DRAFT – 5.6.13

**DRAFT FOR PUBLIC COMMENT – MAY 8, 2013**

# Child Care and Development Fund (CCDF) Plan for Illinois in FFY 2014-2015

This Plan describes the CCDF program to be administered by Illinois for the period 10/1/2013 – 9/30/2015. As provided for in the applicable statutes and regulations, the Lead Agency (IL Department of Human Services) has the flexibility to modify this program at any time, including amending the options selected or described.

This draft of the IDHS FFY 2014-2015 Plan has been prepared for internal use and the final draft will be used for the public comment in period in May-June 2013.

**PUBLIC HEARING INFORMATION**
Wednesday, May 29, 2013
10:00 – 11:30 a.m.
INCCRRA Offices
1226 Towanda Plaza
Bloomington, IL 61701

The Public Hearing will also be available via webinar. To register, go to:
https://www2.gotomeeting.com/register/028707690

**WRITTEN COMMENTS** should be directed to:
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IDHS Child Care
400 W. Lawrence, 2-West
Springfield, IL 62762
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# Part 1: Administration

## 1.1 Contact Information

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

Illinois Department of Human Services
100 South Grand Avenue East
Springfield, IL 62762
Michelle R. B. Saddler, Secretary
Phone: 217-557-1601
Fax: 217-557-1647
Email: Michelle.Saddler@illinois.gov
Web Address: www.dhs.state.il.us

### 1.1.2 Who is the CCDF administrator?

1.1.2a) Contact Information for the CCDF Administrator

Linda Saterfield
Director, Division of Family and Community Services
400 West Lawrence, 3rd floor
Springfield, IL 62762
Phone: 217-785-2559
Fax: 217-524-6029
Email: Linda.Saterfield@illinois.gov
Web Address: www.dhs.state.il.us
Phone for CCDF program: 877-202-4453
Web Address for CCDF program: www.dhs.state.il.us/page.aspx?item=29720
Web Address for CCDF policy manual: www.dhs.state.il.us/page.aspx?item=9877
Web address for CCDF program administrative rules:
www.ilga.gov/commission/jcar/admincode/89/08900050sections.html

1.1.2b) Contact Information for the CCDF Co-Administrator

Gina Ruther
Acting Chief, Bureau of Child Care and Development
400 West Lawrence, 3rd floor
Springfield, IL 62762
Phone: 217-785-2559
Fax: 217-524-6029
Email: Gina.Ruther@illinois.gov
Description of Role: Gina Ruther's role as co-administrator includes the day-to-day operations of the Bureau of Child Care and Development, including the Child Care Assistance Program; Program Integrity; and Program Development and Quality Improvement.

## 1.2 Estimated Funding

### 1.2.1 Expected funding level for October 1, 2013 – September 30, 2014

FY 2014 Federal CCDF allocation (Discretionary, Mandatory, and Matching): $208,210,718
Federal TANF Transfer to CCDF: $0
Direct Federal TANF Spending on Child Care: $450,000,000
State CCDF Maintenance-of-Effort Funds: $56,873,825
State Matching Funds: $71,258,386

**1.2.2 CCDF Matching and maintenance-of-effort (MOE) requirements**

The Lead Agency will use **General Revenue funds** for CCDF Matching and MOE funds.

**1.2.3 Describe the activities for which quality funds will be used in FFY 2014-2015.**

**INFANTS & TODDLERS**

Activity: **Infant Toddler Child Care Specialists**
Estimated Funding:
Purpose: In order to improve the quality of care for children under the age of 3 years, Infant Toddler Child Care Specialists housed in local CCR&Rs provide training and TA to child care providers caring for children.
Projected Impact and Anticipated Results: 1) Increase the quality of child care available to low-income children under the age of 3 years; 2) Assist child care providers in moving up the QRIS by helping to improve their ITERS (Infant Toddler Environmental Rating Scale) scores.

Activity: **Healthy Child Care Illinois**
Estimated Funding:
Purpose: Some of the CCR&R agencies, in partnership with local health departments provide Healthy Child Care Illinois (HCCI) services. This program serves young children with a focus on those from birth to age two years. Child Care Nurse Consultants (CCNC), employed by the county health departments, are located in participating CCR&Rs. Nurse Consultants provide technical assistance, training and referrals for child care providers and parents.
Projected Impact and Anticipated Results: 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.

Activity: **Mental Health Consultants (MHC)**
Estimated Funding:
Purpose: Caregiver Connection, the MHC program, addresses the mental health needs of young children (targeting children birth – age 5) in child care settings. The MHC supplies training, technical assistance, consultation and referrals to providers and families they serve in the CCR&R regions.
Projected Impact and Anticipated Results: The anticipated results include, but are not limited to: improved health/mental health outcomes for IL children; access to more training & technical assistance resources shared across agencies; improved quality of child care providers; and stable and continued enrollment of children with social/emotional challenges in child care settings.

Activity: **Quality Counts Child Care Grants – Infant/Toddler Care Priority**
Estimated Funding:
Purpose: Through a competitive process, child care centers and family child care homes may apply for grant funds to increase the quality of their program. Priority is given to grant applications requesting funds to improve the quality of infant/toddler care. At least one-third of the funds are awarded to these projects each year.
Projected Impact and Anticipated Results: Improve the quality of infant/toddler child care in Illinois.

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## QUALITY EXPANSION

Activity: **Child Care Resource & Referral (CCR&R) agencies**
Estimated Funding:
Purpose: Core Services: CCR&Rs offer child care related services to parents, providers and communities. Indicators of quality and other consumer education are provided to parents. Technical assistance is given to new child care providers and those interested in expanding their programs. Communities interested in expanding child care services can also receive technical assistance and valuable child care data from CCR&Rs.

Quality Counts Activities: Each CCR&R has a "Quality Counts" van to provide outreach to parents. Providers and the community relating to child care. This includes on-site technical assistance, training and consumer education. On-site visits and attendance at community events promotes the development of quality child care.

Professional Development: Professional Development Funds (PDF) are available for child care providers. Funding may be used for conferences/seminars or other training costs, and for State and national credential fees. This includes classes/training that assist providers with obtaining or maintaining their child care license.

Training: CCR&R sponsored training offer individuals interested in becoming child care providers technical assistance and resources. CCR&Rs also offer training on topics required by DCFS Licensing Standards, as well as other topics of interest to providers.
Projected Impact and Anticipated Results: Each of these activities supports child care providers who are working to obtain and maintain their DCFS license, as well as improve the quality of the care they are providing.

Activity: **Quality Counts Quality Rating System**
Estimated Funding:
Purpose: The Lead Agency contracts with local CCR&Rs, INCCRRA and NLU for administration, training, TA, assessment and marketing in QRIS. Licensed programs can achieve a QRS Certification Level and license-exempt family child care providers can complete Training Tiers. QRS certified providers serving children enrolled in CCAP receive a quality add-on to the standard subsidy rate.
Projected Impact and Anticipated Results: The goals of the QRIS are to increase the quality of child care by providing support to providers seeking to improve and/or maintain a high level of quality and to ensure this quality care is available to low income families.

## SCHOOL-AGE/RESOURCE AND REFERRAL:

Activity: **Child Care Resource & Referral (CCR&R) agencies**
Estimated Funding:
Purpose: Quality Count Child Care Grants: Through a competitive process, child care centers and family child care homes may apply for grant funds to increase the quality of their program. Child care centers and family child care homes serving school-age children are eligible for these funds.
School-Age Training: Local CCR&Rs provide training for child care providers serving school-age children.
Projected Impact and Anticipated Results: Improve the quality of school-age child care in Illinois.

Activity: **Illinois Afterschool Network (IAN)**
Estimated Funding:
Purpose: Funding supports training, technical assistance and an annual conference for school-age providers.
Projected Impact and Anticipated Results: Improve the quality of school-age child care in Illinois.

## GENERAL QUALITY (not subject to earmark)

Activity: **Child Care Resource & Referral (CCR&R) agencies**

Estimated Funding:

Purpose: Accreditation: CCR&Rs make funds available for child care center and family child care homes seeking national accreditation. Funds can be used for the various fees related to the accreditation process.

Core Services: CCR&Rs offer child care related services to parents, providers and communities. Indicators of quality and other consumer education are provided to parents. Technical assistance is given to new child care providers and those interested in expanding their programs. Communities interested in expanding child care services can also receive technical assistance and valuable child care data from CCR&Rs.

Projected Impact and Anticipated Results: An increase in the quality of child care available to families throughout Illinois.

### ILLINOIS NETWORK OF CHILD CARE RESOURCE & REFERRAL AGENCIES (INCCRRA)

Activity: **Great START Wage Supplement Program**

Estimated Funding:

Purpose: Developed to "Attract and Retain Teachers", Great START wage supplements are available to individuals employed in licensed child care settings who have higher educational qualifications than required by licensing standards and who have been employed by the current employer for more than one year.

Projected Impact and Anticipated Results: The two main goals of Great START are to: 1) decrease the rate of staff turnover, and 2) provide an incentive to increase the qualifications of the staff working with children.

Activity: **CCR&R Staff Training and Outreach**

Estimated Funding:

Purpose: This includes child care consumer education and referrals to parents; training and TA for child care providers – both current and prospective

Projected Impact and Anticipated Results: Consumer education helps parents be more informed consumers of child care; parent referrals help parents gain access to the available child care in the community; training and TA for prospective child care providers increases the state's capacity; and training and TA for current child care providers helps providers increase and maintain levels of quality.

Activity: **Gateways to Opportunity Professional Development System**

Estimated Funding:

Purpose: Gateways to Opportunity includes the Gateways Scholarship Program (GSP) and the Gateways Credentials. The GSP provides partial funding for college tuition and fees to individuals seeking early childhood related college degrees. The Credentialing program includes the Illinois Director Credential, the ECE Credential, the Infant Toddler Credential and the School-Age and Youth Development Credentials. The Registry is system for individuals working with, and for, children to track their educational and professional development attainment.

Projected Impact and Anticipated Results: All three components of Gateways will increase the educational levels of individuals working with children and youth in Illinois. The increased educational levels will have a positive impact on the quality of child care throughout the state. The Registry will provide the best picture of the child care workforce.

Activity: **Gateways to Opportunity Registry**
Estimated Funding:
Purpose: The Registry tracks the educational and professional development activities of individuals working with, and for, children, youth and families. Registry membership is now required by DCFS licensing standards.
Projected Impact and Anticipated Results: The Registry will be able to give the Lead Agency a detailed picture of the child care workforce.

Activity: **Network and Professional Development for CCR&Rs**
Estimated Funding:
Purpose: This includes the infrastructure of the Illinois CCR&R System, and training and technical assistance to CCR&R staff.
Projected Impact and Anticipated Results: A more effective CCR&R system that is up-to-date on the trends and research related to serving children, youth and families.

**1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?**
**Yes, the Lead Agency will distribute approximately 100% of quality funds directly to local entities.**

## 1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the programs, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by contractors. (§98.11(b))

**1.3.1 Describe the strategies the Lead Agency will use to ensure effective internal controls are in place.**
The Child Care Tracking System (CCTS) tracks the activity of contractors who administer the Child Care Assistance Program (CCAP): the CCR&R agencies and the site administered child care providers. CCTS requires prospective eligibility, that is, clients and providers must be determined to be eligible before services are approved for payment. CCTS monthly management reports are generated for the Lead Agency and contractor program management. Complaints about the CCAP from parents and providers are tracked as a means of reviewing contractor performance. CCAP activity is audited on-site at least every three years for every CCR&R and site administered child care provider.

The Lead Agency annually performs internal accounting and administrative controls to ensure compliance with requirements of the Fiscal Control and Internal Auditing Act (FCIAA). In addition, the Lead Agency has centralized federal reporting to one Bureau in order to provide checks and balances across funding streams. The Bureau of Revenue Management & Federal Reporting is responsible for financial reporting and the related functions of cost allocation, random moment sampling, cash draw down and cash management, CMIA calculations and State reporting requirements. The Lead Agency complies with A-133: Audits of State, Local Governments & Non-Profit Organizations. Fiscal controls are also ensured through multiple approval levels and segregation of duties for approvals and voucher entering.

The Lead Agency's 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 also conduct training to emphasize proper policies and procedures related to the errors found.

CCDF quality activities are monitored by the Program Development and Quality Improvement (PDQI) Unit in the BCCD via desk audits of monthly/quarterly program and monthly expenditure reports. The audits are based on contractual purchase of service standards. PDQI staff perform regular on-site audits of quality contracts.

**1.3.2 Describe the processes the Lead Agency will use to monitor all sub-recipients.**

For the purposes of this section, a sub-recipient (including a sub-contractor and/or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such program.

The Lead Agency's Bureau of Child Care 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.

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. The Quality/Discretionary providers submit monthly billings to their individual contract managers in the Quality unit. Staff review the expenditure reports and make payment recommendations to one designated staff person in the Quality unity. She then completes a spreadsheet, which reflects the payment recommendation and what line item of the contractors' budget the payment should be made from (Eligibility Determination, Quality, Quality Rating System and Infant Toddler Specialists). She obtains the Bureau Chief's approval to pay. Once the Bureau Chief has approved, the Contract Manager prints the spreadsheet and pays what has been recommended. The Contract Manager updates the spreadsheet with the payment amounts she has entered and forwards them to two additional staff in the Contract Unit, allowing two levels of approval. This prevents the Contract Manager from approving payments that she has entered into the system.

CCAP Policy #07.10.01: A child care provider who participated in the Illinois Department of Human Services Child Care Assistance Program is subject to and must cooperated with the monitoring review of their records to insure that services billed to the Department are adequately documented.

Procedures for preceding policy:
A child care provider who contracts with the State of Illinois to provide direct service care for a client who is enrolled in the Illinois Department of Human Services Child Care Assistance Program (CCAP) must keep adequate records to fully document the extent to which services were provided. This includes a record of attendance which clearly delineates the dates and times the child was present. The minimum requirements for documents that comprise a client's case record can be found in Policy 03.01.01 – Contents of Case Records. A licensed child care center, licensed family child care home or group child care home provider is required to maintain records which fully document the extent of services provided for a minimum of five years from the date of payment. In addition, Site Administered Contracted providers agree to make all case records and supporting documentation relevant to the services billed to the State of Illinois available to any and all authorized Department representatives and Federal authorities. Failure to maintain adequate records shall establish a presumption in favor of the State for any funds paid by the State for which adequate documentation is not available to support reimbursement.

Child Care Resource and Referral agencies are subject to the same documentation requirements as stated above with the exception of attendance records.

All contractors are required to keep adequate financial records to document program income and expenditures as it contributes to the delivery of services to the State Subsidized Child Care clients.

Non-contracted child care providers are required to keep adequate attendance records which clearly delineate the dates and times each child billed to the Department was present.

**1.3.3 Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below:**

| Type of Activity | Identify Program Violations | Identify Administrative Error |
|---|---|---|
| Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) | X | X |
| Share/data match from other databases (e.g. State Directory of New Hires, Social Security Administration, Public Assistance Reporting System (PARIS) | X | X |
| Run system reports that flag errors: | X | X |
| Review of attendance or billing records | X | X |
| Audit provider records | X | X |
| Conduct quality control or quality assurance reviews | X | X |
| Conduct on-site visits to providers to review attendance or enrollment documents | X | X |
| Conduct supervisory staff reviews | | |
| Conduct data mining to identify trends | X | X |
| Train staff on policy and/or audits | X | X |
| Other | | |
| None | | |

**For any option the Lead Agency checked in the chart above other than none, please describe:**

- *Share/match data from other programs and other databases for fraud and administrative error:* Examples of this activity include the review of data found in the Child Care Tracking System (CCTS) obtained from child care clients and providers and comparing it to data found in the IPACS Inquiry system including client information (ACID) through the Client Data Base inquiry screens. Wage verification data through AWVS, Client Name and Address through (ANQR), and Key Information Delivery System (KIDS) are also compared to documents obtained directly from the client such check stubs, tax returns, and school enrollment schedules and grade reports.
- *Run system reports that flag errors (include types) for fraud and administrative error:* Examples of this activity include the review of data found in the CCTS obtained from child care clients and providers and comparing its data found in the CCTS Web Download Reports for the following potential errors: providers without background checks; multiple providers with the same address; clients who are also providers; active clients turning age 20; active cases with multiple children with the same date of birth; active cases with 5 or more active children; child on multiple cases; SSN not matching name/date of birth; cases sent cancelation for child age 13.
- *Audit provider records:* Provider records including the client files containing the client application and/or redetermination forms and other source documentation as well as the provider billing forms; certificates or Monthly Enrollment Reports (MERS), are reviewed during the normal course of events during a field monitoring review to determine if client eligibility has been determined accurately and payments made only for the days that the client was eligible for the management. Any findings are noted in a monitoring report to the provider as well as BCCD management. Clients found to be

ineligible are required to be removed from the CCAP and any funds paid while they were ineligible are recovered through the overpayment process.

- *Quality Control/Quality Assurance Reviews:* Please see monitoring section above, 1.3.2.
- *Conduct Data Mining to Identify Trends:* Examples of this activity include the review of data found in the CCTS obtained from the CCAP clients and providers and comparing it to data found in the CCTS Web Download Reports for the following potential errors: multiple payments to the same provider name at different addresses; over-capacity report for license-exempt providers; and same employer for multiple parents at a single provider.

**1.3.4 What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error?**

| Strategy | Unintentional Program Violations | Intentional Program Violations And/or Fraud | Administrative Error |
|---|---|---|---|
| Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: $1.00 | X | X | X |
| Coordinate with and refer to other State agency (e.g. State collection agency, law enforcement). Describe: Illinois Bureau of Collections uses private collection agencies to collect overpayments, when possible. In addition, cases are referred to the Attorney General for civil and criminal prosecution. Cases are referred to various law enforcement agencies including the State of Illinois Bureau of Investigations, the Federal Postal Inspection Service, the Office of the Inspector General for the Department of Health and Human Services, the Federal Bureau of Investigations, the Internal Revenue Service, the Illinois State Police, the Chicago Police and numerous other local law enforcement agencies for investigation. The Lead Agency works with all of these agencies. | X | X | X |
| Recover through repayment plans | X | X | X |
| Reduce payments in subsequent months | X | X | X |
| Recover through State tax intercepts | X | X | X |
| Recover through other means. Describe: Other recovery methods are used by the State Treasurer's Office including Lottery winnings and estate inheritance and tax refunds, as well as wage garnishments when feasible. | X | X | X |
| Establish a unit to investigate and collect improper payments. Describe composition of unit: The Lead Agency's Bureau of Child Care and Development has a Fraud, Forgery and Over-payment unit to handle cases of overpayment identification and recovery. This unit works with all contracted site administered programs, child care programs, CCR&R agencies, as well as State agency staff. Staff from this unit refer possible cases of improper payments to the Bureau's Policy unit, which works with 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 are not sanctioned. Correction | X | X | X |

| | | | |
|---|---|---|---|
| of errors relating to underpayments or ineligible services is handled through the appeal process, defined in Section 40.04.01 of the Child Care Program manual. The manual can be found at www.dhs.illinois.gov/CCAP/ProgramManual. | | | |
| Other. Describe: | | | |
| None | | | |

**1.3.5 What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?**

____ None

_X Disqualify client – Describe appeal process: The Lead Agency in Illinois does **not** sanction parents. However, parents who have been found ineligible for CCAP services can appeal the decision by filing a written request for an appeal within 60 days of the unfavorable decision. Parents who wish to appeal an unfavorable decision should first speak with the Child Care Specialist handling their case to receive an explanation of the decision. The Child Care Specialist will provide the form necessary to file for an appeal. Appeals are administered by the Lead Agency's Bureau of Appeals.

_X Disqualify provider – Describe appeal process: Providers can only appeal decisions made about child care payments that cannot be honored according to Lead Agency policy. Providers file appeals through the Illinois Court of Claims, using an Illinois Court of Claims Form (Form CC-28.2).

_X Prosecute criminally

____ Other - Describe:

**1.3.6 Based on the responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below.**

| Activities identified in ACF-402 | Cause/Type Of Error | Actions Taken or Planned | Completion Date (Actual or Planned) |
|---|---|---|---|
| Service activity documentation | Missing documentation | The Lead Agency is in the process of developing a new case and documentation management system known as the Child Care Management System (CCMS). This system will allow CCAP Specialists to scan and index documents associated with all aspects of case eligibility. | CCMS is scheduled to launch statewide by the 2nd quarter of the State Fiscal Year. |
| Provider background check documentation | Missing documentation | The Lead Agency has new policies and procedures to sharing of background check information. | Completed July 2011 |
| Income calculation errors | Administrative Error | All CCAP policies and procedures have been reviewed. The Lead Agency is in the process of implementing Joint Committee on Policy recommendations to make the CCAP policies more consistent with OCC IM about continuity of care. The related Administrative Rule is in process. | Projected date of completion: Fall 2013 |
| In correct assessments of co-payments | Administrative Error | The Lead Agency has revised policy and procedure for assessing parent co-payments. They are now determined by family size and household income only. | Completed July 2011 |

## 1.4 Consultation in the Development of the CCDF Plan

Lead Agencies are required to consult with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a), (b), §98.16(d)).

**1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan**

| Agency/Entity | Describe how the Lead Agency consulted with this Agency/Entity in developing the CCDF Plan |
|---|---|
| **Representatives of general purpose local government (required):** | The Plan is based on the work of the Lead Agency's Child Care Advisory Council, the Illinois Early Learning Council, the Professional Development Advisory Council, and the DCFS Advisory Committee on Licensing. Each of these advisory bodies includes representatives from state and local agencies focusing on education, public health, child welfare, etc. Some specific examples include but are not limited to: Head Start, Chicago Public Schools, Chicago Department of Family and Support Services, the Illinois State Board of Education, Regional Offices of Education, and public health departments. As part of the FFY 2014-2015 planning process, the chairs of these councils were specifically consulted on the Plan. |
| State agency responsible for public education | The state agency responsible for education is the Illinois State Board of Education (ISBE). ISBE is represented on the advisory councils cited above. The CCDF Lead Agency works closely with the ISBE Division of Early Childhood. ISBE is the Lead Agency for Illinois RTT/ELC Program. |
| State agency responsible for programs for children with special needs | ISBE is also the state agency responsible for special education. IDEA, Section 619 is also represented on the councils cited above.<br><br>The CCDF Lead Agency is responsible for early intervention, IDEA Part C. Early intervention is represented on the councils named above. |
| State agency responsible for child care licensing | The Illinois Department of Children and Family Services (DCFS) is responsible for child care licensing and is represented on the council named above. |
| State Agency with Head Start Collaboration Grant | The Head Start State Collaboration Office is housed within the Lead Agency and is represented on the councils named above. |
| Statewide Advisory Council authorized by the Head Start Act. | The Illinois Early Learning Council (ELC) is the state advisory council authorized by the Head Start Act. It is represented on the councils named above and the CCDF State Administrator serves on the ELC and the ELC Executive Council. CCDF Lead Agency staff participate on the Council's committees. |
| Other Federal, State, local and/or private agencies providing early childhood and school-age/youth-serving developmental services | Agencies providing early childhood and school-age/youth development services represented on the advisory councils include, but are not limited to: Carole Robertson Center for Learning; Rogy's Learning Place Center; Erie Neighborhood House; Chaddock; Ounce of Prevention Fund; and Skip-A-Long Child Development Services. |

| | |
|---|---|
| State agency responsible for the Child Care and Adult Care Food Program | ISBE is responsible for the CACFP and is represented on the Child Care Advisory Council. |
| State agency responsible for implementing the Maternal and Early Childhood Home Visitation Program grants | The Lead Agency is responsible to the Maternal and Early Childhood Home Visitation Program. |
| State agencies responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health) | The Illinois Department of Public Health is responsible for immunizations and shares the programs that promote children's emotional and mental health with the CCDF Lead Agency's Division of Family and Community Services. |
| State agency responsible for child welfare | The Illinois Department of Children and Family Services is responsible for child welfare and is represented on the councils named above. |
| State liaison for military child care or other military child care representatives. | NA |
| State agency responsible for Temporary Assistance for Needy Families (TANF) | The CCDF Lead Agency is responsible for TANF. |
| Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21 | Agencies represented on the councils named above who inform the CCDF Lead Agency's child care programming include, but are not limited to: Ounce of Prevention Fund (BUILD); Voices for Illinois Children (Mott After-school Network); and Illinois Action for Children |
| Provider groups, associations or labor organizations | Associations serving on the councils listed above include, but are not limited to: Illinois Association for the Education of Young Children; Service Employees International Union (SIEU); and PSO/Illinois Child Care Association |
| Parent groups or organizations | |
| Local associations (child care resource and referral, Red Cross) | Several of the local CCR&Rs serve on the councils listed above. All Child Care Resource and Referral agencies serve on the CCR&R System Council. |

**1.4.2 Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan.**

Date(s) of notice of public hearing:

How was the public notified of the public hearing?

Date(s) of the public hearing: May 29, 2013

Hearing site(s): 1226 Towanda Plaza, Bloomington, IL and via webinar

How was the content of the Plan made available to the public in advance of the public hearing(s)? Copies were emailed to specifically identified councils and it was posted on the Lead Agency's website.

How will the information provided by the public be taken into consideration in the provision on child care services under this Plan? Comments and questions received from the public are discussed internally by the Lead Agency (State Child Care Administrator and program staff) first. The

conversations are taken to the Lead Agency's advisory bodies, if necessary. Appropriate changes are made to the State Plan.

**1.4.3 Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing.**

Webinar access is planned for the Public Hearing on May 29th. The webinar will be recorded and the web address of the recording will be provided on the Lead Agency's website.

## 1.5 Coordination Activities to Support the Implementation of CCDF Services

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

**1.51 Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school age services:**

| Agency/Entity | Describe how the Lead Agency will coordinate with this entity in delivering child care and early childhood services | Describe results expected from the coordination |
|---|---|---|
| Representatives of general purpose local government: | *City of Chicago Department of Family and Support Services:* Site administered contractor & collaboration program | **Goals include:**<br>• Increased supply of full day/full year services<br>• Braided funding<br>• Improved quality of services<br>• Shared training & technical assistance<br>• Policy alignment |
| State agency responsible for public education | Illinois State Board of Education's *Preschool for All/Prevention Initiative(PFA/PI)*: CCR&Rs work with & train child care providers who also have PFA/PI grants; QRIS monitoring efforts are coordinated<br><br>*Child Care Collaboration:* See Head Start State Collaboration Office section<br><br>*IL Early Learning and Development Standards (ELDS) and Early Learning Guidelines for Children Birth to Age Three (ELG 0-3)*: collaborate with Head Start and ISBE in training child care providers on the standards | **Goals include:**<br>• Increased supply of full day/full year services<br>• Coordinated monitoring<br>• Braided funding<br>• Increased/shared training & technical assistance resources |
| Other Federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services | The ECCS FFY2014 grant application is being completed with the Illinois Chapter of the American Academy of Pediatrics as the lead. The CCDF Lead Agency is a partner in the application. | **General goal:**<br>• Reduce toxic stress and trauma in early childhood settings |
| State agency responsible for public health | The CCDF Lead Agency's Division of Family and Community Services, local health departments & CCR&Rs: | **General goals include:**<br>• Improved health/mental health outcomes for IL |

| | | |
|---|---|---|
| | *Healthy Child Care Illinois*<br>Public health nurses are housed in some CCR&R agencies and supply training, referrals and technical assistance to parents and child care providers, including those with special needs.<br><br>*Childhood Obesity Project*<br>INCCRRA, CCR&R agencies and other contractors promote the importance of healthy eating and exercise for children. Promotional materials with information about nutrition, healthy meals and snacks continue to be distributed. Supports a website 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.<br><br>*Early Childhood Mental Health Consultant (MHC) Program:* The CCDF Lead Agency contracts with Chaddock, a private child welfare agency, to administer the MHC program. Mental Health Consultants conduct training, provide consultation and supply referrals for child care providers and the families they serve.<br><br>*Illinois Children's Mental Health Partnership (ICHMP):* The ICHMP, created by the IL Children's Mental Health Act, includes State officials and agency staff, local school districts, professional organizations, advocacy groups, and community services.<br><br>*We Choose Health Project:* The Illinois Department of Public Health is contracting with INCCRRA and partnering with the CCDF Lead Agency to implement a pilot training curriculum for the NAPSACC (National and Physical Activity Assessment for Child Care). Pilots are occurring through the CCR&R agencies in various parts of the state and include training and technical assistance for providers. | children<br>• Access to more training & technical assistance resources shared across agencies<br>• Improved quality of child care providers<br><br>**Specific goal:** stable and continued enrollment of children with social/emotional challenges in child care settings.<br><br>**Specific goals include:** comprehensive, coordinated mental health prevention, early intervention and treatment services for young children. |
| State agency responsible for employment services/workforce development | The CCDF Lead Agency, INCCRRA, Professional Development Advisory Council (PDAC), various other state and private/non-profit agencies and organizations: | **Goals include:**<br>• Increased access to and quality of training and training resources<br>• Improved professionalism of |

| | | |
|---|---|---|
| | *Gateways to Opportunity: IL Professional Development System:* A comprehensive, cross-sector professional development system that includes a career lattice with identified professional knowledge; credentials that recognize educational and professional attainments; professional development advisors; wage supplement and scholarship programs; and a registry. | the workforce<br>• Integration of the IL Credentials with the new QRIS and Great START Wage Supplement programs |
| State agency responsible for TANF | Lead Agency's Family & Community Resource Centers (FCRCs); CCR&Rs<br><br>*CCR&R/FCRC Integration Plan:* Collaboration to ensure customers are supplied with the resources necessary to achieve maximum independence, including informing customers of referrals to child care providers and supplying information about other Lead Agency, state and community services. CCR&R agencies meet with FCRC staff, develop plans for coordination of services, and supply information about programs. | **Goals include:**<br>• Increased and enhanced services to families<br>• Greater self-sufficiency of families<br>• Coordination of services |
| State agency with the Head Start Collaboration grant | The Lead Agency holds the grant for the Head Start State Collaboration Office.<br><br>*Child Care Collaboration Program:* CCAP funds are used in approved collaborations among child care providers, Head Start/Early Head Start, and Preschool for All. 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. | **Goals include:**<br>• Increased full day/full year services<br>• Improved child care quality<br>• Improved policy alignment |
| State agency responsible for Race to the Top-Early Learning Challenge | Governor's Office of Early Childhood Development and the Illinois State Board of Education | **Over-arching Goal:** Illinois is focused on implementing early childhood system reform that will lead to an increase in the number of children who enter kindergarten ready to engage in a challenging curriculum |
| State agency responsible for the Child and Adult Care Food Program | Illinois State Board of Education (ISBE)<br><br>*Child Care and Adult Care Food Program expansion project:* includes license-exempt providers who are serving CCAP children. | **Goals include:**<br>• Better coordinated policies<br>• Higher quality of care<br>• Braided funding |
| State agency responsible for programs for children with special needs | The Lead Agency for Early Intervention; the Illinois State Board of Education (ISBE) for Early Childhood Special Education; the Illinois Head Start Association; and Head Start – Region V Office | **Goals include:**<br>• Improved services to children with special needs/disabilities and their families<br>• Coordinated service delivery system |

| | | |
|---|---|---|
| | *Statewide Memorandum of Agreement:* Establishes formal linkages for cooperative early intervention and early childhood special education services at state and local levels; framework for comprehensive, coordinated interagency service delivery system. | • Shared/Increased training resources<br>• Local level planning and coordination |
| State agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant | Lead Agency and other private & public stakeholders<br><br>BCCD staff have been part of the planning for the MEC home visiting program grants, including the most recent through ACA. Staff continue to serve in the development of programs. | **Goals include:**<br>• Improved integration of programming<br>• Improved use of research based approached in home visiting<br>• Improved service to infants and toddlers |
| State agency responsible for child welfare | Illinois Department of Children and Family Services and Head Start<br><br>*School Readiness*: Statewide joint agreement to enhance enrollment of children in child welfare system in quality early learning settings; work on Child Care Advisory Council expanding the Head Start work to child care | **Goals include:**<br>• Improved quality of services for children in the child welfare system |
| Private agencies/entities including national initiatives that the Lead Agency is participating in | *BUILD:* The Lead Agency was part of the original BUILD team and still serves on the resulting Birth-to-Five Project and its Interagency Team<br><br>*Strengthening Families IL:* Lead Agency staff were involved in the development of this initiative. CCR&R collaboration provides training in the Protective Factors to child care providers. | **Goals include:**<br>• Improved early childhood systems resulting in improved service delivery<br>• Improved parent and staff training for family services |
| Community organizations | *CCR&R Agencies:* Contracted agencies responsible for implementing the CCAP and Quality programs for child care providers, parents and communities. This includes services such as: consumer education and child care referrals for parents; and training, technical assistance and grants for child care providers.<br><br>*INCCRRA:* Contracted agency responsible for implementing statewide professional development programs for CCR&R staff and child care providers, and quality initiatives. INCCRRA administers the Gateways to Opportunity Scholarship program and the Great START Wage Supplement program for practitioners in licensed child care settings, including full day/full year Head Start and Preschool for All programs. INCCRRA also | **Goals include:**<br>• Increased professional development opportunities for practitioners working with, and for, children and families<br>• Improved education and training for parents and staff<br>• Improved staff retention in child care settings |

| | | |
|---|---|---|
| | administers the Gateways Credentialing program for practitioners serving children, youth and families. | |
| Provider organizations | *Child Care and Development Advisory Council (CCAC):* Members advise the Lead Agency on issues related to child care services: quality, system capacity, family outcomes, and program administration.<br><br>*Professional Development Advisory Council (PDAC):* Co-chairs serve on the CCAC. PDAC advises the Lead Agency on issues related to the Gateways to Opportunity Professional Development System.<br><br>*Service Employees International Union (SEIU):* Members serve on the Child Care Advisory Council; SEIU is the organizing entity for IL family child care home providers.<br><br>*Site Administered Child Care Programs:* In Fiscal Year 2013, the Lead Agency contracted with 40 child care centers and home networks to administer CCAP. | **Goals include:**<br>• Improved CCAP services<br>• Coordinated information sharing<br>• Alignment of policies<br>• Improved professional development for child care providers |
| Parent groups | | |
| **Other** | | |

**1.5.2 Does the State have a formal early childhood and/or school-age coordination plan?**

_X Yes

If, yes:

a) Provide the name of the entity responsible for the coordination plan: Illinois Early Learning Council

b) Describe the age groups addressed by the plan: Birth to 5 Years

c) Indicate whether this entity also operates as the State Advisory Council: _X Yes ___No

d) Provide a web address for the plan: http://www2.illinois.gov/gov/OECD/Documents/Reports/ELC%20Strategic%20Plan%202012.pdf

___ No

**1.5.3 Does the State have a designated entity responsible for coordination across all early childhood and school age programs?**

___ State-wide early childhood and/or school-age cabinet/advisory council/task force/commission

Describe:

_X State Advisory Council (as described under the Head Start Act of 2007)

Describe: The Illinois Early Learning Council (ELC) has been designated as the State Advisory Council. The ELC was created in 2003 with the charge of coordinating existing programs and services for children birth to age 5 years.

___ Local Coordination/Council

Describe:

___ Other

___ None

**1.5.4 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?**

**PUBLIC PRIVATE INTITIATIVES**

*Race to the Top/Early Learning Challenge*

Illinois received a Race to the Top/Early Learning Challenge (RTT/ELC) grant in Round 2 of the federal initiative. Under the direction of the Governor's Office of Early Childhood Development, the CCDF Lead Agency is coordinating efforts with the Illinois State Board of Education (ISBE) (fiscal agent), the Department of Children and Family Services (DCFS) (child care licensing), and the Illinois Early Learning Council (ELC) in the administration of the grant. Several private agencies have key roles in implementing the goals and objectives set forth in the proposal.

*Child Care Collaboration Program*

The Child Care Collaboration Program, administered by the CCDF Lead Agency, encourages the collaboration and blending of funds for improved coordination of services among child care programs, Head Start programs and Preschool for All programs. The program 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.

*Collaborative Planning*

The CCDF Lead Agency's HSSCO updates its statewide collaboration needs assessment and strategic plan annually. Plans are aligned with the Child Care Advisory Council's and Early Learning Council's strategic plans.

*Early Childhood Block Grant/Preschool for All*

CCR&R agencies continue to assist with training and technical assistance to child care providers participating in this program. The results of this initiative are an increase in the number of child care providers applying for Preschool for All funding.

*Quality Counts Van Activities*

CCR&R agencies continue to use their "Quality Counts" vans for outreach to parents, providers and the community – especially in the more rural parts of the state. The vans are equipped with consumer education materials, literacy packets, health and safety information and supplies, child development information, and lending library resources. In addition, the QRIS and Infant Toddler Specialists often ride along and provide on-site technical assistance. One of the significant results is an increase in providers applying for QRS ratings.

*Technical Assistance and Resources for Employers*

CCR&R agencies supply employers in their SDAs with technical assistance and resources related to child care. This includes information regarding supply and demand data and quality indicators of child care.

*Gateways to Opportunity: Illinois Professional Development System*

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

**Other Components of the Professional Development System**

- *Gateways to Opportunity Scholarship Program:* The CCDF Lead Agency contracts with INCCRRA to administer the Gateways Scholarship Program (GSP). It is an individual-based scholarship opportunity for practitioners in early care and education. The Illinois State Board of Education is now funding scholarships for Preschool for All teachers.
- *Great START (Strategies to Attract and Retain Teachers) Wage Supplement Program:* Great START is a wage supplement program that offers financial incentives to licensed center and family child care home providers 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 attained, and continue as long as the provider remains employed by the same program. Great START is administered by INCCRRA.
- *The Illinois Trainers Network:* The Illinois Trainers Network (ITN) provides curricula training to individual trainers on topics, such as developmentally appropriate practice, environmental rating scales, and inclusion. ITN trainers, then, coordinate with CCR&Rs to supply standardized training to child care providers statewide.

## 1.6 Child Care Emergency Preparedness and Response Plan

**1.6.1 Indicate which of the following best describes the current status of your efforts in this area: Check only ONE.**

_X Planning
___ Developed
___ Other

**1.6.1 Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan.**

_X Planning for continuation of services to CCDF families
_X Coordination with other State agencies and key partners
_X Emergency preparedness regulatory requirements for child care providers
_X Provision of temporary child care services after a disaster
_X Restoring or rebuilding child care facilities and infrastructure after a disaster
___None

# PART 2 – CCDF SUBSIDY PROGRAM ADMINISTRATION

This section focuses on the child care assistance program. Lead Agencies are asked to describe their efforts to inform parents about the CCDF subsidy program and application policies and procedures, eligibility criteria, sliding fee scale, payment rate policies and procedures, and how Lead Agencies ensure continuity of care and parental choice of high quality setting for families.

## 2.1 Administration of the Program

**2.1.1 Which of the following CCDF program rules and policies are set or established at the State versus local level?**

All CCDF program rules and policies are established by the Lead Agency at the State level, including:

- Eligibility rules and policies (e.g. income limits)
- Sliding fee scale (Parent Co-Payments)
- Child Care Payment Rates (to providers)

**2.1.2 How is the CCDF program operated in your State?**

| Implementation of CCDF Services/Activities | Agency |
|---|---|
| Who determines eligibility? | • Child care programs with Site Administered Child Care contracts<br>• Child care resource and referral agencies |
| Who assists parents in locating child care (consumer education)? | • Child care resource and referral agencies<br>• Community-based organizations, such as the United Way |
| Who issues payments? | Payments are processed by:<br>• The CCDF Lead Agency<br>• Child care resource and referral agencies<br>Payments are issued by:<br>• The State Comptroller's office |
| Describe to whom the payment is issued (e.g., parent or provider) and how payments are distributed (e.g. electronically, cash, etc.) | Payments are issued to the child care provider. Payments are distributed by check or electronically. |

## 2.2 Family Outreach and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply and potentially receive child care services.

**2.2.1 By whom and how are parents informed of the availability of child care assistance services under CCDF?**

- CDF Lead Agency
- TANF offices
- Child care resource and referral agencies
- Contractors
- Other government offices (????)
- Internet; website: www.dhs.state.il.us

**2.2.2 How can parents apply for CCDF services?**

- In person interview
- By mail
- Through an organization contracted by the Lead Agency

**2.2.3 Describe how the Lead Agency provide consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers in their communities.**

The application for CCDF assistance (CCAP) includes a section that informs parents about selecting a child care provider. In addition, the local CCR&R staff share consumer education materials with the families who haven't selected a provider at the time of application. Consumer education materials about child care are also available at the Lead Agency's Local Offices.

**2.2.4 Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined by your State.**

The Lead Agency offers tiered payment rate add-ons that align with the Illinois QRIS. Providers serving CCAP children have priority for many Quality activities, such as Professional Development Funds and Quality Counts Grants.

**2.2.5 Describe how the Lead Agency promotes access to the CCDF subsidy program?**

- Provide access to program office/workers, such as:
  - Providing extended office hours
  - Accepting applications at multiple office locations
  - Providing a toll-free number for clients
- Using simplified eligibility determination process, such as:
  - Providing information multi-lingually
  - Including temporary periods of unemployment allowed within eligibility periods (30 day grace periods)
- Other

**2.2.6 Describe the Lead Agencies policies to promote the continuity of care for children and stability for families.**

- Provide CCDF assistance during periods of job search after job loss for parents with active child care eligibility. Length of time: 30 days
- Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs. Describe: Families whose children are enrolled in an approved Child Care Collaboration receive 12 months eligibility.

**2.2.7 How will the Lead Agency provide outreach and services to eligible families with limited English proficiency?**

- Application in other languages
- Informational materials in non-English languages
- Bilingual caseworkers or translators available
- Other: Illinois Action for Children, Cook County's CCR&R, strives to have staff who speak languages other than English and Spanish on their Parent Services team.

**2.2.8 How will the Lead Agency overcome language barriers with providers?**

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Provider contracts and agreements in non-English languages
- Bilingual caseworkers or translators available
- Other: Illinois Action for Children, Cook County's CCR&R, strives to have staff who speak languages other than English and Spanish on their Parent Services team.

**2.2.9 Describe how the Lead Agency documents and verifies applicant information using the table below:**

A copy of the Child Care Assistance Program application will be submitted with the State Plan.

| The Lead Agency requires documentation of: | Describe how the Lead Agency documents and verifies applicant information: |
|---|---|
| Applicant identity | CCAP Specialists use the following data systems to verify applicant identity:<br>• IPACS – Illinois Public Aid Communications System<br>• AWVS – Automated Wage Verification System<br>• KIDS – Key Information Delivery System (Child Support) |
| Household composition | CCAP Specialists ask for a birth certificate, baptismal record, census record, etc. when the parent doesn't list |

| | |
|---|---|
| | a child's Social Security number to determine Household Composition. Databases mentioned above are also used. |
| Applicant's relationship to the child | CCAP Specialists ask for a birth certificate, baptismal record, census record, etc. when the parent doesn't list a child's Social Security number to determine the applicant's relationship to the child. Databases mentioned above are also used. |
| Child's information for determining eligibility (e.g. identity, age, etc.) | See above |
| Work, Job Training or Educational Program | • The following documentation is required to verify work information: 2 most recent check stubs, direct deposit slip, income verification letter from employer, and/or income tax forms. CCAP Specialists use AWVS to verify information.<br>• Parents submit copies of college registration materials (registration form and class schedules) and copies of grad reports. |
| Income | The information on check stubs, income letters and tax forms is verified on the AWVS. |
| Other. Describe_____ | |

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

- Time limit for making eligibility determination. Describe: 30 days from receipt of all required documentation.
- Track and monitor the eligibility determination process

**2.2.11 Are the policies, strategies or processes provided in 2.2.1 through 2.2.10 different for families receiving TANF?**

**No**

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

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 demonstrated inability to obtain needed child care for a child under 6 years of age. Lead Agencies must coordinate with the TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has demonstrated inability to obtain child care. NOTE: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria definitions. These definitions are offered as a matter of public record.

2.2.12a) Identify the TANF agency that established there definitions:

State TANF Agency: **Illinois Department of Human Services**

2.2.12b) Provide definitions established by the TANF agency

- "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, e.g. 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 do not meet the child's needs, such as: are unreliable, and/or violate state and local laws and regulations.
- "affordable child care arrangements": Child care that is free or eligible for payment by the CCDF Lead Agency and that does not exceed the Lead Agency's maximum rate for the type of care.

2.2.12c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

X – In writing
X – Verbally
___ - Other

## 2.3 Eligibility Criteria for Child Care

### 2.3.1 How does the Lead Agency define the following terms?

- *Residing with* – Child living in the same household as the parent during the time period for which child care services are requested.
- *In loco parentis* – Assuming guardianship and control of a child (need not be formalized through the Court).

### 2.3.2 Eligibility Criteria based upon age

2.3.2a) The Lead Agency serves children from 6 weeks to 12 years 11 months (may not be or exceed age 13)

2.3.2b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below 19 years who are physically and/or mentally incapable of self care?

X Yes, and the upper age is 18 years
The Lead Agency's definition of *"physical or mental incapacity"*: Mental incapacity, hearing impairment, 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.
___ No

2.3.2c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below 19 years who are under court supervision?

X Yes, and the upper age is 18 years
___ No

### 2.3.3 Eligibility Criteria Based on Work, Job Training or Education

2.3.3a) How does the Lead Agency define "working" for the purposes of eligibility?
Provide a narrative description below, including allowable activities and if a minimum numbers of hours is required.

- *"working"* - A trade or profession, or other means of legal livelihood for which a wage, salary or monetary compensation is paid…

2.3.3b) How does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program

X Yes – If yes, define "attending job training or educational program" for the purposes of eligibility:

- *"attending job training or educational program"* – Adult-based education/GED programs and short term vocational programs that are licensed by the Illinois Department of Professional Regulation or other state regulating agency, and/or certified by the Illinois State Board of Education; two- or four-year college programs; work experience, Work First, community services and/or job search/job readiness activities approved by the Lead Agency

**2.3.4 Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services**

2.3.4a) Does the Lead Agency provide child care to children in protective services?

___Yes
X No

2.3.4b) 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?

___Yes
X No

**2.3.5 Income Eligibility Criteria**

2.3.5a) How does the Lead Agency define "income" for the purposes of eligibility determination?

- *"income"* –
  - Earned Income: Wages or salary received for services performed as an employee or from self-employment
  - Unearned Income: Income other than that received as wages, salary or profit from self-employment. Examples of unearned income are Social Security, unemployment, insurance payments, child support. Etc.

2.3.5b) Which of the following sources of income with will the Lead Agency **exclude or deduct** from calculations of total family income for the purposes of eligibility determination?

___ Adoption subsidies
X Foster care payments
___ Alimony received or paid
___ Child support received
X Child support paid
X Federal nutrition programs
X Federal tax credits
X State tax credits
X Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
X Medical expenses or health insurance related expenses
___ Military housing or other allotment/bonuses
X Scholarships, education loans, grants, income from work study

___ Social Security Income
___ Supplemental Security Income (SSI)
___ Veteran's benefits
___ Unemployment Insurance
___Temporary Assistance for Needy Families (TANF)
___ Worker Compensation
X Other types of income not listed above – see the list below
___ None

**Additional types of exempt income**

- Per capita payments to or funds held in trust for any individual in satisfaction of the Indian Claims Commission or the Court of Claims;
- Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act (43 USC 1620 (a);
- Money received from the sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment);
- Money borrowed, including education loans to a student who is in the family unit;
- Withdrawals from bank deposits;
- Tax refunds, or any Earned Income Tax Credits payments
- Gifts;
- Lump sum inheritances or insurance payments;
- Capital gains;
- The value of the coupon allotment or food stamp benefits under the Food Stamp Act of 1977, as amended;
- The value of United States Department of Agriculture (USDA) donated foods;
- The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service for children under the National School Lunch act, as amended;
- Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- The value of home produce utilized for household consumption

2.3.5c) Whose income will be excluded for the purposes of eligibility determination?

___ Children under age 18
___ Children age 18 and over – still attending school
___ Teen parents
___ Unrelated members of household
___ All members of household except for parents/legal guardians
X Other – Earnings of a child under the age of 19, unless the child is the applicant for child care assistance.
___ None

2.3.5d) Provide the CCDF income eligibility limits in the table below:

| Family Size | (a) 100% of State Median Income (SMI) | (b) 85% of State Median Income (SMI) | IF APPLICABLE Income Level if lower than 85% SMI | |
|---|---|---|---|---|
| | | | (c) $/month | (d) % of SMI |
| 1 | na | na | na | na |
| 2 | $4,568 | $3,883 | $2,333 | 51% |
| 3 | $5,643 | $4,796 | $2944 | 52% |
| 4 | $6,717 | $5,710 | $3,554 | 53% |
| 5 | $7,792 | $6,623 | $4,165 | 53% |

2.3.5e) Will the Lead Agency have "tiered eligibility" (e.g. a separate income limit at re-determination to remain eligible for the CCDF program)?

___ Yes

X No

2.3.5f) SMI Year: 2012 SMI Source: LIHEAP via the NCCP converter

2.3.5g) The eligibility guidelines in column c above became or will become effective on: July 1, 2012.

**2.3.6 Eligibility Redetermination**

2.3.6a) Does the State follow OCC's 12 month re-determination recommendation?

___ Yes

X No – If no. what is the redetermination period in place for most families?

X 6 months

___ 24 months

___ Other – describe:

___ Length of eligibility varies by county or other jurisdiction. Describe:

2.3.6b) Does the Lead Agency coordinate or align re-determination periods with other programs?

___ Yes – If yes, check the programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.

X Head Start and/or Early Head Start Programs – Re-determination period: 12 months

X Pre-Kindergarten programs – Re-determination period: 12 months

___ TANF – Redetermination period

___ SNAP – Redetermination period

___ Medicaid – Re-determination period

___ SCHIP – Redetermination period

___ Other – Describe:

2.3.6c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to re-determination: Families are responsible for reporting all changes in income, employment, family size, number of children in care or any other factor that would affect eligibility for child care services.

2.3.6d) Describe any action(s) the State would take in response to any change in a family's eligibility circumstances prior to re-determination: Co-pays increase the first day of the following month. If the change causes a parent to be over-income, a 10-day cancelation notice is issued.

2.3.6e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children:
The Lead Agency sought recommendations from the Ford Foundation on making CCAP policies more family friendly. Nine changes aimed at removing barriers have been drafted and going through the internal policy process.

2.3.6f) Does the Lead Agency use a simplified process at re-determination?
___ Yes
X No

**2.3.7 Waiting Lists**
The Lead Agency currently does not have a waiting list and all eligible families *who apply* will be served under State eligibility rules.

**2.3.8 Appeal Process for Eligibility Determination**
All applicants for, or recipients of, child care assistance have the right to appeal unfavorable decisions made about their child care case by CCR&R staff or Site Administered providers. Issues that can be appealed include, but are not limited to, the denial or cancellation of benefits, the co-payment amount, the payment or non-payment of a child care subsidy, or any other unfavorable decision.

Appeals must be filed within 60 days, beginning the day after the unfavorable notice is signed and mailed.

The client files an appeal by calling the Department's toll-free number (800/435-0774) or sending a written appeal to the local DHS office serving the client; the IDHS Bureau of Assistance Hearings (BAH), the local CCR&R serving the client, or the IDHS Bureau of Child Care. Written appeals may be delivered by fax, mail or in person.

## 2.4 Sliding Fee Scale and Family Contribution

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

**2.4.1 Attach a copy of the sliding fee scale as Attachment 2.4.1**
The attached fee scale, July 1, 2012, is used in all parts of the State.

**2.4.2 What income source and year will be used in creating the fee scale?**
___ State Median Income, Year ____
X Federal Poverty Level, Year 2012

**2.4.3 How will the family's contribution be calculated and to whom will it apply?**
The family's contribution is calculated by family size and monthly income. This applies to ALL families.

**2.4.4 Will 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?** No

**2.4.5 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size.** No

## 2.5 Prioritizing Services for Eligible Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (e.g., establishment of a waiting list or ranking of families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below federal poverty level).

**2.5.1 How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes?**

| How will the Lead Agency prioritize CCDF services for: | Eligibility Priority | Is there a time limit on the eligibility priority or guarantee? | Other Priority Rules |
|---|---|---|---|
| Children with special needs<br><br>Definition of "Children with Special Needs": Child with physical, mental or emotional incapacity | ___ Priority over other CCDF-eligible families<br>_X Same priority as other CCDF-eligible families<br>___ Guaranteed subsidy eligibility<br>Other | ___ Yes – the time limit is:<br><br>X No | ___Different eligibility thresholds. Describe:<br>X Higher rated for providers caring for children with special needs requiring additional care<br>___ Prioritizes quality funds for providers serving these children<br>___ Other |
| Children in families with very low incomes<br><br>Definition of "Families with Very Low Incomes": Families at or below 30 percent SMI | ___ Priority over other CCDF-eligible families<br>X Same priority as other CCDF-eligible families<br>___ Guaranteed subsidy eligibility<br>___ Other | ___ Yes – the time limit is:<br><br>X No | ___Different eligibility thresholds. Describe:<br>___ Waiving co-payments for families with incomes at or below the Federal Poverty Level<br>___ Other |

**2.5.2 How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF?**

The Stat/Lead Agency does not utilize waiting lists and all families who are income and activity eligible are approved to receive child care assistance. This includes TANF families, no distinction is made.

**2.5.3 List and define any other eligibility conditions, priority rules and definitions that will be used by the Lead Agency.**

NA

## 2.6 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate.

### 2.6.1 Child Care Certificates

2.6.1a) Child Care Certificates (approval letters) are issued to parents after they have applied, and been determined eligible, for CCAP. Applicants who are not eligible for CCAP receive a denial letter.

2.6.1b) How does the Lead Agency inform parents that the child care certificate permits they to choose a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers?

___ Certificate form provides information about choice of providers
___ Certificate is not linked to a specific providers so parents can choose provider of choice
_X Consumer education materials (flyers, forms, brochures)
_X Referral to child care resource and referral agencies
_X Verbal communication at the time of application
___ Public Service Announcements
_X Agency website: www.dhs.state.il.us
___ Community outreach meetings, workshops, other in person activities
_X Multiple points of communication throughout the eligibility and renewal process
_X Other – Describe: Information about selecting a child care provider is included in the CCAP application packet. Parents may also be referred to the Parent Services staff at the CCR&Rs for a list of child care providers.

2.6.1c) What information is included on the child care certificate?

_X Authorized provider(s)
_X Authorized payment rate(s)
___ Authorized hours
_X Co-payment Amount
_X Authorization Period
_X Other – Describe: Number of eligible days per week

2.6.1d) What is the estimated proportion of services that will be available for child care services through certificates?

94%

### 2.6.2 Child Care Services Available through Grants or Contracts

2.6.2a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots?

X Yes – Describe: The Lead Agency contracts with several child care centers and agencies to provide Site Administered Child Care Assistance to eligible parents. Contracts are given to licensed child care centers and family child care networks.

2.6.2b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following?

_X Increase the supply of specific types of care
  _X Programs to serve children with special needs
  _X Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs

___ Programs to serve infants/toddlers
___ School-age programs
___ Center-based providers
___ Family child care providers
___ Group-home providers
___ Programs that serve specific geographic areas:
___ Urban
___ Rural
___ Other – Describe:
_X Support programs in providing higher quality services
_X Support programs in providing comprehensive services
___ Serve underserved families – Specify:
___ Other – Describe:

2.6.2c) Child care services provided through grants or contracts are offered throughout the State.

2.6.2d) How are payment rated for child care services provided through grants/contracts determined?
Payment rates for child care services provided through contract are the same as those provided through certificates.

2.6.2e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?
6%

**2.6.3 How will the Lead Agency inform parents and provider of policies and procedures for affording parents with unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds?**

___ Signed declaration
X Parent Application
___ Parent Orientation
___ Provider Agreement
___ Provider Orientation
___ Other

**2.6.4 The Lead Agency must allow for in-home care (e.g., care provided in the child's home) but may limit its use.**

___ No
_X Yes – If checked, what limits will the Lead Agency set on the use of in-home care?
___ Restricted based on minimum number of children in the care of the provider to meet minimum age law or Fair Labor Standards act
_X Restricted based on provider meeting a minimum age requirement
___ Restricted based on hours of care (certain number of hours, non-traditional work hours)
___ Restricted to care by relatives
___ Restricted to care for children with special needs or medical condition
_X Restricted to in-home providers that meet some basic health and safety requirements
_X Other – Describe:
- License exempt providers must be registered with the local child care resource and referral agency

- To be paid by the State of Illinois to provide child care services, all providers who are exempt from licensing are required to have a background check. The background check consists of three elements:
  - A CANTS (Child Abuse and Neglect Tracking System) check;
  - A check of the Illinois and/or National Sex Offender Registries (SOR); and
  - A criminal background check (done through fingerprinting).
- Relatives of children in care are only required to be cleared through CANTS and SOR.
- If care is given in the provider's home, all household members who 13 years and older must also be cleared through CANTS and SOR.

**2.6.5 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.**

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. Parent may also call the DCFS Advocacy Office, toll-free. Allegations of abuse or neglect should be made to the toll-free Child Abuse Hotline (1-800-252-2873).

Information about substantiated complaints against child care providers can be obtained by calling the DCFS toll-free Day Care Information Hotline (1-877-746-0829). 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.

The Sunshine Project: Illinois Accountability Project allows individuals to check on the status of any licensing violations in child care centers and family child care homes. While there are links to this site on the DCFS website, it can also be accessed at http://www2.illinois.gov/gov/sunshine/Pages/default.aspx.

## 2.7 Payment Rates for Child Care Services

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

**2.7.1 Attach a copy of your payment rates as Attachment 2.7.1.**

The attached payment rates for Child Care Centers and Family Child Care Homes, dated January 1, 2013, are used in all parts of the State.

**2.7.2 Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?**

_X Policy on length of time for making payments – Describe: Certificates are to be entered into the Child Care Tracking System within 5 business days of receipt.

_X Track and monitor the payment process

___ Other

___ None

### 2.7.3 Market Rate Survey (MRS)

The 2012 Market Rate Survey was completed in April 2013.

### 2.7.4 Describe the payment rate ceilings in relation to the current MRS using the tables below:

NOTE: Assumptions for calculation of monthly maximum payment rate ceiling for column (b) are:
9 hours a day, 5 days a week, 4.33 weeks per month

| 2.7.4a – Highest Rate Area (Centers) | Monthly Payment Rate at the 75th percentile from most recent MRS | Monthly Maximum Payment Rate Ceiling | Percentile if lower than 75th percentile of most recent MRS |
|---|---|---|---|
| Full-Time Licensed Center Infants (11 months) | $1292.94 ($59.72/day) | $1006.51 ($46.49/day) | 34.4% |
| Full-time Licensed Center Preschool (59 months) | $1008.89 ($46.60/day) | $708.39 ($32.72/day) | 32.2% |
| Full-time Licensed Center School-Age (84 months) | *$1013.22 ($46.80/day)* | *$708.39 ($32.72/day)* | *20.4%* |

| 2.7.4b – Lowest Rate Area (Centers) | Monthly Payment Rate at the 75th percentile from most recent MRS | Monthly Maximum Payment Rate Ceiling | Percentile if lower than 75th percentile of most recent MRS |
|---|---|---|---|
| Full-Time Licensed Center Infants (11 months) | $714.45 ($33.00/day) | $725.92 ($33.53) | |
| Full-time Licensed Center Preschool (59 months) | $562.90 ($26.00/day) | $514.62 ($23.77/day) | 51.7% |
| Full-time Licensed Center School-Age (84 months) | *$541.25 ($25.00/day)* | *$514.62 ($23.77/day)* | *49.5%* |

| 2.7.4c – Highest Rate Area (FCC) | Monthly Payment Rate at the 75th percentile from most recent MRS | Monthly Maximum Payment Rate Ceiling | Percentile if lower than 75th percentile of most recent MRS |
|---|---|---|---|
| Full-Time Licensed FCC Infants (11 months) | $822.70 ($38.00/day) | $701.46 ($32.40/day) | 56.0% |
| Full-time Licensed FCC Preschool (59 months) | $736.10 ($34.00/day) | $632.83 ($29.23/day) | 54.4% |
| Full-time Licensed FCC School-Age (84 months) | $757.75 ($35.00/day) | $632.83 ($29.23/day) | TBD |

| 2.7.4d – Lowest Rate Area (FCC) | Monthly Payment Rate at the 75th percentile from most recent MRS | Monthly Maximum Payment Rate Ceiling | Percentile if lower than 75th percentile of most recent MRS |
|---|---|---|---|
| Full-Time Licensed FCC Infants (11 months) | $536.70 ($24.79/day) | $569.40 ($26.30/day) | |
| Full-time Licensed FCC Preschool (59 months) | $487.34 ($22.52/day) | $517.22 ($23.89/day) | |
| Full-time Licensed FCC School-Age (84 months) | $519.60 ($24.00/day) | $517.22 ($23.89/day) | 68.7% |

### 2.7.5 How are payment rate ceilings for license-exempt providers set?

2.7.5a) Describe how license-exempt center payment rates are set: Policy states that the License-Exempt Center Rate will be 75% of the Licensed Center Rate.

2.7.5b) Describe how license-exempt family child care payment rates are set: Payment rates for all family child care providers are set through contract negotiations with the SEIU. The 2010 MRS was the most recent rate study available when the rates in 2.7.4c and 2.7.4d were negotiated. The next SEIU contract is currently under negotiations, using the 2012 MRS.

2.7.5c) Describe how license-exempt group family child care payment rates are set: NA - Group family child care providers are required to be licensed in IL

2.7.5d) Describe how in-home care payment rates are set: See 2.7.5b

**2.7.6 Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies?**

___ Differential rate for nontraditional hours
_X Differential rate for children with special needs as defined by the State
___ Differential rate for infants and toddlers
___ Differential rate for school-age programs
_X Differential rate for higher quality as defined by the State
___ Other
___ None

**2.7.7 What policies does the Lead Agency have regarding any additional fee that providers may charge CCDF parents? The Lead Agency…**

_X Allows providers to charge the difference between the maximum reimbursement rate and their private pay rate: Policy 04.03.01 states, "Participants are responsible for any additional child care costs imposed by the provider."

_X Pays for provider fees (e.g. registration, meals, and supplies)

___ Policies vary across region, counties and/or geographic areas

___ Other

**2.7.8 What specific policies and practices does the Lead Agency have regarding the following:**

2.7.8a) Number of absent days allowed – Describe: Policy 06.03.01 states:

- For licensed and licensed child care centers: Payments are based on eligible days as long as the total attended days for all CCAP children is 80% of the total eligible days.
- For licensed family and group child care homes: Payments are based on eligible days as long as the total attended days for all CCAP children is 80% of the total eligible days.
- For licensed-exempt family child care providers, including in-home providers: Payment is based on attended days only.

2.7.8b) Paying based on enrollment – Describe: NA

2.7.8c) Paying the same schedule that providers charge private pay families (e.g. hourly, weekly, monthly) – Describe: Payments are pro-rated to a daily rate for all provider types.

2.7.8d) Using electronic tools (Automated billing, direct deposit, EBT cards, etc) to make provider payments – Describe: Family child care providers can file monthly attendance reports via phone and receive payments via EBT card or direct deposit. Child care center providers can receive payments via direct deposit.

**2.7.9 Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.**

2.7.9a) How is a choice of the full range of providers, e.g. child care centers, family child care homes, group child care homes, and in-home care made available?

The CCAP application and supporting materials clearly state the wide variety of child care provider-types that are eligible to participate in the CCAP, such as licensed child care centers, group child care homes, and family child care homes. Parents can also select a license-exempt child care center, family child care home or relative. The local CCR&Rs assist parents in finding child care providers. Also, child care payments are made to providers.

One of the pieces of information collected for the statewide child care provider database is a licensed provider's willingness to participate in CCAP. On June 30, 2012, 75% of the licensed providers on the database indicated they **were willing** to participate in the CCAP. A closer look shows that 76% of licensed family child care homes and 68% of child care centers said they **were willing** to care for CCAP children. While payment rates are not at the 75% of market for much of the state, the Lead Agency believes this is an indication that rates are adequate to provide parents with choices of child care settings. *These numbers have remained steady for several years.*

Licensed providers cared for 64.6% of the children in FFY 2012:

- Family child care homes = 18.7%
- Group child care homes = 1.7%
- Child care centers = 44.1%

License-exempt providers cared for 35.4% of the children in FFY 2012:

- Relative provider in the child's home = 7.6%
- Non-relative provider in the child's home = 4.1%
- Relative provider in the provider's home = 13.1%
- Non-relative in the provider's home = 6.3%
- License-exempt child care center = 4.1%

2.7.9b) How payment rates are adequate based on the most recent local MRS

The reimbursement rates for care vary by age of child, type of care and geographical region of the state. The Lead Agency's rates historically have not been set in accordance to the Market Rate Survey. Rates for family child care homes and group child care homes are set by the contract with SEIU labor union. The contract is currently in negotiation.

Child care providers caring for CCAP children have a variety of incentives available to them. The incentives/add-ons appeal to providers because they take the payment rate closer to the market rate and they recognize efforts towards quality care.

- Quality Counts – Quality Rating System (QRS): The QRS system is available for licensed child care centers and school-age programs, and licensed family/group child care homes. Licensed providers who receive a QRS rating receive a bonus of 5%, 10%, 15%, or 20% depending on the rating received. License-exempt family child care homes can participate in a Tiered Training program and receive a bonus of 10%, 15%, or 20% depending on the level of training that has been completed.

  QRS add-ons are planned through state fiscal year 2014. State partners and stakeholders are working on a plan for incentives for the new RTT QRIS.

- Special Needs Add-on: An add-on of up to 20% is available to child care centers who care for children with special needs. The add-on must be supported by the child's IEP or FSP.

2.7.9c) How family co-payments based on a sliding fee scale are affordable:
Families are assessed a fee based on family size and income. No family pays more than 10% of their income.

2.7.9d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether methodologies (e.g. cost estimation models) are used in setting payment rates _____

## 2.8 Goals for the next Biennium

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency).

| |
|---|
| Goal 1: *Revise CCAP Specialists training to a more child-focused and family-friendly protocol* |
| Goal 2: *Review and examine school-age child care payment rates* |
| Goal 3: *Build relationships between the CCAP and Early Intervention (EI), Child and Family Connections (CFCs), Family Community Resource Centers (FCRC), Women, Infants, Children (WIC), and Family Case Management.* |
| Goal 4: |
| Goal 5: |

# PART 3 – HEALTH AND SAFETY AND QUALITY IMPROVEMENT ACTIVITIES

In Part 3, Lead Agencies are asked to describe their goals and plans for implementation of child care quality improvement activities. Under the Child Care and Development Block Grant, Lead Agencies have significant responsibility for ensuring the health and safety of children in child care through the State's child care licensing system and establishing health and safety standards for children who receive CCDF funds. Health and safety is the foundation of quality, but is not adequate to ensure that programs and staff are competent in supporting all areas of child development and promoting school success.

Quality investments and support systems to promote continuous quality improvement of both programs and the staff who work in them are a core element of CCDF. Lead Agencies have been reporting in their efforts to support program quality improvement and professional development since their Plans in 1999. Part 3 allows Lead Agencies to continue to describe steps that they are taking toward continuous quality improvement with a goal of having high quality child care options across settings for all families. While one of the key goals for CCDF is helping more low-income children access higher quality care, the Lead Agency has the flexibility to consider its goals and strategic plans for a child care quality improvement system for all families, not just those receiving assistance under CCDF.

Part 3 is organized around a template of four key components of quality which encompass most of the quality investments and initiatives undertaken by Lead Agencies over the past decade:

1. Ensuring health and safety of children through **licensing and health and safety standards**
2. Establishing **Early Learning Guidelines**
3. Creating pathways to excellence for child care programs through **program quality improvement activities**
4. Creating pathways to an effective, well-supported child care workforce through **professional development systems and workforce initiatives.**

## 3.1 Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements.

### 3.1.1 Compliance with Applicable State and Local Regulatory Requirements on Licensing

3.1.1a) Is the Lead Agency responsible for child care licensing? No, the IL Department of Children and Family Services is responsible for child care licensing.

3.1.1b) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State: The Licensing Standards for Day Care Centers, Day Care Homes and Group Day Care Homes serve as the health and safety requirements for the licensed providers participating in the CCAP.

3.1.1c) Do the State's licensing requirements service as the CCDF health and safety requirements?

| | **Center-Based Child Care** | **Group Home Child Care** | **Family Child Care** | **In-Home Care** (in child's home) |
|---|---|---|---|---|
| Yes, for all providers in this category | X | X | X | |
| Yes, for some of the providers in this category. | Describe_____ | Describe_____ | Describe_____ | Describe_____ |
| No | | | | |
| Other | Describe | Describe | Describe | License-exempt child care centers and family child care homes self-certify to a list of health and safety requirements when they apply to be a provider in the CCAP. |

3.1.1d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes, and in-home child care providers. The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in State in the chart below:

| **CCDF Category of Care** | **CCDF Definition** | **Which providers in your state are subject to licensing under this CCDF category?** | **Are any providers in your State which fall under this CCDF category exempt from licensing?** |
|---|---|---|---|
| Center-based | Center-based child care providers are defines as | Center-based care subject to licensing is any child care | Center-based programs exempt from licensing include: |

| | | | |
|---|---|---|---|
| Child Care | a 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. | facility which regularly provide day care for less than 24 hours for more than 8 children in a family home or more than 3 children in a facility other than a family home, including senior citizen buildings. | • Programs operated by public or private elementary school systems or secondary level school units or institutions of higher learning that serve children who have attained the age of 3 years;<br>• Private entities on the grounds of public or private elementary or secondary schools that serve children who have attained the age of 3 years, except that this exception applies only to the facility and not to the private entities' personnel operating the program;<br>• Programs or that portion of the program which service children who shall have attained the age of 3 years and is recognized by the State Board of Education;<br>• Educational program or programs serving children who shall have attained the age of 3 years and which are operated by a school which is registered with the State Board of Education and which is recognized or accredited by a recognized national or multi-state educational organization or association which regularly recognized or accredits schools;<br>• Programs which exclusively serve or that portion of the program which serves handicapped children who shall have attained the age of 3 years but are less than 21 years of age and which are registered and approved as meeting the standards of the State Board of Education and applicable fire marshal standards;<br>• Facilities operated in connection with a shopping center or service, religious services or other similar facility where transient children are cared for temporarily while parents or custodians of the children are occupied in the premises and readily available;<br>• Any type of day care center that is conducted on federal government premises;<br>• Special activities programs, including athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable, and governmental organizations;<br>• Part day child care facilities, as defined in Section 2.10 of the Child Care Act of 1969; or |

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| | | | |
|---|---|---|---|
| | | | • Programs or that portion of the program which:<br>o Serves children who shall have attained the age of 3 years;<br>o Is operated by churches or religious institutions as described in section 501 (c)(3) of the federal Internal Revenue Code;<br>o Receives no governmental aid;<br>o Is operated as a component of religious, nonprofit elementary school;<br>o Operates primarily to provide religious education; and<br>o Meets appropriate state or local health and fire safety standards. |
| Group Child Care Home | Group home child care is defined as 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. | "Group day care home" means a family home which receives more than 3 up to 16 children for less than 24 hours per day. The number counted includes the family's natural, foster, or adopted children and all other persons under the age of 12. | |
| Family Child Care Home | Family child care is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence, unless care in excess of 24 hours is due to the nature of the parent(s) work. | "Day care homes" means a family home which receives more than 3 up to a maximum of 12 children for less than 24 hours per day. The number counted includes the family's natural, foster, or adopted children and all other persons under the age of 12. | The term does not include facilities which receive only children from a single household. |
| In-Home Care | In-home child care is defined as an individual who provides child care services in the child's own home | In-home child care providers are not subject to licensing in Illinois. | |

3.1.1e) Indicate whether your State licensing requirements include any of the following four indicators for each category of care:

| **Indicator** | For each indicator, check all the requirements for licensing that apply, if any. | | | |
|---|---|---|---|---|
| | **Center-based Child Care** | **Group Home Child Care** | **Family Child Care** | **In-Home Care** |

| | | | | |
|---|---|---|---|---|
| Do the licensing requirements include child:staff ratios and group sizes? | _X_ Yes<br><br>Infant ratio 1:4<br><br>Toddler ratio 1:5<br><br>Preschool ratio 1:10<br><br>_X_ Group Size<br><br>Infant Group Size: 12<br><br>Toddler Group Size: 15<br><br>Preschool Group Size: 20 | The maximum number of children under the age of 12 cared for in a group day care home by a **caregiver alone shall be 8 except when all children are school age;** For mixed aged groups and group size, see pgs 35-36 of Rule 408 at http://www.state.il.us/dcfs/docs/408.pdf | The maximum number of children under the age of 12 cared for in a family day care home by a **caregiver alone shall be 8**; for information on mixed age groups and group size, see pgs 30-31 of Rule 406 at http://www.state.il.us/dcfs/docs/406.pdf | |
| Do the licensing requirements identify specific educational **credentials for child care directors?** | _X High school/GED<br>_X Child Development Associate (CDA)<br>___State Credential<br>_X Associate's Degree<br>___Bachelor's Degree<br>___Other | | | |

| **Indicator** | **Center-based Child Care** | **Group Home Child Care** | **Family Child Care** | **In-Home Care** |
|---|---|---|---|---|
| Do the licensing requirements identify specific educational **credentials for child care teachers?** | _X High school/GED<br>_X Child Development Associate (CDA)<br>___State Credential<br>_X Associate's Degree<br>___Bachelor's Degree<br>_X Other: 1 year of early childhood experience | _X High School/GED<br>_X CDA<br>___State Credential<br>___Associate's Degree<br>___Bachelor's Degree<br>___No credential required<br>_X Other: 1 year of child care experience | _X High School/GED<br>___ CDA<br>___State Credential<br>___Associate's Degree<br>___Bachelor's Degree<br>___No credential required<br>___Other | |
| Do the licensing requirements specify that directors and caregivers must attain a specific **number of training hours per year?** | ___At least 30 training hours required in first year<br>___At least 24 training hours per year after first year<br>___ No training requirement<br>_X Other: 15 training hours per year | ___At least 30 training hours required in first year<br>___At least 24 training hours per year after first year<br>___ No training requirement<br>_X Other: 15 training hours per year | ___At least 30 training hours required in first year<br>___At least 24 training hours per year after first year<br>___ No training requirement<br>_X Other: 15 training hours per year | |

3.1.1g) Do you expect licensing requirements for child care providers to change in FY2014-2015?
**Proposed changes to Part 407 are being developed. Updates will be added to the Plan as they are approved internally by DCFS.**

### 3.1.2 Enforcement of Licensing Requirements

**Describe the State's policies for effective enforcement of the licensing requirements using questions 3.1.2a through 3.1.2e below.**

3.1.2a) Does your State include announced and/or unannounced visits in its policies as a way to effectively enforce the licensing requirements? **Yes**, please refer to the chart below:

| CCDF Categories of Care | Frequency of Routine Announced Visits | Frequency of Routine Unannounced Visits |
|---|---|---|
| Center-based child care | ___Once a year<br>___More than once a year<br>___ Once every two years<br>_X Other: Once every three years | _X Once a year<br>___More than once a year<br>___ Once every two years<br>___ Other: |
| Group home child care | ___Once a year<br>___More than once a year<br>___ Once every two years<br>_X Other: Once every three years | _X Once a year<br>___More than once a year<br>___ Once every two years<br>___ Other: |
| Family child care | ___Once a year<br>___More than once a year<br>___ Once every two years<br>_X Other: Once every three years | _X Once a year<br>___More than once a year<br>___ Once every two years<br>___ Other: |
| In-Home child care-In-home child care providers are not licensed | ___Once a year<br>___More than once a year<br>___ Once every two years<br>___ Other: | ___Once a year<br>___More than once a year<br>___ Once every two years<br>___ Other: |

3.1.2b) Does your State have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

Yes, please refer to the chart below:

| Licensing Procedures | **Describe** which procedures are used by the State for enforcement of the licensing requirements. |
|---|---|
| The State requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license. | _X Yes. Describe: All licensed child care providers are asked to attend an orientation that explains the licensing process. It isn't mandatory. |
| | ___ No |
| | ___ Other. Describe: |
| The State has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license. | _X An on-site inspection is conducted. |
| | ___Programs self-certify. |
| | ___No procedures in place. |
| | ___Other. Describe: |
| Licensing staff has procedures in place to address violations found in an inspection. | _X Providers are required to submit plans to correct violations cited during inspections. |
| | _X Licensing staff approve the plans of correction submitted by providers. |
| | _X Licensing staff verify correction of violation. |
| | _X Licensing staff provider technical assistance reqarding how to comply with a regulation. |

| | |
|---|---|
| | ___No procedures in place. |
| | ___Other. Describe: |
| Licensing staff has procedures in place to issue a sanction to a noncompliant facility. | ___Provisional or probationary license |
| | _X License revocation or non-renewal |
| | ___Injunctions through court |
| | _X Emergency or immediate closure not through court action |
| | ___Fines for regulatory violations |
| | ___No procedures in place |
| | _X Other. Describe: Conditional License: means a nonrenewable license for a period not to exceed six months which may be granted to a child care facility when the facility has agreed to a corrective plan to amend identified deficiencies and bring the facility into reasonable compliance with all licensing standards. Conditional licenses may be issued with the approval of the Department only where no threat to the health, safety, morals or welfare of the children served exists. Any other license held by the facility shall be revoked when the conditional license is issued. (R 401) |
| The State has procedures in place to respond to illegally operating child care facilities. | _X Cease and desist action |
| | _X Injunction |
| | _X Emergency or immediate closure not through court action |
| | ___Fines |
| | ___No procedures in place |
| | ___Other. Describe: |
| The State has procedures in place for providers to appeal licensing enforcement actions. | _X Yes. Describe: The DCFS Administrative Hearings Unit provides for an Administrative Law Judge and a hearing process for individuals to appeal revocation/refusal to renew recommendations in a fair and unbiased venue. Both sides are allowed to present supportive evidence, witness testimony, etc. Decisions are rendered usually within 60 days. The ALJ may uphold the DCFS recommendation to revoke/refuse to renew OR overturn the recommendation. Upholding the recommendation means that the license is immediately revoked and the provider is no longer considered licensed. Center operators must cease all child care whatsoever. Home operators may provide care at the capacity of an exempt unlicensed provider per the Illinois Child Care Act (3 or fewer under age 12 years, including their own children). Overturning an enforcement recommendation means that the license-holder may return to full operation immediately. |
| | ___ No |
| | ___Other. Describe: |

3.1.2c) Does your State use **background checks as a way to effectively enforce the licensing requirements?** Yes, refer to the chart below:

| CCDF Categories | Types of Background | Frequency | Who is Subject to Background Checks? |
|---|---|---|---|

| of Care | Checks | | |
|---|---|---|---|
| _X Center-based Child Care | _X Child Abuse Registry | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Director<br>_X Teaching Staff<br>_X Non-Teaching Staff<br>_X Volunteers – if the volunteer position is counted in the child/staff ration<br>_X Other - Describe: Any other position that has contact with the children |
| | _X State Criminal Background<br><br>_X Check if State background check includes fingerprints | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Director<br>_X Teaching Staff<br>_X Non-Teaching Staff<br>_X Volunteers - if the volunteer position is counted in the child/staff ration<br>_X Other - Describe: Any other position that has contact with the children |
| | _X FBI Criminal Background (e.g. fingerprint)<br><br>FBI criminal background check is done if there is hit on the State criminal background check or the individual has lived outside of Illinois in the last 3 years. | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Director<br>_X Teaching Staff<br>_X Non-Teaching Staff<br>_X Volunteers - if the volunteer position is counted in the child/staff ration<br>_X Other. Describe: Any other position that has contact with the children |
| | _X Sex Offender Registry (SRO)<br><br>Illinois SOR: Everyone<br><br>Federal SOR: If an FBI check is required | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Director<br>_X Teaching Staff<br>_X Non-Teaching Staff<br>_X Volunteers - if the volunteer position is counted in the child/staff ration<br>_X Other. Describe: Any other position that has contact with the children |
| _X Group Child Care Homes | _X Child Abuse Registry | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |
| | _X State Criminal Background<br><br>_X Check if State background check includes fingerprints | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |

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|---|---|---|---|
| | _X FBI Criminal Background (e.g. fingerprint)<br><br>FBI criminal background check is done if there is hit on the State criminal background check or the individual has lived outside of Illinois in the last 3 years. | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |
| | _X Sex Offender Registry (SOR)<br><br>Illinois SOR: Everyone<br><br>Federal SOR: If an FBI check is required | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |
| _X Family Child Care Homes | _X Child Abuse Registry | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |
| | _X State Criminal Background<br><br>_X Check if State background check includes fingerprints | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |
| | _X FBI Criminal Background (e.g. fingerprint)<br><br>FBI criminal background check is done if there is hit on the State criminal background check or the individual has lived outside of Illinois in the last 3 years. | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |
| | _X Sex Offender Registry (SOR)<br><br>Illinois SOR: Everyone<br><br>Federal SOR: If an FBI check is required | _X Initial Entrance to System<br>___Checks conducted annually<br>_X Other. Describe: An arrest, or other legal action will trigger another check against the Child Abuse and Neglect Tracking System (CANTS) | _X Provider<br>_X Non-provider residents of the home, 13 years of age and older |
| _X In-Home Child Care Providers | _X Child Abuse Registry | _X Initial Entrance to System<br>___Checks conducted annually<br>___ Other. Describe: | _X Provider<br>___ Non-provider residents of the home |
| | _X State Criminal Background<br><br>_X Check if State background | _X Initial Entrance to System<br>___Checks conducted annually<br>___ Other. Describe: | _X Provider<br>___ Non-provider residents of the home |

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| | check includes fingerprints | | |
| | ___FBI Criminal Background (e.g. fingerprint) | _X Initial Entrance to System<br>___Checks conducted annually<br>___ Other. Describe: | _X Provider<br>___ Non-provider residents of the home |
| | _X Sex Offender Registry | _ X Initial Entrance to System<br>___Checks conducted annually<br>___ Other. Describe: | _X Provider<br>___ Non-provider residents of the home |

3.1.2d) Please provide a brief overview of the State's process for conducting background checks for child care:

| | d-1) The cost associated with each type of background check conducted | d-2) Who pays for background checks | d-3) What type of violations would make providers ineligible for CCDF. Describe: | d-4) The process for providers to appeal the Lead Agency's decision based on the background checks findings |
|---|---|---|---|---|
| Child Abuse Registry | | The **Lead Agency** pays for backgrounds checks on license-exempt providers.<br><br>**DCFS** pays for background checks on licensed providers. | Offenses that bar participation in the CCAP program are also those that bar licensure: offenses directed against a person; kidnapping and related offenses; sex offenses under Article 11 of the Criminal Code of 1961, except those described in Sections 11-7, 11-8, 11-12, and 11-13; offenses that cause bodily harm; offenses affecting public health, safety and decency; and drug offenses. An itemized list can be found at…. | Challenges to CANTS findings must be made in writing to the IL Department of Children and Family Services. |
| State Criminal Background | | | | Challenges to State Criminal Background check must be made to the IL State Police. |
| FBI Criminal Background | | | | Challenges to the Federal Background check must be made to the FBI. |
| Sex Offender Registry | | | | Challenges to State Sex Offender Registry information must be made to the State Police Sex Offender Registration Team. |

3.1.2e) If not performing visits (announced or unannounced) or background checks, describe how the State will ensure that its licensing requirements are effectively enforced? NA

3.1.2f) Does the State disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?
**Day Care Information Hotline** is toll-free and operated by the Department of Children and Family Services (DCFS). Individuals can call the Hotline (1-877-746-0829) to obtain information about substantiated complaints against licensed child care facilities for one year. After that, a Freedom of Information Act (FOIA) request must be made to DCFS.

**Sunshine Project: Illinois Accountability Project** is a web-based tracking system of violations to the regulations governing a wide variety of entities in the state. For licensed child care settings, individuals can search by the name of the facility to learn the status of licensing violations. While there are links to this project on both the DCFS website and Illinois government home pages, its web address is http://www2.illinois.gov/gov/sunshine/Pages/default.aspx

### 3.1.3 Compliance with Applicable State and Local Regulatory Requirements on Health and Safety

3.1.3a) Describe the Lead Agency's health and safety requirements for prevention and control of infectious disease

| The Lead Agency requires: | For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply. | | | |
|---|---|---|---|---|
| | Center-based child Care providers | Family child care providers | Group home child care providers | In-home child care providers |
| ___ Physical exam or health statement for providers | | | | |
| ___ Physical exam or health statement for children | | | | |
| ___ Tuberculosis check for providers | | | | |
| ___ Tuberculosis check for children | | | | |
| ___ Provider Immunizations | | | | |
| ___ Child Immunizations | | | | |
| ___ Hand-washing policy for providers and children | | | | |
| ___ Diapering policy and procedure | | | | |
| ___ Providers submit a self-certification or complete health and safety checklist | X | X | X | X |
| ___ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements | X | X | X | |
| ___ Other. Describe. | | | | |
| | | | | |
| | | | | |

3.1.3b) Describe the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below:

| The Lead Agency requires: | For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply. | | | |
|---|---|---|---|---|
| | Center-based child Care providers | Family child care providers | Group home child care providers | In-home child care providers |
| ___Fire Inspection | | | | |
| ___Building Inspection | | | | |
| ___Health Inspection | | | | |
| ___Inaccessibility to toxic substances policy | | | | |
| ___Safe Sleep Policy | | | | |
| ___Tobacco exposure reduction | | | | |
| ___Transportation policy | | | | |
| ___Providers to submit a self certification or complete | X | X | X | X |

| | | | | |
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| health and safety checklist | | | | |
| ___Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements. | X | X | X | |
| ___Other. Describe: | | | | |

3.1.3c) Describe the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. *(NOTE: "Pre-service" refers to any training that happens prior to a person starting to work or shortly thereafter [first week, etc]. "On-going" would be some type of routine occurrence (e.g., maintain qualifications each year).*

| **CCDF Categories of Care** | **Health and Safety Training Requirements** | **Pre-Service** | **On-going** |
|---|---|---|---|
| **Child Care Centers** | First Aid | Required in the first year of employment | Child care centers will have at least one staff person trained and certified in CPR, first aid and the Heimlich maneuver. |
| | CPR | Required in the first year of employment | Child care centers will have at least one staff person trained and certified in CPR, first aid and the Heimlich maneuver. |
| | Medication Administration Policies and Practices | Recommended, not required | Recommended, not required |
| | Poison Prevention and Safety | Recommended, not required | Recommended, not required |
| | Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | If serving infants | Recommended if serving infants |
| | Shaken Baby Syndrome and abusive head trauma prevention | If serving infants | Recommended if serving infants |
| | Age appropriate nutrition, feeding, including support for breastfeeding | Recommended, not required | Recommended, not required |
| | Physical Activities | Recommended, not required | Recommended, not required |
| | Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of food | Food sanitation training required for Food Service License | Food sanitation certification must be maintained |
| | Recognition and mandatory reporting of suspected child abuse and neglect | Required in the first year of employment | Recommended, not required |
| | Emergency preparedness and planning response procedures | Recommended, not required | Recommended, not required |
| | Management of common childhood illnesses, including food intolerances and allergies | Recommended, not required | Training on common childhood diseases recommended |
| | Transportation and child passenger safety (if applicable) | Recommended, not required | Recommended, not required |
| | Caring for children with special health care needs, mental health needs and developmental disabilities in compliance with the Americans with Disabilities | Section 407.130, k: The child care director must successfully complete a | Section 407.100, c4: Staff serving children who require special |

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|---|---|---|---|
| | Act (ADA) | basic training course of 6 or more clock hours on providing care to children with disabilities that been approved by the Department (DCFS).<br><br>Section 407.130, k1: Persons employed as a child care director shall complete this training within 36 months from the date appointed child care director.<br><br>Not required for staff. | program services shall receive in-service training and/or consultation on issues related to those specific needs.<br><br>Section 407.130, k: The child care director must successfully complete a basic training course of 6 or more clock hours on providing care to children with disabilities that been approved by the Department (DCFS). |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services | Recommended, not required | Recommended, not required |
| | Supervision of children | Recommended, not required | Recommended, not required |
| | Behavior management | Recommended, not required | Recommended, not required |
| | Other. Describe: | | |
| **Group Child Care Home** | First Aid | First Aid certificate required before a permit/license can be issued | First Aid certificate must be kept current |
| | CPR | Infant/Child CPR certificate required before a permit/license can be issued | CPR certification must be kept current |
| | Medication Administration Policies and Practices | Recommended, not required | Recommended, not required |
| | Poison Prevention and Safety | Recommended, not required | Recommended, not required |
| | Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | SIDS Prevention training required before an individual can apply for a license | Recommended, not required |
| | Shaken Baby Syndrome and abusive head trauma prevention | Training on Shaken Baby Syndrome required before an individual can apply for a license | Recommended, not required |
| | Age appropriate nutrition, feeding, including support for breastfeeding | Recommended, not required | Recommended, not required |
| | Physical Activities | Recommended, not required | Recommended, not required |
| | Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of food | Recommended, not required | Recommended, not required |
| | Recognition and mandatory reporting of suspected child abuse and neglect | DCFS Mandated Reporter Training is | Recommended, not required |

| | | | |
|---|---|---|---|
| | | required before an individual can apply for a license | |
| | Emergency preparedness and planning response procedures | Recommended, not required | Recommended, not required |
| | Management of common childhood illnesses, including food intolerances and allergies | Recommended, not required | Recommended, not required |
| | Transportation and child passenger safety (if applicable) | Recommended, not required | Recommended, not required |
| | Caring for children with special health care needs, mental health needs and developmental disabilities in compliance with the Americans with Disabilities Act (ADA) | Caregiver required to complete a Department (DCFS) approved training course of 6 or more clock hours in providing care to children with disabilities | Recommended, not required |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services | Recommended, not required | Recommended, not required |
| | Supervision of children | Recommended, not required | Recommended, not required |
| | Behavior management | Recommended, not required | Recommended, not required |
| | Other. Describe: | | |
| **Family Child Care Providers** | First Aid | SIDS Prevention training required before an individual can apply for a license | First Aid certificate must be kept current |
| | CPR | Training on Shaken Baby Syndrome required before an individual can apply for a license | CPR certification must be kept current |
| | Medication Administration Policies and Practices | Recommended, not required | Recommended, not required |
| | Poison Prevention and Safety | Recommended, not required | Recommended, not required |
| | Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | SIDS Prevention training required before an individual can apply for a license | Recommended, not required |
| | Shaken Baby Syndrome and abusive head trauma prevention | Training on Shaken Baby Syndrome required before an individual can apply for a license | Recommended, not required |
| | Age appropriate nutrition, feeding, including support for breastfeeding | Recommended, not required | Recommended, not required |
| | Physical Activities | Recommended, not required | Recommended, not required |
| | Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of food | Recommended, not required | Recommended, not required |
| | Recognition and mandatory reporting of suspected child abuse and neglect | DCFS Mandated Reporter Training is | Recommended, not required |

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| | | required before an individual can apply for a license | |
| | Emergency preparedness and planning response procedures | Recommended, not required | Recommended, not required |
| | Management of common childhood illnesses, including food intolerances and allergies | Recommended, not required | Recommended, not required |
| | Transportation and child passenger safety (if applicable) | Recommended, not required | Recommended, not required |
| | Caring for children with special health care needs, mental health needs and developmental disabilities in compliance with the Americans with Disabilities Act (ADA) | Caregiver required to complete a Department (DCFS) approved training course of 6 or more clock hours in providing care to children with disabilities | Recommended, not required |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services | Recommended, not required | Recommended, not required |
| | Supervision of children | Recommended, not required | Recommended, not required |
| | Behavior management | Recommended, not required | Recommended, not required |
| | Other. Describe: | | |
| **In-Home Child Care Providers** | First Aid | No training requirements | No training requirements |
| | CPR | No training requirements | No training requirements |
| | Medication Administration Policies and Practices | No training requirements | No training requirements |
| | Poison Prevention and Safety | No training requirements | No training requirements |
| | Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention | No training requirements | No training requirements |
| | Shaken Baby Syndrome and abusive head trauma prevention | No training requirements | No training requirements |
| | Age appropriate nutrition, feeding, including support for breastfeeding | No training requirements | No training requirements |
| | Physical Activities | No training requirements | No training requirements |
| | Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of food | No training requirements | No training requirements |
| | Recognition and mandatory reporting of suspected child abuse and neglect | No training requirements | No training requirements |
| | Emergency preparedness and planning response procedures | No training requirements | No training requirements |
| | Management of common childhood illnesses, including food intolerances and allergies | No training requirements | No training requirements |
| | Transportation and child passenger safety (if applicable) | No training requirements | No training requirements |
| | Caring for children with special health care needs, mental health needs and developmental disabilities | No training requirements | No training requirements |

| | | | |
|---|---|---|---|
| | in compliance with the Americans with Disabilities Act (ADA) | | |
| | Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services | No training requirements | No training requirements |
| | Supervision of children | No training requirements | No training requirements |
| | Behavior management | No training requirements | No training requirements |
| | Other. Describe: | | |

3.1.3d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings living if in the same residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers?

_X All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are not exceptions for relatives.

___Relatives are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.

___Relative providers are subject to certain requirements. Describe the different requirements:

3.1.3e) Provide a web address for the State's health and safety requirements, if available: http://www.dhs.state.il.us/onenetlibrary/12/documents/forms/IL444-3455.pdf

**3.1.4 Effective enforcement of the CCDF health and safety requirements.**

For providers who care for children receiving CCDF assistance and who are not subject to the enforcement procedures described in 3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements.

3.1.4a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced) The Lead Agency relies on the DCFS Licensing process to monitor health and safety in licensed child care settings (x% of the FY12 CCAP providers). License-exempt CCAP providers participating in the CACFP are monitored by that program's specialists.

3.1.4b) Describe whether the Lead Agency uses background checks: Back ground checks are part of the licensing process in IL. The Lead Agency requires license-exempt homes to have CANTS, criminal background and sex offender registry checks. License-exempt centers must get CANTS, criminal background and sex offender registry checks on their staff.

3.1.4c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?

__X Yes, what documentation, if any, is required? Describe: With the exception of background checks, documentation is not required to support health and safety self-certification.

____No

3.1.4d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements: Other than self-certification and background checks, the Lead Agency doesn't have enforcement policies and practices for license-exempt providers.

**3.1.5 Does the State encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs?**

Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health and developmental disabilities.

_X Yes – Describe: Licensing standards for child care centers require daily health screenings and annual vision/hearing screens. In addition, providers are encouraged to do, or have access to, developmental screenings.
___No

3.1.5a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

_X Yes – Describe: The ITN Developmental Screening Training is an 8-hour session on the basics of conducting developmental screening and making suitable referrals to access services appropriate to children's needs.
___No
___Other – Describe____

3.1.5b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed.

_X Yes – Describe: Caregiver Connections is a program that places mental health consultants in each of the CCR&R service delivery areas. They provide support to child care providers helping them recognize, understand and respond to the social/emotional needs of the children in their care.
___No
___Other – Describe____

3.1.5c) Does the State use developmental screening and referral tools?

___Yes – If yes, provide the name of the tool(s) _____
_X No
___Other – Describe___

**3.1.6 Data & Performance Measures on Licensing and Health and Safety Compliance**

3.1.6a) Data on licensing and health and safety - Indicate if the Lead Agency or another agency has access to data on:

_X Number of licensed programs
_X Numbers of programs operating that are legally exempt from licensing
_X Number of programs whose licenses were suspended or revoked due to non-compliance
___Number of injuries in child care as defined by the State
___Number of fatalities in child care as defined by the State
_X Number of monitoring visits received by programs
_X Caseload of licensing staff
_X Number of programs revoked from CCDF due to non-compliance with health and safety requirements
___Other – Describe___
___None

3.1.6b) Performance Measurement - What, if any, performance measures does the state use in its licensing system to monitor compliance with CCDF health and safety requirements?

The following is a partial list of performance measures tracked by the Department of Children and Family Services (DCFS):
% of new applications disposed of 90 days
% of licenses renewed on time
% of child care centers inspected in the last year
% of family child care homes inspected in the last year
% of group child care homes inspected in the last year

The following are examples of performance measures tracked by the Lead Agency:
% of CCAP children enrolled in licensed child care settings
% of license exempt CCAP providers who are participating in the QRS Training Tiers
% of licensed slots in settings in settings with QRS ratings

3.1.6c) Evaluation - What, if any, are the State's plans for evaluation related to licensing and health and safety?

Evaluation of the Illinois Licensing system and the Lead Agency's health and safety compliance is on-going and includes the following methods and tools:

- Data analysis
- Focus groups
- Provider surveys

**3.1.7 Goals for the next Biennium -**

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency).

| |
|---|
| Goal 1: **Develop a tracking system for serious injuries and fatalities that occur in child care settings.** |
| Goal 2: **Revise Day Care Center standards to include "obesity prevention" and "screen time" language.** |
| Goal 3: **Strengthen relationship with CACFP agency (ISBE)** |
| Goal 4: |
| Goal 5: |

**3.2 Establishing Voluntary Early Learning Guidelines (Component #2)**

For the purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development.

These early learning guidelines are voluntary because States are not required to develop such guidelines or implement them in a specified manner.

**3.2.1 Has the State developed voluntary early learning guidelines for children? Check any early learning guidelines the State has developed.**

_X Birth-to-three http://www.isbe.net/earlychi/pdf/el-guidelines-0-3.pdf
_X Three-to-five http://www.isbe.net/earlychi/pdf/early_learning_standards.pdf
_X Five years and older http://www.isbe.net/earlychi/pdf/iel_standards.pdf
___None

If yes, insert web addresses, where possible: See above

Which State agency is the lead for the early learning guidelines? **Illinois State Board of Education**

**3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development?**

| Domains | Birth-to-Three ELGs | Three-to-Five ELGs | Five & Older ELGs |
|---|---|---|---|
| Physical development and health | X | X | X |
| Social and emotional development | X | X | X |
| Approaches to learning | X | X | X |
| Logic and reasoning (e.g. problem-solving) | X | X | X |
| Language development | X | X | X |
| Literacy knowledge and skills | X | X | X |
| Mathematics knowledge and skills | X | X | X |
| Science knowledge and skills | X | X | X |
| Creative art expression (e.g. music, art, drama) | X | X | X |
| Social studies knowledge and skills | | X | X |
| English language development (for dual language learners) | | X | ? |
| List any domains not covered in the above | | | |
| Other. Describe: | | | |

**3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system?** Check which ways, if any, the State incorporates its early learning guidelines into other parts of the child care system.

___To define the content of training required to meet licensing standards
_X To define the content of training required for program quality improvement standards (e.g. QRIS)
_X To define the content of training required for the career lattice or professional credential
___To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
_X To require program in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
___To develop State-approved curricula
___Other - List:
___None

**3.2.5 Are voluntary early learning guidelines and development standards aligned into other parts of the child care system?** Check the standards, if any, which the State aligns its early learning guidelines:

_X Cross-walked to align with Head Start Child Development and Early Learning Framework

_X Cross-walked to align with K-12 content standards
_X Cross-walked to align with State pre-k standards (They are the State pre-k standards.)
___Cross-walked with accreditation standards
___Other – List:
___None

**3.2.6 Describe how your State uses ongoing assessments and measures of school readiness assessment using the following series of questions.** In this section, assessment is framed with two distinct purposes/tools- 1) on-going assessment of children's progress with the classroom to improve and individualize instruction (3.2.6a); and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policy makers about the school readiness of children across the State on a broad range of domains (3.2.6b).

In the description for each Yes response, please include a) who administers, b) how often assessments are conducted, and c) what assessment tools are used.

3.2.6a) Are programs required to conduct on-going assessments of children's progress using valid, reliable, and age-appropriate tools aligned with the early learning guidelines or other child standards?

_X Yes – Describe: In Illinois, Preschool for All (PFA) and Head Start/Early Head Start (HS/EHS) programs are required to conduct on-going assessments of children's progress. Child care centers with PFA and/or HS/EHS classrooms are also required to conduct on-going assessments. IL's new QRIS system will recommend and require child care centers to conduct assessments at the increasing levels of quality.

HS/EHS and PFA programs are required to use research-based assessment tools that align with either the Head Start Child Development and Early Learning Framework or the Illinois Early Learning and Development Standards, respectively.

a-1) If yes, are programs encourages to use information from on-going assessments to improve practice and individual children's needs?

_X Yes, describe: HS/EHS and PFA programs are required to use assessment information to improve practice and develop individual learning plans if necessary. The Lead Agency encourages child care providers to use assessments to improve practice.
___No
___Other, describe___

a-2) If yes, is information on child's progress reported to parents?

_X Yes, describe: PFA programs prepare portfolios of the children's work to share with parents during parent/teacher conferences. HS/EHS programs share information with parents about children's progress a variety of ways, including conferences and home visits. The Lead Agency encourages child care providers to share information with parents, also.
___No
___Other, describe____

___No
___Other, describe___

3.2.6b) Does the State use tools that are valid, reliable and age-appropriate to track the readiness of children with in pre-kindergarten and/or as they enter kindergarten?

_X Yes, describe: Illinois is piloting a new assessment tool, Kindergarten Individual Development ____ (KIDS), that will be conducted three times during the Kindergarten year. The pilot will be completed this year and school years 2013-14 and 2014-15 will be used for reliability testing. KIDS will used statewide in school year 2015-2016.

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?
_X Yes, describe___
___No
___Other, describe___

b-2) If yes, are the tools used on all children or samples of children?
___Yes, describe___
___No
_X Other, describe: KIDS is currently being piloted.

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?
_X Yes, describe___
___No
___Other, describe____

3.2.6c) Is school readiness information linked to the state longitudinal data system (SLDS, program of the Department of Education)?

_X Yes, describe___
___No
___Other, describe___

**3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines –**

3.2.7a) Data on voluntary early learning guidelines - Indicate if the Lead Agency or another agency has access to data on:
_X Number/percentage of child care providers trained on ELGs for pre-school aged children.
_X Number/percentage of child care providers trained on ELGs for infants & toddlers.
___Number of programs using ELGs in planning for their work
___Number of parents trained on or served in family support programs that use ELGs
___Other – Describe___
___None

3.2.7b) Performance measurement - What, if any, are the Lead Agency's performance measures related to the dissemination and implementation of the early learning guidelines?
% of child care providers participating in CCAP who have been trained on using the ELS
% of licensed child care centers who have been trained on using the ELS
% of child care providers participating in CCAP who are using the ELS to inform curriculum development
% of licensed child care centers who are using the ELS to inform curriculum development

3.2.7c) Evaluation - What, if any, are the Lead Agency's plans for evaluation related to early learning guidelines and the progress of children in child care?
The CCDF Lead Agency, along with its RTT/ELC partners, will assess data related to the use early learning guidelines in child care settings. The primary sources of this data will be the new QRIS system and the Gateways Registry.

**3.2.8 Goals for the next Biennium –**

| |
|---|
| Goal 1: Training on ELDS – child care centers, FCC, GCC, PFA |
| Goal 2: Training on Birth to 3 – child care centers, FCC, GCC, PFA |
| Goal 3: |
| Goal 4: |
| Goal 5: |

**3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3)**

For the purposes of the section, States will respond according to a Quality Rating Improvement System (QRIS) framework. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program Standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

**3.3a)** Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State entities and local or community level entities: Planning of the new QRIS was organized and facilitated by the Governor's Office of Early Childhood Development (OECD). Governmental agencies such as DHS, DCFS, ISBE, Chicago Family and Support Services, Chicago Public Schools… Others include Illinois AEYC, IHSA, Site Administered Child Care Consortium, INCCRRA, members of the Early Learning Council…

**3.3.1 Element 1 – Program Standards**

For the purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

3.3.1a) Does your State have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State has chosen to establish.

_X Ratios and group size
_X Health, nutrition and safety
_X Learning environment and curriculum
_X Staff/Provider qualifications and professional development

_X Teacher/provider-child relationships
_X Teacher/provider instructional practices
_X Family partnerships and family strengthening
_X Community relationships
_X Administration and management
_X Developmental screenings
_X Child Assessment for the purposes of individualizing instruction and/or targeting program improvement
_X Cultural Competence
_X Other – Describe: Inclusion of children with special needs; Transitions; and Continuous Quality Improvement
___None

3.3.1b) Does your State have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State has chosen to establish:
_X Children with special needs as defined by your State
_X Infants and Toddlers
___School-age children
_X Children who are dual language learners
___None

3.3.1c) How do your State's quality standards link to State licensing requirements? Check any links between your State's quality standards and licensing requirements:
___Licensing is a prerequisite for participation
_X Licensing is the first tier of the quality levels
___State license is a "rated" license
___Other – Describe
___Not linked

3.3.1d) Do your State's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment between your State's quality standards and other standards:
_X Programs that meet State pre-k standards are able to meet all or part of the quality improvement standards (e.g. content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
_X Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g. content of the standards in the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
_X Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g. content in the standards is the same or an alternative pathway to meeting the standards)
___Other – Describe
___None

### 3.3.2 Element 2 – Supports to Programs to Improve Quality

For the purposes of this section, supports to program to improve quality refers to such activities as technical assistance and consultation for programs to assist in meeting child care quality improvement standards.

3.3.2a) Check which types of and for what purposes the State uses supports to child care programs, if any, in the following chart.

| Types and Purposes Of Support | Information or Written Materials | Training | On-Site Consultation |
|---|---|---|---|
| _X Attaining and maintaining licensing compliance | X | | X |
| _X Attaining and maintaining quality improvement standards beyond licensing | X | X | X |
| _X Attaining and maintaining accreditation | X | | X |
| _X Providing targeted TA in specialized content areas: | | | |
| Health and Safety | X | X | |
| Infant/Toddler Care | X | X | X |
| School-age Care | X | X | |
| Inclusion | X | X | |
| Teaching dual language learners | | | |
| Mental health | X | X | X |
| Business management practices | X | X | |
| Other – Describe: | | | |

3.3.2b) Methods used to customize quality improvement supports to the needs of individual programs include:

_X Program improvement plans
_X Technical assistance on the use of program assessment tools
___Other – Describe:

3.3.2c) Is technical assistance linked to entering the QRIS or targeted to help programs move forward on QRIS?

_X Yes – Describe: Local child care resource and referral agencies provide technical assistance (TA) to child care providers seeking to do program improvement. The TA is provided through a consultant team that includes: an Infant Toddler Child Care Specialist, a QRS Specialist, a Mental Health Consultant, and in some SDAs, a Child Care Nurse Consultant. They provide on-site TA, as well as training on various topics.
___No
___Other – Describe:

### 3.3.3 Element 3 – Financial Incentives and Supports

For the purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

3.3.3a) Identify which types of financial incentives are offered and to which providers in the following chart Check which incentives and supports the State chooses to offer.

| Types of Financial Incentives and Supports for Programs | Child Care Centers | Child Care Homes | License-Exempt Providers |
|---|---|---|---|
| _X Grants to programs to meet of maintain licensing | X | X | |
| _X Grants to programs to meet QRIS or similar quality level | X | X | X |
| ___Onetime awards or bonuses on completion of quality standard attainment | | | |
| _X Tiered reimbursement tied to quality for children receiving subsidy | X | X | X |
| _X On-going, periodic grants or stipends tied to improving/maintaining quality | X | X | X |
| ___Tax credits tied to meeting program quality standards | | | |

| | | | |
|---|---|---|---|
| ___Other – Describe | | | |
| ___None | | | |

### 3.3.4 Element 4 – Quality Assurance and Monitoring

For the purposes of this section, quality assurance and monitoring refers to the ways that the State measures quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

3.3.4a) What tools, if any, does the State use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, which programs are required to participate and frequency of assessments.

| Types of Program Quality Assessment Tools | Child Care Centers | Child Care Homes | License-Exempt Providers |
|---|---|---|---|
| _X Environment Rating Scales (e.g. ECERS, ITERS, SACERS, FDCERS)<br><br>Describe, including the frequency of assessments: _____ | _X Infant/Toddler<br>_X Preschool<br>_X School Age | X | |
| ___Classroom Assessment Scoring System (CLASS)<br><br>Describe, including frequency of assessments: ____ | | N/A | |
| _X Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes<br>Describe, including frequency of assessments:____ | X | X | |
| ___Customized instrument, including submission of written documentation, developed for State quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs<br><br>Describe, including frequency of assessments: ____ | | | |
| ___Other – Describe ___ | | | |
| ___None | | | |

3.3.4b) What steps, if any, has the State taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

___Have mechanism to track different quality assessments/monitoring activities to avoid duplication
___Include QRIS or other quality reviews as part of licensing enforcement
_X Have compliance monitoring in one sector (e.g. Head Start/Early Head Start, State/Territory pre-k serve as validation for compliance with quality improvement system (QRIS) without further review
_X Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (QRIS) without further review
___Other – Describe:
___None

### 3.3.5 Element 5 – Outreach and Consumer Education

For the purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

**The marketing plan for the new QRIS has not been finalized or announced as of 5.6.13.**

3.3.5a) Does the State use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicate levels of quality for child care programs beyond what may be communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars or gold/silver/bronze levels)

___Yes - If yes, how is it used?
___Resource and referral/consumer education services use with parents seeking care
___Parents enrolling in child care subsidy are educated about the system and the quality level of the provider they are selecting
___Searchable database on the web
___Voluntarily, visibly posted in programs
___Mandatory to post visibly in programs
___Used in marketing and public awareness campaigns
___Other – Describe:

___No

3.3.5b) Does the State use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms the State uses to communicate levels of quality for child care programs.

___Print
___Radio
___Television
___Other – Describe
___None
___Web
___Telephone
___Social Marketing

3.3.5c) Describe any targeted outreach for culturally and linguistically diverse families. _____

### 3.3.6 Quality Rating and Improvement System (QRIS)

3.3.6a) Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5, does your State have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

_X Yes, the State has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State-wide.
_X Participation is voluntary for licensed family child care providers until 2016 and license-exempt family child care providers.
_X Participation is mandatory for: Level 1 of the new QRIS is the "Licensed Level", therefore all licensed child care centers will be part of QRIS.

___Yes, the State has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State-wide.

___No, the State does not have a QRIS or similar quality improvement system that includes linked activities in the five elements.

___Other – Describe:

3.3.6b) If yes to 3.3.6a, check the types of providers eligible to participate in the QRIS
_X Child care centers
_X Group child care homes
_X Family child care homes
_X In-home child care
_X License exempt providers

_X Early Head Start programs
_X Head Start programs
_X Pre-kindergarten programs
_X School-age programs
___Other – Describe:

**3.3.7 If the State has or will have any quality improvement strategies for targeted groups (e.g. relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any in section 3.3 above, please describe:** NA

**3.3.8 Data & Performance Measures on Program Quality –**
What data elements, if any, does the State currently have access to related to the quality of programs? What, if any, does the State use for performance measures on program quality? The purpose of these questions is for the Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information.

3.3.8a) Data on program quality - Indicate if the Lead Agency or another agency has data on:
_X Data on the quality level for individual programs (e.g. QRIS level) as defined by your State.
_X Number of programs that move program quality levels annually (up or down)
_X Program scores on program assessment instruments - List instruments: ECERS. ITERS, SACERS, PAS, and BAS
_X Classroom scores on program assessment instruments - List instruments: ECERS, ITERS, SACERS
___Qualifications for teachers or caregivers within each program
_X Number/Percentage of children receiving CCDF assistance in licensed care
_X Number/Percentage of children receiving CCDF assistance who attend care at each of the tiers of quality as defined by your State
_X Number /Percentage of programs receiving financial assistance to meet higher program standards
___Other – Describe:

3.3.8b) Performance measurement - What, if any, are the Lead Agency's performance measures on program quality?
Performance measures may include:
% of licensed child care centers participating in "adequate to good" and "good to great"
% of licensed family child care homes participating in QRS
% of licensed group child care homes participating in QRS

3.3.8c) Evaluation - What, if any, are the State's plans for evaluation related to program quality? Evaluation can include efforts related monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.
To date, most of the evaluation of the quality initiatives has been focused on the number of child care providers participating and the types of quality supports they are seeking. We are beginning the transition to a new RTT QRIS in FY 2014. The evaluation plans for the new QRIS include a validation study that will include child outcomes and data systems that track program quality features.

**3.3.9 Goals for the next Biennium –**
In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals.

| |
|---|
| Goal #1: Develop supports for licensed child care centers to assist with the implementation of the new RTT/ELC QRIS program |
| Goal #2: |
| Goal #3: |
| Goal #4: |
| Goal #5: |

**3.4 Pathways to Excellence for the Workforce – Professional Development Systems and Workforce Initiatives (Component #4)**

Pathways to excellence for the workforce builds on the significant investments States have made in the area of professional development systems to ensure a well-qualified workforce with the opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators, such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For the purposes of this Section, States will respond according to five key elements for workforce systems:

1) Core Knowledge and Competencies
2) Career Pathways (or Career Lattice)
3) Professional Development Capacity
4) Access to Professional Development
5) Compensation, Benefits, and Workforce Conditions

a) Describe which entities are involved in planning and administrating the activities in Section 4.3, including State entities and local or community level entities.
For the broader early learning and development professional development system, the primary administrating state agencies are the CCDF Lead Agency and the Illinois State Board of Education (ISBE). The day-to-day administration of the PD activities is contracted to INCCRRA and the Illinois Resource Center. The statewide councils that inform the PD system are the Illinois Early Learning Council (IELC), the Professional Development Advisory Council (PDAC), the Child Care Advisory Council (CCAC), and the CCR&R System Council. Each of these entities is described in Section 1.4.1.

**3.4.1 Workforce Element #1: Core Knowledge and Competencies**

For the purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

3.4.1a) Has the State developed core knowledge and competencies for practitioners working with and/or on behalf of children?

_X Yes
___No, the State has not developed core knowledge and competencies.
___Other – Describe:

If yes, insert web addresses, where possible: www.ilgateways.com

3.4.1b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

_X Child growth, development and learning
_X Health, nutrition, and safety
_X Learning environment and curriculum
_X Interactions with children
_X Family and community relationships
_X Professionalism and leadership
_X Observation and assessment
_X Program planning and management
_X Diversity
___Other – Describe:
___None

3.4.1c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State incorporated its CKCs into other parts of the child care system.

___To define the content of training required to meet licensing requirements
___To define the content of training required for program quality improvement standards (as reported in section 3.3)
_X To define the content of training required for the career lattice or credential
___To correspond to the early learning guidelines
_X To define curriculum and degree requirements at institutions of higher education
___Other – Describe:
___None

3.4.1d) Are the CKCs aligned with other State or national standards? Check which ways, if any, the State aligns its CKCs with other standards:

_X Cross-walked with the Child Development Associate (CDA)
_X Cross-walked with national teacher preparation standards (e.g. NAEYC Standard for early childhood professional preparation; National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation; Head Start SOLAR staff skills indicators)
___Cross-walked with apprenticeship competencies
___Other – Describe:
___None

3.4.1e) Check for which roles, if any, the State developed supplemental or specialized competencies:

_X Staff working directly with children in centers, including aides, assistants, teachers, master teachers – Describe: Gateways to Opportunity ECE Credential Level 1; Gateways ECE Credential Level 2-5; and *Gateways School Age and Youth Development Credentials…*
_X Providers working directly with children in family child care homes, including aides and assistants – Describe: Gateways to Opportunity ECE Credential Level 1; Gateways ECE Credential Level 2-5; and *Gateways School Age and Youth Development Credentials…*
_X Administrators in centers (including educational coordinators, directors) – Describe: Illinois Director Credential
___Technical Assistance providers (including mentors, coaches, consultants, home visitors, etc) - Describe:

___Educational and training staff (such as trainers, CCR&R staff, faculty) – Describe:
___Other – Describe:
___None

3.4.1f) Check if the State has developed any supplemental or specialized competencies for practitioners/providers working with the following ages:

_X Birth-to-Three
___Three-to-Five
_X Five and older
___Other – Describe
___None

**3.4.2 Workforce Element 2 – Career Pathways**

For the purposes of this section, career pathways (or career lattice defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

3.4.2a) Does the State have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

_X Yes – Describe: The Gateways to Opportunity Career Lattice has 6 levels and includes the following credentials: Illinois Director Credential, ECE Credential, Infant Toddler Credential, School Age Credential and Youth Development Credential.
___No

If yes, insert web addresses, where possible: www.ilgateways.com

3.4.2b) Check for which roles, if any, the career pathways include qualifications, specializations or credentials:

_X Staff working directly with children in centers, including aides, assistants, teachers, master teachers – Describe: There are 4 credentials designed for staff working in the positions named above, depending on the age of the children/youth. They are:

1) ECE Credential:
   a. Has six levels from Level 1 (48-clock-hour training) to Level 6, which is the Graduate Level
   b. Levels 2-6 have requirements in General Education, Early Childhood Education, Work/ Practical Experience and Professional Contributions.
2) Infant Toddler Credential:
   a. Has five levels reaching from Level 2 (12 ECE credits & 3 Infant Toddler "points") to Level 6, the Graduate Level
   b. Levels 2-6 have requirements that build onto the ECE Credential and have requirements in education and training specific to infants and toddlers, and work experience specific to infants and toddlers
3) School Age Credential:
4) Youth Development Credential:

_X Providers working directly with children in family child care homes, including aides and assistants – Describe: The credentials mentioned above are also appropriate for family child care homes and group family child care homes, including their aides and assistants.

_X Administrators in centers (including educational coordinators, directors) – Describe: The Illinois Director Credential (IDC) is appropriate for directors and program coordinators of early learning and school-age care settings. The IDC is awarded at 3 levels and has requirements in the following:

- General Education
- Education specific to Early Childhood Education/Child Development and/or School Age Care
- Education specific to Management and Administration
- Work Experience in the classroom
- Work Experience in administration
- Professional Contributions
- Additional information about the Illinois Director Credential can be found at: ___

___Technical Assistance providers (including mentors, coaches, consultants, home visitors, etc) - Describe:

___Educational and training staff (such as trainers, CCR&R staff, faculty) – Describe:

___Other – Describe:

___None

3.4.2c) Does the career pathway (or lattice) include specializations or credentials for working with any of the following children?

_X Infants and toddlers

_X Preschoolers

_X School-age children

___Dual language learners

___Children with disabilities, children with developmental delays, and children with other special needs

___Other – Describe:

___None

3.4.2d) In what ways, if any, is the career pathway (or lattice) used?

_X Voluntary guide and planning resource

___Required placement for all practitioners and providers working in programs that are licensed or regulated in the State to serve children birth to 13

___Required placement for all practitioners working in programs that receive public funds to serve children birth to 13

___Required placement for all adult educators (e.g. those that provider training, education and/or technical assistance)

___Required placement for participation in scholarship and/or other incentive and support programs

___Required placement for participation in the QRIS or other quality improvement system

___Other – Describe:

___None

3.4.2e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice)?

_X Yes – If yes, describe: Individuals applying for any of the Gateways to Opportunity credentials submit official transcripts from all institutions of higher education, work experience documentation, and evidence of professional contributions to INCCRRA for review.
___No

**3.4.3 Workforce Element 3 – Professional Development Capacity**

For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to the capability of the higher education system to meet the needs of a diverse workforce including the provision of content that addressed the full range of development and needs of children. Training and technical assistance capacity refers to the capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children.

3.4.3a) Has the State assessed the availability of degree programs in early childhood, school-age care or youth development, and related fields in the State (e.g. both physical location and distance-based, accessibility to practitioners, etc)

_X Yes – If yes, describe: Higher education is essential to the Gateways to Opportunity professional development system. Gateways and Workforce Development staff at INCCRRA work very closely with 2- and 4- year colleges that offer degrees in early childhood education; child development/family consumer sciences; school age care related fields; and youth development. A higher education directory is available at www.ilgateways.com .
___No

3.4.3b) Has the State assessed the availability of early childhood, school-age care, youth development, and related training and technical assistance programs in the State (e.g. both physical location and distance-based, degree level, etc)?

_X Yes – If yes, describe:
___No

3.4.3c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State institutions?

___Standards set by the institution
_X Standards set by the State higher education board
_X Standards set by program accreditors
_X Standards set by State departments of education
_X Standards set by national teacher preparation accrediting agencies
___Other – Describe
___None

3.4.3d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State?

_X Training approval process – Describe: Trainer and Training Applications are submitted together because putting a training together is one of skills required by Trainers. Applications are available at www.ilgateways.com and processed by INCCRRA staff.
___Trainer approval process – Describe:
___Training and/or technical assistance evaluations – Describe:
___Other – Describe:
___None

3.4.3e) Does the State have articulation agreements in place across and within institutions of higher education?

_X Yes – If yes, describe: There are some articulation agreements between 2-year and 4-year institutions, however there is room for improvement.

___No

3.4.3f) Does the State have articulation agreements that translate training and/or technical assistance into higher education?

_X Yes – If yes, describe: At this time, decisions about translating training/TA into higher education credit are made at the institution of higher education.

___No

**3.4.4 Workforce Element 4 – Access to Professional Development**

For the purposes of this section, access to professional development (training, education, and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development activities.

3.4.4a) Does the State have professional development opportunities accessible for professionals in various, or all, sectors of the early childhood and school-age field?

_X Yes – If yes, for which sectors:

- _X Child care
- _X Head Start/Early Head Start
- _X Pre-kindergarten
- ___Public schools
- _X Early intervention/special education
- ___Other – Describe:

___No

3.4.4b) Does the State have a Statewide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce?

_X Yes – If yes, describe: At this point, the very best description the Illinois Statewide, coordinated and easily accessible clearinghouse is that it is under reconstruction. The Gateways to Opportunity Registry is working to bring training for the early childhood and school age care sectors under one "umbrella" so to speak. Illinois is now an RTT/ELC state and will be continuing to blend or braid professional development systems with the goal of having one clearinghouse.

___No

3.4.4c) What supports, if any, does the State provide to promote access to training and education activities?

_X Scholarships – Describe: The Gateways to Opportunity Scholarship program is available to practitioners working in licensed child care centers, group child care homes, and family child care homes. More information can be found at: www.ilgateways.com

_X Free training and education – Describe: Local Child Care Resource and Referral agencies off some training free of charge. Local CCR&R websites can be found at www.inccrra.org

_X Reimbursement for training and education expenses – Describe: The local Child Care Resource and Referral agencies administer the Professional Development Fund, which provides the opportunity for reimbursement of professional development related expenses.

___Grants – Describe:
___Loans – Describe:
___Substitute Pools – Describe:
___Release time – Describe:
___Other – Describe:
___None

3.4.4d) Does the State have career advisors for early childhood and school-age practitioners?
_X Yes – If yes, describe: The Professional Development Advisor (PDA) program is designed to assist early care and education (ECE) and school age (SA) care practitioners plan and achieve career goals.
___No

3.4.4e) Does the State have mentors, coaches, consultants, and/ or other specialists available to provide technical assistance to the workforce?
_X Yes – If yes, describe: The Lead Agency administers the following consultant programs through a variety of partnerships: Child Care Nurse Consultants, Mental Health Consultants, Infant Toddler Child Care Specialists and QRS Specialists.
___No

**3.4.5 Workforce Element 5 – Compensation, Benefits and Workforce Conditions**

For the purposes of this section, rewards for education and training refer to any supports to practitioners for participating and completing education or training or for increasing compensation.

3.4.5a) Does the State have a salary or wage scale for various professional roles?
___Yes – if yes, describe:
_X No

3.4.5b) Does the State provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?
___Yes – if yes, describe:
_X No

3.4.5c) Does the State provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?
_X Yes – if yes, describe: Great START is a wage supplement program that rewards eligible early care and education and school-age care (full day/full year programs) practitioners working in Illinois Department of Children and Family Services (DCFS) licensed child care centers, group child care homes, and family child care homes for receiving higher education and for remaining at their current place of employment.
___No

3.4.5d) Does the State have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?
___Yes – if yes, describe:
_X No

**3.4.6 Data & Performance Measures on the Child Care Workforce –**

What data elements, if any, does the State currently have access to that is related to the child care workforce? What, if any, does the State use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information.

3.4.6a) Data on the child care workforce – Indicate if the Lead Agency or another agency has access to data on:

_X Data on the size of the child care workforce
_X Data on demographic characteristics of practitioners or providers working directly with children
_X Records of individual teachers or caregivers and their qualifications
___Retention rates
___Records of individual professional development specialists and their qualifications
_X Qualifications of teachers or caregivers linked to the programs in which they teach.
_X Number of scholarships awarded
_X Number of individuals receiving bonuses or other financial rewards or incentives
_X Number of credential and degrees conferred annually
___Data on T/TA completion or attrition rates
___Data on degree completion or attrition rates
___Other – Describe:
___None

3.4.6b) Does the State have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

For the purposes of this section, a workforce data system refers to a system, such as a child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

_X Yes

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

_X Staff working directly with children in centers, including aides, assistants, teachers, master teachers – Describe: The Gateways to Opportunity Registry tracks, or can track, the following: practitioner roles, education level, salary level, longevity, and professional development.
_X Providers working directly with children in family child care homes, including aides and assistants – Describe: The Gateways to Opportunity Registry tracks, or can track, the following: practitioner roles, education level, salary level, longevity, and professional development.
_X Administrators in centers, including educational coordinators, directors – Describe: The Gateways to Opportunity Registry tracks, or can track, the following: practitioner roles, education level, salary level, longevity, and professional development.

_X Technical assistance providers, including mentors, coaches, consultants, home visitors, etc. – Describe: The Gateways to Opportunity Registry tracks, or can track, the following: practitioner roles, education level, salary level, longevity, and professional development.

_X Education and training staff, such as trainers, CCR&R staff, faculty – Describe: The Gateways to Opportunity Registry tracks, or can track, the following: practitioner roles, education level, salary level, longevity, and professional development.

___Other – Describe:

___None

b-2) Does the workforce data system apply to:

_X All practitioners working in programs that are licensed or regulated by the State to serve children birth to 13

___All practitioners working in programs that receive public funds to serve children birth to age 13

___No

3.4.6c) Performance Measures – What, if any, performance measures does the State use related to its workforce and professional development systems?

Performance measures may include:
% increase in credentials awarded from year to year
% of credential recipients who level advance
% of Great START participants who level advance
Ongoing increase in Registry membership

3.4.6d) Evaluation – What, if any, are the State's plans for evaluation related to its workforce and professional development systems?

In addition to participating in the evaluation process required by the RTT/ELC grant, the Lead Agency will continue to compare annual participation in professional development activities/

**3.4.7 Goals for the next Biennium –**

What are the State's goals for building the professional development system and improving conditions for the workforce in the coming biennium?

| |
|---|
| Goal 1: With RTT/ELC partners, develop and implement a statewide plan for supporting professional development for child care providers that incorporates all state-funded supports |
| Goal 2: Develop the following Gateways credentials: Family Specialist Credential and Family Child Care Credential |
| Goal 3: Resolve the articulation issues between two- and four-year early childhood programs |
| Goal 4: |
| Goal 5: |