



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR: Illinois

FFY 2010-2011

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Form ACF 118 Approved OMB Number: 0970-0114 expires 04/30/2012

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AMENDMENTS LOG

CHILD CARE AND DEVELOPMENT FUND PLAN FOR: ILLINOIS
FOR THE PERIOD: 10/1/09 – 9/30/11

Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

Instructions for Amendments:

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

PART 1

ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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)

1.1 Lead Agency Information (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: **Illinois Department of Human Services**
Address of Lead Agency: **100 South Grand Ave. East, 3rd Floor, Springfield, IL 62762**
Name and Title of the Lead Agency's Chief Executive Officer: **Carol L. Adams, Ph.D., Secretary**
Phone Number: **217-557-1601**
Fax Number: **217-557-1647**
E-Mail Address: Carol.Adams@illinois.gov
Web Address for Lead Agency (if any): www.dhs.state.il.us

1.2 State/Territory Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State/Territory Child Care Contact (CCDF): **Linda Saterfield**
Title of State/Territory Child Care Contact: **Chief, Bureau of Child Care and Development**
Address: **400 W. Lawrence, 3rd Floor, Springfield, IL 62762**
Phone Number: **217-785-2559**
Fax Number: **217-524-6029**
E-Mail Address: Linda.Saterfield@illinois.gov
Phone Number for CCDF program information (for the public) (if any): **877-202-4453**
Web Address for CCDF program information (for the public) (if any):
www.dhs.state.il.us/page.aspx?item=29720

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$ **207,581,165**
Federal TANF Transfer to CCDF: \$**0**
Direct Federal TANF Spending on Child Care: \$ **168,034,659**
State CCDF Maintenance of Effort Funds: \$ **56,873,825**
State Matching Funds: \$ **71,736,826**

Extra State General Revenue: \$ 249,239,418
Total Funds Available: \$ **753,465,893**

NOTE: Budget will be updated when State Budget for FY2010 is final.

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$ **13,373,881** (**4.79%**). (658E(c) (3), §§98.13(a), 98.52)

1.5 Administration of the Program

1.5.1 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

Table 1.5.1: Administration of the Program

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	Contracted CCRR agencies and child care site programs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families	Contracted CCRR agencies and child care site programs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care	Contracted CCRR agencies and child care site programs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Makes the provider payment	Contracted CCRR agencies and child care site programs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)
Quality activities	Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) and contracted CRR agencies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

1.5.2. Describe how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

The Lead Agency promulgates rules and regulations related to the administration of CCDF program services by other agencies. Contracts with those other agencies include language about use of funds, monitoring, certifications and deliverables. The Lead Agency’s Bureau of Child Care and Development staff audit each contractor on site at least every three years. In addition, The Lead Agency’s Office of Contracts randomly selects contractors to audit annually.

Our data system, the Child Care Tracking System (CCTS), tracks the activity of contractors who administer the CCAP: the CRR agencies and the site administered child care providers. CCTS monthly management reports are generated for Lead Agency and contractor program management. CCAP activity is audited on-site at least every three years. Overpayments to providers are tracked. Complaints about the CCAP from parents and providers are tracked as a means of reviewing contractor performance.

Quality activity contractors submit quarterly reports with activity data, which is tracked for completion of contract deliverables. Each contractor is audited on-site at least every three years.

1.5.3. Describe how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead Agency’s plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

a) Fiscal

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 in to one Bureau in order to provide checks and balances across funding streams. The Bureau of Revenue Management &

Federal Reporting is responsible financial reporting and the related functions of cost allocation, random moment sampling, cash draw down and cash management, CMIA calculations and State reporting requirements.

b) Data

Our data system, the Child Care Tracking System (CCTS), tracks the activity of contractors who administer the CCAP: the CCRR agencies and the site administered child care providers. CCTS monthly management reports are generated for Lead Agency and contractor program management. Contractors are responsible for reviewing the management reports and cross-checking them for accuracy and validity.

C) Error Rate

The Lead Agency Bureau of Child Care and Development (BCCD) randomly selects a predetermined number of CCAP cases for review. BCCD staff meet with each contractor to discuss their errors. BCCD staff may also conduct training to emphasize proper policies and procedures related to the errors found.

1.6 Funds Used to Match CCDF

1.6.1 Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds: _____
State General Revenue Funds (GRF) are appropriated directly to the Lead Agency for use in the Child Care Program.

No.

1.6.2 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

Yes. If yes, are those funds: (**check one below**)

Donated directly to the State?

Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated fund?

b) **Provide** information below for each entity:

PLAN FOR CCDF SERVICES IN: **Illinois**
FOR THE PERIOD 10/1/09 – 9/30/11

Name: _____

Address: _____

Contact: _____

Type: _____

No.

1.6.3 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

Yes (**respond to 1.6.5**), and:

a) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

b) (____ %) Estimated percentage of the MOE requirement that will be met with Pre-K expenditures. (Not to exceed 20%.)

c) If the Lead Agency uses Pre-K expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

1.6.4 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

Yes (**respond to 1.6.5**), and

a) (____ %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

b) If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

1.6.5 If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

1.6.6 Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds:

No.

1.7 Improper Payments

1.7.1 How does the Lead Agency define improper payments?

Improper Payment means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; and includes any payment to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for applicable discounts.

1.7.2 Has your State implemented strategies to prevent, measure, identify, reduce, and/or collect improper payments? (§98.60(i), §98.65, §98.67)

Yes, and these strategies are:

Prevention

The Lead Agency’s automated Child Care Tracking System (CCTS) requires prospective eligibility, that is, clients and providers must be determined to be eligible before services are approved for payment.

Training is periodically given to CCRR agency and contracted site administered child care program staff to insure that they are knowledgeable in child care program policy and are applying procedure correctly.

Identification

Management reports identify areas with irregularities that could indicate improper payment patterns and warrant further investigation.

CCRR CCAP eligibility staff are supplied with information about additional resources to use in identifying improper payments. Via training and a printed resource guide, methods are outlined for reviewing data and other program systems, such as those capturing child support payments,

unemployment benefits and TANF benefits, in order to recognize and determine possible improper payments.

Lead Agency monitoring staff from the Bureau of Child Care and Development and the Office of Contract Administration monitor contracted CCRR agencies, contracted site administered child care programs and the child care providers that receive CCAP payments through the certificate program in order to ensure services billed to the child care program are legitimate. Monitoring review schedules vary by type of program.

Collection

A Fraud, Forgery and Overpayment unit was created with the Lead Agency's Bureau of Child Care and Development to handle cases of overpayment identification and recovery. This unit works with all contracted site administered programs, child care programs, CCRR agencies, as well as State agency staff. Staff from this unit refer possible cases of improper payments to the Lead Agency's Bureau of Investigations and the Office of the Inspector General to identify and collect overpayments. Providers that do not re-pay are sanctioned by not being allowed to participate in the program. Currently, parents who do not re-pay are not sanctioned. However, the Lead Agency is developing policy that creates progressive levels of sanctioning parent based on the severity of the abuse of the program.

- No. If no, are there plans underway to determine and implement such strategies?
- Yes, and these planned strategies are: _____
- No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

Indicate the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

Table 2.1.1 Consultation and Coordination

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Representatives of local government	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/>
Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input type="checkbox"/> *
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

*** Required.**

For each box checked in Table 2.1.1, (a) identify the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

CONSULTATION

***Representatives of Local Government**

TEAM Illinois

The Bureau continues to be a partner in the TEAM Illinois project. Involvement includes collaborating with other DHS divisions, state and federal agencies, community stakeholders, faith-based organizations and private groups in an effort to strengthen citizens and community sufficiency in TEAM Illinois communities. Bureau staff provided technical assistance and child care information as needed.

Other Federal, State, local, Tribal, and private agencies providing child care and early childhood development services:

Executive staff of the Lead Agency, Child Care and Development Advisory Council members, CCRR agencies, INCCRRA, site-administered child care programs and child care providers provide regular input regarding the program and also review the Plan.

State/Tribal agency (agencies) responsible for:

Public Health

Lead Agency's Child Care and Development Advisory Council includes staff from local public health agencies as well as public health programs within the Lead Agency.

Public Education

Lead Agency's Child Care and Development Advisory Council includes a program coordinator from the Chicago Public Schools as well as staff from the Illinois State Board of Education.

Preschool for All Programs

Lead Agency's Child Care and Development Advisory Council includes staff from ISBE responsible for overseeing the Preschool for All program.

Head Start Programs

Lead Agency's Child Care and Development Advisory Council includes the Executive Director of the Illinois Head Start Association and Head Start grantee representatives. Additionally, the Head Start State Collaboration Director provides input into the plan and staffs the Collaboration & Integration Committee of the Council.

Programs that promote inclusion for children with special needs

Lead Agency's Child Care and Development Advisory Council includes staff from the Illinois Early Intervention program as well as staff from the Illinois State Board of Education responsible for overseeing the Section 619 Early Childhood Special Education services.

Other

Lead Agency's Child Care and Development Advisory Council also includes representatives from child care programs, advocacy organizations, community organizations, community organizations, economic development entities, faith-based programs, Head Start Associations, local school districts and non-profit organizations.

COORDINATION

Other Federal, State, local, Tribal, and private agencies providing child care and early childhood development services:

IDHS Child Care and Development Advisory Council

Members advise the Lead Agency on issues related to child care services: quality, system capacity, family outcomes and program administration. A three-year strategic plan developed by the Advisory Council helps guide the Lead Agency.

CCRR Agencies

Contracted agencies responsible for implementing the CCAP and Quality programs for child care providers, communities and parents. This includes services such as: consumer education and child care referrals for parents, and training, technical assistance and grant money for child care providers.

INCCRRA

Contracted agency responsible for implementing statewide professional development programs for CCRR staff and child care providers, and quality initiatives. INCCRRA administers the Gateways to Opportunity Scholarship program and the Great START Wage Supplement program for child care providers.

City of Chicago Department of Family Support Services

The Lead Agency contracts with the Department to provide site administered child care programs for the CCAP throughout the City of Chicago.

Site Administered Child Care Programs

In Fiscal Year 2008, the Lead Agency contracted with 52 agencies and child care programs statewide to administer the CCAP.

Early Childhood Mental Health Consultant Program

The Lead Agency contracts with Chaddock, a child welfare agency, to administer the Early Childhood Mental Health Consultant (MHC) Program. Mental Health Consultants conduct training, provide consultation and supply referrals for child care providers and the families they serve. The goal of the program is stable and continued enrollment of children with social/emotional challenges in child care settings.

Illinois State Board of Education (ISBE)/Preschool for All Programs

Child and Adult Care Food Program Expansion

ISBE administers the Child and Adult Care Food program (CACFP) for the State of Illinois. The Lead Agency supplies ISBE with contact information for license exempt family child care providers caring for children enrolled in the CCAP. In an effort to expand the CACFP, contractors use this data to perform outreach to these providers and enroll them in the program. Additionally, the CCRR agencies assist with promotion of the expansion and refer providers to ISBE contractors.

Preschool for All

ISBE oversees the State's Pre-Kindergarten program. CCRR agencies provide technical assistance to child care providers responding the ISBE's Request for Proposals for Preschool for All funds to support Pre-Kindergarten programs in community-based settings.

Public Health

Healthy Child Care Illinois

The Lead Agency collaborates with local public health departments to administer the Healthy Child Care Illinois program. Public Health nurses are housed in CCRR agencies and supply training, referrals and technical assistance to parents and child care providers.

Childhood Obesity Project

The Lead Agency, in partnership with INCCRRA, CCRR agencies and other contractors, is promoting the importance of healthy eating and exercise for children. Promotional materials containing information about nutrition and ideas for healthy meals and snacks continue to be distributed. In addition, a website is available to help inform parents, child care providers, and others about the seriousness of obesity in young children. The website contains recipes, exercise suggestions, and links to additional resources and relevant research.

Employment services/workforce development

Gateways to Opportunity: Illinois Professional Development System

The goals of Gateways to Opportunity has been expanded to include the workforce for agencies and programs serving children, youth and families. The primary goal remains to stabilize that workforce. The Lead Agency, in partnership with the Professional Development Advisory Council (PDAC), INCCRRA and other state agencies, is involved in implementing a comprehensive, cross-sector professional development system that includes, but is not limited to: a career lattice with identified professional knowledge, credentials that recognize education and experience, professional development advisors to assist practitioners in achieving their career goals, and a training registry.

Public Education

Child Care Collaboration Program

See Head Start

Illinois Early Learning Standards

The Illinois State Board of Education (ISBE) with input from the Lead Agency, Head Start, and other early education stakeholders, developed the Illinois Early Learning Standards for 3- and 4- year olds. These standards align with, and lay the foundation for achievement of, the Illinois Learning Standards. These standards are used in all ISBE early childhood programs. Additionally, ISBE, Head Start and the Lead Agency are collaborating in Standards training for early childhood staff across settings and throughout the state.

TANF

CCRR/Local Office Integration Plan

CCRR agencies collaborate with the Lead Agency's local public assistance offices to ensure customers are supplied with the resources necessary to achieve maximum independence. This includes informing customers of CCRR services, such as CCAP and referrals to child care providers, as well as supplying information about other Lead Agency, state and community services. CCRR agencies meet with local office staff, develop plans for coordination of services and supply information about programs.

Preschool for All Programs

Child Care Collaboration Program

See Head Start

Head Start

Child Care Collaboration Program

The Lead Agency's Head Start State Collaboration office is a federal-state partnership that creates a visible collaborative presence at the State level to support and encourage programs for low income families with young children to provide integrated services that meet the families' needs. The Child Care Collaboration Program is one result of the Collaboration Office's work. This program encourages collaboration among child care, Head Start/Early Head Start, and ISBE PreK and Infant Toddler programs. CCAP funds are used in approved agencies to help create full day, full year programs for eligible families in Head Start or Preschool for All settings. Policies are implemented in this program to bridge the differences between Head Start/PreK regulations and child care policy in order to provide seamless services for families.

Memorandum of Agreement for Services to Young Children with Disabilities/Special Needs

The Illinois Memorandum of Agreement for services to young children with disabilities/special needs and their families established formal linkages for cooperative early intervention and early childhood special education services at the state and local levels, per the Individuals with Disabilities Education Act. The purpose of the Agreement is to develop a statewide, comprehensive, coordinated interagency service delivery system for these children and families. Parties in the Agreement include the Lead Agency (Child Care, Early Intervention, Migrant & Seasonal Head Start, and Head Start State Collaboration Office), ISBE (Early Childhood Block Grant – PreK/Preschool for All and Infant Toddler – and Early Childhood Special Education), the Illinois Head Start Association, and the U.S. Department of Health & Human Services Administration for Children and Families. Further purposes of the statewide Agreement include promoting written collaborative agreement among local agencies and shared training and resources among all agencies.

Programs that promote inclusion for children with special needs

Healthy Child Care Illinois

The Lead Agency collaborates with local public health departments to administer the Healthy Child Care Illinois program. Public Health nurses are housed in CCRR agencies and supply training, referrals and technical assistance to parents and child care providers, including those with special needs.

Illinois Children's Mental Health Partnership

The Illinois Children's Mental Health Act created the Illinois Children's Mental Health Partnership (ICMHP). Membership includes State officials and agency staff, local school districts, professional organizations, advocacy groups and community

services. Goals of the children's mental health plan include comprehensive, coordinated mental health prevention, early intervention, and treatment services for young children. Staff of the Lead Agency serve as Partnership members, as well as on committees and sub-committees.

Memorandum of Agreement for Services to Young Children with Disabilities/Special Needs

See Head Start

Other

Illinois Early Learning Council

The Governor and General Assembly created the Illinois Early Learning Council in 2004. The overall vision of the Council is to develop a quality early learning system for all children ages birth to five years with the ultimate goal of ensuring children are safe, healthy, eager to learn and ready to succeed by the time they enter school. This involves expansion, improvement, and collaboration among programs already available to young children, such as Pre-Kindergarten, child care, Head Start, health care and parental supports. Lead Agency staff participate on the Council and serve on several committees.

2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs. Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of your efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe:**

a) **Describe** the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

The Lead Agency has implemented emergency preparedness plans for its offices and staff. However, there are currently no requirements to contractors. Therefore, Lead Agency's Bureau of Child Care and Development staff will facilitate the development a *Child Care Emergency Preparedness and Response Plan (CCEPRP)*. The yet to be convened CCEPRP Committee will include representatives from the Illinois Department of Children and Family Services, Illinois State Board of Education, Illinois Department of Public Health, Illinois Office of the State Fire Marshal, as well as child care providers and parents.

b) Describe provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

Provisions for the continuation of child care functions will be included in the CCEPR Plan.

c) Describe efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

Resources, information and training available to providers and families will be outlined in the CCEPR Plan.

d) Describe how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

Representatives from other State agencies and private and non-profit organizations will be included in developing the CCEPR Plan, as well as in periodic review of its effectiveness.

2.1.3 Plan for Early Childhood Program Coordination. Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

Planning. Are there steps under way to develop a plan?

Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

No.

Developing. A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.

- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- Other (describe):**

a) **Describe** the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

b) **Indicate** whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

c) **Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's early learning guidelines, plans for professional development, and outcomes for children.

Child Care Collaboration Program

The Lead Agency's Child Care Collaboration Program encourages collaboration among child care, Head Start and ISBE PreK/Preschool for All programs. This policy program provides three child care policy changes to approved collaboration providers: annual eligibility determination, rather than every 6 months; 90 day job search/loss grace period instead of 30 days; and, continued eligibility as long as participation in the collaboration setting is part of the family's TANF Responsibility and Services Plan. These policy changes were developed to bridge the gaps between child care and Head Start/PreK regulations and policies to support collaboration among providers, increased quality of care, and more seamless services for children and families. The Lead Agency's Head Start State Collaboration Office (HSSCO), the state point of contact for collaboration between federal Head Start/Early Head Start and state programs, administers the Child Care Collaboration Program.

Collaboration Support

The Lead Agency (child care and HSSCO), ISBE ECBG, and Region V ACF co-hosted two statewide collaboration forums in September 2007 to follow up on the October 2005 "Spotlight on Collaboration." More than 200 providers from around the state gathered to learn from each other, local collaboration panels, hear updates from state, and federal leaders and share and receive resources. The forums were co-facilitated by the Lead Agency's HSSCO and National Child Care Information Center staff. A final report was completed,

the recommendations of which will be used with the recommendations from the Child Care Collaboration Program evaluation and collaboration needs assessment results to help shape a five year strategic plan.

d) Describe how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan? Preschool for All continues to receive addition funding in order to add new programs each fiscal year. Each year some of these new programs are located in child care and Head Start agencies. The legislation that created the Early Learning Council requires annual reporting to the Governor and the Illinois General Assembly regarding the progress toward goals and objectives in the Preschool for All plan. As the Council refocuses its work and assembles its report, it will plan changes to its goals and objectives. The Lead Agency is involved in this work.

The statewide collaboration needs assessment required of HS State Collaboration Offices by the Head Start Act has been completed and one planning meeting held. The needs assessment results and 5-year collaboration plan will be completed, submitted, and publicized by the end of September. This will be an annual process that will be widened as we do it - went to HS/EHS/MSHS grantees and delegates this year but will be broadened next year.

2.2 Public Hearing Process

Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing: **May 7, 2009 (newspaper) and May 1 – 27, 2009 (website)**
- b) Manner of notifying the public about the public hearing: **Newspaper & Lead Agency Website**
- c) Date(s) of public hearing(s): **May 27, 2009**
- d) Hearing site(s): **Howlett Building Auditorium, Springfield, IL**
- e) How the content of the plan was made available to the public in advance of the public hearing(s):
 - **Placed on Lead Agency Website**
 - **Distributed to the Child Care and Development Advisory Council**
 - **Distributed to Lead Agency staff**
 - **Distributed to Site Administered Child Care Programs**
 - **Distributed to CCRR agencies**
 - **Mailed to those who request hard copies**
- f) **Attach** a brief summary of the public comment process as **Attachment 2.2.**

2.3 Public-Private Partnerships

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

- Yes. If yes, **describe** these activities or planned activities, including the results or expected results.
- No.

Collaborative System Building

Child Care Collaboration Program

The Child Care Collaboration Program, administered by the 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. This program modifies CCAP policy for approved collaboration providers, allowing the differences among child care, Head Start and Preschool for All programs to be bridged. This, in turn results in children and families receiving seamless services and increased access to quality child care. The Lead Agency's HSSCO completed an evaluation of this program in September 2007, the results of which will be used with forum and needs assessment results to help shape a five year strategic plan (see below).

Collaboration Needs Assessment

The Lead Agency's HSSCO was mandated by the Head Start Act of 2007 to conduct a statewide collaboration needs assessment, aggregate and analyze the results, and complete a five year plan. The needs assessment survey was distributed to more than 110 Head Start and Early Head Start grantees and delegates in January 2009. Most of these are collaborative programs with child care and/or PreK. The statewide five year strategic plan will be completed by end June 2009. This is a joint effort between the HSSCO and the Illinois Head Start Association.

Public Awareness

Quality Counts Statewide Marketing Project

INCCRRA oversees a toll-free number that enables parents and providers to automatically connect to their local CCRR. Additionally, the statewide marketing campaign provides CCRRs with various materials promoting CCRR services and quality child care, such as brochures detailing quality of care settings, and professional development opportunities for child care providers.

Quality Counts Van Activities

Each CCRR agency has a “Quality Counts” van for outreach to parents, providers and the community. The vans are equipped with consumer education materials, literacy packets, health and safety information and supplies, child development information and lending library resources. Outreach at community events helps educate parents and the public about legal and quality child care, the CCAP, KidCare (state subsidized health care), child development and early literacy. Site visits to child care programs provide one-on-one training and technical assistance to help improve quality of care with an emphasis on literacy. In Fiscal Year 2008, CCRR agencies were required to make 15% of their van visits to license exempt family child care providers.

Gateways to Opportunity: Illinois Professional Development System

The Lead Agency contracts with INCCRRA to administer Gateways to Opportunity: Illinois Professional Development System (Gateways). Gateways has been developed by the Professional Development Advisory Council (PDAC). Council members include the Lead Agency, INCCRRA, CCRR agencies, higher education and other stakeholders from the fields serving children, youth and families. Financial support for this system is the result of public/private partnerships, including the Lead Agency. INCCRRA staff and PDAC members give presentations throughout state to keep people informed about the new developments with Gateways. Information about Gateways is available on the website: www.ilgateways.com.

Business Involvement

CCRR Enhanced Referrals

Some CCRR agencies contract with employers/businesses to provide enhanced referral services for employees. Enhanced referrals differ from other referrals in that CCRR staff confirm available vacancies for each provider supplied to the parent.

Technical Assistance and Resources for Employers

CCRR agencies supply employers with technical assistance and resources related to child care. This includes information regarding supply and demand data and quality indicators of child care.

Illinois Child Care Manuals

The Lead Agency, in conjunction with the Child Care Task Force, developed a comprehensive set of child care manuals specific to Illinois. Each manual is geared towards a particular group. The manual written for employers contains information regarding options employers can implement to assist employers with child care. In addition, the benefits and consideration for each option are noted. The manuals are updated and reprinted on a regular basis. Distribution is ongoing.

Professional Development

Gateways to Opportunity Scholarship Program

The Lead Agency contracts with INCCRRA to administer The Gateways to Opportunity Scholarship Program. It is an individual-based scholarship opportunity for practitioners working in Early Care and Education (ECE). Beginning with the Fall 2008 term, the Gateways Scholarship program replaced the T.E.A.C.H. Early Childhood® Program. Practitioners working in Illinois Department of Children and Family Services (IDCFS) licensed centers and homes can apply for a Gateways Scholarship. Goals of the program include:

- Enabling practitioners to continue education in ECE and to earn degrees and/or credentials
- Promoting increased earning ability through increased education
- Improving the quality and consistency of care received by children in licensed child care settings

The Gateways Scholarship Program will pay a percentage of the cost of tuition, fees and books based on an eligible participant's child care position income. The program also provides bonuses based on an eligible participant's grade point average and completion of work commitment in ECE.

Great START (Strategies to Attract and Retain Teachers) Wage Supplement Program

Great START is a wage supplement that offers financial incentives to licensed center and family child care home practitioners who have attained education beyond state licensing requirements and who remain employed by the same child care program. Wage supplements are awarded every six months based on the level of formal education an eligible applicant has received and continue as long as the practitioner remains employed by the same program. Great START is administered by INCCRRA.

Illinois Trainers Network

The Illinois Trainers Network (ITN) provides training to individual trainers on topics such as developmentally appropriate practice, environmental rating systems and inclusion. ITN trainers the, in turn, coordinate with the CCRRs to supply standardized curriculum training to child care providers statewide.

CCRR Sponsored Training and Professional Development Funds

CCRR agencies arrange for training opportunities for child care providers. This includes stand-alone workshops, workshop series, conferences and self-study materials. CCRR training impacts the quality of care provided and helps providers meet licensing standards. In Fiscal Year 2008, over 3,000 training opportunities were made available to more than 51,000 participants.

CCRR agencies also offer Professional Development Funds (PDF) to child care providers. PDF monies can be used for college tuition, credentials, and non-CCRR sponsored conference and training expenses.

School-Age Child Care Activities

Two contracted entities work in conjunction to support school-age child care activities for child care providers. This includes the coordination of training and conferences for provider offering school age care. Training includes stand-alone workshops and conferences.

Quality Improvement

CCRR Program Improvement and Accreditation Program

CCRR agencies encourage center-based and family child care programs to pursue quality improvement. Voluntary participation in the new Quality Rating System (QRS) and/or national program accreditation provides pathways to improve quality. CCRRs offer information about QRS and accreditation processes, technical assistance and support funds.

CCRR Technical Assistance & Resources

CCRR agencies supply technical assistance and resources to child care providers relates to: health and safety, developmentally appropriate practices, inclusion, parent relationships and business practices.

CCRR Equipment/Facility Improvement Grants

CCRR agencies offer Equipment/Facility Improvement Grants to licensed and license exempt child care centers and family child care homes in a competitive RFP process. The goal of the program is to increase the capacity and improve the quality in child care programs. Awards vary from \$100 to

\$12,000 depending on provider type and program capacity. These grants may be used for materials, equipment and/or facility improvements. Providers and children have benefited from funding for such things as: fencing, outdoor and indoor equipment, child-sized sinks, cribs and high chairs, and adaptive equipment for children with special needs. In Fiscal Year 2008, \$5.5 million was distributed to approximately 1300 providers.

Director's Leadership and Technology

National Louis University's McCormick Tribune Center for Early Childhood Leadership is contracted to offer management and leadership training and technology/computer training for child care center administrators.

Resource and Referral Services

CCRR Child Care Referral Services

CCRR agencies supply families with consumer education regarding quality child care and referrals to providers that meet each family's unique needs. In addition, child care providers benefit from this service because then can choose to receive referrals free of charge. Over 17,000 of the providers on the database are willing to care for children whose parents are enrolled in the CCAP.

Literacy Initiatives

CCRR Quality Counts Vans

See Public Awareness

Inclusion of Children with Disabilities

Special Needs Add-on Program

The Lead Agency administers the Special Needs Add-on Program. If a family is income eligible for the CCAP and they have a child with a special need/disability, they can apply for a 20% add-on to the standard subsidized daily rate available through the site administered child care programs. Funds can be used for: purchasing adaptive equipment, securing specialized training for staff and one-on-one aide for the child.

SpecialCare Outreach Training

SpecialCare Outreach Training is a statewide training offered through the Illinois Trainers Network (ITN). The goal of SpecialCare training is to increase child care practitioner knowledge and comfort level when caring for children with special needs. Additionally, SpecialCare training enables providers to meet DCFS licensing standards that require training on

inclusive child care. CCRR agencies assist locally by coordinating training for practitioners.

Early Childhood Developmental Screening Training Curriculum

Developmental Screening Training, offered through the Illinois Trainers Network, is a voluntary training that complements SpecialCare training. This curriculum emphasizes the need to offer developmental screening in all types of child care settings through the use of a user-friendly tool (Ages & Stages Questionnaire) designed to collect both parent and provider input; how to share the results; and what community resources are available.

Health Initiatives

Early Childhood Mental Health Consultant Program

The Early Childhood Mental Health Consultant (MHC) Program addresses the social/emotional needs of young children, birth – five years. A contracted mental health agency oversees implementation of the program. Full-time mental health consultants (MHC) are employed and housed in a local mental health or social service agency and work in partnership with local CCRR staff. MHCs conduct training, provide consultations and supply referrals for child care providers and the families they serve. The goal of the program is stable and continued enrollment of children with social/emotional challenges in child care settings.

Healthy Child Care Illinois

Facility Start-up and Enhancements

Illinois Child Care Manuals

See Business Involvement

CCRR Resource Development

CCRR agencies offer ongoing technical assistance to support the development of child care programs. They provide supply and demand information. Resources, such as the Illinois Child Care Manual, are distributed to interested parties. Additionally, CCRR staff coordinate “Start Up” training workshops that supply potential child care providers with valuable information about the field, licensing, quality indicators of child care and business practices.

CCRR Equipment/Facility Improvement Grants

See Quality Improvement.

Collaborative System Building

Child Care Collaboration Program

The Child Care Collaboration Program, administered by the 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. This program modifies CCAP policy for approved collaboration providers, allowing the differences among child care, Head Start and Preschool for All programs to be bridged. This, in turn results in children and families receiving seamless services and increased access to quality child care. The Lead Agency's HSSCO completed an evaluation of this program in September 2007, the results of which will be used with forum and needs assessment results to help shape a five year strategic plan (see below).

Collaboration Needs Assessment

The Lead Agency's HSSCO was mandated by the Head Start Act of 2007 to conduct a statewide collaboration needs assessment, aggregate and analyze the results, and complete a five year plan. The needs assessment survey was distributed to more than 110 Head Start and Early Head Start grantees and delegates in January 2009. Most of these are collaborative programs with child care and/or PreK. The statewide five year strategic plan will be completed by end June 2009. This is a joint effort between the HSSCO and the Illinois Head Start Association.

Early Childhood Block Grant/Preschool for All

The Lead Agency and CCRR agencies collaborated with the Illinois State Board of Education (ISBE) for the expansion of the Early Childhood Block Grant funds to child care programs. The funds support Pre-Kindergarten programs for 3-4 year olds at risk of academic failure and education programs for parents of infants and toddlers. CCRRs assist with promotion and offer technical assistance to child care providers responding to the RFP.

Local Community Leadership

TEAM Illinois

The Bureau continues to be a partner in the TEAM Illinois project. Involvement includes collaborating with other DHS divisions, state and federal agencies, community stakeholders, faith-based organizations and private groups in an effort to strengthen citizens and community sufficiency in TEAM Illinois communities. Bureau staff provided technical assistance and child care information as needed.

Provider Recruitment

CCRR Resource Development

See Facility Start-Up.

PART 3
CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System. **Describe** the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k)):
Pre-printed CCAP certificate forms are generated monthly for child care providers. These pre-printed forms are specific to each individual provider and contain customer names, public assistance case numbers, child(ren)'s names, parent co-payment, eligible days, etc. Providers enter the number of days attended and any applicable changes, such as a new address or noting that they are no longer caring for children.

The certificate form differs somewhat for child care centers and family child care homes (Attachment 3.1.1.a). Centers receive one form with aggregate information for all children enrolled in the CCAP. Family child care homes receive one certificate for each case/family.

- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

Parents enrolled in the CCAP program are allowed to choose the following types of care:

- **contracted site administered provider (child care centers or family child care home network)**
- **licensed or license exempt child care center**
- **licensed family child care home**
- **legally license exempt family child care home, including relatives.**
This type of care may take place in either the home of the provider or the home of the child.

CCRR agencies provide referral to all provider types except in-home care/nannies. When parents contact the CCRR, they are informed of the CCAP's certificate and contracted site provider options. In Fiscal Year 2008, 88% of the families requesting child care referrals earned less than 185% of the Federal Poverty Level (potentially eligible for the CCAP). The conversion from FPL to SMI varies by family size, e.g. for a family of four, 185% of FPL is \$3,184 per month which is equal to 53% of SMI.

If a parent chooses a certificate child care provider, CCRR agency staff are available to offer technical assistance and can explain the billing and payment procedure, as well as answer questions regarding the certificate program.

- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

The Lead Agency contracted with 52 agencies for site administered child care for the CCAP in Fiscal Year 2008. In comparison, over 78,000 providers in the certificate program received CCAP payments during the same time period.

Families eligible for the CCAP and in need of CCRR agency child care referrals are provided with a list of providers that may meet their individual needs/preferences (i.e. type of care, schedule, location, etc.). This includes referrals to both contracted site administered child care programs and certificate providers.

- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**.

Note: If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

These items can be found at the following web site addresses:

Manual: <http://www.dhs.state.il.us/page.aspx?item=9877>

Resource Guide: <http://www.dhs.state.il.us/page.aspx?item=33514>

Administrative Rule:

<http://www.ilga.gov/commission/jcar/admincode/089/08900050sections.html>

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

The Lead Agency contracts with child care centers and family child care networks to supply the any or all of the following services:

- **Full-time and part-time care**
- **Early childhood development**
- **Before & after school care**
- **Inclusive child care for children with special needs**

The Lead Agency will consider issuing an RFP for contracted site administered services should additional funding become available.

No.

3.1.3 Are child care services provided through certificates, grants and/or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

Yes.

No, and **identify** the localities (political subdivisions) and services that are not offered:

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

Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

No.

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

3.2.1 Provide a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of: **July 1, 2008**.

3.2.2 Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

Yes.

- No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.3**.

3.2.3 Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): **December 2008**

b) A copy of the **Market Rate Survey instrument** and a summary of the results of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

See Attachment 3.2.3

3.2.4 Does the Lead Agency use its current Market Rate Survey (a survey completed within the allowable time period –10/1/07 -9/30/09) to set payment rates?

- Yes.
- No.

3.2.5 At what percentile of the current Market Rate Survey is the State payment rate ceiling set?

Note: If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

The Market Rate Survey (MRS) forms the basis from which the State sets the target rate percentiles. The Lead Agency also considers demographic and economic variations among the counties and apportions the rate increases accordingly. As resources allow, the Lead Agency is working to achieve the following goals (see Attachment 3.2.1 for county groupings):

- **Group 1A, Chicago and the surrounding metropolitan area: 50th percentile**
- **Group 1B, counties that include larger urban areas: 60th percentile**
- **Group 2, rural counties: 75th percentile**

SEIU won the right to do collective bargaining on behalf of family child care homes in Illinois who participate in the CCAP. SEIU has used the MRS in negotiations but has not worked toward specific percentile goals. Rates for family child care homes

were set by the SEIU contract which is in effect until June 30, 2009. Negotiations for the July 1, 2009 contract are currently underway. While the contract is limited to family child care homes, the Lead Agency anticipated parity for child care center rates.

The rates shown in Attachment 3.2.1 move reimbursement to the following percentiles:

LICENSED CHILD CARE CENTERS

<i>Child Care Category</i>	<i>Geographic (County) Subsidy Reimbursement Group</i>		
	Group 1A	Group 1B	Group2
Infants & Toddlers (0-23 mos)	27.4	65.7	72.1
Twos (24-35 mos)	29.5	49.5	56.5
Preschool (36-71 mos)	23.2	22.1	47.9

LICENSED FAMILY CHILD CARE HOMES

<i>Child Care Category</i>	<i>Geographic (County) Subsidy Reimbursement Group</i>		
	Group 1A	Group 1B	Group2
Infants & Toddlers (0-23 mos)	48.9	47.4	83.3
Twos (24-35 mos)	50.5	49.8	87.1
Preschool (36-71 mos)	42.0	48.9	69.7

3.2.6 Describe the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: (\$98.43(b))

The reimbursement rates for care vary by age of child, type of care and geographic region (Attachment 3.2.1). The Lead Agency's rates historically have not been set in accordance with market rate. The last increase in rates occurred on July 1, 2009.

The most recent Market Rate Survey completed in December 2008 indicates the state's reimbursement rates are below market in many areas. According to the Survey, provider reimbursement rates vary from less than 22% to 87% of the market rate, depending on region, type of care and age of child. Providers participating in the certificate program are not prohibited from collecting the difference between the reimbursement they receive and their customary fee for services.

The Lead Agency continues to administer the Infant Toddler Incentive Program for child care centers that expand their capacity for infants and toddlers enrolled in the CCAP. These providers can qualify for a 10% add-on to the standard CCAP reimbursement rate. This reimbursement cannot exceed the child care rate paid by the general public for children of the same age. The goal of this program is to increase the number of infant/toddler spaces available for families of low income.

The percentage of child care providers on the statewide CCRR provider database who are willing to care for children enrolled in CCAP has remained steady at approximately 70% over the last few fiscal years.

3.2.7 Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

Yes. If, yes, **describe**.

No.

3.2.8 Does the State have any type of tiered reimbursement or differential rates?

Yes. If yes, **describe**:

The Illinois Quality Counts: Quality Rating System (QRS) assists Illinois child care programs in providing quality care for children and their families. The voluntary system is available to License Exempt Family Child Care providers, Licensed Family Child Care providers and Licensed Child Care Centers. The system offers levels which providers can achieve depending on the type of care they provide. Basic QRS requirements include training about QRS and serving children eligible to the CCAP.

The QRS offers levels which providers can achieve depending on the type of care they provide. Specific quality criteria must be met to achieve each level. Once a child care provider has met the required criteria for a level, they receive a QRS certificate and a quality add-on to the CCAP standard daily reimbursement rate.

For license-exempt family child care providers, there are three tiers of training to achieve for QRS. Providers completing the Training Tiers and who meet other eligibility requirements receive an award certificate and a quality add-on of 10%, 15% or 20% to the standard CCAP rate for CCAP children currently in care.

For Licensed Family/Group Home Child Care providers, there are four Star Levels to achieve. A provider must be currently licensed to apply at any Star Level. Providers meeting eligibility requirements and achieving a Star Level will receive an award certificate and a quality add-on of 5%, 10%, 15% or 20% to the standard CCAP rate for CCAP children currently in care.

For Licensed Child Care Centers, there are four Star Levels to achieve. A center must be currently licensed to apply at any Star Level. Programs meeting eligibility requirements and achieving a Star Level will receive an

award certificate and a quality add-on of 5%, 10%, 15% or 20% to the standard CCAP rate for CCAP children currently in care.

No.

3.2.9 Describe how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service. (§98.43(a))

The Lead Agency requires all child care providers who participate in the CCAP to submit Rate Certification Forms. These forms are submitted annually and list rates charged to families.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit **18**

No.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is **18**

No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Table 3.3.2 Income Eligibility

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (d) by (a), multiply by 100]
1	na	na	na	na
2	\$4,101	\$3,486	\$2,334	57%
3	\$5,066	\$4,306	\$2,934	58%
4	\$6,031	\$5,126	\$3,534	59%
5	\$6,996	\$5,947	\$4,134	59%

Note: Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used:

c) These eligibility limits in column (c) became or will become effective on:
April 1, 2008

d) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

See Attachment 3.3.2

No.

- f) **Describe** whose income is excluded for purposes of eligibility determination.
Earnings of a child under 19 years of age are excluded for purposes of eligibility determination unless the child is the applicant.

3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

“Work” is defined as a trade, profession, or other means of legal livelihood for which a wage, salary, or monetary compensation is paid.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the specific activities that are considered “job training and/or educational program”, including minimum number of hours. (§§98.16(f)(3), 98.20(b))

No.

3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.
 No.

No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)

No.

3.3.5 Additional Conditions for Determining CCDF Eligibility

Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

No.

3.4 Priorities for Serving Children and Families

3.4.1 At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

Table 3.4.1 Priorities for Serving Children

	How does the Lead Agency prioritize the eligibility categories in Column 1?			CHECK ONLY IF APPLICABLE	
	CHECK ONLY ONE			(d)	(e)
Eligibility Categories	(a) Priority over other CCDF-eligible families	(b) Same priority as other CCDF-eligible families	(c) Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Children with special needs*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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	How does the Lead Agency prioritize the eligibility categories in Column 1?			CHECK ONLY IF APPLICABLE	
	CHECK ONLY ONE			(d)	(e)
Eligibility Categories	(a) Priority over other CCDF-eligible families	(b) Same priority as other CCDF-eligible families	(c) Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Children in families with very low incomes*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families receiving Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

* **Required**

3.4.2 Describe how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

The Lead Agency currently serves all eligible children. There are no waiting lists so there is no need to prioritize services.

Should the Lead Agency be required to go to a waiting list, families would be prioritized as follows:

- 1) **Families with very low incomes (poverty level and below),**
- 2) **Families with children with disabilities and special needs work be given priority to receive services, and**
- 3) **Families transitioning off of TANF.**

3.4.3 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off

TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))
The Lead Agency's CCAP serves all parents of low income who work or attend approved education/training programs and meet the income eligibility guidelines (200% of FPL). This includes families receiving TANF, those working to transition off of TANF and those at risk of becoming dependent upon TANF. Parents in approved education or training programs may also participate in the CCAP if they meet the income eligibility guidelines, including teen parents pursuing their high school diploma or equivalent.

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- Yes, and the additional priority rules are: **(Terms must be listed and defined in Appendix 2)**
- No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

- Yes.
- No.

3.4.6 Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

- Yes. If yes, **describe**. At a minimum, the description should indicate:
- a) Whether the waiting list is maintained for all eligible families or for certain populations?
 - b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?
 - c) What methods are employed to keep the list current?
- No.

3.5 Sliding Fee Scale for Child Care Services

3.5.1 The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (§98.42).

- a) **Attach** the sliding fee scale as **Attachment 3.5.1a**.
- b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:
Policy 04.02.01 best describes how the sliding fee scale is administered, see Attachment 3.5.1b.
- c) The attached sliding fee scale was or will be effective as of **July 1, 2008**.
- d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Yes, and **describe** those additional factors:
In addition to income and family size, the number of children receiving care and the number of hours care is needed are factors in determining a family's contribution.

No.

3.5.2 Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

Yes.

No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2**.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: **\$NA**

The Lead Agency must **select ONE** of these options:

ALL families with income at or below the poverty level for a family of the same size **ARE NOT** required to pay a fee.

ALL families, including those with incomes at or below the poverty level for families of the same size, **ARE** required to pay a fee.

- SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families:

3.5.4 Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

- Yes.

Providers participating in the certificate program are permitted to collect the difference between the reimbursement they receive and their customary fee for services.

- No.

3.5.5 Describe how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

The Parent Co-Payment scale requires parents to pay an amount they can reasonably afford. The fee is based on gross family income, family size, number of children in care and the number of hours care is required. No family with one child pays more than 11.5% of their monthly income. Families with two or more children do not pay more than 16.2%. Most families pay less than these percentages. In December 2008 and January 2009, almost 60% of families paid 7% or less of their monthly income in a co-payment.

PART 4

PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

4.1.1 Describe the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)

When customers make an initial application for TANF or have the first face-to-face contact with the Lead Agency local office staff, all TANF applicants and recipients are informed in writing or verbally of the availability of supportive services for which they might be eligible. This includes the CCAP program and information regarding the CCRR agencies.

The Lead Agency publicizes the CCAP and other child care services through its website. The website contains information pertaining to child care services, such as a CCAP eligibility calculator, a downloadable CCAP application and a link to INCCRRA so that customers can locate the CCRR agency serving their area. A brochure printed by the Lead Agency provides parents with information about choosing child care and the availability of the CCAP. Lead Agency local offices and CCRR agencies distribute these brochures.

Additionally, CCRR agencies provide information to parents about available services, including referrals to child care providers, indicators of quality child care and the CCAP. CCRR agency services are publicized locally through print, community involvement and participation in local events. INCCRRA also provides a toll-free line for parents to use that allows them to locate their local CCRR.

Lead Agency local office staff and CCRR agencies work closely together to ensure customers are informed of child care services.

- b) How parents can apply for CCDF services
- Parents can obtain CCAP applications from the Lead Agency website, Lead Agency (DHS) local offices, IL Department of Health and Family Services (IDHFS) child support offices, any contracted site administered child care program and any CCRR. If a parent has already identified an eligible provider, both complete the necessary application requested on the application. Parents who currently are searching for child care can contact their CCRR agency to request referrals.**

- c) What documentation parents provide as part of their application to determine eligibility

In addition to the application form, parents must submit the following documentation:

- **Photocopies of two most recent pay stubs, or**
- **Income verification letter from employer, or**
- **Income verification form supplied by CCRR.**

- d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4

At the time of application or at the time of the first face-to-face contact with the Lead Agency local office staff, all TANF applicants/recipients are informed in writing and verbally of the availability of the TANF employment and work activities and of the supportive services for which they may be eligible.

Applicants/recipients are also informed of their responsibilities, as well as the Lead Agency's. This includes the rights and responsibilities of participants under the Plan, including exemption, good cause criteria and procedures and the 24-month work requirements and time limits.

- e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Beginning in April 2008, the Lead Agency raised the income eligibility guidelines to 200% of the Federal Poverty Level (FPL). Previously, eligibility had been determined by using the SMI. Converting FPL percentages to SMI percentages varies by family size, however 200% of the 2008 FPL is approximately 58% 2008 Illinois SMI.

- f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1.**

4.1.2 Is the application process different for families receiving TANF?

Yes, and **describe** how the process is different:

No.

4.1.3 What is the length of eligibility period upon initial authorization of CCDF services?

In most cases, initial eligibility is determined for six months, and thereafter at the end of each six month period, eligibility is redetermined.

- a) Is the initial authorization for eligibility the same for all CCDF eligible families?

Yes.

- No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):
For families enrolled in Head Start/Pre-K/Child Care collaborations, eligibility is determined once per year at the beginning of the program year.

4.1.4 Describe how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

The following publications and resources are available:

- **“Affordable Child Care” and “Welcome to the Illinois Child Care Assistance Program: a parent’s guide” brochures are distributed by the Lead Agency and the CCRR agencies. These brochures supply information about the CCAP program. Descriptions of the types of care parents can choose from are included (licensed or license exempt child care centers; licensed family child care homes or group homes; or legally license exempt family child care homes, including in-home care and care by relatives). Faith-based providers are not excluded from the CCAP. CCRR agency CCAP eligibility staff also supply this information verbally to families.**
- **The Lead Agency’s website contains a page detailing CCAP information for parents. This page lists the types of care allowed in the program (see above).**
- **The CCAP application lists the types of providers that can participate in the program.**

Additionally, the CCRR statewide child care provider database system contains all the provider types listed above except in-home care providers. Parents receiving child care referrals are informed about the types of providers included in the database and are asked if they prefer a certain type of provider or program (i.e. faith-based).

4.1.5 Describe how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

The Child Care Information Line (877-202-4453) for locating child care providers and assistance paying for child care is available in English and in Spanish. Lead Agency materials for parents, the application form and the brochure, are available in English and in Spanish.

The CCRR agencies do outreach in their service delivery areas directed to families with limited English proficiency. Each CCRR meets the needs of their area, for example:

- **Illinois Action for Children, CCRR serving Cook County, employs Parent Support staff who speak 19 different languages to assist with translations. The Parent Support staff are employed in both referral and subsidy roles.**
- **Most CCRRs have at least one Spanish-speaking staff person available to assist with translations.**

4.2 Records of Parental Complaints

Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

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. Parents may also call the DCFS Advocacy Office toll-free. Allegations of abuse or neglect should be made to the toll-free Child Abuse Hotline (1-800-25ABUSE).

Information about substantiated complaints against child care providers can be obtained by calling the DCFS toll-free Day Care Information Hotline (____). Substantiated complaint information is available through this Hotline for one year. After that, a Freedom of Information Act (FOIA) request must be made to DCFS.

4.3 Unlimited Access to Children in Child Care Settings

Provide a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

All providers who participate in the CCAP must complete a Self Certification section on the Child Care Application (See Attachment ____). The first item states that parents will have unrestricted access to their children at all times. The provider must sign the form to certify that this will be true of the child care setting in order to be approved for the CCAP.

Sections 406.12, 407.200 and 408.60 of DCFS Licensing Standards state, “The parent(s) or guardian(s) shall be permitted to visit the home/center, without prior notice, during the hours their child(ren) is/are in care.” Licensing offices would be made aware of non-compliance through complaints from parents.

License exempt providers participating in the CCAP programs are expected to give parents unlimited access to their homes/centers during normal operating hours. Parent complaints would alert the Lead Agency to a lack of compliance. Both parents and providers would be counseled on “unlimited access”. Should the non-

compliance continue, the provider may be moved to a non-approved status in the CCAP.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency 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 under 6 years of age.

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 Child Care 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. The TANF agency that established these criteria or definitions is: **Illinois Department of Human Services**

- "appropriate child care":
Affordable care that meets the child's needs and complies with all applicable state and local laws and regulations
- "reasonable distance":
The client's total travel time (from home to child care provider to job/activity, plus the return trip) is not more than 25 percent of the client's total time on the job/activity, i.e. no more than 2 hours commuting for an 8-hour work day.
- "unsuitability of informal child care":
Arrangements with family or friends to provide child care that does not meet the child's needs. Are unreliable, and/or violate applicable state and local laws and regulations.
- "affordable child care arrangements":
Child care that is free or eligible for payment by the Lead Agency and that does not exceed the Lead Agency's maximum rate for the type of care.

PART 5

ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

5.1.1 Infants and Toddlers:

Note: For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) **Describe** the activities provided with these targeted fund.
- 1) **Infant/ Toddler Incentive Program:** The Lead Agency administers the Infant/Toddler Incentive Program which is available to child care centers that expand their capacity for infants and toddlers enrolled in the CCAP. These providers can qualify for a 10% add-on to the standard CCAP daily rate if they enroll a certain percentage of infants/toddlers (children ages 6 weeks to 30 months) participating in the CCAP. This reimbursement rate cannot exceed the child care rate paid by the general public of children of the same age.
 - 2) **Healthy Child Care Illinois:** CCRR agencies, in partnership with local health departments, provide Healthy Child Care Illinois (HCCI) services. This program serves young children with the focus on those age birth through two years. Child Care Nurse Consultants (CCNC), employed by county health departments, are located at each CCRR. Nurse Consultants provide technical assistance, training and referrals for child care providers and parents.
 - 3) **Equipment/Facility Improvement Grants:** CCRR agencies offer Equipment/Facility Improvement Grants to child care programs through a competitive RFP process. Awards vary from \$100 to \$12,000 depending on provider type and program capacity. These grants may be used for materials, equipment and/or facility improvements. A minimum of 33% of the funds must be used for children up to 30 months of age quality and/or capacity activities.

- 4) **Early Childhood Mental Health Consultant Project:** This project is administered by a contracted mental health agency. The project addresses the social/emotional needs of young children in child care settings, birth – five years. Full-time mental health consultants (MHC) are employed by and housed in a local mental health or social service agency. MHCs conduct training, provide consultations and supply referrals for child care providers and the families they serve.
- b) **Identify** the entities providing the activities
- 1) **Infant/Toddler Incentive Program:** Various child care centers provide this activity. See Attachment 5.1.5 for details.
 - 2) **Healthy Child Care Illinois (HCCI):** HCCI activities are provided through a partnership between local CCRRs and health departments. See Attachment 5.1.5 for details.
 - 3) **Equipment/Facility Improvement Grants:** This program is administered by the local CCRRs through a competitive RFP process. See Attachment 5.1.5 for list of CCRRs.
 - 4) **Early Childhood Mental Health Consultant Project:** The MHC Project is administered by a contracted mental health agency, Chaddock. The MHCs are employed by and housed in local mental health or social service agency.
- c) **Describe** the expected results of the activities.
- 1) **Infant/Toddler Incentive Program:** The goal of the Infant/Toddler Incentive Program is to increase the number of infant/toddler child care spaces available to families of low income.
 - 2) **Healthy Child Care Illinois:** The goal of this program is to connect public health and child care systems to support healthy child care environments and healthy outcomes for children in care.
 - 3) **Equipment/Facility Improvement Grants:** The goal of this program is to increase capacity and improve the quality of child care programs.
 - 4) **Early Childhood Mental Health Consultant Project:** The goal of this project is stable and continued enrollment of children with social/emotional challenges in child care settings.

5.1.2 Resource and Referral Services:

- a) **Describe** the activities provided with these targeted funds
- 1) **Core Services:** Indicators of quality child care, other consumer education and referrals are supplied to parents. Technical assistance is given to prospective and new child care providers and those interested in expanding their child care programs. Communities interested in expanding child care services can also receive technical assistance and valuable child care data from CCRRs.
 - 2) **Program Improvement and Accreditation Funds:** Center-based and family child care programs are encouraged to pursue quality improvement. Voluntary participation in the Quality Counts: Quality Rating System (QRS) and/or national program accreditation provides the pathway to improve quality. CCRRs offer information, technical assistance and support funds for the QRS and accreditation processes. Funds can be used for training, mentoring, fees and equipment required to achieve a quality rating or accreditation.
 - 3) **Equipment/Facility Improvement Grants:** CCRR agencies offer Equipment/Facility Improvement Grants to child care programs through a competitive RFP process. Awards vary from \$100 to \$12,000 depending on provider type and program capacity. These grants may be used for materials, equipment and/or facility improvements.
 - 4) **Quality Counts Activities:** Each CCRR agency has a “Quality Counts” van for outreach to parents, providers and the community. The vans are equipped with consumer education materials, literacy packets, health and safety information and supplies, child development information and lending library resources. Outreach at community events helps educate parents and the public about legal and quality child care, the CCAP, KidCare (state subsidized health care), child development and early literacy. Site visits to child care programs provide one-on-one training and technical assistance to help improve quality care with an emphasis on literacy.
 - 5) **CCRR Sponsored Training and Professional Development Funds:** CCRR agencies arrange for training opportunities for child care providers. This includes stand-alone workshops, workshop series, conferences and self- study materials. CCRR training impacts the quality of care provided and helps providers meet licensing standards CCRR agencies also offer Professional Development Funds (PDF) to child care providers. PDF monies can be used for college tuition, credentials, and non-CCRR sponsored conference and training expenses.

- 6) **Gateways to Opportunity Scholarship Program:** The Gateways to Opportunity Scholarship Program is an individual-based scholarship opportunity for practitioners in child care settings. The program will pay for a percentage of the cost of tuition, fees and books based on an eligible participant's child care position income. The Gateways Scholarship Program replaces the T.E.A.C.H. Early Childhood® Program in Fiscal Year 2009.
 - 7) **Great START:** Great START is a wage supplement programs that provides financial incentives to center based and family home providers who have attained education beyond state licensing requirements. Wage supplements are awarded every six months based on the level of formal education an eligible applicant has attained and continue as long as the provider remains employed by the same child care program.
 - 8) **Statewide Quality Counts Marketing Campaign:** Quality Counts activities include a toll-free number for parents and providers to learn about CCRR services and to connect with their local CCRR, and statewide marketing materials promoting CCRR services and quality child care.
- b) **Identify** the entities providing the activities
- 1) **Core Services:** See Attachment 5.1.5 for list of CCRRs.
 - 2) **Program Improvement and Accreditation Funds:** See Attachment 5.1.5 for list of CCRRs.
 - 3) **Equipment/Facility Improvement Grants:** See Attachment 5.1.5 for list of CCRRs.
 - 4) **Quality Counts Activities:** See Attachment 5.1.5 for list of CCRRs.
 - 5) **CCRR Sponsored Training and Professional Development Funds:** See Attachment 5.1.5 for list of CCRRs.
 - 6) **Gateways to Opportunity Scholarship Program:** The Gateways to Opportunity Scholarship Program is administered by INCCRRA.
 - 7) **Great START:** Great START is administered by INCCRRA.
 - 8) **Statewide Quality Counts Marketing Campaign:** Quality Counts is administered by INCCRRA.
- c) **Describe** the expected results of the activities.
- 1) **Core Services:**
For Parents: The expected results are informed consumers, as well as list of child care referrals.
For Providers: The expected result is an increase in the number of providers, as well as the availability of quality services.
For Communities: The availability of technical assistance and data regarding current child care services.
 - 2) **Program Improvement and Accreditation Funds:** The goal of this activity is increased quality in a child care settings and an increase

- in the number of child care centers and family child care homes that achieve national accreditation and an Illinois QRS rating.
- 3) **Equipment/Facility Improvement Grants:** The child care centers and family child care homes are expected to increase their capacity and/or improve the quality of their child care program.
 - 4) **Quality Counts Activities:** The goals of the Quality Counts Vans are two-fold: 1) to increase consumer awareness about quality child care and related topics; and 2) to provide resources to child care settings for program improvement with an emphasis on literacy.
 - 5) **CCRRC Sponsored Training and Professional Development Funds:** The goal of this activity is child care practitioners who are better prepared to provide quality services to children and families. In Fiscal Year 2008, over 3,000 training opportunities were made available to more than 51,000 participants.
 - 6) **Gateways to Opportunity Scholarship Program:** The expected results of the Gateways Scholarship program are (1) a stable child care workforce where practitioners have been able to continue their education, earn degrees and/or credentials, and experience increased earning ability, and (2) improved quality and consistency of care received by children in licensed child care settings.
 - 7) **Great START:** The expected results of Great START are two-fold. First is the expectation is a decrease in the rate of turnover experienced in child care. The second is that child care providers will increase their education related to young children and thus provide a higher quality of care.
 - 8) **Quality Counts:** The goal of this activity is to give parents the opportunity to be well informed consumers of quality child care.

5.1.3 School-Age Child Care:

- a) Describe the activities provided with these targeted funds
- 1) **Equipment/Facility Improvement Grants:** CCRRC agencies offer Equipment/Facility Improvement Grants to child care programs through a competitive RFP process. Awards vary from \$100 to \$12,000 depending on provider type and program capacity. These grants may be used for materials, equipment and/or facility improvements. Child care centers and family child care homes serving school age children are eligible to apply for these grants
- 2) **School Age Improvement Activities:** Funds support the work of Making the Most of Out-of-School Time (MOST) and the Illinois AfterSchool Network (IAN). MOST and IAN support school-age care by expanding the amount of care available, and improving its quality through consumer education and technical assistance to parents, providers and communities. Professional

development activities, including conferences, are also made available to providers.

b) Identify the entities providing the activities

- 1) **Equipment/Facility Improvement Grants: See Attachment 5.1.5 for list of CCRRs.**
- 2) **School Age Improvement Activities: MOST activities are administered by the Cook County CCRR, Illinois Action for Children. IAN is the contractor for their activities.**

c) Describe the expected results of the activities.

- 1) **Equipment/Facility Improvement Grants: The goal of this program is to increase the capacity of school age child care available and improve the quality care that exists.**
- 2) **School Age Improvement Activities: The goal of this program is to improve the quality of school age care in Illinois.**

5.1.4 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$14,028,169 (4%) NOTE: this includes ARRA allocations less targeted funds.

5.1.5 Check each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

Table 5.1.5 Activities to Improve the Availability and Quality of Child Care

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Comprehensive consumer education	<input checked="" type="checkbox"/>	CCRR agencies*	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	CCRR agencies	<input checked="" type="checkbox"/>
Monitoring compliance with licensing and regulatory	<input type="checkbox"/>		<input type="checkbox"/>

PLAN FOR CCDF SERVICES IN: **Illinois**
FOR THE PERIOD 10/1/09 – 9/30/11

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
requirements			
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	INCCRRA & CCRR agencies	<input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	INCCRRA	<input checked="" type="checkbox"/>
Activities to support a Quality Rating System	<input checked="" type="checkbox"/>	INCCRRA & CCRR agencies	<input checked="" type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	INCCRRA & CCRR agencies	<input checked="" type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	INCCRRA & CCRR agencies	<input checked="" type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	CCRR agencies; Local health depts.; & Mental health agencies	<input checked="" type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>	INCCRRA & CCRR agencies	<input checked="" type="checkbox"/>

***NOTE: Complete list of entities is in Attachment 5.1.5**

5.1.6 For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

COMPREHENSIVE CONSUMER EDUCATION

Core Services:

See Section 5.1.2

Quality Counts Activities

See Section 5.1.2

Statewide Quality Counts Marketing Campaign

See Section 5.1.2

GRANTS AND LOANS

Equipment/Facility Improvement Grants

See Section 5.1.2

PROFESSIONAL DEVELOPMENT

Gateways to Opportunity: Illinois Professional Development System

Gateways to Opportunity (Gateways) is a collaborative effort of DHS (Child Care and Head Start State Collaboration Office), ISBE, INCCRRA, child care providers, CRRs, Head Start agencies, two- and four-year colleges and DCFS. The long term goal of Gateways is to improve the stability of the work force for programs/agencies serving children, youth and families through increased pre-service professional preparation and on-going professional development, increased compensation and improved opportunities for career development. Gateways is administered by INCCRRA. To date, most of the evaluation of Gateways components has focused on tracking participation. However, a more extensive evaluation of the Professional Development Advisors is being conducted by the University of Illinois and Dr. Lillian Katz. See Section 5.2..... for more information.

Program Improvement and Accreditation Funds

See Section 5.1.2

CCRR Sponsored Training & Professional Development Funds

See Section 5.1.2

Illinois Trainers Network

The Illinois Trainers Network (ITN), administered by INCCRRA, provides training to individual trainers on topics such as developmentally appropriate curriculum, developmental screenings, Illinois Early Learning Standards, quality rating systems, and inclusion. ITN trainers then, in turn, coordinate with CRRs to supply standardized curriculum training to child care providers statewide. In FY2008, almost 600 training sessions were offered in the 14 standardized curricula.

IMPROVING SALARIES AND COMPENSATION

Gateways to Opportunity Scholarship Program

See Section 5.1.2

Great START

See Section 5.1.2

QUALITY RATING SYSTEMS

Illinois Quality Counts: Quality Rating System (QRS)

The Illinois Quality Counts: Quality Rating System (QRS) was implemented in state Fiscal Year 2008. QRS assists Illinois child care programs in providing quality care for children and their families. This voluntary system is available to License Exempt Family Child Care providers, Licensed Family Child Care providers and Licensed Centers. The QRS offers level which providers can achieve depending on the type of care they provide. QRS is administered by INCCRRA and technical assistance, training and supports are offered to all types of providers through their local CCRR agency. In the first year (FY2008), 105 providers, serving 4,336 children receiving CCAP assistance, received QRS ratings.

EARLY LANGUAGE, LITERACY, PRE-READING AND EARLY MATH CONCEPTS DEVELOPMENT

Quality Counts Activities

See Section 5.1.2

Illinois Early Learning Standards for 3- and 4-Year-Olds

See Section 5.1.2

Each CCRR agency continues to be required to offer a minimum of two training sessions on the Illinois Early Learning Standards for 3- and 4-Year-Olds (ELS). ELS is available through the Illinois Trainers Network (ITN). As with any ITN training, the CCRR agencies assist with coordinating local training sessions.

INCLUSIVE CHILD CARE

Special Needs Add-On Project

The Lead Agency administers the Special Needs Add-on Project to ensure children, including those with special needs/disabilities, have access to quality child care. Families that are income eligible for the CCAP and have a child(ren) with a special need/disability can apply for a 20% add-on rate to the standard subsidized daily rate available through site administered child care programs. Documentation of a special need includes an IFSP (Individualized Family Service Plan) for children 0-3 or an IEP (Individual Education Plan) for children 3-18. Examples of how additional funds are to be used include: purchasing adaptive equipment, securing specialized training for staff and one-on-one aide for the child.

SpecialCare Outreach Training

SpecialCare Outreach Training (SpecialCare) is a statewide training offered through the Illinois Trainers Network (ITN). CCRR agencies assist locally by coordinating training sessions. The goal of SpecialCare is to increase child care providers' knowledge and level of comfort so they are willing and able to extend their traditional roles to care for children with special needs/disabilities. Follow up surveys completed with a sample of participants indicate child care providers do find that this training increases their confidence in caring for children with special

needs. Additionally, SpecialCare training enables providers to meet DCFS licensing standards.

Early Childhood Developmental Screening Training Curriculum

The Developmental Screening Training is administered by INCCRRA. It is a voluntary training curriculum that complements the SpecialCare Training. This curriculum emphasizes the importance of offering developmental screening in all types of child care settings by administering a user-friendly tool (Ages & Stages Questionnaire) designed to collect both parent and provider input; how to share results; and what community resources are available for referral.

HEALTHY CHILD CARE AMERICA & OTHER HEALTH/EMOTIONAL HEALTH ACTIVITIES

Early Childhood Mental Health Consultant Project

See Section 5.1.1

Healthy Child Care Illinois

See Section 5.1.1

Childhood Obesity Project

Lead Agency is partnering with INCCRRA, CCRR agencies and other contractors to promote healthy eating and exercising for children. This includes the distribution of promotional materials that contain information about nutrition and ideas for healthy meals and snacks. Additionally, a website informs parents, child care providers and others about the seriousness of obesity in young children. The website contains recipes, exercise options and links to additional resources and relevant research.

Nutrition/Obesity Prevention Training

Each CCRR agency continues to be required to offer at a minimum one training opportunity related to nutrition/childhood obesity.

ACTIVITIES THAT INCREASE PARENTAL CHOICE

Parent Services at CCRRs

The parent services provided by 16 contracted CCRRs include: recruiting all types of child care providers, consumer education and referrals based on parent services.

OTHER QUALITY ACTIVITIES

Illinois Early Learning Council

The Illinois Early Learning Council was created by the Governor and the General Assembly

5.2 Early Learning Guidelines and Professional Development Plans

5.2.1 Status of Voluntary Early Learning Guidelines. Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds.

NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: ____ If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: ____ If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available.**
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1.**
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1.**
- Other. Describe:**

- a) **Describe** the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

The IL Early Learning Standards (ELS) are being implemented in Preschool for All, Illinois pre-kindergarten program. Additional guidelines include program standards for birth to age 3 are finalized and being implemented. Additionally, the Illinois Early Learning Standards for Kindergarten, for children 5-6, are being piloted.

- b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

- Yes. If yes, **identify standards:**

The Illinois ELS are aligned with the IL K-12 Learning Standards and the Head Start Child Outcomes Framework.

- No.

c) If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe:**

The Illinois ELS are aligned with the High Scope and Creative Curricula, which most of the ISBE Preschool for All programs use.

No.

d) Have guidelines been developed for children in the following age groups:

Birth to three. Guidelines are included as **Attachment 5.2.1 Program, not child, standards have been finalized for programs serving children ages birth to 3 and are being implemented statewide.**

Birth to five. Guidelines are included as **Attachment 5.2.1**

Five years or older. Guidelines are included as **Attachment 5.2.1 IL completed Early Learning Standards for Kindergarten for 5-6 year olds. They are being piloted. These are in addition to the Learning Standards for K-12.**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan): www.isbe.net/earlychi

5.2.2 Domains of Voluntary Early Learning Guidelines. Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

Yes. If yes, **describe.**

The IL ELS include learning standards and benchmarks for physical and social/emotional development, fine arts, foreign language, science and social science, in addition to language and mathematics.

No.

5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

Check all that apply:

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. **Describe:**

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

Check all that apply:

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe: IL ELS are being used by both Head Start and Child Care programs that are in collaboration with Preschool for All.**

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

The IL ELS accommodate the individualization of children, who are met where they are and moved along the developmental continuum at their individual paces.

e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

ISBE coordinates with the Lead Agency on ELS training for early care & education staff across settings throughout the state. Trainings are adjusted to meet the needs of trainees. CCRR agencies are required to offer a minimum number of ELS training opportunities each year.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan): www.isbe.net/earlychi

5.2.4 Assessment of Voluntary Early Learning Guidelines. As applicable, describe the State's plan for:

- a) Validating the content of the early learning guidelines
The content of the IL ELS was validated during development and pilot phases.
- b) Assessing the effectiveness and/or implementation of the guidelines
The effectiveness of the IL ELS and their implementation is connected "c" below.
- c) Assessing the progress of children using measures aligned with the guidelines
ISBE has aligned the Work Sampling Illinois with the ELS and provides training to Early Childhood Block Grant (ECBG) providers on the use of this instrument.
- d) Aligning the guidelines with accountability initiatives

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

5.2.5 Plans for Professional Development. Indicate which of the following best describes the current status of the Lead Agency's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State's professional development plan.**

- Planning.** Are steps underway to develop a plan?
 - Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
 - No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.

- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5.**
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5.**
- Other. Describe:**

a) **Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

Significant accomplishments made since the 2008-2009 Plan was submitted:

▪ **The Phase III Strategic Plan for the Professional Development Advisory Council (PDAC) and Gateways to Opportunity (Gateways) was implemented in September of 2007. Key goals of Phase III were:**

- **To ensure core content remains the framework for professional development for early care and education practitioners in Illinois**
- **To provide sustainability of Gateways to Opportunity and financial support to practitioners**
- **To maintain and refine a system for recognizing professional achievement**
- **To embed Early Care & Education credentials in state government**
- **To develop a system linking Early Care & Education credentials to roles and compensation**
- **To support and promote the implementation of Gateways to Opportunity through marketing, public relations and policy awareness**
- **To create and implement an Early Care & Education Registry of practitioners, trainers and trainings**

▪ **One of the most significant changes in the IL Professional Development is the inclusion of school age and youth development practitioners. This change was made official by changes in the language of the vision and mission statements in the July 2009 Strategic Plan. See Attachment 5.2.5**

▪ **Illinois was selected to be in the second cohort of states participating in the National Professional Development Center on Inclusion, a project of Frank Porter Graham.**

▪ **The pilot of the core knowledge and benchmarks for the ECE Credential Levels 4 and 5 and the Infant Toddler Credential Level 2-6 was completed during FY2008. Revisions were made to the benchmarks and the ECE and Infant Toddler Credentials were rolled out statewide in August 2008.**

- **Entitled institutions are those 2- and 4-year colleges whose curriculum has been reviewed and found to meet the benchmarks set for each credential. The following chart shows the number of entitled institutions by credential as of April 2009.**

Credential	2-Year Institutions	4-Year Institutions
Illinois Director	15	6
ECE	9	5
Infant Toddler	7	4
All 3 types	5	1

- **ACCESS is developing a block of ECE courses that will basically be the same at all community colleges with ECE/CD departments. This will make easier for individuals to articulate from a 2-year college to a 4-year college to get a Bachelor’s Degree in ECE/CD.**
- **Development work on the Gateways Registry continued. The applications and process for obtaining Trainer and Training Content Approval were piloted in FY2009. INCCRRA staff will begin to load data onto the Registry in July 2009.**
- **Representative Beth Coulsen has introduced legislation (HB2276am001) that revises the IL Department of Human Services Act to give the Department the authority to issue the Gateways Credentials.**

b) If developed, does the plan include (Check EITHER yes or no for each item):

	Yes	No
Specific goals or desired outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners’ training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors’ credential, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.
Specific goals or desired outcomes:

The Illinois Professional Development Plan includes the July 2009 Strategic Plan developed by the Steering Committee of the Professional Development Advisory Council (PDAC). (Attachment 5.2.5, attached to this document)

A link to Early Learning Guidelines:

A committee of PDAC developed the Core Professional Knowledge taking great care to align them with several standards, including the Illinois Early Learning Standards. The Core Professional Knowledge content areas and benchmarks will be reviewed on a regular basis to insure alignment remains in place. (Attachment 5.2.5, page 4)

Continuum of training and education to form a career path:

The Career Lattice developed by PDAC is a visual showing the many paths an individual might take. The framework for awarding credentials will include a process for including approved training. The Career Lattice is available at www.ilgateways.com/career_lattice.aspx (Attachment 5.2.5, page 5)

Articulation from one type of training to the next:

During the pilot of the Core Professional Knowledge for the ECE and Infant Toddler Credentials, 2- and 4-year colleges worked together to develop articulation agreements. In addition, ACCESS is developing a core of seven courses in ECE/CD so that there will be a smoother transition from one level to the next. (Attachment 5.2.5, page 4)

Quality assurance through approval of trainers

The PDAC Quality Assurance committee has piloted application and approval processes for trainers who wish to be Gateways Registry Trainers. The pilot was completed in FY2009. (Attachment 5.2.5, page 5)

Quality assurance through the approval of training effectiveness

The first step in assessing training effectiveness is an approval process for the training content. The PDAC Quality Assurance committee has developed and piloted application and approval processes for approving training content. The process will begin a statewide roll-out in July 2009. (Attachment 5.2.5, page 5)

State Credentials

Currently, three credentials are awarded in Illinois: the Illinois Director Credential for administrative competence; the ECE Credential Levels 1-5; the Infant Toddler Credential Levels 2-5. Work is continuing on a School Age and Youth Development Credential and graduate levels of the ECE and

Infant Toddler Credentials. Legislation has been introduced to give the Lead Agency the authority to award the credentials. (Attachment 5.2.5, page 4)

Specialized strategies to reach family, friend and neighbor caregivers:

The Level 1 ECE Credential curriculum was created with all child care practitioners in mind, including license exempt providers. This training is offered in a flexible manner so that practitioners can attend when it is convenient for them. License exempt providers have been included in the Illinois QRS, with three training levels. To date over 30 license exempt providers have received a QRS rating. (Attachment 5.2.5, page 6)

d) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

e) Are the professional development opportunities described in the plan available:

Note: Check either yes or no for each item):

	Yes	No
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

The Core Professional Knowledge used in developing the Career Lattice and its corresponding credentials is aligned with the Illinois Early Learning Standards. These Standards include standards and benchmarks for early language, literacy, pre-reading, and early math concepts.

As addressed in Section 5.1.6, training on the Illinois Early Learning Standards is offered to child care practitioners through the Illinois Trainers Network.

g) Are program or provider-level incentives offered to encourage provider training and education?

- Yes. **Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

Gateways to Opportunity Scholarship Program

See Section 5.1.2

Great START

See Section 5.1.2

Illinois Quality Counts: Quality Rating System

See Section 5.1.6

Gateways to Opportunity

Level 1 ECE Credential curriculum includes the distribution of items that relate to the curriculum, such as kits and other resources for use with the children.

- No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- Yes. **Describe** how the professional development plan's effectiveness/goal is assessed.

The Lead Agency and INCCRRA, realizing that a professional development system is ever-evolving, assess the effectiveness of the Professional Development Plan as follows:

- **The Information System (Data Tracking Program [DTP]) provides data on training and technical assistance offered by the CRRs. DTP will in essence be replaced the Gateways to Opportunity Registry. The transition will begin in July 2009.**
- **The biennial Salary and Staffing Survey provides data on compensation and retention of the workforce.**
- **Data is collected and analyzed on the participation in the professional development programs, including the Gateways Scholarship Program, Great START, QRS, and the Gateways Credentials.**
- **The Lead Agency uses the above-mentioned data and research, among others, to inform the continuing planning and implementation process. Data is analyzed as it relates to the quality, accessibility, and affordability of Illinois Gateways professional preparation and professional development. The results are shared with PDAC, the Child Care and Development Advisory Council, and the Illinois Early Learning Council.**

No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

i) Does the State assess the effectiveness of specific professional development initiatives or components?

Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.

Data is collected on each initiative and component, including but not limited to number of participants, number of times requested, number and location of approved trainers, etc. This data is combined with post-event evaluations and training needs assessments to determine the effectiveness of initiatives.

For example, A two-year longitudinal research study is investigating effectiveness of "mentoring" methods to help practitioners achieve Professional Development goals; identify and quantify practitioner barriers to professional development; and determine whether practitioners are able to achieve career goals in an efficient, effective manner. Ultimately, the project may inform policy through dissemination to professional organizations including NACCRRRA, NAEYC and NCCIC. To date, Professional Development Advisors have served more than 1,500 early care and education practitioners in Illinois. The research is being conducted by the University of Illinois @ Urbana-Champaign with oversight from Lilian Katz. A preliminary report will be available in September of 2009 with the final report on/before December of 2009.

No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

Yes. **Describe** how assessment informs the professional development plan.

The Lead Agency understands that a professional development system is not static. Therefore, assessments and evaluations of initiatives and components continue to shape the goals of the Professional Development Plan. Phase IV strategic planning is taking place in January and May 2009.

No. **Describe** any plans to include assessment to inform the professional development plan.

PART 6

HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, 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.
- **Family child care provider:** 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)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

The Department of Children and Family Services (DCFS) Licensing Standards Section 377.3—Facilities and Programs Exempt from Licensure:

a) Whether called "schools", "child care centers", "nursery schools", "kindergartens", "day nurseries", or similar names, the following day programs are exempt from licensure as day care centers to the extent that their services are provided exclusively to children who have attained the age of 3 years:

- 1) Programs operated by public or private elementary school systems; secondary school units; or institutions of higher learning. This exemption includes programs operated by institutions of higher learning as laboratories for the training of their adult students as part of their regular academic curriculum, whether the program is on the campus of the institution of higher learning or at other facilities controlled by the institution.
- 2) Programs or that portion of programs recognized by the Illinois State Board of Education.
- 3) Programs operated by a school registered with the Illinois State Board of Education and recognized or accredited by a national or multi-state educational organization or association which regularly recognizes or accredits schools such as Association Montessori International or the American Montessori Society.
- 4) Programs serving handicapped children less than 21 years of age which are registered with and approved by the Illinois State Board of Education and which meet the standards of the Illinois State Fire Marshal. [225 ILCS 10/2.09]
- 5) Programs providing primarily religious education as part of the instructional program of an elementary school operated by a church or religious organization which also meet the following criteria:
 - A) Receive no governmental aid or assistance other than exemption from taxation as a non-profit organization;

- B) Comply with the fire safety standards of the Illinois State Fire Marshal (41 Ill. Adm. Code 100); or comply with local fire prevention and safety standards for schools which are equal to or higher than rules adopted by the Illinois State Fire Marshal; or comply with Illinois State Board of Education Rule 200, Efficient and Adequate Standards for the Construction of Schools (23 Ill. Adm. Code 175);**
 - C) Comply with the standards of the Illinois Department of Public Health (77 Ill. Adm. Code 750) or the local health department; and**
 - D) Either offers classes for the first through the sixth grade or offers classes from the levels of nursery school or kindergarten through at least the first grade with a plan to offer classes through the sixth grade within five years.**
- b) The Child Care Act of 1969 also exempts the following from licensure as day care centers:**
 - 1) Facilities operated in connection with a shopping center or service, religious services, or other similar facilities, where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises and readily available;**
 - 2) Any type of day care center that is conducted on federal government premises; and**
 - 3) Special activities programs, including athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations. [225 ILCS 10/2.09]**

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?
(§98.41(a)(2)&(3))

Yes, and the changes are as follows:

No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

Staff/caregivers shall have on file at the facility documentation that they have had a physical examination, which includes a TB test. Verification shall be on file that the children are current on all immunizations.

b) Building and physical premises safety

The building will comply with all local fire, health and safety codes.

All cleaning agents, poisons and other hazardous materials must be stored in an area inaccessible to children.

c) Health and safety training

License exempt centers on the CCRR database are advised of available training opportunities through the Lead Agency or the CCRR. This includes training sessions related to health and safety.

d) Other requirements for center-based child care services provided under the CCDF

NA

6.2 Health and Safety Requirements for Group Home Child Care Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if group home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

6.3 Health and Safety Requirements for Family Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

DCFS Licensing Standards, Section 377.3--Facilities and Programs Exempt from Licensure

d) Family homes that care for no more than 3 children under the age of 12 or that receive only children from a single household, for less than 24 hours per day, are exempt from licensure as day care homes. The three children to whom this exemption applies includes the family's natural or adopted children and any other persons under the age of 12 whether related or unrelated to the operator of the day care home.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

Staff/caregivers shall have on file at the facility documentation that they have had a physical examination, which includes a TB test. Verification shall be on file at the facility that the children are current on all examinations.

b) Building and physical premises safety

State and local fire, health and safety codes must be followed.

Firearms and ammunition must be kept in a locked storage area at all times when children are present.

All cleaning agents, poisons and other hazardous materials must be stored in an area inaccessible to children.

c) Health and safety training

License exempt providers on the CCRN database are advised of available training through the Lead Agency or the CCRN. This includes training on health and safety.

d) Other requirements for center-based child care services provided under the CCDF

NA

6.4 Health and Safety Requirements for In-Home Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

Note: Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. **Describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

DCFS Licensing Standards, Section 377.3--Facilities and Programs Exempt from Licensure

d) Family homes that care for no more than 3 children under the age of 12 or that receive only children from a single household, for less than 24 hours per day, are exempt from licensure as day care homes. The three children to whom this exemption applies includes the family's natural or adopted children and any other persons under the age of 12 whether related or unrelated to the operator of the day care home.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

Staff/caregivers shall have on file at the facility documentation that they have had a physical examination, which includes a TB test. Verification shall be on file at the facility that the children are current on all immunizations.

b) Building and physical premises safety

State and local fire, health and safety codes must be followed.

Firearms and ammunition must be kept in a locked storage area at all times when children are present.

All cleaning agents, poisons and other hazardous materials must be stored in an area inaccessible to children.

c) Health and safety training

License exempt providers on the CRRR database are advised if available training through the Lead Agency or the CRRR. This includes training related to health and safety.

d) Other requirements for child care services provided under the CCDF

NA

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

Indicate the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d))
Describe how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
Sections 406.26, 407.70(o) and 408.130 of the Department of Children and Family Services (DCFS) Licensing Standards
Authorized representatives of the supervising agency or the Department of Children and Family Services shall be admitted to the facility during the facility's hours of operation for the purpose of

determining compliance with the Child Care Act of 1969 and standards set forth in this Part.

Licensed family child care homes, group child care homes and child care centers are subject to at least one unannounced visit per year. More visits may be made if the DCFS licensing representative deems it necessary.

No.

b) Are child care providers subject to background checks?

Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

As a condition of licensure (for licensed programs) or for receiving reimbursement from the CCAP for providing child care to eligible families (for license exempt providers), all child care providers under the Child Care Act of 1969 [225 ILCS 10] must agree in writing to a Child Abuse and Neglect Tracking System (CANTS) check in the Central Register as defined in the Abused and Neglected Child Reporting Act [325 ILCS 5].

License exempt providers subject to the CANTS check include:

- **Child care centers**
- **Family child care homes**
- **Relative care in the home of the relative**
- **Relative care in the home of the child(ren)**
- **Non-relative care in the home of the child(ren)**

Providers and individuals who are not indicated in the Central Register must agree in writing to a CANTS check every two years.

No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

**DCFS Licensing Standards for Day Care Centers, Section 407.70—
Organization and Administration**

m) Any accident or injury requiring professional medical care, death or other emergency involving a child shall be entered into the child's record and orally reported immediately to the child's parent or guardian and to the appropriate local licensing office of the

Department. If the center is unable to contact the parent or guardian and the Department immediately, it shall document this fact in the child's record. Oral reports to the Department shall be confirmed in writing within two business days after the occurrence.

**DCFS Licensing Standards for Day Care Homes, Section 406.24
Records and Reports**

m) The supervising agency shall be notified immediately by telephone and in writing within one week, if either or the following situations involving children occurs at the facility.

- 1) Accident or injury resulting in death or requiring emergency medical care**

**DCFS Licensing Standards for Group Day Care Homes—Section
408.120—Records and Reports**

d) The group day care home shall enter in the child's record and orally report immediately to the child's parent, guardian, and the Department any serious occurrences involving child(ren). Oral reports shall be confirmed in writing within two working days of the occurrence. If the home is unable to contact the parent, guardian or Department immediately, it shall document his fact in the child's record. These occurrences include serious accident or injury requiring extensive medical care or hospitalization; death; arrest; alleged abuse or neglect; major fire or other emergency situations.

No.

- d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

Center-Based Providers

DCFS verifies health and safety requirements for licensed child care centers as part of the licensing process and through monitoring visits of licensing staff.

License exempt center providers self-certify compliance with applicable state and local fire, health and safety codes upon caring for children enrolled in the CCAP and/or listing with the CCR database. Parents enrolled in the CCAP certify that they have reviewed the applicable health and safety rules and that the provider complies.

Group Home Providers

DCFS verifies health and safety requirements for group home child care providers as part of the licensing process and through monitoring visits of licensing staff.

Family Providers

DCFS verifies health and safety requirements for family child care providers as part of the licensing process and through monitoring visits of licensing staff.

License exempt family providers self-certify compliance with applicable state and local fire, health and safety codes upon caring for children enrolled in the CCAP and/or listing with the CCRR database. Parents enrolled in the CCAP certify that they have reviewed the applicable health and safety rules and that the provider complies.

In-Home Providers

License exempt in home family providers self-certify compliance with applicable state and local fire, health and safety codes upon caring for children enrolled in the CCAP. Parents enrolled in the CCAP certify that they have reviewed the applicable health and safety rules and that the provider complies.

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

PART 7

HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7)

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, 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.
- **Family child care provider:** 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)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

7.1 Health and Safety Requirements for Center-Based Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.1.1 For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.2.1 For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.3 Health and Safety Requirements for Family Child Care Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

7.3.1 For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

7.4.1 For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

7.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:
- No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

APPENDIX 1

CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

Carol L. Adams, Ph.D.
Secretary

APPENDIX 2

ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *in loco parentis* – **Assuming guardianship and control of a child (need not be formalized through the Court).**
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – **Mental incapacity, hearing impaired, deaf, speech/language impaired, visually disabled, serious emotional disturbance, orthopedic impairment or other health impairment, or specific learning disability; requiring special services, as documented by a statement from local health providers or other professionals in the health/medical field.**
- *protective services* – **Child determined to be in need of or receiving protective services. Determination is made by the Department of Children and Family Services (DCFS) child protection or child welfare personnel.**
- *residing with* – **Child living in the same household as the parent during the time period for which child care services are requested.**
- *special needs child* – **Child with a physical, mental or emotional incapacity. (Note: The Lead Agency does not need to prioritize based on special needs because all eligible children are served and there are no waiting lists.)**
- *very low income* – **Families at or below 30 percent SMI.**
- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:

APPENDIX 3: ADDITIONAL CERTIFICATIONS

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

- 1. Assurance of compliance with Title VI of the Civil Rights Act of 1964:**
<http://www.hhs.gov/ocr/ps690.pdf>
- 2. Certification regarding debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 3. Definitions for use with certification of debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 4. HHS certification regarding drug-free workplace requirements:**
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
- 5. Certification of Compliance with the Pro-Children Act of 1994:**
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
- 6. Certification regarding lobbying:**
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

REQUIRED ATTACHMENTS

List all attachments included with this Plan.

- Attachment 2.1.2 - Emergency Preparedness Plan**
- Attachment 2.2 - Summary of Public Comment Process**
- Attachment 3.1.1 - Child Care Program Manual web address:
<http://www.dhs.state.il.us/page.aspx?item=9877>**
- Attachment 3.1.1a - Sample of Child Care Certificate**
- Attachment 3.2.1 - Child Care Payment Rates, effective 07-01-08**
- Attachment 3.2.3 - Summary of Market Rate Survey**
- Attachment 3.3.2 - Definitions of Non-Exempt and Exempt Income**
- Attachment 3.5.1a - Sliding Fee Scale – Co-Payment Chart**
- Attachment 3.5.1b - Policy 04.02.01, Procedure for assessing co-payments**
- Attachment 4.1.1 - Child Care Application**
- Attachment 4.1.1sp - Child Care Application in Spanish**
- Attachment 5.1.5 - List of CCR&Rs and Site Administered Child Care Contractors**
- Attachment 5.2.1a - Illinois Birth to Three Program Standards**
- Attachment 5.2.1b - Illinois Early Learning Standards**
- Attachment 5.2.3 - ELS Tip Sheets**
- Attachment 5.2.5 - Illinois Professional Development Plan**