmental screening initiatives. The Illinois State Board of Education owns a program called the Child Find Project. The Child Find Project promotes developmental screenings in communities and records information about resources, public awareness materials, and data from screenings.**

<https://www.childfind-idea-il.us/About.aspx> , **The Illinois Learning Project through the University of Illinois at Urbana-Champaign College of Education website is another project funded by ISBE and provides "parent friendly" information about reasons and explanations for getting their child screened**

<https://illinoisearlylearning.org/tipsheets/dev-screening/> . **Illinois Department of Healthcare and Family Services (state Medicaid agency) promotes enrolled physicians to follow set guidelines for performing Developmental Screenings on infants/toddlers in their care as outlined in their Handbook for providers of Healthy Kids Services. (KIDS provider's manual)**

<https://www.illinois.gov/hfs/MedicalProviders/MaternalandChildHealth/Pages/Early-Intervention-Care-Coordination-Provider-Toolkit-.aspx> .

**The Illinois Department of Public Health provides information regarding Newborn screenings at <http://www.dph.illinois.gov/topics-services/life-stages-populations/newborn-screening>**

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

**CCR&Rs collects and shares the locations and dates for developmental screenings throughout their service delivery area. These materials are shared through the website, social media, and in hard copy at the lobby of the agency. Additionally, agency employees (intake specialists, parent counselors, etc.) are trained in reflective listening skills and are prepared to assist families when the child's risk factors indicate a perceived need and eligibility for Preschool for All or Head Start services.**

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

***Caregiver Connections is a Lead Agency contractual program that places mental health consultants in each of the CCR&R service delivery areas. They provide support to child care providers and the families they serve, helping them recognize, understand and respond to the social/emotional needs of the children in their care. Other resources available to childcare providers are Child and Family Connections, Local Interagency Councils, and All Our Kids Early Childhood Networks.***

e) How child care providers receive this information through training and professional development.

***IDCFS and ExceleRate Illinois require training on developmental screenings; child care providers receive this information through three ITN trainings: 1) Early Childhood Developmental Screening-this training reviews child growth and development in early childhood environments. A review of several commercial screening tools is discussed to allow child care practitioners more options on monitoring a child's typical development . Case studies provide hands-on learning for the participant on use of a developmental screening tool and guidelines for referral to an early intervention program, 2) Introduction to Developmental Screening Tools - the process of developmental screening in the early childhood setting is introduced to practitioners. A review of several commercial screening tools is discussed to provide child care practitioners options in monitoring a child's typical development, and 3) Welcoming Each & Every Child - this training provides information on caring for children with special needs in typical child care settings. The training helps increase the knowledge and comfort level of participants to enhance their ability to care for young children with disabilities in early childhood environments. Adaptations and modifications that will assist all children to participate in activities will be discussed. This meets the IDCFS requirement for early childhood providers in special care inclusion training.***

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

***IDCFS Day Care Center Licensing Standards 407.100c & 407.130k require training***

**that includes developmental screening and referral process. Web links :**

<http://ilga.gov/commission/jcar/admincode/089/089004070D01000R.html> , **and**

<http://ilga.gov/commission/jcar/admincode/089/089004070D01300R.html>

**IDCFS Day Care Home Licensing Standard 406.9(p) requires training that includes developmental screening and referral process. Web link :**

<http://ilga.gov/commission/jcar/admincode/089/089004060000090R.html>

**IDCFS Group Day Care Home Licensing Standard 408.35(o) requires training that includes developmental screening and referral process. Web link :**

<http://ilga.gov/commission/jcar/admincode/089/089004080000350R.html>

**In addition to DCFS Licensing Standards, ExceleRate Illinois (QRIS) requires training on developmental screening and referral process. Web links: Child Care**

**Centers:** <http://www.excelebrateillinoisproviders.com/docman/resources/13-overview-of-charts/file>

**and for family child care:** <http://www.excelebrateillinoisproviders.com/docman/resources/52-fcc-overview-chart/file>

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

### 2.6.1 Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

***A consumer statement will be available to parents through the Lead Agency's Consumer Website and through CCR&Rs.***

b) What is included in the statement, including when the consumer statement is provided to families.

***The information to be included in the consumer statement is: eligibility information, where to obtain more information about the program, Lead Agency's telephone number, types of child care arrangements, and a list by County with the name, address and telephone number for the Child Care and Referral Agencies . The consumer statement will contain specific information about the child care provider they select. Will include the health and safety requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements. It will describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline and how to contact local CCR&R. A consumer statement will be provided to families when the application for child care services including the provider selected has been filled.***

c) Provide a link to a sample consumer statement or a description if a link is not available.

***The consumer statement will contain specific information about the child care provider they select. Will include the health and safety requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements. It will describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline and how to contact local CCR&R.***

## 3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

### 3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

### 3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children

from Birth

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

No

Yes,

and the upper age is 18 years

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:

Children who have physical or mental incapacities as documented by a statement from local health providers or other professional in the health/medical field that explains how the child is incapable of self-care. These children who turn 19 during an eligibility period will remain eligible until the end of that period.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

No.

Yes

and the upper age is 18 years

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

"residing with":

***Child living in the same household as the parent during the time period for which child care services is requested .***

"in loco parentis":

***Assuming guardianship and control of the child (need not be formalized through the Court if a relative within the first 5 degrees of kinship) .***

### 3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

***A trade or profession, or other means of legal livelihood for which a wage, salary or monetary compensation is paid. There is no requirement for the number of hours at work to be eligible for assistance. Care is approved that is relatively related to the hours of paid employment and includes reasonable transportation time. As little as 1 part-time day of care per month could be approved.***

"Job training":

***Work experience, Work First, community services and/or job search/job readiness activities approved by the Lead Agency.***

"Education":

***Adult-based education/GED programs and short term vocational programs that are licensed by the IL Department of Professional Regulation or other state regulating agency, and/or certified by the Illinois State Board of Education and two-and-four-year college programs approved by the Lead Agency.***

"Attending job training or education" (e.g. number of hours, travel time):

***Child care services may be granted for up to one hour of study time per week***

**for each classroom hour or course credit . Child care services approved must be reasonably related to the education or training activity, including class hours and research, study, laboratory, library and transportation time.**

### 3.1.2 Eligibility criteria based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

No.

If no, describe the additional work requirements:

Yes.

If yes, describe the policy or procedure:

***A parent who does not receive TANF who needs child care services to attend school or training programs, and are enrolled in a Below Post-Secondary or Vocational education program, there is no work requirement for the first 24 non-consecutive months the client participates; from the 25th month on, the client must work at least 20 hours per week. A parent who does not receive TANF who needs child care services to attend Post-Secondary education, there is no work requirement for the first 48th non-consecutive months the client participates; from the 49th month on, the client must work at least 20 hours per week. Work requirements for TANF clients needing child care for education/training activities are set and monitored by the client's TANF worker and reported on the client's Responsibility and Service Plan.***

### 3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

No.

Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

**Child care assistance can be approved for job search at the time of application or redetermination for TANF clients that have an activity approved as part of their Responsibility and Service Plan by their TANF worker. The case will remain eligible throughout the 12-month eligibility period unless the family reports income above 85% of SMI. For non-TANF clients, the parent must be approved for child care assistance and may be eligible for child care during a temporary loss of employment for 90 days from the last date of employment. Clients approved for child care for education and training may be approved for a grace period following school graduation or completion. (Administrative Rule Section 50.250), and CCAP Policy 02.04.01.**

### 3.1.2 Eligibility criteria based on reason for care

d) Does the Lead Agency provide child care to children in protective services?

No.

Yes. If yes:

i. Please provide the Lead Agency's definition of "protective services":

**Protective Services" means child care provided for families who have been impacted by a state or federal declared disaster. Income threshold and work/training requirements may be waived for impacted families on a case-by-case basis. Families experiencing homelessness (per the McKinney-Vento Act definition) are also included in Illinois CCAP policy section 01.03.10. These families are allowed an additional 3 months to submit eligibility documentation to support eligibility criteria, (such as pay stubs, school schedules...) but must include information on the child care application that indicates that they do meet eligibility requirements.**

*Note:* Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services

definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- No
- Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

- No
- Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- No
- Yes

**3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.**

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

***All non-exempt income received by a family is included for the purpose of eligibility determination. Following is a list of non-exempt income: Gross base wages and salary, Net income from farm self-employment, Net income from non-farm self-employment, Dividends, interest, net rental income, and royalties, Pensions and annuities, Alimony, Child support received by the family, ongoing monthly adoption assistance payments from IDCFS, Veterans pensions, Unemployment compensation, Worker's compensation, Public assistance and welfare payments, Social Security payments for all family members, including SSI and pensions, Survivor's benefits, permanent disability payments, and railroad retirement benefits from the federal government.***

b) Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry

into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	\$4,892	\$4,158	\$2,538	52%
3	\$6,044	\$5,137	\$3,204	53%
4	\$7,195	\$6,115	\$3,870	54%
5	\$8,347	\$7,094	\$4,536	54%

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)).

*Reminder:* Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year. LIHEAP IM 2017-03

e) Identify the most populous area of the State used to complete the chart above.

**Cook County**

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 07/01/2018

g) Provide the citation or link, if available, for the income eligibility limits.

<http://www.dhs.state.il.us/page.aspx?item=98601>

**3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).**

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

***On the Child Care application, the applicant must check if the family does or does not currently have \$1 million or more in assets.***

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

**3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).**

***N/A***

**3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.**

Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules

- Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- Establishing minimum eligibility periods greater than 12 months
- Using cross-enrollment or referrals to other public benefits
- Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- Providing more intensive case management for families with children with multiple risk factors;
- Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- Other.

Describe:

***Contracted child care provider may request an add-on to the State daily rate for increased cost of care for documented special needs children due to an increased cost of providing care.***

### 3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's i eligibility threshold that:
  - (A) Takes into account the typical household budget of a low-income family
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for low-

workers and that promote and support family economic stability

(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- The Lead Agency sets the second tier of eligibility at 85 percent of SMI.  
Describe the policies and procedures.

Provide the citation for this policy or procedure.

- The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

Provide the second tier of eligibility for a family of three.

\$3,464

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:

***Given that a majority of families' transition from the assistance program prior to reaching the 185% FPL, the State feels setting the exit level at 200% should be consistent.***

ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

***Setting the exit level at 200% FPL allows families to continue an upward trajectory of income towards self-sufficiency while maintaining only a slightly higher percentage of income being assessed as the parent co-payment.***

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

***The exit income level will allow for more earnings for the family while remaining in the assistance program. No additional reporting will be required for those that go above the entry level of 185% FPL. The percentage of income assessed as the parent co-payment remains consistent throughout the income scale.***

iv. Provide the citation for this policy or procedure:

***Policy section 01.02.01 Income Guidelines; 04.02.01-Copayments***

Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

***The copays are graduated and are based on a percent of median income for the level range. The percentages range from 1.5% to 11.38% from over 50% up to 200% of FPL. Up to 40% is \$2.00 and over 40% up to 50% is \$3.00.***

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)

No.

Yes.

Describe:

### 3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Average the family's earnings over a period of time (i.e. 12 months).

Describe:

***Income from employment is averaged based on the 2 most recent and consecutive pay documentations.***

Request earning statements that are most representative of the family's monthly income.

Describe:

- Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

***Irregular fluctuation in Earnings such as: inconsistent pay for overtime, incentives, bonuses, sick, vacation, travel reimbursements are not included in the State's definition of base wages salary. Gross Base Wages and Salary = Hourly Rate X Number of Hours Worked.***

- Other.

Describe:

**3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.**

- Applicant identity.

Describe:

***Information is self-declared on the Application. CCAP Specialists use the following data systems to verify applicant identity: IPACS-Illinois Public Communications System, (TANF, Medical, SNAP), AWVS-Automated Wage Verification System (Illinois Department of Labor, Illinois Employment Security), KIDS Key Information Delivery System (Child Support) and PASDX-Public Aid State Data Exchange (SSI/SSA income). Verification occurs at the time of initial application, redetermination and when family members are added to the case.***

- Applicant's relationship to the child.

Describe:

***Information is self-declared on the child care application. CCAP Specialists ask for birth certificates, baptismal records, etc. when the application does not list a child's Social Security Number to determine the Household Composition and when the information is not found on the databases mentioned above.***

**Verification occurs at the time of initial application, redetermination and when family members are added to the case.**

- Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

**Databases mentioned above are used to verify a child's information. If information cannot be confirmed in State systems, a CCAP Specialist may ask for birth certificates, baptismal records, census records, etc. when the application does not list a child's Social Security Number to determine the Household composition. Verification occurs at the time of initial application, redetermination and when children are added to the case.**

- Work.

Describe:

**The following documentation is required to verify work information: the 2 most recent check stubs, direct deposit slip, income verification letter from employer, and/or income tax returns forms. Automated Wage Verification System (AWVS) to verify the information. Verification occurs at the time of initial application, redetermination and when family members with work requirements are added to the case.**

- Job training or educational program.

Describe:

**Parents submit copies of high school/college registration materials (registration form and class schedule) and copies of grade reports. TANF clients submit copies of Responsibility and Service Plans that can be verified through State Databases and collateral contact with Local TANF Office of Community Resource Centers. Verification occurs at the time of initial application, redetermination and when family members who are required to be in an eligible activity are added to the case.**

- Family income.

Describe:

***The information on the check stubs, income letters and tax forms are verified on AWVS for all parents/guardians on the case as well as other family members age 21 and older. Unearned income for all members of the household included in the child care family size is verified through: IPACS-Illinois Public Aid Communications System (TANF, Medical, SNAP), AWVS-Automated Wage Verification System (Illinois Department of Labor, Illinois Employment Security), KIDS Key Information Delivery System (Child Support) and PASDX-Public Aid State Data Exchange (SSI/SSA income). Verification occurs at the time of initial application, redetermination and when family members are added to the case.***

Household composition.

Describe:

***Databases mentioned above are used to verify a household composition . If information cannot be confirmed in State systems, a CCAP Specialist may ask for birth certificates, baptismal records, census records, etc.***

Applicant residence.

Describe:

***Databases mentioned above are to verify a household composition . If information cannot be confirmed in State systems, a CCAP Specialist may ask for birth certificates, baptismal records, census records, etc.). Verification occurs at the time of initial application, redetermination and when family members are added to the case.***

Other.

Describe:

**3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?**

- Time limit for making eligibility determinations

Describe length of time:

***Administrative Rule 50.120 b) requires that the Department or its agents will make a determination and notify an applicant of its determination on an application for child care within 45 days from the date the application is received by the Department or its agents.***

- Track and monitor the eligibility determination process

- Other.

Describe:

- None

### **3.1.11 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.**

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions: Illinois Department of Human Services (also the CCDF Lead Agency)

b) Provide the following definitions established by the TANF agency:

"Appropriate child care":

**Care that is reasonably related to the hours of training or employment including the transportation needs of the family and meets the child's needs and complies with all applicable state and local laws .**

"Reasonable distance":

**The amount of time it takes the client to travel between the child care setting and the work/training/education activity. Mode of transportation and time of day are considered when determining if the time requested is reasonable.**

"Unsuitability of informal child care":

**Arrangements with providers that do not meet the child's needs, are not available during the client's activity schedule, are not located in reasonable proximity of the client's home or activity location are unreliable, and/or violate state and local laws and regulations.**

"Affordable child care arrangements":

**Child care that is free or eligible for payment by the CCDF Lead Agency and that does not exceed the Lead Agency's maximum daily rate for the type of care.**

c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

In writing

Verbally

Other.

Describe:

d) Provide the citation for the TANF policy or procedure:

**WAG 03-13-00: TANF General Activity Compliance Requirements, PM 03-13-04: Penalty for Refusal or Failure to Comply and PM 03-13-01: Work Eligible Person - Activity Compliance Requirements.**

## 3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

### 3.2.1 Describe how the Lead Agency defines:

a) "Children with special needs":

***Special Needs Child - is:(a) a child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 USC 1401), (b) a child who is eligible for Early Intervention services under Part C of the Individuals with Disabilities Education Act (20 USC 1431 et seq.), (c) a child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 USC794). Children who have physical or mental incapacities as documented by a statement from a local health provider or other health professional. Appropriate documentation includes: An original written description of the disability or court decision; The documentation for a physical or mental disability must be signed by a physician, psychiatrist, or other appropriate licensed health care provider and be on letterhead stationery; The documentation for a court decision must be signed by a judge; and all documentation must include: the name of the child who is disabled or under court supervision; information about the disability or court supervision; and an explanation of how the child is incapable of self-care.***

b) "Families with very low incomes":

***Working families whose monthly incomes are at or below 185 % of the FPL***

*income for their family size.*

### 3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

a) Identify how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

***Children with documented special needs can continue to receive assistance throughout the eligibility period in which they turn 19 years of age. In times that program intake is restricted due to budgetary or other issues, families with special needs children will be prioritized. The Lead Agency is working with the Early Learning Council Inclusion Subcommittee on a set of recommendations focused on ensuring that children with disabilities access high quality child care. The first recommendation to focus on relates to the improvement of the Lead Agency's data collection and reporting on the number of CCAP children 0-5 with disabilities. The ELC will recommends the development of the inclusion competencies across all credentialing levels, review and amend, as necessary, the Each and Every Child training required for licensure to include information relevant to the competencies required to support inclusion, and c ontinue to develop and leverage opportunities to support child care providers and CCR&Rs to improve enrollment of children with disabilities and support high quality inclusive child care.***

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

***In times that program intake is restricted due to budgetary or other issues, working families that meet the State's definition of "very low income" will be prioritized.***

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

***Families that meet definition of homelessness are given 90 days from the date of application to submit eligibility documentation.***

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

***Enhanced Referrals - TANF clients who are looking for a child care provider and referred to the CCR&R by their TANF caseworker will receive an enhanced referral and follow-up contact to ensure a provider was secured. In times that program intake is restricted due to budgetary or other issues, working families that are receiving TANF will be prioritized.***

### **3.2.3 List and define any other priority groups established by the Lead Agency.**

***In times that program intake is restricted due to budgetary or other issues, teen parents enrolled full-time in elementary, high school or GED classes to obtain a high school degree or its equivalent, will be prioritized.***

### **3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.**

***Teen parents in High School or equivalent were included as one of Illinois' priority groups when intake was restricted.***

**3.2.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).**

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

***Children from a homeless family may have difficulty obtaining documentation at***

***the time of application or redetermination for the Child Care Assistance Program because of the stresses and disruption caused by issues affecting this CCAP Protective population. Accordingly, CCR&R and Site Agencies must allow a family from a CCAP Protective Services Population a period not to exceed 90 days from the date the child care is approved for care to obtain the eligibility documentation. All other eligibility requirements, as specified in CCAP Policy shall remain unchanged.***

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- Lead Agency accepts applications at local community-based locations
- Partnerships with community-based organizations
- Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- Other

*Note:* The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

**3.2.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).**

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other

health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

***The Lead Agency is partnering with the Illinois Department of Children and Family Services and will establish a rule to amend the licensing standards to allow a grace period for families or children experiencing homelessness to submit copies of all required supporting documentation for enrollment, including a 90-day grace period for medical records and supporting documentation for enrollment. License-Exempt Centers must have a written policy establishing grace periods that allow children experiencing homelessness enrollment in their program, including a 90-day grace period to submit all required supporting documentation for medical records and supporting documentation for enrollment.***

Provide the citation for this policy and procedure.

***01.03.10 - CCAP Protective Services Child Care for Children Experiencing Homelessness.***

Children who are in foster care.

***Licensing Agency which is also the Child Welfare Agency is in the process of implementing Rules that will allow a 90-day grace period for all children enrolled in licensed child care facilities to submit a medical report with immunization record.***

Provide the citation for this policy and procedure.

***Policies are under development.***

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

***The Lead Agency is partnering with IDCFS to implement the following grace periods to increase access to child care services for foster children. Day Care Licensing Standards for all facility types are being revised to allow families with foster children a period not to exceed 90 days from the date the foster children are***

**enrolled to submit a medical report and proof of immunization. IDHS participates in inter-agency meetings through the Cooperative Agreements to Benefit Homeless Individuals (CABHI) task force. Agencies include Departments of Health, Children and Family Services, Human Services and Education as well as homeless service providers and community-based organizations working with and for homeless families. Goals of the group include best practices and policy formulation for referring families to a variety of services to meet their needs.**

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

### 3.3 Protection for Working Families

#### **3.3.1 12-Month eligibility.**

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that

does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

***Eligibility shall be re-determined within six (6) weeks approaching end of the current twelve (12) month eligibility period to ensure the client remains eligible for services. Eligibility shall terminate at the end of the twelfth month unless the redetermination is completed and the family is determined eligible for on-going services.***

b) How does the Lead Agency define "temporary change?"

***A period of no less than 90 days where the client is no longer participating in the activity for any reason that child care was approved to support or when there is a reduction in the client's schedule (employment or education/training) while continuing the activity. Temporary breaks in activity include, but are not limited to, the following: Loss of employment for any reason, Break from employment due to medical leave (either for self or family member), Break from employment due to mandatory work site closings, such as the end of seasonal work schedule, withdrawing from education/training activities regardless of the reason, Holiday or summer breaks from scheduled classes based on school or training calendar, Breaks due shift from one school/training session to another (i.e. shift from fall semester to winter semester). When a child turns 13 (or 18 if special needs or court order for supervision) during an eligibility period, care will continue through the end of the eligibility period. During the annual redetermination process, any active authorization for the 13 (or 18) year old child will be closed-off of the case. Eligibility for the remaining children needing care in the family will continue as long as the case remains eligible. Families that relocate to another Service Delivery Area (SDA) within Illinois will be transferred to the agency that manages cases for that geographical area. The case will remain eligible for assistance for the remainder of the approved eligibility period unless no eligible activity is reported in the new location within 90 days of the case transfer.***

c) Provide the citation for this policy and/or procedure.

### **12-Month Eligibility Change of Information and Case Documentation**

#### **3.3.2 Option to discontinue assistance during the 12-month eligibility period.**

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

***Non-temporary breaks in activity of 90-calendar days or more due to any reason including, but are not limited to: 1) loss of employment--last date of employment supported by a separation notice or termination letter from***

**employer to determine the start of the 90-day period or more 2) graduation from school or training program-supported by diploma, graduation certificate (s), graduation letter from program, 3) medical leave exceeding 90 calendar days, 4) post-partum maternity leave exceeding 90 calendar days. If there is a change in activity due to a non-temporary change, CCAP Eligibility Staff must verify the following: Review the documents received to determine if the change is temporary or non-temporary. Contact the parent (s) or guardian (s) to discuss the provisions and limitations of 90-calendar days continued eligibility.**

ii. Describe what specific actions/changes trigger the job-search period.

**Clients will be informed at the time of approval to report changes in activities within thirty (30) days. When notified, eligibility staff will issue a Change of Information form that will need to be returned within ninety (90) days of the activity loss to report a new activity. If the form and supporting documentation is not submitted by the end of the ninety (90) days, the case will be canceled.**

iii. How long is the job-search period (must be at least 3 months)?

**For non-temporary changes in employment or school, the State will allow three months of continued CCAP eligibility from the last day in the approved activity to allow parents to engage in job search, resume work, or attend an eligible education or training program. The term 12-Month Eligibility Grace Period shall apply when three (3) or more month's eligibility remains on an active case and Eligibility Staff has been notified within thirty (30) calendar days of a change that impacts the child's 12-Month continuity of care.**

iv. Provide the citation for this policy or procedure.

**Effective t/b/d (State of Illinois Child Care Assistance Program Manual t/b/d 12-Month Eligibility Change of Information and Case Documentation).**

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the

next 12-month redetermination. Check all that apply.

- Not applicable.
- Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

i. Define the number of unexplained absences identified as excessive:

ii. Provide the citation for this policy or procedure:

- A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

***Policy 02.07.01-Cancellation Reasons***

- Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

***Staff are to determine (1) what program violation occurred, (2) if the program violation was intentional or unintentional, (3) who committed the program violation, and (4) the period of time in question. This may include but is not limited to client or provider falsifying the information.***

### **3.3.3 Change reporting during the 12-month eligibility period.**

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month

eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

***The following is a list of changes that the parent(s) and/or guardian(s) are required to report within thirty (30) calendar days of the change: Change in family income where the income is at or above 85% SMI for a minimum of the two most recent consecutive pay periods . Any change in the family unit that results in an immediate impact in services (i.e., addition of child in care, change of activity schedule, addition of new activity, second job added, increase in number of course hours). Change in activity that is not temporary 90-calendar days or more (e.g., loss of employment, stops attending school or training activity, or graduation from school or training activity), Change in child's custody/guardianship, Request for change in child care provider, if there is no longer a need for CCAP, Family moves out of the state of Illinois.***

Changes that impact the Lead Agency's ability to contact the family.

Describe:

***Family moves out of the State of Illinois, contact information (e.g., phone***

***number, e-mail address, mailing address), change in head of household.***

- Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

***Parent (s) and/or guardian (s) who have decided to change child care providers must notify the CCR&R or Site Administered Program Agency in a timely manner (not to exceed 30 calendar days) in order to close out the previous child care provider and assign a new qualified CCAP provider.***

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- Phone  
 Email  
 Online forms  
 Extended submission hours  
 Postal Mail  
 FAX  
 In-person submission  
 Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

***Change resulting in a positive impact. If there is a change in the family unit that results in an immediate impact in services (i.e., birth of child, requires increase in services for the family). The case change must be made within ten (10) calendar days of receipt documentation. When a client reports a change in family income, the submitted documentation will be reviewed. If the new income represents a decrease in the family's income, the co-payment will be reassessed. If the new copayment is less than the current, a revised Notice of Approval will be sent to the client and provider with an effective date the first day of the month following the reassessment. An increase in the family income that does not exceed 85% of SMI will not be a cause to increase the co-payment amount.***

ii. Provide the citation for this policy or procedure.

***12-Month Eligibility Change of Information and Case Documentation.***

### **3.3.4 Prevent the disruption of employment, education, or job training activities**

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g. use of languages other than English, access to transportation, accommodation of parents working non-traditional hours, etc.).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their

employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.

- Advance notice to parents of pending redetermination
- Advance notice to providers of pending redetermination
- Pre-populated subsidy renewal form
- Online documentation submission
- Cross-program redeterminations
- Extended office hours (evenings and/or weekends)
- Other.

Describe:

***Drop boxes***

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- Postal Mail
- Email
- Online forms
- FAX
- In-person submission
- Extended submission hours
- Other.

Describe:

***Drop boxes***

### 3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

**3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.**

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	0-549	2.00	.4%	2,538	258	10%
3	0-693	2.00	.3%	3,204	326	10%
4	0-837	2.00	.2%	3,870	393	10%
5	0-981	2.00	.2%	4,536	461	10%

b) What is the effective date of the sliding-fee scale(s)? 07/01/2018

c) Identify the most populous area of the state used to complete the chart above.

**Cook County**

d) Provide the link to the sliding-fee scale:

<http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-3455B.pdf>

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

### 3.4.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply.

- The fee is a dollar amount and:
  - The fee is per child, with the same fee for each child.
  - The fee is per child and is discounted for two or more children.
  - The fee is per child up to a maximum per family.
  - No additional fee is charged after certain number of children.
  - The fee is per family.
  - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- Other.

Describe:

- The fee is a percent of income and:
  - The fee is per child, with the same percentage applied for each child.
  - The fee is per child, and a discounted percentage is applied for two or more children.
  - The fee is per child up to a maximum per family.
  - No additional percentage is charged after certain number of children.
  - The fee is per family.
  - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- Other.

Describe:

**3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).**

No.

Yes, check and describe those additional factors below.

Number of hours the child is in care.

Describe:

Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

Other.

Describe:

***If all of the children in care from a family are of school age and are approved for part-time (less than 5 hours per day) day care for any month September through May, the parent share is 50 % of the co-payment amount shown in Ill. Adm. Code 89/50.320 (Illinois Administrative Code Chapter 89, Section 50.320). A school age child is a child whose age is 5 to 13 years and is enrolled in school.***

**3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.**

No, the Lead Agency does not waive family contributions/co-payments.

- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

## 4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

### 4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services.

(658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

**4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).**

***Child Care certificates are issued each month through a monthly batch process by the Child Care Management System (CCMS) for the current service month and mailed to providers at the end of the service month. Child Care Resource and Referral (CCR&R) staff is also able to generate online certificates as needed in CCMS. To receive a certificate, the client must have selected a provider and must be approved with eligible days for the service month with a provider in active status.***

**4.1.2 Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q).**

**Check all that apply.**

- Certificate that provides information about the choice of providers
- Certificate that provides information about the quality of providers
- Certificate not linked to a specific provider, so parents can choose any provider
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices

- Verbal communication at the time of the application
- Community outreach, workshops, or other in-person activities
- Other.

Describe:

***Information about selecting a child care provider is included in the CCAP application packet. Parents may also be referred by Parent Services staff at the CCR&Rs for consumer education and a list of child care providers who accept children in CCAP.***

#### 4.1.3 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

- No. If no, skip to 4.1.4.
- Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

- Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

***Child Care Resource and Referral agencies are required to work with all families seeking child care; based on the parent's needs, the CCR&R will offer a list of providers in their area who have registered with the provider database through the CCR&R system. Providers report open slots to the CCR&R who also contacts providers on the database for available slot information***

ii. The type(s) of child care services available through grants or contracts:

***The Lead Agency contracts with several child care centers and agencies to provide Site Administered Child Care Assistance to eligible parents. Contracts are awarded to licensed child care centers and family child care***

**networks. One contract is awarded to the City of Chicago how sub-contracts with child care centers across the city. Child Care Assistance Program is available for children from birth through 12 years (up to age 19 with documented special need or court order requiring supervision).**

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

**Child Care providers, Child Care Resource & Referral Agencies, family child care networks, community-based agencies.**

iv. The process for accessing grants or contracts:

**CCR&R and Site Administered Contracts for the CCAP program are awarded based on funding availability through a Notice of Funding Opportunity through the Grant Accountability and Transparency Act.**

v. How rates for contracted slots are set through grants and contracts:

**The maximum daily rates for contracted slots are the same as those in the certificate program. Contract Site programs submit a Rate Certification form to the lead agency to determine the rate, up to the max, the contracted provider will be paid at.**

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

**Contracts are awarded based on the standards of the Grant Accountability and Transparency Act. (GATA) process.**

vii. If contracts are offered statewide and/or locally:

**Contracts are available statewide.**

#### 4.1.3 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve children experiencing homelessness
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
  - Urban
  - Rural
- Other
  - Describe

#### 4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
  - Urban
  - Rural
- Other
  - Describe

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

*Licensing Standards: 407.200b) Parents shall be allowed to visit the center without an appointment any time during normal hours of operation. 406.12c) The parents or guardian shall be permitted to visit the home, without prior notice, during the hours their children are in care. CCAP Application Provider Certification Section: Parents will have unrestricted access to their children at all times. 408.60e) The parents or guardian shall be permitted to visit the home, without prior notice, during the hours their children are in care.*

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

No.

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

***All individuals providing care must be 18 years of age or older.***

Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

- Restricted to care by relatives.

Describe:

- Restricted to care for children with special needs or a medical condition.

Describe:

- Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

- Other.

Describe:

***For care provided in the child's home by a non-licensed provider, no more than three children may be cared for, including the provider's own children, unless all children are from the same household.***

## 4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if

the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

**4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.**

- MRS
- Alternative methodology.

Describe:

Both.

Describe:

***Current rates for all home providers were originally based on the Market Rate Survey. Yearly (or more often) rate increases are based on negotiations between the State and SEIU, the union that represents all home child care provider in Illinois. Per contract, negotiations are the only method that home provider rates can be established. Current rates for centers are based on a the FY2019 Illinois budget, which approved a 4.26% increase to existing daily rates.***

**4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).**

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

***The Child Care Advisory Council includes individuals from the Governor's Office of Early Childhood Development, local child care resource and referral agencies as well as parents, providers, partner agency and INCCRRA. The council assisted with drafting and reviewing the survey prior to its use and was consulted on how best to utilize the results. All stakeholders are thus informed.***

b) Local child care program administrators:

***Illinois administered its program from the State level, not local. Child care providers from various parts of the state are included in the Child Care Advisory Council and the Early Learning Council.***

c) Local child care resource and referral agencies:

**Directors and staff from CCR&Rs from various parts of the state serve on the Child Care Advisory Council and the Early Learning Council.**

d) Organizations representing caregivers, teachers, and directors:

**Leadership from SEIU, the union that represents all home-based child care providers in Illinois, and the Coalition of Site Administrated Child Care Programs have served on the Child Care Advisory Council and the Early Learning Council.**

e) Other. Describe:

**N/A**

**4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.**

**Illinois Market Rate Survey utilizes the Child Care Resource and Referral (CCR&R regionally collected administrative data) from child care providers. Data is collected and input into a statewide database, managed by INCCRRA, following standardized procedures set forth in a manual and on which CCR&R staff has been trained. CCR&Rs are to achieve contact with 85% of centers and 85% of family child care homes during a three-month period of data collection. This method results in high sample rates, higher than typically experienced when sending out a survey. Each quarter, INCCRRA runs data quality assurance processes on collected data and resolves errors working with the CCR&Rs. A clean data set is prepared and submitted to a university for market rate analysis. The data sets for centers and family child care homes are analyzed based on licensed providers accepting children full-time, part-time or both full-time and part-time, those currently providing care, those who provide year-round or school year care, and those with valid child care data. Market rate**

*analysis is done and presented in the market survey report by type of care, child age groups, by CCR&R regions and by county. Market rates are compared to the Lead Agency's child care assistance rates within the report.*

**4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:**

a) Geographic area (e.g., statewide or local markets). Describe:

*Statewide, currently there are three geographically-defined subsidy tiers based on counties that reported similar rates through the MRS results; Group IA, Group IB, and Group II. The Market Rate Survey presents data by these tiers, for the State and by county. Each tier is assigned rate structures based on the MRS results for those counties.*

b) Type of provider. Describe:

*Licensed and license-exempt Child Care Centers, Licensed Family Home Care Providers, Family Group Home Providers and license-exempt home-based providers.*

c) Age of child. Describe:

*Infants and Toddlers (6weeks-23 months), Twos, (24-35 months), Preschool (36-71 months), and School Age (6-12 years).*

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

**N/A**

**4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including**

any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 04/25/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 05/24/2018

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

***The report is posted in the Lead Agency's website***

<http://www.dhs.state.il.us/page.aspx?item=105841>

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

***The lead agency reviews comments from all stakeholders and consults with the Governor's office, office of the budget and internal management in determine if any considerations should be made based on available resources.***

### 4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

**4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.**

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate \$ 48.47 per DAY unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 30.5

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate \$ 35.30 per DAY unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 71.5

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate \$ 48.47 per DAY unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 30.5

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate \$ 35.30 per DAY unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 71.5

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 34.11 per DAY unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 28.0

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 29.92 per DAY unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 56.9

g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate \$ 34.11 per DAY unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 72.9

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 29.92 per DAY unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 76.3

i) Describe how part-time and full-time care were defined and calculated.

***Approximately 50% of full-time rate.***

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). Centers: 07/01/18, Homes: 12/01/14

k) Identify the most populous area of the state used to complete the responses above.

***Cook County***

l) Provide the citation or link, if available, to the payment rates.

<http://www.dhs.state.il.us/page.aspx?item=106228>

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

***N/A***

**4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).**

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Differential rate for *non-traditional hours*.

Describe:

**N/A**

Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

***Site administered contracted providers may receive a 20% add-on to their payment rate for children who have a demonstrated disability. The additional funds are used by the provider for supports such as the purchase of adaptive equipment and securing specialized training for the caregiver.***

Differential rate for *infants and toddlers*. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

***A higher maximum daily rate are offered for all types of providers other than license-exempt home providers for age groups of under 2 and age 2.***

Differential rate for *school-age programs*. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

**N/A**

Differential rate for higher quality, as defined by the state/territory.

Describe:

***Illinois Quality Rating and Improvement System, ExceleRate Illinois, is available for licensed child care centers and licensed family/group child care homes. Licensed providers who receive an ExceleRate Illinois rating at higher levels, receive a quality add-on of 10% or 15% depending on the rating received. Licensed-exempt family child care homes can participate in a Tiered Training program and receive a quality add-on of 10%, 15% and 20% depending on the level of training completed.***

Other differential rates or tiered rates.

Describe:

**N/A**

Tiered or differential rates are not implemented.

#### 4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

**4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):**

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

***The CCAP application and supporting materials clearly state the wide variety of child care provider types that are eligible to participate in the CCAP, such as***

*licensed child care centers, group child care homes, and family child care homes. Parents can also select a license-exempt child care center, family child care home or relative. The local CCR&Rs assist parents in finding child care providers. Also, child care payments are made to providers. One of the pieces of information collected for the statewide child care provider database is a licensed child care provider's willingness to participate in CCAP. On June 30, 2012, 75% of the licensed providers on the database indicated they were willing to participate in CCAP. A closer look shows the 76% of licensed family child care homes and 68% of child care centers say they are willing to care for CCAP children. While payment rates are not at the 75% of market for much of the state, the Lead Agency believes this is an indication that rates are adequate to provide parents with choices of child care settings. These numbers have remained steady for several years.*

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

*The current daily rates were based on the FY14 Market Rate Survey. Increases to that rate have been based on labor contract negotiations for home providers, and through the Illinois State budget process, which set the most recent rate increase percentage at 4.71%. For most of the State, Illinois rates do not reach the recommended 75th percentile as recommended by the CCDF. Across all age groups, assistance rates seem to provide better coverage in family child care and family group homes as opposed to centers. While payment rates are not at the 75% of market for much of the state data shows the 76% of the Licensed Family Child Care providers and 69% of the Licensed Child Care Centers on the Statewide Child Care Provider database are willing to serve CCAP children and families. The Lead Agency believes this is an indication that rates are adequate to provide parents with choices of child care settings. These percentages have remained steady for several years. CCAP contracted providers receive a per child per day administrative fee which helps offset the rate amounts. Additionally, providers are encouraged, assisted and participate in the quality rating and improvement system (ExceleRate Illinois) which provides them an add-on funds based on their level of achievement. These dollars help offset and increase payment amounts as well. 70% of providers on the Statewide Child Care database have continued to*

**participate in CCAP and provide services to families.**

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

***Given the new health and safety requirements, Illinois has not yet established how adequate rates are for providers to meet all requirements. The current daily rate increases were set through contract negotiations (for home providers) and the State budget process (for center providers). The Department will try to ensure that future negotiation in these 2 venues take the cost of these requirements into account.***

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

***The current increases to daily rates were set through contract negotiations (for home providers) and the State budget process (for center providers) . The implementation of Child Care Assistance Program Add-on: For Licensed child care providers who care for children participating on the Child Care Assistance Program (CCAP) and achieve a Silver or Gold Circle of Quality, and receive a quality rate add-on to the CCAP reimbursement rate for the CCAP children in their program. For License Exempt providers a rate add-on is earned when the provider achieves a higher tier of training. The amount of the add-on at each level/circle was developed through workgroups and committees made up of a wide variety of stakeholders.***

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

Limit the maximum co-payment per family.

Describe: .

Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and  
***The current copay formula went into effect on 07/01/2012. The copays are graduated and are based on a percent of median income for the income level range. The percentages range from 1.5% to 11.38% from over 50% up to 200% of FPL. Up to 40% is \$2.00 and over 40% up to 50% is \$3.00.***

Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

Other.  
Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

***Illinois allows non-Site contracted providers to charge parents the difference between their private pay rates and the State's maximum rate. This was done to give parents a wider choice of child care providers.***

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

***This data is not currently tracked by the lead agency.***

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

***N/A***

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

***For most of the State, Illinois rates do not reach the recommended 75th percentile as recommended by the CCDF. Across all age groups, assistance rates seem to provide better coverage in family child care and family group homes as opposed centers. While payment rates are not at the 75% of market for much of the state data shows the 76% of the Licensed Family Child Care providers and 69% of the Licensed Child Care Centers on the Statewide Child Care Provider database are willing to serve CCAP children and families. The Lead Agency believes this is an indication that rates are adequate to provide parents with choices of child care settings. These percentages have remained steady for several years. CCAP contracted providers receive a per child per day administrative fee which helps offset the rate amounts. Additionally, providers are encouraged, assisted and participate in the quality rating and improvement system (ExceleRate Illinois) which provides them add-on funds based on their level of achievement. These dollars help offset and increase payment amounts as well. 70 % of providers on the Statewide Child Care database have continued to participate in CCAP and provide service to families.***

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

Geographic area.

Describe:

***Providers are grouped by counties throughout the State.***

Type of provider.

Describe:

***Licensed providers receive higher payments than License-exempt providers.***

Age of child.

Describe:

***Tiered payment rates based on children age ranges.***

Quality level.

Describe:

***Illinois Quality Rating and Improvement System, ExceleRate Illinois, is available for licensed child care centers and licensed family/group child care homes. Licensed providers who receive an ExceleRate Illinois rating at higher levels receive a quality add-on of 10% or 15% depending on the rating received. License-exempt family child care homes can participate in a Tiered Training program and receive a quality add-on of 10%, 15% and 20% depending on the level of training completed.***

Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

Feedback from parents, including parent surveys or parental complaints.

Describe:

Other.

Describe:

## 4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

### **4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

***Child Care Certificates submitted by providers to CCR&Rs for payment must be entered into the State system within 3 days of receipt per CCR&R contract. IDHS Fiscal Services review the payment and ensures appropriations are in place. Approval by Fiscal is usually obtained within 5 days. The payment is then passed to the Illinois Office of the Comptroller who issues the payment via the method selected by the provider (paper check, direct deposit to providers bank account, direct deposit to the Illinois Debit Card). Unforeseen delays caused by system issues or funding availability have rarely caused delays in this timeline but have seldom pushed payments beyond the 21-day mark.***

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

**06.03.01 - 80% Attendance Rule: Payments for licensed and license-exempt child care centers are based on eligible days if the total days attended for all IDHS children at the center location are 80% of the eligible days. Payments for licensed child care homes providers are based on eligible days if the total days attended for all children in the family are 80% of the family's eligible days. If the center percentage falls below 80%, each family will be paid according to their attendance percentage instead of the center's accumulate percentage. Payments for license-exempt child care home providers are based only on attended days.**

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

**The part-day rate or school age rate if the care provided is less than 5 hours per day. The full day rate if the care provided is from 5 through 12 hours per day. If the care provided is more than 12 hours of care but less than 17 hours in a day, the full day rate is for the first 12 hours of care and the part day rate for the remainder. If the care provided is from 17 to 24 hours in a day, the full day rate is for the first 12 hours and a full day rate for the remainder.**

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

**Paying for registration fees has never been a practice for the lead agency. In the recent past, budgetary restrictions has limited any expansion of the program's scope. Illinois will conduct a state-wide study to determine what the acceptable practices are and to determine the cost of registration fees in each region as denoted in the daily rates. Once determined and approved,**

**Administrative Rule will be submitted to give the program authority to make these payments.**

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

***The IDHS Approval of Request for Child Care Payments is sent to approved applicants and providers once eligibility has been determined. Revised copies are sent to clients and providers at any time there is a change to the case that affects the information that is included in the notice (rates, approved days, co-payment amounts, and others). The form lists the following relevant information: Eligibility date range with a statement that payments cannot be made prior to the date of approval; Parent co-payment amounts; a list of approved children in the family with information about all applicable daily rates, eligibility by the number of days per week, information on the client's right to appeal the decision within 30 days, a toll-free number to request an appeal and a statement that the client may be represented by anyone of their choice. Providers can only appeal decisions made about child care payments that cannot be honored according to IDHS policy. An example of this would be if the child care case was denied and the provider wanted to be paid for the care already provided. Providers must file appeals on decisions about child care payments with the Illinois Court of Claims. Home-based provider (both licensed and license-exempt, may file a grievance against the State for any dispute regarding the implementation of the contract provisions. Illinois does not charge providers for participation in the assistance program.***

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

***CCR&Rs and Site Administered programs must review updated information submitted by families participating in the program. Changes must be reported to the CCR&R or Site within 10 days of the change occurring. CCR&Rs and Sites must review the change, make any needed updates to the case and send a revised approval notice within 30 calendar days from receipt of the change information.***

***New approval letters are issued when there are changes to eligible days, rates, co-pay as well as certificates that show the approved care arrangements.***

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

***Per CCAP Policy 04.04.01 (II), A) Providers can only appeal decisions about child care payments that cannot be honored according to IDHS policy. B) Providers must file appeals on decisions about child care payments with the Illinois Court of Claims. Appeals to address payments inaccuracies and disputes that originate at the eligibility determination level must be filed by the parent and may impact the provider payments (under ages/over ages). The lead agency's Bureau of Administrative Hearings does not have statutory authority to conduct appeals for child care providers participating in the assistance program. Home-based provider (both licensed and license-exempt, may file a grievance against the State for any dispute regarding the implementation of the contract provisions including payment timeliness and accuracy.***

g) Other. Describe:

***N/A***

#### **4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?**

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

***Payments to sub-contractors of the City of Chicago's Site Administered contract are made to the City on a regular basis based on their total contract amount. The City then makes payments to their sub-contractors based on the States payment practices.***

## 4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

**4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.**

In licensed family child care.

In licensed child care centers.

Other.

***The lead agency will be forming a workgroup of stakeholders to determine how to identify shortages of supply in all types of care and areas of the state and will update the Plan once a work plan is developed.***

**4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.**

a) Children in underserved areas. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

- Start-up funding.

Describe:

- Technical assistance support.

Describe:

- Recruitment of providers.

Describe:

- Tiered payment rates (as discussed in 4.3.2).

Describe:

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

- Other.

Describe:

***The lead agency will be forming a workgroup of stakeholders to determine how to identify shortages of supply and methods to increase the supply where needed in all types of care and areas of the state and will update the Plan once a work plan is developed.***

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

***The lead agency will be forming a workgroup of stakeholders to determine how to identify shortages of supply and methods to increase the supply where needed in all types of care and areas of the state and will update the Plan once a work plan is developed.***

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2).

Describe:

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

- Other.

Describe:

***The lead agency will be forming a workgroup of stakeholders to determine how to identify shortages of supply and methods to increase the supply where needed in all types of care and areas of the state and will update the Plan once a work plan is developed.***

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours. Check and describe all that apply

- Grants and contracts (as discussed in 4.1.3).

Describe:

- Family child care networks.

Describe:

- Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

***The lead agency will be forming a workgroup of stakeholders to determine how to identify shortages of supply and methods to increase the supply where needed in all types of care and areas of the state and will update the Plan once a work plan is developed.***

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

Grants and contracts (as discussed in 4.1.3).

Describe:

**N/A**

Family child care networks.

Describe:

**N/A**

Start-up funding.

Describe:

**N/A**

Technical assistance support.

Describe:

**N/A**

Recruitment of providers.

Describe:

**N/A**

Tiered payment rates (as discussed in 4.3.2).

Describe:

**N/A**

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

**N/A**

Accreditation supports.

Describe:

**N/A**

Child Care Health Consultation.

Describe:

**N/A**

Mental Health Consultation.

Describe:

**N/A**

Other.

Describe:

**N/A**

**4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.**

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

***Coordinate with the Illinois Department of Employment Security to determine which counties of the State contain the highest percentage of families receiving Unemployment Compensation Benefits and with the TANF program to identify counties with higher percentage of TANF families to identify areas of low income. The most recent census data will also be used to ensure all areas of poverty are identified. This information will be compiled to rank the counties within the state according to highest use of services and lowest average household incomes.***

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

***Illinois does not currently have waiting lists or restricted categories for assistance. All eligible families that apply for assistance receive it. If at some point***

***in the future Illinois must set priorities or restrict intake due to budgetary issues, we will ensure that areas of the State that are identified as having high levels of poverty and unemployment will be on the list of priority populations.***

## 5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important

to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.**

Center-based child care.

Describe and Provide the citation:

***Part 407 Licensing Standard. A provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parent (s) work.***

Family child care.

Describe and Provide the citation:

***Part 406 Licensing Standard for Day Care Homes. One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent (s) work. 408 Licensing Standards for***

**Group Day Care Homes. A provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a residential setting, unless care in excess of 24 hours is due to the nature of the parent (s) work. Family Child Care and Group Child Care Providers are considered to be sole proprietors under the Illinois Child Care Act. This is how they are referred to in the Act, as that is the person who holds the license. It does not mean they cannot have assistants. The Lead Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers will be monitored to confirm compliance with the health and safety training.**

In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

**5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).**

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3. **Agency enforces the health, safety, and development of children in care by requiring such providers to complete a health and safety training. In addition, these providers will be monitored to confirm compliance with the health and safety training.**

**5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption**

Center-based child care.

If checked, describe the exemptions.

**Exemptions are listed in the Child Care Act of 1969 and include programs serving**

***preschool-age children operated in conjunction with public or private schools, certain programs recognized by or registered with the State Board of Education, and other limited exemptions," as programs serving children who have attained the age of 3 are not generally exempt. A provider licensed or otherwise authorized to provide child care services for fewer than 12 hours per day per child in a nonresidential setting, unless care in excess of 12 hours is due to the nature of the parent(s)' work. Licensed-exempt center-based care must also provide documentation to IDCFS to verify and support their status as license- exempt.***

Family child care.

If checked, describe the exemptions.

***The Lead Agency requires that these providers limit the care to 3 children (including the providers own children), or provide care for all of the children from a single household .***

In-home care.

If checked, describe the exemptions.

***The Lead Agency requires that these providers limit the care to 3 children (including the providers own children), or provide care for all of the children from a single household.***

## 5.2 Health and Safety Standards and Requirements for CCDF Providers

### 5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories.

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

**" Infant" means a child from 6 weeks through 14 months of age .**

-- Ratio:

**1:4**

-- Group size:

**12**

-- Teacher/caregiver qualifications:

**Section 407.100 General Requirements for Personnel and Section 407.140 Qualifications for Early Childhood Teachers and School-age Workers. Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others. S hall be at least 19 years of age, have a high school diploma or equivalency certificate (GED). Shall have achieved one of the following: 1)sixty semester hours (or 90 quarter hours) of credits from an accredited college/university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 2) one year (1,560 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center and 30 semester hours (or 45 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 3) completion of credentialing programs approved by the Department in accordance with Appendix G of the DCFS Day Care Licensing Standards.**

## 2. Toddler

-- How does the State/territory define toddler (age range):

**"Toddler" means a child from 15 through 35 months of age**

-- Ratio:

**1:5 for toddlers, ratio for 2-year-old is 1:8**

-- Group size:

**15(toddler), 16 (2 years)**

-- Teacher/caregiver qualifications:

**Section 407.100 General Requirements for Personnel and Section 407.140 Qualifications for Early Childhood Teachers and School-age Workers. Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others. Shall be at least 19 years of age, have a high school diploma or equivalency certificate (GED). Shall have achieved one of the following: 1) sixty semester hours (or 90 quarter hours) of credits from an accredited college/university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 2) one year (1,560 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center and 30 semester hours (or 45 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 3) completion of credentialing programs approved by the Department in accordance with Appendix G of the DCFS Day Care Licensing Standards.**

### 3. Preschool

-- How does the State/territory define preschool (age range):

***"Preschool" means a child from 36 through 59 months of age.***

-- Ratio:

***1:10***

-- Group size:

***20***

-- Teacher/caregiver qualifications:

***Section 407.100 General Requirements for Personnel and Section 407.140 Qualifications for Early Childhood Teachers and School-age Workers. Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others. Shall be at least 19 years of age, have a high school diploma or equivalency certificate (GED). Shall have achieved one of the following: 1) sixty semester hours (or 90 quarter hours) of credits from an accredited college/university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 2) one year (1,560 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center and 30 semester hours (or 45 quarter hours) of credits from an accredited college or university with six semester or nine quarter hours in courses related directly to child care and/or child development, from birth to age six; or 3) completion of credentialing programs approved by the Department in accordance with Appendix G of the DCFS Day Care Licensing Standards.***

#### 4. School-age

-- How does the State/territory define school-age (age range):

**"School age" means a child attending full-time Kindergarten through 12 years.**

-- Ratio:

**1:20**

-- Group size:

**30**

-- Teacher/caregiver qualifications:

**Per DCFS, group of 30 school-age children would have to have two staff present-one staff person would have to be a teacher-qualified and one person a teacher assistant. Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others. Shall be at least 19 years of age and at least 5 years older than the oldest child with whom they care, have a high school diploma or equivalency certificate (GED). Shall have achieved one of the following: 1) Thirty semester hours (or 45 quarter hours) of credit from an accredited college or university with six semester hours (or nine quarter hours) related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; or 2) 1,560 clock hours of experience in a recreational program or licensed day care center serving school-age children or a license exempt school-age child care program operated by a public or private school, and six semester hours (or nine quarter hours) of credit from an accredited college or university related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields. Completion of**

***a training program accredited by the American Montessori Society or Association Montessori International may be substituted for the courses directly related to child care and/or child development required.***

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

***Exempt school-age only programs must comply with IDHS requirements that mirror Rule 407.190(a) for 1 staff per 20 school-agers (full time kindergarten or older), with a maximum group size of 30 children. All license exempt programs have to comply with licensing standards relevant to ratios and group sizes, per State Fire Marshall Code under 41 Ill.Adm. Code 100.***

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

***A caregiver alone: The maximum number of children under the age of 12 cared for in a group shall be 8 except when all the children are school age.***

***A) A mixed age group consisting of: 1) up to 8 children under 12 years of age of which up to 5 children may be under 5 years of age of which up to 3 children may be under 24 months of age.***

***B) A mixed age group consisting of: 1) up to 8 children under 12 years of age, of which up to 6 children may be under 5 years of age, of which up to 2 children may be under 30 months of age.***

***C) Up to 8 pre-school children if no child is under age 3.***

***D) Up to 12 school age children.***

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

***Day care centers licensed for more than 50 children shall employ a full-time child care director, for 50 or fewer children or half-day programs with children attending no more than 3 consecutive hours per day, may employ a child care director who also serves as a member of the child care staff. When the director serves in both capacities, must meet the qualifications of both the director and teaching positions. The child care director shall be 21 years of age, have a high school diploma or equivalency (GED). Shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual,***

*personal, emotional, and social development. Factors include but not limited to: emotional maturity, cooperation with the purposes and services of the program, respect for children and adults, good personal hygiene, frequent interaction with children, listening skill, skills to help children meet their developmental and emotional needs, skills in planning, directing and conducting programs, and others. Shall have achieved one of the following: 1) Sixty semester or 90 quarter hours of credit from an accredited college or university with 18 semester or 27 quarter hours in courses related directly to child care and/or child development from birth to age 6, or 2) two years (3,120 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center, 30 semester or 45 quarter hours of college credit with 10 semester or 15 quarter hours in courses related directly to child care and/or child development, and proof of enrollment in an accredited college or university until 2 years of college have been achieved. A total of 18 semester or 27 quarter hours in courses related directly to child care and/or child development is required to be obtained within the total 2 years of college, or 3) completion of a credentialing program approved, completion of 12 semester or 18 quarter hours in courses related to child care and/or child development from birth to age 6 at an accredited college or university, and 2 years (3,120 clock hours) child development experience in a nursery school, kindergarten or licensed day care center. The child care director of a facility serving more groups of school-age children than groups of pre-school shall have achieved: 1) Sixty semester or 90 quarter hours of credit from an accredited college or university with 18 semester or 27 quarter hours in courses related to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, including courses related to school-age children, or 2) two years (3,120 clock hours) of child development experience in a recreational program, kindergarten, or licensed day care center serving school age children, or license exempt school-age child care program operated by a public or private school, 30 semester or 45 quarter hours of college credits with 10 semester or 15 quarter hours in courses related directly to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, and proof of enrollment in an accredited college or university until 2 years of college have been achieved. A total of 18 semester or 27 quarter hours in courses related directly to child care and/or child development, elementary education,*

***physical education, recreation, camping or other related fields, including courses related to school-age children, is required to be obtained within the total 2 years of college credits. When a program serves only school-age children, the director shall be 21 years of age, and shall have: Sixty semester or 90 quarter hours of credit from an accredited college or university with 18 semester or 27 quarter hours in courses related to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, and at least 1560 clock hours of child development experience in a recreational program or a licensed day care center serving school-age children. Effective 7-1-17, all new child care directors hired on or after July 1, 2017 shall have a minimum of an associate's degree in child development or early childhood education, or the equivalent (defined as 64 semester hours in any discipline with a minimum of 21 semester hours of college credit in child development or early childhood special education) and either a Gateways to Opportunity Level 1 Illinois Director Credential or 3 semester hours of college credit or 3 points of credential-approved training in administration, leadership or management .***

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

***"Infant" means a child birth through 14 months of age.***

-- Ratio:

***1:3 ( under the age of 24 months, if no more than 5 children are under the age of 5), 1:2 (under the age of 30 months if no more than 6 children are under the age of 5.)***

[https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules\\_408.pdf](https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules_408.pdf)

-- Group size:

***The maximum number of children under the age of 12 for in a day care home by a caregiver alone shall be 8. The maximum number includes the caregiver's own children, related children and unrelated children under age***

**12 living in the home. The maximum number of children under the age of 12 in a group day care home by a caregiver alone shall be 8. With an assistant up to 5 children may be under 24 months of age for a maximum number of 12 children . [https://www2.illinois.gov/dcfs/aboutus/notices/Documents/rules\\_408.pdf](https://www2.illinois.gov/dcfs/aboutus/notices/Documents/rules_408.pdf)**

**-- Teacher/caregiver qualifications:**

**The caregivers in a day care home shall be 18 years of age and in a group day care home shall be at least 21 years of age. Shall have a high school diploma or equivalent certificate, CPR, First Aid and Heimlich Maneuver Training, a basic course of 6 or more clock hours in providing care to children with disabilities, 15 hours of pre-service training prior to application, and 15 hours of annual in-service training, SIDS, SUID, Shaken Baby and Safe Sleep training, Mandated Reporter training, and instructions on Lead Hazards and Lead in Water. Adult members in contact with children shall be stable, law abiding, responsible, mature individuals. Shall treat children with respect, courtesy and patience. Shall exhibit competence in knowledge of basic hygiene, ability to communicate with children, ability to set realistic controls for children, using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children, and others. Shall have tuberculin skin test administered by the Mantoux method in accordance with the rules of the Department of Public Health. Shall make mealtimes a pleasurable experience to the children at all times and drinking water shall be readily available to the children at all times. Shall encourage children to try new foods but not forced to. Shall have achieved: 1) One year (1,560clock hours) child development experience in a licensed day care home, nursery, school, kindergarten, or licensed day care center plus 6 semester or equivalent quarter hours in courses related directly to child care and/or child development from an accredited college or university, one year (30 semester hours or 45 quarter hours) of credit from an accredited college or university with 6 semester or equivalent quarter hours related directly to child care and/or child development, or 2) completion of a credentialing program approved in accordance with Appendix F of Part 408.35.**

## **2. Toddler**

-- How does the State/territory define toddler (age range):

***"Toddler" means a child from 15 through 35 months of age.***

-- Ratio:

***A caregiver alone: A caregiver alone may care for up to 3 children under the age of 24 months if no more than 5 children are under the age of 5 years or up to 2 children under the age of 30 months if no more than 6 children are under the age of 5.***

-- Group size:

***1:3 ( under the age of 24 months, if no more than 5 children are under the of 5), 1:2 (under the age of 30 months if no more than 6 children are under the age of 5.)***

-- Teacher/caregiver qualifications:

***The caregivers in a day care home shall be 18 years of age and in a group day care home shall be at least 21 years of age. Shall have a high school diploma or equivalent certificate, CPR, First Aid and Heimlich Maneuver Training, a basic course of 6 or more clock hours in providing care to children with disabilities, 15 hours of pre-service training prior to application, and 15 hours of annual in-service training, SIDS, SUID, Shaken Baby and Safe Sleep training, Mandated Reporter training, and instructions on Lead Hazards and Lead in Water. Adult members in contact with children shall be stable, law abiding, responsible, mature individuals. Shall treat children with respect, courtesy and patience. Shall exhibit competence in knowledge of basic hygiene, ability to communicate with children, ability to set realistic controls for children, using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children, and others. Shall have tuberculin skin test administered by the Mantoux method in accordance with the rules of the Department of Public Health. The caregiver and all members of the household shall provide medical evidence that they are free of communicable disease that may be transmitted while providing child care. Shall have achieved: 1) One year (1560clock hours) child development experience in a licensed day care home, nursery, school, kindergarten, or licensed day care center plus 6 semester or equivalent***

**quarter hours in courses related directly to child care and/or child development from an accredited college or university, one year (30 semester hours or 45 quarter hours) of credit from an accredited college or university with 6 semester or equivalent quarter hours related directly to child care and/or child development, or 2) completion of a credentialing program approved in accordance with Appendix F of Part 408.35.**

### 3. Preschool

-- How does the State/territory define preschool (age range):

**"Preschool" means a child from 36 through 59 months of age.**

-- Ratio:

**A caregiver alone: A caregiver alone may care for up to 3 children under the age of 24 months if no more than 5 children are under the age of 5 years or up to 2 children under the age of 30 months if no more than 6 children are under the age of 5.**

[https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules\\_408.pdf](https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules_408.pdf)

-- Group size:

**A caregiver alone: The maximum number of children under the age of 12 cared for by a caregiver alone in a day care home is 8; for a group day care home by a caregiver alone shall be 8 except when all the children are school age. The maximum number includes the caregiver's own children, related children and unrelated children under age 12 living in the home. A caregiver alone may care for children in accordance with the following age groupings:**

**A mixed group consisting of:**

[https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules\\_408.pdf](https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules_408.pdf)

-- Teacher/caregiver qualifications:

**The caregivers in a day care home shall be 18 years of age and in a group day care home shall be at least 21 years of age. Shall have a high school diploma or equivalent certificate, CPR, First Aid and Heimlich Maneuver Training, a basic course of 6 or more clock hours in providing care to children with disabilities, 15 hours of pre-service training prior to application,**

**and 15 hours of annual in-service training, SIDS, SUID, Shaken Baby and Safe Sleep training, Mandated Reporter training, and instructions on Lead Hazards and Lead in Water. Adult members in contact with children shall be stable, law abiding, responsible, mature individuals. Shall treat children with respect, courtesy and patience. Shall exhibit competence in knowledge of basic hygiene, ability to communicate with children, ability to set realistic controls for children, using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children, and others. Shall have tuberculin skin test administered by the Mantoux method in accordance with the rules of the Department of Public Health. Shall have achieved: 1) One year (1560clock hours) child development experience in a licensed day care home, nursery, school, kindergarten, or licensed day care center plus 6 semester or equivalent quarter hours in courses related directly to child care and/or child development from an accredited college or university, one year (30 semester hours or 45 quarter hours) of credit from an accredited college or university with 6 semester or equivalent quarter hours related directly to child care and/or child development, or 2) completion of a credentialing program approved in accordance with Appendix F of Part 408.35.**

#### 4. School-age

-- How does the State/territory define school-age (age range):

**"School age" means a child attending full-time Kindergarten through 12 years.**

-- Ratio:

**A day care home caregiver alone may care for 8 school-age children. A group day care home caregiver alone may care for 8 school-age children. With an assistant, an additional 4 school-age children may be cared for. With two assistants, up to 12 school-age children may be cared-for.**

**(day care home)**

[https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules\\_406.pdf](https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules_406.pdf)

**( group day care home)**

<http://www.ilga.gov/commission/jcar/admincode/089/089004080000650R.html>

-- Group size:

***A caregiver alone: The maximum number of children under the age of 12 cared for in a day care home by a caregiver alone shall be 8. With an assistant, an additional 4 school agers may be cared-for, for a total of 12. The maximum number includes the caregiver's own children, related children and unrelated children under age 12 living in the home. The maximum number of children under the age of 12 cared for in a group day care home by a caregiver alone shall be 8. With one additional adult assistant, 12 school-agers may be cared for.***

[https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules\\_406.pdf](https://www2.illinois.gov/dcf/aboutus/notices/Documents/rules_406.pdf)

-- Teacher/caregiver qualifications:

***The caregivers in a day care home shall be 18 years of age and in a group day care home shall be at least 21 years of age. Shall have a high school diploma or equivalent certificate, CPR, First Aid and Heimlich Maneuver Training, a basic course of 6 or more clock hours in providing care to children with disabilities, 15 hours of pre-service training prior to application, and 15 hours of annual in-service training, SIDS, SUID, Shaken Baby and Safe Sleep training, Mandated Reporter training, and instructions on Lead Hazards and Lead in Water. Adult members in contact with children shall be stable, law abiding, responsible, mature individuals. Shall treat children with respect, courtesy and patience. Shall exhibit competence in knowledge of basic hygiene, ability to communicate with children, ability to set realistic controls for children, using developmentally appropriate behavior management techniques that do not constitute corporal punishment of children, and others. Shall have tuberculin skin test administered by the Mantoux method in accordance with the rules of the Department of Public Health. Caregivers, assistants and any other person shall not consume alcohol in the presence of children and no person shall smoke tobacco while services are being provided. Shall have achieved: 1) One year (1,560 clock hours) child development experience in a licensed day care home, nursery, school, kindergarten, or licensed day care center plus 6 semester or equivalent quarter hours in courses related directly to child care and/or child development from an accredited college or university, one year (30 semester***

**hours or 45 quarter hours) of credit from an accredited college or university with 6 semester or equivalent quarter hours related directly to child care and/or child development, or 2) completion of a credentialing program approved in accordance with Appendix F of Part 408.35.**

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

**For the Lead Agency a license exempt home may care for all of the children from a single household. A household shall be comprised of the adults who have child (ren) in common, the child (ren) those adults have in common and the other child (ren) of each such adult who reside together. When adults, other than spouses, reside together and do not have a child in common, each adult along with his or her child will be considered a separate household.**

c) In-home CCDF providers:

1. Describe the ratios

**A license exempt home provider may care for 3 children or may care for all of the children from a single household.**

2. Describe the group size

**A license exempt home provider may care for 3 children or may care for all of the children from a single household.**

3. Describe the maximum number of children that are allowed in the home at any one time.

**A license exempt home provider may care for 3 children or may care for all of the children from a single household.**

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

**A license exempt home provider may care for 3 children or may care for all of the children from a single household.**

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

***A license exempt home provider may care for 3 children or may care for all of the children from a single household.***

## 5.2 Health and Safety Standards and Requirements for CCDF Providers

### 5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

#### 1. Prevention and control of infectious diseases (including immunization)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***Each child care provider should have written policies for managing child and provider illness in child care. This includes hand washing, cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff, following standards precautions for exposure to blood, carefully disposing of material that might contain germs or bacteria, and excluding ill people from the group when necessary .***

-- List all citations for these requirements, including those for licensed and license-exempt programs

**05.01.03 CCAP Provider Health and Safety Standards Requirements. Child Care Application (IL444-3455) Section 7 - Child Care Provider Certification - "I and members of my staff/household are in compliance with all State and Local Health Departments, and Fire Marshall Health, safety and fire codes and standards including firearms and ammunition."**

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care

**N/A**

-- Describe if relatives are exempt from this requirement

**Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement. However, they do self-certify that they are following State and Local Health Departments, and Fire Marshall Health, safety and fire codes and standards including firearms and ammunition.**

## 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

**Child care provider must ensure that safe sleep practices for all children are followed. All infants must be placed on their backs to sleep. When infants can easily roll over after being placed on their backs to sleep, they should be allowed to adopt their own position; however, caregivers must always place infants on their backs to sleep. Infants who fall sleep in other locations such as a swing or car seat must be moved immediately. Documentation: A parent must provide a documented medical reason signed by a physician if an infant is to be placed to sleep in a position other than his or her back.**

-- List all citations for these requirements, including those for licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements.**

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care

**Providers that care only for school age children (ages 5-13), are exempt from this requirement.**

-- Describe if relatives are exempt from this requirement

**They are not exempt from this requirement.**

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

**When medication must be administered to child (ren) while in the child care setting, the child care provider will administer medication only if the parent or legal guardian has provided written consent. Written consent must include instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given. Medication means any substance or preparation which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, non-prescription, or prescription.**

-- List all citations for these requirements, including those for licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements.**

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care

**N/A**

-- Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***When children with food allergies attend a child care setting, the child care provider shall have on record a care plan prepared by the child's doctor, to include: 1) Written instructions regarding the food(s) to which the child is allergic and the steps that need to be taken to avoid that food, 2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications; confidentiality should be maintained in compliance with any laws or regulations.***

-- List all citations for these requirements, including those for licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements.***

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care

**N/A**

-- Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***During the hours when children are in care, child care providers must ensure adequate supervision in a safe environment. Child care providers should be aware of environmental hazards when selecting an area to play indoors as well as outdoors. Children should be observed closely when playing. If an activity occurs outdoors, play areas should be secure and away from heavy traffic areas.***

-- List all citations for these requirements, including those for licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements. Child Care Application (IL444-3455) Section 7 - Child Care Provider Certification - "The children will be supervised (indoors and outdoors) at all times."***

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

***N/A***

-- Describe any variations based on the age of the children in care

***N/A***

-- Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment  
-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***Child care providers and staff (if applicable) who are not exempted from training requirements and who are in direct contact with children, must receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood.***

- List all citations for these requirements, including those for licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements.***

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

***N/A***

- Describe any variations based on the age of the children in care

***Providers that care only for school age children (ages 5-13), are exempt from this requirement.***

- Describe if relatives are exempt from this requirement

***They are not exempt from this requirement.***

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***Child care providers must be able to plan for, recognize and handle emergencies and hazards. Emergency preparedness includes the setting's response to shelter-in-place emergencies that address violence, shootings and bombings in addition to natural disasters. From the date care is provided a timely method of communication must be established and agreed upon (phone, mail, text, etc.) between the parent/guardian and the child care provider. Emergency contact information must be posted and accessible to relevant staff (if applicable). The child care provider must maintain a written record on each child that includes the name(s) of the child's parent(s), the telephone number(s) and/or alternate agreed upon method of communication at which the parent(s) can be reached during the hours the child is in care, an emergency contact in the event the parent(s) cannot be reached, and the number of hours each child is served. Providers must ensure that records are maintained and disposed of in a manner that protects privacy and confidentiality.***

-- List all citations for these requirements, including those for licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements.***

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

***N/A***

-- Describe any variations based on the age of the children in care

***N/A***

-- Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***Child care settings must have appropriate procedures for handling and storage of medicines, cleaning supplies, hazardous substances and materials, and firearms and other weapons. Child care staff must demonstrate competency in handling and disposal of blood and bodily fluids. No handguns are allowed on the premises (except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home). Firearms in home must be disassembled, without ammunition, and stored in locked cabinet. Ammunition must be kept in locked storage separate from the disassembled firearms. Providers must notify parents of the presence of firearms in the setting.***

-- List all citations for these requirements, including those for licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements.***

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

***N/A***

-- Describe any variations based on the age of the children in care

***N/A***

-- Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

## 9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***Child care providers must ensure the safety of children in all activities of child care. Proper restraint systems and the correct use of them are critically important during travel to/from the child care settings as well as a part of the***

**activities of the setting. The child care provider must ensure that children are never left unattended in a vehicle. Smoking is prohibited in vehicles used to transport children. Only insured, licensed, well-maintained vehicles will be used to transport children. Drivers will be legally-licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safety. Drivers will meet staff qualifications including the applicable background check. Capacity and age grouping must remain in effect while transporting children as well.**

-- List all citations for these requirements, including those for licensed and license-exempt providers

**05.01.03 CCAP provider Health and Safety Standards Requirements.**

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care

**N/A**

-- Describe if relatives are exempt from this requirement

**Relative provider that watches only school age (ages 5-13) children relate to the provider, are exempt from the training requirements.**

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

**All child care providers must have current certification in pediatric rescue breathing and first aid treatment from a certified instructor. The provider or center staff member must maintain current training in first aid and CPR. Providers must self-report CPR/First Aid trainings on the Gateways to Opportunity Registry. IDHS will check the Registry to ensure training compliance. Providers must keep copies of their current training documents for five (5) years. Providers must be able to produce a copy when requested by**

**IDHS as proof of training completion. Providers are instructed to verify the Gateways Completion Report and make sure all the training show a completion date and the CPR/First Aid and Child Abuse and Neglect Mandated Reporter Trainings have been self-reported. The provider and center staff member shall provide a copy of the front and back of the current card issued by the agency or instructor as proof of completion during monitoring visits.**

-- List all citations for these requirements, including those for licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements.**

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**License-exempt providers who are only caring for school-aged children that they are related to are exempted from all training requirements.**

-- Describe any variations based on the age of the children in care

**License-exempt providers who are only caring for school-aged children that they are related to are exempted from all training requirements.**

-- Describe if relatives are exempt from this requirement

**Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.**

#### 11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

**IDCFS Licensing Standards for Day Care settings require (1) all staff and caregivers to successfully complete the Department's Child Abuse and Neglect Mandated Reporter Training within 30 days of hire, and (2) to immediately report suspected child abuse and neglect to the Child Abuse/Neglect Hotline. In addition, day care home and group day care home providers sign statements certifying that they are Mandated Reporters of Child Abuse/Neglect. License-exempt providers must complete the online Child Abuse and Neglect Mandated**

**Reporter Training, or a face to face training provided by CCR&R staff before they will be paid for unsupervised care.**

-- List all citations for these requirements, including those for licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements.**

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care

**License-exempt providers who are only caring for school-aged children that they are related to are exempted from all training requirements, including Child Abuse and Neglect Mandated Reporter Training.**

-- Describe if relatives are exempt from this requirement

**Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement, including Child Abuse and Neglect Mandated Reporter Training.**

b) Does the Lead Agency include any of the following optional standards?

No, if no, skip to 5.2.3.

Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

**Nutrition, sanitation, food storage and preparation, and age appropriate feeding are addressed in the following IDCFS Day Care Licensing Standards: Section 407.330 Nutrition and Meal Service, 406.17 Nutrition and Meals, and Section 408.80 Nutrition and Meals.**

-- List all citations for these requirements, including those for licensed and license-exempt providers

***Section 407.330 Nutrition and Meal Service, 406.17 Nutrition and Meals, and Section 408.80 Nutrition and Meals.***

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

***N/A***

-- Describe any variations based on the age of the children in care.

***N/A***

--Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

## 2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

***Active play is addressed in the following IDCFS Day Care Licensing Standards: Section 407.200 Program Requirements for All Ages, Section 406.16 Activity Requirements, and Section 408.85 Program.***

-- List all citations for these requirements, including those for licensed and license-exempt providers

***Section 407.200 Program Requirements for All Ages, Section 406.16 Activity Requirements, and Section 408.85 Program***

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

***N/A***

-- Describe any variations based on the age of the children in care.

***N/A***

--Describe if relatives are exempt from this requirement

**Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement. Child Care Application (IL444-3455) Section 7 - Child Care Provider Certification - "The children will be provided developmentally appropriate play and physical activities daily."**

### 3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

**IDCFS Licensing Standards for Day Care settings require successful completion of a basic course of 6 or more clock hours on providing care to children with disabilities that has been approved by the Illinois Department (IDCFS), and have program requirements for serving children with special needs.**

-- List all citations for these requirements, including those for licensed and license-exempt providers

**Child Care Centers: program requirements-407.250(a), 407.270(g), and 407.310(k), and training-407.100(c), and 407.130(k). For Day Care Home: program requirements- 408.100 and training-408.35(o); Day Care Home program requirements: 406.20 and 406.9(p).**

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care.

**N/A**

--Describe if relatives are exempt from this requirement

**Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.**

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

**N/A**

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

**N/A**

-- List all citations for these requirements, including those for licensed and license-exempt providers

**N/A**

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

**N/A**

-- Describe any variations based on the age of the children in care.

**N/A**

--Describe if relatives are exempt from this requirement

**N/A**

### **5.2.3 Health and safety training for CCDF providers on required topics.**

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they

may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

### **Pre-Service or Orientation Training Requirements**

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

**15 hours**

2. Licensed FCC homes:

**day care and group day care homes: 15 hours**

3. In-home care:

**8 hours**

4. Variations for exempt provider settings:

***Relative provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

***Providers must complete CPR/First Aid and Child Abuse and Neglect Mandated Reporter training before being paid to care for children on the assistance program unsupervised. Providers must complete all required trainings within the first 90 days of providing care.***

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

**N/A**

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

***Trainings are available online or in person. In person trainings are conducted***

**state-wide by the CCR&Rs.**

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements**

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

**Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.**

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements.**

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

- Yes
- No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
- No

Describe if relatives are exempt from this requirement

***Provider that watches only school age (ages 5-13) children related to the provider, are exempt from the training requirement.***

### 5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Training***

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- Yes
- No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
- No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

### 5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements**

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements**

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (age 5-13) children that are related to the provider, are exempt from the training requirement.***

#### 5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

#### 5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

#### 5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements**

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements.**

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before

caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

#### 5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

#### 5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

***Relative provider that watches only school age (ages 5-13) children that are related to the provider, are exempt from the training requirement.***

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

**N/A**

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**N/A**

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

**N/A**

## Ongoing Training Requirements

**5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.**

a) Licensed child care centers:

**15 hours**

b) Licensed FCC homes:

**day care and group day care homes 15 hours**

c) In-home care:

**8 hours**

d) Variations for exempt provider settings:

***Relative provider that watches only school age (ages 5-13) children and are related to the provider, are exempt from the training requirement.***

**5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).**

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

### **05.01.03 CCAP Provider Health and Safety Standards Requirements**

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

## 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***IDCFS Rule: Section 407.100 c 7) General Requirements for Personnel***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Every three years***

-- How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

***Every three years***

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

-- How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed-exempt CCDF programs?

- Annually
- Other

Describe:

***Health, safety and child development training will be provided/offered annually***

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment  
-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements, IDCFS  
Rule: Section 407.100 c 7) General Requirements for Personnel***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- Annually
- Other

Describe:

***Every three years***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- Annually
- Other

Describe:

***Every three years***

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

#### 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

***Health, safety and child development training will be provided/offered annually***

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements**

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

**Current (every two years)**

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

**Current (every two years)**

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements, For licensed facilities: 406.4.b.2.B; 408.10.b.2.E; 407.100.c.6**

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

**Once**

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

**Once**

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

**05.01.03 CCAP Provider Health and Safety Standards Requirements**

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

**Health, safety and child development training will be provided/offered annually**

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

**Health, safety and child development training will be provided/offered annually**

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

**N/A**

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

**N/A**

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

**N/A**

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

**N/A**

## 5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

### **5.3.1 Enforcement of licensing and health and safety requirements**

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

***There are two sets of monitoring procedures based on the licensing status of the providers. IDCFS is responsible for monitoring licensed providers and the Lead Agency monitors license-exempt providers. License Exempt Monitors (LEM) are in place at each Child Care Resource & Referral Agency. License Exempt providers will receive an annual announced visit from a LEM. During the on-site visit, the LEM will monitor the LE facility, based on a checklist, to ensure that identified health and safety indicators are in place. In addition, the LEM will review identified documentation. If an indicator is not met, a corrective action plan will be developed and a follow up visit will occur.***

### **5.3.2 Inspections for licensed CCDF providers.**

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### **a) Licensed CCDF center-based child care**

**1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards**

***The Department will not allow a license or permit to be issued without an in-person inspection of the facility, inside and out, including a clearance which resulted from a separate, independent fire inspection by the Office of the Illinois State Fire Marshall. All licensing standards must be in compliance prior to the recommendation for the license or permit.***

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

***All licensed providers, CCDF or not, are subject to an annual unannounced monitoring visit for the purpose of determining compliance with day care licensing standards.***

3. Identify the frequency of unannounced inspections:

- Once a year  
 More than once a year

Describe:

***Annual monitoring is conducted once per year, in addition to unannounced post-violation monitoring to insure compliance and on-going compliance with licensing standards for which the provider has been cited, unannounced compliant investigation visits, and when determined necessary due to a history of noncompliance. The Department also conducts monthly unannounced monitoring visits when the center is on their permit (6 months of licensure), and weekly when the center is operating under a protection plan due to a pending child-abuse neglect report or licensing complaint.***

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

***Licensing representatives of the Illinois Department of Children and Family Services (IDCFS) or supervising agency shall visit the program or facility for the purpose of determining its continued compliance with a protective or corrective plan. Monitoring visits may be unannounced during the hours of operation, whether or not children are currently present or in care. The licensing representative shall document observations made during the monitoring visit. The licensing representative shall notify the licensee or permit holder, in writing, of the violations noted, if any, and any required follow-up actions (e.g., corrective plan), and shall offer a supervisory review.***

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

**Section 383.25 Monitoring Visits to Licensed Facilities**

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

***The Department will not allow a license or permit to be issued without an in-person inspection of the facility, inside out. For group day care homes or day care homes which desire to conduct child care in a basement or 2nd floor or higher, a clearance which resulted from a separate, independent fire inspection by the Office of the Illinois Fire Marshall is required. Fire inspections standards are built into the licensing regulations to allow Department's licensing representatives to conduct a similar inspection for homes that wish to care for children on a ground level. All licensing standards must be in compliance prior to the recommendation for the license or permit.***

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

***All licensed providers, CCDF or not, are subject to an annual unannounced monitoring visit for the purpose of determining compliance with day care licensing standards.***

3. Identify the frequency of unannounced inspections:

- Once a year
- More than once a year

Describe:

***Annual monitoring is conducted once per year, in addition to unannounced post-violation monitoring to insure compliance and on-going compliance with licensing standards for which the provider has been cited, unannounced complaint investigations visits, and when determined necessary due to a history of noncompliance. The Department also conducts monthly unannounced monitoring visits when the provider is on their permit (first 6***

**months of licensure), and weekly when the provider is operating under a protection plan due to a pending child/abuse neglect report or licensing complaint.**

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

**Monitoring expectations for licensing representatives are such that the providers are held to compliance with all licensing standards at all times, regardless of whether or not the licensing representative checked a particular standard during a visit. If a violation is observed or noted, it is cited and a correction plan developed to insure correction and on-going compliance. A complete review of all licensing standards is conducted every third year at renewal. In 2016, the Department implemented Key Indicators Monitoring, a differential monitoring program for highly-performing licensees based on Illinois' work with NARA and Dr. Richard Fiene. Eligibility for receiving a key indicators visit is guided by past performance, violation and complaint history, length of time licensed, and other factors. Only about 50% of Licensees qualify for this type of monitoring. A part of the Key Indicators monitoring includes "non-negotiable" standards, which are a series of health and safety-related licensing standards beyond the NARA-drafted Key Indicator standards, with which licensees must also be in compliance and as with any licensing visit, any violation observed is cited and a correction plan developed.**

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

**Section 383.25 Monitoring Visits to Licensed Facilities**

c) Licensed in-home CCDF child care

N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

**N/A**

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

**N/A**

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

**N/A**

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

**N/A**

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

**N/A**

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

**IDCFS**

### 5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

***The Illinois Department of Human Services identified license-exempt child care providers must agree to a formal announced annual monitoring visit of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards Requirements. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws . Licenses Exempt Centers will receive an annual announced visit. Follow up visits may occur if a Corrective Action Plan is developed during the visit. The monitoring checklist that is used acknowledges different age groups.***

Provide the citation(s) for this policy or procedure

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

***The Illinois Department of Human Services identified license-exempt child care providers must agree to a formal announced annual monitoring visit of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards Requirements. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws. Follow up visits may occur if a Corrective Action Plan is developed during the visit. The monitoring checklist that is used acknowledges different age groups.***

Provide the citation(s) for this policy or procedure

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

***The Illinois Department of Human Services identified license-exempt child care providers must agree to a formal announced annual monitoring visit of health and safety compliance with the Child Care Assistance Program (CCAP) Health and Safety Standards Requirements. Compliance with these requirements does not exempt a child care provider from complying with stricter health and safety standards under state law, local ordinance, or other applicable laws. Provider who care for only school age (ages 5-13), are exempt from monitoring.***

Provide the citation(s) for this policy or procedure

***05.01.03 CCAP Provider Health and Safety Standards Requirements***

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

No

Yes. If yes,

decscribe:

***N/A***

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

***The Lead Agency (IDHS).***

#### **5.3.4 Licensing inspectors.**

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care

facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

***The Illinois Department of Central Management Services is the personnel agency for the State of Illinois. An official job description with required qualifications exists for the Day Care Licensing Representative position. Individuals who apply for these jobs must meet the requirements, which include a minimum of a bachelor's degree and college coursework in early childhood or child development and/or experience in licensing or in a licensed child care setting. Once hired, individuals receive on-the-job training from their supervisors and must pass tests on the licensing standards for child care centers, family child care homes, group child care homes, and the Child Care Act. These individuals are not assigned a case load until they have successfully passed these tests and completed on-the-job training. License Exempt Monitors must be pre-screened by the IDHS Family Community Resource Centers (FCRC)/Employment and Training Liaison staff, have at least a high school diploma or high school equivalency, be able to clear a comprehensive background check including CANTS, SOR and Criminal Background via fingerprint check, successfully complete the required training, have a valid driver's license and auto insurance, have basic oral and written communication skills and basic computer skills.***

b) Provide the citation(s) for this policy or procedure

N/A

**5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to

conduct effective inspections on a timely basis.

***At present, there are 145 DCLRS (Day Care Licensing Representative) and 10,157 facilities, which averages to about 70 facilities per rep. More for those who license only homes, less for those who only carry centers. Unannounced monitoring is conducted annually, renewals are on a three-year-cycle. Permit monitoring is done at least monthly. Protection plan monitoring conducted weekly on an average during the life of the complaint. Post-complaint, post-violation, or follow-up monitoring's are conducted based on the severity and risk the violation(s) present.***

b) Provide the policy citation and state/territory ratio of licensing inspectors

***There are no policies related to caseload standards at this point but it is being discussed at the Deputy-Director level at IDCFS. With regard to statutory requirements, that would be the Child Care Act of 1969, which can be found in Section 5(h)***

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1293&ChapterID=24&Print=True>

**5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?**

Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

***Relatives who care only for school age children (ages 5-13), are exempt from monitoring. Child care approval participation in the child Care Assistance program shall be contingent upon evidence of compliance with health and safety standards that are made applicable by the policies outlined in the CCAP Policy manual. A relative provider is someone who provides child care services only to eligible children who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, sibling[s] (if such provider lives in separate residence), niece, or nephew***

**of such provider, and complies with any applicable requirements that govern child care provided by the relative involved.**

Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

**N/A**

No, relatives are not exempt from inspection requirements.

## 5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

<b>Components</b>	<b>In-State</b>	<b>National</b>	<b>Inter-State</b>
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	

5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff

5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

## In-state Background Check Requirements

### **5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).**

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or

repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***Illinois Department of Children and Family Services, the State's child care licensing agency, conduct fingerprint criminal background checks on all staff of licensed center, homes and group homes. This applies to all current and conditional employees as well as any individual used as replacement or supplemental staff in the direct care and supervision of children.***

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***As a condition of eligibility to receive a state subsidy for providing child care services to eligible families, all license exempt child care providers, except any provider who is caring for only children related to them (regardless of age), shall complete and sign authorizations for a State and Federal Bureau of Investigation fingerprint-based criminal history record check and submit to fingerprinting. CCAP Policy Manual-Section 05-Provider Qualifications-05.03.01-Provider Background Checks. A relative provider is someone who provides child care services only to eligible children who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, sibling[s] (if such provider lives in separate residence), niece, or nephew of such provider, and complies with any applicable requirements that govern child care provided by the relative involved. All employees of a license exempt child care center whose duties require the employee to be present during the hours children are present in the facility. In addition, any person who is permitted to be alone with children receiving care in the facility is subject to the background check requirement. This applies to all current and conditional employees as well as any individual used as replacement or supplemental staff in the direct care and supervision of children. All exempt child care home providers and all others age 18 and over who reside in the exempt home, even if those household members are not usually present in the home during the hours the children are present. This shall also apply to a person age 13 and over who has been tried as an adult and convicted of any crime identified in 89 Ill. Adm. Code, Chapter III, Part 385***

<http://ilga.gov/commission/jcar/admincode/089/089000500D04300R.html>

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

**N/A**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

**N/A**

#### **5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).**

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

***Illinois Department of Children and Family Services, the State's child care licensing agency, conduct in-state Sex Offender Registry checks on all staff of licensed center, homes and group homes. This applies to all current and conditional employees as well as any individual used as replacement or supplemental staff in the direct care and supervision of children.***

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***All license-exempt home providers and all persons age 13 and older living in their home (if care is provided there) will be screened for inclusion in the Illinois National Sex Offender Registries. CCAP Policy Manual-Section 05- Provider Qualifications-05.03.01-Provider Background Checks.***

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

***N/A***

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

***N/A***

### 5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***As a condition of employment in a licensed child care center, group home or home in a position that allows access to children, all persons subject to background checks as stated above shall complete authorizations and sign authorization for checks in the Illinois Child Abuse and Neglect Tracking System (CANTS). This check is conducted by IDCFS, the licensing agency in Illinois, for these licensed provider types. Checks for child care providers that are exempt from licensing are managed through the Child Care Resource and Referral agencies who require the proper forms be completed by exempt providers and returned to the CCR&R who then forwards to IDCFS to conduct the CANTS check. Results of PASS or FAIL populate the provider's record in the assistance program computer system through a data transfer from IDCFS. Adm. Code 50.430 b) Provider Background Check, and Adm. Code 385.30 Background Check.***

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***All persons subject to background checks shall be processed through CANTS. All household members of the provider's home (if that is where care occurs) age 13 and over shall be screened for a CANTS history. CCAP Policy Manual-Section 05-Provider Qualifications-05.03.01-Provider Background Checks.***

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

**N/A**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

**N/A**

## National Background Check Requirements

### **5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).**

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***IDCFS conducts all required FBI criminal background checks for licensed centers, group homes and homes by submitting fingerprints and identifying information obtained by a contractor to the FBI. Adm. Code 50.430 b) Provider Background Check, and Adm. Code 385.30 Background Checks .***

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***All non-relative license exempt providers must submit fingerprints for an in-state criminal background check conducted by the Illinois State Police. CCR&R staff identify license-exempt providers who have indicated residence outside of Illinois through the application and fingerprinting documentation. The providers' fingerprints are sent to the FBI to conduct criminal background checks in states other than Illinois. IDCFS receives results from the FBI and, through a data transfer, populates field in the child care computerized management system as either PASS or FAIL***

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

***N/A***

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:  
-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs  
-- Efforts to date to complete the requirement for all existing child care staff in other

programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

**N/A**

## National Background Check Requirements

### **5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).**

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

**N/A**

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

**N/A**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

***There have been ongoing discussions with State partner agencies concerning potential changes to its data systems, laws, or policies and procedures that are needed to comply with this requirement. The Illinois State Police (The State's lead law enforcement agency) data system was not capable of providing the minimum information the State agency needs to comply with this requirement. Illinois State Police efforts are underway for replacing this data system with new technology that will provide the required information.***

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

**N/A**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

***There have been ongoing discussions with State partner agencies concerning potential changes to its data system, laws, or policies and procedures that are needed to comply with this requirement. The Illinois State Police (The State's lead law enforcement agency) data system was not capable of providing the minimum information the state agency needs to comply with this requirement. Illinois State Police efforts are underway for replacing this data system with new technology that will provide the required information***

## Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

### **5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).**

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

**N/A**

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

**N/A**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

***Illinois estimates that it will need three full-time equivalent staff members to complete this inter-State requirement and that the resulting financial impact is currently under discussion. Discussions to ensure the most efficient means to address issues related to other States that require payment of a fee to obtain the inter-State criminal background check are currently underway. Illinois anticipates that systems and form revisions are needed, and that revisions to its laws, or policies and procedures are required to be in compliance. Illinois anticipates making these revisions during the renegotiation of its current background check inter-Governmental Agreement with the Department of children and Family Services by June 30, 2018.***

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

**N/A**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

***Illinois estimates that it will need three full-time equivalent staff members to complete this inter-State requirement and that the resulting financial impact is currently under discussion. Discussions to ensure the most efficient means to address issues related to other States that require payment of a fee to obtain the inter-State criminal background check are currently underway. Illinois anticipates making these revisions during renegotiation of its current background check inter-Governmental Agreement with the Department of Children and Family Services by June 30, 2018.***

#### **5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).**

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***Illinois searches the National Offender Public Website for child care staff or prospective staff members. The current process for both licensed and license-exempt providers that disclose residing in another state in the past five years includes contacting the states (s) of residence and submitting any required forms requested by the state (s).***

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

***Illinois searches the National Offender Public Website for child care staff or prospective staff members. The current process for both licensed and license-exempt providers that disclose residing in another state in the past five years includes contacting the states (s) of residence and submitting any required forms requested by the state (s).***

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

**N/A**

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

***Illinois searches the National Offender Public Website for child care staff or prospective staff members. The current process for both licensed and license-exempt providers that disclose residing in another state in the past five years includes contacting the state (s) of residence and submitting any required forms requested by the other state (s).***

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

**N/A**

#### **5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).**

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

**All persons subject to background checks shall be processed through CANTS. As a condition of employment in a licensed child care facility in a position that allows access to children, all persons subject to background checks shall complete authorizations and sign authorization for background checks.**

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

**All staff at a child care center exempt from licensing and all persons age 13 and older residing in a child care home exempt from licensure are subject to CANTS**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

**N/A**

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

**N/A**

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

**N/A**

### **Provisional Employment**

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

**5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.**

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

**N/A**

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

**N/A**

- Other.

Describe:

***For licensed providers, individuals hired to begin employment who have authorized the background check may be employed by a child care facility on a conditional basis pending the outcome of the required background check. Conditional employees shall not be left alone with children outside the visual and auditory supervision of staff until the supervisor receive the clearance from Child Abuse and Neglect check and the Illinois Sex Offender Registry. For license-exempt providers, all background checks must be cleared prior to be approved as provider.***

**5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.**

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

***Illinois has not yet implemented this requirement. Illinois will revise its current rules, policies or procedures and system edits where needed to electronically track and monitor compliance. This requirement is also subject of Inter-Government Agreement between the lead agency and the Illinois Department of Children and Family Services. Illinois anticipates being in full compliance by 9/30/2019.***

**5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).**

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

Describe other disqualifying crimes and provide citation:

***Offenses affecting public health, safety, and decency. Rule 385 Appendix A. Illinois has multiple disqualification factors excluding arson. Illinois will require revision of current laws and Administrative Codes to add arson to the list of disqualifying offenses.***

**5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).**

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

***Any employee of the Illinois Department of Children and Family Services, the Illinois State Police, or a child care facility receiving confidential information who gives or causes to be given any confidential information concerning any criminal convictions or child abuse or neglect information of a child care facility applicant, or a child care facility employee, shall be guilty of a Class A misdemeanor unless release of such information is authorized. Providers may appeal a denial of a license or a permit based upon a background check conducted. Applicant may challenge the accuracy or completeness of background checks. The Department may approve the employment of a person by a child care facility if the relevant drug offense must have occurred more than 10 years prior to the date of application or renewal, unless the applicant or prospective employee has passed a drug test, arranged and paid for the child care facility, no less than 5 years after the offense.***

**5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).**

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

***Illinois does not charge providers for fees incurred to conduct background checks. All costs incurred are paid by Illinois Department of Children and Family Services (IDCFS). IDCFS in accordance with the Inter-Government Agreement bills the lead agency for all costs incurred for conducting checks for the license-exempt provider population.***

**5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.**

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from all background check requirements.
- Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

***Illinois excludes license-exempt child care providers that are related to the child(ren) for whom care is requested from submitting to the fingerprint and criminal history check requirement.***

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

### 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development

addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

***Public Act 096-0864 gives the Lead Agency the authority to operate Gateways to Opportunity, the Illinois Professional Development System, and to award the following credentials: Illinois Director Credential; ECE Credential; Infant Toddler Credential; and, School Age and Youth Development Credential. In addition, the following credentials have also been developed: Family Child Care Credential; Family Support Specialist Credential; and Technical Assistant Credential.***

-- Career pathways. Describe:

***The Gateways to Opportunity Career Lattice has six levels and includes the following credentials: Illinois Director Credential, ECE Credential, Infant Toddler Credential, and School Age and Youth Development Credential.***

-- Advisory structure. Describe:

***The Professional Development Advisory Council (PDAC) informs the development and implementation of all components of the Gateways to Opportunity Professional Development (PD) System as well as other PD related activities in IL.***

-- Articulation. Describe:

***There are some articulation agreements between 2-year and 4-year institutions. The Illinois Articulation Initiative (IAI) has reactivated the IAI-Early Childhood Education Committee. This committee includes representation from the Illinois Community College Board, Illinois Board of Higher Education, and two-year and four-year institutions of higher education. They will review curricula at both levels of education and determine which courses will articulate.***

-- Workforce information. Describe:

***Public policy and state direction is compiled from the Gateways Registry. The Gateways Registry currently has more than 100,000 active members and is the 2nd largest ECE workforce registry in the nation. Through a partnership with the Illinois Department of Children & Family Services, membership in the Gateways Registry was required for licensed providers effective 2012 and now required for license exempt providers receiving CCAP. Membership in the Gateways Registry is free .***

-- Financing. Describe:

**Public investments primarily support ECE Professional Development in Illinois. The Lead Agency is the main source of financing for ECE professional development .**

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

**Continuing Education Units (CEUs) are available for providers who complete trainings that are three hours in length. One CEU credit is based on 10 contact hours of training, and adjusted accordingly to various time. For example, three-hour training is eligible for .3 CEUs; seven-hour training is eligible for .7 CEUs. In addition, INCCRRA is an approved provider through ISBE to offer Professional Development Units (PDUs) for training. PDU credit is awarded on a 1:1 basis with 1 clock hour of attendance = 1 PDU. Trainers and training must meet requirements set by ISBE.**

- Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

**Gateways to Opportunity offers both the Illinois Early Learning Standards (IELDS) for three years of age to Preschool and the Illinois Early Learning Guidelines for Birth to Age 3 for providers to complete. In addition, training development of curriculum and accompanying materials for all Gateways Registry-Approved trainings are aligned with both the IELDS and IELG as appropriate to ensure best practices.**

- Other

Describe:

**N/A**

**6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.**

*The Professional Development Advisory Council (PDAC) informs the development and implementation of all components of the Gateways to Opportunity Professional Development (PD) System; as well as another PD related activities in IL. Some members of PDAC are members of the Illinois Early Learning Council and/or its committees. Work is coordinated between PDAC and the IELC. PDAC advises the CCDF Lead Agency on issues related to professional development generally and Gateways to Opportunity specifically. INCCRRA is the contracted agency responsible for implementing statewide professional development programs for CCR&R staff and child care providers as well as quality initiatives.*

**6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).**

*Financial assistance to attain credentials and post-secondary degrees: The Gateways to Opportunity Scholarship Program is available to practitioners working in licensed child care centers, group child care homes and family child care homes. Financial incentives linked to educational attainment and retention: Great START is a wage supplement program that rewards eligible early care and education and school-age care (full day/full year programs) practitioners working in IL DCFS licensed child care centers, group child care homes and family child care homes for attaining higher education and for remaining at their current place of employment. For more than a decade, Gateways to Opportunity has partnered with high school teachers to certify them in the ECE Level 1 Credential (16 modules; 48 credit hours). This developed curriculum is used as a supplement to current high school courses in Child Development, Preschool or Parenting courses. Upon completion, students are eligible to receive the ECE Level 1 Credential. Outreach to schools and teachers include use*

***of social media, print materials, capacity-building training sessions, and presentations at statewide conferences. Similarly, student outreach includes print materials and social media. Participating high school classrooms have also received presentations about ECE as a career pathway and available supports. Providers can also access Infant Early Childhood Mental Health Consultation (I/ECMHC), which does not provide treatment services, but supports providers in their healthy interactions with children.***

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

**6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).**

***The state incorporates early learning guidelines into the statewide child care system. This includes training required for program quality improvement standards, education and training required for professional credentials, and requirements for programs in quality improvement standards to implement curriculum/learning activities based on the voluntary early learning guidelines. Training on health and safety and social/emotional mental health is required for professional credentials and training through the Illinois Pyramid Model is available. Caregiver Connections provides Infant***

**Early Childhood Mental Health Consultation (I/ECMHC), with a focus on responding to the social/emotional needs of children by providing training and consultation to child care providers, and include connections with the rest of the system: ISBE-funded professional development resources through The Center: Resources for Teaching and Learning and the Ounce of Prevention Fund Birth to Three Training Institute, and Head Start grantees that share training with child care providers (especially the City of Chicago).**

**6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).**

**N/A**

**6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:**

**a) with limited English proficiency**

**The Lead Agency produces provider communications and notices in English and Spanish. Spanish speakers are available at CCR&Rs and Sites where needed. Training is available for Spanish speakers (in person or online). IDCFS Licensing has materials and issues licenses to Spanish speaking family child care home providers. Local CCR&Rs collect information about primary and other languages spoken in licensed child care centers, and exempt centers and homes that choose to be on the referral database. If available, CCR&Rs can provide child care referrals for families requesting caregivers that speak a language other than English. Also, in Illinois an option for families eligible for child care assistance is to arrange care with relatives and friends (license exempt care). These providers typically speak the primary language of the family and child. The Illinois Early Learning Project has Early Learning Standards tip**

*sheets in 8 different languages.*

b) who have disabilities

*The entity providing CPR/First Aid training will make the necessary accommodations for persons with disabilities to be in compliance with the Americans with Disabilities Act (ADA).*

**6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).**

*Illinois training and professional development requirements are available to and appropriate for all CCDF providers. Members of the Child Care Advisory Council and PDAC represent providers of all classifications. The State also has professional development opportunities accessible for providers of other sectors of the early childhood and school-age field; including, Head Start/Early Head Start, Pre-Kindergarten and Early Intervention /Special Education. The Lead Agency, working with INCCRRA and the local CCR&Rs, offers a wide variety of training from 1 hour in length to training series that can be several contact or clock hours long. Online and face-to-face (F-to-F) training is available. Most F-to-F training is offered during evenings and weekends; some is offered during standard day time working hours. Much training is appropriate for center and family home providers; some are specific for center or home care. Through the Illinois Trainers Network (ITN) Program and INCCRRA's online training site there are a number of standardized trainings available. Some of these are: a) specific to age groups (e.g. The Program for Infant Toddler Care training series, SIDS training, Shaken Baby training, ECE Credential Level 1 training series with some modules specific to an age group, School-Age/Youth Development Credential Level 1 training series; Caring for Mixed Age Groups training for family child care; b) about English language learners (e.g. Basics of Culturally and Linguistically Appropriate Practice training), and c) children with disabilities (e.g.*

***Introduction to Developmental Screening, Early Childhood Developmental Screening, Welcoming Each and Every Child).***

**6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).**

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

***The Lead Agency has made available to all child care providers in the State: 1) An one-hour online training about reaching out to and serving children and families who are experiencing homelessness. This training includes the reasons why homeless families might need child care, information about the McKinney-Vento Act, and resources for finding services for these families. 2) Packets of resources available to be distributed to providers by CCR&Rs. 3) A policy update training webinar to CCR&R and Sites. 4) A general inquiry email account where providers posts questions or seek guidance. In addition, the CCR&R staff is able to assist providers with any policies that make it easier to serve families who are experiencing homelessness. INCCRRA offers a "Homelessness training" that covers legal and social justifications and requirements for caring for homeless children, basic best practices for caring for homeless families, and some of the unique challenges of caring for children of homeless families.***

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

***The state of Illinois' State Coordinator for McKinney-Vento Homeless Education is a member of the Child Care Advisory Council and works closely with the Lead Agency staff, providing TA when requested.***

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

***Regular check-in to monitor the implementation of policies is accomplished through automated production reports from the Child Care Assistance Program (CCAP) Child Management System (CCMS) as well as field review of contracted sub-recipients. All contracted sub recipients not found to be implementing new policies would be required to follow a corrective action plan which would be closely monitored. Program Integrity Manager will closely review all monitoring reviews to ensure review staff is using the new toll and interpreting the new policies correctly.***

Other

Describe:

**N/A**

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

***The Lead Agency ensures the availability of Business Administration Scale training for family child care and Program Administration Scale training for child care centers. In addition, CCR&R agencies provide TA/Consultation and often have business practice training for providers. Program management is a standard with requirements in the ExceleRate Illinois quality rating improvement system. The following Gateways credentials require business and management content: Illinois Directors Credential, Family Child Care Credential and School Age and Youth Development Credential.***

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other

Describe:

**N/A**

## 6.3 Early Learning and Developmental Guidelines

**6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be**

used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

*The Illinois Early Learning Standards (IELDS) were developed in collaboration with key Illinois stakeholders in the preschool education field. From January to May 2013, a statewide field test of the IELDS was conducted. More than 300 participants reviewed and implemented the standards in their preschool environments and provided feedback through focus groups and webinars. The field test participants included teachers and administrators from state funded Preschool for All programs, Head Start, center-based child care, family child care, special education, faith-based preschools, and park district programs. The comments and recommendations from the field test were reviewed by a workgroup and, when appropriate, incorporated into the final document. The Illinois Early Learning and Developmental Standards are designed to provide a cohesive analysis of children's development with common expectations and common language.*

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

*The Illinois Early Learning and Development Standards and the Illinois Early Learning Guidelines for Children Birth to Age Three are aligned with the Illinois Kindergarten Standards and the Common Core State Standards for Kindergarten. They see all children as capable and competent individuals who develop at different rates and pace from birth to kindergarten entry.*

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other

Describe:

**N/A**

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

***GOECD: Convenes state agencies that work across sectors as part of the Early Childhood Inter-Agency Team. Professional Development Advisory Council (PDAC): A co-chair serves on the CCAC. Some members of PDAC are members of the IELC and/or its committees. Work is coordinated between the PDAC and the IELC. PDAC advises the CCDF Lead Agency on issues related to professional development generally and Gateways to Opportunity specifically. INCCRRA: IDHS Contracted agency responsible for implementing statewide professional development programs for CCR&R staff and child care providers and quality initiatives.***

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

***The Illinois Early Learning and Development Standards were revised in September 2013 and the Illinois Early Learning Guidelines for Children Birth to Age Three were finalized in 2012. These standards are reviewed and updated as needed.***

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

**N/A**

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

[https://www.isbe.net/Documents/early\\_learning\\_standards.pdf#search=early%20learning](https://www.isbe.net/Documents/early_learning_standards.pdf#search=early%20learning)

**6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

***The Lead Agency ensures that child care providers receive training on the use of the Illinois early learning guidelines through the Illinois Trainers Network and the ExceleRate Illinois trainings. Technical assistance on the State's early learning guidelines is included in the TA and training available in ExceleRate Illinois. Child care providers working with infants and toddlers have access to TA through the CCR&R Infant Toddler Specialist Network. Child care providers working with preschool-age children have access to this TA through the CCR&R Quality Specialists. The state incorporates early learning guidelines into the statewide child care system. This includes training required for program quality improvement standards, education, and training required for professional credentials, requirements for programs in quality improvement standards to implement curriculum/learning activities based on the voluntary early learning guidelines. Training on health and safety and social/emotional mental health is required for professional credentials.***

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

***The Lead Agency tracks on a quarterly basis reviews data on the following: (1) a number of various parent, provider and community support activities performed by each CCR&R, (2) the number of providers in each SDA working for a higher level of quality, (3) the number and percentage of child care providers achieving, maintaining and advancing to higher levels of quality in ExceleRate Illinois, (4) number of training participants and hours completed, (5) number of families receiving consumer education and referrals to providers.***

### 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

*The data tracked by the Lead Agency supports its overarching goals of working in collaboration to support providers while embedding continuous quality improvement practices within their programs and ensuring children receive healthy and safe care as well as care that will help them succeed in school. Quality activities in Illinois are interconnected to provide a coordinated and comprehensive system of supports. These supports assist providers in the quality improvement of their programs and assist practitioners with education, credential attainment, training and ongoing professional development. The Lead Agency's efforts are being implemented in collaboration with the Governor's Office of Early Childhood Development, Illinois State Board of Education and Head Start.*

## 7.2 Use of Quality Funds

### 7.2.1 Check the quality improvement activities in which the state/territory is investing

Supporting the training and professional development of the child care workforce. If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

***GRF (a very small portion)***

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

***GRF***

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

## 7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

### 7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

***This topic is part of the IL Trainers Network (ITN) curricula. Descriptions of the training may be found at <http://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file> The topic is included in training curricula and credential competencies. The ITN is administered by the IL Network of Child Care Resource & Referral Agencies and funded by the LA.***

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

***This topic is part of the ITN curricula. Descriptions of the training may be found at <http://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file> .The topic is included in training curricula and credential benchmarks. Additionally, Illinois is collaborating with stakeholders to address systemic issues and to develop strategies and supports to address the needs of***

**families.**

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development

Describe:

**"Basics of Culturally and Linguistically Appropriate Practice" is part of the ITN curricula. A description of the training can be found at**

<http://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file>. **The training is included in training curricula and credential competencies.**

- Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.

Describe:

**This topic is part of the ITN curricula. Descriptions of the training may be found at <http://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file> . The training is included in training curricula and credential competencies.**

- Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

**The training is included in training curricula and credential competencies**

- Using data to guide program evaluation to ensure continuous improvement

Describe:

**The training is included in training curricula and credential competencies**

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

***The training is included in training curricula and credential competencies***

- Caring for and supporting the development of children with disabilities and developmental delays

Describe:

***This topic is part of the ITN curricula. Descriptions of the training may be found at <http://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file> . The training is included in training curricula and credential competencies***

- Supporting the positive development of school-age children

Describe:

***This topic is part of the ITN curricula. Descriptions of the training may be found at <http://www.ilgateways.com/docman-docs/itn-trainers/itn-trainer-public/1075-itn-training-descriptions/file> . The training is included in training curricula and credential competencies.***

- Other

Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

- Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

- Other

Describe:

**7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures**

***The Lead Agency tracks the educational level of child care center staff and family child care providers through the Gateways Registry. Non-credit based training is tracked by number of trainings per curricula, number of participants, and number of training hours. The number of Gateways Credentials awarded and renewed is tracked. The Lead Agency tracks Gateways Scholarship Program course work hours and degrees completed. Education levels and advancement to higher levels are tracked for participants in the Great START wage supplemental.***

**7.4 Quality Rating and Improvement System (QRIS)**

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

**7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?**

- No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

***ExceleRate Illinois is comprised of Circles of Quality-Licensed, Bronze, Silver and Gold. The Bronze Circle of Quality recognizes staff qualifications and professional development, with completion of a robust series of trainings for teachers and program administrators. Bronze Circle trainings prepare programs for success as they progress through the Circles of Quality. The Silver Circle of Quality recognizes completion of a rigorous self-assessment and implementation of a continuous quality improvement process, as verified by a state-approved assessor. Silver Circle programs meet or exceed specific quality benchmarks on learning environment and instructional quality, along with selected program administrative standards; staff qualifications; and professional development. The Gold Circle of Quality recognizes programs which have demonstrated quality on all fifteen standards, as validated by a state approved assessor. Gold Circle programs meet or exceed specific quality benchmarks on learning environment, instructional quality, and all program administrative standards; group size and staff/child ratios; staff qualifications; and professional development. ExceleRate Illinois is administered through INCCRRA in partnership with the Governor's Office of Early Childhood Development, IDHS & ISBE. <http://www.excelerateillinois.com/> The Illinois Quality Counts Quality Rating System (QRS) Training Tiers are available for license-exempt family child care providers. Training tiers cover safety, health, nutrition, child development and more. After completing the QRS Orientation and a minimum of training tier 1, the provider can submit an application and will receive a training tier completion certificate. After completing all three training tiers, the provider receives the Gateways ECE Credential Level 1. Providers caring for children on the Child Care Assistance Program (CCAP) are able to receive a quality add-on of 10%-20% (depending on the Tier completed) to the standard payment for CCAP children in care.***

***<http://www.ilqualitycounts.com/qrs/license-exempt-family-homes>***

- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available. N/A

- Yes, the state/territory has another system of quality improvement
- If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

***Current measures are: % of licensed child care centers, family child care homes and group homes caring for CCAP children working for higher levels of quality in ExceleRate Illinois, % of licensed child care centers, family child care homes and group homes caring for CCAP children achieving, maintaining and advancing to higher levels of quality in ExceleRate Illinois, and % of CCAP children enrolled in programs that are licensed or at higher levels of quality in ExceleRate Illinois.***

#### 7.4.2 QRIS participation

a) Are providers required to participate in the QRIS?

- Participation is voluntary
- Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

- Licensed child care centers
- Licensed family child care homes

- License-exempt providers
- Early Head Start programs
- Head Start programs
- State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other

Describe:

***License exempt family child care homes are able to take Training Tiers. Training is grouped within 3 tiers and focus on health and safety and child development.***

### 7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
  - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the

standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- Programs that meet all or part of state/territory school-age quality standards.
- Other.

Describe:

#### **7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?**

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - Embeds licensing into the QRIS
  - State/territory license is a "rated" license
  - Other.

Describe:

#### **7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS**

- No
- Yes. If yes, check all that apply
  - One time grants, awards, or bonuses.
  - Ongoing or periodic quality stipends

- Higher subsidy payments
- Training or technical assistance related to QRIS.
- Coaching/mentoring.
- Scholarships, bonuses, or increased compensation for degrees/certificates
- Materials and supplies
- Priority access for other grants or programs
- Tax credits (providers or parents)
- Payment of fees (e.g., licensing, accreditation)
- Other

Describe:

***Licensed child care providers who care for children on the Child Care Assistance Program (CCAP) and achieve the Silver or Gold Circle of Quality, can receive a quality add-on to the CCAP reimbursement rate for the CCAP children in their program. Also, a rate add-on for Site Administered providers operating before 6:00 a.m. and/or after 6:00 p.m. and on Saturdays and Sundays. Care must be given for at least two (2) hours in this extended time frame to qualify for the add-on. This add-on rate is available to programs who are licensed for this time frame and have received prior approval from IDHS, either through the FY98 expansion process or the pilot program. The add-on rates are \$3.00 per day for children under 2 years of age and \$2.00 per day for children 2 years of age and older.***

**7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures**

***The Lead Agency evaluates progress by reviewing the % of licensed child care centers, family child care homes and group homes serving CCAP children that are working towards higher levels of quality in ExceleRate Illinois; the % of licensed child care centers, family child care homes and group homes serving CCAP children that are achieving, maintaining and advancing to higher levels of quality in ExceleRate Illinois; and, the % of CCAP children enrolled in programs that are licensed or at higher levels of quality (Bronze, Silver and Gold) in ExceleRate Illinois.***

## 7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

### **7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe**

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

- Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

***Through Illinois' statewide training network, several standardized curricula are***

***offered with content specific to the care of infant and toddlers. Infant Toddler Child Care Specialists placed in the CCR&Rs provide the series training, Program for Infant/ Toddler Care (PITC). Gateways professional development system includes the Infant Toddler credential.***

- Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists

Describe:

***Infant Toddler Child Care Specialists are housed in each CCR&R. They provide consultation, training, and TA to child care providers serving infants and toddlers in their respective SDAs and assist providers in preparing and applying for ExceleRate Illinois levels of quality. The Infant Toddler Environment Rating Scale (ITERS-R) is used for program assessment and evaluation for centers in ExceleRate Illinois. At higher ExceleRate Illinois levels, centers are required to have a percentage of infant toddler staff with a Gateways Infant Toddler credential.***

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

- Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

***ExceleRate Illinois includes standards specifically related to group size, ratios, teacher qualifications, and classrooms quality for infant and toddler classrooms.***

- Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

- Developing infant and toddler components within the early learning and developmental guidelines

Describe:

***Illinois has developed the Illinois Birth to Three Early Learning Guidelines and training and material to support their implementation.***

- Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

***CCR&Rs provide consumer education and child care referrals to parents. Consumer education includes information specific to each family's child care needs including, information on the Americans with Disabilities Act (ADA), parental rights and inclusion practices as well as information on services for children with special needs including developmental screenings through Early Intervention in accordance with the Individuals with Disabilities Education Act (IDEA), Part C. Information may include how to contact local Child and Family Connections (CFC) and local public-school programs (preschool screenings), Preschool for All, special education. In addition, the ExceleRate Illinois website includes information for parents on quality care. Available consumer education materials include information on infants/toddlers, but is not exclusive.***

- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

- Coordinating with child care health consultants.

Describe:

- Coordinating with mental health consultants.

Describe:

***The Caregiver Connections Early Childhood Mental Health Consultants (ECMHC) provide technical assistance, training and consultation related to infant toddler social/emotional development and mental health to providers and the families they***

serve.

Other

Describe:

***ExceleRate Illinois has created a new Memorandum of Understanding (MOU) template for programs to describe their collaboration with the Early Intervention system.***

**7.5.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures**

***The Lead Agency uses the following measurable indicators to evaluate progress: % of child care providers caring for infants and toddlers achieving, maintaining and advancing to higher levels of quality in ExceleRate Illinois; number of training participants and hours completed; number of Infant Toddler credentials awarded; and MHC project provider survey on expulsion.***

## 7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

**7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures**

*The Lead Agency tracks (1) the number of various parent, provider and community support activities performed by each CCR&R in each fiscal year; (2) the number of providers in each Service Delivery Area (SDA) working for a higher level of quality; (3) the number and percentage of child care providers achieving, maintaining and advancing to higher levels of quality in ExceleRate Illinois; (4) the number of training participants and hours completed; and (5) the number of families receiving consumer education and referrals to providers (follow-up adulation with 20% of families).*

## 7.7 Facilitating Compliance With State Standards

**7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:**

*The CCR&Rs and INCCRRA provide various face-to-face and online training to assist licensed and license exempt providers in meeting required specific content training and annual training hours.*

**7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

**7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures**

***The Lead Agency tracks the number of training participants from licensed programs, license exempt providers, and training hours completed. Data is tracked also by training title.***

## 7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

**7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children**

***The Lead Agency measures the quality of child care programs and services through the ExceleRate Illinois QRIS. Classroom and program improvement is measured using various tools, including but not limited to: ECERS 3, ECERS-R, ITERS-R, SACERS, FCCERS-R, CLASS, PAS, BAS, and, in the future, the KIDS Assessment. For child care centers: ExceleRate Illinois uses a consistent set of 15 standards in the following domains: Teaching and Learning; Family and Community Engagement; Leadership***

***and Management; and Qualifications and Continuing Education. For family child care homes: ExceleRate Illinois uses a consistent set of 17 standards in the domains named above. Programs can choose the path in which to apply in ExceleRate assessment path vs Accreditation at the Silver and Gold Circles of Quality. Classrooms and program assessment is completed on-site by an independent entity during a designated three-week period given to the program. A random sample of classrooms are chosen for each age group looking at areas such as interactions, space and furnishings, and program structure. A detailed report is provided to the program inclusive of overall assessment score (s), areas of improvement and areas of strength. Scores in various subscales within each tool can be measured across time as each program is required to have on-site assessment every three years. Programs should be using the detailed report to improve teacher-child interactions, room arrangement, etc. Programs also have access to specialists who are available to review the reports with them and offer suggestions/techniques to improve areas such as classroom structure, family involvement, program management, record keeping, etc. Several Accreditations are accepted in ExceleRate. Each Accrediting body has gone through an alignment process in which information must be submitted showing how the accrediting entity meets each individual ExceleRate standard. Programs holding a valid accreditation certificate must complete annual reporting as well and continue to hold a valid accreditation certificate. The validation report can be found at <http://files.constantcontact.com/10769473401/c62ab324-7768-44ff-8131-f9b9a84ee9ae.pdf>***

**7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures**

***The Lead Agency evaluates progress by reviewing the % of licensed child care centers, family child care homes and group homes serving CCAP children that are working towards higher levels of quality in ExceleRate Illinois; the % of licensed child care centers, family child care homes and group homes serving CCAP children that are achieving, maintaining and advancing to higher levels of quality in ExceleRate***

**Illinois; and, the % of CCAP children enrolled in programs that are licensed or at higher levels of quality (Bronze, Silver and Gold) in ExceleRate Illinois.**

## 7.9 Accreditation Support

### **7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?**

- Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

***(1) CCR&Rs provide TA on national accreditations and administer grant funds to assist providers in paying for accreditation fees (2) Through the Statewide Accreditation Mentoring (SAM) project, the Lead Agency provides on-site consultation and quality improvement cohorts to assist providers in preparing and applying for accreditation. SAM is administered by the Illinois Association for the Education of Young Children.***

- Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

Focused on child care centers

Describe:

Focused on family child care homes

Describe:

No, but the state/territory is in the accreditation development phase

Focused on child care centers

Describe:

Focused on family child care homes

Describe:

No, the state/territory has no plans for accreditation development

**7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures**

***The Lead Agency tracks the number of accredited programs in the State and those participating in ExceleRate Illinois, as well as the number of programs participating in SAM that attain and maintain accreditation status and achieve an ExceleRate Illinois level of quality.***

**7.10 Program Standards**

**7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children**

**N/A**

**7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures**

**N/A**

## **7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities**

**7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

**N/A**

**7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:**

**N/A**

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:**

Train on policy manual

Describe:

***The manager works with the CCAP Policy and Training managers to ensure that there is a full understanding of the process.***

Train on policy change notices

Describe:

***Once all rules, policies and procedures have been updated to be compliant with the new regulations, an in-depth review of the monitoring procedure and tools will be conducted by the Program Integrity Manager. The manager will work with the CCAP Policy and Training managers to ensure all elements have been addressed. Training on the new policies and procedures as well as the revised monitoring staff to ensure that there is a full understanding of the process.***

Ongoing monitoring and assessment of policy implementation

Describe:

***Regular check-in to monitor the implementation of policies is done through automated production reports from the Child Care Assistance Program (CCAP) Child Care Management System (CCMS) as well as through field review of contracted sub-recipients. All contracted sub-recipients are reviewed a minimum of once every three years. Sub-recipients not found to be implementing new policies are required to develop and follow a corrective action plan which is closely monitored. Quality contractors submit quarterly reports with activity data, which is tracked for completion of contract deliverables.***

Other

Describe:

**8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

- [Verifying and processing billing records to ensure timely payments to providers](#)

Describe:

***Certificate Providers - Providers submit their billings through the IVR Phone System or send completed Certificate Reports to their SDA. Providers that submit their billings through the IVR are processed with the nightly cycle, so they are ensured a timely payment. All contracted providers submit their billings/expenditure reports through the appropriate BCCD Program Staff. These providers include Child Care Resource and Referral Agency Contracts, Quality/Discretionary Contracts and Site Administered Child Care Contracts. Each Program Area reviews the billings and approves the payments based on the type of budget that is submitted at the beginning of the fiscal year. The Child Care Program uses two types of budgets, Fixed-Rate Budgets for the Site Program and Uniform Grant Budgets for all other contracted providers. Each month a billing/expenditure report is reviewed, payment recommendation is made and the payment is processed through the State's Accounting System. The Contract and Payment Unit makes the payments within 10 days of receipt of the approved billing.***

- [Fiscal oversight of grants and contracts](#)

Describe:

***The Program areas review reports/billings monthly to ensure sound fiscal management of the funds used. In addition to the monthly reviews by Program staff, BCCD's Program Integrity Unit audit each contractor on-site at least every three years. Contractors are also selected through a risk analysis (funding amounts, past audit findings, time between audits, etc.) to be audited through the Lead Agency's Office of Contract Administration.***

- [Tracking systems to ensure reasonable and allowable costs](#)

Describe:

***The Lead Agency's Bureau of Child Care and Development (BCCD) staff have the Child Care Management System (CCMS) produce Monthly Enrollment Reports which indicate all cases for direct services only approved for a service month. This report serves two purposes, to indicate the size of each contractor's caseload for administrative purposes, and the eligible days for each approved child.***

**Attendance is noted on this form, so the Lead Agency can monitor attendance versus eligibility and verify that payments are for authorized service.**

Other

Describe:

**8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**

Conduct a risk assessment of policies and procedures

Describe:

***The Grant Accountability and Transparency Act (GATA) is to provide for the development of a coordinated, non-redundant process for the provision of effective and efficient oversight of the selection and monitoring of grant recipients, ensuring quality programs, limiting fraud, waste and abuse. The Lead Agency's GATA Unit has a process in place where a Financial and Administrative Risk Assessment and a Programmatic Risk Assessment are performed. At the risk assessment process, the grantees are rated as low, medium or high risk and based on the risk assessment; additional specific conditions could be required. At the Pre-qualification and Programmatic risk steps, a notification is sent indicating: 1) the nature of the additional requirements, 2) the reason for the additional requirements, 3) the nature of the action needed to remove the additional requirements, and 4) the method for requesting reconsideration of the additional requirements imposed. The Lead Agency also participates in a federal audit through the ACF known as the Improper Payment Review. The CCDF methodology for measuring improper payment focuses on client's eligibility and employs a case record review process to determine whether eligibly for child care subsidy payment was properly determined, and whether any improper payments were made. This process goes through two lines of review; the Case Review Team & 2nd line reviewers (also known as Case Rereviews). The Case reviewers will conduct a desk audit of a sample size of cases. All reviews will be conducted using the ACF-403 Record Review Worksheet. The 2nd line reviewers will do random selection of cases to rereview to ensure accuracy, consistency, and***

*communication of necessary policy or operational comparison throughout the review process.*

Establish checks and balances to ensure program integrity

Describe:

*Contractors are monitored every three years and they are reviewed against performance measures and standards as set in their contracts. At the beginning of each fiscal year, a program plan is submitted detailing how the services and deliverables will be accomplished including, program budget, personnel matrices and budget narrative. They are also expected to submit quarterly program plan reports, monthly expenditure reports, and quarterly program data reporting.*

Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

*The Program Integrity and Quality Assurance Unit (PIQA) monitoring reviews of contractors will ensure that: 1) 90% of all CCAP applications and redeterminations are processed according to contract and program policy timeframes; 2) 90% of all CCAP applications and redeterminations are processed accurately; 3) 90% of all CCAP billing is submitted within 10 days of the end of the month and/or service completion; 4) Billing complies with 85% accuracy rate to eligibility for reimbursement (need for care, schedule of care, etc.) and co-payment calculation; 5) The Agency has implemented a system of ongoing staff training for current and new staff. 6) 90% of CCAP billing complies with the procedures around the 80% rule. Billings are supported by legible attendance/sign-in sheets.*

Other

Describe:

**8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by**

the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

- Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

***Sites & CCR&R utilize statewide database to run provider and client eligibility. A conflict in data will trigger an alert for additional information to be provided.***

- Run system reports that flag errors (include types).

Describe:

- Review enrollment documents and attendance or billing records

Describe:

***During announced and unannounced audit visits monthly enrollment reports, attendance records and provider billing certificates are compared to ensure program compliance. To ensure program compliance an 80% Attendance Rule has been enforced for provider. (See PM 06.03.01) Monthly billing records are reconciled and providers reporting at 100% are to submit supporting documentation to receive child care reimbursement.***

<http://www.dhs.state.il.us/page.aspx?item=10862>

- Conduct supervisory staff reviews or quality assurance reviews.

Describe:

***All audit reviews are reviewed and signed off by Program Integrity & Quality Assurance Manager.***

Audit provider records.

Describe:

***The Program Integrity & Quality Assurance (PIQA) Unit performs routine audits visit every 3 years for contracted providers. Demand audit reviews take priority and staff may be reassigned as is necessary to complete these reviews. Follow up audits are performed as needed between the routine audit reviews (timeframes are determined by the severity of the violation).***

Train staff on policy and/or audits.

Describe:

***Policy training is held by BCCD training staff and Audit training are done by PIQA unit manager and Social Service Program Planner IV. Refresher trainings are performed annually***

Other

Describe:

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

***Sites & CCR&R utilize statewide database to run provider and client eligibility. A conflict in data will trigger an alert for additional information to be provided***

Run system reports that flag errors (include types).

Describe:

Review enrollment documents and attendance or billing records

Describe:

***During announced and unannounced audit visits monthly enrollment reports,***

**attendance records and provider billing certificates are compared to ensure program compliance. To ensure program compliance an 80% Attendance Rule has been enforced for provider. (See PM 06.03.01) Monthly billing records are reconciled and providers reporting at 100% are to submit supporting documentation to receive child care reimbursement.**

<http://www.dhs.state.il.us/page.aspx?item=10862>

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

**All audit reviews are reviewed and signed off by Program Integrity & Quality Assurance Manager.**

Audit provider records.

Describe:

**The Program Integrity & Quality Assurance (PIQA) Unit performs routine audits visit every 3 years for contracted providers. Demand audit reviews take priority and staff may be reassigned as is necessary to complete these reviews. Follow up audits are performed as needed between the routine audit reviews (timeframes are determined by the severity of the violation).**

Train staff on policy and/or audits.

Describe:

**Policy training is held by BCCD training staff and Audit training are done by PIQA unit manager and Social Service Program Planner IV. Refresher trainings are performed annually**

Other

Describe:

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security

Administration, PARIS).

Describe:

**Sites & CCR&R utilize statewide database to run provider and client eligibility. A conflict in data will trigger an alert for additional information to be provided.**

Run system reports that flag errors (include types).

Describe:

Review enrollment documents and attendance or billing records

Describe:

**During announced and unannounced audit visits monthly enrollment reports, attendance records and provider billing certificates are compared to ensure program compliance. To ensure program compliance an 80% Attendance Rule has been enforced for provider. (See PM 06.03.01) Monthly billing records are reconciled and providers reporting at 100% are to submit supporting documentation to receive child care reimbursement.**

<http://www.dhs.state.il.us/page.aspx?item=10862>

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

**All audit reviews are reviewed and signed off by Program Integrity & Quality Assurance Manager.**

Audit provider records.

Describe:

**The Program Integrity & Quality Assurance (PIQA) Unit performs routine audits visit every 3 years for contracted providers. Demand audit reviews take priority and staff may be reassigned as is necessary to complete these reviews. Follow up audits are performed as needed between the routine audit reviews (timeframes are determined by the severity of the violation).**

Train staff on policy and/or audits.

Describe:

**Policy training is held by BCCD training staff and Audit training are done by**

**PIQA unit manager and Social Service Program Planner IV. Refresher trainings are performed annually**

Other

Describe:

**8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

***\$1.00 This aids in recovery and acts as a deterrent to fraud of any amount by establishing that any improper payment must be repaid to the program, regardless of the amount.***

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

***As soon as an overpayment is identified by a CCR&R, a Site Administered program or IDHS Program Integrity and Quality Assurance (PIQA), staff prepare an Overpayment Referral Packet and sent it to IDHS-Bureau of Child Care and Development (BCCD) policy unit. The policy unit will review the Overpayment Referral reason and calculations and will either approve or deny the claim. If the case does not meet the overpayment criteria, BCCD will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, BCCD will issue the Overpayment letter and send copies to the referring and to IDHS Bureau of Collections (BOC). BOC creates an account receivable and tracks***

**recoveries. If the responsible party wishes to make payment arrangements, BOC will establish a repayment amounts and a schedule. BOC also refers accounts receivable to the Illinois Office of the Comptroller to capture other state payments, such as State Income Tax Refunds and may also refer the account to contracted private collection services to attempt repayment. As word of collection actions (as well as filing of charges) spreads throughout program clients and providers, there is more of a chance that someone considering committing program fraud will reconsider their actions. Depending on the dollar amount, Federal, State or local law enforcement may opt to pursue prosecution, which also acts as a deterrent for others considering committing program fraud.**

Recover through repayment plans.

Describe:

**All repayment arrangements are handled by IDHS Bureau of Collections. Involvement of the Bureau of Collections sends a message to those conducting or considering conducting fraud that several levels of the Agency are involved, and it will therefore be more difficult to elude repayment of improper payments.**

Reduce payments in subsequent months.

Describe:

Recover through state/territory tax intercepts.

Describe:

**IDHS Bureau of Collections will handle repayment arrangements.**

Recover through other means.

Describe:

**Payment in full submitted by the responsible individual**

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

**The Lead Agency's BCCD Program Integrity/Quality Assurance and Policy units**

**oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff; Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments.**

Other

Describe:

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

***\$1.00 This aids in recovery by establishing that any improper payment must be repaid to the program, regardless of the amount. This aids in recovery by emphasis the importance of understanding program policies and procedures by establishing that any improper payment must be repaid to the program, regardless of the amount.***

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

***As soon as an overpayment is identified by a CCR&R, a Site Administered program or IDHS Program Integrity and Quality Assurance (PIQA), staff prepare an Overpayment Referral Packet and send it to IDHS-Bureau of Child Care and Development (BCCD) policy unit. The Policy unit will review the Overpayment Referral reason and calculations and will either approve or deny the claim. If the case does not meet the overpayment criteria, BCCD will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, BCCD will issue the Overpayment letter and send copies to the referring and to IDHS Bureau of Collections (BOC). BOC creates an account receivable and tracks***

**recoveries. If the responsible party wishes to make payment arrangements, BOC will establish a repayment amounts and a schedule. BOC also refers accounts receivable to the Illinois Office of the Comptroller to capture other state payments, such as State Income Tax Refunds and may also refer the account to contracted private collection services to attempt repayment**

Recover through repayment plans.

Describe:

**All repayment arrangements are handled by IDHS Bureau of Collections. Involvement of the Bureau of Collections sends a message to those issued an overpayment due to unintentional violations that several levels of the Agency are involved, and it will therefore be more difficult to elude repayment of improper payments. Involvement of the Bureau of Collections sends a message to those conducting or considering conducting fraud that several levels of the Agency are involved, and it will therefore be more difficult to elude repayment of improper payments.**

Reduce payments in subsequent months.

Describe:

**N/A**

Recover through state/territory tax intercepts.

Describe:

**IDHS Bureau of Collections will handle repayment arrangements and refers accounts receivable to the Illinois Office of the Comptroller to intercept tax refunds. Knowing that future tax refunds may be withheld hopefully leads to clients and providers exercising due diligence when operating within the program.**

Recover through other means.

Describe:

**Payment in full submitted by the responsible individual.**

- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

***The Lead Agency's BCCD Program Integrity/Quality Assurance and Policy units oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff; Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments***

- Other

Describe:

***N/A***

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

***\$1.00***

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

***As soon as an overpayment is identified, staff shall prepare an Overpayment Referral Packet and sent it to IDHS-Bureau of Child Care and Development (BCCD). BCCD will review the Overpayment Referral and will either approve or deny the claim. If the case does not meet the overpayment criteria, BCCD will deny the referral and notify the referring agency. If the case meets the criteria for overpayment, BCCD will issue the Overpayment letter and send copies to the referring and to IDHS Bureau of Collections.***

Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

***All repayment arrangements are handled by IDHS Bureau of Collections.***

Reduce payments in subsequent months.

Describe:

***N/A***

Recover through state/territory tax intercepts.

Describe:

***IDHS Bureau of Collections will handle repayment arrangements.***

Recover through other means.

Describe:

***N/A***

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

***The Lead Agency's BCCD Program Integrity/Quality Assurance and Policy units oversee actions dealing with overpayment identification and recovery. These units work with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff; Staff from these units work with the Lead Agency's Bureau of Investigations, Office of the Inspector General and Bureau of Collections to identify and collect overpayments***

Other

Describe:

***N/A***

**8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

- Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

**N/A**

- Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

***Payments are not made to a provider who, after receiving written notification of an outstanding overpayment, fail to establish a repayment plan or is in default of a repayment plan. The provider is not eligible for any child care payments until the overpayment is repaid in full or until a repayment plan is established and the first payment is received. Providers can submit written documentation to dispute an overpayment which may result in payment modification.***

- Prosecute criminally.

Describe:

**N/A**

- Other.

Describe:

**N/A**

## Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

### Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting

a time-limited waiver extension.

- Appendix A.5:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a))

Describe the provision from which the state/territory seeks relief.

***Illinois requests an additional 1 year to meet this requirement. The goal for implementation is by September 30, 2019 .***

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

***The additional time granted through the waiver will allow the lead agency to continue working with partner agencies to make this check possible. Until that work is completed, including the replacement of the State police data system, timeliness and accuracy of these checks is uncertain, if they are obtainable at all. These delays and possible inaccuracies could unnecessarily reduce the number of qualified provider participating in the program causing a shortage of available slots for eligible families.***

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

***Given that this check has not been done in the past and the possibility of inaccurate results, the delay in implementing should not cause any additional threat to the children approved through the program.***

- Appendix A.6:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

***Illinois requests an additional 1 year to meet this requirement. The goal for implementation is by September 30, 2019.***

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

***The additional time granted through the waiver will allow the lead agency to continue working with partner agencies to make this check possible. Until that work is completed, including the replacement of the State police data system, timeliness and accuracy of these checks is uncertain if they are obtainable at all. These delays and possible inaccuracies could unnecessarily reduce the number of qualified provider participating in the program causing a shortage of available slots for eligible families.***

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

***Given that this check has not been done in the past and the possibility of inaccurate results, the delay in implementing should not cause any additional threat to the children approved through the program.***

**Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

***Illinois requests an additional 1 year to meet this requirement. The goal for implementation is by September 30, 2019.***

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

***Implementation of a new Intergovernmental Agreement with the ILDCFS to include these checks, the addition of needed staff, revisions to administrative rules through the State legislative body and other needed change to ensure there are methods to request, pay for (when required) and obtain the check results will ensure that these interstate checks are possible and Appropriate will ensure improvements to the delivery of services .***

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

***Ensuring that rules, staffing, forms and the proper agreements between agencies are in place will establish the new processes are in place to provide as much***

*assurance as possible that the checks lead to accurate and useable information to be used to provide a safe provider/child environment.*

**Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

*Illinois requests an additional 1 year to meet this requirement. The goal for implementation is by September 30, 2019.*

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

*Implementation of a new Intergovernmental Agreement with the ILDCFS to include these checks, the addition of needed staff, revisions to administrative rules through the State legislative body and other needed change to ensure there are methods to request, pay for (when required) and obtain the check results will ensure that these interstate checks are possible and Appropriate will ensure improvements to the delivery of services.*

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

*Ensuring that rules, staffing, forms and the proper agreements between agencies are in place will establish the new processes are in place to provide as much assurance as possible that the checks lead to accurate and useable information to be used to provide a safe provider/child environment.*